

**MAPPING OF THE COMMUNITY AND
VOLUNTARY SECTOR CONTRIBUTIONS TO
IMPROVING MATERNAL AND INFANT
NUTRITION IN SCOTLAND**



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GLOSSARY

CFHS	Community Food and Health Scotland
CHIP	Community Health Improvement Partnership
CHP	Community Health Partnership
DHLI	Dundee Healthy Living Initiative
DIWC	Dundee International Women's Centre
GIRFEC	Getting it Right for Every Child
HALP	Highland Adult Literacies Partnership
HHCP	The Healthy Happy Communities Project
HIRS	Health Improvement Resource Services
ILA	Individual Learning Account
MAJIC	Home-Start Mid Argyll, Jura, Islay and Kintyre
NCT	The National Childbirth Trust
PHN	Public Health Network
PPP	Pultneytown Peoples Project
REHIS	The Royal Environmental Health Institute of Scotland
SCA	The Scottish Childminding Association
SPPA	The Scottish Pre-school Playgroup Association

1. INTRODUCTION

This report sets out the findings from mapping the contributions of the community and voluntary sector to improving maternal and infant nutrition in Scotland. The study is commissioned by Community Food and Health Scotland (CFHS).

Background

- 1.1 There is increasing recognition both in the UK and worldwide that there is an ‘obesity epidemic’. This is supported by research evidence based on analyses of national surveys going back over twenty years. The Scottish Government wants to ensure that “all children have the best possible start to life, are ready to succeed and live longer, healthier lives”.¹ To help achieve this outcome the Scottish Government has developed ‘Improving Maternal and Infant Nutrition: A Framework for Action’, led by a multi-sectoral strategic group of which CFHS is a member.
- 1.2 The Framework is aimed at a wide variety of organisations with a role in improving maternal and infant nutrition in Scotland. It builds on the Scottish Government’s earlier focus on increasing the proportion of new born children exclusively breastfed at 6-8 weeks (Better Health, Better Care Action Plan) to improving the nutrition of mothers prior to giving birth and the nutrition of young children beyond the milk feeding stage. ‘The Early Years Framework’ based on the principles underpinning ‘Getting it Right for Every Child’², provided a joint commitment by local and central Government to addressing the cycle of inequalities in health, education and employment. The target groups, as set out in the Maternal and Infant Nutrition Framework, are:
- pregnant mothers and mothers with children under 3 years, and their infants, within low income communities, who research suggests will have poorer health outcomes as a result of poor nutrition and unhealthy weight (or obesity)
 - and in particular young mothers, mothers with additional needs such as with poor educational attainment, from ethnic minority backgrounds, dependent on benefits etc.
 - plus carers - partners and families.
- 1.3 Community and voluntary sector initiatives share this commitment to addressing inequalities within low income communities by focussing on nutrition and food activities as a way of engaging members of local communities and empowering them to address health and other social inequalities. The community and voluntary sector are therefore seen as core partners. However the ways in which the sector is expected to contribute to achieving the reduction in health inequalities and in obesity among pregnant women, and in improvements in maternal and infant nutrition, is relatively ill-defined by the Framework. Reference is made to its role in supporting education and skills, delivering practical activities and signposting to other sources of support such as Healthy Start Vouchers, but lacks information on the specific nature of such activities.
- 1.4 Judging by the evidence cited by NHS Health Scotland to inform the action plan³ most research in this field is based on public sector initiatives (within the UK and abroad). There appears to be lack of information on the valuable practical contributions being made by the community and voluntary sector in Scotland. Such information and

¹ Scottish Government National Performance Framework.

² ‘Getting it Right for Every Child’ (GIRFEC) healthy lifestyle outcomes.

³ Woodman, K., Campbell, R. (2010) Improving Maternal and Infant Nutrition – Rationales for the Action Plan Activities in the Draft Framework. NHS Health Scotland.

learning is potentially important to partner agencies from the public and private sectors involved in taking forward the Framework. In particular evidence on what services are being delivered is necessary in order to signpost practical support for mothers and their infants at a community level. Also sharing information on how services are being delivered and by whom, the resources that are supporting delivery and further resource and support requirements, is important to planning partners in order to ensure that these services are supported and helped to be sustainable in the longer term.

Objectives

1.5 This study aims to evidence the contribution of the community and voluntary sector to the Framework. The overall aim of the study is:

- to gather an understanding of the actual and possible work underway in community settings by scoping the range of activity undertaken; and from this to develop an analysis of the resources utilised (or required) by initiatives to deliver activities that support the implementation of 'Improving Maternal and Infant Nutrition: A Framework for Action';
- to support the above analysis by providing snapshots of the range of community initiatives delivering services that contribute to implementation of the Framework.

1.6 CFHS is interested in finding out which resources and support are in common use/received/needed in order to deliver activities relevant to the Framework. These resources include:

- information and guidance materials developed or received from others;
- training and support received or required;
- skills developed or needed;
- access to equipment or equipment purchased or provided by partners; and
- funding received or applied for.

Methodology

1.7 The study was carried out between February and March 2012. The specific tasks involved included:

- A scoping study using telephone interviews carried out by Lowland Market Research. This semi-structured interview explored the main focus and activities of community initiatives across Scotland, exploring their work with, and needs around, maternal and infant feeding. It used a sample drawn from the database of CFHS of projects which met the following criteria, namely: they worked with women, mothers and families with pre-school children, with the aim of reducing health inequalities by improving maternal nutrition, breastfeeding and infant nutrition, and thereby reducing obesity among mothers and their infants.
- Snapshots of local activity based on in-depth qualitative telephone interviews with public sector contacts and community and voluntary sector partners in six local authority areas of Scotland.
- Collection and analysis of data of resources and support required to support the implementation of the main priorities of the Framework.

1.8 The research involved the following stages:

- Development of a matrix of questions to be addressed by the study.
- Development of interview schedule and briefing for market research interviewers and piloting of the questionnaire.
- Extraction from the CFHS database of community and voluntary sector organisations focussing on families with pre-school children, women/men, but excluding organisations serving older children/young people or older adults.

- Delivery of the survey questionnaire to community and voluntary sector organisations (see Appendix 1: Profile of respondent organisations).
- Selection of six areas for in-depth qualitative telephone interviews. These were selected to represent different types of local authority areas (urban, mixed urban/rural, rural mainland Scotland, and sparse rural islands), about which CFHS wanted to increase its knowledge of activities being delivered by the community and voluntary sector. These were:
 - Dundee (urban, East of Scotland)
 - West Dunbartonshire (mixed urban/rural, West of Scotland)
 - East Ayrshire (mixed urban/rural, South West Scotland)
 - Argyll and Bute (rural mainland, South West Scotland peninsula/islands)
 - Sutherland, Highland Council (rural mainland, North East Scotland)
 - Western Isles (sparse rural islands, North West Scotland).
- Snapshot of information from public sector contacts on community and voluntary sector organisations delivering activities in relation to maternal and infant nutrition and resources and support available to them.
- Interviews with up to 4 community and voluntary sector organisations in each of the six identified areas which are addressing in different ways maternal and infant nutrition, exploring the work being developed, resources and support they use and what the key gaps are.

Structure of the report

1.9 The rest of the report is split into the following sections:

Section 2. Findings from the scoping study of activities delivered across Scotland; and snapshots of activities in the case study areas.

Section 3. Findings from the scoping study of resources, support needs and requirements, and some of the constraints in accessing these at a Scotland level; and snapshots of the picture in the case study areas.

Section 4. Conclusions and recommendations.

2. IMPROVING MATERNAL AND INFANT NUTRITION: THE COMMUNITY & VOLUNTARY SECTOR'S CONTRIBUTION

2.1 This section scopes the range of relevant activities or services that the community and voluntary sector taking part in this study deliver, and the main groups being targeted. Comparing the results of this scoping study with more in-depth interviews, we will provide case studies of some of the contributions by the community and voluntary sector to maternal and infant nutrition in six local authority areas in Scotland.

Profile of community/voluntary organisations surveyed by scoping study

2.2 CFHS provided contact details for 400 individuals or organisations. Sifting the data removed duplicate and public sector contacts; voluntary and community organisations targeting primary/secondary school age group, young and older adults; and voluntary and community organisations in the six local authorities that took part in the in-depth interviews. After this exercise 198 contacts were identified for telephone interviews and 107 interviews were completed with organisations that met the selection criteria for the study - a response rate of 54%. The summary and Appendix One provide a break down and profile of respondent organisations:

- Of the 107 respondents, 87 were either community or voluntary organisations (81%), and 20 were projects managed by either the NHS (n=5) or local authorities (n=15).
- 18% of the respondent organisations were based in Edinburgh (n=19), 17% in Glasgow (n=18), and 12% in Fife (n=13). All other local authority areas were covered either by the telephone survey or by the scoping study.
- The geographical area served by initiatives was: local urban communities such as a number of towns in part of a local authority or part of a city (52%); local rural communities (16%); across a local authority area (14%); to more than one local authority area (7%); and to the main cities in Scotland (except Inverness) (10%).

2.3 Client groups being targeted

Most organisations are targeting more than one client group. As shown in Figure 1 below for 20% of organisations taking part in the study their main client group is families in general, and for a further 21% it is families in low income communities. A significant number's core activities relate to targeting groups which are particularly relevant to the Maternal and Infant Nutrition Framework, namely young parents (24%) and pregnant women (2%).

Figure 2 shows that 91% of organisations are working with parents with infants under 3 years including young parents, the target groups of the Framework. Others are providing training, information and advice to organisations delivering work on maternal and infant nutrition, providing or promoting locally grown produce, or working with victims of domestic abuse. 82% work with pregnant mums and infants in low income communities. 14% of organisations also work with carers. These tended to be voluntary sector nurseries, playgroups and family centres. The scoping study also included 20 respondents who were not strictly from community and voluntary sector organisations but were from community-based projects of public sector agencies, for example breastfeeding peer-support groups.

