

# Grassroots and Community Unit Forum 4 Evidence and impact of community food work and Good Food Nation with Public Health Scotland, CHEX, and Common Health Assets-20260916\_120117-Meeting Recording

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● **Beth Cloughton** started transcription



**Beth Cloughton** 0:03

recording this session and then it will be uploaded to our website. You can also see the different forums that we've hosted before at the following link as well, which once the chat loads, I will put the link in. There we go. Hi everyone who's just joined. If people want to introduce themselves in the chat, feel free to do so, but There's no pressure. So we're going to be gathering questions and comments throughout for our speakers, which will be addressed in the latter part of the forum. So we'll hear from Jack, Andrew and Kim, and then we'll have a discussion afterwards. And just to introduce myself, so I'm Beth and I'm the grassroots and community researcher on the Wellcome funded project called the Living Good Food Nation Lab. So this is aimed at supporting the implementation of the Good Food Nation Act. This forum is our 4th one and it's a recurring monthly event where we hear from, discuss and learn about different topics relating to all things community, grassroots and food systems. So today's forum is discussing community work and evidence in relation to the local Good Food Nation plans. So across the lab's engagement activities, we've been asked about community-led action and evidence and how it can be incorporated into the upcoming plans. So today we're going to be hearing about existing community work, existing research and organisations to help create new or strengthen existing connexions and ideas. So just briefly about the plan, the national plan connects community in evidence and data to contexts like impact assessments, food security and health inequalities, access to land for community growing sites, and there's a real emphasis on community involvement in consultations. Community work and community food are also explicitly mentioned in outcome 5, which is empowerment and education. And so that's describing a situation whereby

people and communities in Scotland are actively participating in shaping the food system and fostering A thriving food culture.

But, you know, as we know, the role of community food, community action, community work cannot be underestimated in delivering on all of the ambitions of the Act. But how can evidence development, gathering, sharing and communicating happen in a meaningful and in an effective way? How can we move from communities just in forming plans to community interests and needs driving the plans themselves?

So I'm sure we all know the burdens and the limits of some of the ways that communities are currently expected to share their experiences, things like over consultation, hearing the same voices, tokenism and so on. And this can colour how communities might feel about participating in policy processes. And it also might encourage a very particular retelling of the work that happens on the ground.

So to answer all of these questions today, just kidding, but to help us think through the questions, we'll be hearing from Andrew, Jack and Kim, who'll be sharing their learnings on community evidence and impact. So to start off, we have Andrew Parsons from the Scottish Community Development Centre.

He has a background in evidence, research and policy, developing consultation responses, writing policy briefs for different audiences, evaluation and training, and supporting communities to conduct and make use of their own research. So over to you, Andrew.

 **Andrew Paterson** 3:22

Thank you very much, Beth. Hello, everyone.

I'll just share my slides.

That should be it. Somebody shout out if they can't see them.

 **Beth Cloughton** 3:43

No, we can see them, that looks great.

 **Andrew Paterson** 3:45

Thank you. Yeah, so pleased to be here and just going to give a quick sort of introduction to our work and community evidence and more generally, and I'll talk to them one or two examples that relate to food. But I think that everything can be applied to the world of food, food production and

and food provision in communities.

So, I'm the Policy and Research Officer at Scottish Community Development Centre, but also Community Health Exchange or CHECS, and that's a programme within our organisation that's funded separately by Public Health Scotland. And it's focused on community-led health, so all aspects of food in communities come into that too.

And what do we mean by community evidence? Well, and the...

There's different ways that communities can be involved in evidence, from gathering it to using it to even shaping what is considered as evidence. And I've got a link there and the slides will be shared later to some work that we've been involved in around thinking around how communities can be involved in evidence.

And some more sort of concrete examples would be the evidence that community involved organisations produce, and that can be anything from feedback forms from the people taking part in activities,

To...

more slightly more kind of involved evaluations.

Then evidence from co-produced research, we know of lots of community organisations that have worked with, say, academic researchers on co-produced research. So that's a form of evidence. Community-led action research is something that we support and I'll say a little bit more about that as well. So that produces evidence as well.

So, just the examples.

And the value of community evidence. Well, one thing that I thought of before I was preparing that I haven't really put in presentations before is that it's what we have in the voluntary and community sector, people working with community-led approaches.

have evidence, they gather from their work. And it wouldn't be gathered elsewhere. It's what we have. It's not elsewhere. It's really valuable because it's there as well. But then it offers unique insights.

that you could say complement other types of more traditional evidence. And community evidence can often be based on lived experience and practical wisdom. I want to credit Claire Binner, who's a researcher in Scotland, on the idea of practical wisdom.

And it's the idea that there's certain types of knowledge that people get through and their experience in working or volunteering or from lived experience as well.

But community evidence benefits from trust, reach, and the shared understanding that people in communities have with each other.

And there's also the benefits to people taking part or being involved in any type of generating evidence or using evidence because it's capacity building. It gives people skills, confidence and knowledge that when you see or hear from people that have experienced that,

It can be, you know, really powerful. It's something that shouldn't be under-emphasized, the process and outcomes as well.

