

**NEWCASTLE COMMUNITY FOOD INITIATIVE**

PART OF NEWCASTLE HEALTHY CITY

**A Report on Community Based Food and  
Health Activity in Newcastle**

**February 2010**

A summary of results from the 2009 Audit of Community Based Food  
and Health Activity in Newcastle upon Tyne



# CFI. SUMMARY REPORT

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Written by: Nicola Cowell, CFI Co-ordinator



## INTRODUCTION

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For over a decade the Community Food Initiative has been working in partnership with community, voluntary and statutory sectors to help reduce food related health inequalities throughout the city of Newcastle upon Tyne.

Originally a Health Action Zone project, it was initiated through a multi-agency group who got together in 1998 to look at a number of food issues, which at that time included:

- local food shops in some of the deprived areas of the city are either non-existent or sell only expensive and poor quality food
- people who don't own cars cannot get to out of town supermarkets and have to rely on public transport
- for many people take away and convenience food are less hassle, less wasteful and more easily available than "healthy" alternatives

The Newcastle Community Food Initiative was set up to address food issues by supporting community groups and organisations in the set up or development of projects known as community food initiatives.

Community food initiatives address issues around 'food access' - food availability, knowledge or skills. Activities can be broadly categorised into healthy eating, cooking skills, food provision, training, food production, food access clubs. This general description does not give insight into the individuality of each initiative and its approach to improving their service users' health and wellbeing.

The focus of the work initially was to support the development of food initiatives and at that time there was a particular emphasis on food coops, community gardens and allotments and community cafes. The Food Networks, facilitated by the Newcastle Community Food Initiative, were vital to the development of food initiatives in providing support, advice and



sharing resources. This support continues but the Food Networks are changing to reflect greater need for developmental support at different levels.

The development of community food initiatives was financially supported by the Newcastle Community Food Initiative through start up grants but this also coincided with there being many other funding sources (local, regional and national) aimed at the development of healthy eating projects or reducing food related health inequalities. The 'Newcastle School Food Initiative' (2000-03) and '5 A Day Initiative' (2003-05) are only two examples which provided financial support for local community food initiatives but there were many other funding streams at that time. It formed the 'golden years' for community food initiatives, the availability of funding peaked during this period and Newcastle witnessed a boom in initiatives being set up and further developed.

In 2006, the Newcastle Community Food Initiative split the original co-ordinator post into two separate roles in order to meet the demands of work. The Newcastle Community Food Initiative team now consists of a Co-ordinator and a Food Network Support Worker, both part-time roles. This was vital in taking the work of community food initiatives forward strategically whilst continuing the developmental role.

At present there is great uncertainty over the sustainability of these initiatives with the limited funding available. Many well established initiatives have become or are in the process of becoming social enterprises, community interest companies or similar income generating businesses. Generating income through a business approach – providing their service at a cost where it once provided free of charge. A few initiatives have been successfully commissioned through the statutory sector. It is evident that initiatives are becoming less reliant on charitable grants spurred on in 2008 when one of the North East's most influential benefactors for health related work, Northern Rock Foundation, closed the grant programme around prevention, when Northern Rock was taken into public ownership.



Several food initiatives have developed to a larger scale, employing several staff and working to a larger geographical area.

In a changing world, there are changing needs and the focus of the Newcastle Community Food Initiative over the last few years has changed according to trend and demand.

Our work focus is dependant on community needs and at present the food issue with biggest impact in relation to the effects on health is the national crisis with levels of overweight and obesity.

This has seen a change of work of local food initiatives in addressing obesity issues with a more emphasised approach around healthy eating and physical activity. There has been the development of area based work in the form of Lean East [www.leaneast.org.uk](http://www.leaneast.org.uk) and a similar initiative is planned for the west of Newcastle.

In August 2009, the Community Food Initiative carried out an audit of community food and health related activity to update the Community Food Initiative Directory and to provide baseline information for the Newcastle Obesity Strategy and Action Plan. The results of the audit have been used to produce this report. Future audits will be carried out annually.

The audit questionnaires were distributed across the city to:

- all community food initiatives that we were aware of
- community facilities
- schools
- LA/PCT health and community leads
- physical activity partners
- General Practitioners
- other organisations

Not all of the contacts on the distribution list provide a community based food and health activity but we circulated on a larger scale and requested that the information be circulated to others. Several new initiatives became known to us through this process. In total, 399 audit questionnaires were



circulated and 50 replies were received. Although follow ups were made, a few existing initiatives did not respond to the audit.

As with all mapping exercises we rely on initiatives responding and of course there will be others that we are still not aware of. It is also the first audit we have carried out and this will inform us of changes required to the format of future audits in order to receive consistent and quality information and produce an accurate report.

The first audit has enabled us to produce a report which does give a good picture of what is happening in Newcastle. It also provides the Newcastle Community Food Initiative with information to assess whether their resources are being directed effectively, if there are any gaps in provision and if there are any particular areas of support needed.

The report is aimed at potential funders and decision makers that will impact on the future work and sustainability of community food initiatives. The findings of the report highlight the important role that community based food and health activities have in helping to reduce health inequalities.

The Newcastle Obesity Strategy recognises the ‘fundamental importance of the voluntary and community sectors in the city, who have a pivotal role to play in reducing overweight and obesity levels in the city’. This is not often the case, as some obesity strategies have not acknowledged the role of the voluntary and community sectors in delivery at all. This reflects the scale of community based food and health activity that Newcastle has worked hard to achieve.

The Community Food Initiative has had a role in the development of the Newcastle Obesity Strategy and Action. This role has been to assist the process of enabling communities in informing local policy development and delivery.

The Community Food Initiative has been a bridge of communication between local communities and the Newcastle Obesity Strategy Group in the development of the strategy and action plan with the particular reference to the Food in the Community sections of the Action Plan.



This report highlights the wide variety of community food and health activities happening across the city, that are working together to tackle health inequalities. It gives an insight into the communities accessing the services, how these services are sustained and what the main food related issues of their service users are, as well as other interesting information. The report demonstrates the value of community based food and health activity in Newcastle and how this work impacts on the health of local communities.

It is hoped that this report will also highlight groups or areas for future developmental work – either geographical, specific target groups or type of food and health activity.

It also raises one or two questions about the Community Food Initiative and the groups it works with.

The Community Food Initiative directory is a resource available online at [www.healthycity.org.uk/newcastlefood](http://www.healthycity.org.uk/newcastlefood) and the audit has assisted in updating this search tool for food and health activities in Newcastle.

The purpose of the Directory is to enable groups to link, learn, share, network and develop together. The Directory also celebrates the range of food related activities in Newcastle providing information of activities.