Figure 1. Client groups core to services delivered by organisations

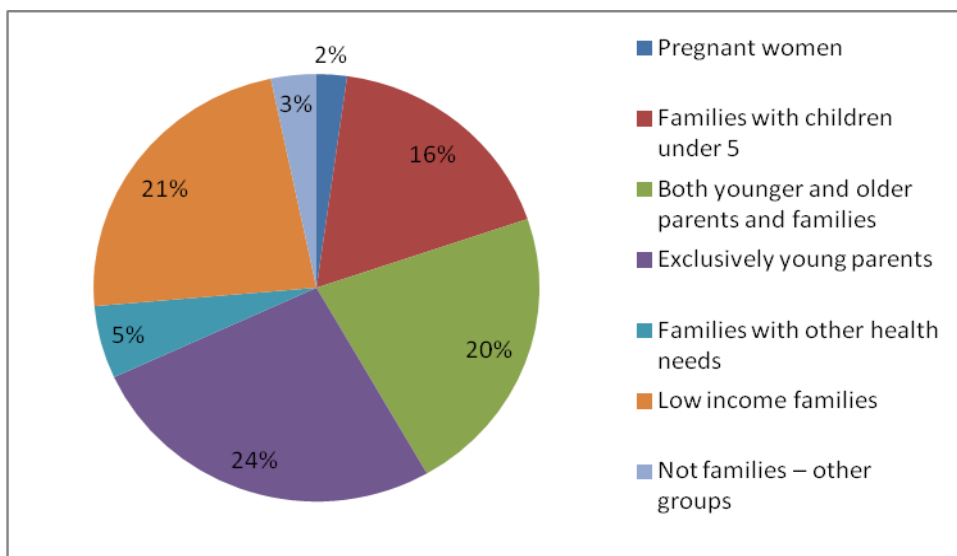
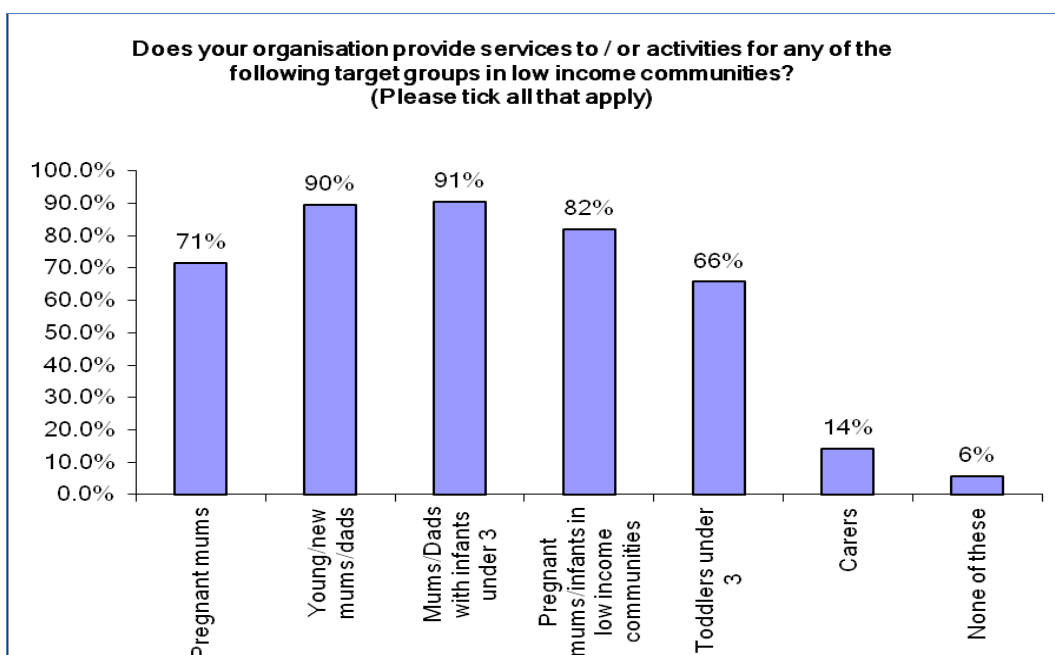


Figure 2. Groups being targeted



2.4 Focus of services

Figure 3 shows that the main focus of services delivered by community food and health initiatives is healthy eating (93%). Less than half focus specifically on nutritional needs of pregnant women or young infants (45%), just under a third with breastfeeding (32%) and one third with weaning (34%). Nearly half of organisations promote Healthy Start vouchers (46%).

Table 1 (below) provides some innovative examples of the different foci of activities of respondents, split into key service headings.

Figure 3. Focus of services

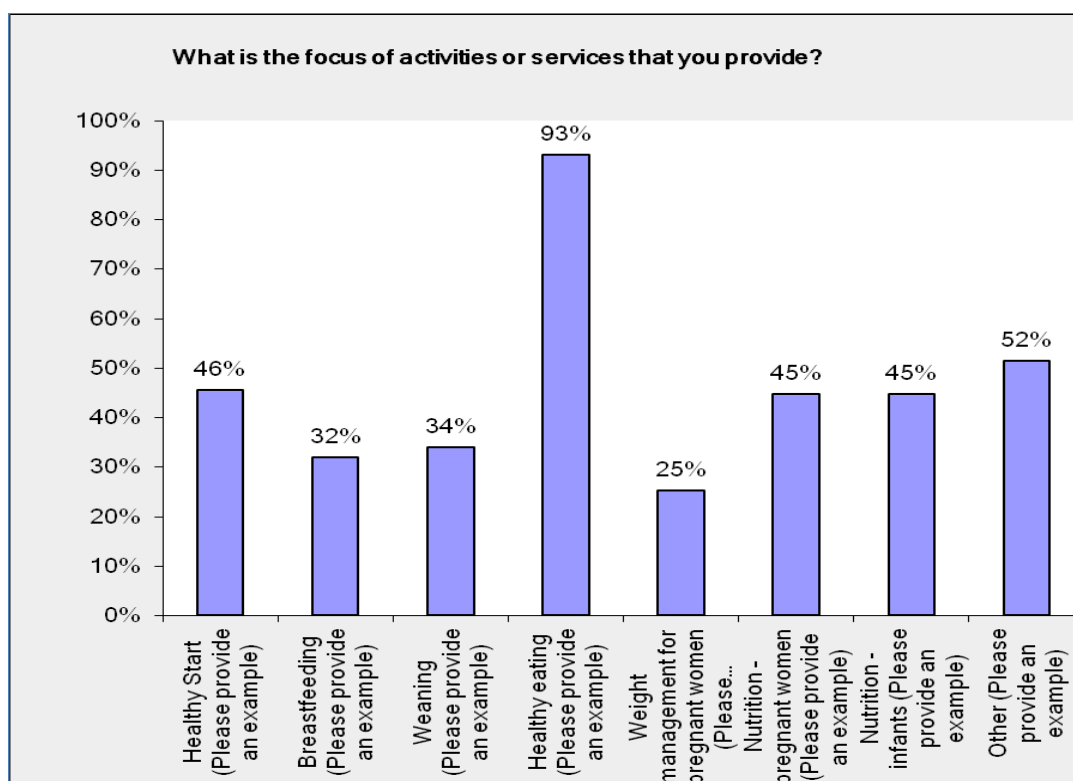


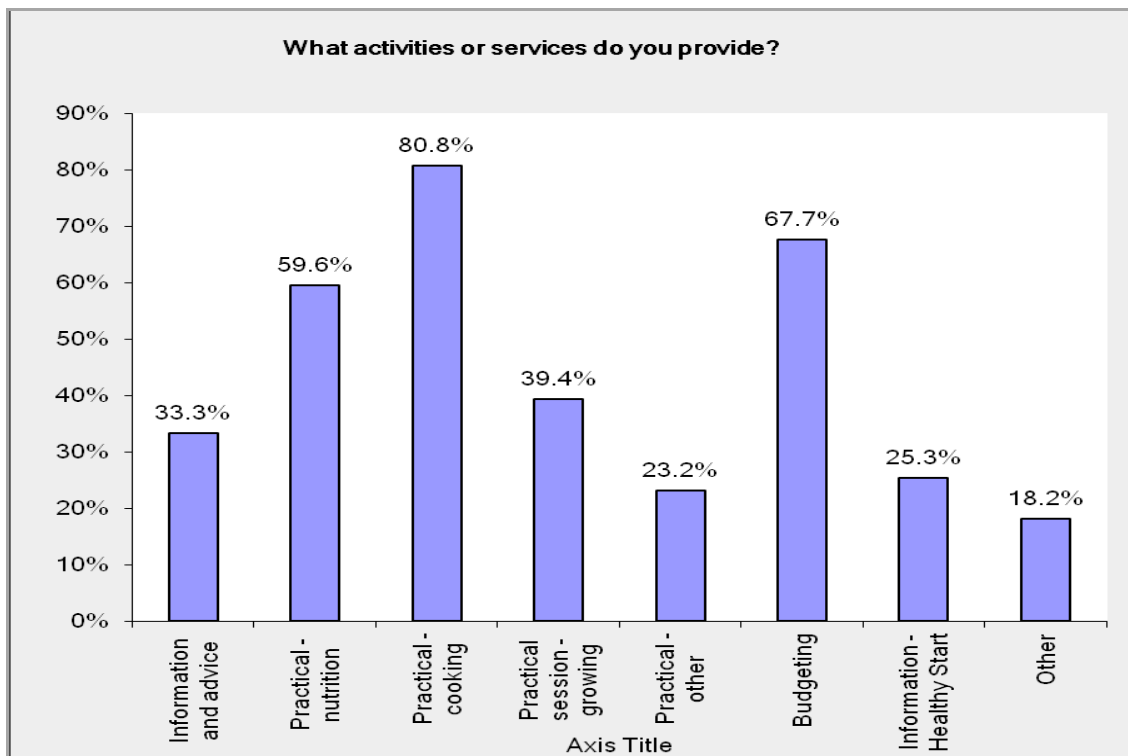
Table 1. Examples of activities by types of services

Services	Examples
Healthy Start	Accepting voucher for produce sold; cookery classes for fruit and vegetables exchanged for vouchers.
Breastfeeding	Breastfeeding baby café; Baby Friendly Initiative; home visits and support to young mums; advice/information on healthy eating to breastfeeding mums.
Weaning	Advice on healthy home cooked meals; Introducing infants to solid foods at the right time; family support – provision of weaning packs.
Healthy eating	Sure Start programme; healthy eating courses for people with learning needs; delivery of 'confidence to cook' courses; community café/breakfast clubs; community horticulture; recipes for people on fixed budget/small garden recipes for healthy food; support for family group creating its own healthy eating programme.
Weight management/nutrition for pregnant women	Discussions about healthy eating with young (teenage) women - concerns re underweight as well as overweight; healthier mums support group - weight management exercise and healthier eating.
Nutrition - infants	Promote healthy snacks - cooking classes for snacks; advice on what to include in healthy lunch boxes.
Other	Food co-op; talks on footprint of eating habits; addiction support; support for homeless families; parenting and budgeting skills.

2.5 Types of services provided

Figure 4 shows that the main services offered revolved around practical cooking sessions and activities. 81% provide cooking opportunities, and 60% practical sessions in nutrition. Other examples of practical help provided include support with growing herbs, organising shopping trips to look at ingredients, and encouraging families to cook and eat together. Not surprisingly in low income communities support with budgeting is provided by two thirds of organisations (68%). An example of this is providing surgeries by welfare rights and local housing rights officers as part of a young families support group.

Figure 4. Activities and services provided



Snapshots of activities in urban and mixed rural areas

From information gathered through in-depth qualitative telephone interviews with public sector contacts and community and voluntary sector partners in six local authority areas of Scotland a series of snapshots of activity were developed to provide a more detailed exploration of the range of activities being undertaken.

Dundee and Tayside

2.6 In his Health Equity Strategy 2010⁴ the Director of Public Health for Tayside pointed out that in trying to understanding communities in Tayside a clear understanding of their structure was necessary. Problems of poor health, poverty, teenage pregnancy, crime and addiction are not spread evenly throughout Tayside. The majority of severe poverty,

⁴http://www.thpc.scot.nhs.uk/wordfiles/Dir_docs/Health%20Equity%20Strategy%202010%20Communities%20in%20Control%20Final%20TCA.3.10.doc

ill health and early death is concentrated in Dundee where almost two thirds of the population live in some of the most deprived areas of Scotland. However the concentration of deprivation is not evenly spread. Also in the towns of Angus and Perth and Kinross, with far less overall poverty and deprivation, there are still discrete pockets of severe deprivation where health needs are very different to the rest of the town. When taking these aspects into account, almost a quarter of people in Angus, and one sixth in Perth and Kinross, live in some of the most deprived areas in Scotland. Reports in the past two years have put the UK bottom of the league of industrialised nations for child wellbeing. 1 in 3 children across Tayside, and more than half of children in Dundee, are from families with low income. Children living in the most deprived areas experience much poorer health, wellbeing and life chances than their more affluent counterparts.

The snapshot of practice in this area identified a number of approaches to the promotion of maternal and infant nutrition being provided by:

- Dundee International Women's Centre
- Angus Healthy Happy Communities
- Family Support Centres and New Beginnings
- Dundee Healthy Living Initiative cookery courses
- Growwell/ HELM training

2.7 **Dundee International Women's Centre (DIWC)** was established in 1969 and is a community organisation providing a safe, friendly environment for the personal development of women. DIWC has over 500 registered members representing over 80 countries of origin including minority ethnic women and women from Eastern Europe. The centre provides a wide range of social, educational, recreational and volunteering activities such as classes, training, information and advice. Their activities are underpinned by an understanding of issues around wellbeing and healthy eating. Food and activities around food are regular themes and they run a weekly cooking class. Regular activities with mothers and children include Fun Time Cooking with Kids, a class which encourages children to get involved in cooking with Mum. The sessions look at healthy savory and sweet recipes and activities that children between the ages of 2 to 5 can actively get involved with, including preparing food and tasting the final product. The Mother and Toddler Group has busy and exciting weekly sessions for mothers and their children. For example they have looked at smoothie making-flavour and tastes, children's health, weaning, healthy teeth and gums, and fire safety in the home.