And.

Challenges? Well, these are some challenges, and...

time, resources and capacity to make use of evidence. That's the same for just about everyone, but you work in a community or volunteer organisation and working in communities. It's that time to learn from what you're from from the evidence and improve what you're doing or to share it with others.

That's a big ask.

And then hierarchies of evidence, that's an ongoing issue.

Where does community evidence sit in that sort of those hierarchies that you get, which the unfair hierarchies because all evidence, well, so much evidence is really valuable for its own merits.

and sometimes it can be seen as less robust or authoritative and you get, we do see people feeling like it's not as robust or authoritative and we want to challenge that and we want to find the best ways of articulating why it is community evidence has its place.

And ethics, it's a slightly different sort of challenge because every type of evidence and getting evidence and the research that leads to gathering evidence has to...

Take up account of ethics.

whether it's trust, power, anonymity and confidentiality, it will be different in community led type research and community evidence. There are different things to think about. They're no less important, but it needs to be proportionate. And if you have academic processes that community organisations have to go through for various reasons, if it's some type of peer research or collaborative research that.

requires that type of, or seem to require that type of approach, it can actually be counterproductive and we see examples where the processes, the forms and the guidance and information sheets are just so

hard for people to understand that it borders on being unethical in itself.

So those are some challenges.

I just want to say a little bit about one approach that we take, which is community led action research. And we have worked in programmes where we call much the same thing, participatory action research. And the important thing is it's led by communities and they're deciding the topic, the methods, and what action they'll take as a result. So it's their research and we are there and any other organisations or individuals are there to help and encourage and support. And this is a quick example of how it works from a programme we have funded by Suicide Prevention Scotland. And we've been doing this in the last couple of years, working with community organisations to support them to do research into suicide prevention in their communities.

And Suicide Prevention Scotland and the National Agency for Suicide Prevention has been funding the programme. And they're also an important link for the research as well in terms of policy and strategy. And then you have community groups who are doing the research, local support that could be from community learning and development, from staff working in the community organisation, from other voluntaries, intermediary organizations, but something more local. And then there's us doing the training and mentoring.

and the research project that comes out as a result. And we'll be doing that training and mentoring, which is taking people step by step through what you would, everybody would understand as a kind of research process.

and the local supports that more day-to-day support and linking in with us as well. And support costs are really important as well for doing the research, for accessibility, sometimes for payments as well, and for the people taking part, the volunteers. A lot to think about with that, but

Yeah, that's the sort of model of how the support that we do works.

And an example, a food related example we have from a few years ago during COVID, we supported Dunterley Food Share, that's in East Renfrewshire.

to do a community survey as well as other more creative types of research into what was different and special about their food provision at a time when there was, it was quite a lot of different organisations involved in food provision. The local authority had step

in to kind of do things their way and the community organisation wanted to kind of show the value of what they were still doing alongside this.

They did a graphic facilitation exercise, so essentially somebody was capturing a discussion about what was so valuable from the volunteers involved.

So that was a really good output for them to be able to use and to show other people what was involved, maybe even recruit other volunteers in the future.

And they did a report which was really engaging, really based on personal sort of experience. And one of the outcomes that I like to, it was one that I had not thought of until we did this, but it really validated the work to the people involved. They got a real sense of why they were doing it and

what was so important and the value of it that really helped them to go forward.

So it's not just community led action research that creates community evidence that we're involved in. There's peer research and we work on a couple of programmes around that. We do co-production, collaboration and you're going to hear from Jack from, who worked on the Common Health Assets Research.

in a little minute and that was a really important one to be involved in.

And we do resources and guides.

and we gather evidence ourselves and from the sector in informing our briefings and consultation responses and so on.

This is a resource I'd like to really highlight. It's a way, we worked with Evaluation Support Scotland and a range of other organisations on really trying to highlight how community and voluntary sector evidence can be used to show the sector.

There's impact on health inequalities, so it's really about linking those.

Right, local.

maybe small scale impacts with the people that we work with to these broader outcomes around health inequalities. And it uses logic models and theories of change. And it's not just for the community and voluntary sector, it's for commissioners and funders and

policy makers to be able to understand how to make those links.

So, it's something that we see used by different organisations in different sectors, and we think it's we go back to a lot ourselves.

And then because we're talking about food planning today, the Good Food Nation work, it's important to sort of understand where we think evidence fits into this type of planning. And there is a planscape out there. That's something that some of my colleagues, a term they've been using.

and there's some stuff on our website about the different planning.

It can be a big ask for communities to try and contribute to all these separate plans.

And what we say is that we want to see more.  
sort of joining up of these things so that community led plans or community action plans are seen as really central to all this, so that communities leading on their own plans are where other agencies go to to understand what priorities there are. Of course, there will be times when agencies need to do their own engagement and help to develop their own plans. But there needs to be more recognition that communities are developing their own plans in a lot of cases and that those are great places to start from.  
And the local governance review is ongoing. It's been ongoing for a long time, but it's been picking up speed a bit more recently. Hopefully we'll start to hear more soon, but in the route map that was produced recently, there was, you know, quite a bit of recognition there that plan planning.  
in all various guises should be looking to what communities are doing.  
So thank you very much. You'll get these slides and it's been a pleasure to speak to you. I'll pass on to the next person.



