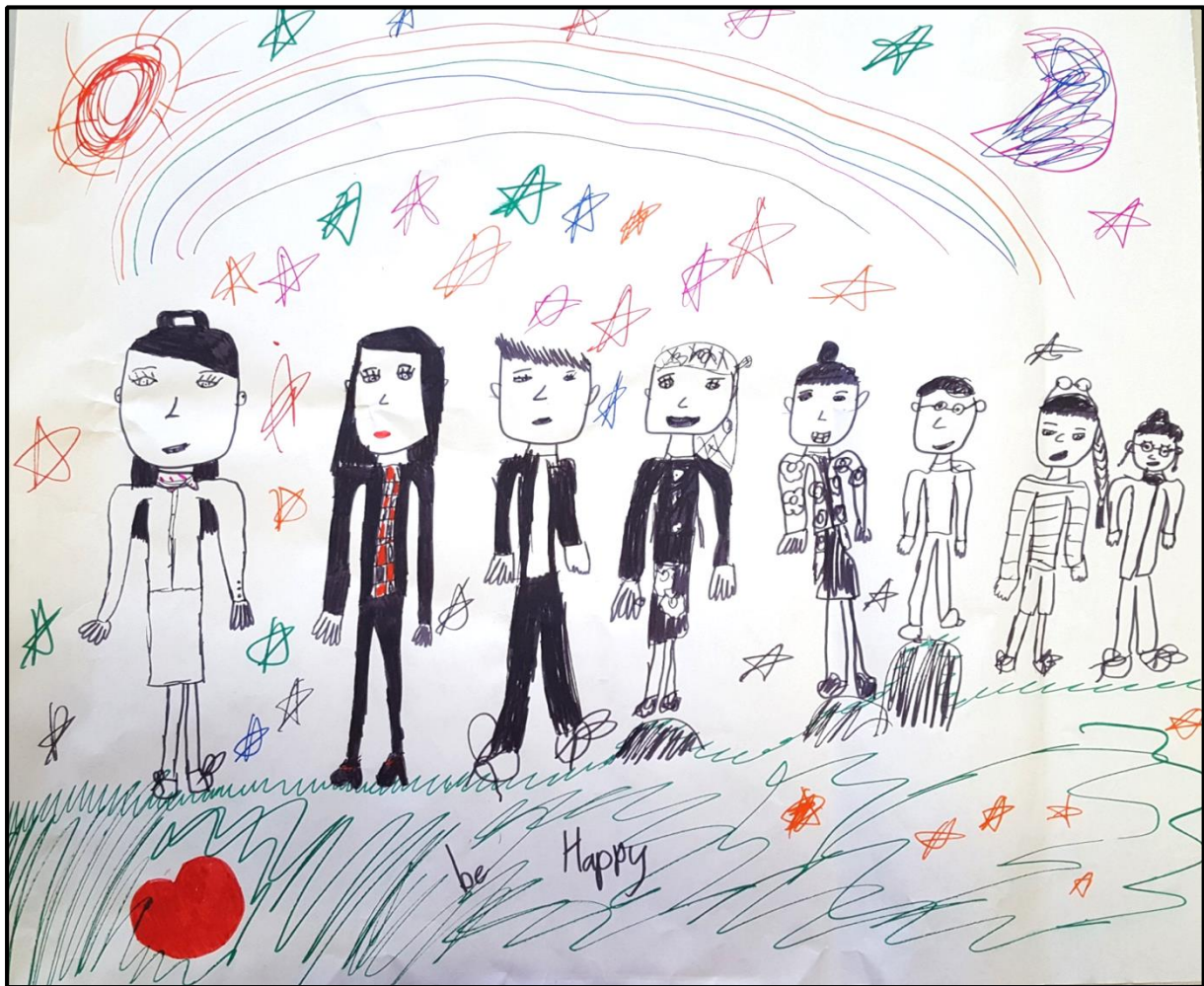


FOOD SECURITY FOR ALL



COMMUNITY-LED RESEARCH

PROJECT

2016

CWIN
Central & West
Integration Network



**community
food and health**

(scotland)

NHS
Health
Scotland

DECLARATION OF AUTHOR'S RIGHTS

The copyright of this report belongs to the Central and West Integration Network (CWIN) organization under the terms of the United Kingdom Copyrights Acts. Due acknowledgement must always be made of the use of any material contained in, or derived from, this report.

TABLE OF CONTENTS

PAGE

Title	1
Declaration of Author's Rights	2
Table of Contents	3
Section 1 Introduction	4
Section 2 Research Aims and Personnel	5
2.1) Research Purpose	5
2.2) Key Questions	5
Section 3 Methods	5
3.1) Research Approach	5
3.2) Photos of Trainers and Community Researchers	6
3.3) Interview Techniques, Skills and Support	8
3.4) Challenges and Limitations	8
Section 4 Results	9
4.1) Profile 1 - Pilot Survey	9
4.2) Pilot Survey Data Analysis	10
4.3) Pilot Survey Quotes	10
4.4) Pilot Survey 4 A's	11
4.5) Pilot Survey Lessons Log	11
4.6) Profile 2 - Main Survey	12
4.7) Main Survey Data Analysis	13
4.8) Main Survey 4 A's and Food Security Spectrum	14
4.9) Feedback on Main Survey + Quotes from Different Groups	17
4.10) Main Survey Lessons Log + Photos of Awards Ceremony	18
4.11) Limitations of Study	19
Section 5 Discussion	20
Section 6 Conclusion	21
Section 7 Recommendations	21
Section 8 Acknowledgement	23
Section 9 References	23
Section 10 Appendix	24

SECTION 1 - INTRODUCTION

Central and West Integration Network (CWIN) as an organisation, aims to build a network that brings people together, including formal and informal community groups, agencies and individuals (Appendix 1). CWIN seeks to ensure that all refugees, asylum seekers, migrant workers and BME communities in Central and West Glasgow have full and equal access to resources including food, assists in alleviating poverty, improving their standard of living and promoting their settlement and integration within the wider community.

CWIN employs a number of ways to achieve its aims. CWIN especially uses networking to build the strengths of groups within and across communities. Whenever possible, CWIN brings together people from different communities, including the majority White Scottish community, for common action and activities on various issues, including food security (Appendix 1).

During the World Food Summit in 1996 food security was defined as existing “when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life” (World Health Organisation, 2016). Universally, food security incorporates both physical and economic access to food, to meet the dietary needs and food preferences of people. Food security is a complex issue as it is linked to health, sustainable economic development, environment and trade.

Scotland aspires to be a Good Food Nation, in all food related aspects from production to consumption. To become a good food nation, it needs to work toward a society where there is food security for all. Food security means that people are certainly able to access and consume not only quality food, but in sufficient quantity (Dowler, 2003). CWIN in partnership with NHS Health Scotland plus Evaluation and Professional Development Services, has taken part in the community led research into food security.

CWIN has been because ‘food security for all’ is one of their important objectives; hence they are involved in building staff and volunteers’ capacity in food work including training on elementary food and health, cooking skills courses and elementary food hygiene for staff and volunteers. CWIN also runs a food bank, which includes the provision of hot meals and cookery sessions for those accessing the food bank.

The present study will enable us build on the food work, which CWIN as an organisation has been involved in, over the years as well as build evidence for future work on food and health.

SECTION 2 - RESEARCH AIMS AND PERSONNEL

2.1) Research Purpose

According to the World Health Organisation, food security is built on three distinct pillars; food availability (sufficient quantities of food available on a consistent basis); food access (sufficient resources to obtain appropriate foods for a nutritious diet) and; food use (appropriate use based on knowledge of basic nutrition and care, as well as adequate water and sanitation).

2.2) Key Questions

For the purpose of this study, CWIN explored **participants' perceptions of food security (eating well) and how to address food insecurity**. This meant addressing the following main research questions:

1. What does food security mean to the target population?
2. What are the causes of food insecurity?
3. How do people cope with food insecurity?
4. In what ways can the issue of food insecurity be addressed in Glasgow?