2.8 **Angus Healthy Happy Communities.** NHS Tayside's Healthy Equity Strategy commits it to reducing health inequalities by understanding and improving community resilience. One of its key themes addresses inequalities in the early years. The Healthy Happy Communities Project (HHCP) focuses on mothers and infants using a model of practice which relies on the development of shared values and approaches between professionals and communities. This collaborative approach is being used to build community capacity and equip communities with additional skills and knowledge in relation to health and nutrition in the early years. This project was supported through CEL 36 funding with disadvantaged areas in Angus being targeted for the project. The HHCP Project Manager worked with communities to jointly develop the following initiatives:

- *Cooking Together* - a peer support programme for young parents and children to learn how to cook together. Cooking Sessions take place once a week in the lifestyle unit in Angus College with a small core group of trained peer supporters working with vulnerable mothers. Referrals are taken from Health Visitors and Family Support Centres.

- *Healthy Start Café* - a support group in Forfar (based in community premises) which looks at a wide range of childrearing issues including feeding and weaning. The program of activities at the cafe is chosen by the participants and relates to their needs and interests. At the time of the interview the cafe had a tutor running a baby massage course. They have had sessions on budgeting and fire safety. The Healthy Start Café has a support worker trained in weaning and is attended by 17-20 mums with their babies. The project team has had interest in exporting the model of support to other areas (Brechin).
- *Community Allotment* - This project aimed to develop skills and knowledge around growing and cooking particularly for young families and to train workers, volunteers and community members who are involved in the care of under 5s, on good nutritional health. The project started well with good interest among volunteer workers and local nurseries. It was less successful however in involving as many young families as hoped. The main engagement with children comes from a number of young families of volunteers who make use of the allotment with the largest (in number) of users being children from three local nurseries who have 100 children growing plants in the allotment for use in the nurseries educational work.

2.9 **Dundee Family Support Centres.** Within social care provision for client families who are addressing a number of issues including learning difficulties and drugs and alcohol, nutrition education and training is seen as an important component of the program. The seven family support centres have a dedicated cook/ food worker who runs food and cookery courses with the centres' clients. This includes basic recipes targeted at the clients ability level with materials developed for this purpose e.g. pictorial recipes for non-readers. One of the centres also offers a '**New Beginnings**' service for pregnant clients. This is delivered by a multidisciplinary team and covers pre-birth, baby feeding and weaning.

2.10 **Dundee Healthy Living Initiative (DHLI) cookery courses.** Dundee Healthy Living Initiative has grown from a small community health project to a large multi-agency partnership funded project working in disadvantaged communities to tackle health inequalities. The mission of DHLI is to promote positive health and wellbeing by delivering health improvement activities as identified by local people in areas of deprivation using a community development approach. DHLI has found that many of the people living within its designated communities are aware of what constitutes a healthy diet but find it difficult to eat well on a low income. To make it easier for local people to eat a healthier, tastier diet, the project provides a range of courses and workshops.

At the moment it has only one family focused cooking project run in conjunction with leisure and culture services. The 'Active Families' project encourages families to increase their physical activity levels together while having fun. It also encourages eating well on a budget. The project provides support around making healthy food choices and enhancing practical food skills with adults and children.

2.11 **Growwell - HELM and NHS Tayside.** Helm is a charity based in Dundee which provides a supportive learning service for people who face barriers to developing sustainable careers. Their training kitchen and cafe provide a training hub for young people and there have been a number of interesting training projects e.g. breastfeeding classes for young women who are not pregnant, and a similar class for young male trainees. Working with NHS Tayside, Helm has run a range of cooking classes under the Growwell banner for young women who attend their Dundee Centre. Growwell aims to improve the nutritional knowledge and skills of women of a child-bearing age

and those with young families. Helm has provided nutritional training to over 150 women and young parents as part of the Growwell project. Helm's nutritionist is also working with pregnant women with a BMI over 40 and running outreach information sessions on nutrition to women and their families in Tayside. Five cooking sessions a week focus on healthy eating at home. In 2011 the Growwell Roadshow (outreach work) worked with 76 young parents through its cooking sessions and a further 60 parents accessed nutrition information at these sessions. In 2012 with funding from Awards for All, the Roadshows health and nutrition activities will also incorporate the distribution of Healthy Start Vitamins for children to family groups in Dundee and will also offer advice on breastfeeding, family meals and cooking, weaning and exercise options.

West Dunbartonshire

- 2.12 West Dunbartonshire's life (and healthy life) expectancy rates are among the lowest in Scotland.⁵ This is partly related to alcohol and smoking rates which are amongst the highest in Scotland, and impacts on the health of pregnant mums and their infants. West Dunbartonshire Single Outcome Agreement for 2009-2011 agreed an improved early year's attainment target⁶ as well as addressing the high levels of smoking, obesity, poor diets and low physical activity levels, and alcohol abuse. Planning input by the voluntary sector to this work is through the Voluntary Health Sector Organisations Network (VHSO) convened by West Dunbartonshire CVS.

The scoping study identified only two examples of voluntary organisations active in West Dunbartonshire that are promoting maternal and infant nutrition. These are:

- Y Sort-It
- Dumbarton District Women's Aid

- 2.13 **Y Sort-It** is a youth information and support service based in Clydebank but covering also Dumbarton and Vale of Leven. It has run over the last ten years a **Young Mums 2 Be Group** which meets once a week. The eight week programme for young mums is facilitated by a youth worker from Y Sort-It and is delivered by local midwives from the West Dunbartonshire Young Families Support Service. Young mums in the 12 to 25 age group in the early stages of pregnancy are referred to the group by local midwives. Typically the mums attending are between 16 and 19. The focus is on keeping healthy during pregnancy including eating habits and foods to be wary of, with input in terms of oral health. Discussion includes not only pregnancy but also the early stages of being a mum including postnatal depression. There is first aid training input by the Red Cross and the youth worker also sometimes includes a budgeting session and other themes relevant to young people. One group meets in the premises of Y Sort-It in Clydebank and another group has recently started in the Vale of Leven.

Y Sort-It also runs a drop-in **Young Persons toddlers group** once a week in Clydebank. This group is supported jointly by the youth worker and health visitors. There is input also by the oral health and nutrition team who answer questions about weaning – how to cook fresh food and make healthy dinners when infants start on solids. The health visitor is there if mums/dads want babies weighed and also demonstrates baby massage. Other input includes safety in the home. The health visitors and youth worker are discussing ways of splitting the group into new babies and a general toddlers group.

⁵ In 2009 this was 62.8 years for men and 67.3 for women.

⁶ A decrease in the proportion of singleton low birth weight babies from the 29.8 per 1,000 births recorded in 2006/7 to 27 by 2010/11 and to 25 by 2017.

2.14 **Dumbarton District Women's Aid** provides support to women through its refuge and follow-on service to women in their own homes. Their experience is that women in the refuge are most often not healthy eaters, and this has a knock on effect on their children. This may be because they have never been allowed to be in charge of what they eat, for financial or other reasons. Women's Aid therefore approached its landlord (Dunbritton Housing Association) for help in planting out a vegetable garden, and accessed a grant from CFHS covering the purchase of vegetables for planting. One aim of the gardening project was to help the women learn about cooking soup from the vegetables grown. "The gardening project is really important because people tend to think that to eat healthy you have to spend lots of money." A development of this was **The Roots to Confidence Course**, a short-term project funded through Community Links in conjunction with Dunbritton Housing Association, facilitated by Women's Aid, and focusing on mums with young children provided a series of skills workshops around cookery and healthy eating and gardening.

East Ayrshire

- 2.15 East Ayrshire Community Health Partnership (CHP) area has a range of health challenges to address:
- Male and female life expectancies are significantly worse than the Scotland average; all-cause mortality (all ages) is also significantly worse than the Scotland average
 - While rates of smoking and drinking are similar to the national averages the proportion of the population hospitalised with alcohol conditions is significantly higher than the Scotland average; as is the proportion of the population hospitalised with drug related conditions.
 - For all economy-related indicators, this CHP is significantly worse than the Scottish average.
 - The percentage of mothers smoking in pregnancy is significantly worse than the Scotland average (27.2% compared to 22.6%).
 - The percentage of babies exclusively breastfed at 6-8 weeks is also significantly worse than average; in contrast, immunisation uptake at 24 months is significantly better (higher) than the Scotland average.⁷

The snapshot of practice in this area identified a number of approaches to the promotion of maternal and infant nutrition. As in other areas the work in communities was often part of, or an outcome from, a network of activity, training and support from NHS staff, much of it driven by the policy direction of the NHS community and maternal services. In East Ayrshire much of the work within the community has grown from the training and support offered by the public health dieticians, many of the community workers having taken 1 and 2 day community food work training courses run by public health dieticians. Training courses around cooking and the Royal Environmental Health Institute of Scotland (REHIS) hygiene courses are run in local colleges and accessed by local community workers and community members. Examples of the work developing from this can be seen in the following groups.

2.16 **The Mums, Babies and Bumps Group** meets in the NW Area Centre (NHS health centre with a range of community facilities and services incorporated). It developed from a young mothers' community group which met in a local community centre. This informal group (about 10 mothers and children) provides a support network for the mothers and an opportunity for them to interact with a range of local workers around food, feeding and health. The local authority funds a local sessional tutor who works

⁷ Figures from SCOTPHO Health and Wellbeing Profiles 2010 East Ayrshire CHP

with the mothers to organise activities and provide input around health and nutrition topics. The accommodation is provided free by the NHS and a range of NHS staff, nutritionists, midwives dental health workers are involved. The group is in the process of being evaluated.

- 2.17 **Community cafes and activity.** Groups like Mums, Babies and Bumps can be seen to be part of a developmental progression in community based food work. The national and local support for, and local workers interest in nutrition, is resonant with community interest in food. This can be seen in the development of local small scale community cafes. Starting with 'a kettle and a toastie machine' these one or two day a week events are slowly growing. They support volunteering and provide a focus for interest in food. In Kilmarnock one cafe has a volunteer attending a cookery course at Kilmarnock College, cooking and cooking with kids is one of the key themes of the community learning and development service, and they have developed a 'cooking with kids' pack.
- 2.18 Another example of broad based nutrition work which builds on the network of support available in East Ayrshire, in this case supported through CHIP (The Community Health Improvement Partnership) is **C'mon Catrine**, a project aiming to raise awareness of the benefits of eating a healthy diet, being more active and maintaining a healthy weight. Catrine in East Ayrshire was identified as a pathfinder community with support from the Healthy Weight Community funding stream. Within this project a theme was community based work with mothers and children. As well as work in the schools, nurseries and wider community (fun days and social marketing activities) there have been a number of targeted activities around cookery skills and baby feeding. This was as part of a series of structured general cookery classes, which aimed to raise cookery skills and health literacy levels across the community.

Snapshots of activities in rural areas

Argyll and Bute

- 2.19 Argyll and Bute's Health Improvement Partnership Action Plan for 2009-2011 prioritises: obesity and early years - ensuring the healthy development of young children and their parents/carers. The latter includes promotion of breastfeeding including training of peer volunteers in areas such as Dunoon and Bute (Bute Bosom Buddies). The Food and Health Strategic Plan for Argyll and Bute (2007 – 2009) is currently being reviewed.