**Beth Cloughton** 17:50

Thank you so much. That was fantastic. And planning, yeah, is a recurring theme that keeps coming up. So over to Jack. So Jack is a research scientist at the James Hutton Institute. His previous role as research fellow at Glasgow Caledonian University involved working with the Common Health Assets Team, where they sought to evidence the health and wellbeing impacts of community led organisations.  
So, over to you, Chuck, and I'll just pop the link to Common Health Assets in the chat as well.



**Jack Rendall** 18:20

Great, thank you so much, Beth. Hello, everybody, and thank you, Andrew. That's a nice kind of segue. It's nice to see you again. As Beth said in the introduction there, I am currently a social scientist at the James Hutton Institute, which I think, if anything, is a bit more relevant for discussions today, because we're perhaps famously known for doing a lot of food work. If you don't know us already, we hold a national potato conference every year, which is quite fun. And we also do things like breeding the blackcurrants for ribena. We also have a barley conference. So there's lots of food things going on at James Hutton.  
And I think I see one of my good colleagues, Tarek, in the call as well, who I'd actually

just hosted a workshop with up in Orkney last week, which is where I'm from. And we were discussing tower farming within polytunnels and communities there. So, and I think Tilly, who's also on the call, was at one of those workshops too.

But anyway, today, yes, I'm presenting on Common Health assets, which is part of my work when I was a research fellow at Glasgow Kelly. And

So this project focused on how community organisations impact on health and wellbeing, but essentially trying to evidence that in multiple different ways. So this was funded by the National Institute for Health Research.

And this is kind of one of the first times that they had funded a piece of research like this to do with community development, where it was a mixture of qualitative and quantitative work.

So you'll see the website there and in the chat as well, which has a huge range of different bits of evidence that are coming out from this project, which is still just producing and producing in the slow way that academia does in papers and reports, policy briefings and things like that. If you can't find any papers,

If they're behind a paywall or anything, they shouldn't be. Most of them should be open access, but if you just give myself an e-mail, I'll be able to source them for you. Some of the findings in the presentation are just under review as well at certain papers, so just to bear that in mind that we might still be working through different parts of it.

So Common Health Assets itself, we had 14 different organisations from across the UK, well, Northern Ireland, England and Scotland involved. And when we speak about CLOs, we're speaking about these place-based, community-owned and led sort of community anchor organisations. And, you know,

The places that have a third space for people to go, essentially, it's a point for different members of the communities to come together.

The organisations that we were involved with, they had a range of different activities, as you can imagine. Their community organisations are quite complex, as I'm sure you're aware. So we had aspects, things like community gardens, arts and crafts. We had radio stations, different health and wellbeing events, whether that's like

What do you do with all the food that you have in your house? How can you eat cheaply? How can you bulk cook food and things like that? So just a real range of different activities that they were doing. And as a result, this makes it quite complex to be able to evaluate and say to funders and policymakers, this is what happens in community organisations. This is the value that they contribute towards

the community, not only in a sense that you might see where you get a case study and somebody says, oh, Jean had a great time at the yoga class today and it's really helping her over the past six weeks. That's fantastic and you need that aspect of it, but there's also a quantitative part of it too.

saying how much has gene improved and how much is it helping the community at large and how much is it costing to be able to run these classes. So that's where Common Health Assets came in. And this diagram here, you don't need to read all of it in detail, but this is available on the website and you'll be able to go into each aspect of it.

Each of the circles that you'll see on the top and bottom there are different sort of methodologies within each of the work packages. And essentially what it's trying to do is gather bits of evidence to make a stronger argument as to why community organisations should be invested in for health and wellbeing. And

Today I just want to go into a few of them. What we want to do here is try to develop causal explanation. So when we say that, we mean what is going in, what is happening within the activity that is producing an outcome. So the context, the mechanism and the outcome, that's what we're, that's what our

Research aim was is just to figure out those that sort of pathway. And you'll see a bunch of pathways here on the screen, sort of self-worth, empowerment, confidence, purpose, productivity, and connection. These are all things that you'll be aware of already that are that are the impacts of community organisations.

So just focusing on two of those circles to start with, then we did a questionnaire study and an economic evaluation. And I picked these two out because they're quite unique in the community development evidence sphere, where we did a longitudinal questionnaire trying to gather people's impact on their health and wellbeing and their self-reported health and wellbeing.

And then an economic evaluation as well. So how much did it cost to be able to get people to a certain level of health and wellbeing? And these are two quite unique aspects that there's not a lot out there in the evidence on just now. And having this evidence is important to be able to relay back to funders and to policymakers about why, again,

Community organisations should be invested in.

