

Glasgow Community Café Development Intervention

Evaluation Report

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April 2004

ACKNOWLEDGEMENTS

This research would not have been possible without the co-operation and support of many people, particularly the staff and customers of the community cafés, and the project team from the Scottish Community Diet Project (SCDP), Greater Glasgow NHS Board (GGNHSB) and the Scottish Healthy Choices Award Scheme (SHCAS).

We want to thank all those who so generously gave us their time and responded to our questioning with such openness: the café cooks, volunteer helpers, customers, Management Committee representatives, mobile chefs, environmental health staff, trainers, community and network representatives.

The support we received from Anné Gebbie-Diben of the Greater Glasgow NHS Board, Bill Gray of the Scottish Community Diet Project and Dr Claire Brown of the Scottish Healthy Choices Award Scheme was invaluable. They provided us with the background information to inform and guide our work; their approach to 'pointing us in the right direction and then letting us get on with it' was much appreciated.

Caveat

Notwithstanding the help we received in establishing the framework for this evaluation and the information we gained from our fieldwork, this report is ultimately the result of our independent observations and assessment. The views represented here are our own.

We have reported on the basis of what we were told and what we saw when we visited the 13 cafés and spoke to the other stakeholders – no more, no less. We recognise that there was much more depth and detail to the project overall, and to what the cafés did, than we could realistically have reviewed for this evaluation. However, we are confident that our approach has given us a thorough overview and that we have covered all aspects of the development intervention. On the basis of this we have been able to present our evaluation and some realistic conclusions and recommendations.

We commend the cafés for the work they have undertaken and for their significant achievements in working towards the Scottish Healthy Choices Award, and we congratulate the project team for its commitment to supporting the cafés in that process.

Errors of interpretation and omissions are of course our responsibility.

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EXECUTIVE SUMMARY

This report details the evaluation of the Glasgow Community Café Development Intervention, a pilot project instigated in 2002 by Greater Glasgow NHS Board, the Scottish Community Diet Project, and the Scottish Healthy Choices Award Scheme. The research underpinning the evaluation was conducted during March 2004 in the 13 community cafés in Glasgow that participated in the pilot.

The overall aim of the intervention was to improve access to, and availability, affordability and awareness of, healthy food choices within the community. It comprised five key components: health promotion, Scottish Healthy Choices Award Scheme, food hygiene and food safety, food preparation including support from a mobile chef, and general training.

This research evaluated the effectiveness of each of these interventions by talking to café staff and volunteers, customers and other key stakeholders. A member of the evaluation team spent a day at each of the cafés to build up a picture of the impact of the initiative by exploring the views and experiences of the customers and staff. Key stakeholders in the project, from both the community and the strategic management team, were also interviewed to establish the perceived effectiveness of the intervention.

This report presents our observations and detailed findings for each of the interventions, based on what we were told and what we saw. This is supported by direct quotes from some of those interviewed. (Quotes have not been attributed and are anonymous for the purposes of this report.)

Recommendations are identified for each of the components of the interventions, and for the 4 As – Access, Affordability, Availability and Awareness – for this, and future initiatives. Several broader policy issues emerged during our research: they are highlighted so they can be considered and acted upon as appropriate.

Overall we conclude that the pilot project has been successful: there has been valuable learning for all parties and improvement in the provision of healthier food choices in some of the most challenging situations in Glasgow. Without a doubt there are more 'healthier choices' in these 13 community cafés as a result of this intervention, which has clearly demonstrated positive achievements in all of the 4 As. However, it is clear that such success would not have been possible without the interventions and the positive, collaborative working approaches developed between the statutory agencies, the community health projects and the community cafés. The co-operation of the community cafés and their willingness to participate in this pilot project are to be commended.

“The whole approach was very good – it fitted like a glove. We'd grab any future projects with both hands.”

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1. INTRODUCTION

1.1 Context

Glasgow has long been recognised for the poor general health of its population, and, in particular, for its poor diet. So much so that, over recent years, major efforts to improve diet and health have been undertaken, at many different levels.

The multi-agency vision of improving Scotland's diet and health, particularly in Glasgow, through the Food and Health Action Framework¹ provides the strategic context for this work.

At a national level 'Community Action' and 'Catering' merited their own sections in the Scottish Diet Action Plan² that underpins the food element of Scotland's health improvement strategy³. The work of the Scottish Community Diet Project⁴, the Scottish Healthy Choices Award Scheme⁵ and the Food Standards Agency 'Catering for Health'⁶ initiative have all continued to focus attention on improving the 'healthy eating choices' offered within the community.

This pilot project was instigated by Greater Glasgow NHS Board, the Scottish Community Diet Project and the Scottish Healthy Choices Award Scheme. The three organisations came together to address common concerns and common objectives. Through consultation with statutory authorities and community groups, existing community cafés were identified as a means of providing healthier food choices for the community and delivering the Food and Health Action Framework.

Ultimately, a wider collaborative approach emerged, involving NHS Health Scotland, Glasgow City Council Environmental Protection Services, Glasgow Healthy City Partnership and local Community Food and Health projects. These were the key stakeholders.

¹ Glasgow Healthy City Partnership, The Food and Health Action Framework, 2001
www.glasgow.gov.uk/healthycities/ghcp/pdf/food.pdf

² Eating for Health: a diet action plan for Scotland, Scottish office 1996
<http://www.scotland.gov.uk/library/documents/diet-00.htm>

³ Improving health in Scotland – the challenge, Scottish Executive 2003
<http://www.scotland.gov.uk/library5/health/ihis-00.asp>

⁴ Scottish Community Diet Project www.dietproject.org.uk

⁵ Scottish Healthy Choices Award Scheme, www.shcas.co.uk

⁶ Food Standards Agency, Catering for Health, May 2002
<http://www.food.gov.uk/scotland/pressreleases/fatsnottheway>

The pilot project was set up in 2002, with most of the work being undertaken in 2003.

1.2 Background

The intervention programme aimed to improve access to, and availability, affordability and awareness of healthy choices by supporting 13 community cafés towards the achievement of the Scottish Healthy Choices Award.

The programme comprised five elements:

1. Health promotion – support from a Health Promotion Officer (GGNHSB) and funding for fruit and vegetable purchase and promotion
2. Scottish Healthy Choices Award – visits and menu assessments by the SHCA national co-ordinator
3. Food hygiene and food safety – information and training provided by Glasgow City Council Environmental Protection Services
4. Food preparation – practical training from a mobile chef
5. General training – six-session training course based on the Community Café toolkit, *Just for Starters*

This research aimed to evaluate the effectiveness of each of these interventions by talking to café staff and volunteers, customers and other key stakeholders.

1.3 Objectives

The research was structured to:

- assess the effectiveness of each of the five components of the intervention
- establish the extent to which access to, and availability, affordability and awareness of, healthy food choices had increased as a result of the intervention
- establish the extent of progress made towards the achievement of the Scottish Healthy Choices Award.

1.4 Strategy

In order to evaluate the effectiveness of the intervention overall the following strategy was adopted:

- collect views on and experiences of all aspects of the intervention from staff and volunteers in the 13 community cafés through face-to-face interviews
- gather views on the food available and assess awareness of healthy eating amongst staff/volunteers and customers in the 13 community cafés through face-to-face interviews
- establish the perceived effectiveness of the intervention amongst other key stakeholders through face-to-face or telephone interviews as appropriate.

1.5 Our report

This report is structured to correspond with the approach outlined above. It sets out our findings based on interviews with café staff, volunteers and customers; observation in each of the cafes; interviews with stakeholders; and background research. Where appropriate we draw conclusions and make recommendations for further action or consideration.

A brief description of each café is provided in Appendix 1.

2. METHODOLOGY

This evaluation was conducted over a six-week period starting at the beginning of March 2004. Cafés were visited and stakeholders interviewed during March and analysis completed in early April.

2.1 Café customers and staff/volunteers

The overall aim was to build up a picture of the impact of the initiative by exploring the views and experiences of the customers and staff in each of the cafés. It was therefore agreed that we should conduct a series of structured conversations with relevant people, varying the content as necessary to match the target group(s) and their circumstances.

In outline, the fieldwork consisted of:

- an initial joint visit to three cafés to get an understanding of the likely geography, pattern of attendance, nature of the staff and customers etc
- a visit to each of the 13 cafés by a member of the research team for most/all of (as far as possible) a typical day
- interviews being undertaken with as many customers as possible
- staff and volunteers being interviewed before, during and after their workday as appropriate, with minimum interference with the running of the café and the service provided to customers.

In addition to this qualitative research we planned to undertake small-scale quantitative research to assess customers' views on the current and possible future impact of the initiative. (See section 4.5 below.)

2.2 Stakeholders

Interviews were also undertaken face-to-face or by telephone with key stakeholders to put the findings from the cafés into context. See Appendix 2 for a list of stakeholders interviewed.

2.3 Questionnaire content

The topics to be covered in the interviews were agreed between the client and the research team. Copies of the topic guides are included in Appendix 3.

3. FINDINGS – components of the intervention

3.1 Health Promotion

Greater Glasgow NHS Board (GGNHSB) took a lead role in the initiative by providing a Health Promotion Officer to work with the cafés, and funding the purchase and promotion of fruit and vegetables in the cafés.

3.1.1 Health Promotion Officer

GGNHSB appointed a Health Promotion Officer to develop new ways of working within the community, following the approach identified in the Food and Health Action Framework.

Objectives

Initially the Health Promotion Officer's main tasks were to define the objectives of the project and the approach necessary to deliver healthier choices within the community, and then to support the cafés on a day-to-day basis. Working with community stakeholders, participatory appraisal techniques were used to identify needs and develop strategies for their achievement. Partnerships were established with other agencies, including the Scottish Community Diet Project, Scottish Healthy Choices Award Scheme, Glasgow City Council Environmental Protection Services, Community Health Projects and the cafés they supported.

Approach

On a day-to-day basis the Health Promotion Officer undertook a co-ordinating role, working not only with the cafés but also with other stakeholders, maintaining communication between all parties. She led the way forward by communicating the overall vision and her expectations to each of the cafés, and using her expertise and leadership to enable them to do what needed to be done. The emphasis was on encouraging people to achieve the necessary changes, daring them to do things in a different way and supporting them to do so.

Her approach with the cafés was proactive and direct: keeping in touch through visits and phone calls; keeping them up to date with developments within the project; encouraging them to make contact with other cafés/stakeholders and generally to extend their networks.

Personal contact was most effective: phoning, popping in, hand-holding, gentle prodding and nagging were all used.

Feedback

From the feedback we obtained it was the Health Promotion Officer's approach and support, together with her skill and expertise that were valued most by the cafés, rather than the overall amount of time she had given them. Those we

spoke to felt that she had provided detailed and constructive support throughout the process and her contribution was greatly valued.

What the cafés said

On the whole the cafés were positive about all of the people involved and tended not to differentiate between them:

“I found them all really helpful. They provided whatever I needed from the start. There’s nothing that wasn’t helpful.”

“They’ve all been really helpful. There’s nothing that wasn’t helpful.”

Several gave specific and very positive feedback about the Health Promotion Officer:

“...she pops in and finds out if there’s anything we need help with, and she’s always there on the end of the phone.”

“...supportive but not overbearing...pleasantly pushing you towards what they want.”

Others less so:

“She’s OK; we’ve seen her a few times; she’s passed on the information we asked for; she makes you think about health and safety.”

“I haven’t seen much of them – more visits would have been helpful.”

What the Health Project Officers said

The feedback from the Health Project Officers/network representatives was very positive:

“She’s a star – we’ve never worked with the Health Board so closely before; it’s real local-based delivery in partnership.”

“Her enthusiasm and commitment to this project has been tireless – it’s been phenomenal.”

Barriers

We were not aware of any barriers or problems experienced by those working with the Health Promotion Officer in particular or with the GGNHSB in general.

Conclusion

At the end of the project the Health Promotion Officer’s expectations had been exceeded and the response from the cafés had been very positive.

The cafés had appreciated the support they had received from the Health Promotion Officer and her personal commitment to the project. This was clearly a major factor in the overall success of the intervention.

Recommendation

Future initiatives:

- A project of this type clearly requires a strong individual, with the skills, vision and drive to co-ordinate the process and achieve successful outcomes.

3.1.2 Fruit and vegetable purchase and promotion

Background and objective

Each café qualified for a grant of c £300 towards the purchase and promotion of new dishes, using more (and different) fruit and vegetables. The money enabled new cooking ingredients to be purchased and new dishes to be placed on the menu. It supported the work of the mobile chefs and removed any financial risk to the cafés.