SECTION 3 - METHODS

3.1) Research Approach

Community Research Volunteers were trained and supported by Ms Jacqueline McDowell and Ms Lesley Greenaway during the training sessions (Appendices 3 and 4), both trainers were supported by Mrs Dioka from CWIN. During training sessions 2 and 3, a preliminary Collation questionnaire (Appendix 5) was developed and used to investigate the concept of 'Food Security', among individuals within the volunteer research group. This questionnaire was again used externally with a designated group or event. All of these Pilot Surveys were carried out by the Community researchers during a CWIN organized Burn's Night Event on 23rd January 2016.

The Community Researchers regrouped on 30th January to analyze the data, determine gaps in the research plus hone their skills and refine the survey questions. The redesigned questionnaire (Appendix 6), including a Food Spectrum sheet (Appendix 7) were used to collect data from target sample groups. These groups were made up of people who struggled on daily basis to feed.

For efficient data collection purposes- community researchers were allocated groups based on their proficiency in certain languages, skills and previous association with organizations or people. For example community researchers that speak and understand hindu, were allocated to groups/individuals that also speak and understand same language.

3.2) Photos of Trainers and Community Researchers

Fig. 1. Photographs of Community Researcher Volunteers during the training days.



From left to right
Noreen, Elizabeth
Silmat, Zada
and Rose



From left to right
Maria, Silmat, Rajinder
Jatinder, Elizabeth and Zada



Fig. 2. Pictures of Lesley and Jacqueline training the Community Researchers





3.3) Interview Techniques, Skills and Support

The original Pilot Survey verbal interviews were carried out in pairs where one researcher conducts the interview and the other acted as a recorder (written). Primary feedback received from the Community Researchers after the Pilot survey showed that the interviews gathered the necessary information. As a result the Researchers learnt about different types of food security, which increased their knowledge.

Even though the Volunteer Researchers were initially uneasy and nervous during the Pilot Survey interviews. The very rich outcome of the pilot study and of course the internal practice training helped boost their confidence. Indeed their confidence level improved as they conduct face to face interviews. They learnt to be friendlier, maintain eye to eye contact and communicate clearly with short verbal and/or written sentences. Researchers also mastered the skills about how to engage target groups especially during long surveys. They also learnt to spend time to reassure participants that all information will be treated with confidentiality. Other skills learnt includes, but not limited to how to; allay the fears of participants while also building trust (between researcher and participant).

3.4) Challenges and Limitations

The pilot and main surveys had their challenges; people were reluctant to disclose private and confidential information about themselves. Some people in the target groups were concerned and hesitant, worried about what how the information was going to be used. Others would ask the Community Researchers lots of questions being afraid and suspicious.

Sometimes, the target groups were not forthcoming regarding their personal circumstances either out of shame or embarrassment. Perhaps due to fear of criminal recrimination, they were more keen to relay only that which they thought the Community Researcher wanted to hear. Some answers were given on the basis that they were not recorded, skewing the final results.

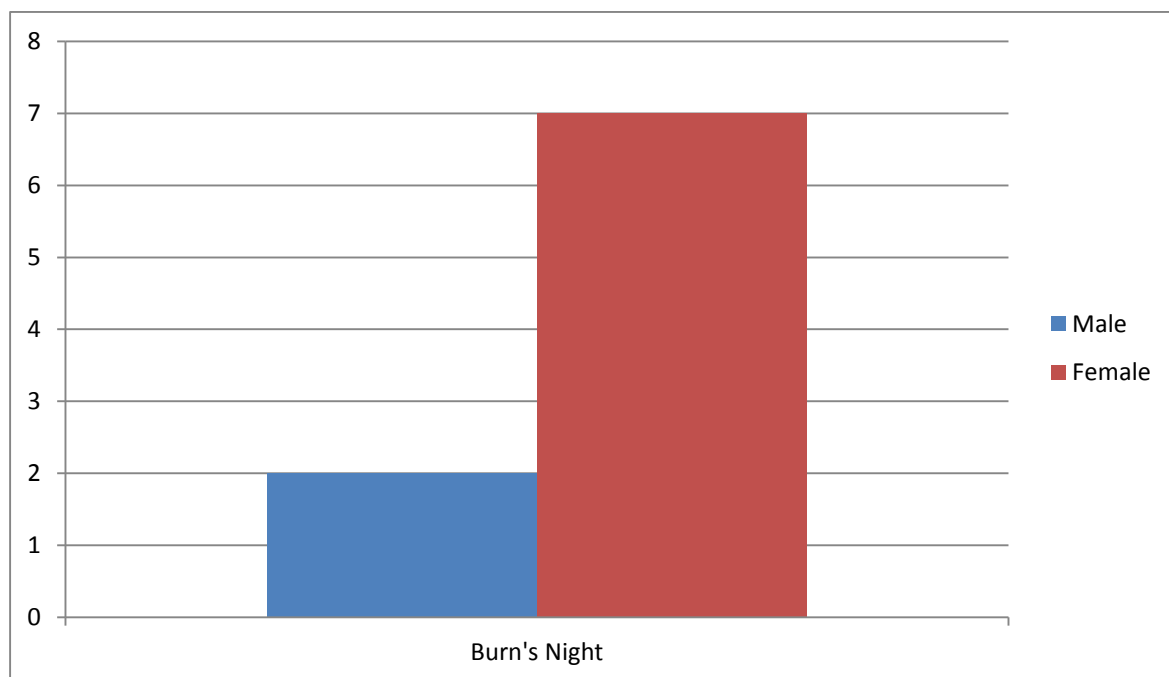
Other challenges included; sensitivity to age, e.g. females not wishing to declare their age; language barriers on rare occasions when the Community Researcher and the target group were mismatched; lack of comprehension and/or understanding by the target group regarding the questions; ambiguous or irrelevant answers to questions; rushed surveys due to time constraints; cultural issues and the atmosphere at time determining whether and how the survey was completed e.g. men watching cricket so the Community researcher needed to show enthusiasm for the sport, in order to get the target group onside. Nonetheless similarity of both cultural and ethnic backgrounds with the target group (researcher and research participant) facilitated survey completion.

SECTION 4 - RESULTS

4.1) Profile 1 - Pilot Survey

Nine people were interviewed by paired Community Researchers during Burn’s Night on 23rd January 2016. These interviewees includes people who were born and bred in Glasgow, UK (1) to those who had emigrated from Africa (Nigeria - 1), South East Asia (India - 2), East Asia (China- 3) and those of unknown origin (2). There were 7 females and 2 males interviewed with the age range starting from 21 to 50 years old with 1 pensioner over 60 years of age

Fig. 3. Pilot Survey Group Male to Female Ratio



Family circumstances varied (Appendix 7) from single people (2), lone parents (2) to married couples with child(s) (5). Occupations included housewives (2), the employed (3) to students (1) plus other groups including asylum seekers/refugees (2) and a retired pensioner (1).

4.2) Pilot Survey Data Analysis

In this section, we highlight how participant described ‘eating well’ (Appendix 6), factors that affect eating well and how to eat well:

- eating healthily (2)
- a well balanced diet (2)
- planning meals in advance (2)
- cultural food such as sea foods
- one said eating less quantity for health considerations
- and another one mentioned that good quality service is imperative
-

The main challenges and issues people faced in getting good food and eating well centered on

- Three people had no challenges with one person also going to restaurants to eat well.
- Weight control issues because of unhealthy eating
- Desiring cheaper healthy food to make it affordable
- Having to prepare food for one person alone

People were asked to give hints and tips that could be given to someone who is struggling to make ends meet. These varied from

- knowing how to cook at home
- learning to use leftovers for the next day or freezing cooked food to be used at a later date;
- planning the shopping and budgeting;
- using discount supermarkets such as Lidl and Aldi and
- shopping during the evening for reduced produce
- buying seasonal vegetables as they are not expensive and
- cutting out ready meals or going out to eat
- If the person is unable to make ends meet and all of these fails –the next step is to use a food bank

4.3) Pilot Survey Quotes

Some quotes are included to give a flavour of the conversation between the Community Researchers and pilot group. What is noticeable is that people have different principles, tastes and desires regarding food. Some believe in being thrifty and charitable to help people struggling at one end of the spectrum while the people also included those who are fortunate enough to afford to eat as they please.

“Healthy eating because we need to take care of our bodies and well being”.

