

## **UK Liaison Roundtable Discussion Notes 8th November 2007**

*These are notes from the roundtable discussion held at the UK Liaison in Belfast on the 8<sup>th</sup> November 2007. There were 4 different groups, and each group's discussion and notes were based on the following three guiding questions:*

- 1. What are the main barriers to eating a healthy diet for low income groups?**
- 2. How does your project support communities on low incomes?**
- 3. Who needs to be responsible for developing solutions to healthy eating on a low income?**

- **Barriers to a Healthy Diet**

- Raising income (money) is first starting point
- Inflation figures don't take into account food – food prices increase
- There is still a role for awareness as part of a whole
- more targeted action
- basic facilities
- getting people out of poverty
- invest in social model of health
- free school meals for all
- remove stigma
- shop infrastructure

- **How to Address Barriers to a Healthy Diet for Low Income Communities**

*Following are some examples of specific projects and the ways in which they are working with low income communities:*

### **Have a Heart Paisley**

- developing skills
- food voucher scheme
- working with small retailers
- weight management programmes

### **Food Standards Agency**

- consumer engagement department
- policy makers speaking to and engaging with 'real' people
- manages UK Liaison to share good practice and network

### **Department of Health-Republic of Ireland- National Nutrition Policy Advisor**

- peer led programmes
- national nutrition policy in development and due to be launched Spring 2008
- focus on 0-18 and Obesity programmes
- tie funding into outcomes

### **Healthy Living Programme Bradford** – funded by BLF

- food co-ops
- farmers market
- cook and eat (schools and communities)
- obesity
- vulnerable groups
- ‘supergrannys’

### **Community Food and Health (Scotland)**

-work with and support low income communities through a range of activities: creating opportunities to bring groups and agencies together to engage, share experiences, explore policy and learn from each other; build skills and knowledge from practical food skills to specialised training, study tours reflecting the need expressed by agencies and communities; developing appropriate resources and a small grant scheme.

### **Nutrition and Dietetic Service** – Causeway area of Northern Ireland (Cook It! – BLF funded)

- Cook It ! programmes ran through Northern Ireland, now ceased due to funding but evidence has proved it worked
- children’s weight management based on MEND programme (changes in family behaviours being looked at)

#### *Other Solutions identified:*

- Access to land –esp. urban- developers
- Quality of land (toxic elements) can be excuse not to
- Role of planning / regeneration
- Maintenance of site
- Security of site / vandalism (community ownership important)
- Teaching gardening skills (loss of skills, confidence)
- Back gardens used for food production / unused public space
- Tidy towns => productive towns
- Urban model – using all space (roofs)
- Identifying appropriate gardener can be difficult
- Use school gardens – link to curriculum
- Container gardening
- Placements from universities / colleges
- Education...schools- teaching about health, practising healthy approaches, coming up with solutions for themselves.
- action in other areas specific targeted work
- wider structural change to enable awareness to be translated into change

- **Responsibilities for developing solutions to healthy eating on a low income**

- community-based response / action to food issues – community taking ownership owned, run within an invested, resourced, empowered, wider infrastructure
- Planners: regeneration, town planning, shop planners – not ‘bought out’.
- Crosscutting responsibilities (housing, transport etc)
- Where should PHA (NI) sit? Local government where other elements could work together ie. housing, education etc. could work together?
- In Scotland Community Health Partnerships ( PCT’s) are more health led than local authorities. Local authorities have Health Improvement officers but they have only a small voice amongst others. It would help if local government departments had health departments.
- Department of Communities and Local Government (NI) – acute health driven, longer term public health in background.
- Department of Lifelong Learning (NI)
- Social Welfare depts (Republic of Ireland (ROI))
- In ROI Office of Social Inclusion in all government departments which enables each to embed inequality in work particularly in the prevention of chronic diseases.
- Individuals and communities – agencies work with communities and enable communities to have a voice and make their own choices.
- Local shops and retailers – planners should look at retail already in area when looking at regeneration
- Idea proposed to ring fence tax income for nutrition