Outcomes

The promotional foods included: ratatouille, turkey biryani, turkey stir-fry, red pepper soup, low-fat crumble, fruit kebabs, lasagne, smoothies, minestrone soup and salads made with vegetables that had not been tried before.

Initially the new dishes were given free as ‘tasters’. If liked, they were then introduced at half price to encourage uptake, and ultimately, if the response was good, the new dishes were added to the regular menu at full price.

In some cafés the introduction of ratatouille got a very mixed response – it had never been seen before:

“Some thought it was poison and others loved it.”

Other comments about the new foods included:

“The new ideas and samples of fruit kebabs and smoothies were great we use these often now, but wouldn’t have tried them otherwise.”

“We think it’s important to encourage and we’ve continued to give away free fruit to children.”

“The samples to try out are a really good idea. You wouldn’t get smoothies anywhere else and the free fruit is excellent.”

There was varying acceptance of the new promotional dishes. For example, customers mentioned the red pepper soup in many cafés. It had become a regular feature on some of the menus, but it hadn't been universally accepted.

"I really liked the red pepper soup; I'd never eaten red pepper before."

"I made the red pepper soup but they didn't like it – they couldn't see the vegetables."

Any money left over after the food promotion trials was used by the cafés as they felt appropriate. Some bought new equipment such as a blender for soups, a juicer or a food processor; one bought a display chill cabinet for salads and healthier drinks and sandwiches; another bought an electric toaster for the paninis and toasties.

Conclusion

The financial support was vital to enable the cafés to experiment with new foods and recipes and to purchase new equipment. It enabled the cafés to take risks without worrying about the cost.

Recommendation

Current initiative:

- Consideration should be given to providing the cafés currently involved in this initiative with continued financial support to experiment with healthier options and further increase the use of fruit and vegetables.

Future initiatives:

- For any future initiatives such as this, financial support should be provided for cafés to use as appropriate to experiment with healthier options and the use of more fruit and vegetables, and/or to subsidise the cost of healthier options.

3.2 Scottish Healthy Choices Award

Background

The overall aim of the initiative was that the cafés should provide and promote healthier options. Although the Scottish Healthy Choices Award (SHCA)⁷ was aimed primarily at the commercial sector (cafés, restaurants, schools, hotels, company cafeterias etc), it was considered logical that it should be applied to the not-for-profit sector in general and to community cafés in particular. The SHCA National Co-ordinator was involved from the outset so that the potential for future involvement of the scheme in an initiative such as this, whether local or national,

⁷ The Scottish Healthy Choices Award Scheme is administered jointly by the Scottish consumer Council and NHS Health Scotland. For full details of the Award and associated conditions see www.shcas.co.uk

could be fully assessed. A national officer would not normally undertake local fieldwork but it was considered essential in this case.

Her role was to:

- decide what the outcomes should be
- define the parameters on which success or failure might be judged
- support the cafés in working towards achievement of the Award.

The Award

It was agreed at an early stage that a useful target for this aspect of the work would be that the cafés 'could hope to achieve the Scottish Healthy Choices Award'. See Appendix 4 for the Award criteria.

Methodology

The National Co-ordinator visited each of the cafés to evaluate what they were providing on their menus and how far this matched the criteria for the nutrition aspect of the Award. Detailed advice and feedback was given on how they could improve their menus and cooking methods to meet the criteria and pass the assessment. A number of visits were made to each café with regular communication in between.

A routine visit had already been made by an Environmental Health Officer from Glasgow City Council Environmental Protection Services, to assess food safety and food hygiene standards in the cafés. The results of the inspections were used to advise the cafés on improvements required to meet the food hygiene aspect of the Award. (See 3.3 below for more details.)

Outcomes

Although it is not yet clear how many cafés will achieve the Award, considerable progress has been made. At the time of writing the nutrition assessments were being undertaken and the environmental health assessments were still to be done, though the timing had not yet been finalised. Five out of seven cafés inspected thus far had passed the nutrition assessment.

Barriers to success

The SHCA view

Lack of cover for staff attending training or other meetings was considered a major barrier. In many instances when the cooks were away from the cafés, the service offered to the community was significantly affected. (See 3.5 below for more on funding for cover.)

The café view

Attitudes to the Scottish Healthy Choices Award varied. Most saw the value and appreciated input from the Co-ordinator:

“She was very helpful on the menu changes – she answered lots of questions.”

“The feedback we got and the follow-up suggestions for improvement were really helpful.”

“We’re enthusiastic to continue with the healthy choices, irrespective of the Award – we’re part of the whole healthy eating initiative now.”

“It’s really been worth doing – though it has been a lot of work. We want to expand what we do with more tastings, posters and better informed and trained volunteers, too.”

However, some cafés found the process burdensome and, initially, could not see what they would gain from achieving the Award. And, although many of the cooks and serving staff were closely and willingly involved, others appeared to have little personal commitment but were being driven by their managers.

One of the cafés was concerned that it would not pass because it provided no choice for lunch, for example, although the cooking methods used were ‘healthy’.

Another was concerned that it might not pass because it doesn’t highlight healthy options on the menu board and:

“There’s not much call for brown bread amongst the elderly.”

One café felt the pressure:

“It’s dragged on too long; we were enthusiastic at the beginning but now we just want to get on with the job.”

Yet another was much more enthusiastic and wanted to continue the healthy choices work:

“Next year we might try for the highly commended Award – hopefully.”

In general the Award was seen as a necessary part of the broader healthier options initiative, and as a driver behind the nutrition and environmental health training, and the consequent procedures and disciplines. As one respondent put it:

“They sent a check list of things, which we’re doing, and at some point we assume they’ll drop in to check that it’s all OK.”

However, there was confusion in some of the cafés about the different elements of the process and how they all fitted together.

The cafés concurred with the SCDP/SHCA team view that staffing problems were a significant barrier. Most of the cafés had been understaffed and some had been closed when the cooks or others had attended meetings or training:

“It’s difficult if you’re on your own.”

For some, the work required to achieve the Award placed additional and sometimes unfamiliar burdens on the kitchen and admin staff and on volunteers, whether in relation to changing the cooking methods and offering healthier options:

“It’s more work at first but as time goes by you get used to it.”

Or administering the food hygiene and food safety requirements:

“It’s hard going. There’s paperwork every day and I can’t see why it’s all needed but you can be shut down if you get it wrong.”

“It can be a nuisance when you’re busy...juggling responsibilities and doing temperature controls every day.”

In those cafés where they were short-staffed, less experienced or where they had lost the cook who had attended the training, the paperwork was considered particularly problematic.

The changes necessary to fulfil the criteria for the Award were difficult in some of the cafés. For example, the guidance on labelling of the menu requires that a healthy choice must be available ‘in each section of the menu’. However, in situations where a set menu was provided this wasn’t possible. The set menu might indeed have been a healthier choice but since there was no choice available the café would not qualify for the Award, unless the set menu was always ‘healthy’.

Changes to the menus needed to be introduced gradually, taking small steps towards healthier options, gaining acceptance from customers. Indeed in some situations customers were resistant to change and did not naturally select the ‘healthier choice’. But the cooks were able to amend some preparation and cooking methods to make the food ‘healthier by stealth’ – customers seldom noticed the ‘improvements’.

In one situation a customer was asked if they would like the tuna mayo and whether they could they taste any difference. Only after confirming that it was fine, and '*tastes like usual*' was the customer told that there was more yoghurt than mayonnaise in the mixture. In another café customers were asked whether they wanted butter or not on their rolls; they said they wanted butter but were, without their knowledge, given low-fat spread.

Conclusion

From our evaluation it was clear that many of the cafés had made considerable progress to meet the nutrition criteria for the Award. Some would pass this element of the Award with flying colours, while others, for a variety of reasons, including customer resistance and a lack of choices on the menu, would not. Most of the cafés had genuinely set out to try.

Barriers to success included a shortage of staff adequately to cover during training and meetings, failure to follow the advice provided by the Co-ordinator, dwindling enthusiasm, the burden of paperwork and an inability in certain situations to offer a choice.

Recommendations

There has already been considerable learning both for the cafés and for the scheme and a number of recommendations are emerging:

Current initiative:

- When the pilot/intervention comes to an end, ongoing support will be required from local health co-ordinators and others to enable the cafés to maintain the standards required to meet the Award and encourage continuous improvement.

Future initiatives:

- If work with community cafés is to be maintained and to progress, cafés will need to be more aware of what is involved in, and what is to be gained from, working towards the Award
- More commitment is needed from the cafés at the outset so that everybody knows what to expect
- More training on what the cafés were working towards in relation to healthy eating and nutrition would be valuable for café staff, volunteers and Management Committee members
- If the Award is to be applied successfully to the voluntary sector investment is needed to ensure adequate cover is provided during staff training or meetings and day-to-day service is not compromised.

The Award

- Consideration should be given to ways in which the progress made by those who have not yet fully achieved the Award could be recognised, and support provided to enable them to reach the standard required.

3.3 Food Hygiene and Food Safety

Background

Training in hazard analysis and control was provided by Glasgow City Council Environmental Protection Services (EPS). The Hazard Analysis team, led by Helen Lang, provides advice to businesses on the implementation of HACCP (Hazard Analysis and Critical Control Points).

The cafés had been visited by an Environmental Health Officer who had undertaken a routine inspection. Whilst this was not directly linked to the Scottish Healthy Choices Award, it was useful preparation for the food hygiene and food safety aspect of the Award – see 3.2 above. A number of the cafés had failed to meet the food hygiene standards required for the Award and needed further help and support to raise their scores. A seminar was subsequently provided by the Hazard Analysis team and most of the cafés attended.

Objectives

The objectives of the seminar were two-fold:

- to improve food hygiene and food safety in the cafés and ultimately reduce the frequency of Environmental Health inspection visits by colleagues
- to reinforce the commitment of Glasgow City Council Environmental Protection Services to working in partnership with local businesses and organisations.

The Seminar

The seminar covered the background to HACCP, the food hygiene and food safety requirements of the Scottish Healthy Choices Award, temperature control, food poisoning, cross contamination, hazard analysis and record keeping. It was followed by a workshop where participants were able to work through a hazard analysis for their cafés. This workshop also gave the opportunity for feedback to each of the cafés giving them the reasons for their low scores.

Outcome

Reaction to the training from the cafés was positive despite some initial nervousness amongst participants.

However, it was felt that some of the cafés had either misunderstood or not understood why they were required to do certain things; this was addressed in

the course. Each café went away with an individual strategy for the control of food hazards in their kitchen, together with an offer of ongoing support from the Hazard Analysis team by email, telephone or at the EPS weekly drop-in session.

It is too soon to say how successful this aspect of the intervention has been in improving food hygiene and food safety in the cafés. This will become clear over the next few months as the cafés are inspected for the food hygiene and food safety element of the Scottish Healthy Choices Award.

The seminar certainly succeeded in providing each of the cafés with a strategy for HACCP and a source of help and support. Indeed some of the cafés had sought further help.

What the cafés said:

“The health and hygiene was a good refresher course. If you’re busy and under pressure it reminds you to be more aware.”

“I’d done the food hygiene and HACCP plans before but it was a good revision course and now I’m doing the paperwork better too.”

“We’ve learned to introduce the change. We applied the training and it was successful in practice – we got better at doing our temperature charts, keeping records, cleaning and pest control schedules.”

Barriers to success

The EPS view

A key barrier to success as identified by the Hazard Analysis team was the failure of some Management Committees to take on board their legal duties and responsibilities regarding food safety. Clear lines of accountability and responsibility were needed. If Management Committees are to take these responsibilities seriously they need to have some understanding of hazard analysis and the implications for the kitchens, the cooks and the resources.

Lack of previous food hygiene training and a general lack of confidence amongst cafés were also identified as potential barriers both to the success of the seminar and the implementation of HACCP.

The café view

In many of the cafés staff were working under considerable pressure. Food hygiene procedures, such as taking temperatures and maintaining records were seen as necessary, but were sometimes burdensome. In one café there was a frank admission that while the cooks had done the basic environmental health courses, temperatures were checked *“when we remember”*.

Staff turnover was also a problem since in several of the cafés the cooks who had attended the training had subsequently left.

Help and support to make improvements and maintain food safety standards was required by the cooks from their Management Committees. This was not always available.

Conclusion

Prior to the seminar, there was clearly a lack of understanding of basic food hygiene and food safety within some of the cafes, and little understanding of the requirements of HACCP.