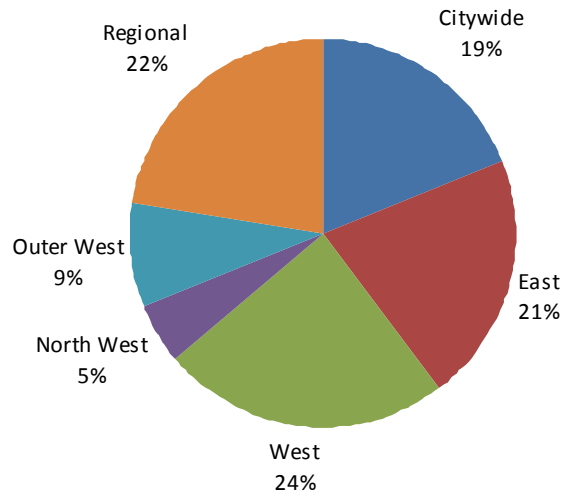
For any community based food and health activities who have not contributed to the audit and report please contact the Newcastle Community Food Initiative to be included in future audits and directory updates.

The appendices contain a full list of respondents to the audit.



## GEOGRAPHICAL SPREAD OF COMMUNITY BASED FOOD AND HEALTH ACTIVITIES

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Most respondents ticked one box to indicate their geographical area of work, some 2 boxes but only 2 people ticked several.

This chart indicates that there is an even spread of work across the East and West of the city but less community based food and health activities occurring in the Outer West and North West. Whilst there are a few well established initiatives in these areas there is significantly less work going on. This issue was assessed in 2007 when the Newcastle Community Food Initiative and other partners gathered interested parties to form the 'Cowgate, Blakelaw and Fawdon Community Food Action Partnership' and held workshops to explore potential developments for food and health activities in the North West area. Developmental support was offered but there was insufficient interest to pursue further action.

The Newcastle Community Food Initiative continues to support individual initiatives in those areas and offers developmental support when requested. Over the last couple of years several small grants have been issued to initiatives in the North West for the development of food initiatives, mainly food growing.

The chart also indicates that a level proportion of initiatives work on a regional and citywide basis.

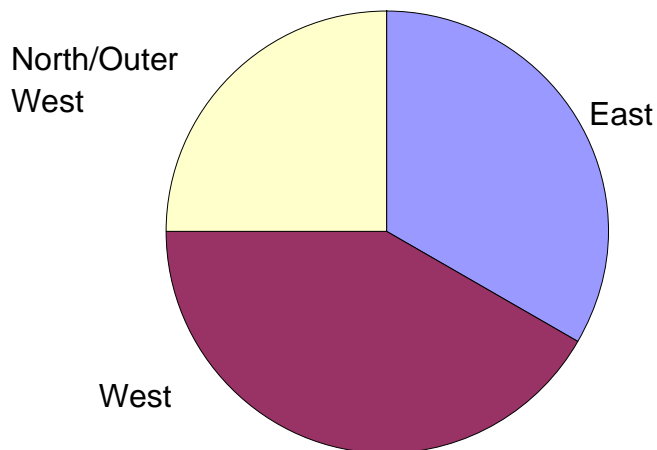
## THE COMMUNITY FOOD INITIATIVE SMALL GRANT SCHEME

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The Community Food Initiative Small Grant Scheme provides grants of up to £500 to community projects in Newcastle who need equipment to get started or to develop food related projects, which improve access to healthy food and increase food skills and nutritional knowledge.

Since 2005, the Community Food Initiative has issued grants of over £11,500 to 36 community food initiatives across the city, averaging £320 per group and 7 groups per year.

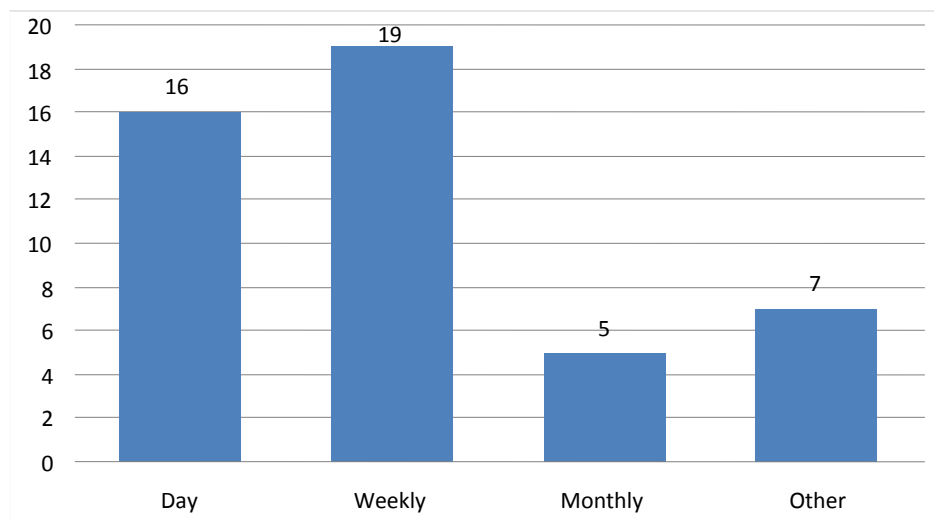
Geographically the grants are spread as follows:



The chart shows that there is a fairly even distribution of grants across areas of the city. The West received the most, followed by the East. Fewer grants were issued to groups in the North/Outer West but the areas are not dramatically different in the quantity or value of grants received.



## FREQUENCY OF COMMUNITY BASED FOOD AND HEALTH ACTIVITIES



Most initiatives are running food and health activities on a daily or weekly basis.

The daily activities tend to be healthy eating sessions, cooking skills sessions, and food provision (e.g. breakfast clubs, community cafes etc).

Weekly run sessions tend to be food access activities (e.g. fruit and vegetables stall, food coop, food delivery, fruit and vegetables bags/boxes etc).

Monthly run sessions tend to be training – food hygiene courses being offered the most frequently.

Others indicated that activities were arranged on demand; were dependent on availability of funding; others stated that the frequency varied; with one respondent stating twice a year.

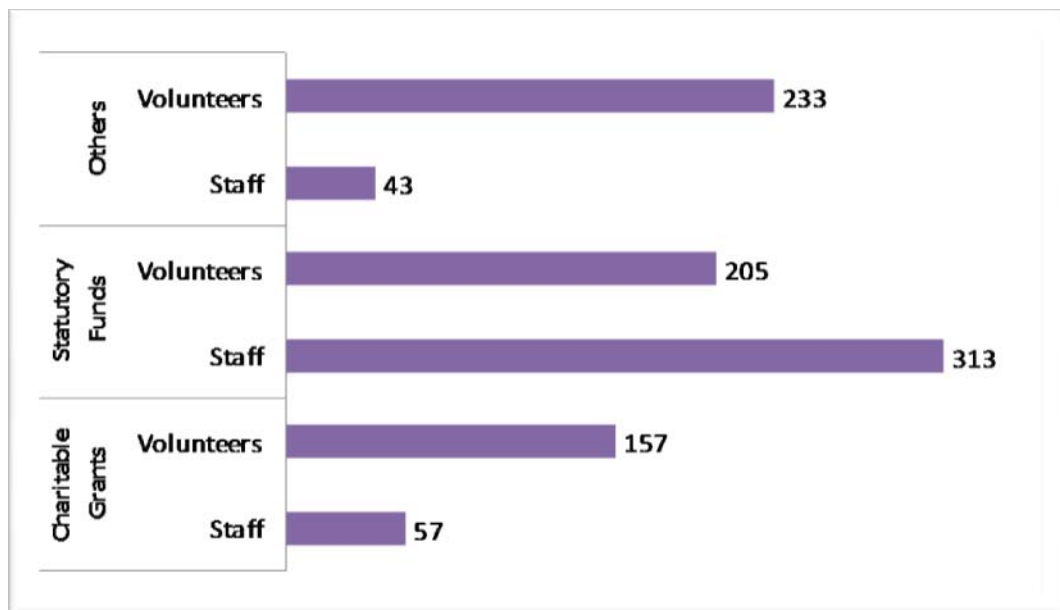
## NUMBERS OF PAID STAFF AND VOLUNTEERS

All respondents provided staffing and volunteer numbers.