The scoping study identified five examples of community and voluntary sector activities that demonstrate the range of ways in which the voluntary sector is contributing to maternal and infant nutrition in Argyll and Bute. These are:

- Home-Start MAJIK⁸
- Soroba Young Family Group
- Oban Addiction Support and Information Service
- Playgroups and voluntary nurseries (Apple Tree Nursery, Meadows Under Fives, Cairndow Community Childcare, MidArgyll Early Learning Folk, and Little Learners Nursery)
- Campbeltown Community Organic Garden, and Islay Community Garden.

⁸ Home-Start Mid Argyll, Jura, Islay and Kintyre

- 2.20 **Home-Start MAJIK** is part of the West of Scotland network of Home-Start UK. It recruits and train volunteers to support families in the community, particularly those with a child under 5, using a whole family approach. Volunteers help mums living on benefits by demonstrating how to cook wholesome good old fashioned food from scratch - “cooking fun foods for young children with a variety of textures and colours, involving the families so it’s not just a chore that Mum would have to do. Other children help with all the planning, pick the meals and volunteers make it into an excursion doing the shopping”. Home-Start is also developing its vegetable garden for which it received funding from CFHS.
- 2.21 **Soroba Young Family Group** runs morning and afternoon nursery sessions in the Soroba area of Oban for children from birth to 5 years. It has been running a weekly ‘best practice children and adults group’. One term will focus on exercise and the next on nutrition. For the nutrition sessions chefs are employed. Some are from local hotels. A retired depute head from the local primary took some of the cooking sessions and was very popular, not only because she knew a lot of the mums but also because she explained about healthy eating and how to make low cost budget meals to feed the family - “She would go round local shops and tell the mums where they could get the items at the cheapest cost. The scheme was to involve young parents with children under three to feel part of the community and instil the feeling of a large family sharing a meal. The meal was for a two course dinner for 4 costing no more than £5 per meal”.
- 2.22 **Oban Addiction Support and Information Service (OASIS)** is an example of an organisation which addresses the needs of parents and particularly young people at risk. It works in a holistic way with people who have or have had addiction issues by supporting the reduction, stabilising or stopping drug use. Currently 90% of its service users are male. Female clients tend not to have children under three because children in such situations tend to be taken into care or are cared for by other family members. OASIS sees providing information on dietary needs and practical help with nutrition as critical to addressing addiction challenges of such women. The organisation applied to CFHS to deliver cookery classes to clients. Although its application was turned down OASIS has recently received funding to take forward this work through the Public Health Network. It would be keen to expand this type of support to young women, but without funding is currently only able to signpost women with children back to their GP or Health Visitor.
- 2.23 **Playgroups and voluntary nurseries.** All five organisations interviewed were actively promoting healthy eating as part of their care of the infants and toddlers attending their centres, as well as attempting to also influence the practices of parents. This was in line with national guidance on healthy eating. They catered for babies from birth or infants from one year upwards, and were either providing healthy lunches or promoted healthy snacks and lunch boxes.
- **Apple Tree Nursery** in Rothesay achieved its eco-school green flag in 2009, and level 3 as a health promoting nursery. It has built its own greenhouse and sources food within the local community. It promotes healthy eating by giving talks to parents on parent nights on what to include in a healthy lunch box, and application forms for the nursery set out guidance to parents. It also promotes opportunities for mums to breastfeed if they want over lunch time.
 - **MidArgyll Early Learning Folk** in Lochgilphead is guided by Curriculum for Excellence and therefore provides healthy activities for the children including baking. It has developed its own healthy eating policy which includes guidance to parents on what should be provided in lunch boxes. As well as its pre-school playgroup and after school club, it runs a drop-in crèche for adult education classes, a baby and toddler group, and a drop-in lunch club for pre-school children.

- **Little Learners Nursery** in Oban caters for working parents. As well as cooked lunches it provides fresh fruit and vegetable bowls for snacks and lunch for infants and toddlers. They offer breastfeeding facilities but most mums prefer to express milk as they're working.

2.24 **Community Gardens.** There are a number of community gardens in Argyll and Bute. Workers and volunteers from Campbeltown Community Organic Garden and Islay Community Garden were interviewed because of their relevance to maternal and infant nutrition by helping families to experiment with cooking from scratch using locally grown vegetables and fruit. **Islay Community Garden**, on a site leased to The Bridgend Community Centre, encourages mums with kids to visit the garden by providing a picnic and sandpit play area. **Campbeltown Community Organic Garden** has developed a visitors' centre, and like Islay Community Garden has a play area for children which allows parents to volunteer. It is attempting to bridge the gaps in knowledge of parents as well as other professionals through its outreach work such as with Home-Start nursery.

North East Highland

2.25 North Highland Community Health Partnership is part of NHS Highland. It covers some of the most sparsely populated parts of the UK. The difficult terrain, rugged coastlines, limited internal transport, and limited communications infrastructure present a number of major challenges to the delivery of health services. As with other areas examined by this research the projects and activities described are linked into local and national networks and draw support, funding and resources from a range of sources. As maternal and infant nutrition is an area which has strong NHS links, midwifery, nursing and public health are found to be partners and supporters of a range of work around this. The work of the NHS is driven by local needs and national policies and many of the local policy developments reflect national drivers and local needs to greater or lesser degrees. The "NHS Highland Maternal and Child Nutrition Best Practice Guidance" document⁹ was developed by a multi-agency steering group and outlines best practice for all those involved with improving nutrition before and during pregnancy; breast and infant feeding; toddler nutrition and the early years. It supports the work of NHS community staff, GPs, early years health and social care staff, family support workers, community development workers, and voluntary sector workers. The guidance has been developed as a key strand in addressing health inequalities and health outcomes in Highland's population, and forms part of NHS Highland's multi-agency work. The earlier NHS Highland Healthy Weight Strategy also has important actions around maternal and infant feeding. "Planning for Integration: the development of integrated services for children and adults in Highland" will be implemented in April 2012. An Integrated Children's Service with Highland Council as the Lead Agency for early years will include public health nurses, health visitors (early years), Sure Start, early education, wraparound childcare, school nurses, children's service workers, health promoting schools, and pre-school visiting services. This will be the structure for childcare services in Highland and may have an impact on the future development of services.

⁹ Maternal & Child Nutrition Best Practice Guidance, NHS Highland 2010. available online at <http://www.forhighlandchildren.org/4-icpublication/>

The snapshot of practice in this area highlights four examples of community and voluntary based activity:

- Breastfeeding Peer Support
- Pultneytown Peoples Project
- The Family Centre – Merkinch
- Ormlie Young Mothers Group

- 2.26 **The Breastfeeding Peer Support Project** developed by NHS Highland's Infant Feeding Advisor was started in April 2010 as a pilot project in Alness with 12 local women who completed an externally accredited course from the National Childbirth Trust (NCT) and the Breastfeeding Network. They provided telephone support for post-natal women on discharge from hospital. Media coverage was excellent with good feedback from the general public. Over the two years since the pilot, 104 women have been trained as breastfeeding peer supporters. There are 12 women in training at the moment (March 2012) and 29 women on the waiting list. Breast feeding rates have gone up. The training programme by NCT gives a good grounding in the science and approach. The course also covers all the relevant local and national policies and gives practical training and induction to the approach. The peer supporters go through the enhanced disclosure process and are provided with support materials and a mobile phone, and have regular updates. Working in a remote and rural area there have been developments in social media to allow the peer supporters and the NHS staff to keep in contact and they now have both public and private Facebook pages to keep everyone informed. The project has a high media profile and has helped to raise the profile of the Baby Friendly stickers for shops.
- 2.27 **Pultneytown Peoples Project (PPP)** was started by the community to provide services and improve facilities in the area. PPP works with everyone from soon-to-be-mums, children, teenagers, right through to older citizens. It provides after school care, youth services, supports young people in tenancies, and provides community classes, training schemes and a range of community supported activities. In 2012 PPP moved into a new multi-million pound center in Wick allowing them to develop their work even further. PPP **Mum's Fun Group** was funded by HALP (Highland Adult Literacies Partnership) and meets from eleven in the morning until four thirty, every Monday. The young mothers get a chance to try a wide range of activities and have access to services through a range of visitors and opportunities for personal development. The mothers have looked at cooking and weaning, maths and budgeting. Some of the mothers have now registered for their Individual Learning Accounts (ILAs) and will be taking their learning forward. There are other opportunities for work on food and nutrition through PPP's housing support work with young mothers in partnership with **HomeLink Caithness** through their men's cookery group. With the new centre opening in January 2012 with a training kitchen and a cafe/ restaurant this work is expected to grow.
- 2.28 **The Family Centre – Merkinch.** This centre runs 'Confidence To Cook' courses targeted at parents and carers of pre-school children. They aim to encourage parents and carers to adopt a healthier diet by developing confidence in shopping, food preparation and cookery skills. This work has been going on for four years with positive responses from participants. The centre has around four groups a year doing the course with 4-5 participants in each course and supplements this with activities from other professional groups e.g. weaning fairs. The course is valued not just for the cookery skills it develops but for the opportunity for participants to gain confidence in their abilities to learn and to communicate. The centre is now exploring the possibilities for the 'next step' for participants who wish to further develop their skills.

2.29 **Ormlie Young Mothers Group**, was developed by the Ormlie Community Association. This project supports 40 families in Caithness running four sessions a week (3 in Thurso and 1 in Wick) for mothers from 16-25. A crèche is provided for the children and the crèche workers include activities around healthy eating and fruit and vegetables as part of their work with the children. The project works with young mothers and antenatal mothers and involves health visitors, midwives and social workers in the group work. The health visitors have run 6 week practical parenting courses with the group, and cooking and eating has been a strong theme across the three years the project has been running. It is hoped to get the mothers to sign up for their ILA and organise a college course on cooking skills on a budget. They are developing a childcare and family resource training pack from work around parenting skills and feeding which they have piloted with local High School pupils.

Western Isles

2.30 The Western Isles has adopted a Breastfeeding Strategy and Action Plan. It has also established a Maternal and Nutrition Framework Group. It like other Health Boards in Scotland was given three years funding to develop services as part of the national Maternal and Nutrition Framework Action Plan. In the Western Isles there has been a push to involve the community and voluntary sector as members of this group and to promote work on the ground. Action for Children is member of the Maternal and Nutrition Group and the National Childbirth Trust (NCT) is represented on the Maternity Services Liaison Committee. NHS Western Isles has also taken the decision that all children under 4 receive vouchers for vitamins whatever the financial means of families because of the level of muscular dystrophy in the Western Isles.

Examples of community and voluntary sector activities were identified which included input by NHS staff on a voluntary basis in support of food and health activities. Other initiatives in the Western Isles include a growing project in Uist, and child care projects which promote healthy eating. The following are four examples of organisations leading on initiatives targeting either young families or breastfeeding mums:

- Action for Children
- Pointers Young Mums at Risk Group; and Cearnas Health Project
- National Childbirth Trust (NCT).

2.31 **Action for Children** provides through care and after care services. Its community-based services include support for up to 20 young parents. This involves doing work around independent living and healthy living in line with GIRFEC outcomes. A lot of its work is around cooking on a budget both on a one to one basis and through group work. **The Pathway Nutrition Group** for young people involves cooking sessions led by its own staff and health promotion from NHS Western Isles. They give out guides to how to cook from scratch with fresh food and how to source cheaper food. Health promotion also works with young women in the residential unit many of whom will then go on to have families of their own. Their input covers diet including iron intake. Action for Children is planning development of a vegetable garden involving young people both from the residential unit and from the community, starting from planting seeds to eating the food. They are also expanding their gardening activities to include a younger age group who are disabled.