Involvement of the Hazard Analysis team at the start of the project would have developed the collaborative working approach earlier, and could have allayed the cafés' apprehensions about the food hygiene and food safety element of the Award.

Whilst the support provided by phone, email and in the drop-in clinic may be valuable, it is difficult for us to draw any conclusions at this stage without detailed feedback on its effectiveness and application. This will be provided in part by the outcome of the food hygiene and food safety assessment for the Scottish Healthy Choices Award.

Recommendations

Current and future initiatives:

- Management Committees, as the responsible authorities, must be given the necessary support to ensure they are aware of their duties and responsibilities regarding food safety and understand the requirements of HACCP. Their full support is essential to ensure that adequate staffing, resources and training are provided so that food safety and food hygiene are not compromised
- For the current initiative, some of the cafés might need additional on-going support from the Hazard Analysis team before the next environmental health inspection to ensure that they have implemented the HACCP strategies developed during the training seminar. This should also be considered for any future initiative
- When appointing new staff, Management Committees should pay particular attention to food safety and, if necessary ensure extra support and training are provided for all new staff.

3.4 Food preparation and the mobile chef

Background

Each of the cafés was provided with the support of a ‘mobile chef’, following a training needs analysis, which identified that help was needed with new ideas, techniques and recipes. It was agreed that this would best be provided ‘on site’ to meet individual requirements.

Two chefs were appointed who split the cafés between them and went into each café for several sessions, providing support as appropriate. They spoke to the evaluation team about the outcome of their intervention.

Objectives

The objectives of this aspect of the intervention were as follows:

- to increase the confidence of the cook(s)
- to support the cook(s) in the introduction of new, healthier menu items
- to teach the cook(s) healthier cooking methods and generally raise their skill levels
- to enable the cafés to introduce healthier options onto the menu
- to encourage customers to try out healthy options.

Methodology

The chefs spent several days at each of the cafés, working alongside the kitchen staff, introducing new recipes, running taster sessions and generally helping out as appropriate. A sum of money (£300/café) was provided to cover the extra cost of: introducing new dishes; using more fruit and vegetables; taster sessions; and any other new ingredients, thereby limiting the risk to the cafés (see 3.1.2 above).

Outcomes

What the cooks said

Feedback about the mobile chefs was overwhelmingly positive. People appreciated their approach and attitude as well as the skills and knowledge they brought:

“He was very good. He didn’t criticise; he just showed me how to do things better/differently.”

“He was great – he talked to the customers and got them interested with special events and new ideas.”

Some felt they already had the necessary skills and knowledge but still valued the extra help in the kitchen and the support for volunteers:

“The mobile chef was helpful but more for the volunteers; he was able to spend time with them in a way that I can’t, showing them easier and healthier ways of doing things. For example, how to butter bread using the back of a spoon.”

“He was really easy to talk to. It was great having the extra help. He showed me alternative ways of doing things and gave me useful tips like not putting sugar in the custard. He helped me on presentation and made it look nice so people wanted to try it.”

“I tried out a lot of the recipes at the time and used them again later. The only ones that didn’t go down well were ratatouille and apple crumble. He really was a great help.”

The mobile chef was described as having:

“...a good attitude, (he) didn’t take over, no fancy recipes, he just watched and gave tips here and there... We learned from him.”

He had been “*absolutely brilliant*” showing the staff new ways of cooking and serving things but with the departure of the cook much of this knowledge had been lost and “*it’s difficult now*”.

In one café, although his work was undoubtedly useful, there was not enough labour available when the mobile chef was on site, and he ended up having to do the cooking rather than training and advising.

What the customers said about the free trials

Recollection of the free trials varied from café to café except in one where everyone we spoke to remembered them and most had tried them since. Those who could recall the free samples were mostly positive:

“The cook does what she calls a taster day when she gives out samples of new dishes. Then if it goes down well, she says when she’ll make it and has it half price.”

“I loved the chicken pasta; I took the recipe and made it at home.”

“This is so good I’m taking one home for tomorrow.”

In some of the cafés the free samples were provided for local schoolchildren as part of a buffet. Some of the schoolchildren said they remembered the buffets

but didn't like salads; some said they'd tried the healthy food but it didn't taste as good. Others were more enthusiastic as noted by the chefs:

"It was great to see the kids so enthusiastic when we did the buffets – they were excited by the new foods and new colours; the free tasters were all fun. It was important to make the food attractive so they wanted to try it."

"The kids were wide-eyed when they realised we'd done this for them."

"We deliberately laid the food out with the healthier options at the beginning and the less healthy food at the end. They filled up their plates at the start and by the time they got to the chips they hardly had any room on their plates."

"The primary school children loved it; the secondary school children were much harder to please."

What the chefs said

Both the chefs were positive about the intervention although the extent of their impact varied with each café. Some of the cooks were more skilled than others; some of the customers, particularly the elderly and the recovering drug addicts, were less concerned about eating healthily and more concerned about having a square meal; and in some of the cafés the extent of the problem was quite daunting:

"People's diets are so bad – you can't make chips and cheese healthy."

"I tried to give them the confidence to try new ways of cooking and not to feel rejected if the customers rejected the food."

Both chefs felt that more could be done:

"There's a lot more to do in the cafés. It's been a good start but needs to be taken to the next step, with monitoring and support to keep it going, especially with the problems we have with obesity."

"More time in the cafés would have been hugely beneficial. I felt I'd just started to scratch the surface when it was time to leave. So much more could be done."

Barriers to success

Several barriers to the success of the mobile chef were identified. Some related to the skills of the cooking staff and included:

- Lack of basic skills and experience amongst the cooks e.g. some had never read a cookery book or followed a recipe; some had never seen an aubergine
- Poor communication skills
- Lack of confidence.

Others related to broader management issues such as:

- Concern about footfall – threat of the café not making money if only healthy options are on offer and there are no chips
- Management Committee member influence
- Loss of skills when the person who has done the original training leaves – although the loss of skills from one café is a gain elsewhere.

Conclusion

By and large, the mobile chefs were a great success. They provided the cafés with new recipes, new skills, and a positive and enthusiastic approach to healthier cooking and eating. However, the extent of their direct influence and impact varied according to the type of customer and the skills and interest levels of the cooks.

Using mobile chefs was innovative and in some cases helped address staffing issues. Providing help ‘on the spot’ and in the context of the different situations was most valuable. Even if it didn't bring about radical changes to the menus it obviously improved the skills and confidence of the cooks.

Recommendations

Current initiative:

- There is clearly a need for longer-term support and intervention of the type provided by the mobile chef. Consideration should be given to ways in which this work might be continued
- Cafés should be consulted on how best to make use of any extra resources in the context of their individual training and development needs.

Future initiatives:

- Support of this kind should be provided in any similar future initiative.

3.5 General training & support materials

At the onset of the programme, representatives from the cafés were asked to identify what training and skills development they would need to help them with this project. A training needs analysis was carried out with the cooks and a series of training courses agreed. Using funding from NHS Scotland, money was provided to cover the cost of a locum and/or payment of volunteers when the cook(s) was absent for training, and to cover travel expenses. Cafés were able to spend the money as they saw fit.

The evaluation team was unable to talk to the trainer but some feedback on the courses was provided by the cooks and is reported below.

What the cooks said

The training courses were valued highly both in terms of the content and the skills and personality of the trainer.

“The courses were very, very good. The trainer was tremendous.”

“They were brilliant.”

Some elements were considered less useful than others. This was mostly where the cook was not responsible for a particular aspect of the operation, such as book-keeping.

Attendance at training was high and may have been facilitated by the provision of funding. However, in some cafés, cover during the cook’s absence on training was still perceived as a problem.

Some of the cafés made changes as a result of the training including:

- introducing no smoking on some tables (as required by Scottish Healthy Choices Award)
- improving the appearance of the café by buying tablecloths, for example
- better management of time
- better book-keeping and tracking of profit margins.

Community Café Toolkit – *Just for Starters*

All cafés were provided with a copy of *Just for Starters*, a toolkit comprising guidance on how to start a community café as well as recipes and healthy cooking advice and information⁸.

⁸ *Just for Starters* was produced jointly by NHS Health Scotland and the Edinburgh Community Food Initiative.

Reactions to the kit were very positive. Some had read it thoroughly and tried out many of the recipes. Others had spent less time reading the kit but still valued it.

“I loved the Starters Kit. I read it all the way through. I thought the menus were the best part.”

“The Starters Pack was great especially the recipes.”

One cook described it as:

“..excellent – clear, concise and idiot-proof.”

Barriers to success

Finding time to share the learning with other kitchen staff was a problem. As was ensuring continuity when the cook left or was on extended sick leave:

“We don’t really know what the training was all about, the cook went on all the courses and now she has left.”

Conclusion

Overall the training was seen as thorough and helpful. It provided the café staff with a level of professionalism which had previously been missing. Some elements were considered less relevant than others, depending on the circumstances in each café. Funding for cover and other training-related expenses is important and may increase attendance.

The *Just for Starters* kit was widely praised, particularly the recipes, and although not necessarily in daily use, it fulfilled an important function.

Recommendation

Current initiative:

- Greater effort should be made to share learning amongst café staff so that the skills and information gained through involvement in the pilot are retained within the network.

Future initiatives:

- Training should address specific needs and be relevant to participants
- The content of training courses and the methods used should be adapted to suit different levels of need
- In situations where there is a high staff turnover, arrangements should be made to train new staff or share learning within the café team in order that the skills and information are not lost.

3.6 Networking

Many respondents commented on the value of the network: sharing experiences and problems; getting support from their peers; learning about what others were doing, the food they were serving, how their cafés were run and the suppliers they were using etc.

One cook reported that he has kept in touch with the other cafés in the area and they're looking at whether they might share suppliers as a way of reducing costs. Most of the others haven't had time to keep in touch but would do so if the need arose.

"I haven't kept in touch – I keep meaning to but I haven't got the time. I'd call if I needed advice."

Another suggested that it would have been useful to have meetings in other cafés or just to visit to see the differences.

Conclusion

The network fulfilled an important function and there is significant potential for its role to develop.

Recommendations

Current initiative:

- Consideration should be given to ways in which the network might be developed, by, for example, running refresher courses, having district meetings, and using the network to resolve sourcing, supply and transport problems.

Future initiative:

- There is a role for a network such as this in any future initiative.

3.7 Personal gains

The personal gains have been immeasurable for some and limited for others:

"My confidence has really increased, both at work and at home. I feel more confident with food and in the catering environment as a whole. I speak up in groups now and stand up for my own decisions."

"It was great for team-building. I have a more laid back approach now. My confidence has grown. We have fun in the team now. I feel I've achieved something."

3.8 The partnership approach

Although they were not asked specifically, a number of the stakeholders we interviewed commented favourably on the value of the project overall and on the partnership approach in particular:

“This was a good value initiative with wider benefits to the community.”

“Initial fears and apprehensions have been overcome – it’s been a great success.”

“This project couldn’t have been done without the additional support provided.”

And the project was seen as providing a valuable model for the future:

“The shared skills, expertise and local knowledge have provided a great base for any future project – we’d grab one with both hands.”

Some of the other points raised included:

- the pilot brought together a unique combination of agencies to work at operational and strategic levels
- it provided a forum for a range of organisations to work together, many for the first time
- the project came out of community work and is important locally
- the project brought café projects together so they were not isolated
- there are policy implications arising out of the very practical experience in the cafés
- there will be opportunities to apply the learning from this project to other policy related initiatives and interest is already being expressed.

4. FINDINGS – the 4 As

4.1 Access

4.1.1 Sourcing healthier foods

Generally, sourcing healthier foods for the cafés was not an issue, and was no more difficult than sourcing any other foods/ingredients. Healthier foods were readily available from the usual suppliers (cash and carry, local retailers and catering suppliers), but one found reduced-fat cheese difficult to obtain and another had difficulty finding catering size tinned fruit in natural juice.

Transport problems

However, some of the cafés, especially the smaller ones, had a problem getting supplies. Most of the cafés had some food delivered and bought the rest locally. Some had access to a community centre minibuss and used it for the shopping; some had to make special arrangements, with social services, for example; others used their own cars.

“The logistics aren’t easy. On Tuesday and Thursday we use the buses that bring the elderly in for lunch to do the shopping.”

In the smaller cafés if the cook goes out to buy the food, there’s no one in the kitchen; this obviously has an impact on the café and its customers.