For the survey itself, we had about 350 participants across all 14 of our organisations. We had four different time points over the period of 12 months and an 86% retention rate. So just going back to some of the aspects that Andrew was talking

there, we had a great retention rate there.

partly because we paid them for their time as well. And each survey that they completed, they got paid for and they got paid at the end of completing all four surveys as well, which kept our retention rate high. And there's also just a common sense thing is, you know, why would you not pay people for their time instead of just extracting stuff from them? So not

I mean, a novel approach in the sense that it's not being done as often as it should be, but a common sense approach, I think, nonetheless. What we measured within each of those surveys were these four different validated instruments, as we call them, just essentially different types of questions about health and wellbeing.

We've got the ice cap. Again, these are just all kind of acronyms for what is going on within each of the questions, but they're about the capability one. I have some examples at the end if people wanted to see it, but it's things like I am able to feel loved, I'm able to be independent and there's varying degrees within those different headings.

WEM webs people might be aware of because it's quite widely used in the third sector as a means of finding out where somebody starts when they enter an organisation and then what happens to them as an outcome after a period of time. We've got a health related quality of life, so the real sort of physical ailments or illnesses or

different disabilities that people are experiencing that are, that's affecting their quality of life and how that's been impacted upon, as well as social connectedness.

And I wanted to highlight these four because these are things that you can take into your own organisations to be able to measure or at least to come up with some questions. And when it says that these have been validated, it just means that They've already been tested on a wide number of people and they're instruments that are well recognised within the academic field at least. We then track things like total engagement across different activities and the frequency of different specific types. And

then changes over the study period as well.

We then analyse them using different types of multi-level modelling. I don't want to get into too much detail with this partly because I don't really know what's going on inside it, but this is the expertise of somebody else in the team called Sarkis. And we've actually just produced a paper based on the results of this survey, which is fresh out just in the last couple of weeks. So again, just e-mail me and I'll be able to

share across that.

the usefulness for yourself is to be able to use that paper to say, look, there is evidence out there that there's that investing in community organisations has different types of impact. Now, when we look at that different type of impact that is happening within CLOs, funnily enough, you'll see in these three

Three headings here for the findings. The first one is engagement with CLOs leads to improved wellbeing. So who would have thought that just engaging with your community organisation led to an increase in, as we saw here, the ice cap. So that's what people felt capable of achieving within the organisation as well as their mental wellbeing.

of the web webs. And the second one there, benefits emerge at different speeds. So it's not just the case that everything improves at the same rate. We can see evidence that social connectedness improves quite quickly. So you can imagine that even just walking in the door and speaking to folk improves quite quickly. Whilst improvements in other wellbeing dimensions take quite a long time to emerge. that sort of deeper connections. And then socially prescribed and new participants start lower but can catch up. So if folk are prescribed in through their GPs, for example, and they're at quite a difficult period in their lives, then they are lower than people that might just walk in out of their own accord. But they can catch up when we saw evidence of that.

As well.

We also have a range of different activities that improve different dimensions of wellbeing. So you can see here from this table, and you'll be able to have the slides after this to take a look at this in more detail. But yeah, just for example, things like outdoor activities are able to improve different dimensions of wellbeing across the board.

Whereas something like arts and cultural, we only really have evidence for that in mental well-being capacity. And again, this is just what's coming out of our statistics. Different frequency patterns as well. So you'll see that some things are linear in the sense that they just keep improving the more you do them. We have things like volunteering where you'll see a great benefit, but then if the responsibility of the the volunteering becomes too much for you, it can have a deteriorating impact on your well-being. And then we have things that have a threshold effect where you need to do a certain amount before you start to see an effect.

Moving on quickly to the economic evaluation then. So we did see that CLOs have

high potential for cost effectiveness for generating health and capability wellbeing. Now this table here speaks about things like the quality adjusted life year and this is a more kind of health economics term that is used in the health economics world. to be able to put prices on people's quality of life and the duration of their life, which sounds a bit crass, but people do need to come up with a number. So this is in relation to that. So a year in full capability is generated sort of within under the 36,000 pound mark, whereas the UK population average would pay about 66 and a half grand for a year in full.

Capability, so if that, if they're able to do what they want to do.

And then similarly, so for an additional cost of a quality adjusted life year, NIHR or NIHC as they are, they typically recommend interventions with less than, with the values between 20 and 30 per quality of adjusted life year gain. So again, this is within the realms of something that policymakers should be.

investing in. We also saw that CLOs may not reduce overall health care resource utilization, so CLOs may complement rather than replace clinical care. So they're not somewhere that you would go if you've got a broken leg, obviously, but it's somewhere that would complement the provisions that are in place in local hospitals.

And we also saw evidence of things like less use of direct mental health service use and NHS 24 and housing support service. So again, these are all just different types of evidence, not related to food, I'm aware, but I just wanted to get across the fact that these are the types of numbers that policymakers

and funders like to see. So again, just going over things like community leaders, practitioners, researchers, public health professionals and commissioners. We're wanting to gather different types of evidence to speak to everybody here.

So this is where we would sort those in. So it's what you do and it's the way that you do it. That's what we would tell people at the funding level. Results point to the importance of longer term infrastructure funding, trying to get multi-year funding in place. CLOs improve health and wellbeing, social connexion and purpose, and that's key for sort of holding people well where they are.

