Growing in confidence

An evaluation of the
Organic Centre/North Western Health Board
Community Food Project 2004

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Growing in confidence
Community food project: Final evaluation report

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Note: the North Western Health Board [NWHB] was abolished on 1 January 2005 and was replaced by the Health Service Executive. As the project was run under the aegis of the then Health Board, that term is used throughout this report.
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1. Inequality and access to healthy eating options

It has long been recognised that while diet is a matter of individual choice, it is also strongly shaped by patterns of social class and inequality (Tovey & Share, 2003: 368-9; Friel & Conlon, 2004a: 22-23). In Ireland those on low incomes typically spend a large proportion (c. 30%) of their income on food: this compares with an average across all groups of 23% (Daly & Leonard, 2002: 31).

In a survey of the shopping patterns of those on low incomes Daly and Leonard (2002: 55-57) identify that those on low incomes tend to carry out their ‘big shop’ at lower-priced supermarkets, supplementing this with purchase of basics such as bread and milk locally as required. There is considerable control over what is bought, with a strong desire to minimise waste and to match what is purchased to what family members will readily eat: there is little latitude for experimentation or significant alteration of shopping patterns. Daly and Leonard (2002: 57) remark that: ‘the extent to which people lived out their family’s poverty through practices relating to strict controls around food shopping and diet was very striking’.

The inability of some in society to access a broad range of healthy and palatable food has been termed food poverty. This has been described as:

- not just about the consumption of too little food to meet basic nutritional requirements and the consequent adverse health effects. In food-poor situations, social and cultural behaviour is compromised as people cannot eat, shop for, provide or exchange food in the manner that has become the acceptable norm in society (Friel & Conlon, 2004b: 1)

Food poverty impacts on the choice and availability of particular types of food; it impacts on accessibility of different types of food, for example through transport limitations or storage facilities; and poverty may inter-relate with psychosocial and cultural factors in complex ways to shape food choices (O’Neill et al, 2004).

The most recent study (one of the few) of food poverty in Ireland (Friel & Conlon, 2004a), carried out for the Combat Poverty Agency, indicates that the more disadvantaged groups in Irish society:

- eat less well compared to socially advantaged groups, with higher consumption of less healthy foods
- have difficulties accessing a variety of good quality affordable foodstuffs
- spend relatively more of their income on food
know what is healthy but are restricted physically and mentally by a lack of financial resources (Friel & Conlon, 2004a: 67)

The Combat Poverty Agency report states that there has been little in terms of a coordinated government response to food poverty in Ireland. It suggests a range of broad policy responses at the macro level. It is also points to the value of community-based and local programmes:

support for community initiatives which increase access to food is strongly recommended. On its own, community action cannot be expected to overcome structural problems in accessing good quality affordable food, but should be part of an inclusive approach addressing both poverty and the wider food system. Specifically, support should be provided for local food partnerships as a means to identify and respond to local needs (Friel & Conlon, 2004b: 4).

In the Scottish context, Skerratt & McKie (1997: 65) came to a similar conclusion: ‘little progress can be made in the promotion of healthier eating without local communities, health, food and economic organisations combining their efforts in a partnership process’. O’Neill et al (2004) came to a similar conclusion based on research carried out in Wales.

Photo 1 Harvesting beans
2. Fruit and vegetable consumption

It is widely acknowledged that higher consumption of fruit and vegetables contributes to health benefits. It can significantly reduce the risk of many chronic diseases such as heart disease, stroke and some cancers. Higher consumption of fruit and vegetables is also associated with positive outcomes in relation to cataract formation, chronic obstructive pulmonary disease, diverticulosis and, possibly, hypertension (Van Duyn & Pivonka, 2000).