2.32 **Pointers Young Mums at Risk Group** meets in a local youth centre café and adjoining room for an hour and a half each week. Most of the mums are under 25 and are referred by Social Work. Their original remit was to work with mums with drugs and alcohol issues, but they realised that there were vulnerable mums with other issues that

needed support – “by offering them a lifeline”. They also get time away from childcare through provision of a crèche, as some don’t have a family support network. A minibus is used to collect some of the mums in the group. For the cookery project, funded by CFHS and supported by the NHS, health promotion staff have split the mums into two groups, alternating between a practical cookery session with a dietician and talks on food nutrition, food labeling, and budgeting for real. Health promotion promotes awareness amongst young mums of their entitlement to Healthy Start vitamin vouchers for every child under four years. After the cookery sessions mums can take food home in freezer tubs, as this provides meals for their children for two to three days. A key outcome of this is making sure that the children are receiving their nutritional needs as many of the young mums are living on the borderline of malnutrition. It is also planned to provide every mum with either a hand blender or a slow cooker. Another activity will be growing potatoes in a bucket with the children.

Another project in Stornoway, which has also received funding from CFHS and is supported by volunteers, is Cearns Community Development’s **Health Project**. This includes a food project in support of young adults with learning support needs. Sessions include budgeting and the nutritional and cost benefits of cooking food from scratch. An example of one session tailored to the support needs of young adults was an illustrated talk comparing the cost and nutritional value of buying meat from a local butcher and making homemade lasagna with buying readymade beef burgers.

- 2.33 **The National Childbirth Trust (NCT)** has two trained breastfeeding counsellors in the Western Isles. The NCT volunteer in Stornoway delivers a four hour breastfeeding class split over two weeks to mums, and fathers are also invited. The latter is beginning to result in a change in attitudes in the community to the need for involvement of fathers in supporting breastfeeding. These classes cover post natal issues such as early days of having a child such as sleep and crying issues. A two hour baby-led weaning class is also provided. NCT has also been contracted by NHS Western Isles to deliver breastfeeding training for peer supporters. Mothers will be contacted 48 hours after discharge from hospital by one of these volunteers and offered the option of having someone who is not a health professional for support. Local NCT staff also support the national breastfeeding helpline.

Example of activity at a Scotland-wide level - child minders

- 2.34 In the course of the scoping study information was sought on what support was available for child minders who care for babies and infants as well as older children of working parents. The Scottish Childminding Association (SCA) is the support network for childminders in Scotland. **The Community Childminding Service** is delivered in conjunction with local authorities in Aberdeen, Dumfries and Galloway, Fife, Scottish Borders, and Stirling through the Early Years Early Action Fund¹⁰, and by local authorities in Falkirk and West Lothian with support from the SCA. This service provides respite care or additional care for children with extra needs. It is targeted at families that need support but don’t necessarily require action by statutory services under duty of care. Referrals are made by health visitors. The parent is not necessarily in employment or training so would not normally use a childminding service. A lot of the referrals are to do with postnatal depression, which is an important issue as it can affect not just the parents but also the child’s development and nutrition. The service offers a bridge by helping to stop a problem turning into a crisis. The service works particularly well with

¹⁰ the Early Years Early Action Fund is part of Scotland’s Inspiring Scotland programme. <http://www.inspiringscotland.org.uk/Home/Our-Funds/Early-Years>

teenage mums who are given the support they need to help them with their childcare and other responsibilities.

2.35 **In summary**, this section has explored the picture across Scotland and in more detail within six areas in Scotland. Appendix 3 attempts to illustrate the range of activities delivered by the community and voluntary sector targeting maternal and infant nutrition from pre-conception, pregnancy, to care of infants up to three years.

The activities which we have identified focus primarily on work with families, who are either at risk or in low income communities. While support for young parents is a theme running through most of the activities, the approach is holistic in the main - working with families across age groups, involving children of different ages, working with young males as well as females. Working with pregnant women is not always the main focus of the voluntary sector although specialist agencies such as NCT are critical to the training of, and support for, breastfeeding peer support volunteers. Other agencies making a unique contribution to this agenda are providers of children's homes, and organisations working with young people with special needs. These initiatives are promoting a cultural change in attitudes to nutrition among future parents. Support for community gardens and growing projects are raising awareness of nutrition among early years age groups, as well as providing a model for sustainability of food and health initiatives based on growth of social enterprises. And finally support for child minders is acknowledging the important role they play, and which is often ignored, by working with families in need of support as well as with children.

3. RESOURCES AND SUPPORT

3.1 This section summarises the resource and support needs of community and voluntary sector organisations, and which resources and support they are accessing. The resources and support of interest to CFHS include: information and guidance materials; training and skills development; equipment; peer support; and funding. There are a range of resources and support that community and voluntary sector organisations require but for various reasons have not been able to access, and some possible providers of such resources or support have been identified. The overall Scottish picture has been enriched by snapshot examples in the form of case studies.

Picture across Scotland

3.2 Resource and support needs

The main type of resource and support needs that organisations referred to specifically was funding (39%). Other non-financial support was that provided by voluntary sector networks/support agencies and partnership forums, advice and input by departments in public sector agencies, and access to nutritional food and advice on food from, for example food coops, private sector suppliers and also trust funds (see Table 2 below).

Table 2: Examples of ways services are supported

Types of support	Source
Funding	Public Sector: European Social Fund, Scottish Government (Fairer Scotland, Climate Challenge Fund, Sure Start), CFHS small grants, NHS health improvement and child healthy weight funding, local authorities (e.g. children’s services); Voluntary sector: charitable trust funds and lottery (Let’s Cook), housing associations, the Rotary; Fundraising and trading: fees, sales of fruit and vegetables; Local companies including local housebuilders and retailers.
Voluntary sector networks/support agencies	Woodland Trust, SPPA, food coops, local interfaces and volunteer centres, Green Network, Home-Start, parents associations, Barnardo’s
Partnership Forums	Community health partnership, schools partnership, community safety partnership, integrated children services partnership, community food initiatives (CFHS)
Public sector agencies	Health: health visitors, midwives, dieticians, health improvement, resource services, public health teams; Local Authorities: education (including schools kitchens), housing, social work, allotment officers Colleges.
Others	Members of the fresh produce consortium ¹¹ , Scot-mid (co-op)

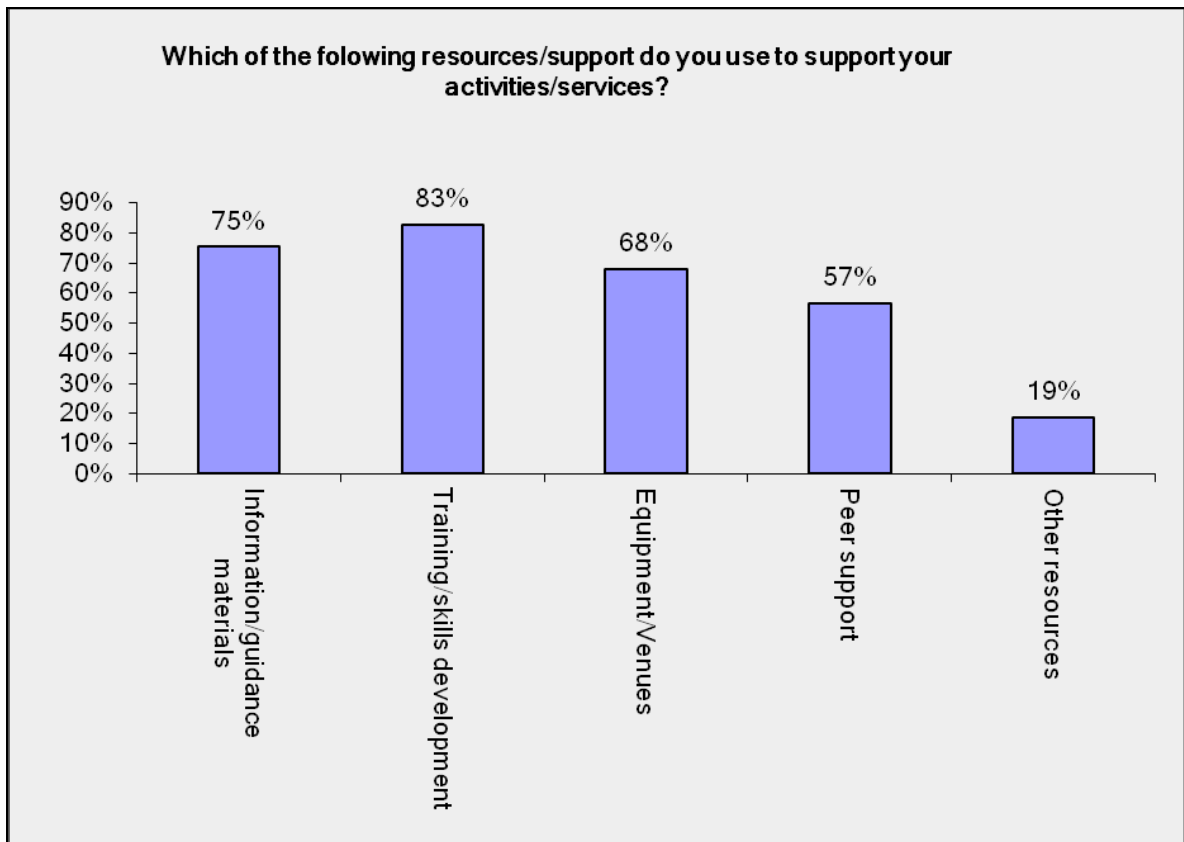
3.3 Resources and support accessed

Figure 5 shows that the main type of non financial support accessed are training and skills development (83%) followed by information and guidance materials (75%), access

¹¹ <http://www.freshproduce.org.uk/index.php>

to equipment and venues (68%), and peer support (57%). These are discussed overleaf.

Figure 5. Resources and support accessed



3.4 Training and skills development

The main providers of training and skills development are local authorities (46%) and also the NHS (23%), and training is also received jointly from both NHS and local authorities. Other sources of training support are:

- Other voluntary organisations e.g. housing associations, voluntary sector social work agencies (e.g. social care charities such as VSA in Aberdeen, Barnardo's, and Home-Start), food and nutrition forums e.g. Edinburgh Food Initiative, and the Scottish Community Foundation.
- Other ad hoc training opportunities e.g. local university courses, conferences and seminars.

3.5 Information and guidance materials

Both the NHS and local authorities are equally the main providers of information and guidance materials to the majority of organisations (74%). Organisations also access information and guidance from a number of other sources including:

- Websites of network bodies e.g. CFHS, Woodland Trust Scotland¹², Food and Health Alliance¹³, Eco-Schools Scotland¹⁴;

¹² <http://www.woodlandtrust.org.uk/en/news-media/scotland/Pages/news-scotland.aspx>

¹³ <http://www.fhascot.org.uk/Home>

¹⁴ <http://www.ecoschoolsscotland.org/>

- Public sector websites e.g. Healthy Start, Maternal and Early Years NHS Scotland;
- Other websites e.g. Wikipedia;
- Websites of funders e.g. Fairer Scotland, Zero Waste Scotland, Central Scotland Green Network Development Fund;
- Public sector bodies e.g. Scottish National Heritage (SNH), Forestry Commission and Central Scotland Green Network (CSGN);
- Local Community Health and Care Partnerships;
- National charities e.g. The British Heart Foundation;
- Sports organisations e.g. Glasgow Life;
- Publications and websites of food specialist bodies e.g. The Food Standards Agency (FSA), The British Dietetic Association, Nutrition Society , British Nutrition Foundation;
- Retail sector websites e.g. Tesco, and Sainsbury's;
- Newspapers and magazines.