“Organic food is better but is quite expensive for me”.

“Need to understand how to cook, use discount shops, need to

plan, freeze food between 2-3 months. The government may be able to help those on a low budget”.

“Any spare food at home, give to the food bank”

“Finding food that is not very expensive, so that I can afford it”.

“I like to eat what I like and I always prefer Indian or Chinese. I also go to restaurants as well”.

4.4) Pilot Survey 4 As

This section deals with the 4 A’s derived during the initial training sessions namely; Accessibility, Affordability, Acceptability, and Adequacy, each of which will be expanded on in turn.

Accessibility - The Pilot group interviewed explained that most went to prominent supermarkets such as Tesco, Lidl, Sainsbury’s and Aldi (5), while two went to local specialist shops for organic and African produce. Two people had to go to town to do their shopping as they were lacking facilities nearby. A variety of means was used to access the shops with walking being the popular option (4), next to cars and public buses (2) and also the train (1).

Affordability - Many responded that they were able to obtain food within budget for their weekly shop (7), within 2 planning and 2 budgeting for their shopping prior to getting messages. One person found their cultural diet expensive but still catered for her children’s taste for the local Scottish diet. Generally, 6 people could afford food with three sometimes being unable to due to restricted diet or budgets.

Acceptability – Some people were able to get culturally specific food (5) with one person finding it hard due to shortage of specialist shops. The remainder preferred local food due to the cheaper prices as international food was more expensive. Seven people were able to meet their family’s needs with the food that was available either locally or internationally, while two home cooked for their family. All nine of the people enjoyed socializing and sharing cultural traditions with near and dear ones.

Adequacy - Many people coped by doing their shopping weekly, buying in small quantities more often, shopping around for bargains and buying reduced food produce. Many budgeted and advised that planning the shopping was a must with one stating *“Plan, shop smart and cook in the house”*.

4.5) Pilot Survey Lessons Log

The lessons learned from the Pilot Survey in order to develop the second Main Survey included:

1. Targeting the right groups, as there were people interviewed who were okay due to earning a good wage and the study was interested in those who were experiencing some form of hardship

2. Broaden questions away from the 4 A's by including a food spectrum sheet, which immediately placed people into categories that could be easily deciphered.
3. Other lessons learned includes building up the confidence of the community researchers, who at first feared to approach potential participants

4.6) Profile 2 – Main Survey

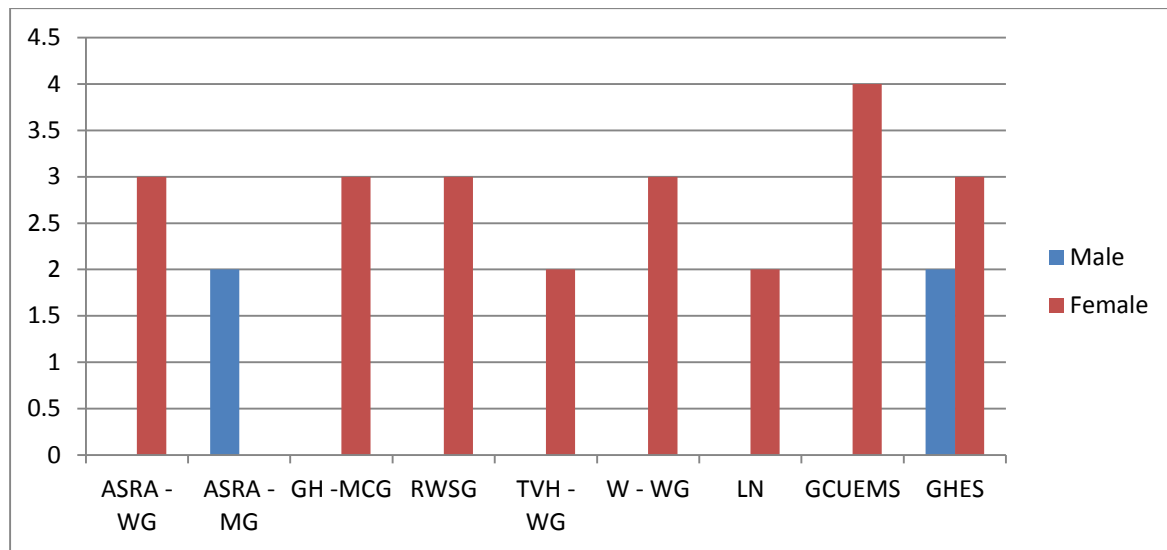
The Main Survey was comprised of 9 distinct groups, based in different areas within Glasgow. These groups include; the ASRA Women's Group (ASRA-WG), Refugee Women's Strategy Group (RWSG), Townhead Village Hall Women's Group (TVH-WG), Whiteinch Women's Group (W-WG), Garnethill Mother and Child Group (GH-MCG) all work with migrant women. While ASRA Men's Group (ASRA-MG), work with migrant men, the Lena's Neighbour (LN), GCU Ethnic Minority Students (GCUEMS) and Garnethill ESOL, work with both males and female migrants.

Contributors to this survey include those who were born and bred in Glasgow, UK (2) to those who had emigrated from other continents such as Europe (Germany, Ukraine and Poland - 3), Africa (Libya, Malawi, Somalia and South Africa - 5), the Middle East (Syria – 1), South East Asia [(Iran (1), Pakistan (2), India (5) and Sri Lanka (1)], East Asia (China- 1) including others of unknown origin (7). Altogether, there were 23 females and 4 males interviewed with an age span, ranging from 21 years of age to over 60 years.

Table .1 shows: Main Survey Target Group Data

Name of groups interviewed:	Number interviewed	Gender	
		Female	Male
1) ASRA Women's Group (ASRA - WG)	3	3	
2) ASRA Men's Group (ASRA – MG)	2		2
3) Garnethill Mother and Child Group (GH - MCG)	3	3	
4) Refugee Women's Strategy Group (RWSG)	3	3	
5) Townhead Village Hall Women's Group (TVH -WG)	2	2	
6) Whiteinch Women's Group (W - WG)	3	3	
7) Lena's Neighbours (LN)	2	2	
8) GCU Ethnic Minority Students (GCUEMS)	4	4	
9) Garnethill ESOL (Intermediate 2) Students (GHES)	5	3	2
Total	27	23	4

Fig.4 shows: Main Survey Group Male to Female Ratio



Family circumstances varied from single people (7) to lone parents (3), married couples with or without children (14) and/or extended family (3). Occupations encompassed housewives (7), the employed (2) to students (11) plus other groups including asylum seekers/refugees (3) and retired pensioners (4).

4.7) Main Survey Data Analysis

In this section, to understand the concept of food security- the individual groups were interviewed regarding what eating well means to them. Responses include:

- Having cooked food based on traditional recipes (5)
- Balanced diet [raw/fresh organic, sea food, pulses/grains (i.e. pasta and rice), dairy, fruit and vegetables plus fish and meats] excluding takeaways to be healthy and happy (13)
- Having enough food (3)
- Maintaining a healthy life free from disease was important (2).

The main challenges and issues the groups faced in getting good food and eating well were; restricted access to suitable and desired foods plus specialist shops i.e. Halal or organic food. One of the participants manages by growing her own food on an allotment; other difficulties are inaccessibility to culturally specific foods and being unable to afford them due to cost.

Inaccessibility to desired food, is very common among participants, mostly because of their personal circumstances and status (e.g. on benefits, asylum seekers/refugees, students), hence limited budget. Consequently as a coping strategy most participants not only eat what they can afford, but also whatever food parcel they collect from food banks. Their dependence on any available food and nearby food banks was also a way of limiting travel distance to source for food.

Another coping strategy is the skipping of main meals by adults, especially lone parents in order to feed their dependents. However, some members of the groups were able to eat as they

desired, because either their husbands work or they receive adequate benefits. This set cooked healthy and/or traditional food (fruit, vegetables, curries and chapatti), by deciding either on or before the day what to buy. They could also access traditional specialist shops close at hand. Hence, different factors influenced particular categories or groups of people.

The groups were asked to give hints and tips that could be given to someone who is struggling to make ends meet. Some advised people who were struggling to go to organizations i.e. food banks, community centres and Gurdwara Temple as these organizations not only supply food, but also offer advice.