Health promotion departments have been involved in attempts to increase fruit and vegetable consumption, for example through programmes such as ‘5 a day’ (4 a day in the Republic of Ireland; 7 a day in Australia). It has been identified that such programmes are more successful if they are integrated into broader patterns of activity and are based on active use and development of skills rather than provision of information. The ‘5 a day’ programme in the UK has been involved in piloting community-based initiatives to address the consumption of fruit and vegetables. Evaluation of these programmes (DoH, 2002) indicated that a community-based approach helped to stem a national (in the UK) trend of declining fruit and vegetable consumption. It was suggested that ‘sustained intervention could help to increase consumption’.

In particular, consumption of fruit and vegetables has been shown to be lower amongst those in more disadvantaged socio-economic groupings, though according to the most recent survey of dietary intake in Ireland (HPU, 2003: 34-35) the situation has improved somewhat in the period 1998-2002. Those living in more remote and rural areas have been shown by research in Scotland to have less access to healthy foods, in particular to fruit and vegetables (Clark et al, 1996; Skerratt & McKie, 1997). Friel and Conlon (2004: 49) report that there is no comparable research in the Irish context, but it is likely that similar constraints apply to an extent. Their secondary analysis of the 1998 SLAN survey indicated that in rural areas, as in urban areas, more socially disadvantaged respondents reported less healthy dietary habits, with lower than recommended consumption of a variety of foods, including fruit and vegetables.

Specific barriers to the higher consumption of fruit and vegetables have been identified as:

- problems with access to and availability of fruit and vegetables
- amount of time needed to prepare fresh vegetables
- taste, likes and dislikes – particularly as related to children
- lack of confidence in cooking skills
- high wastage levels
confusion over portion definitions and what ‘counts’ as a fruit or vegetable
(Wieland et al, 2004)

Ireland’s National Health Promotion Strategy 2000-2005 (DoHC, 2000: 55) identifies as a key objective in relation to ‘Eating well’ that the health services should ‘work in partnership with lower socio-economic groups to develop and adapt eating well programmes’ in order to increase the consumption of fruit and vegetables.

3. Community food and gardening projects

the products of the vegetable patch or the orchard are so much more than the produce itself. Health, good diet, exercise, food knowledge, biodiversity, that ‘look I made it myself!’ feeling, too often lost from our adult lives (SCDP, nd: 5)

In Ireland the dominant health promotion approach in relation to diet and low income has been at the individual level, focusing on awareness-raising and information dissemination (Friel & Conlon, 2004a: 101). But another approach to support active involvement in changes to food intake has been community food and community gardening schemes.
The history of community gardens in Europe can be traced back to the allotments provided for working class families in Britain and Germany in the early nineteenth century. At different times, and particularly at times of war and depression, such gardens had an important economic and social function (ACGN, 2002). There was a decline in community gardening in the period after the second world war, as the food industry and industrial farming increasingly came to dominate the production and supply of food to both rural and urban dwellers (Atkins & Bowler, 2001: 27-29).

The 1960s saw a rebirth of interest in community gardening, partly stimulated by the development of countercultural movements. Community gardens are now a world-wide phenomenon found, for example, in China, Japan, Russia, Brazil, North America, Canada, Australia and in many parts of Europe. Both private and public interests are involved and gardens are located in both city and rural areas.

Community gardens have been shown to enhance nutrition and physical activity and promote the role of public health in improving quality of life (Brown, 2000; Armstrong, 2000; Milligan et al, 2004; Twiss et al, 2003). They can also provide opportunities to organise around other issues and to build social capital (Armstrong, 2000; ACGN, 2002).

Community gardens have been shown to be particularly important to the elderly, disabled, and disadvantaged individuals in urban areas. In the US, the Cooperative Extension Service of the USDA has been influential in establishing community gardens in order to improve the nutrition of those gardening, to develop leadership skills among these people and to help them improve their communities in many other ways.