The total number of paid staff involved in the provision of community based food and health activities across Newcastle upon Tyne was 413. (The greatest individual response was 85). The greater numbers of paid staff were employed within schools, removing these figures and working on the number of paid staff out of educational settings the figure is 86. A total of 6 respondents did not have any paid staff.

The total number of volunteers involved in the provision of community based food and health activities across Newcastle upon Tyne was 595. (The greatest individual response was 200+). On average of those initiatives that had voluntary support the average number of volunteers were 11.

The chart below shows **Main Source of Funding** and **Numbers of Paid Staff and Volunteers**



## FUNDING SOURCES

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The graph above indicates that initiatives/organisations relying on charitable sources of funding have a greater proportion of volunteers to paid workers. There are 3x the number of volunteers to paid staff.

Initiatives/organisations receiving statutory funding have a greater proportion of paid staff to volunteers.

Initiatives/organisations receiving funding from other sources e.g. income, social enterprise, Community Interest Companies (CIC) have nearly 6x the number of volunteers to staff.

This reinforces the importance and value of voluntary support in the sustainability of initiatives receiving charitable funding/generated income.

Other sources of funding included statutory, NHS, PCT, LSC, education. Two of the respondents indicated that they were self funding/using their own income. One respondent generated income and another initiative was funded through room hire charges.

The question was asked to identify if there were any established patterns or targeted groups for the provision of community based food and health activities.

Not all respondents provided this information, 4 did not complete this section. Some respondents ticked several age groups.

The majority of community based food and health activities are targeted at the adult population aged 18 years and over. This is followed by the 5-11 years age group.

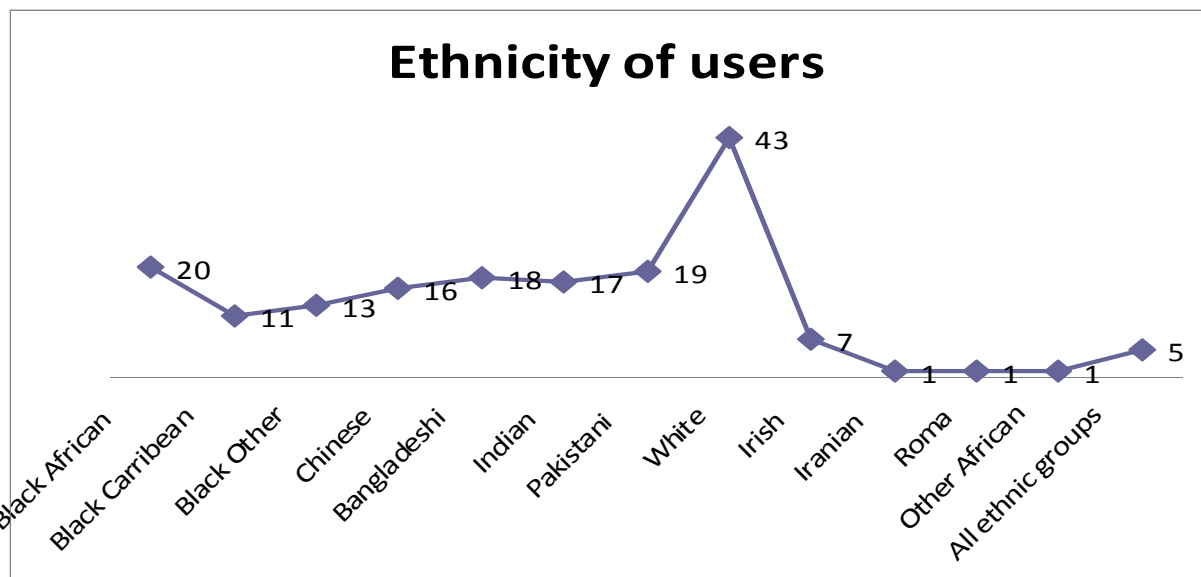
It is believed that the response to the 0-5 year age group is not necessarily representative of the level of work happening across the city with this age group. There are several existing local initiatives working with this age group (at a national level) that did not respond to the audit questionnaire. Newcastle Community Food Initiative will seek input from these

organisations for the next audit. The Newcastle Community Food Initiative will also liaise with the Newcastle Action for Parents & Toddlers Groups Initiative (NAPI) for the next audit.

As a result this figure is lower than the other age groups but it is believed not to be the case. Other information suggests that it is the 11-18 year age group that does not have as many targeted food and health activities. The Newcastle Community Food Initiative knows that there are less food and health activities happening for the 11-18 year age group as the monitoring figures for the Newcastle Obesity action Plan suggests this also.

This could be an identified gap especially with reference to independent living skills.

### ETHNICITY OF USERS



7 respondents did not tick any boxes for this question. It is unclear if this is due to not wishing to disclose the information or not knowing what ethnicity their service users are.

This question could have caused some confusion over whether it was the service users' ethnicity or the respondent's ethnicity. It will be reviewed for the next audit.



The graph doesn't appear proportionate. It is difficult to assess whether the lower ethnicity figures are due to lower numbers within the Newcastle population or if the figures are lower because the work is not being targeted to that particular ethnic group. For example, the graph indicates that only one initiative indicated that a service user of Roma ethnicity accessed their service. This is not proportionate as Newcastle has an increasing Roma population, this might indicate a gap in services.

It would seem that service users, of various ethnicities, are accessing community based food and health activities with some activities being targeted to specific ethnic groups according to particular health and cultural needs.

It could however suggest that some community based food and health activities should be targeted at specific ethnic populations in terms of their health and cultural needs.

The question will be reviewed for the next audit to ensure that it is obtaining the information needed. Newcastle Community Food Initiative will liaise with the Health and Race Equality Forum (Newcastle Healthy City).