They also recommended specific retail shops and also suggested that people can apply for allotments. Other recommendations include; seeking advice from knowledgeable people and professionals about where to get discounted food, local farmers markets, Halal shops, cheap transport and how to eat healthy food. Depending on age- part of the recommendation was the need to learn how to cook and also night/evening shopping for discount rates.

Other hints and tips included planning and prioritizing the shopping by creating a list, sticking to a budget, buying in bulk to save time and money in addition to home cooking. Unexpectedly, there was one person from the Refugee Women's Strategy Group (RSWG) who stated

"I don't have any idea for me to tell anybody, as I am struggling".

Varieties of views were expressed, all equally valid and would help people who are struggling to make ends meet. Clearly, more work needs to be done to ensure the proper flow of information for service users and also for volunteers and staff in distinct organizations.

4.8) Main Survey 4 As and Food Security Spectrum

This section deals with the Main Survey 4 A's namely; Accessibility, Affordability, Acceptability, and Adequacy, each of which will be expanded on. This section also contains information on the food spectrum.

Accessibility - The Main Survey group interviewed explained that most had access to local corner/specialist shops and prolific supermarkets (16) such as Tesco, Iceland, Lidl, Sainsbury's and Aldi, while four went to local specialist shops for organic and African produce. One person mentioned using on-line shopping and the vast majority either walked, took public transport such as trains and buses plus private cars, to access shops and supermarkets. The RWS group mentioned that their members needed to travel to disparate and faraway places to get their food, especially cultural foods. This added a further strain on them as they lacked the means to pay for transport with one person stating "I'd say I am struggling to go to the shop because I don't have money, as I am an asylum seeker."

Affordability – This is mostly dependent on the category of group i.e. ones group to a large extent determines whether the individual is able to afford good quality food. The ASRA Women's Group comprise pensioners; a participant from this group who retired comfortably reported that she feeds well; two others also reported that they were fine as they living off their state pension by budgeting e.g. £50 -60 per week. The Garnethill Mother and Child Group had one person complaining about the time taken to get exactly what they needed, another's husband was looking for a job with family finances strained and another, who was a student

with a large family of six was dependent on financial support from her government overseas, which was slow to come through. Typically for her she stated “*We are a family of six and we need to buy food every day as it doesn’t last to the next day. I need to budget carefully.*”

The majority expressed that they could not afford fruit, vegetables and cultural/traditional food as they were expensive and had insufficient means (12) with one person stating that “*African food is so expensive for me because I don’t have the money. Sometimes my friend brings some food for me.*” Five people from the myriad different groups were able to buy within their budget but some compromised on the quality of food bought as “finances matter”.

Acceptability - Generally, the vast majority could get high quality culturally specific food (13) from Asian shops and even from Tesco which sells Halal food (2), while six people from two specific groups, namely the GH-MCG and RWSG, expressed hardship in getting cultural and traditional food locally. They either travelled to their home country themselves to obtain specific foods or encouraged visitors from overseas to bring them culturally specific food.

The ASRA-WG all practiced the Sikh religion so could access food (Langar) for their cultural and spiritual needs at their local Gurdwara. They emphasized worship, sharing and socializing at the Langar meal as part of their culture. Sharing the same cultural and social aspects was a common theme for three other people from the Islamic religion, especially during specific religious festivals with one person stating “*We share our food at Iftari (sunset) during Ramadhan and Eid celebrations at SUMSA [Strathclyde University Muslim Student Association] and Glasgow Central mosque.*” One person from the RWSG stated that she did not enjoy social opportunities as she was shy.

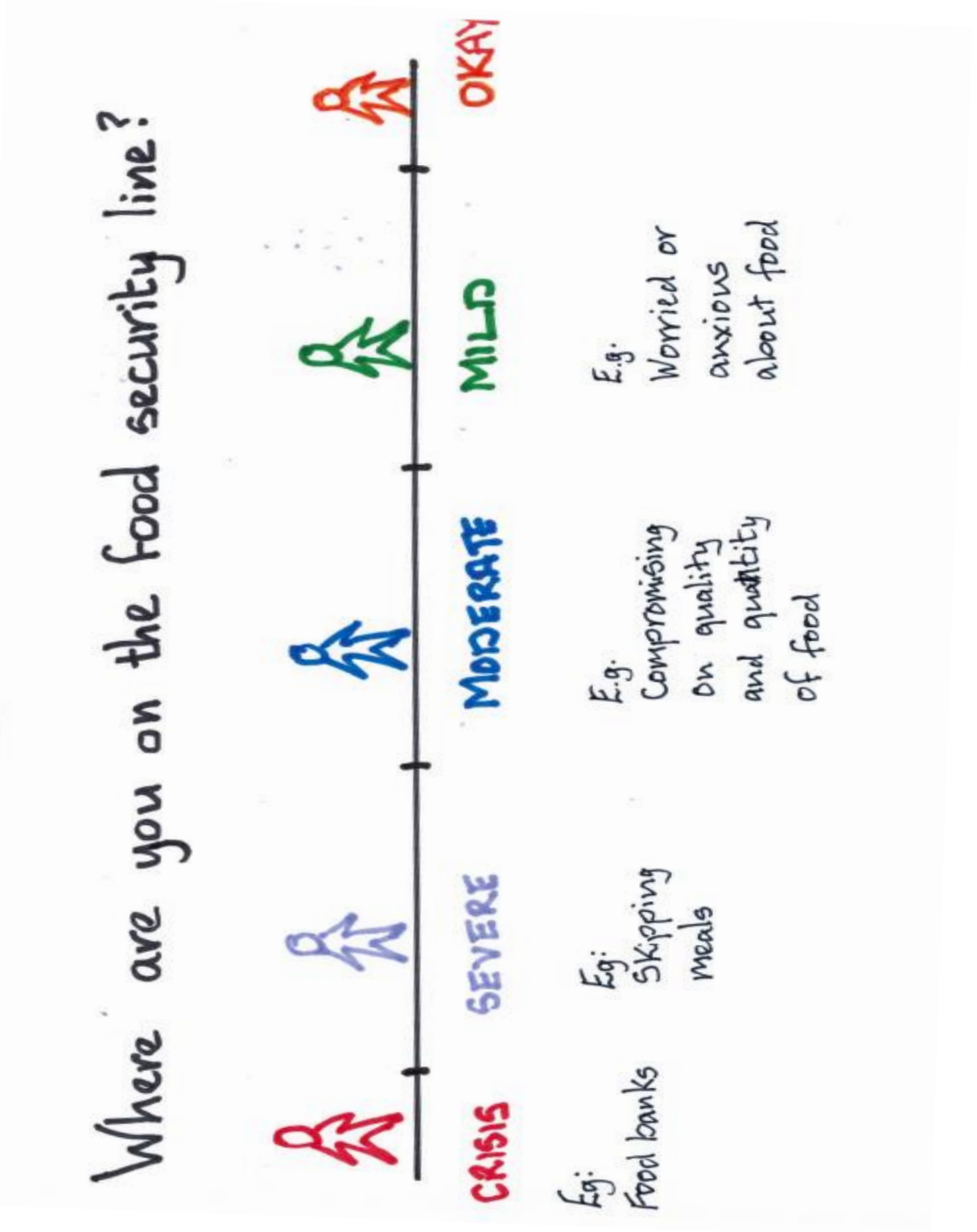
Fifty percent of participants surveyed across the entire group claimed that many diets were modified to accommodate for either their own or others health problems such as Diabetes, High Blood Pressure, High Cholesterol and allergies such as a nut or food allergy. Some families therefore, were on the same diet or different diets, also catering for food and religious preferences such as limiting red meat and vegetarianism. On occasions, the need for different diets split the family or social group with people cooking and eating separately.

Families with fussy children also needed to compromise and some resorted to buying cheap food in order to keep their offspring fed. Typical sentiments were “*To buy reduced price products may mean low quality or about to expire food. However, this type of food helps to rescue the day.*” and also “*Sometimes go for quantity rather than quality.*” People who were asylum seekers/refugees complained that the Home Office did not provide them with adequate resources to buy fruit, which they found unacceptable.