In Scotland it has been argued that community food projects can address issues related to health and to community, in particular by re-empowering people in relation to the choices they can make about food:

[through community gardening] communities can take back some control over food and what they eat and through this take away some of the power of the food industry to tell us what we want to eat. However it is not simply about food, it is about supporting and building stronger communities through successful and fun action at local level (SCDP, nd: 7)

It is also important to note that community growing projects are only part of the solution to the development of healthier eating patterns. Many authors point to the importance of addressing food poverty issues at the structural level (eg Caraher & Cowburn, 2004; Friel & Conlon, 2004a: 123). However a large number of positive benefits have been identified as stemming from community growing projects (Fig. 1)
It appears that the majority of community gardening projects are in urban areas: often in disadvantaged areas of large cities. But there is no reason why they cannot take place in rural areas: indeed in rural areas it may be more likely that participants have access to land required for growing to take place, as well as having less access to, and consumption of, fruit and vegetables (Friel & Conlon, 2004a: 57).

Caraher and Cowburn (2004: 199) reveal that despite the enthusiasm for food projects at the local level in England, there has been very little systematic evaluation of their effectiveness. Similarly, there has not yet been a commitment to include such projects into the mainstream of health promoting activity, despite some suggestions in official reports that are supportive of such a direction. Thus we are still at the early stages of judging the effectiveness of community-based approaches to food inequalities.

McGlone et al (1999) suggest that food projects should be judged ‘not solely on whether they produce changes in nutrition or health outcomes . . . such as changes in blood vitamin levels or reductions in mortality’. Rather they should be assessed in how they contribute to more rapid changes in skills, knowledge or confidence: ‘to use a wider range of foodstuffs than before, or to improved food purchasing or eating patterns’. They also
suggest that projects need a ‘facilitating policy environment that recognises their potential but is realistic about the problems facing those who live where food projects are found’.

Food projects such as community gardening schemes can be vehicles for broader community involvement in food and health issues. This can enhance the inclusion of people in the health benefits of gardening and healthier eating, while also helping to sustain communities and civil society on a more general level (ACGN, 2002).

4. Background to this project

This project was devised by the Health Promotion Department of the North Western Health Board [NWHB] in partnership with the Organic Centre, Rossinver, Co. Leitrim. The Organic Centre is a non-profit making company limited by guarantee. It was founded in 1995 with the aim to ‘provide training, information and demonstrations of organic gardening, growing, farming and sustainable living’ (Organic Centre, 2004: 3).

The project was linked to specific elements of Building healthier hearts: The report of the cardiovascular health strategy group (DoHC, 1999) and of the National Health Strategy Quality and fairness (DoHC, 2001). In particular the following elements of the Cardiovascular Strategy were identified:

Recommendation 5.31 Targeted, focussed and sustained programmes should be implemented to promote healthy eating, especially for those on low incomes and in other risk groups’

Recommendation 5.35 (7) Innovative solutions are required to increase access to healthy food choices by low income groups and in rural areas, particularly to fish, and fresh fruit and vegetables

Funding for the project was provided by cardiovascular strategy monies via the Department of Public Health of the North Western Health Board.

It was established that there would be two groups of participants in the project: one based at St Michael’s Family Life Centre, Sligo town, and the other at the Organic Centre, Rossinver, Co. Leitrim.

The overall vision of the project was that: ‘participants at each location from low income/community group will learn how to grow organic vegetables and fruit and how to prepare and cook them’ (Wieland et al, 2003). To this end it was decided to accompany the guidance on growing fruit and vegetables with food preparation and cookery sessions from the
Health Board’s ‘Eat well be well’ tutors. The importance of integrating the ‘growing’ and the ‘cooking/eating’ aspects of the project was stressed.

The project was to run through the calendar year 2004. Participants were to meet every fortnight for 2-4 hours. Overall 70% of the project time was to be ‘practical’ (gardening, cooking) with the balance devoted to provision of information on gardening, nutrition and food. Participants were to be liable for a nominal fee (€40) for the year and funding would be provided to the Organic Centre to support administration of the project; employment of professional gardeners to provide tuition and support; and for purchase of necessary materials (eg compost, seeds, tools and equipment). Suitable gardening plots were to be provided by St. Michael’s Family Life Centre and the Organic Centre.