### **ACCREDITED TRAINING OF STAFF & VOLUNTEERS**

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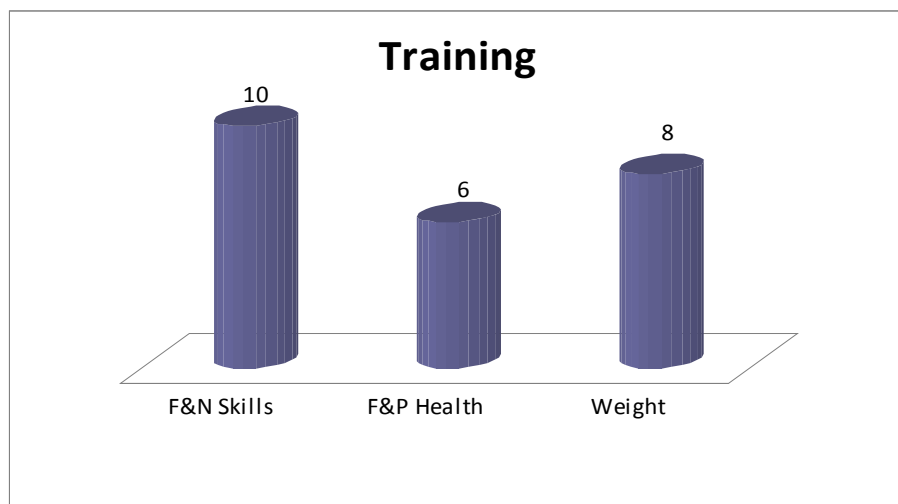
The audit questionnaire asked if anyone within the initiatives/organisation had completed Open College Network (OCN) accredited training in Food & Nutrition Skills, Food & Public Health and Weight Management.

This question was asked to assess whether staff/volunteers were accessing training available to them, provided by Newcastle Nutrition. This was of particular interest to the Newcastle Obesity Strategy Group where it has been highlighted within the Training section of the Action Plan that paid staff and volunteers should all be giving the same consistent messages around food and health. As the messages change as a result of ongoing research and developments there's a need to make sure that staff and volunteers are kept informed.



The Newcastle Community Food Initiative provides updated food and health information through Infood newsletters and Food e-Bulletins but does not cover the training element which is essential to keep staff and volunteers knowledgeable and confident in that area.

Only 10 respondents indicated that someone from their initiative/organisation had completed one or more of the training courses listed. 6 of those respondents stated that someone from their initiative/organisation had completed all 3 courses. All other respondents indicated that they had not completed any of the above courses. It is unclear what kind of information they are providing as part of the food and health activity or what resources are being used.



It is believed that this figure is not representative of the actual numbers who have attended these courses as the figures for the performance monitoring of the Obesity Action Plan suggest otherwise. The Newcastle Community Food Initiative will promote the above courses and refresher courses more through the Food Network.

The Newcastle Community Food Initiative will liaise with Newcastle Nutrition and the Newcastle Obesity Strategy Group regarding training and support to community food initiatives particularly with the reference to the Obesity Action Plan infrastructure section 'Food in the Community Training Programme - to provide staff with the necessary competency to deliver healthy eating training sessions in the community'.



There is also a need to promote some of the available resources for staff and volunteers to use with their service users. The training element has the most relevance to initiatives providing healthy eating sessions and cooking skills sessions but does benefit other areas of food activity.

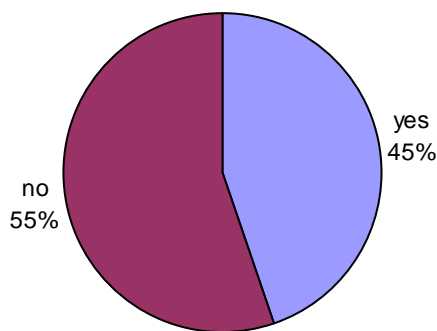
## NEWCASTLE COMMUNITY FOOD INITIATIVES INFORMATION & COMMUNICATION SYSTEMS

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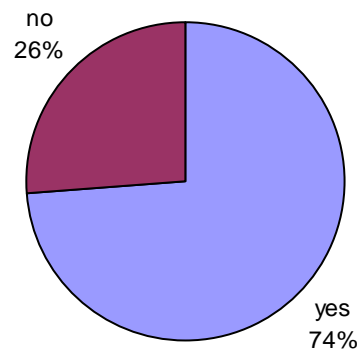
The main methods used by the Community Food Initiative in communicating food and health related information to local initiatives and organisations are Food Network meetings, Infood Newsletter (bi-yearly) and Food e-Bulletin (monthly).

The charts below indicate that nearly three-quarters of respondents receive the Infood Newsletter and three-fifths receive the monthly Food e-Bulletin. Less than half of the respondents have attended the area-based Food Network meetings (West, East and North-Outer West). Although 86% stated that they would attend a citywide Food Network event.

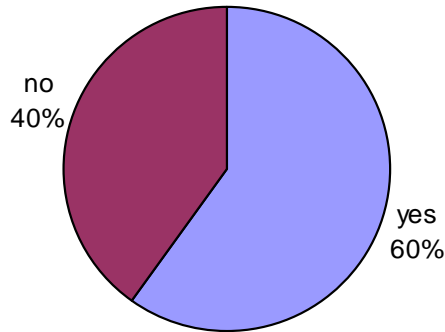
Do you attend Food Network Meetings?



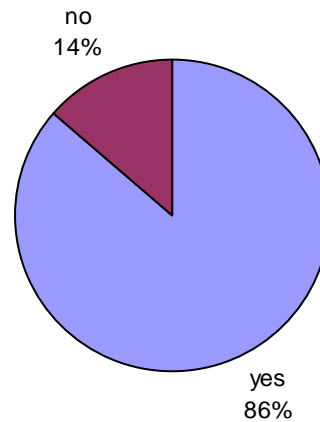
Do you get Infood newsletters?



Do you get the Food e-Bulletin?



Would you attend a citywide event?



The Newcastle Community Food Initiative is currently ‘cleansing’ their database and mailing lists to ensure that all contacts receive the Infood newsletter and Food e-Bulletin.

It is planned that food network meetings will operate citywide with informal gatherings according to demand in each area. This will link in well to the regional food network – the North East Community Food Forum and the work of the Newcastle Citizens Assembly.

### FOOD POLICY:

Nearly one-third of respondents stated that their initiatives/organisation holds a food policy. A food policy outlines the production, distribution, and consumption of food. Depending on the type of establishment a food policy can consist of the setting of goals for food production, processing, marketing, availability, access, utilisation and consumption, as well as the processes for achieving these goals. A food policy can be set on any level from local to global.

Food policies for community initiatives and schools tend to focus on the production and consumption of foods in a ‘whole approach’, consulting with staff and users/pupils on the purpose of having a food policy and what issues are being tackled. Food policies set standards, raise awareness and



a need for action, and how to provide consistent and coherent messages throughout. Future plans and goals are also outlined.

In a school setting a food policy will include areas on curriculum, types of food and drink offered, catering, tuck shops, vending, packed lunches and extra-curricular activities (cooking clubs, gardening clubs).

Food policy is an area of work referred to within the Obesity Action Plan – with targets to increase the number of organisations working with 5 -11 yr olds with a food policy by 1 (Community Food Initiative is the lead) and 4 organisations working with 11-18 year olds with a food policy (Newcastle Nutrition is the lead). The Newcastle Obesity Action Plan will be seeking an increase in numbers of initiatives/organisations holding a food policy.

There could be an identified area of need for training or support in the development of food policies; the Newcastle Community Initiative will liaise with Newcastle Nutrition.

