Theory of Change for **now we're cooking**

Context

Health and Diet

One of the barriers to a healthy diet is not having the skills, knowledge and confidence to shop for, and prepare, healthy meals (The Scottish Diet Action Plan, 1996). National outcomes within the National Performance Framework include 'tackling health inequalities' and 'living longer, healthier lives'.

Social Isolation

Over 9 million people in the UK – almost a fifth of the population – say they are always or often lonely, but almost two thirds feel uncomfortable admitting to it (British Red Cross and Co-Op, 2016) and two fifths all older people (about 3.9 million) say the television is their main company (Age UK, 2014)

Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity. Loneliness increases the likelihood of mortality by 26%.

Cooking classes in the Community

We think that the benefits of running community cooking classes extend beyond improved cooking skills and can be a springboard to activities, friendships and connections that combat loneliness.

Assumptions

- We will be able to identify the target group of socially isolated people and they will engage with the project. We will be mobilising community ambassadors and networking with local community liaison and church groups to identify participants.
- Participants will have sufficiently stable lives to turn up and engage productively.
- The model of small groups will allow flexibility of approach to suit participants needs.
- Flexibility of approach enables recipes and food to be made that is relevant to the participants, increasing their likelihood of cooking at home.
- Using easy recipes will enable participants to learn new skills and build confidence.
- Using small groups, and an informal setting will nurture participants' friendships.

Evidence

The Community Food and Health (Scotland) (CFHS), 2012 evaluated the impact of community cookery courses and found that evidence from the 11 groups that took part in a cookery evaluation project that their cookery courses had made a positive impact on some or all participants in the following ways:

1. Increased knowledge about food and health, e.g. understanding of the Food Standard's Agency eatwell plate
2. Increased confidence around healthy eating, e.g. increased confidence to try new foods, and follow or adapt recipes.
3. Improved cookery skills
4. Participants will attempt to change their behaviour to improve nutrition, e.g. eating fewer takeaways or ready meals, eating more fruit and vegetables, consuming fewer fizzy drinks, changing cooking habits by reducing fat, salt and sugar.
5. Outcomes beyond nutrition, e.g. improved family relationships, improved social skills, increased confidence and self-esteem, literacy and numeracy.

Further evidence is also provided by Chopping and Changing (2018) provides evidence from a realist self-evaluation study group to show the impact of cooking skills courses on people who are affected by health inequalities. In addition to some of the impacts described above they also found evidence that people engaged in groups or social activities more often and increased planning and budgeting skills.

We believe that the outcomes beyond nutrition can include reducing loneliness. Lonely people are not a homogeneous group, and solutions will not be possible to standardise However, Cattan, 2005 concludes that *group* interventions can be effective in combatting loneliness. Classes will be organised so that they have specific planned outcomes that reduce social isolation.

The course will be developed using a model that has been shown to improve the likelihood of a positive impact:

Enablers

- Recipes need to be relevant to the participants.
- Food used on the course needs to be available and affordable to participants.
- Residents need to develop strong relationships of trust, honesty and openness with staff, which will facilitate the successful delivery of support (internal enabler).
- Success depends on the referral of appropriate people to the house; in particular we are unable to help people until severe mental health or substance misuse use problems are stabilised (external enabler).
- Long-term success depends on the availability of good-quality housing for residents to move into, as well as volunteering, education and work opportunities (external enabler).