And then the old ways of the kind of randomised controlled trials don't really work in this situation because each community organisation is unique. So just to wrap up then, I thought lessons that you could learn from Common Health Assets. I mean, maybe one thing is just the fact that if you want to be involved in projects, perhaps getting in touch with the James Hutton Institute would be a good place to start. Quite often looking for organisations to be involved in

different projects, so keep that in mind. But then I would say combining hard numbers and the human level quotes or case studies is going to strengthen your case.

If you can build in routine evaluation and keep that light touch as you're going through different projects, then that's going to be much better than a one time big ordeal at the end of it. If you can get some theories of change in place for each project from the very beginning, what impact are you wanting it to have on people? What activities are going to happen? And then what changes immediately for the people that are taking part in that?

I think that's a great place to start and guide the evaluation.

And then, as I said, you can borrow these pre-structured tools from academia. A lot of folk don't really know that they exist and they can be adapted. So feel free to just get in touch if you have any queries about ways to measure things, because I think that's what academics can be quite useful for. And hopefully they just don't explain it in a very boring way, which we're pretty good at.

So that is me for now. Thank you very much for listening and I'm looking forward to any questions.



**Beth Cloughton** 33:16

Thanks so much. That was great. There's some really strong graphics in these presentations today. So we're going to move on to Kim. Kim, I'm going to share your slides for you because I can't take control when it's live. But Kim is a Senior Health Improvement Officer at Public Health Scotland within the Food and Physical Activity Team.

She's been focused on community food in Scotland since 2004 when she was part of the Community Food and Health Scotland programme. So I'm just going to share the screen. Hopefully you can see that. Kim, can you just give me a thumbs up if you can see?



**Kim Newstead** 33:53

I, I can't, I can't see it, I can't, I can't see my notes though. But that's probably okay.



**Beth Cloughton** 34:02

If you bring your notes up on your screen, then that's OK, because people are looking at my screen.

 **Kim Newstead** 34:10

Oh, no, I can't, I can't see that.

I'll tell you what, I can't actually move the screen either, so that's a bit of a problem, isn't it? So I'm going to have to ask you to just keep moving the screen. So we'll just manage as we are, Beth. So anyway, thanks, Beth, so much for inviting me to come along. Just really interesting presentations that we've had already.

 **Beth Cloughton** 34:27

Yep.

 **Kim Newstead** 34:37

So as Beth says, I'm Kim, I'm based within the food and physical activity team at Public Health Scotland. And I'm just going to spend around 5 to 10 minutes outlining the mapping work that I'm currently doing to find out about what evidence has been published about the community food sector. And I don't have any results to give you just yet.

So basically, I'm just outlining my plans for now. Could you do the next slide, please?

Thank you. So before I talk about the finding evidence for the community food sector, I just want to say a little bit about what we're doing just now. So we try and support the sector in several ways, and we've been doing this for a few decades, but we have changed quite recently as to how we're supporting the sector.

So we recently set up a community food network for Scotland on the Knowledge Hub platform. So the Knowledge Help platform, anyone can register for it. You do need to register for it, but it is easy, quite easy to get into. And on that, we've got information about how to find people and we've got quite a bit of information about prevention.

on there as well. We also got our regular e-bulletin that comes out every month and that just provides lots of news of interest about funding, etc. for the community food sector. And we also run on an ad hoc basis webinars and peer sessions. The most recent one was a webinar

about cash first, about a resource for cash first. And that's actually the recording of that is also available on the Knowledge Hub. Finally, we try and keep our work

grounded as much as possible by being advised by our Community Food National Reference Group. So this is made-up of staff from a couple of Scottish Government teams.

and it also includes 4 established community food organisations. So that's Glasgow Community Food Network, Edinburgh Community Food, Lanarkshire Community Food and Health Partnership and Community Food Initiatives North East, otherwise known as CFINE. Next slide please, Beth. Thank you.

Okay, so probably people will be really aware on the call about the different types of community food sector. But just to say, when we're mapping the evidence for the community food sector, I'm really aware that the term community food can mean different things for different people. So for us, the community food sector means anything from community organisations that provide

social meals, food aid, food delivery services, nutritional food training, pantries to food growing, some of the things that both Andrew and Jack have mentioned, of course, community cooking, community retail and social enterprises.

So, we'll also be mapping projects that focus on particular population groups, such as lunch clubs for older people or school holiday provision for children, or sometimes people work with particular groups to support social inclusion as well. Next slide, please.

So I just want to say a little bit about why I think it's important to map the evidence of the community food sector just now. So myself and other community food staff have been hearing about the achievements and impact of the community food sector for decades now. And this might be through self-evaluation reports or the the action reports that Andrew was mentioning, or sometimes through commissioned or academic research as well, of course. But despite this, we still really struggle to articulate the impact of the sector, particularly for those who may be less familiar with the community and voluntary sector generally. And there's probably a number of reasons for this, but I suppose the ones for us that are important are You know, we think food activities that are based within or integral to wider community led activities, it's really hard to untangle the contribution that food activities might make to health or other outcomes. And I suppose, I mean, I have started the evidence mapping so far, but what I'm finding is that it's often really focused on individual activities.

such as cooking groups or growing or more often at the moment, food aid. So, you know, we're just trying to bring some of these things together. So we do think it's a

good time to do this. Scottish Government policy has more of a focus just now on trying to prevent long term poor health through populations, through policies such as the population.