Specific websites mentioned included:

- BBC Food (<http://www.bbc.co.uk/food/>)
- Change for Life (<http://www.nhs.uk/Change4Life/Pages/change-for-life.aspx>)
- SAGE (www.sowandgroweverywhere.org)
- Ready Steady Toddler (<http://www.readysteadytoddler.org.uk/helpful-organisations/index.aspx>)
- Netmums (<http://www.netmums.com/>)

Organisations also provided resources on their own websites e.g. www.fvfl.org.uk and www.forthenvironmentlink.org

Specific resource materials used included:

Ready Steady Baby, Fits cooking, Food for Tot, Happy Jack, Good Food Good Health, The Food Factor, Adventures in Foodland, Fun First Foods, Winning by Losing, Confidence to Cook, The Eatwell Plate¹⁵.

3.6 Equipment and venues

Local authorities are the main providers of venues and equipment to 60% of organisations. This includes use of community centres and churches for group activities. The NHS is a source of specialist equipment, for example equipment provided by health visitors for weighing mums and babes. Other equipment sourced included the loan of fruit processing equipment.

3.7 Peer Support

The main source of peer support comes from organisations' own staff, volunteers and members. Breastfeeding groups supported by health visitors and public health midwives also promote peer-support groups. Specific examples of networks that promote peer support include:

- The community food sector e.g. Edinburgh Community Food; SAGE grower's network;
- The social care sector e.g. Home-start UK, SPPA;
- The Early Years Networks.

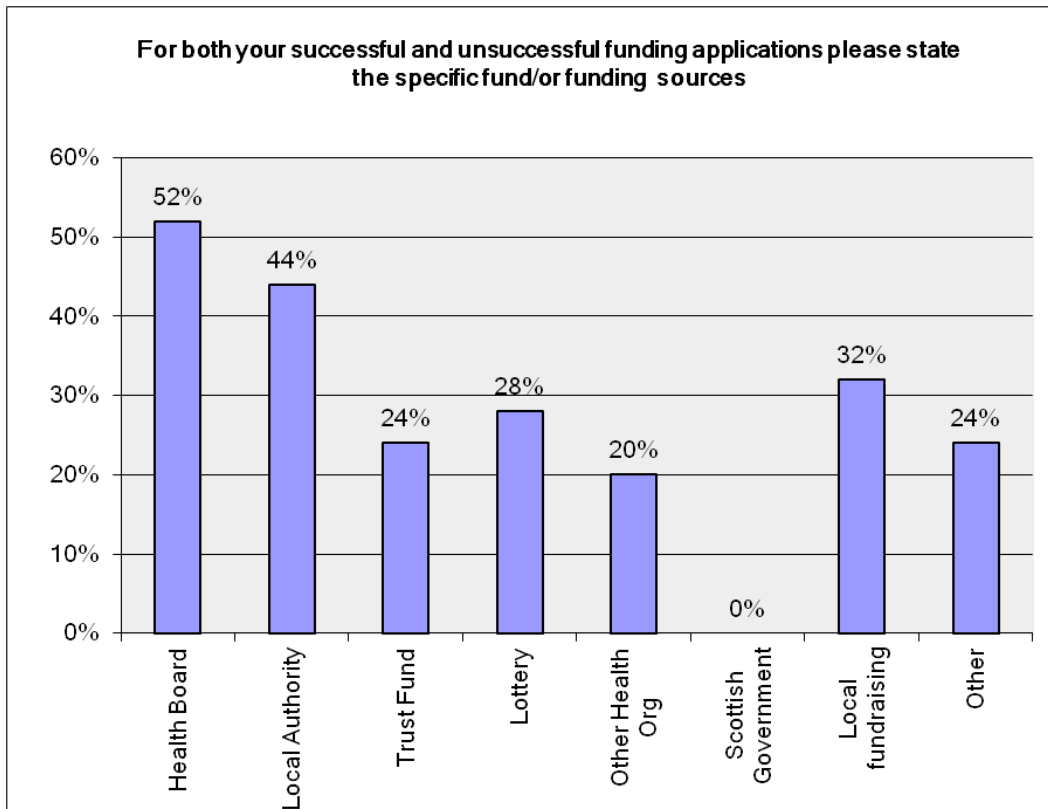
3.8 Funding

Figure 6 (overleaf) shows that the main source of funding for activities and services addressing maternal and infant nutrition is, as is to be expected, the NHS (52% of organisations). However Local Authorities appear also to be providing funds for this

¹⁵ http://www.dh.gov.uk/en/Publichealth/Nutrition/DH_126493

type of work (44%). One third of organisations further fund their work through local fundraising (32%), applications to the lottery (28%) and to Charitable Trusts (24%). CFHS is also mentioned as a source of funding, for example for cooking appliances and materials.

Figure 6. Funding sources



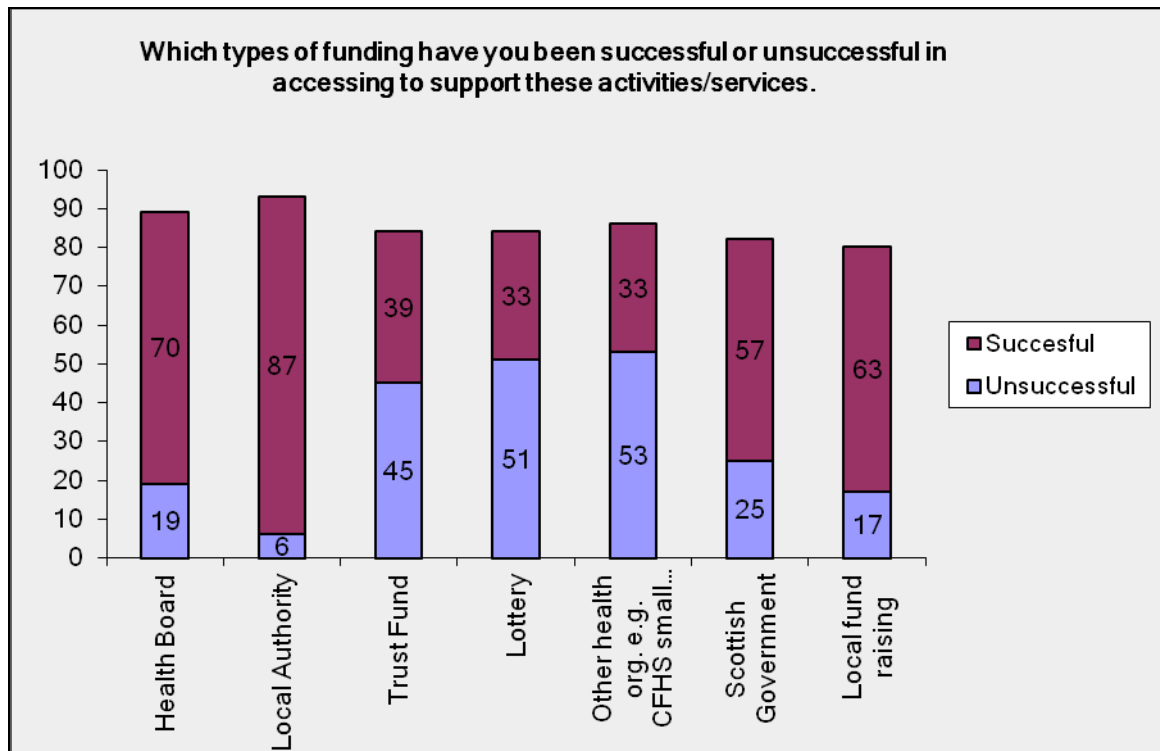
Other sources of funding include:

- local supermarket appeals;
- local companies - supermarkets and local businesses the most notable of which is River Clyde Homes;
- other voluntary organisations e.g. Youth Scotland;
- local colleges.

Scottish Government funding, routed through local authorities such as Fairer Scotland and the Climate Challenge Funds, and through the NHS such as NHS CEL 36, is also being accessed in support of such work.

Figure 7 (overleaf) shows that the sources of funding which organisations found were most likely to fund their activities were local authorities (94% success rate), Health Boards (89% success rate), and Scottish Government grants (70%). While CFHS funded a similar number of organisations to the Health Boards the success rate was 38%, equivalent to the success rate for the Lottery (39%) and slightly lower than applications to Trust Funds (46%). There is no information to explain these differences by funding sources, however factors that might influence success rates include the number of applications per available level of funding.

Figure 7. Success with funding applications



3.9 Accessibility

The main challenges in relation to access appear to be accessing equipment (68%) and accessing training and skills development (62%). Challenges in accessing information and guidance materials appear to be less marked at 30% of organizations, and a further 38% do not appear to have any issues around access to support or resources.

The need for additional one-off funding appeared to be the main factor holding back the purchase of equipment. Accessibility of premises it was felt could be helped by the provision of drop-in crèches. Several organisations value the support provided by food co-ops for those wishing to access fresh fruit and vegetables, and see such organisations and food and nutrition networks as important to tackling maternity and infant nutrition.

Both the NHS and local authorities are seen as key to meeting the gap in training and skills development along with input by membership networks, for example SPPA and Home-Start. Training identified included:

- training for volunteers
- cookery demonstrations
- training in use of NHS supplied materials and equipment.

Similarly the NHS and local authorities are seen as key to meeting gaps in availability of information and guidance materials. However other agencies also mentioned include:

- The Scottish Government and CFHS
- SPPA, Children in Scotland, The Smart Play Network of toy libraries¹⁶

- 3.10 The following section summarises from the case study areas some of the ways that organisations are being resourced and supported, as well as some of the challenges they are facing in accessing resources and support.

The picture in urban and mixed rural areas

West Dunbartonshire

- 3.11 The two groups developed by **Y Sort-It**, the Young Mums 2 Be Group and the Young Persons Toddler Group have been able to access the support and resources they require through the midwives, health visitors and health improvement team. Y Sort-It has also developed its own information materials which are targeted at young people and posts these on its website.¹⁷

The main challenge for the Toddler Group has been the lack of suitable premises. Alternatives such as the Council run Play Drome in Clydebank and the shop front which is the office for Y Sort-It are not suitable because of the storage requirements for crèche equipment. There are also no cooking facilities for both the toddlers and the Mums 2 Be groups which makes trying to teach practical skills around healthy eating a challenge.

Dumbarton Women's Aid. In the past West Dunbartonshire Healthy Living Initiative used to offer cheap fruit which was available for mums in the refuge to help themselves. There is still interest among the staff and mums in how to address this need - "One mum at a recent house meeting suggested starting a food coop and going to the market to get fresh vegetables. Another idea is for the women in the refuge to pull resources and get an on-line delivery, or look at 2 for 1 fruits and vegetables and what's on offer at Aldis."

Outreach workers, as part of home visits, sometimes offer to help young mums make homemade soup. However this tends to be very ad hoc. "It is something we can offer to women but it's up to them whether they take this up." The opportunity to provide training to women through The Roots to Confidence Course has been a useful support. This was the first time that Women's Aid had been in a position as a result of external funding to organise structured training in cooking and gardening skills to mums in the refuge.

Ayrshire

- 3.12 The role of the public health dieticians in providing 1 and 2 day training has been very important in helping the development of a range of community based work. The use of CEL 36 funding to provide hands on cooking skills across a range of settings was valued. The use of other training opportunities e.g. health, safety and environmental health training and cookery courses at Kilmarnock and other colleges was mentioned on a number of occasions.

¹⁶ http://www.playonwheels.org.uk/index.php?page_id=56

¹⁷ <http://ysortit.com/health.php>

Work built around other local and national activity e.g. CHIP and Healthy Weight Communities also provided both manpower resources, funding and access to equipment e.g. cooking bus visits and provision of Cookits¹⁸ and the provision of basic cooking equipment for cooking skills courses in C'mon Catrine.

While there was some mention of nutrition/cooking support materials and leaflets much of the local work was based on local skills, attendance at college courses, or in the case of some of the C'mon Catrine work participants and staff making their own cookery books to reflect the literacy levels of their users.