“The cash and carry is 10 minutes away by car. I go once a fortnight and it takes four hours. We just do snacks that day – there’s no lunch.”

In another of the cafés, where there was currently no cook and the kitchen work was being done by volunteers, the centre manager was doing some of the shopping. This, by definition, removed her for a while from her management responsibilities.

Suppliers

Most cafés used a combination of cash and carry, catering suppliers and local retailers.

Many used the local supermarket to top up supplies during the week, and some used the supermarket as their main supplier, especially for fruit, vegetables and other ‘healthier foods’ which could work out more expensive. A number of the cafés in one area are exploring the feasibility of sharing suppliers as a way of cutting costs and increasing convenience.

Impact on menu

In some of the cafés that relied on weekly deliveries, running out of supplies in between deliveries was a problem and restricted the menu. For example, in one

café, since it had become busier, the problem of getting enough supplies to last the week had increased. Lack of transport and access to local shops meant that top-up shopping was not possible.

“We’ve run out of cheese and we don’t get the supplies until tomorrow – so there is no macaroni cheese on the menu today. That’s what we had planned as our healthier daily option.”

Conclusion

In general, sourcing healthier foods was no more of a problem for the cafés than sourcing the usual supplies, with a couple of exceptions.

That said, it was clear that most of the cafés had some difficulties getting their regular supplies, and this had occasionally had an impact on what they could offer on the menu.

Many of the factors causing problems were the same for the cafés and were beyond the responsibility of the cooks, including for example, access to adequate transport to do the shopping, staffing shortages causing gaps in the ordering and purchasing process.

Several of the cafés believed that more cost-effective methods of buying healthier and regular supplies would be possible, both within the individual cafés and collectively with other cafés.

While there was a will to find better, more efficient means of sourcing foods and ingredients, means to do this had not been fully explored or implemented. Time constraints limited progress fully to explore new options and their practicalities.

Recommendations

Current initiative:

- There is a role for the network to come together to resolve the issues around sourcing of foods, sharing experiences and working together to address the problems in the most appropriate way. This will take commitment and resources upfront, before any longer-term gains are realised
- The feasibility of collective purchasing and delivery should be explored, initially, within the network of cafés involved in this project. This could be extended to other local purchasers. It may be possible to link up with other cafés, voluntary groups or schools, for example, to buy more economically and conveniently or to share transport
- Management Committees need to support staff taking time out of the kitchen and to invest in setting up better, more efficient means of sourcing foods and delivering the full menu to customers.

Future initiatives:

- Each of the above is also applicable to any future initiative of this type.

4.1.2 Access to the cafés

Some of the cafés were in premises where physical access was an issue. For example, one café was situated in a basement with no lift access. In another, the centre didn't have a lift and, as a result of the Local Authority 'Best Value Review', it might have to close.

On the other hand, in those cafés where there was good disabled access to the building, wheelchair users were regular customers.

"Special needs customers are accommodated and integrated here, it's more open and accepted – which is good for young children to see and learn from."

However, there was some congestion when new mums with their babies in buggies descended on a small café after attending a class in the centre.

One of the cafés, sited in a community centre, has since been closed due to the unsuitability of the centre's premises (including access problems). The centre is moving to a new building without taking the community café.

Conclusion

Although not related to the success of this intervention, the long-term viability of community cafés in 'unsuitable' premises is an issue for consideration. Closure of any community café because of the unsuitability of its premises or those of the host centre would have a serious impact on customers and staff.

Recommendations**Current initiative:**

- Appropriate infrastructure support is needed to maintain community cafés in suitable and accessible premises
- If a café is forced to close due to problems with premises, every effort should be made to maintain the café in new premises thereby building on the investment already made, such as training of staff, purchase of equipment and promotion of healthy eating in the community.

Future initiatives:

- Each of the above is also applicable to any future initiative of this type.

4.1.3 Access to information

Some of the cafés were extremely proactive in providing their customers with information. Tactics included:

- producing well-designed, attractive and eye-catching menus
- highlighting healthy options on the menu
- telling customers about the healthy options and encouraging them to try them
- producing leaflets and other promotional material for distribution locally
- displaying posters to encourage healthy eating.

For example, one café had recently re-opened after moving to new premises. It was newly and brightly painted, welcoming and with a large, neatly arranged and easy-to-read menu, with the healthy options clearly marked. An attractive two-sided flyer, with a photo of the café and the cook on one side and a draft menu on the other, had been circulated in advance of the opening to local offices, flats and schools, and had already attracted some customers. (See Appendix 5 for a copy of flyer.)

In another there was information on both the menu and on the noticeboard about how the foods were prepared and cooked to make them healthier. For example, information about the coleslaw and how its fat content had been reduced by using yogurt and less mayonnaise; and how foods were no longer fried. (See Appendix 5 for an example of a menu highlighting healthier options.)

In one café there was an information corner with posters and leaflets about healthy eating, food choices and topical issues – it was Fair Trade fortnight when we visited. (See Appendix 5 for photograph.)

However, some of the cafés did not highlight healthy options on the menu; some highlighted them on one but not all menus; one café had attractive and powerful posters to encourage healthy eating but they were on display in the kitchen rather than in the public areas; and in another the menu on the wall was ‘lost’ in the surrounding flyers and ads for other local activities, making it difficult for customers to know about the healthier food available.

Some of the cafés recognised the importance of information and were planning to rewrite their menus and improve their promotion.

“I want to do more to promote the healthy food but can’t do it while I’m on my own – I’m waiting for a new assistant to start in the next week or two then I’ll have more time.”

Conclusions

More could be done in many of the cafés to identify healthier options on the menu, to promote healthy eating generally, and specifically promote the café and its healthy eating ethos.

Some of the cafés appear not to have taken full account of the specific advice and guidance they were given by the Scottish Healthy Choices Award Co-ordinator on how to improve the healthy eating information on their menus. It might be helpful to explore this further with the cafés and extract any relevant learning.

Promoting what’s on offer is necessary within and beyond the café to secure long-term viability and success. Emphasis on healthier options adds value over and above other cafés and should be used as a selling point. Whether or not this would bring in new customers is debatable, but it demonstrates to the community the considerable commitment the café has made towards playing a part in improving Scotland’s diet and health.

Recommendations

Current initiative:

- Cafés, for the most part, could and should do more to promote healthier choices on the menu
- Best-practice initiatives and experiences (such as improving menu information and presentation) should be shared between cafés within the network. Not all cafés have the resources and skills to do this easily – where possible these should be shared
- The commitment cafés have made to providing healthier choices should be championed with more external information and publicity in the community
- Opportunities resulting from participation in the Scottish Healthy Choices Award and the successes achieved by all the cafés in this initiative should be widely publicised
- The Scottish Consumer Council, Scottish Healthy Choices Award Scheme, Greater Glasgow NHS Board and other stakeholders should join together to provide support and resources to promote the success of this initiative within the community, and beyond. This information and publicity can then feed back into the cafés.

Future initiatives:

- Much of the above is also applicable to any future initiative of this type, including sharing best practice, promoting the initiative and celebrating success.

4.2 Affordability

For the customers, the cost of the food on sale in the cafés was not generally seen as a problem, either in comparison with other places or for the healthier options on offer. Indeed, in some cases the prices were considered highly competitive for the quality of food provided. (It is of course arguable that those who couldn't afford these prices wouldn't be in the cafés in the first place.)

Prices for healthier options varied between cafés and overall were said to be:

"...no more expensive for the healthier options."

"...very reasonable when compared with other places."

In another café it was noted that since it was an area of high unemployment, customers:

"... go for the cheap things."

For the cafés the cost of healthier foods and ingredients was, in general, not an issue but in one café the cook thought it would cost more to increase the number of healthy options. Some cafés reported that any extra costs were absorbed so that the healthy options were no more expensive to the customer than other foods on the menu.

Price incentives and the promotion of 'healthier options' at a discount had been successful, as would have been expected. Free and half-priced new food promotions had:

"...been snapped up.... but then you'd expect that wouldn't you? Selling them at full price was more difficult – people didn't want to take the risk of not liking something new."

Conclusions

Generally we found that as a matter of policy, healthier options were no more expensive than any other choices on the menus.

Customers did not perceive there to be a difference in the cost of the healthier options, and generally thought that the food was reasonably priced.

Where there was increased cost for the healthier ingredients, this was covered by marginal cross-subsidy within the menu to keep the cost of the healthier options down, but it was not significant.

Price promotions for new healthier options had been successful.

Recommendation

Future initiatives:

- Healthier options on the menu must be competitively priced against other options or cross-subsidised
- Cafés should consider ‘special offer’ incentives to encourage uptake of healthier options, especially when trying to introduce new ‘healthier’ dishes
- Café prices should be set to reflect what customers can afford and are willing to pay for healthier options.

4.3 Availability – of healthier choices/options on the menu

All the cafés provided healthier foods and/or adopted healthier cooking methods, although in some there was no actual choice on the menu.

For example, in one café all the choices aimed to be ‘healthier’ in one respect or another; in others healthier options were available; while in others the menu of the day tried to incorporate healthy eating principles.

“Some days the food’s healthier than others... Monday was stewed sausages and potato, turnip and lentil soup; Tuesday was chicken burger with salad and chips or noodles; today’s lentil soup and spaghetti bolognaise; Thursday’s baked potato with beans/tuna/cheese and salad.”

Introducing new recipes

The healthier options had been introduced gradually in most of the cafés both during and following the visit of the mobile chef. Reactions to the new recipes varied:

“I really liked the red pepper soup; I’d never eaten red pepper before. I loved the chicken pasta; I took the recipe and made it at home.”

“We do the lasagne, turkey biryani and pizza; the tuna pasta wasn’t popular and the ratatouille didn’t sell.”

The attitudes of customers to new dishes largely dictated the extent to which these featured on the menus:

“If it goes, we keep it on the menu.”

“If we try something and only sell two portions, we don’t do it again.”

Interest in healthier choices (see also section 4.4 Awareness)

In some of the cafés the customers showed an interest in the healthier options available and actively chose them as a result; others enjoyed the fact that all the food available in the cafés was ‘healthier’. Staff and volunteers in the cafés were also enthusiastic:

“You can get fry-ups anywhere. The attraction of this café is the healthy food. It’s different from the rest in the area. It’s key to the whole place.”

In some cases it was notable that customers were not interested in ‘healthy choices’ and wouldn’t necessarily or knowingly select them. Here the cooks were making positive changes in the preparation and cooking of the foods making them *“healthier by stealth”* without the customers being aware. The following quote shows how little some customers knew:

“We know it’s not healthy; it would be healthier if it was grilled instead of fried but it’s fried here. They keep saying ‘have something healthy’ but we just say no.”

In fact the food hadn’t been fried, it had been griddled.

Where the customers were mainly older people introducing healthier options and changes to the menu had been particularly difficult:

“Old people don’t like anything new – they’re too set in their ways.”

Choice

Some felt that the introduction of the healthier options had not been a great success. One cook reported that on serving a buffet people asked where the chips were. One woman had said *“chips is my choice”* and seemed to resent her choice being limited.

In a couple of the cafés there was one ‘set menu’ each day with no choice. This was because of their particular situations, for example, with the customers, staffing or facilities. The research suggested that this is acceptable to the customers and that the quality of the food being provided outweighs any lack of choice.

Fruit

Fruit was available in most of the cafés but was more popular in some than in others. A number of cooks, especially those dealing with mainly elderly customers, reported a lack of interest in fresh fruit so they had tinned fruit on the

menu instead, served fruit juice, or used fresh or tinned fruit in puddings. Some had experienced problems with wastage; others used any leftover fruit in puddings.

“We’ve started serving orange juice and are trying to get tinned fruit in natural juice.”

Staff shortages

Staff shortages and lack of cover for training or sickness, for example, also had an impact on what was available on the menu. In one case the cook had been off sick for several weeks, leaving volunteers to do all the cooking, clearing up etc. The level of dedication was admirable but the loss of the one person who had done all the training would inevitably impact on the availability of healthy options.

Children

A number of the cafés served local schoolchildren, both primary and secondary, on a regular basis. The challenges here were particularly significant and encouraging them to eat anything other than chips for lunch was difficult. Buffets were reported to be very popular in a few cafés, especially with the younger children; by contrast, in another café they tried a healthy tuck night for children but the cook said *“it was costing more than we were getting”* and it was discontinued.

One of the cafés was in a family centre with a crèche and nursery. The café provided morning/afternoon snacks and lunch for the children, all with a healthy eating emphasis. All the children we spoke to said they liked their dinner – this was borne out by the staff – and they were happy to have fruit instead of biscuits or crackers for a snack.