Health framework and Good Food Nation, so I'll just say a little bit more about that in a minute.

And just to acknowledge, we have heard from the community food sector over the years to say, you know, please, please, please don't, we don't need more research. We don't need to have all this burden of evaluating every single project that we do. Please can we have just better arguments. But obviously, you know, having really good research is really helpful.

And we're seeing this more as just viewing, we're just seeing this as mapping what information there is out there and just trying to pull it all together as much as we can. So next slide, please.

So the evidence mapping, as I said, that fits really well with current policies. I just want to say a little bit more about these. The Population Health framework was published last year and its focus is on development of Scotland where people live longer.

and more fulfilling lives. And its focus is on creating good health, keeping people healthy and avoiding the risk of poor health. And the framework acknowledges that the wider community and voluntary sector fosters a sense of empowerment, belonging and connexion and counteracts social isolation and disempowerment. And we've heard from the community food sector for years that as well as support and access to good nutritious food,

Their activities are often used to bring people together, share a meal, cooking or garden together. And these can also support social connections. So this framework provides a really good opportunity to view that view the work of the community and voluntary sector and the community food sector with a bit more of a holistic lens. Likewise, the National Good Food Nation outcomes cover a wide range of activities that the community food sector does.

and Beth already mentioned that about outcome 5. But by supporting a food system that supports individual food security, food growing, bringing people together to enjoy food, the sector's activities fit probably with some of the other outcomes as well, maybe three of the outcomes overall. It's a bit harder to sort of map it to some of the indicators I think though.

So, next slide, please.

So because we're trying to cover the wide range of community food activities that are being delivered for a wide range of reasons, our research questions are really quite broad. So our mapping exercise is trying to find out about what is known about a range of community food activities and their links to health and wellbeing quite broadly. And this could include

nutrition, diet, oral health, mental health. Also, we'll be looking for food security and access. And this is more about for individuals rather than the food system security. And that would include mapping community food activity that includes income maximisation support, as well as dignified responses to food insecurity.

So I am finding so far that some of the food insecurity research does actually include some of these other sort of more holistic activities. So it's interesting to see that as well.

We're also looking, as I've said already, for social and wider outcomes such as volunteering, engaging with underserved communities, participation and social connectedness. And we're also interested in how activities are delivered and obviously that was quite a key part of the community

Health assets project is about sort of understanding the mechanisms of change, you know, is it about it being community led? Is it other things that are going on and what, how do these activities actually, how do they work? I'll be trying to find out a little bit of that. But the other three outcomes are my kind of main things that I'm looking for.

So, next slide, please.

Thank you. So the book of the work started a few months ago and I'm hoping to finish by Christmas. We're currently reviewing what evidence there is. And our focus is gathering international reviews, UK studies, articles and local reports. And that will obviously include self-evaluation reports and all the things that that Andrew mentioned as well. So we're kind of looking at everything that's UK, but being a bit more circumspect about international evidence because there's quite a lot on food aid. And we've reviewed these and we plan to send a cheque these findings with colleagues and stakeholders, of course. So it's very important that we obviously

you know, make sure what we find in this makes sense to people. Next slide, please.

So this is a very, very, very, very draught theory of change and some of that has come from some of the evidence that is out there already in some of the work, the evaluation support Scotland and cheques have done. So that's been sort of really

helpful just to try and put everything together in this.

very, very basic theory of change. So as I said already, we think community food activities may contribute to longer term health outcomes through supporting people in so many different ways that can help them develop the skills, their interests, become more empowered, as well as addressing some of the sort of more local barriers, such as access to affordable food, sometimes for Some groups.

We'll also be aware of and note the context in which community food activities operate. So there's being aware of the resources they have, being aware of the wider economic and policy landscape. And we've been very pragmatic and we're thinking about what organisations contribute rather than trying to do causation. This is just this is this is really quite pragmatic and quite basic. So yeah, just thinking about what groups can contribute to these health outcomes.

Next slide, please.

So we're aware that our community food evidence mapping fits within a wider evidence policy landscape. There's already evidence already gathered about the impact of the community and voluntary sector as part of the population health framework and other policies. And obviously you've just heard about the Common Health Assets Project as well.

So our evidence map aims to understand how community food activities complement and fit with this wider community-led work and the evidence that we have about the sector. So next slide, please.

And this is my last slide. So just to finish with what we're planning to do with the findings, as I said, we'll since cheque these with people who are interested in and work on community food. And our aim is we're not planning to write a big paper or anything, we just plan to put together some key messages for different groups. such as policy makers, funders in the community food sector about what evidence we have. And obviously we'll sort of think about what gaps there are in the evidence and think about our next steps from there. So thank you very much and I think we've probably got a bit of time for questions.