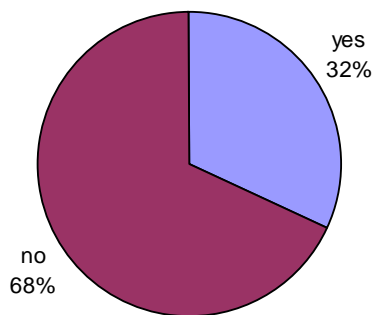


## PARTNERSHIP:

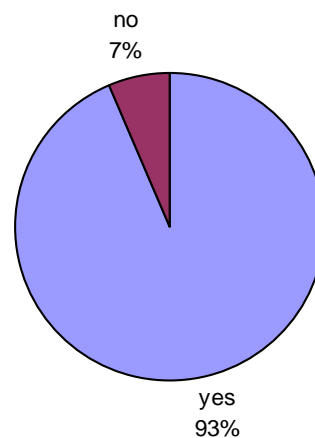
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Only a small proportion of respondents said that they did not work in partnership. It is unclear if this is due to any restraints or with it being specific targeted work (e.g. cultural or for the safety/wellbeing of individual service users) for those few initiatives/organisations.

Do you have a food policy?



Do you work in Partnership?



## EVALUATION AND MONITORING:

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The majority of respondents said that they collated user information and carried out evaluations of the work.

The respondents who indicated that they didn't collate service user information were due to the respondent not having any service users – it was not a component of their work.

Other respondents who said that they didn't collate service user information or evaluate were from an educational setting.

There was only one respondent from a community setting who indicated that they did not carry out evaluations or collate user information. This will



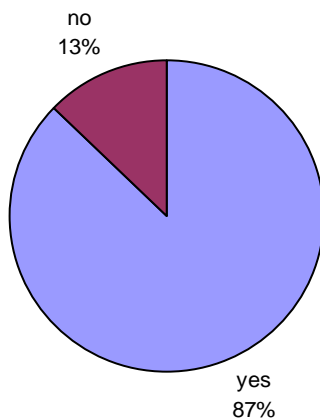
be followed up by the Newcastle Community Food Initiative to establish if there is a need for support in this area.

The Newcastle Community Food Initiative will assess if there could be a training need for collating information and evaluating food and health activities.

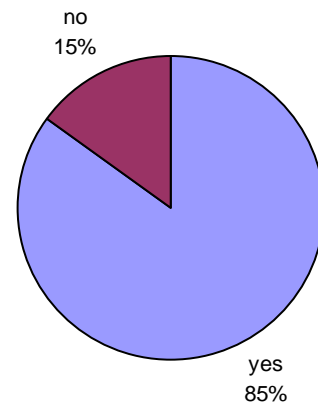
The Newcastle Community Food Initiative recently developed a simple food evaluation tool to assist in the evaluation of community based food and health activity. As a condition of funding recipients of the Newcastle Community Food Initiative Small Grant Scheme are requested to evaluate their work.

The evaluation tool is available online at [www.healthycity/newcastlefood.org](http://www.healthycity/newcastlefood.org)

Do you collate user information?



Do you carry out evaluations?



## COMMUNITY BASED FOOD AND HEALTH ACTIVITIES IN NEWCASTLE UPON TYNE

The total number of community based food and health activities in Newcastle upon Tyne according to the 2009 audit is 346.

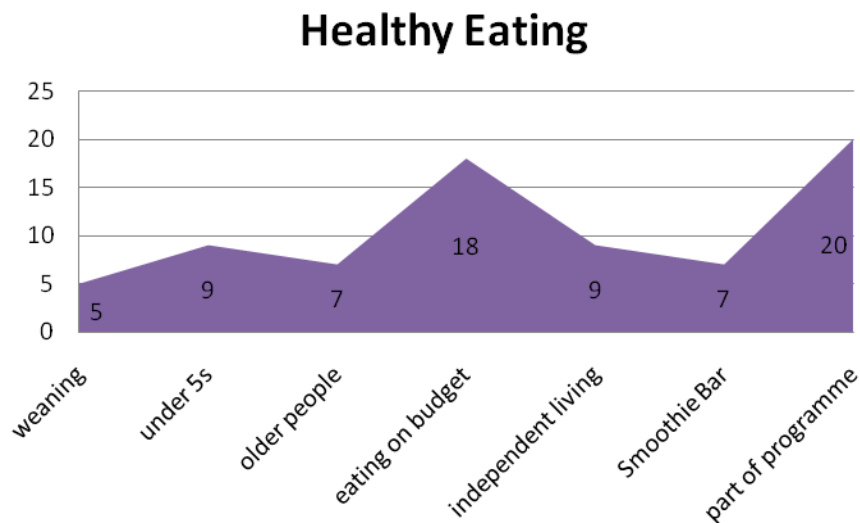


The graphs in this section show the wide range of different activities on offer across communities in Newcastle.

Overall the most popular type of food activity are healthy eating sessions which were either weaning, under 5s, older people, cooking on a budget, independent living, smoothie schemes or healthy eating sessions as part of a wider healthy lifestyle programme.

The most popular individual food activity was food growing of which 48% of respondents indicated that they provided food growing activities (this ranged from small scale e.g. growing food in pots to large scale e.g. allotments and community gardens).

The following tables show the numbers of initiatives/organisations providing particular activities under the categories of healthy eating, food provision, training, access clubs, cooking skills and others.

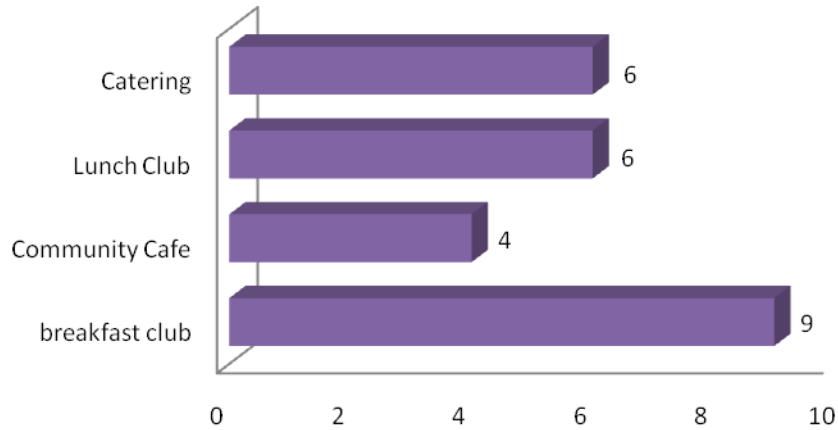


Healthy eating activities are most commonly run as part of a healthier lifestyle programme (incorporating different aspects of health and wellbeing with some linking healthy eating to physical activity as part of a weight management programme).