The picture in rural areas **Argyll and Bute**

- 3.13 The seven local public health networks (PHNs) in Argyll and Bute have been instrumental in developing partnership working between the NHS and Local Authorities and initiating activities in conjunction with voluntary sector partners around nutrition. The Argyll and Bute Health Improvement Fund is a very valuable source of funding for local groups. This year grants were made to 76 organisations to the total value of £76,000. Of these 25 were targeting early years and investing £28,000 in such work, of which 14 organisations were also addressing obesity issues. Argyll and Bute is well supported in terms of food and health initiatives promoting maternal and infant nutrition. This work is supported by Argyll and Bute Food and Health Group, which is a multi-sectoral group involving the community and voluntary sector, early years leads from NHS Highland, Argyll and Bute Council, an oral health educator, and a dietician.

Despite the area being served by NHS Highland there are still ongoing links with some of the service outlets of NHS Greater Glasgow and Clyde. For example the Health Promotion Resource Library, with online booking facilities, is delivered by NHS Greater Glasgow and Clyde, although organisations interviewed seemed unaware of this resource.

- 3.14 **Home-Start MAJIK's** gardening project has been supported by a grant from CFHS. An important source of support to Home-Start is Campbeltown Community Garden which allows children from its lunch club to regularly visit the garden to see what's growing there and which is also helping with the planting of fruit trees beside their building.¹⁹ Home-Start is also reliant on the local Council helping to landscape its garden. Delays in this support are holding back the development from growing herbs to growing vegetables. The following case study illustrates how peer-support provided by volunteers enables Home-Start to address maternal and infant nutrition issues.

Table 3: Case Study of Peer Support

Home-Start MAJIK and the value of peer support

Home-Start employs volunteers who have all had children themselves and therefore are able to offer help to mums with young infants – “If you can explain the benefits and understand where they're coming from, or the difficulties they are having, you can work with the difficulties to achieve the long term goal. For example, volunteers talk with mums about sleep patterns of children and mums losing sleep themselves, and the effect of poor nutritional diet. They are more likely to listen to somebody who has walked that mile with them.”

¹⁸ <http://www.focusonfood.org/resources.html>

¹⁹ The fruit trees have been donated by the Woodlands Trust to Campbeltown Community Garden for its own use and use by local groups.

Breastfeeding is also an issue that comes up in discussions with mums on a regular basis. Volunteers sometimes have to address negative reactions to information on this topic provided by the NHS – “Because breast is best, mums feel they’re a disaster and failure if they are not achieving that. We can take what’s being offered and sell it to them in a package that is aimed directly at the families. We wouldn’t say that we were doing breastfeeding or infant nutrition. We would do it using a different approach and package it up differently, but the outcome would be the same or slightly better. As we’re not statutory they would take it on because they opt into working with us.” Volunteers spend more time with a family in a week than most statutory agencies spend with problem families in months. That’s why Home-Start feels it may have a better working relationship with mums and a better chance of getting key messages over to parents. Because volunteers support them in their journey they get a better idea if a mum has misunderstood a message. They can then follow that up sooner rather than the statutory worker only finding out there is a problem for example at the next 6 monthly check-up.

- 3.15 Support for family groups and nurseries: The funding for **Soroba Young Family Group’s** nutrition and exercise classes was a combination of Awards for All and a grant from Argyll and Bute Council. Lack of funding is the major obstacle to them continuing such sessions. Staff are also always looking for ideas for activities and for recipes for their work with young parents.

Playgroups and voluntary nurseries. Their work is guided by the Scottish Government’s “Nutritional guidance for early education and childcare settings for children aged one to five”²⁰. **Apple Tree Nursery in Rothesay** accesses the resources on the websites of Eco-Schools Scotland. Although it is audited for both eco-school and health promoting nursery awards it receives no direct support in meeting the criteria for these awards. The support that it feels is lacking is: delivery of basic cooking classes for young mums such as the use of a freezer tray for storing baby food resources, or how to cook the food for weaning infants; and how to manage your money. **Meadows Under Fives in Campbeltown**, is well supported by the oral health educator who does talks with children and with staff around healthy snacks. However it’s not included in support given by other NHS staff. For example the staff invited themselves to a demonstration by health visitors to a Council run nursery based in the same building as them and found this helpful for their own work – “The health visitors were doing demonstrations on cutting up the fruit to look like animals”. They also do not get sent health improvements resource materials and are not aware of what is available. **Cairndow Community Childcare near Inverary**, is similarly supported by oral health but does not receive visits from the health visitor for their area, who is based in Inverary, or from the health visitor for the area that a lot of the children come from which is Strachur. They have requested input from the health visiting team but have been unsuccessful in accessing this support. **MidArgyll Early Learning Folk in Lochgilphead** receives support from oral health but not from other NHS teams. The gap they have identified is guidance on snacks for passing onto parents – “It’s a contentious issue with staff about what constitutes a healthy packed lunch. Oral health team are very strict about snacks. We need a middle ground for parents”. The only training they receive from Argyll and Bute Council is on food hygiene, but they also feel they need training in nutrition. **Little Learners Nursery in Oban** is also supported by oral health but receive no visits from either healthy visitors or health promotion. Their only involvement with health promotion has been an invitation to take part in a research study around obesity in children. The main constraints for them are activity ideas and

²⁰ <http://www.scotland.gov.uk/Publications/2006/01/18153659/0>

information on good websites that they can use. They depend on their staff and parents to come up with recipe ideas.

- 3.16 Support for community gardens: **Campbeltown Community Organic Garden** is lucky in that it has a secure lease arrangement with the Church of Scotland. This means that it is now able to pursue funding for a classroom facility with disability access and a kitchen, with the potential of providing healthy food. **Islay Community Garden's** lease can be terminated with 3 months notice. Its continuation is dependent on who owns Islay House, which is currently up for sale. This is a constraint to improving the facilities in the garden. Both produce their own recipe information. Campbeltown Community Organic Garden gives away recipe cards on, for example, how to make courgette cakes at farmers markets. It is well networked and for example received donation of trees from Woodlands Trust. The kind of support that Islay Community Garden would like is support for developing its website which it can use to promote the garden and healthy-eating advice. It also would like ideas on how to encourage the involvement of children in growing projects.

Western Isles

- 3.17 The Health Information and Resources Service, based in Stornoway, is a valuable resource for both NHS staff and voluntary and community organisations. It has developed a website devoted to food and health in conjunction with the Department of Nutrition and Dietetics²¹. Another website developed by the Maternity Ward and Health Visiting service is Parenting WI²² which contains information for parents and carers from the early stages of pregnancy, to the birthing process, babyhood, toddlerhood, and childhood. It includes contact details, opening hours and age groups catered for by child care services across the Western Isles. These websites are accessed by community and voluntary sector agencies involved in maternal and infant nutrition such as playgroups and nurseries.

Another strength of the Western Isles is the level of partnership working at an individual level between the statutory and voluntary sector. For example staff from health promotion volunteer to help local groups and organisations undertake activities around maternal and infant nutrition. Examples of this are the support in terms of hands-on cooking sessions with the Young Mums Group by health promotion, and in supporting the health project delivered under the auspices of Cearns Community Development Project. Plus health visitors provide healthy eating input to Action for Children's Pathways to Nutrition group, support young people around nutritional issues in its residential unit, and dieticians along with health visitors have been active in supporting food and fun events within local communities on the remoter islands. The local college, part of the University of the Highlands and Islands, also provides training in food and nutrition for workers in voluntary sector child care settings.

- 3.18 Training is provided by **NCT** for antenatal, postnatal and breastfeeding counsellors, consisting of academic training over three years endorsed by the University of Worcester and delivered through distance learning plus practical training which is licensed by NCT. Willingness of pregnant mums to pay for breastfeeding courses is a particular issue in the Western Isles. So unlike other parts of Scotland the breastfeeding counsellors provide support and run classes on a voluntary basis, depending on donations to cover room hire, tea/coffee and equipment costs. There is also a central NCT equipment budget which covers costs of leaflets etc. The two main

²¹ <http://www.wihb.scot.nhs.uk/beinspired/Home1.htm>

²² <http://www.wihb.scot.nhs.uk/parentingwi/>

challenges to delivering this voluntary service is firstly, the size of the geographical area served, and secondly, the lack of knowledge about NCT and what it stands for among health professionals – “there is a suspicion that if NCT steps in does that say that NHS staff don’t know what they’re doing”.

- 3.19 **In summary**, this section has explored the resource needs of the voluntary and community sector. Funding appears to be uppermost in workers minds. The findings from the scoping study suggests that local authorities are as important or even more important than the NHS in providing funding. However support extends to non-financial assistance which is as valuable, namely access to expertise, information and support through networks and partnerships. Access to equipment and training is key to support, including crèche facilities, and training input. It is noticeable how much of the activities highlighted in the case studies involve training courses including ILA courses in development. It is also evident that NHS staff are actively delivering training for community organisations. However while health improvement professionals, health visitors and midwives are critical to most types of activities geared at pregnant mums and mums with infants, certain organisations such as voluntary playgroups and nurseries in some more rural areas are missing out in their input, despite this being a requirement in relation to GIRFEC.

4 CONCLUSIONS AND RECOMMENDATIONS FOR COMMUNITY FOOD AND HEALTH SCOTLAND AND ITS PARTNERS

- 4.1 The aim of this study was to explore the contribution that the community and voluntary sector makes to the Maternal and Infant Nutrition Framework, and to provide an analysis of the resources utilised (or required) by community food and health initiatives to deliver food activities and services that support the Framework. The study looked at resources and support, needed and accessed, any gaps and challenges, with a view to exploring ways in which CFHS and other partner agencies might in future support and help to sustain such services. We looked specifically at the following resources:
- information and guidance materials developed or received from others;
 - training and support received or required;
 - skills developed or needed;
 - access to equipment or equipment purchased or provided by partners; and
 - funding received or applied for.
- 4.2 We found that community food and health initiatives that took part in this study share the commitment to addressing inequalities within low income communities by focusing on nutrition and food activities as a way of engaging members of local communities and empowering them to address health and other social inequalities. Their activities tend to be in partnership with either other community and voluntary sector organisations with similar aims and objectives, such as networks of community gardens or playgroups, or more often in conjunction with local NHS and/or local authority services.
- 4.3 Early years food and health activity has always been a priority for the community and voluntary sector. There is a synergy with the statutory sector for whom work in communities is driven by NHS policy, and public health and maternal service targets. Support for the community and voluntary sector is part of the remit of NHS community staff such as midwives, health visitors, and breast feeding coordinators. This can include establishment of breastfeeding peer support groups or support for mums with young infants. Public health and health improvement departments are also key partners in a range of voluntary sector activities around maternal and infant feeding. The direction of NHS input is driven both by assessment of local needs and by national policies. The fit between such policies and the mission of local community and voluntary organisations is key to the type of support being offered to local groups and decisions on which groups are targeted. This can mean that some groups miss out on resources if their activities are perceived as not so relevant for example because of the range of groups they cater for. One of the interviewees was clear that sitting on an NHS chaired maternal and infant strategic planning group had been critical to its success in accessing NHS resources. The same could be said about sitting on CHP forums.
- 4.4 The scoping study identified a range of approaches to the promotion of maternal and infant nutrition. Some started with working with the infants and toddlers, others with the parents focusing for example on young mothers. Some took a community development approach and worked with all age groups. Others worked with young people (of both sexes) at the beginning of their sexual careers, in schools and training establishments, or focused on specific sections of the community who were most at risk such as addicts and those with special needs. It was clear from the case study areas that the mix of different approaches and the range of skills and expertise developed was a key strength of the community and voluntary sector.