Adequacy - While some of the groups reported that getting culturally specific food was hard due to location and cost. Generally participants agreed though depending on their budgets that ‘there is adequate food available to buy from shops and supermarkets’. People used various strategies such as shopping in bulk, looking for bargains and buying reduced food produce late at night to make ends meet. Other strategies included sharing meals within specific religious groups and organizations as well as having good friends and neighbors.

Food Spectrum –fig. 5, below shows the food spectrum sheet for the main survey. The food spectrum data was both revealing and puzzling at the same time.

Starting from the one extreme, two people from the RWSG were IN CRISIS and the remaining member stated being in SEVERE food poverty/security. Lena's neighbours (2) placed themselves in the MODERATE category along with two members of the GCUEM students and one of the ASRA - WG member. The GH - MCG members (3) placed themselves between MODERATE to MILD. One W - WG member was in MILD as well as one member from the GCUEMS group.



Many claimed to be okay including ASRA – MG (2), ASRA – WG (2), W- WG (2), GCUEMS (1), TVH –WG (2) and all members of the GH ESOL group (5). However, on analyzing the verbal answers given in the Main Survey, especially for the GH ESOL group, there is room for speculation that some people either believe that they are better off than they realistically are or that they are ashamed to admit, how much difficulty they are actually in. The food spectrum is also based on perception and subjectivity, so the results are not a guaranteed indicator of want.

Desired changes – This section presents the desired changes submitted by target groups.

First respondents suggested that more information and awareness about a balanced healthy diet be made available to the public. In their view this can be achieved if the internet is made available to all. They also thought watching cookery programs on televisions and following home cooking instructions could also help. Two change of government policies was one area respondents thought will make a major difference since more people will have sufficient cash to buy their choice of food.

Other changes desired were; knowing where the shops are located on an easy to read map; more smaller local shops like Lidl and Aldi within everybody’s reach; better public transport for those who don’t have private cars; employment was also an issue with secure jobs wanted making it affordable to buy food and a car; small garden or allotment for growing fresh herbs and berries; money for asylum seekers/refugees with one person commenting “*I don’t think that people care for others who don’t have money including local and national governments*” ...for...”*supporting local people to get healthy foods*”. On a personal level some people understood that they would need to give up sweets and eat healthily. They would need to eat good food by eating more vegetables and fruit, drink water and exercise more.

Other comments particularly in regard to food banks for refugees included “*We have no choice in anything they give us, but they should give us healthy food.*” Another comment was “*Would like the availability of cultural food such as African e.g. through vouchers or from food bank*”. Some people were distressed as one person stated that “*I can’t stand food banks – I am degrading myself.*” The Garnethill ESOL group in particular, which had asylum seekers/refugees in their midst desired to increase the volume of food available to them as well as the variety of food they had every day as highlighted by the desire “*Group would try to change their menus so they are eating something different every day.*”

4.9) Feedback on Main Survey and Quotes from Different Groups

The feedback received was for the main survey as the Burn’s Event Pilot Survey did not have the feedback question as part of the survey (see below).

- Survey was okay and language was not a barrier as interviewed in Hindi.
- The survey was good and language clear. Would like to see survey available to children to get their thoughts on healthy eating.
- “*Hopefully, the government will hear us and understand that they need to do something to make a change.*”
- “*I like the survey as it touches on important things. It is important to have healthy food for whole communities, for young and old to reduce risk of disease.*”

- The survey is good and understandable as the researchers asked the questions in my language; Arabic and also English.
- “Yes, this is a good survey about food.”
- The (ESOL) group is happy and understood the English language.
- The survey was absolutely fine. Maybe you should add some questions about household income.
- The language is clear. I think there should be questions relating to children’s healthy eating.

Apart from the participants liking and understanding the survey, in English as well as their own mother tongue, there were suggestions to improve on the survey, by including questions relating to income status, children’s healthy eating and youth opinion. In addition, the participants understood the importance of healthy eating and its value to the community as a whole.

4.10) Main Survey Lessons Log and Photos of Awards Ceremony

The main things that helped with doing the research for the main survey group were talking to people in their own language, respecting other cultures and religions, finding common ground with participants such as hobbies and sports and by appearing interested in the participants and their responses.

Specific quotes from the researchers are listed as follows;

- Every little helps
- Realise we can be ambassadors of reaching people
- Realise many people are really needy, need someone like us to show them the way to eat healthy – we are really important
- Getting trained i.e. knowing how to work as a team with team building exercises, gaining more confidence to approach strangers and attaining more knowledge – “knowledge is power”.

The Community Researchers who participated in the Food Security project were presented with certificates detailing their contribution (see below).

Fig. 5: Group photograph from left to right; Rajinder, Zada , Noreen, Florence, Lena, Maria, Lesley and Jacqueline





Fig. 6: Certificate ceremony for Lena, Zada, Rajinder, Maria and Noreen as presented by Florence.

4.11) Limitation of Study

Limitations of the study ranged from questions missing in the main survey from Q1- 5 and the feedback question Q10 in the Main Survey for some groups. Other limitations included the small sample size of people interviewed (maximum 36), which was inequitable regarding gender as the opinions of females heavily outweighed the males.

The data obtained were

more qualitative than quantitative so some findings were obscure. There was also a potential gap in the data collected, where the age range of interviewed people under 20, consisting of children and teenagers were missing.

SECTION 5- DISCUSSION

“Healthy food” was presented as a strong cultural norm by most if not all of the groups interviewed, with fish, fruit and vegetable consumption and very little red meat emphasised. It was apparent with all the groups that there was a strong sense of “identity” involved when discussing food, even with those who said they were food secure. Many people who were struggling adopted coping strategies with some doing so instinctively, although this did not guarantee them eating healthily.

There was the sense that there is food available in the local environment for those who can afford it with home cooking promoted as the healthy eating option in addition to growing their own food. While the ideal was well known and desired, there were also challenges with people not wanting to state their personal circumstances or admit that they were not eating healthily. The people interviewed knew that they should eat 5 fruit and vegetables a day but continue to suffer in silence, as they are either unable to access the food or afford them. Many people with families also feared being accused by local and national authorities of neglecting and mistreating their children, who suffer along with them due to limited resources.

The biggest issue highlighted in this report was that of money, as this caused people who lacked or had limited resources to have no real choice. Various strategies as outlined were utilised to overcome the issue they faced such as shopping in the evening, buying reduced price food even if it wasn't good quality food and obtaining food from their home countries by different means. Other issues included the need for cultural specific food and meeting special dietary needs for health reasons e.g. diabetes and allergies.

Also issues of transport and time constraints were noted apart from the price and quality of food. Many people hesitated to travel far away and visited only local shops in the area. If they lived in an area which didn't have a lot of Asian shops, they needed to find an alternative means transport by asking relations or paying for expensive public transport and private taxis. A bonus was that there were some major retailers who provide culturally appropriate (Halal) food in their shops e.g. ASDA, Tesco as well as fast food outlets plus restaurants such KFC and Nando's.

This study has uncovered many facets of food security and poverty, which feeds into a bigger study carried out by NHS Health Scotland. These findings along with findings from another two separate studies will be collated to produce the bigger picture in Scotland. What is apparent is that food poverty is rife in Scotland and can be undisclosed and hidden due to fear of losing face. More importantly, food poverty does not necessarily present itself as an isolated issue, as other factors such as homelessness, difficulty in getting or maintaining a tenancy, (irrespective of whether its mortgaged or social/private renting), poor housing, fuel poverty and lack of suitable employment all play a part.

Food poverty is disempowering and having no power impacts on health, children and all aspects of life.

SECTION 6- CONCLUSIONS

In conclusion; (1) even though most participants were not literally familiar with the phrase ‘food security’, there was a clear understanding of what it means to eat well; factors that affect ‘eating well’ and how people can ‘eat well’; (2) eating well was not only about quality and quantity, but also eating their cultural and spiritually accepted food; (3) Some participants are unable to eat well because of lack of cash, group membership, and insufficient or no information about how to access food; (4) hence participants develop unhealthy coping strategies; (5) the government, civil and private organizations have so much to do, if Glasgow must become a food secured nation.