This is followed by 'eating on a budget' which is the second most popular healthy eating activity. It is possible that there was a greater demand for activities around 'eating on a budget' in 2009 due to the economic situation

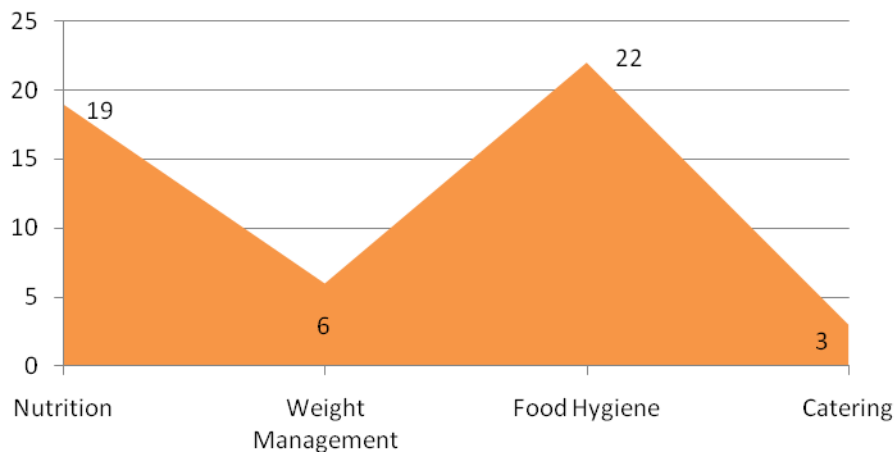


## Food Provision



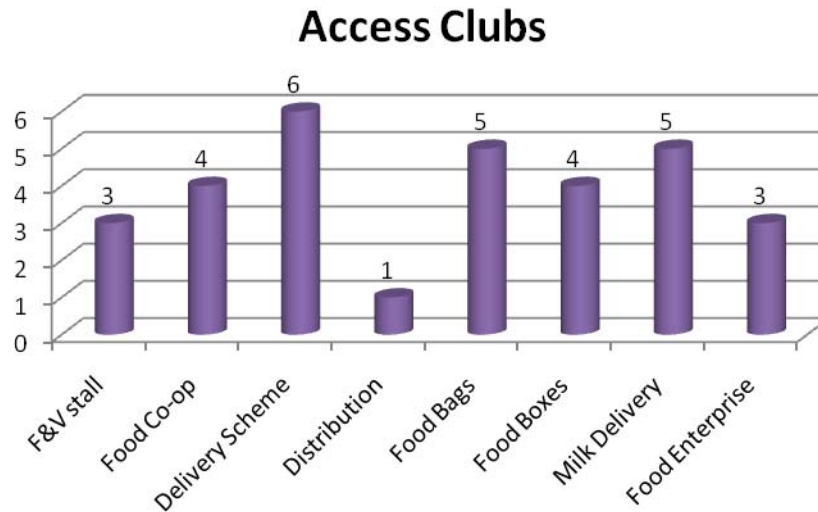
Breakfast clubs formed the largest proportion of 'food provision' activities; over half of these were school based.

## Training



The section on training needs to be more specific for future audits to ensure that respondents know whether they are indicating that they are the providers or participants in the training. There seems to have been some confusion with this question. On the whole most respondents have answered this question in terms of being providers.

The chart suggests that the main areas of training provided as a community based food and health activity are food hygiene and nutrition.



The most popular food access clubs in the city are food delivery schemes, food bag schemes and milk delivery schemes. There is a good and varied provision of food access clubs, indicating a need for this in certain areas of the city where there is lack of access to fresh fruit and vegetables in particular.



Of the cooking skills sessions being provided, 72% of the total activity was being targeted at children and/or families.



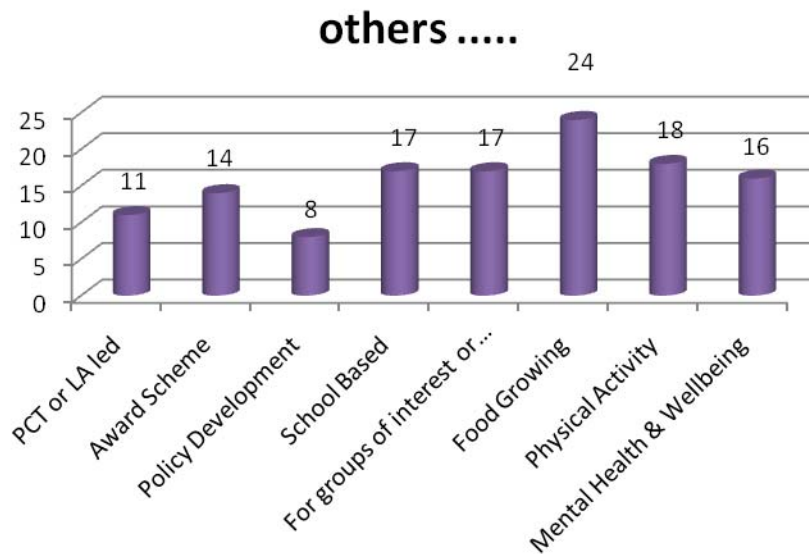
The high proportion of cooking skills sessions being aimed at children and families is reflective of the evidence that family-based initiatives and interventions have greater impact and influence on positive change. There are many documents and papers supporting this such as 'Healthy Weight, Healthy Lives; Guidance for Local Areas' (Department of Health, 2008) and the NICE Guidelines on Obesity (National Institute for Health and Clinical Excellence, 2006).

Locally, in 2007, the Family Initiative (funded by the Queen's Nursing Institute) was a research programme carried out by The Community Kitchen and Catherine Mackereth in the west end. The aim was to encourage younger men to engage, especially with research suggesting that men have a stronger influence on the family diet, even if it is the woman in the household who does most of the food shopping and cooking.

This programme invited families to attend the kitchen to cook together and was well received. Developing confidence was a key element in the success of the sessions and enabled participants to use the skills that they acquired when they returned home to make changes to their diet. Involving children was essential in developing and understanding of food issues which affect whole families.

Unfortunately funding was not continued for this particular piece of work but there are many other good examples of family-based food initiatives in Newcastle.





Food Growing continues to be a popular community based activity in the city. Some community based food growing activities are well established whilst others relatively new with new activities starting all the time on different scales. The Community Food Initiative small grants scheme is, year on year, funding more food growing initiatives with many community groups wanting to grow their own food for health and therapeutic reasons. With projects targeting children the main aim being to introduce food growing for educational and skills based experience, in addition to the above.

Primary Care Trust or Local Authority led activities are largely targeted to groups with medical conditions related to food e.g. diabetes.

Groups of interest included service users with learning disabilities, mental health issues, different ethnic backgrounds, medical conditions (e.g. diabetic service users) and the deaf community – all with a bearing on service provision, in terms of the type of information or support required to the methods of communication used to promote key food and health messages.

Mental health and wellbeing food activities tend to be linked to food growing activities. Food growing is well recognised for its therapeutic benefits for mental health and wellbeing.



There are a number of programmes combining food, health and physical activities, some of which are providing a weight management programme for service users.

Several schools responded to the audit. The Community Food Initiative distributes the Infood newsletter to all Newcastle schools and the Food e-Bulletin to schools on request. There are many food and health activities happening in school and the Community Food Initiative has direct contact with only a small proportion. The Community Food Initiative maintains contact with the Food in Schools team and other agencies to link the school based work and community based work together as much as practically possible.

The question relating to Award Schemes was not clear enough in distinguishing between awarding bodies and the initiatives/organisations achieving award status. The award schemes stated in this audit were the Heart of Newcastle Award

<http://www.newcastle.gov.uk/core.nsf/a/heartofnewcastleaward> and Healthy Schools Status <http://home.healthyschools.gov.uk/>

All the respondents who stated they were involved in policy development were statutory organisations, apart from one, which is a community interest company (CIC).

