UK Liaison Roundtable Discussion Notes
8th November 2007

These are notes from the roundtable discussion held at the UK Liaison in Belfast on the 8th 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