**Beth Cloughton** 45:57

Yeah, that was great. Thank you so much, Kim. So now we have 13 minutes for some questions or comments. If you want to write them in the chat, that's absolutely fine. Or I can play God and unmute people if they wanted to actually talk. But either is

absolutely fine.

Would anyone like to pick us off?

No need to be shy. All questions welcome. Okay, Niamh, yes.



**Niamh Moore** 46:38

Thanks, everybody. I really enjoyed this because community research is one of my favourite topics and activities, I guess, as you might see from the chat. And I think one of my questions is, I guess, like there's been referenced to community university partnerships and some of the kind of complexities of doing that kind of research. But I guess from Kim, from what you're talking about, I mean, I'm not exactly sure what the question is here or who it's for, but I guess, you know, Kim, you're talking from the point of Public Health Scotland doing research on kind of community food, if not necessarily with communities as such. So I guess I'm interested in whether there's examples of communities collaborating together to do research, for instance, or communities in partnership, either not with academics or not only with academics, but also with bodies like Public Health Scotland or local authorities or other health boards. So are there examples of those kinds of partnerships? Because actually, I'm less familiar with that kind of work. So, yeah, if there's a common question in there, but curious.



**Kim Newstead** 47:51

Beth.

That, that's, that's, shall I come in, Beth? Is that OK? Yeah, that's a tricky one. So, I, with ourselves, we have actually worked with, we've done some action research with people in the past. I can't, so actually, yes, there are some examples. It's not, these are not ours, but certainly there are examples of academics working with



**Beth Cloughton** 47:59

Yes, absolutely.



**Kim Newstead** 48:20

community food initiatives. So I'm aware that Glasgow University has worked with Lanarkshire Community Food and Health Partnership in the past to evaluate community cooking. So yeah, I do think there are some examples out there. We don't

have any, so PHS, as far as I'm aware, doesn't have any recent ones.  
particularly focused on community food at the minute.  
Not sure if that answers your question.



**Niamh Moore** 48:49

Ohh, it's interesting though, yeah.



**Beth Cloughton** 48:52

Jack or Andrew, did you want to say something?



**Andrew Paterson** 48:55

Yeah, just that there are in a lot of the community led research that we support, there will be other organisations involved, local authorities, but that's often people with that kind of role anyway, like it could be somebody with a community learning or community development role that's already working with the group. So they would fit in, but I showed that diagram, they might fit with the local support type idea. And we've even done work in England where there was a bit more partnership between local authorities and the community organisations. in taking forward the research a bit closer in collaboration, although there was a university involved in that case as well, that was the University of Reading. So yeah, I can't think of many examples where there hasn't been that sort of academic involvement too when there's been that type of collaboration, but I would be happy to keep thinking about it and let you know if I do think of anything.



**Niamh Moore** 49:57

Thanks.



**Jack Rendall** 49:58

I'll maybe just add my point here because I know Brenda's got her hand up there, but I would say that it feels like to me, and I've been working with a lot of different community organisations for the past 10 years, that they're getting a bit sick of academia and especially at times now when they're so stretched funding wise and time wise to be able to invest in a relationship. with the university that are asking quite a lot of them. Obviously, the good side is

that we bring some funding through different funders into their organisations, as long as we're paying the community organisations for being involved. But maybe just a piece of advice if folk who are going to be taking up a partnership with the university is to try and push for gaining skills within your own organisation from the academic institutions as well. So if you can get a researcher trained up as part of your organisation, I think that would be a great way.



**Niamh Moore** 50:27

Yeah.



**Jack Rendall** 50:43

Way to go.



**Beth Cloughton** 50:46

Right. Brenda, over to you.



**Brenda Black** 50:51

Firstly, thanks very much for all your presentations. I've been, as everybody's been talking, there's been some great resources. I've been trying to grab them for my team and put them in an e-mail to share them. And I was thinking that it would be really good to have a workshop morning with you three, you know, doing your thing and for the team.

the general team to get the people in all our teams that would really benefit from this around those workshops. So if there was any resource that could, you know, facilitate that, I would really love that to happen because obviously we are getting the message, but I think that there's people within the community that would really take this and take those graphics and really make them work. So

I wish that if I was asking a question, if we could do that. The other thing in terms of research,

We are part of a Lancet piece of research with Nourishing Futures, and that's really, you know, something that's not community-led, but it's using our families and our young mothers in the community, and it's great to be part of that. I think that

The more research and the more data that we have got to support work is fantastic.

The only problem that we have got in terms of Edinburgh Community Food is it just takes too long. You know, we want to go, this is such a dynamic piece of, you know,

space to work in.

especially around food, things keep changing so so much that the timelines in terms of research are sometimes work against community. You know, it's kind of you're catching up with community. So I wondered whether, you know, that kind of even having a fund or the collective this of collaboration to come together would work as well. So that's me. Thank you.

 **Andrew Paterson** 52:50

I'll just jump in and say that it is a really good point there, Brenda. Thank you. And the hope might be that because there's such an interest in these types of approaches and collaboration in research and evidence, that there would be space for doing this type of thing and supporting groups to take part as well.