Encouraging the customers

Some felt there was a balance to be struck between making people aware of the healthy options, gentle encouragement and ‘nagging’:

“The regulars know what we serve and we give advice about the healthy food... They wouldn’t want to come back if they were getting browbeaten.”

Conclusions

In all the cafés, healthier food was available to a greater or lesser extent.

There is no doubt that, as a result of this intervention, a wider range of healthier food was available than would otherwise have been the case in community cafés.

Not all cafés were able to provide a choice of healthier options – this wasn’t an issue for their customers. However, this might be a factor in the achievement of the Scottish Healthy Choices Award.

Not all customers were aware of the positive changes introduced.

Recommendations

Current initiative:

- Cafés should develop a strategy for continuous improvement in the provision of healthier options: it isn't a case of doing it once for an award⁹ – but one of striving for achievable steps along a continuum
- Cafés should ensure that 'healthier options' are always available and marked up on the menu. Where it is not feasible or realistic to offer a healthier option, the changes made, for example in cooking methods, should be communicated to customers.

Future initiatives:

- Both of the recommendations above also apply to future initiatives.
- In addition, cafés involved in any such initiative should, at the very least be required to adopt healthier cooking methods. This research has demonstrated that this is realistic.

4.4 Awareness

4.4.1 Awareness of what the café is trying to do

Awareness of what the cafés were trying to do by introducing healthier options and the reasons for it varied considerably, from those who were totally unaware to those who understood fully and supported the initiative.

"I noticed the changes on the menu and in the shop – it's a good idea and especially to stop selling sweets and chocolate to the kids."

Members of Management Committees, staff and volunteers were aware of the efforts being made and were generally supportive. However, some felt strongly that it was a matter of choice and were reluctant to take 'unhealthy' items such as chips and other fried food off the menu altogether.

4.4.2 Awareness of the importance of healthy eating

Many customers clearly understood the importance of a healthy diet; some felt they already had a healthy balanced diet and didn't need to make any changes; and others were just not interested. Healthier eating was often linked to losing weight. Even amongst those who were aware, many had little interest in the

⁹ The Award can be withdrawn by the Awarding Body if the criteria are not adhered to.

concept of healthy choices or in making changes to their diet. Elderly people in particular just wanted good wholesome food to sustain them. One couple said:

"We're past worrying about it. It's different if you're younger, but we're 78 and 80, so it's too late for us."

Another said:

"We'll try anything but we're not interested in healthy options."

Where children were the main focus of the café, attitudes were generally positive although the extent of the café's influence was largely dependent on the age of the children.

"It's very important, especially for kids. I've brought mine up to eat fruit and veg and they both love veg. I don't like veg but I eat them here. I eat whatever she gives me."

4.4.3 Understanding what constitutes healthy eating

Understanding what constitutes healthy eating and why it's important also varied. In one café where, ironically, most customers were eating fried food or an all-day breakfast, they clearly understood the reasons for eating healthily and cited a range of diet-related conditions including heart disease, cholesterol, stroke and blood pressure. This knowledge was replicated in many of the other cafés but its impact on behaviour varied considerably.

There was apparently knowledge of the importance, and nature, of healthier eating. Yet the research identified a 'distance' between what most respondents knew, and what they did. Obvious factors influencing and preventing behaviour change included: age and conservatism – older people were less likely to experiment or to see healthier eating as relevant for them; the reassurance of familiarity – 'comfort food' was important for many, especially when life generally was not so 'comfortable'; and peer pressure particularly for young people.

4.4.4 Changes made

A small number of customers said they had made changes to their diet: some of those with weight or health concerns said they had cut out fried breakfasts and were eating scrambled egg; someone with high blood pressure and high cholesterol said he now ate a piece of fruit a day.

"I used to have a full breakfast here – now I have the healthy option."

Some customers reported changing the way they eat and cook at home as a result of their experience in the café:

“I used to have chips every night – I don’t do that any more. I was trying to feed a family and it was cheap.”

“I try to eat healthier at home with more fish and vegetables. I don’t fry anymore, and it’s not just healthier. I can’t believe we used chips pans in the past – the smell of the frying was terrible.”

“My home-made soups are now more ‘slimming’. Before they were all really heavy broths with pulses which we didn’t really need.”

“I’ve changed my cooking methods at home. Now I bake chops, and I’ve chucked out the deep-fat fryer.”

4.4.5 Customer views on what would make people eat more healthily

Many customers had little or no interest in discussing what would make them change their own eating habits but had strong views about what could be done to influence others, especially children. The key issues are summarised below:

Taste

Many expressed the view that ‘healthy’ food is not as ‘tasty’ as ‘unhealthy’ food and that they would eat more healthy food if it was ‘tastier’ and more attractively presented. This applied to both adults and children.

Change the menu

Several customers suggested more radical changes to the menu, including, for example, cutting out chips and fry-ups, and having only ‘healthy’ food available:

“Take the bad things off the menu...if people are hungry they’ll eat it.”

“If you only provided healthy options people would have to eat it.”

“Perhaps we should take a heavy hand and just ban chips, especially in schools.”

Ironically for some they volunteered that if this were to happen they would stop going to the café.

Focus on children

Many customers expressed strong views about the need to improve children’s diets:

“MacDonald’s and fast food are the problem...”

“Tell the kids to cut down on crisps, chips and junk food.”

“They should eat fruit instead of sweet, and have porridge for breakfast.”

Many mentioned the important role played by parents, school and others in this context:

“Kids would eat fruit if their parents bought it for them.”

Many of the children themselves had strong views, mostly about taste or about peer pressure. One said:

“I’d get slagged off if I had the healthy options.”

Publicity

The influence of advertising and the need to advertise ‘healthy food’ was mentioned by a number of respondents in a range of cafés. For example, a group of teachers having lunch at one of the cafés felt that there should be *“less publicity for the junk”*.

This view was reflected by customers in other cafés. One said that there should be *“less advertising of the other [unhealthy] stuff”*; another noted that *“it’ll be difficult to get people to buy healthy food which needs a bit of work when you can get four microwave meals for a fiver from Iceland”*; and another suggested that *“they should advertise the healthier foods more, both in local newspapers and in the cafés themselves”*.

One customer drew an analogy with cigarettes and advocated a similar approach:

“If people saw what bad food did to them, make them scared to eat it, like with the recent cigarette ads. We have to look at the consequences.”

Price

One group of customers said that *“affordability and accessibility”* were important. Another said the healthy options should be cheaper and the portions bigger.

Health concerns

Some customers said they would change their eating habits if they were told to by their doctor, for example. One said:

“If the doctor tells you your time’s limited you’ve got to change.”

4.4.6 Staff views on what would make people eat more healthily

Staff, volunteers and Management Committee members also expressed strong views, based in part on their own personal experience, as well as on their knowledge of their customers. The issues they raised differed slightly from those raised by the customers and reflected their own efforts to get people to change their eating habits.

Comments included:

“I’d say things like ‘Go on try it; the baked potato costs less than chips – you’d have more money for sweets then.’ I shouldn’t really say it but the aim was to get them to try the healthier options and hope they would feel too full for the sweets!”

“Make the food more attractive – disguise the healthy food – they don’t always have to know.”

“Target healthy eating in a positive way – don’t say what you can’t eat but what you can.”

“We have to keep suggesting new things, encouraging them to try things, so I tend to give a bit free on the side – so that they’ll try it anyway.”

“It’s important to offer people a choice. You can’t force them but you can tell them why.”

Conclusion

There seemed no doubt that the cafés were facing conflicting demands. On the one hand there was the pressure for healthier eating, which was accepted by all involved as, at least in theory, a worthwhile and ultimately necessary aim. On the other hand, the reality was that in many of the cafés there was some resistance to the concept. This mainly came from customers, though was also, at times, reflected by the staff:

“You can sometimes feel that you’re wasting your time because people don’t want the healthier food... And they’ve got the freedom not to want it.”

Nevertheless there was a widespread view that the aims of the intervention were admirable, and that they could be met but that it would take time, investment, and education – of all parties particularly parents and children – for this to be achieved.

Recommendations

Current and future initiatives:

- It is important to keep healthy eating and the reason for it uppermost in the public mind and community cafés should play an active role in local efforts to educate the public and encourage dietary change
- Cafés can and should do whatever they can to make customers aware of what they are doing and why, and to show how individuals can eat more healthily without having to make unacceptable sacrifices
- It is important to recognise that people are, for the most part, aware of what constitutes healthy eating, yet it is not easy to change behaviour and food choices. Community cafés must do whatever they can, again by stealth if necessary, to help people change their behaviour
- It may be a matter of individual choice to eat ‘unhealthy’ food but the cafés should be proud of what they are trying to do, and more strongly declare their commitment to it.

4.5 Quantitative assessment of customers’ views

In addition to the qualitative research described above, an attempt was made to obtain some brief quantitative data to establish customers’ views on three factors:

- whether it is a good idea to provide healthier food in these cafés
- whether it is thought that people who use the cafés are eating better as a result, and
- whether, if the cafés keep selling healthier food, people will eventually start being healthier.

It soon became clear however that the nature of the cafés’ work – groups of people eating and talking together, with a strong social content – would preclude robust and reliable quantitative research, which depends on individual and private responses to questions.

However, the questions were asked whenever possible and, although we cannot provide robust quantitative data, we feel that we can provide ‘indications’ of the approximate level of responses to the three questions, based on replies from some 100 people. These figures are as follows:

1. Do you think it's a good idea to try to provide healthier food in this café or not?

Yes:	c. 90%
No:	c. 10%

2. Overall, do you think people who use this café are eating better because of it?

Yes, definitely:	c. 55%
Yes, probably:	c. 25%
Don't know/Not sure:	c. 10%
Probably not:	c. 5%
Definitely not:	c. 5%

3. Do you think if cafés like this keep selling healthier food, people will eventually start being healthier?

Yes, definitely:	c. 65%
Yes, probably:	c. 20%
Don't know/Not sure:	c. 10%
Probably/definitely not:	c. 5%

It is clear overall that the response to the intervention was substantially positive, though a minority of those interviewed were not convinced, usually in response to what was seen as public and customer resistance to change and thus to any likely significant move to healthier eating.

5. RECOMMENDATIONS

A full set of recommendations is provided in sections 3 and 4 in conjunction with our findings and conclusions. The following is a summary of the key points in each, with references as appropriate:

5.1 The components of the intervention

Health Promotion (section 3.1)

Co-ordination and support

- A project of this type requires a strong individual, with the skills, vision and drive to co-ordinate the process and achieve successful outcomes.

Fruit and vegetable promotion

- In initiatives such as this, financial support should be provided for cafés to use as appropriate to experiment with healthier options and the use of more fruit and vegetables, and/or to subsidise the cost of healthier options.

Scottish Healthy Choices Award (section 3.2)

- If work with community cafés is to be maintained and progressed, cafés will need to be more aware of what is involved in, and what is to be gained from, working towards the Award
- More training on healthy eating and nutrition would be valuable
- Consideration should be given to ways in which the progress made by those who have not yet fully achieved the Award could be recognised, and support provided to enable them to reach the standard required
- If the Award is to be applied successfully to the voluntary sector, investment is needed to ensure adequate cover is provided during staff training or meetings
- When the pilot/intervention comes to an end, ongoing support will be needed from local health co-ordinators and others to enable the cafés to maintain the standards required to meet the Award and encourage continuous improvement.

Food hygiene and food safety (section 3.3)

- When appointing new staff, Management Committees should pay particular attention to food hygiene and food safety and, if necessary, ensure extra support and training are provided for all new staff
- Management Committees, as the responsible authorities, must be aware of their duties and responsibilities regarding food hygiene and food safety and must understand the requirements of HACCP. Their full support is

essential to ensure that adequate staffing, resources and training are provided so that food safety and food hygiene are not compromised

- Cafés should be offered additional support from the Hazard Analysis team before the next environmental health inspection to ensure that they have implemented the HACCP strategies developed during the training seminar.

Mobile chef (section 3.4)

- Consideration should be given to ways in which the mobile chef initiative might be continued
- Cafés should be consulted on how best to make use of any extra resources in the context of their individual training and development needs.

Training (section 3.5)

- In situations where there is a high staff turnover, arrangements should be made to train new staff or share learning within the café team in order that the skills and information are not lost
- The content of training courses and the methods used should be adapted to suit different levels of need
- Training should address specific needs and be relevant to participants.