## WHAT ARE YOUR SERVICE USERS MAIN FOOD RELATED ISSUES?

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This question was asked to identify the key areas or issues around food experienced by communities in Newcastle. It is useful to be able to identify the issues of most concern and highlights potential areas of work.

The responses have been categorised (see the appendices for the full list of responses/quotes).

- Access – Availability, Knowledge, Skills
- **Budget** – providing healthy balanced meals on limited income.



- **Medical** – issues relating to food related illness or disease and how diet affects the health of the individual.
- **Obesity**
- **Sustainability** – funding issues to continue and develop the food and health activities.
- **Facilities** – limitations on facilities available to provide food and health activities.
- **Psychology** – eating patterns and behaviours.
- **Cultural** – food related issues determined by cultural influence.
- **Alcohol/substance misuse** – and the effects on having a healthy balanced diet.

## WHERE WOULD YOU TAKE YOUR ISSUES FURTHER?

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This question was asked to identify where initiatives/organisations took their service users food issues to for further action. There was confusion with this question in some answers being related to the recipients own work issues. The question needs to be reviewed for future audits to avoid this.

The responses have been categorised below (see the appendices for the full list of responses/quotes). The categories with issues being dealt with through internal organisational structures (e.g. partnerships, members) to funders of their work, to area based structures (ward committees). Some respondents take their issues to citywide level (Community Food Initiative), followed by regional and national levels with consultations on policy, using the media to highlight issues and lobbying Parliament.

- **Partnerships**
- **Members**
- **Statutory and non-statutory funders**
- **Ward committees**
- **Community Food Initiative**
- **Public policy consultations**
- **Regional forums**
- **Media**
- **Parliament**



## RECOMMENDATIONS FROM THE REPORT

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The report highlights a number of recommendations or areas of further development. These are:

- Encourage and support the development of food and health activities aimed at 11-18 year olds.
- Review the provision of community based food and health activities targeted at specific ethnic populations in terms of their health and cultural needs.
- The Newcastle Community Food Initiative will liaise with Newcastle Nutrition and the Newcastle Obesity Strategy Group regarding training and support to community food initiatives particularly with the reference to the Obesity Action Plan infrastructure section 'Food in the Community Training Programme - to provide staff with the necessary competency to deliver healthy eating training sessions in the community'.
- The Newcastle Community Food Initiative will continue to promote the Open College Network courses, refresher courses and tailor-made courses provided by Newcastle Nutrition through the Food Network.
- Organise citywide food network meetings with informal gatherings according to demand in each area. This will link in well to the regional food network – the North East Community Food Forum and the work of the Newcastle Citizens Assembly.
- The Newcastle Community Initiative will liaise with Newcastle Nutrition to assess the level of need for training or support in the development of food policies.
- The Newcastle Community Food Initiative will assess if there could be a training need for collating information and evaluating food and health activities.



## APPENDICES

1 Audit Questionnaire (August 2009)

2 Responses:

**What are your service users main food related issues?**

3 Responses:

**Where would you take your issues further?**

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## COMMUNITY FOOD INITIATIVES DIRECTORY

### Contact Details

Name of contact: .....

Name of project/initiative/organisation: .....

Address: .....

.....

.....Postcode.....

Email:

Telephone number:

Website:

### About your Work

What geographical area do you work in?

Citywide  East  West

North West  Outer West  North East (regional)

What is the frequency of your food/health related sessions?

Daily  Weekly  Monthly

Other (please state) .....

How many paid workers do you have?

How many volunteers do you have?



Is your main source of funding: Charitable grants  Statutory grants

Other (please state) .....

Are you a Social Enterprise?  Yes  No

Do you consider your project to have long-term funding?

Are your service users mainly (please tick relevant boxes):

Early Years (0-5 years)		Children & Young People (5-11 years)	
Children & Young People (11-18 years)		Adults	

**Ethnicity:**

Black African  Black Caribbean  Black Other   
 Chinese  Bangladeshi  Indian   
 Pakistani  White  Irish

Other (Please state) .....

Has anyone in your project/initiative/organisation completed the Newcastle Nutrition Open College Network accredited training in:

Food & Nutrition Skills  Yes  No

Food & Public Health Nutrition Course

Weight Management Course

**Information/Communication**

Do you attend Food Network meetings?

Do you receive our Infood newsletter (bi-annual)?

Do you receive our Food e-Bulletin (monthly)?

Does your project/initiative/organisation have a Food Policy?

Would you attend a citywide Food Network event?

Do you work in partnership with other projects/initiatives/organisations?

Do you collate information about your service users?

Do you carry out project evaluation?



TYPE OF ACTIVITY	Please tick all that apply	TYPE OF ACTIVITY	Please tick all that apply
<b>Healthy Eating:</b> <ul style="list-style-type: none"> <li>• Weaning</li> <li>• Under 5s</li> <li>• Older People</li> <li>• Healthy Eating on a Budget</li> <li>• Independent Living</li> <li>• Smoothie Bar</li> <li>• As part of a healthier lifestyle programme</li> </ul>		<b>Food Access Clubs:</b> <ul style="list-style-type: none"> <li>• Fruit &amp; Vegetable Stall</li> <li>• Food Co-op</li> <li>• Food Delivery Scheme</li> <li>• Food Distribution</li> <li>• Food bags</li> <li>• Food boxes</li> <li>• Milk Delivery Scheme</li> <li>• Food Enterprise</li> </ul>	
<b>Food Provision:</b> <ul style="list-style-type: none"> <li>• Breakfast Club</li> <li>• Community Café</li> <li>• Luncheon Club</li> <li>• Buffets / Catering</li> </ul>		<b>Cooking Skills:</b> <ul style="list-style-type: none"> <li>• Children Cooking Skills</li> <li>• Family Cooking Skills</li> <li>• Adult Cooking Skills</li> </ul>	
<b>Training:</b> <ul style="list-style-type: none"> <li>• Nutrition/Healthy Eating Indicate: accredited/non-accredited</li> <li>• Weight Management Indicate: accredited/non-accredited</li> <li>• Food Hygiene Indicate: accredited/non-accredited</li> <li>• Catering Indicate: accredited/non-accredited</li> </ul>		<b>PCT or Local Authority led services</b>  e.g. diabetes clinic, ante natal nutrition, cardiac rehabilitation, Specialist Weight Management Service, On the Go, Oral Health Promotion etc  Please specify...	
<b>Healthy Eating specific to groups of interest and identity</b> e.g. BME, learning difficulties etc		<b>Award Scheme</b>  e.g. Heart of Newcastle Award, Health at Work Award, Healthy School Status	
Food Growing / Allotments		Food Policy Development	
Physical Activity Sessions linked to Healthy Eating Programme		School-based Healthy Eating Activities	



Food & Mental Health / Wellbeing		<b>Other</b> Please specify...	
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What are your service users main food related issues? (Please give details below)

Where would you take your issues further? (Please give details below)

Let us celebrate your success...

Do you have any success stories you'd like to share? For example, volunteers going into paid employment, positive changes in lifestyle behaviours of service users.