5. Recruitment

Recruitment took place through a number of contact groups and individuals. These included Community Centres in Sligo town; Sligo and Leitrim Partnership companies; North Leitrim Women’s Centre; North Leitrim Men’s Group, NWHB; Organic Centre; Sligo Social Services; St Michael’s Family Life Centre and the NWHB Training Centre, Ballytivnan.

There were 16 original recruits to the Rossinver group, with 2 others placed on a reserve list. There were 16 recruits to the Sligo group, with 3 ‘advanced helpers’ identified. In addition a third group, made up of participants with a specific learning difficulty, was constituted. This group had 9 members. This group was not part of this evaluation process.

6. Aim and objectives of project

The overall aim of the project was:

To increase knowledge, awareness and skills amongst low income groups in relation to fruit and vegetable production, preparation and consumption.

Specifically the objectives of the project were to:

- improve participants’ knowledge of vegetable and fruit growing
- enhance participants’ skills in preparing and cooking fruit and vegetables
- improve participants’ skills in growing vegetables and fruit
- increase participants’ consumption of fruit and vegetables
7. **Aim of evaluation**

The aim of the evaluation was to conduct formative and an impact evaluation to measure whether the project’s objectives have been achieved.

- to conduct a pre- and post- intervention survey of participants’ knowledge, skills and attitudes to food growing, cooking and consumption
- to conduct group session at project start to gather qualitative data on project participants – knowledge and awareness of food growing, cooking and food consumption
- to conduct formative evaluation to measure: attendance, sessions, participants’/facilitators’ views, level of participation
- to introduce participants to and involve them in participatory evaluation techniques and the value/need to keep a record of the project (diary)
- to collect and analyse end-of-session feedback
- to collect process and end-of-project data using photographs and video
- to conduct a mid-project evaluation using participatory evaluation methods
- to conduct an end-of-project evaluation session with project participants and course deliverers
- to assess the project’s success in reaching low income groups
- to compile a written report that incorporates process and impact data, contextual literature review and recommendations.
- to deliver the report in an oral presentation that reflects the participatory nature of the evaluation.
Fig. 1 Benefits of community growing projects (SCDP, nd: 9)

Benefits of community growing projects

In looking at proposals for the development of urban agriculture in London, Sustain identified a number of benefits to the City and Community. These covered:

Environmental
• greater biological diversity of plants and animals
• less waste, resulting from more composting activity and less food packaging
• reduced food transportation through greater availability of local produce
• less pollution and lower pollution related costs from the greater environmental awareness generated by urban agriculture.

Economic
• some commercially viable jobs in food growing, processing and marketing, and in composting and related industries
• a boost to the leisure industry, through increased sales of gardening inputs
• a stronger sustainable food and agriculture industry (urban and rural)
• business benefits through greener, more attractive local environments, a better public image and more skilled and motivated workers
• contributions to the alternative economy through LETS and social enterprises.

Health
• health and social benefits, so reducing the burden on statutory services
• increased consumption of fruit and vegetables through greater availability of affordable fresh produce
• opportunities for physical activity stress relief for everyone and mental health gains for those with specific difficulties.

Community development
• more active participation in community life and a practical focus for working with others across a variety of social divisions
• opportunities for delivering many of Government's area-based regeneration objectives.

Educational
• opportunities for school curriculum teaching, vocational training and for lifelong learning, training and employment
• opportunities, particularly for disadvantaged people.