The Network (section 3.6)

- Consideration should be given to ways in which the network might be developed by, for example, running refresher courses, having district meetings and using the network to resolve sourcing, supply and transport problems.

5.2 The 4 As

Access (section 4.1)

Sourcing supplies

- Management Committees need to support staff to take time out of the kitchen, and to invest in setting up better and more efficient means of sourcing foods thereby delivering the full menu to customers
- See also 'network' above.

Premises

- Appropriate infrastructure support is needed to maintain community cafés in suitable and accessible premises

- If a café is forced to close due to problems with premises, every effort should be made to maintain the café in new premises thereby building on the investment already made.

Promotion

- Cafés should do more to promote healthier choices on the menu. Best practice should be shared between cafés within the network and skills and resources pooled wherever possible
- The commitment cafés have made to providing healthier choices should be actively promoted externally
- The successes achieved by the cafés should be widely publicised. Scottish Consumer Council, Scottish Healthy Choices Award Scheme, Greater Glasgow NHS Board and other stakeholders should join together to provide support and resources to promote the success of this initiative within the community, and beyond.

Affordability (section 4.2)

- Healthy options must be competitively priced against other menu options or cross-subsidised
- Cafés should consider ‘special offer’ incentives to encourage uptake of healthier options, especially when trying to introduce new ‘healthier’ dishes
- Café prices should be set to reflect what customers can afford and are willing to pay.

Availability (section 4.3)

- When signed up to a healthy eating initiative cafés should ensure that ‘healthier options’ are always available and marked up on the menu
- Where it is not feasible or realistic to offer a ‘healthier option’, the changes made, for example in cooking methods, should be communicated to customers
- Cafés involved in a healthy eating initiative should, at the very least be required to adopt healthier cooking methods
- Cafés should develop a strategy for continuous improvement in the provision of healthier options: it isn’t a case of doing it once for an award – but one of striving for achievable steps along a continuum.

Awareness (section 4.4)

- It is important to keep healthy eating and the reason for it uppermost in the public mind and community cafés should play an active role in local efforts to educate the public and encourage dietary change
- Cafés should do whatever they can to make customers aware of what they are doing and why and, to show how individuals can eat more healthily without having to make unacceptable sacrifices
- Community cafés must to do whatever they can, by stealth if necessary, to help people change their behaviour.

6. ISSUES FOR CONSIDERATION

During our research several issues emerged. These are not for us to pass comment on: they are highlighted here so that others can consider them and their implications, and take action as appropriate.

6.1 The function of cafés within the community

6.1.1 Social function

Many of the cafés served an important social function, providing a place where people could meet, chat to friends and spend time 'out of the house'. This was noted particularly where customers were elderly and might have little social contact otherwise, and for young mothers needing a support network. In these situations the nutrition and dietary aspects of the café might be secondary.

6.1.2 Dietary and health function

Some people clearly wanted a place to meet and socialise and had little interest in the nutrition and health implications of the food they were eating or a café's healthy eating policy – particularly older schoolchildren and the elderly who appeared to be more resistant to changes in their diet. In these circumstances improving the food served 'by stealth' might be the best option rather than adopting a proactive campaign to improve dietary choices.

6.2 Financial security and sustainability

In some of the cafés concern was expressed about taking popular – but not such healthy choices – off the menu, and the adverse impact this might have on their income. This applies particularly to fry-ups and chips, and includes opposition to a chip-free day trial.

The funding of cafés was not part of the remit of this evaluation, but the importance of making a profit, or at least not making a loss, was mentioned in more than one café.

When introducing 'healthier choices' policies the financial implications need to be considered carefully. Menu changes should be paced to correspond with the introduction and acceptance of 'healthier' dishes by the customers.

6.3 Healthy eating – the bigger picture

Customers, both young and old, did not always have a positive attitude to healthier eating choices; in fact there was often resistance to the health-

education messages and associated actions. There was some negativity when cafés were seen to be acting against what customers were interested in eating and not providing the service they were expecting.

Cafés need to decide how to approach healthier eating – should they take a high profile? Or should they improve the menu by stealth?

In the longer term, the issue of whether community cafés could ‘opt out’ or ignore developments in community catering to provide healthier choices is one for consideration. We would contend that it should not be possible for community cafés to ignore the bigger picture and the strategies for improvement in Scotland’s diet and health. However, cafés are under no obligation to serve anyone other than their customers and we noted that not all these cafés were as positive as one might have expected. Bringing other cafés into the healthier catering initiatives will, we suspect, require even more commitment and resources from statutory agencies.

6.4 Management Committee support

Management Committee support for the introduction of healthier choices is vital. The importance of the café within the community centre is recognised and food is an important part of that. But acceptance of the importance of providing healthier choices and the implications of this for staff training and development were not always appreciated. This was particularly so where extra demands were placed on staff, for example with the additional requirements of the Scottish Healthy Choices Award and the extra demands on staff during training courses.

Longer-term gains for diet and health need to be promoted to Management Committees to ensure their full support for what some might see as radical changes in the cafés.

6.5 Children’s meals

We note that locally and nationally there have been significant impacts on, and improvements to, the nutritional quality of school meals^{10,11}, with policies for free fruit and milk, etc¹². However, some community cafés are serving meals to school children but are not covered to the same extent by these improvements or indeed the formal requirements of school meals.

¹⁰ Hungry for Success; A Whole School Approach to School Meals in Scotland, Scottish Executive November 2002 <http://www.scotland.gov.uk/library5/education/hfs-00.asp>

¹¹ At the time of writing, 251 of the current 382 current Scottish Healthy Choices Awards were held by schools.

¹² <http://www.scotland.gov.uk/pages/news/2003/02/SEED191.aspx>

The issue of equivalence with school meals and whether cafés could ever meet these requirements needs to be discussed. If cafés are serving children, during school time or otherwise, emphasis should be given to complementing, rather than undermining, the good work being carried out in the school meals' sector.

6.6 Access to funding

New funding initiatives are difficult for community cafés to keep track of and to access. Current free fruit provision in Scotland has specified statutory recipients, and community organisations such as the cafés do not qualify, even where they serve children.

Extension of funding for free fruit and milk for children outside the statutory sector should be investigated.

6.7 Cafés' internal policies

6.7.1 Chips, sweets, 'junk foods' and fizzy drinks

Some cafés had, or were in the process of introducing, policies for 'chip-free' days, no fizzy carbonated sweet drinks, chocolates or sweets.

Whilst this is of course an issue of consumer choice for adults, for children it is another matter. We observed children using cafés to buy sweets and chips that in some cases they were no longer able to buy in school. Cafés should take a responsible attitude and develop a long-term policy of taking these items off the menus. Otherwise, healthy eating messages promoted in schools could be seriously undermined.

6.7.2 Smoking

In most of the cafés many of the customers smoked, and did so around young children and babies. Whilst there were no-smoking areas in most cafés, the ventilation was often inadequate to deal with the number of people smoking in a confined space.

From our observations we would suggest that this aspect of health education needs more consideration, promotion, investment and support.

6.8 Registration

All food premises are required to register with Environmental Health and comply with the legal requirements to serve safe food. However, anyone can set up a café regardless of their qualifications, policies and practices.

The total number of community cafés is not known. This raises a number of issues including food policy and broader social and safety concerns.

The feasibility of producing a register of community cafés should be explored with relevant parties, including environmental health.

7. OVERALL CONCLUSION

This brief and final section of the report summarises the evaluation team's overall conclusions about the value of the intervention as a whole and sets out our thoughts on what needs to happen next. It is based on what we have seen and heard in the course of the research and draws on our own policy knowledge and expertise.

7.1 The value of the intervention

- The pilot project has been successful in increasing the availability, affordability and awareness of and access to healthier food choices
- Each aspect of the intervention was valuable in its own right and the intervention was valuable as a whole
- There has been valuable learning not only for the staff in the cafés and community centres, but also for the various organisations which joined forces to instigate, encourage and develop the intervention
- The cafés have benefited. They now offer more 'healthy' options, use healthier cooking methods (even for the non-healthy options) and generally offer a wider range of meals than previously. And the staff are more skilled both in terms of food preparation and understanding of nutrition and healthy eating
- The community has benefited from improvements in the service provided by the cafés and from the healthier food they are getting, or starting to get – even if they are not always aware of the gains. And in some cases, the community centres have benefited from improvements in the cafés too
- There is greater access than in the past to healthier food, it is therefore more available to people, and it appears to be affordable by the target market. At the same time there is an increasing awareness of the importance of nutrition and of eating healthier food
- Five cafés have already passed the nutrition element of the Scottish Healthy Choices Awards Scheme.

7.2 The future

- We firmly believe that support to the current cafés and their Management Committees should be maintained. Without such support, both financial and practical, we are concerned that the cafés will find it difficult to

continue with their healthier options work and that the impetus of the pilot may be lost

- We would like to see the healthier eating initiative extended to other community cafés in Glasgow and elsewhere, drawing on the lessons learnt from this pilot
- We consider the intervention to be a success, despite some of the problems experienced. It is a highly promising start. This success should be celebrated as far as possible in the local media and within the cafés, partly because as a matter of principle the hard work should be acknowledged, and partly because it will encourage more customers
- The Glasgow healthy eating intervention is part of a larger picture. At local and national level there is increasing concern about diet and health: for example rising levels of obesity, diabetes, heart disease and other diet-related conditions; concern about advertising 'junk food' to children etc. These and other similar issues regularly hit the headlines. We would like to see the experience of the cafés involved in this project covered not only in the local press, but, wherever possible, reflected in national coverage of the issue and encourage all those involved to work with the media to achieve this. To put it somewhat crudely, there is a media bandwagon at the moment, and the community cafés and the intervention team should jump on it
- This project clearly demonstrates what is achievable with limited resources. There is no excuse for not doing something to increase access to healthier food even in the most challenging of circumstances.

APPENDIX 1: The Cafés

1. Castlemilk Pensioners' Action Centre

Neighbourhood: Castlemilk
Date of visit: Tuesday 23rd March 2004
Main contacts: Margaret Urquhart (Centre Manager) and Derek Sutherland (Cook)

The café is based in a community centre that offers an impressive range of activities and support services for pensioners in the area.

The centre was established in 1986 with a small café run by volunteers serving frozen meals and soup to approximately 12 people a day. The menu developed and numbers grew to about 40, then in 1999/2000 they received a £60k grant to build a new café and kitchen. They now have one cook, two paid trainees, and six volunteers who help out in kitchen and with clearing up and serving.

The café is open from 10 am-2.30 pm, Monday to Friday, serving breakfast and/or lunch to approximately 100 people/day. In addition, on Tuesdays and Thursdays 'housebound' pensioners are brought in for lunch.

Breakfast is not the main focus of the café but they do get a few regular customers in the morning. The breakfast menu comprises a cooked breakfast (sausage, bacon, eggs, black pudding, potato scone with toast and tea for £1.50) or cereal. The lunch menu is quite wide. On the day of the visit it included: vegetable and barley broth; fried fish; corn beef salad; spaghetti bolognese; lamb casserole; dumpling; mixed veg; chips/mash; rhubarb crumble; fruit; ice cream. No healthy options were highlighted.

A typical price was 85p for a two-course meal.

2. Glenburn

Neighbourhood: Easterhouse
Date of visit: Friday 26th March 2004
Main contacts: Gerry Baldwin (Manager), Joyce Gentles, Rachel McCann (Cooks)

This café is part of a multi-function community centre and, like others, is in an area where a great deal of rebuilding is taking place. Indeed, the centre itself was undergoing major reconstruction. The day of the visit was the last day of a three-week period during which the café's main 'sit down area' – part of a medium-sized hall – was closed because the room was being used for a training course

(and thus raising money for the centre). This, unavoidably, meant that the majority of sales were take-away since there was nowhere to sit down except a few chairs in the hall.

The café had at one point employed a cook who, it emerged, was neither sufficiently skilled nor experienced. He had now left, and the work was being undertaken by a range of volunteers, with additional help from admin staff at the centre.

The customers – some 40-50 on the day of the visit – were a cross-section of workers from the local building sites, school children, delegates to the course that was being run in centre's main hall, plus some local residents.

Baked potatoes were not being offered at the time of the visit because there was nowhere to sit and eat them, and chips were not available since the fryer had broken down some weeks previously. The café was offering paninis, including toasted paninis, bottled water and cartons of juice as part of its healthier options service.

Smoking was not allowed in the building.