About community researchers involved in this study: It is evident they have grown in confidence and are motivated to carry out further research. They are keen to continue their training in order to increase their confidence and knowledge about food security. Hence they want this project to be expanded- through targeting more groups.

These researchers have seen the gaps- they know that more work needs to be done and that they “can be ambassadors of reaching people”. They know that they are able to offer advice, create awareness about healthy food. Community researchers want to help people, who don’t care about what foods they are consuming, so long as it alleviates their hunger. They are keen to work with people who out of poverty have developed the ‘its “ok, up to God, I die when I die, you only live once” mentality.

SECTION 7 - RECOMMENDATIONS

During the last training session some wider change issues and actions were identified by the Community Researchers for the CWIN organization, as well as at the local and national level.

To the Westminster government

- Stop austerity- prioritize research, work with the results and recommendations
-
- The well-offs can at least manage to survive-listen more to the voices of the vulnerable, access them through their organizations.
-
- Through price control make food affordable to all

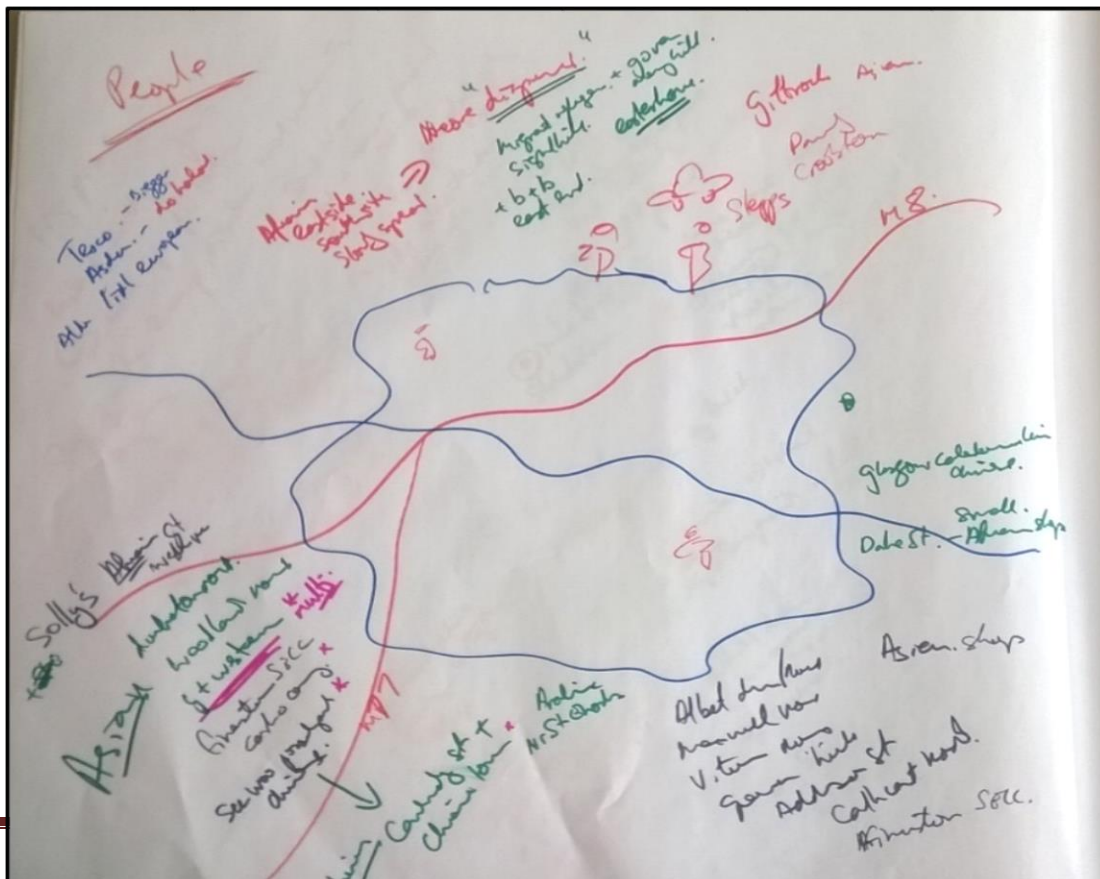
How can the private sector help?

- There is need for more commitment from the private sector – through quality and purposeful partnership with civil organizations that work with vulnerable groups
- As stakeholders in the food security project, more retail shops should consider Glasgow’s heterogeneous population – by stocking their shops with food varieties

CWIN can help through

- Using their upcoming events to showcase CWIN and the issues faced by people in the wider community.
- Inviting people with power to meet with CWIN representatives.
- Do more to raise the profile of CWIN, prioritising networking and showcasing.
- Work to get more volunteers involved in CWIN to increase reaching out to people in their homes, so as to obtain information from these target groups. Since there is always need (safety) for at least 2 researchers to visit a home at a time. About £30.000 will be needed to expand this programme-this amount covers cover staff costs, venues for training, volunteer expenses, administrative and travel costs.
-
- Through outreach and advocacy- educate the general public more about the voting system and encourage voting. Researchers have recognised there can be apathy amongst the voting public, especially when the public have voted in the past and have not seen a desirable change.
-
- Link with other stakeholders to develop new or improve current activities e.g. Skills Development Scotland to help refugees use their current skills or develop ones for a new career.
- Improve the CWIN website and use of social media to promote CWIN to the general public and other organisations plus funders.
- Create a booklet of culturally specific and diet specific recipes.
- Produce a map on where to get culturally appropriate food in Glasgow (Fig. 7 - see map on next page).

Fig.8. Rough Sketch of Glasgow Area for Location of Culturally Specific Food Shops



SECTION 8 ACKNOWLEDGMENTS

We are grateful to these volunteers, whose ability to speak and understand different languages helped the study.

Names of Community Researchers	Languages Spoken
Noreen Akhtar Moughal	English, Urdu, Punjabi
Vimala Chandran	English, Arabic, Malayalam
Geetha de Silva	English, Singalese
Elizabeth Hunter	English, Yoruba
Jatinder Khan	English, Hindi, Punjabi
Rizwana Kousar	English, Urdu, Punjabi
Rajinder Kumar	English, Hindi
Rose Lawrence	English, Yoruba
Zada Silajdzic	English, Bosnian
Silmat Silmat	English, Urdu, Punjabi
Lena Smith	English, Swahili
Maria P. K. Valsa	English, Malayalam

We are also grateful to Noreen Akhtar Moughal for writing the report and to Okeke-Ogbuafor Nwamaka of Newcastle University for editing the report.

This study was funded by NHS Health Scotland (Community Food and Health Scotland). It was initiated in October, 2015 and ran until June 2016.

Report compiled by Noreen Akhtar Moughal.

Project managed by Florence Dioka and Ms Julia Hung

SECTION 9 - REFERENCES

Dowler, E. (2003). Food and Poverty: Insights from the 'North'. *Development Policy Review* 21 (5-6), 569-580.

WHO, 2016. *World Health Organisation: Programme: Trade, foreign policy, diplomacy and health; Food security*. Available at <http://www.who.int/trade/glossary/story028/en/>. [Accessed 6th May 2016].

SECTION 9 - APPENDIX

Appendix 1. CWIN Aims and Activities

Central and West Integration Network (CWIN) activities include the Mothers and Children Project, which incorporates healthy cooking classes for children and mothers and the Stay Well Project for older BME adults. Activities for this latter group have also included healthy cooking classes for older people from different communities including Chinese, Indians and Pakistanis. CWIN runs a food bank and there are organised cooking classes as part of the project. The organisation has produced a cookery book which was part of the Commonwealth legacy. CWIN is also in the process of producing a recipe book on infant and maternal health. Other activity our organisation runs includes regular multicultural events, ESOL classes, women's groups and men's group. CWIN has also developed a volunteering project and currently has volunteers involved in the work carried out in the organisation.

CWIN has always had a commitment to and appetite for community development. Part of our role is to build the capacity of small to medium sized BME and asylum seekers and refugee groups through our monthly meetings, one to one support in organising themselves and a weekly information newsletter. CWIN also runs groups which meet in different areas; Townhead, Woodside, Garnethill and Whiteinch based in Glasgow including women's group, men's group, mothers and children group and the stay well project for older BME adults.