Please send them to us! We can publish case studies in our 'Infood' newsletter.

Thank you.

Newcastle Community Food Initiative  
 Newcastle Healthy City, 14 Great North Road  
 Jesmond, Newcastle upon Tyne NE2 4PS

Phone: 0191 211 3585 (direct line)

0191 2323357 (main office)

Fax: 0191 2323917

Email: [nicola.cfi@healthycity.org.uk](mailto:nicola.cfi@healthycity.org.uk)

<http://www.healthycity.org.uk/newcastlefood>



## FULL RESPONSES TO 'WHAT ARE YOUR SERVICE USERS MAIN FOOD RELATED ISSUES?'

- Obesity, our Food and Nutrition project aims to help local children, and through them their families, to learn about and to access good quality food through a variety of schemes.
- Lack of availability of fresh fruit and vegetables for elderly residents, weight management and basic cooking skills.
- Our members all have mental health issues, weight gain can often be a problem both from depending on convenience foods and also side effects from medication. Many members also have high cholesterol and diabetes.
- We are a training provider for people with learning difficulties or mental health. We deliver City & Guilds accredited courses in catering.
- We grow food on our allotment to provide the Kitchen. A healthy meal is cooked on premises daily. Various food related courses are run on premises.
- Lack of confidence in cooking and preparing food. Issues around healthier eating for families difficulties of sustaining change in both eating and physical activity to enable healthier lifestyle.
- The cafe is only open part time and we need to extend the opening hours to deliver more choice. Also to provide facilities and services for our youth clubs on an evening.
- Cooking skills, difficulty in varying choices for lunches boxes, cooking on a budget, putting knowledge into practice
- Providing Healthy packed lunch boxes, healthy cooking ideas for parents and juice in dummy bottles affecting children's teeth
- Lack of skills, knowledge, time, access to fresh food and lack of money
- Eating a balanced diet on a limited income and cooking skills.
- Healthy and nutritional food
- Limited facilities in a small school
- For psychological reasons, unable to take in sufficient food, eating



and purging, compulsively eating, binge eating, unable to eat socially

- Fareshare distributes surplus food from the food and drink industry to disadvantaged groups in the region, many are homeless, asylum seekers and refugees as well as other disadvantage people
- The elderly community had 'aversion' to trying 'new' food
- Diabetes control and weight management. Group sessions involve; healthy eating, fats, sugars, eat well plate, salt, food labelling, energy deficit, eating behaviours, behaviour change and physical activity
- Access to food from home country. Trying to grow food in our climate.
- Healthy eating options and access to reasonable prices fresh fruit and veg
- Part of general health provision and steps to health course.
- Healthy eating for families on a budget maintaining a healthy lifestyles
- General healthy eating with children and young people
- cost of school lunches
- Our Luncheon Club consists mainly of older people who do not want anyone telling them what to eat.
- Mainly unhealthy diets, encourage children through cooking not only healthy food and health & hygiene but also waling together social skills
- Preparing & cooking meals on a budget that are healthy. Learning basic cooking skills
- Lack of cooking skills and cooking confidence. Poor diet and smoking, drinking and drug use. Obesity.
- Access to fruit and veg and too many takeaways
- Coeliac, Diabetes and Arthritis
- Poor diet
- Healthy Eating as part of the Obesity Strategy - weight management & exercise



## FULL RESPONSES TO 'WHERE WOULD YOU TAKE YOUR ISSUES FURTHER?'

- We are looking to expand each element of the food and Nutrition project and look into new areas of work.
- In menu choices for the main midday meal, involving members in meal preparation and running healthy eating courses we try and improve members eating habits.
- We are developing a garden centre with 'Norcare'
- Partnership working to help us address the many issues that affect a person or families food choices.
- Issues appear to be access to fruit, home-grown produce, fitness weight management and general health.
- Within schools, by linking with partners / stakeholders
- We are working with HealthWorks to provide family learning sessions on health related issues
- Millin Centre is currently developing a community cafe and would like to do more work around food and health in the future.
- we raise these issues via funding requests to statutory and non statutory funders. We comment on eating disorders in public policy consultations. We join with others working on these issues at the bi-monthly regional eating disorders forum. We try to raise the profile of the issue and of our service by occasional articles or adverts in the press and media.
- Love to do healthy eating evening with related activities once a month
- Line manager
- ward committee- Kenton councillors, children's centre, schools, community centres and sports centres
- further development of food issues with children and young people
- Line manager and social care
- Lean East organisations
- To the Community Food Initiative or to HealthWorks
- Parliament



- CFI

## FULL LIST OF RESPONDENTS TO THE AUDIT

Name	Project Name
David Stobbs	Newcastle Primary Care Trust
Kate Snowball	East End Health
Theresa Ball	Time Exchange
Mrs Rona Simpson	The Community Kitchen
Tony Goodrick	Crudas Park Early Years Centre
Sophie Peiffer	First Step
Julia Perry / Jim McGowan	Newcastle Clubhouse
Jean- Louis Sismondi	Learning First
Jim McGowan	Newcastle Clubhouse
Louise Smith/ Moira Hill	Newcastle Nutrition
Alan Davison / Andy Merrill	Fawdon Community Cafe
Helene Heath	Food in schools
Kath Hearnden	Atkinson Road Nursery School
Laura Wallace	Kids Cafe
Phil Tyler	North East Organic Growers
Mandy Oliver	Ouseburn Farm
Sarah Miller	Millin Centre
Liz Rutherford	Beech Hill Primary
K Elliot	Chillingham road Primary School
Marian Keeling	St Bedes RC Primary School
Michael Marston	Federation of Cityfarms and Community Gardens
Annemarie Norman	Niwe Eating Distress service
Danny Connolly	Fareshare North East
Susan Gee	Hadrian School

Alyson Smith	Charles St Community Association
Michael Marston	Soil Association
Louise Muirhead	St John Vianney Primary
Karen Heron	Newcastle Diabetes Centre
Jayne Butler	The Comfrey Project
Karen Morrison	Sure Start North Children's Centre
West End youth Enquiry Service project manager	Weyes (part of children NorthEast)
Janet Overton	Monkchester Family centre
Mark Gowland	FAR community centre
S. Hodgson / K. Baptiste	Our Lady and St Annes School
Mary McMahon	Mather, Waverley and Westmoreland. T Assco
Paul Backhouse	Raby St Play and youth Centre, Play Services, N.C.C
Paul Flynn	Food for life Partnership
Rachel Scott	Cluny Kitchen/ Ouseburn farm
Ann Dymyd / Rachel Parsons	Newcastle Health trainers ( HealthWorks Newcastle)
Sue Newton	Heaton community Centre
	Allendale Community Centre
James Miller	Newcastle City Learning
William Benson	Kids Kabin
Harold Norcott	Benwell Neighbourhood Management Initiative
Julie Stephens	HealthWorks Newcastle
Janet Heal	Age Concern Newcastle
Simon Mc Cabe	Food Chain North East
Mr Jim Brenman	Oakfield School / French Food Club
Katie Dewar	Deaflink
Neil Foster	Lean East

