Leicestershire Community Kitchen Scheme

This is a summary of the process evaluation of the Leicestershire Community Kitchen (CK) scheme in the Borough of Hinckley and Bosworth undertaken by NIHR PHIRST Insight.

Background

The scheme was initiated by Leicestershire County Council (LCC) in 2017 with the implementation of three CKs operating on a weekly basis to educate residents about cooking methods to reduce household food waste (HHFW). The CKs were initially funded by Sainsburys and branded ‘waste less save more’. Today, there are six CKs, funded either by the council or by participant donation. The CKs occur fortnightly, alternating with a craft session. The craft sessions are funded by participant donation and are open to anyone (i.e., individuals who do and do not attend the CK sessions) to attend. Over 50% of the individuals who attend the CKs also attend the craft session.

Therefore, the process evaluation focused on the CKs while also taking into consideration the potential influence that participating in the craft sessions may have had on outcomes. An internal report of the three original CKs in 2017-2018 reported the CKs to be an effective intervention for reducing HHFW. The report also suggested a range of other health and wellbeing impacts (e.g., reduced loneliness, increased self-confidence, employability) could be experienced as a result of participation. However, because the primary focus for LCC was the role that the CKs had for reducing HHFW, the health and wellbeing benefits from participation were not examined and thus remain unclear.
This process evaluation aimed to understand what the health and wellbeing impacts of participating in CKs (and craft sessions) were for participants and how these were achieved by addressing four research questions:

1. What health and wellbeing changes do participants attribute to the CK scheme and are those different from the those attributed to the craft sessions?
2. How are the health and wellbeing changes achieved?
3. How does context effect the health and wellbeing impacts?
4. What population groups are the CKs reaching?

Method

This was a mixed methods study. Data collection included a survey of CK and craft participants (n=37), group observations of CKs (n=4) and craft sessions (n=2) and 20 individual semi-structured interviews with participants (n=15) volunteers (n=3) and council staff (n=2).

Results

Findings indicate the CKs and craft sessions are highly valued by attendees, providing an opportunity to meet and socialise with others while learning new skills or trying something new.

Individuals most likely to attend the CKs were those socially isolated by circumstance (e.g., retired, living alone, carer, cognitive and physical needs).

The CKs offer a safe environment that is inclusive of background, ability and gender that fosters socialisation, independence, and confidence among participants.

HHFW was not found to be an integral aspect of the CKs from the participants perspective. For example, reducing HHFW failed to be mentioned during half of the CKs observed and several participants reported having no awareness of the association between the CKs and HHFW during the interviews. Participants also discussed the integration of HHFW to the CKs as being historical, having only been part of the CKs when they were first initiated in 2017.

The ‘opportunity to socialise' was the health and wellbeing impact most reported and valued by participants, with many of the participants reporting having made friends with other attendees.

Attendance at CKs was also shown to be important for participant’s sense of independence, providing them, for example, with respite from caring responsibilities or conversely from being cared for.

Most participants interviewed reported attending several other community-based activities. Consequently, contextual factors (beyond the CKs) may have contributed to the health and wellbeing impacts reported by participants. Some participants specifically reported that their perceived health and wellbeing outcomes were the result of their engagement in the community and community-based activities in general rather than specifically the kitchens or craft sessions alone.

Advertising the CKs and craft sessions was reported to be limited, and unlikely to reach individuals not associated with the community buildings (e.g., community houses, churches, library) in which the sessions took place because advertisement was restricted to these environments.
The CK intervention continues to be implemented in Leicestershire in the borough of Hinckley and Bosworth with six active kitchens. It is a valued community-based intervention, considered worthwhile by the individuals who attend and the volunteers and staff members who help implement the sessions. The primary health and wellbeing impact experienced by participating in the CK scheme was increased socialisation. This was reported to be achieved by offering the residents of Leicestershire, particularly those at risk of social isolation and/or loneliness opportunities to socialise and learn new skills within a group environment that facilitated active participation and collaboration. As such, the CK scheme was shown to attract the participation of individuals more likely to be socially isolated due to circumstance such as being retired, widowed, or having a cognitive or physical disability.

A successful expansion of the CK scheme across Leicestershire requires identification of accessible and applicable locations in which to implement the intervention in addition to the recruitment and retention of suitable volunteers to facilitate the CK sessions. The scheme requires continued financial support and advertisement to realise its full potential as an effective and successful intervention to promote health and wellbeing benefits. If the CKs are to have a sustainability impact, the focus on reducing HHFW will need to be reintegrated into the sessions so that they once again become the core concept around which each session is planned and implemented. For the CKs to result in improved social health, they need to build on the concept of active collaborative participation and emphasise social support.

Conclusion

The CK intervention continues to be implemented in Leicestershire in the borough of Hinckley and Bosworth with six active kitchens. It is a valued community-based intervention, considered worthwhile by the individuals who attend and the volunteers and staff members who help implement the sessions. The primary health and wellbeing impact experienced by participating in the CK scheme was increased socialisation. This was reported to be achieved by offering the residents of Leicestershire, particularly those at risk of social isolation and/or loneliness opportunities to socialise and learn new skills within a group environment that facilitated active participation and collaboration. As such, the CK scheme was shown to attract the participation of individuals more likely to be socially isolated due to circumstance such as being retired, widowed, or having a cognitive or physical disability.

Recommendations

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Authors

This study was undertaken by Dr China Harrison, Professor Frank De Vocht, Ms. Tricia Jessiman and Professor Rona Campbell from the University of Bristol on behalf of NIHR PHIRST Insight.

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