CWIN staff and some volunteers have good engagement and report writing skills. Using engagement skills has been an integral part of what CWIN does as an organisation. Additionally, the organisation constantly produces written reports of different types as well as funding/project reports and annual reports. CWIN has in the past worked in partnership with a Masters Research student, where asylum seekers, refugees and BME people were recruited to get involved in research on food and health among refugees and asylum seekers.

Our staff and volunteers are experienced in working on specific projects including both long and short term projects. During the Glasgow 2014 Commonwealth Games, CWIN received funding from the Big Lottery to work on a number of projects, including a commonwealth recipe book, development of a community choir, a commonwealth banner and commonwealth feast plus other events and a sewing project.

CWIN are also reputable in developing and running other short term projects including the 'Learning through David Livingstone Experiences' – part of the bi centenary of David Livingstone organised by the National Trust for Scotland. CWIN recruited women, to get involved in workshops using fabric in different ways, in telling the story of David Livingstone in Africa and Scotland. The project involved fabric painting, stories and sewing sessions. The children in CWIN Drama Club developed a drama based on the Centenary theme in a 10 week session with a presentation at the end. Apart from these CWIN has worked with a range of men and women groups on various projects, internally and externally. Our personal skills and experiences as an organisation enable us to successfully carry out many projects.

Appendix 2. 4 As Diagram Fact Sheet

This is a brief note of points informally discussed with the community researchers as an introduction to some key aspects and concepts in relation to food security, and a food spectrum introduced to illustrate what people may be experiencing or ways they may be coping/compromising when living with food insecurity.

A simple way I think about and explain food security is to consider the 4 A's, accessibility, affordability, acceptability and adequacy. They are all important and interrelated aspects to making people feel food secure so let's look at them.

Accessibility - This is about people being able to physically get food, whether to buy it in shops and markets, exchange and share or grow it. It can also be about opportunities to share food with others and get products which are culturally appropriate or meet special dietary requirements.

Adequacy – This means the food is sufficient for their nutritional needs. Nutritional needs means both meeting the requirements and expectations of what is a healthy balanced diet (ie at least five a day or eating oily fish twice a week) and any individual needs. For example, your nutritional needs can vary depending on your age and stage of life or health condition, because of cultural restrictions or energy requirements, such as those linked to a very physical job.

Affordable – This means the adequate food people access needs to be affordable. It does not mean food has to be cheap but people have to have sufficient income or resources to afford it, whether buying it, exchanging items and bartering for it or growing it.

Acceptable – This is often implied in the other three but it is good to emphasise separately so we don't minimise or ignore the personal, social and cultural aspects of food security. People need to be able to access the food in ways that are acceptable to them, whether in terms of where, how and with whom they access the food. The adequate and affordable food they get needs to be of an acceptable level of quality and culturally appropriate.

This means that there are all sorts of things that affect the nature and extent of food security and insecurity people, eg time, money, transport costs, where they live. In practice this means food insecurity can manifest itself in a myriad of ways across a spectrum of mild insecurity where people may be worried or anxious about thing though, moderate insecurity where they maybe budget tightly, compromise on the quality or quantity of what they buy through to severe food insecurity where they skip meals and finally to the stage where they are in crisis, when they may access emergency food aid or a food bank.

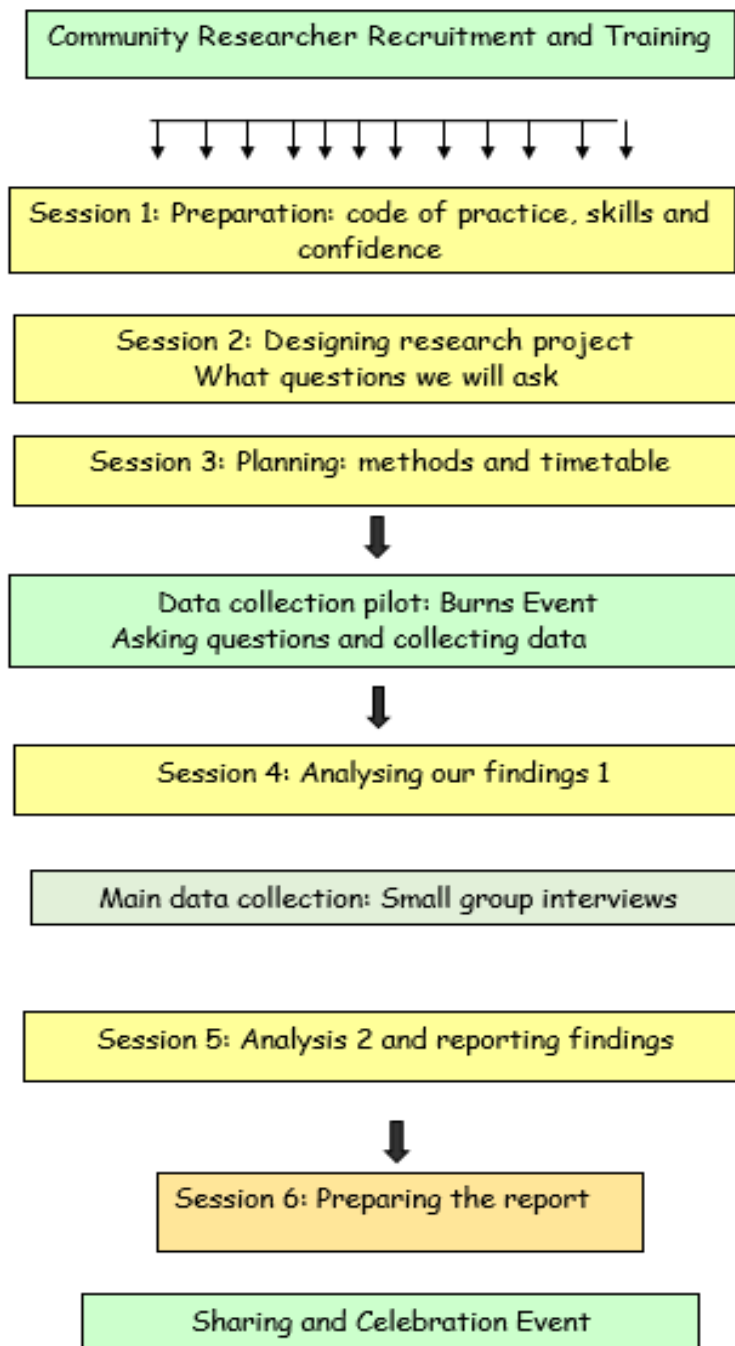
The picture below shows a tool that was used in the training to illustrate and speak to this spectrum and the concepts.



Appendix 3. Community Researcher Volunteer Sessions

Session	Date	Subject Matter
1	21 st November 2015	Preparation; Intro + Background to Study Understand Community researcher process Confidence in role and what it involves Team building and Code of Practice issues What is food security and how it affects people
2	5 th December 2015	Designing our Research Project Knowledge and awareness of food security Confidence in decisions about questions asked Confidence in decisions about who we ask Code of Practice and confidentiality issues Different stages of practice/research project Formulating questions, volunteer survey - 4As
3	16 th January 2016	Getting Ready to do Our Research Confidence in decisions about questions asked Confidence in decisions about who we ask Planning methods of obtaining information Group practice and practical arrangements
	23 rd January 2016	Burn's Night Event held at Hillhead Library
4	30 th January 2016	Over to You; Pilot group data analysis Collation and summary of findings of pilot survey Analysing gaps in data and tailoring questions Design of a food spectrum diagram sheet Allocation of target groups for questionnaire Deciding on report headings
	February 2016	Survey Interviews of Different Groups
5	19 th March 2016	Sorting Out What we Have Found Out Small group analysis of information collected Debrief – what worked, challenges, surprises
	15 th April 2016	Subgroup Meeting for Report Format
6	23 rd April 2016	Recommendations and Change Ideas
7	6 th June 2016	Report Presentation and Celebration Feast

Appendix 4. Community Research Diagram



Appendix 5. Preliminary Questionnaire Sheet for Pilot Survey

Central and West Integration Network – Community Food Security Survey

INTERVIEWER’S QUESTION SHEET

Work in pairs – one person asking the questions (using this sheet), the other recording the answers (on the recording sheet).