3. Jeely Piece

Neighbourhood: Castlemilk
Date of visit: Tuesday 23rd March 2004
Main contacts: Ellen Howie and Andrea (**surname tbc**) (Assistant Cooks)

The Jeely Piece café was situated within a long-established (20 years) community centre that had until recently had a very busy crèche and kids' club. The centre and the café were due to close at the end of the month since the building was no longer up to standard. The centre, but not the café, was relocating to new premises. The café staff were being made redundant but acknowledged that the healthy choices work had been good and that while they would not be able to use in it their work they were using the new methods and ideas at home.

The café was bright and airy with a large kitchen, colourful tablecloths, a children's play area, and lots of information about healthy options, how the food was prepared, and feeding children. Food was presented in an attractive way with salad garnish. There was a varied menu with healthy options identified.

There had been an emphasis on some aspects of healthier eating for a time – fizzy drinks were no longer sold, neither were sweets nor cakes; fruit and salad choices were on display; there were chip-free days; notices encouraged breast feeding; and free milk was available for children. New cooking methods had

been used following the visit of the mobile chef – sausages were now grilled, vegetables were lightly cooked and crunchy – which customers were getting used to.

Customers included staff that worked in the centre, local carers calling in for breakfast and a coffee break, plus some mums with young children on their way to the (relocated) crèche for the afternoon session. In the past the café had been much busier, with mums and children the main customers.

Long-term illness of the cook had been a problem; knowledge and training had not been applied or shared with other staff as a consequence.

4. Jenniburn

Neighbourhood: Castlemilk
Date of visit: Tuesday 23rd March 2004
Main contacts: John Reilly (Cook)

This café is in a spacious, light and brightly-painted community centre, adjoining a children's playground. It provides a range of services, classes and other facilities; has large, indoor areas, which can be used for sports and other activities; and is near both schools and shops, as well as areas of accessible countryside.

The café was open from 8 am-2.30 pm, though the majority of customers have left by 2 pm. During the course of the day some 50-60 people (mothers with young children local workmen, occasional passers-by, etc) visited the café, though a number of those only had coffee or – particularly the local workmen – a take-away roll plus tea or coffee. Respondents described it as “*friendly, cosy and inexpensive*” and as “*clean and friendly*”. A number of people, in particular mothers of young children, clearly used it as a social centre as much as a café.

Many of the customers who ate at the café were regulars, who had been visiting for years rather than weeks or months. The range of food offered, and the prices, were praised by a number of customers.

The menu did not separately identify healthier options. There are plans to re-print the menu but this has been delayed, due to PC and printer problems. Though it is felt that the customers are not greatly interested in healthier choices, it was believed that the café is selling more baked potatoes and salad rolls than in the past. In addition, less fat is being consumed, with breakfasts being cooked in the oven (though potato scones are still deep-fried) and the fat draining off between cooking and serving.

5. Kinfauns

Neighbourhood: Drumchapel
Date of visit: Monday 22nd March 2004
Main contacts: Caroline Tedford (Cook)

The café is located in a community centre on a large housing estate. It opens 9.30 am-1.30 pm, Monday to Friday and serves breakfast and lunch. The café seats about 40 and serves 50-60 people a day. There is one cook, with extra help provided by volunteers on an ad hoc basis.

Customers are mostly local workmen, centre staff/volunteers, a few mums with young children and several local schoolchildren (secondary). Most have been coming for several years, including the schoolchildren, and come in every day or almost every day, for breakfast or lunch or both.

Healthy options are highlighted in green on a large menu at the front of café, behind the counter. They include baked potatoes; cold salad roll; beans on toast; scrambled eggs; soup; water, milk, fruit water and fruit. The café also serves an all-day breakfast (sausage, bacon, egg, black pudding, potato scone & baked beans); bacon rolls; sausage roll; ham roll; pie with potatoes and veg; and chips (with cheese/gravy/curry sauce).

Typical prices were scrambled eggs 70p; scrambled eggs on toast 85p; beans on toast 75p.

6. Leithland

Neighbourhood: Pollok
Date of visit: Thursday 25th March 2004
Main contacts: Christine Garrity (Manager), Mary Wales (Cook)

This café (which, incidentally, was opened in 1991 by Kirsty Wark) is part of a community centre providing a range of services – mother and toddler groups in the morning, young people's groups later in the day, etc – to a developing area of the city. Like the other areas covered during this work, it is not affluent, but a considerable amount of construction was taking place locally, with new houses being built and others being renovated.

Some 40 people visited the café on the day of the visit, a combination of young mothers, local workmen, older retired men, plus at lunchtime a rush of 20+ children from a local junior school buying (mainly) take-away chips and fizzy drinks.

The cook had been off sick for several weeks, as a result of which volunteers were doing all the cooking, clearing up, etc. Though this level of dedication was of course wholly admirable, the short-term impact on the café's customers overall and in particular on the healthy eating initiative was unlikely to be favourable.

The departure of the cook had also deprived the café of a source of knowledge since he had attended much of the initial training. The more recent environmental-health training had been attended by the centre manager who was currently responsible for checking fridge temperatures, etc.

The kitchen had been rebuilt just over a year ago as part of a cancer prevention project offering cooking classes, and it had all the facilities needed for the range and types of food being cooked. The café has had chip-free days (this now happens infrequently since the café is currently without its cook) and has offered a buffet of salad, fruit, pastas and noodles, and garlic bread. Healthier options such as soup and jacket potatoes are always available, and customers were in general pleased with the range of foods on offer, and the prices charged.

7. New Horizons

Neighbourhood: Easterhouse
Date of visit: Wednesday 24th March 2004
Main contacts: John Catchpole (Cook)

This was unique amongst the cafés being examined as part of this research. A training centre for recovering ex-addicts, it is not open to the public and meals are provided free. It is open between 10.30 am and 2 pm. Unfortunately, the visit was arranged for a day when few clients would be attending (the normal number is between 20 and 30) because, unknown to the research team, Wednesdays tend to be the day when clients are seeing doctors, checking their housing or benefits, etc. In the event, only two clients attended on the day of the visit.

It should also be pointed out that given his increasing range of work at other cafés and on the Get Cooking courses, the cook was only at the centre perhaps one day a week, and sometimes less. This had serious implications for the workload on the other staff at the centre and for the range and quality of food offered to the clients. On the day of the visit, however, fresh vegetable soup, roast chicken breasts, potatoes and peas, mushrooms and salad were available both to staff and clients.

8. Possil and Milton Disability Forum

Neighbourhood: Possilpark
Date of visit: Thursday 25th March 2004
Main contact: Ann McOrmick and Peggy Kelly (Cooks)

The café is located in a centre for people with disabilities on a main road running through a large, run-down housing estate. There is a general community centre next door. The café is at the entrance to the centre. There is a separate kitchen and dining area behind the cafe for the lunch club, which has its own chef.

The café seats about 50 people and serves approximately 70-75 a day of all ages and with a range of disabilities. It is open 10 am-2 pm, Monday to Friday and serves breakfast, lunch and snacks throughout the day.

Customers are mostly members and their friends, local workmen, centre staff/volunteers, and a few mums with young children. Most have been coming to the café for several years and come in every day or almost every day, for breakfast/snack or lunch or both.

The menu included an all-day breakfast (sausage, bacon, egg, black pudding, potato scone & baked beans); rolls, salads and toasties; fish tea; beefburger and chips; pie and chips; macaroni and chips; chicken burger and chips; lasagne and chips; pasta bake; curry with rice or chips; baked potatoes; plate of chips.

Healthy options include: Breakfast: cereal, orange juice, fresh fruit, milk; Lunch/snack: cold salad roll; sandwiches (white/brown bread); meat/cheese/tuna salad; beans on toast; scrambled eggs, poached eggs, boiled eggs (on toast); soup.

Typical prices were the all-day breakfast £1.50; fish tea with bread & butter £2.20; beefburger and chips £1.30; baked potato with filling £1.50.

9. Ruchill Family Centre

Neighbourhood: Ruchill
Date of visit: Wednesday 24th March 2004
Main contacts: Anne Baxter (Cook)

The centre was established in 1994 with funding from NCH, the city council and social services; funding runs out in September 2004. It is located in a bright, airy building on a new housing estate. It comprises a nursery, crèche and café, and holds art classes once/week.

The café is also bright and airy, seats approximately 20-30 and serves roughly 20 adults per day. It's open 10 am-4 pm, Monday to Friday, and serves a set lunch daily plus snacks one day per week. There is one cook, working alone. She usually offers soup, main course and pudding for c £1.50.

Customers are mostly young mums who bring their children to nursery. They come in, chat to each other, tell the cook what they want and pick it up from the counter when it's ready. It's all very informal and the cook knows everybody well, including the children. There's a family atmosphere. The café also provides a snack and lunch for approximately 15 children in the nursery/crèche.

10. Stonedyke

Neighbourhood: Drumchapel
Date of visit: Monday 22rd March 2004
Main contacts: Raymond Finlayson (Manager of Community Centre),
Margaret Nesbit (Cook)

The café is part of a community and neighbourhood centre offering a range of services, classes, training, youth clubs and support to local residents. Significant efforts, including a monthly newsletter distributed to all residents, are being made to involve the neighbourhood in the work of the centre. The café was seen by senior staff as central to this work, a way to encourage people to come in and to know, for example, that if they have problems, help will be available.

This visit took place on the day following the café's reopening after a fortnight's closure to allow new central heating to be installed. Attendance was somewhat lower than expected – no more than about 20 visitors in all – perhaps because of this recent hiatus. (For the purposes of this note we have excluded the special needs visitors who could not be interviewed.) The café was warm, welcoming and friendly.

Here, as in some other cafés, there were serious problems with staffing and continuity, and significant dependence on volunteers, with all the problems that unavoidably follow. It should also be mentioned that although the community centre is offering a range of services to the neighbourhood, and the café is seen as central to its work, there is some concern about the future. In particular it was felt that the support and monitoring given by the intervention team provides vision, guidance and objectivity, without which the café's position might become much weaker.

As in many of the cafés, the customers (the majority of whom were elderly on the day of the visit) tended to be regulars and, of course, to live locally. The attraction of the café was, to quote an early visitor, that it *"gets you out of the*

house, you see friends...and it's handy". Others spoke of the chance to "get good food and meet people".

A range of healthier options was provided at prices that the customers accepted as reasonable. On the day of the visit the healthier choice – fresh soup, corned beef, potatoes and cabbage – was selected by several visitors.

11. The Sunflower Café

Neighbourhood: Partick
Date of visit: Wednesday 24th March
Main contacts: Emmeline Sumner-Noakes (Cook/café manager)

The café is situated within The Annex Healthy Living Centre in a residential street just off the main high road. Various classes and courses are run from the centre such as arts and crafts, singing and weight-watchers. Music is important in the café with live music several times a week. It has an informative notice board with interesting articles about healthier choices, recipes, etc.

The café is bright and colourful with seating for around 40 people, which can get a bit crowded. It has a variety of customers drawn primarily from those using other facilities in the Annex mainly those attending and teaching courses, some holding informal meetings, local workers, mothers and babies, young children and special needs peoples with their carers. School children did not use the café.

The café has a no-smoking policy, which needs constant enforcement since some people didn't initially notice, or respect, the policy.

The menu changes daily depending upon the availability of fresh ingredients: no frozen foods are used. There is an emphasis on vegetarian foods; organic ingredients are used where possible, as was Fair Trade produce. Free fresh fruit is available. The quality of the food and excellent variety on the menu was commented on by customers who tended to be regulars. There is currently one cook and a band of loyal volunteers.

12. Waverley Neighbourhood Centre Café

Neighbourhood: Drumchapel
Date of visit: Monday 22nd March
Main contacts: Liz Killin (Centre Manager)

The long-established café is the hub of the neighbourhood centre, which also has a lunchtime youth club. It is an important 'drop in' centre for the local elderly, for construction workers, school children and locals alike.

The café is open every day from 9 am-2 pm. It often has 80-100 customers a day. The café had received a grant from the Drumchapel L.I.F.E. project for new tables, chairs and furnishing, and was bright and cheerful. A chill cabinet had been bought to display healthier options such as salads, sandwiches, yoghurt, juices and water. There was a well-used smoking section. Builders commented on its consistently high standards of cleanliness.

There were definite waves of customers – the construction workers for their fry-up breakfasts who expressed no interest in changing to healthier options; elderly locals who used the café every day for their subsidised two-course meal for £1.50; schoolchildren who could get chips and the foods they liked (which they apparently couldn't get in school) and people working in the centre calling in for snacks and lunch.