- 4.5 However a challenge for the community and voluntary sector was that some were so busy delivering their own services that they did not always have time to network and do outreach work with other voluntary organisations and with workers from public sector agencies in the same area. This was particularly the case with some voluntary playgroups and nurseries, who found that they were sometimes overlooked by for example NHS health promotion staff and health visitors, and missed out in support and advice on nutrition, because they were not sufficiently linked into early years or other public sector networks. One interviewee from a gardening project talked about the importance of setting aside time to do outreach work with public sector partners in schools and other settings rather than waiting for professionals to approach community based projects. This networking is important but is an additional cost for organisations to cover, either through volunteers or paid staff.
- 4.6 A key finding from this study was the need for increased understanding of the community and voluntary sector by not just the NHS staff who are already involved in working with and supporting organisations, but also by mainstream staff in health services who are less closely linked to local communities. For example NCT has been keen to address suspicion among hospital midwives to its work in supporting breastfeeding in the community, and one NHS interviewee described shadowing workers in a voluntary organisation in order to learn more about the work they do. This is part of redesign of the NHS, but possibly needs to be further promoted.
- 4.7 Based on what has been a very quick mapping of the community and voluntary sector's contribution to maternal and infant nutrition we have identified the following issues around resources and support as well as some areas for action for further consideration by CFHS.

4.8 **Information and guidance materials**

The mapping of resource materials used by organisations suggests that while there are a lot of resources focusing on infant and maternal nutrition and some organisations are receiving resource materials through NHS and other workers, most organisations are having to source their own resources using for example the Internet for this. Two examples of resources which interviewees requested was firstly, recipe ideas for people on a fixed budget, and secondly guidance on activities to introduce pre-fives and their parents to nutrition issues. Nurseries are also interested in guidance on what should be included in a healthy lunch box.

The voluntary sector also produces its own resource materials for distribution to the general public, such as instructions on meals to cook from scratch. There are however costs attached to printing copies of such guidance materials or recipes to give away, or associated with setting up a website in order to publish on-line.

Each Health Board has Resource Services which provide materials to NHS staff and are intended to be available also to the voluntary sector. However take-up is low by the voluntary sector in some areas. This may be due to lack of awareness that such services exist, for example because there are barriers to accessing resources such as location of resource centres, or because the materials are not relevant to the needs of voluntary and community organisations. For example NHS Greater Glasgow has an on-line system for ordering resources but this service does not seem to be known about by interviewees in Argyll and Bute. To promote take up by parents with young infants NHS Western Isles has developed dedicated websites to publicise its resources and materials and that of local and national groups and agencies, and packs of health information in the form of leaflets and booklets are distributed by health professionals directly to parents, carers, nurseries and to the general public.

4.9 **Training and skills development**

Training is key to the development of community and voluntary organisations and to the services that are offered. The training can be delivered by NHS staff, as well as by local colleges and private suppliers. There were some examples of training such as that delivered by NCT for breastfeeding peer support volunteers which the NHS funded. However there was not much evidence of a strategic approach to delivery of training for community and voluntary organisations involved in delivering activities and services relevant to maternal and infant nutrition. In terms of skills development accredited courses i.e. REHIS and college provision, were seen in Ayrshire as a route towards educational development and employment and the plans to utilise ILA as a route to training in Highland could provide interesting models. There was little evidence of other opportunities for accredited learning in relation to this agenda.

4.10 **Other support including access to equipment and premises**

Several organisations highlighted the importance of crèches in centres used by community groups and organisations, and the opportunity this gave to mums and dads to take time out from caring responsibilities to look at their own nutritional and other needs. Fully funded childcare seems to be an essential element to any maternal and infant nutrition strategy if it is to engage families most at risk in the community.

Other support included opportunities for young people as well as parents to take part in events in the community focussing on nutrition, in taster and other sessions, with input by a range of services both statutory and voluntary. Another demand was for the opportunity to be involved at a planning level with NHS and other partners, and in determining priorities for local services including the use of resources to support the voluntary sector as well as the NHS in delivering the maternal and infant nutrition framework.

4.11 **Access to funding**

Funding is an issue that impacts on sustainability of services. The social enterprise models being developed by the growing projects, or the catering and childcare services provided by HELM or by Dundee International Women's Centre, are attempts to move away from grant funding towards being self-sufficient through trading. However moving in such a direction requires investment by funding streams such as LEADER and central government funding. At the other end of the funding continuum there was evidence that some of the grant funds such as that of CFHS cannot meet the demand and that other ways of funding activities around maternal and infant nutrition need to be explored.

4.12 **Possible areas for action**

Information and guidance materials

1. Signposting by NHS Boards and Health Improvement Resource Services (HIRS) to library resources which can be accessed by the community and voluntary sector, including provision of links for CFHS to publish on its website.

2. Commissioning by NHS Boards of resource materials from the community and voluntary sector tailored to the needs of specific target groups such as young parents, those with special needs or who are disabled, or from ethnic minorities.

Training and skills development

3. Exploration and promotion of accredited training by the NHS and other public sector partners in maternal and infant nutrition and related skills for workers and volunteers in the community and voluntary sector.

4. Input to in-service training of NHS staff by voluntary sector projects on the role and approaches developed by the sector to working on maternal and infant nutrition with vulnerable families and groups; and extension of formal in-service NHS training in infant nutrition to the community and voluntary sector.

Access to equipment and premises

5. Provision of crèche facilities in NHS and other premises used to deliver services around maternal and infant nutrition.

Funding

6. Dedicated funding for maternal and infant nutrition activities by the community and voluntary sector.

7. Support for social enterprise trading activities to increase sustainability of food and health activities.

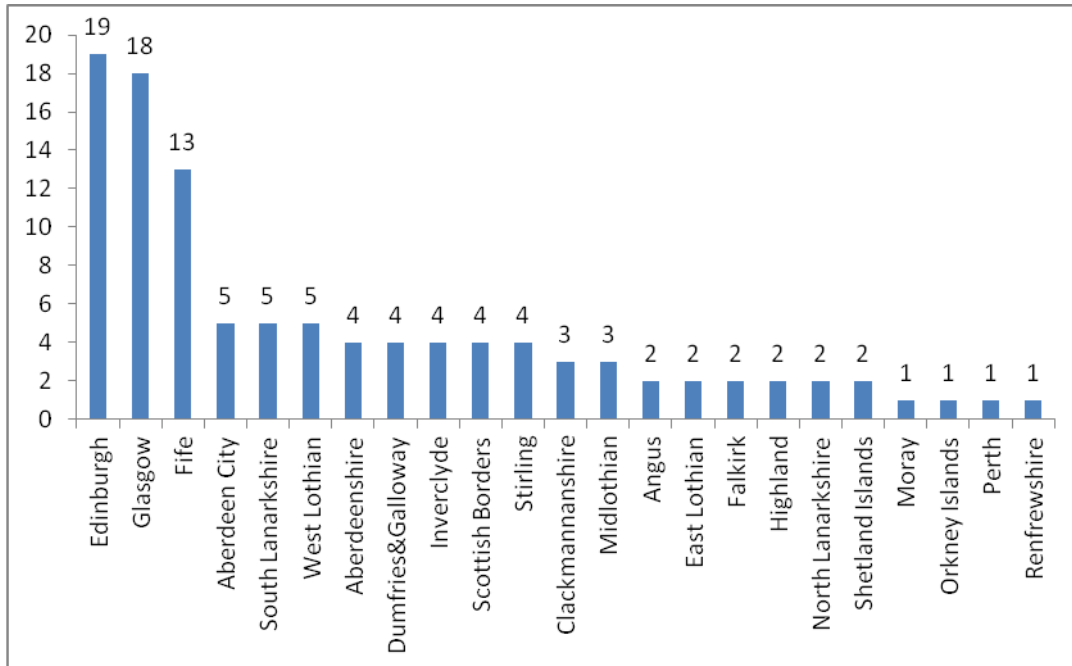
Partnership working

8. Involvement of voluntary sector agencies on maternal and infant nutrition and breastfeeding strategic/operational groups, and on other public health partnership forums.

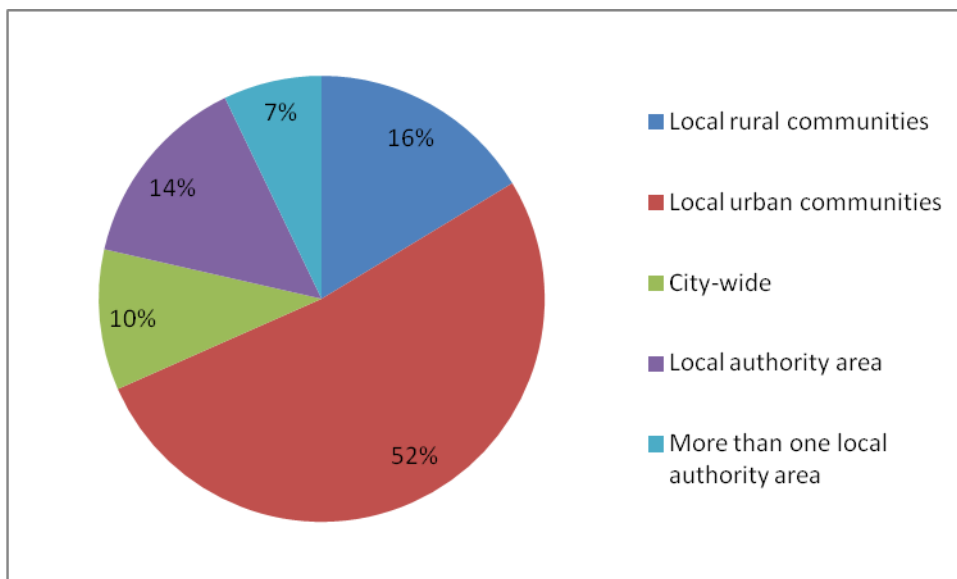
APPENDIX ONE

PROFILE OF COMMUNITY/VOLUNTARY ORGANISATIONS SURVEYED (INTERVIEWED BY LOWLAND MARKET RESEARCH)

Profile of respondents by local authority areas



Geographical areas served



APPENDIX TWO

PROFILE OF PUBLIC SECTOR STAKEHOLDERS INTERVIEWED

Public Sector Agency / Job Titles	Voluntary Sector Agencies
Argyll and Bute	
NHS, Health Visitor	CVS local development officer (Islay)
NHS, Health Promotion Lead, CHP	Volunteer Centre Manager
NHS, Public Health Network Coordinators (3)	Nursery/play group/family centre managers (6)
NHS, Senior Health Promotion Specialist	Community Gardens Manager/Secretary (2)
NHS, Oral Health Educator	Addiction Support Worker (Oban)
Ayrshire	
Public Health Practitioner	Community Cafe tutor
Public health Nutritionist	Co-ordinator Mums, babies and bumps group
Community Learning and development workers (3)	
Head Teacher (1)	
Community Health Development Worker	
Dundee	
Equally Well Lead	Senior Health Improvement Lead (retired)
NHS Public Health Dietician (2)	Women's Centre Manager
NHS Small Grants Co-ordinator	Women's Aid worker
LA/ NHS NHS Healthy Living Initiative Manager	Community Centre manager
LA Family Support Centre Manager (2)	
Health Improvement workers (2)	
Sutherland	
NHS Infant Feeding Co-ordinator	Support Worker
NHS District Nurse	Centre Manager
NHS Health Improvement senior	
Western Isles	
NHS, Health Information and Resources Manager	CVS manager
NHS, Senior Health Promotion Officers	Coordinator/volunteer project manager young mum's groups (2)
NHS, Health Visitor	Volunteer breastfeeding support agency
	Project manager children's charity
	Nursery managers (2)
West Dunbartonshire	
NHS, Young Families Support Service	Housing Association Regeneration Agency Youth Worker
NHS, Breastfeeding Support Team	Youth Services Agency
Local Authority, Head of Centre	Women's Aid Manager
Scotland	
	Scottish Childminding Association

APPENDIX THREE. SERVICES TARGETING MATERNAL AND INFANT NUTRITION