Hello (smile), my name is, I am a community researcher for CWIN. We are carrying out a survey to find out about the food and eating experiences of people in our community. The survey will take about 10-15 minutes. We would like to record your answers but what you tell us is confidential and will be anonymous in our report.

You may want to ask their name but don’t record it.

Are you happy to answer my questions? YES/ NO (please circle)

First of all, can you tell me a bit about yourself:

How did you hear about this event? What made you come?

--

Where do you come from?

Locally:	Internationally:
----------	------------------

--

And, how long have you been living in Glasgow?

Gender (please tick) Male Female

Which age group are you? (please circle)

under 20	21-30 years	31-40 years	41-50 years	51-60 years	Over 60
----------	-------------	-------------	-------------	-------------	---------

Can you tell me a bit about your family circumstances? For example: do you have young children? do you live alone? Etc.

--

SURVEY QUESTIONS

1. This survey is all about food and eating, so to start with could you tell me about the best food experience that you enjoyed over Christmas? Why was this?
2. In your experience, what does eating well mean for you?
3. What are the main challenges and issues you face in getting food and eating well?
4. Are there good shopping facilities within your reach? YES/NO – Please explain
5. And how easy is it for you to get to the shops to buy your food and groceries?
6. Are you able to buy the food you want within your budget? YES/NO – Please explain
7. And can you afford healthy foods in your daily life? YES/NO – Please explain
8. Are you able to get foods according to your culture? YES/NO – Please explain
9. Are you able to meet you and your family’s dietary needs? YES/NO – Please explain
10. Are you able to enjoy social opportunities connected to food and eating such as meeting people or sharing traditions? YES/NO – Please explain
11. How do you meet you and your family’s food and eating needs? How do you cope? For example: shopping around, buying smaller quantities, budgeting.
12. What hints or tips would you give to someone who is struggling to make ends meet?

Thank you for answering our questions. We are planning to collect our answers together in a report which we will be sharing with the community. Just to reassure you that you will not be named in the report.

Finally, what did you like about our survey? Was there anything that you didn’t like? For example, did you understand the questions? Was the language clear? How can we improve?

Appendix 6. Redesigned Questionnaire Sheet for Main Survey

Central and West Integration Network – Community Food Security Survey

SMALL GROUP QUESTION SHEET

Use the following sheet to record information from your small group discussions. I suggest that you use a digital recorder/ phone app. To ensure that you get all the information but also make notes on this recording sheet as back-up.

Name of group:	
Community researchers:	
Number of people in discussion: (give each person a number to label your notes)	
Date:	

You may want to ask their names but don't record them.

- Are you happy to answer our questions? YES/ NO
- Are you happy for us to record your answers? YES/NO

Information about yourselves. About your family for example: do you have young children? do you live alone? Etc.

--

Where do you come from? Locally, internationally and how long living in Glasgow.

People	Locally:	Internationally:	Living in Glasgow
1			
2			
3			
4			
5			

Gender: Male Female

Which age group? (tick for each person)

under 20	21-30 years	31-40 years	41-50 years	51-60 years	Over 60
----------	-------------	-------------	-------------	-------------	---------

QUESTIONS

13. To start with could you tell me what you think eating well means for you.

14. Do you generally eat what you would like every week? If not, what are the main challenges that prevent you?

15. What about the shopping facilities in your community? How easy is it for you to get to the shops to buy your food and groceries?

16. Are you able to buy the food you want within your budget? Can you afford healthy foods in your daily life?

17. What about your culture? How easy is it for you to get foods according to your culture? And are you able to enjoy social opportunities connected to food and eating such as meeting people or sharing traditions?

18. If there are people in your family who need a different diet such as vegetarian, gluten free, diabetic, how do you cope with this?

19. What hints or tips would you give to someone who is struggling to help them cope better?
For example: shopping around, buying smaller quantities, budgeting.

20. This survey is all about food and eating and how people can be more food secure.
(Show separate picture to help explain what we mean by food security)

To get a better sense of how you see your experiences of food and eating, have a think and decide where you would place yourself in our picture. (If they are willing, ask each person to mark the picture with a X) Record any discussion points below.

21. From what you have said, what would make a difference for you? What would need to change to allow you to get healthy food on a regular basis?

22. Is there anything locally that could change to make it easier for you to get healthy food?

Finally, what did you like about our survey? was there anything that you didn't like? For example, did you understand the questions? was the language clear? How can we improve?

Appendix 7. Pilot Survey Group Data

Name of people interviewed:	Number interviewed:	Gender	
		Female	Male
1)	1	1	
2	1	1	
3)	1	1	
4) a	1	1	
4) b	1	1	
5)	1		1
6)	1	1	
7)	1		1
8)	1	1	
Total	9	7	2

Age group

under 20	21-30 years	31-40 years	41-50 years	51-60 years	Over 60
	✓	✓✓✓✓	✓✓✓		✓

About family circumstances:

1	1 married couple with stepson. (Working)
2	1 married couple with 2 children studying.(Working)
3	1 lone parent/single mum with 2 boys. (Asylum seeker)
4a	1 married couple with wife expecting a child.
4b	1 lone parent/single mum (widow).
5	1 married couple with 1 child. (Working)
6	1 single adult.
7	1 married person (with wife and 1 child in China). (Student)
8	1 single adult with 3 independent children living separately. (Pensioner)

Where do participants come from?

	Locally	Internationally	Living in Glasgow
1	Ruchill		Since birth
2	Renfrew	India	14 years
3	Govan	Nigeria	3 years
4a	West End Glasgow	?	12 years
4b	West End Glasgow	?	12 years
5	Glasgow	South India	5 years
6	Glasgow	China	1 year
7	Glasgow	China	4 months
8	Glasgow	Hong Kong, China	45 years

Feedback on survey:

- No answers on this survey as this question were not part of the pilot survey.
-

Age Group

under 20	21-30 years	31-40 years	41-50 years	51-60 years	Over 60
	✓✓✓✓	✓✓✓✓✓✓✓✓✓✓✓✓	✓✓✓✓✓✓✓✓	✓✓✓	✓✓✓

Family Circumstances

ASRA - WG	1 married couple with sons living abroad, 1 married couple living with mother-in-law, 1 mother and daughter. (Pensioners)
ASRA - MG	2 married couples with children living away. (Pensioners)
GH - MCG	3 married couples with young children (4 - 11 years). 1 of the women had 4 children. (Worker/Housewife/Student)
RWSG	1 married couple with children and 2 single adults. (Asylum seekers and student)
TVH - WG	2 married couples with children. 1 woman had 6 children and 1 had 3 children. (Housewives)
W - WG	1 married couple with children, 1 married couple with children & father-in-law and 1 single adult. (1 Worker and 2 Housewives)
LN	2 lone parents with children. 1 adult + 1 child and 1 adult has 1 child & 1 baby. (N/K)
GCUEMS	2 women live alone, 1 lone parent, 1 adult with parents. (Students)
GHEs	1 married couple with 2 children, 3 married couples and 1 single adult. (Students)

Where do participants come from?

Group	Locally	Internationally	Living in Glasgow
ASRA - WG	Anniesland, Bishopbriggs and North Woodside	Jalander Punjab, Bangasher Punjab, Juliandeh Punjab	47 - 49 years
ASRA - MG	Glasgow	India	30 - 36 years
GH - MCG	Garnethill and Townhead	Germany Ukraine and Libya	3 - 16 years
RWSG	Glasgow	Malawi, China and South Africa	12 - 14 years and 1 person 1 year only
TVH - WG	Glasgow - Townhead	Somalia and Syria	N/K
W - WG	Scotstoun and Clydebank	Poland, Sri Lanka and Pakistan	10 - 15 years
LN	Glasgow	N/K	3 - 10 years
GCUEMS	Glasgow	N/K	5 - 11 years and 2 since birth
GHEs	Glasgow	Iran and Pakistan	1 year and N/K

Addresses of Organisations

CWIN

Garnethill Multicultural Centre

21 Rose Street

Glasgow G3 6RE

T: 0141 573 0978

E: florence@centralandwestintegration.org.uk

NHS Health Scotland

NHS Community Food and Health

E: jacqueline.mcdowell@nhs.net