The café was very busy and was about to appoint a new cook with increased hours. There was also a kitchen assistant and helper, and volunteers who help out as needed. There was potential to develop the healthier options further but time had been a limiting factor in the past. The menu presentation was excellent and offered *"affordable healthy alternatives to suit your palate"*.

13. Way to Go Youth Cafe

Neighbourhood: Gorbals

Date of visit: Tuesday 30th March 2004

Main contacts: Tracey Boyle (Manager) and Lesley McLean (Cook)

This café and youth centre had only recently opened (the day before the visit), having moved to new premises from elsewhere in the Gorbals. It was newly and brightly painted, welcoming with a large, neatly arranged and easy-to-read menu, that had the healthy options marked. An attractive two-sided flyer, with a photo of the café and the cook on one side and a draft menu on the other, had been circulated in advance of the opening to local offices, flats and schools, and had already attracted some customers. Links are being established between the café and other projects in the Gorbals aiming at improving the area, encouraging healthy eating, etc.

Aside from the café, the centre provided a range of boys' and girls' groups, addressing such things as bullying, and there was a youth committee which helped to run the centre and its activities. The centre aims to serve the whole Gorbals area, and the café had an air of enthusiasm and cleanliness. Healthy eating publicity material was on the walls and available as leaflets to take away.

The only obvious problems were firstly, that the café is downstairs, which would make it difficult to reach for the disabled and the elderly (admittedly not the café's primary audience), and secondly the seating area was comparatively small, with three tables each of which could take perhaps six people at most.

Smoking is not allowed in the café or the remainder of the building.

The café attracted some 25-30 people on this second day of opening. About half of them were nursery school teachers (currently on strike and picketing nearby) who came in for lunch, a third were school children and the remainder were a variety of local office workers and others, some of whom had been attracted by the flyers. Just over half the customers (the teachers and some of the local residents and workers) ate at the café, the remainder buying take-out food.

There are no deep-fat fryers in the kitchen and the majority of food is grilled rather than fried (indeed breakfast is described as a 'grill-up' rather than fry-up on the menu), the exceptions being eggs when necessary and potato scones. The café does not sell chips. This is acknowledged to be a gamble but since the café is a new venture in its current form it is thought – and hoped – that people will get used to it. A range of filled rolls, toasties, baked potatoes, etc were available, plus homemade soup with a bread roll and, on the day of the visit, ratatouille.

APPENDIX 2: The Stakeholders

The following organisations/individuals were contacted and interviewed unless otherwise indicated:

Greater Glasgow NHS Board

Jan Cresswell, Senior Health Promotion Officer
Anné Gebbie-Diben, Health Promotion Officer

Scottish Healthy Choices Award Scheme

Dr Claire Brown, National Co-ordinator

Glasgow City Council Environmental Protection Services

Helen Lang, Team Leader, Hazard Analysis Group

Mobile chefs

John Catchpole
Allen Chalmers

Trainer

Stuart Moffat*

NHS Health Scotland

Emma Whitney, Programme Manager – Community*

Network representatives

Frank Creighton, Co-ordinator, Healthy Castlemilk
Gaille McCann, Greater Easterhouse Community Health Project

Project Management Team

Bill Gray, National Project Officer, Scottish Community Diet Project
Anné Gebbie-Diben, Health Promotion Officer, Greater Glasgow NHS Board
Dr Claire Brown, National Co-ordinator, Scottish Healthy Choices Award Scheme

Key

* not interviewed

APPENDIX 3: Topic Guides

1. QUALITATIVE RESEARCH

a) Interviews with café staff and/or volunteers:

There are a few things we'd like to talk about. Most of it is day-to-day stuff. If there's anything you'd rather say in confidence – things you think people ought to know but you'd rather not be quoted by name – that's OK. Just let me know which bits are which, or leave the confidential stuff till the end. So...

- Where do you get your (healthier) food from?

Do you buy it yourself? If not, who does? Where does it come from? (Same place as the 'other' food?) How easy is it to get what you need? How easy is it to get it here? Is it good quality? Do you have to waste much? More than you do with other food? Does it cost more than other food? Is that a problem? Etc.

- Ease of preparing/cooking healthier food

Is it any different to preparing the ordinary food? Did/do you need any different equipment? Are you preparing two different sorts of food and so things get difficult in the kitchen?

Did the mobile chef help? How? What was good about him/her? What still needs to be done? Etc. What did you do or what changes did you make as a result of his/her visit?

- Introducing the healthier food/ revised menu

When you introduced the healthier food how did you tell people about it? (Inside the café and outside/elsewhere...?) Did you (others?) encourage people to try it? Did they want to? Did they do it? And what did they say? Was the healthier food more expensive? Was that a problem? Etc

Are the customers 'learning to like it'? Are favourite dishes emerging? What are customers saying? Have numbers increased/decreased? Etc.

- Working with the health service, the consumer council and others

Did you get the help you needed when this all started? What was helpful? Looking back, was there anything that didn't help much? Why was that? Was it helpful when people visited the café? What types of visits were (not) useful? Did anyone give you help in changing your menu? Again, was that helpful? Why (not)?

What about more recent visits? Again, helpful or not? How? Why? How useful is it working with Anné (and others)? What works well? Why? Is there anything that doesn't work well? Again, why?

- (If not already covered): Training courses

Which training courses have you been on? Which ones were (not) useful? Why? What (else) do you need? What else do the others that work here need?

- Perception/usefulness of toolkits

Have you seen the *Just for Starters* pack? Yes/No. Was it of any use? How was it useful? Why not?

- What do you know about the Scottish Healthy Choices Award? Are you working to try and get it? Are the things you have to do to get it reasonable? (Why not?) Are there any problems? How are you getting on...?
- Do you have any links with other cafes? (Any links apart from at meetings with the organisers?) What sort of links are they? Are they useful? Is there anything (else) that might be useful?
- What have you got out of this healthy eating work? Have you enjoyed it or not? Why? Do you think you've learned anything useful? Has it been hard work? Why? Is it worth it...? Etc
- Is there anything we haven't talked about yet that is important, anything else you want to say? [PROBE AS NECESSARY RE: food handling and hygiene, environmental health, bulk buying with other cafés, etc.]
- Overall, what are the good things for you about the healthy food work? And the bad things, if any?

Thanks for your help.

b) Interviews with customers:

- How long have you been coming here/using the café?
- What do you usually use the café for? What time(s) of day? Why then in particular? How often do you use it? [CHECK SOCIAL REASONS AS WELL AS FOR MEALS ETC]

- Do you know about the healthier food (options) that they're serving here? Do you know what they're trying to do with the healthier food? [PROBE FOR UNDERSTANDING]
- Do you remember the café giving free samples of the healthier food? Did you try any of the free samples? What was it? Did you like it? Have you tried it again? Or tried other healthier food/options here? What have you tried? Did you enjoy it?
- Do you think it's important to eat healthy, good, food? Why? [PROBE FOR PERCEPTIONS OF LINKS BETWEEN DIET AND HEALTH]
- What are you eating/drinking (now)? Does that count as 'healthy' or not? Why? Do we want to know what they think is healthy/unhealthy?
- What is a typical meal (breakfast, dinner) for you? What are your favourite foods? Why that in particular? And favourite drinks? Why?
- How often do you try to eat the healthier food here?
- Is the healthier food the same sort of price as the other food, more expensive or cheaper?
- Have you changed the sorts of things you eat recently? How, what's changed? Why was that?
- They've brought in this healthier food in the café. Has it changed the way you think about food at all? Do you do things differently because of it?
- What about the menus and food information in the café. Has there been anything different recently? What have you seen? What did it say?
- What's good about having this healthier food here? Is there anything wrong about it?
- What would make people eat healthier food?
- What else is important? Is there anything else you want to tell us?

Thanks for your help.

2. QUANTITATIVE RESEARCH

- Do you think it's a good idea to try to provide healthier food in this café or not? Yes/No
- Overall, do you think people who use this café are eating better because of it? Yes/No/Don't know, not sure.

PROBE AS NECESSARY TO CODE AS FOLLOWS:

Yes, definitely/Yes, probably/Don't know, not sure/Probably not/Definitely not

- Do you think if cafés like this keep selling healthier food, people will eventually start being healthier?
Yes/No/Don't know, not sure.

PROBE AS NECESSARY TO CODE AS FOLLOWS:

Yes, definitely/Yes, probably/Don't know, not sure/Probably not/Definitely not

APPENDIX 4: Scottish Healthy Choices Award criteria

1. Providing a Healthy Eating Environment

1.1 Food safety, hygiene and management

To justify the description 'healthy eating environment', it is essential that high standards of food safety and hygiene are guaranteed throughout the premises.

The Award criteria are based on the points rating system under the government's Food Safety Code of Practice No. 9, and the scores required for the Award reflect high standards.

1.2 Non-smoking policy

No smoking is considered to be the norm. Non-smoking areas must be clearly indicated.

1.3 Breastfeeding policy

To ensure the provision of healthier choices for all age groups, catering establishments should provide a supportive and helpful environment for mothers who wish to breastfeed their babies.

2. Providing Healthy Food Choices

2.1 Menu

Menus must offer increased choice by adding and identifying healthier alternatives prepared in a healthier way, offering more fibre and less fat, salt and sugar. The following should always be available:

- a choice of breads (where provided), including wholemeal, those containing malted grains, or those containing a mixture of cereals
- semi-skimmed milk (where milk is served either by the glass or in any other type of container, or in tea/coffee)
- unsweetened fruit juices (where beverages are served)
- water (where beverages are served)
- at least one fruit – fresh, frozen, canned in fruit juice or dried
- artificial sweeteners
- a choice of salad dressings, including lower-fat types
- 'healthy choice' alternatives for each course at all main meals
- at least one alternative to chipped, roast or sautéed potatoes
- a choice of at least two fresh, frozen, canned or dried vegetables and/or salad
- 'healthy choice' fillings for sandwiches and/or baked potatoes etc.

2.2 Food preparation and serving methods for 'healthy choices'

- use semi-skimmed or skimmed milk
- use oils, fats and spreads sparingly
- use little or no salt (and demonstrate a commitment to reducing it)
- trim fat off meat and skim fat off meat juices and gravy
- do not add fat to gravy when thickening it
- use low-fat or reduced-fat spreads
- do not put dressings on salads – offer salad dressings separately
- do not serve vegetables in a sauce – offer sauces separately

3. Promoting Healthy Food Choices

Healthy options should be actively promoted to the customer:

- 'healthy choices' must be prominently sited
- 'healthy choices' must be identified as such
- catering staff must be able to inform customers about the Award, and about the 'healthy choices' they serve
- 'healthy choices' must not be priced higher than other menu items
- there must be a programme of promotion for 'healthy choices'
- Award winners must promote the Scottish Healthy Choices Award Scheme on their premises (resources are provided by the Award scheme)

APPENDIX 5: Examples of café menus and promotional material



APPENDIX 6: The Consultants

Who we are

We are three independent consultants with extensive experience of working in the consumer, food and public sectors. We bring together a wide range of skills and expertise including:

- Project management
- Research management
- Qualitative and quantitative consumer research
- Nutrition and food policy
- Report writing and editing

Laura Simons

Laura Simons has a background in communications, public relations and public affairs. She spent 20 years in the not-for-profit sector before becoming a consultant. She currently works for a number of public/charitable sector clients on a range of projects including strategic communications planning, media relations and research. She was previously Head of Public Relations at the Food Standards Agency and Director of Communications at the Motor Neurone Disease Association; she also held a senior public affairs post at Consumers' Association.

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Diane McCrea

Diane McCrea has extensive experience of and expertise in consumer research and policy for food, nutrition and health in the public and not-for-profit sector. She has worked independently as a consultant for over seven years in the UK, Europe and internationally and was previously Head of Food and Health Research at Consumers' Association (UK).

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Michael Warren

Michael Warren has spent some 30 years in social and market research, having worked for Consumers' Association, the government's Central Office of Information, and a range of research agencies. For four years he was Director General of the Market Research Society. Michael is now a freelance researcher and consultant working with a range of

public sector clients, writes widely on research, and is a Visiting Professor at the University of Surrey's School of Human Sciences.

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Division of responsibilities

Whilst taking equal responsibility for this project as a whole, each took a lead in different areas:

- ?? Overall project and financial management - Laura Simons
- ?? Research management – Michael Warren
- ?? Evaluation of public policy initiatives – Diane McCrea



Glasgow Community
Cafe Link-Up