Just have to be kind of keep thinking about how to do it best.

 **Jack Rendall** 53:15

Maybe just come in on the time aspect of it as well, because I think that's where one of the frustrations from community organisations comes from in working with academia is that it's so slow.

I mean, that's my own frustration with it as well, is that we're just in such a slow system. Like, look where we are now with Common Health Assets, being able to produce a paper a year after the project's finished and a lot of that stuff in that time, the community organisations say, can we get this? Can we get this? We're writing a funding application. So I can totally understand that frustration.

But at the same time, I keep telling myself that the policy angles take a lot more time and that you just keep, you have to keep battering against the door for, you know, a decade to be able to see anything shift in a policy term. So there's keeping that in mind in one side of your brain, but then also remembering that things are needed in the immediate term to keep funding going. So

That's the way I hold it inside my mind.

 **Beth Cloughton** 54:12

Kim, did you want to add anything?

 **Kim Newstead** 54:16

Yeah, it's just, yeah, I suppose just about the timing and people, the time that it takes

for people to get involved. So yeah, I'm just kind of, I think by doing this sort of desk based research, I kind of hope that by bringing some key messages together and we're using such a, looking at such a wide range of evidence as well, that, you know, that we have these key, if we have these key messages, people just look to them and say, look, this is what we have about, this is what it says about all these different types of community activities, particularly when they're working together. But yeah, absolutely, we want to, we want to keep going and keep speaking to people and bring people together as much as we can over the next year.



**Beth Cloughton** 54:56

Tilly, did you want to come in?



**Tilly Robinson-Miles** 54:59

Yeah, thanks so much, everyone. Having worked in the community food space and now within a university, I totally understand both sides of this coin. So thanks for everyone for sharing. I just wanted to add that as part of the labs output, one of the key outputs is a toolkit, which is a planning toolkit for relevant authorities that have to develop good food nation plans. And

The next stage that we're developing is that consultation and engagement work and what those resources will look like and how we support relevant authorities. So this has given us a lot of food for thought and hopefully we can work in collaboration with lots of you on this call to make sure that's as useful as possible to relevant authorities who have this statutory duty. And so I guess as part of that, I wondered if anyone had any reflections about

the relationship between relevant authorities and communities and how some of the work or learnings that you've done from your careers or particular projects in terms of taking that into the Good for Nation planning process where there is a legislative duty to consult, but how do we make sure that it isn't just a tokenistic process?



**Jack Rendall** 56:07

Maybe add in one piece of thought from Common Health Assets where I didn't mention it, but we had a lived experience panel and I know Andrew spoke a little bit about lived experience. And it really was as simple as being able to get community members that have never been involved in something like that before to be part of the decision making process. So they

advised on all of the different types of findings that we were coming up with and saying, yeah, that sounds about right or no, that you're way off track. Literally just being able to have people on the ground that were being able to speak to that and that you cheque in with regularly and that you again, that you pay to be involved. That's for us, I think.  
It produced a lot of value for the study.

 **Andrew Paterson** 56:54

And on the...

This isn't going to be useful on the issue of making something have a bit of clout and actually make that difference in terms of implementation. Like we see policies come and go like this. And so I don't want to be negative about it, but it's just that there is something that's really hard to crack. How do you get something without being heavy-handed in terms of requirements that are going to create issues as well in terms of who's going to be the authority overseeing it and that type of thing. How do you get that thing to be something that really is taken seriously and communities are interested in too. And so there's just that impetus behind it. Because one bit of work we worked on was participation requests in the Community Empowerment Act and it just hasn't had the impact that was intended because it was a brilliant idea.  
In, in some ways.

 **Kim Newstead** 58:00

I was just going to add, yeah, I don't want to be cynical either, but I guess it's just keeping eyes on all the other different types of policies that are out there, whether these are local or national and yeah, just trying to bring those things together, you know, so some of the Good Food Nation outcomes and indicators obviously link across various other policies as well. So  
I don't know, if you bring these together, you can kind of convince people who are working on the local plans to see how these are actually meeting so many other different outcomes. I don't know. I don't think that answers the question at all.

 **Beth Cloughton** 58:38

No, that's great. Yeah, and I think a healthy dose of scepticism is...



**Tilly Robinson-Miles** 58:39

It's a big question.



**Beth Cloughton** 58:46

deserved. So that's us at 1:00. Thank you all so much for coming and spending your lunchtime with us. And thank you to Andrew, Kim and Jack. That was brilliant. I will be uploading the video to the website shortly. And you can hear about our next event, which is always on the 3rd.

lunchtime Wednesday each month. That was said in a really complex way. The third Wednesday of each month, total one online. And you can receive our newsletter and there's also a feedback and suggestions form if you want to hear anything in particular. But yeah, thank you all so much and have a nice rest of your day.



**Jack Rendall** 59:24

Thank you, folks.



**Kim Newstead** 59:24

Thank you. Thank you.



**Andrew Paterson** 59:26

Thank you.



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