(adapted from 8)
The components of the evaluation were as follows:

- pre-intervention questionnaire
- post-intervention questionnaire
- telephone interviews with participants
- focused discussions with participants
- attendance at Steering Group meetings
- literature review
- presentation of information on project at bia food symposium and at Innovation and Interconnectedness For Sustainable Health Forum
- providing information on project to media
- photographing project
- participation in Harvest Celebration
- post-project interviews with Steering Group members
- participant observation working in garden

**Limitations of evaluation**

Overall the evaluation team was satisfied with most aspects of the evaluation process. Limitations/problems included:

- on some occasions when evaluation events were to take place the number of participants present was low
- it was difficult to contact some participants by mail or telephone
- the Eat Well Be Well sessions were not fully assessed at the time of their delivery
- the participatory aspect of the evaluation was not as significant as was originally intended. Some participants did keep written/visual diaries of the project but these were not incorporated into the evaluation process

It was reported that some participants may have found aspects of the evaluation intrusive and it was suggested that the evaluation component and team could have been introduced even earlier in the project (ie at the first meeting). In this way, participants would have been aware of this aspect from day one.

Overall the level of cooperation with and acceptance of the evaluation team by both participants and the Steering Group was high. Members of the team on occasion worked in the garden with participants and were even rewarded with some produce to take home.
8. Pre-intervention survey

Participants were surveyed by means of a questionnaire in the second week of the project to assess their knowledge, skills and attitudes to food growing, cooking and consumption. Not all participants were available for interview at this time; where possible participants were followed up later.

In general, it was revealed that participants buy their food, including fruit and vegetables, in supermarkets, although those living in Sligo town are more likely to buy fruit and vegetables in a local health food store. Those living in the country (Rossinver group) are more likely to use local shops, in particular convenience-type shops/small supermarkets (Spar, Centra &c). This is in line with the findings reported in Friel and Conlon (2004a: 62-66).

Differences between the two groups emerged: in general the Rossinver group are older, own their own homes and have gardens whereas the reverse is true of the Sligo group. The Rossinver group in general eat fruit and vegetables less often than the Sligo group, but are more motivated to increase their fruit and vegetable intake as a result of participation in the project. Sligo group participants are more likely to be in paid employment either full time or part time.

St Michael’s (Sligo) group

Participant backgrounds

| The majority of participants are in the age range 25-34 and single. Most live in Sligo town or nearby villages in varying types of accommodation and have a weekly income of €100-300 after tax. Half of the participants work part time, 2 work full time and 1 is unemployed. |
|---|---|
| Total surveyed: 6 |
| Males: 3, Females: 3 |
| Age range: 25 to 54 (4 of 6 participants were in the 25-34 age group) |
| Marital status: 4 single, 2 unknown |
| Home location: 4 in town/village, 2 in the country |
| Accommodation type: 3 in privately rented accommodation, 1, local authority housing, 1 owned house and 1 other |
| Average household income per week(after tax): €100-300 - 4 participants, €300-500 - 2 participants |
| Employment: 3 part time, 2 full time, 1 unemployed. |
Shopping for food
All participants usually buy food in supermarkets however only half of them buy their fruit and vegetables in supermarkets. 3 participants also buy food in a local health food store. Only one participant said they buy food in a local shop. Fruit and vegetables are purchased primarily from supermarkets, fruit and vegetable shops and the health food store. 2 participants buy fruit and vegetables exclusively from the health food store.

Amounts spent on food ranged from €20 to €150 and the proportion of this amount spent on fruit and vegetables ranged from 20% to 100%

About diet
All participants considered their diet to be healthy. Half were happy with their weight, while the others considered themselves either too heavy or too light. Although all claimed to have heard of the food pyramid, none could, with any reasonable accuracy, say what was on the ‘5 food shelves of the pyramid’.

Feelings about fruit and vegetables
4 of the 6 respondents felt that health experts recommend 5-6 portions of fruit and vegetables per day. However, only one participant showed a good understanding of what constitutes a ‘portion’ of fruit or vegetables.

Quality of fruit and vegetables available was one of the most consistently important factors in deciding to buy more fruit and vegetables. Other contributing factors varied largely according to the individual.

The majority of participants felt that they would ‘possibly’ increase their consumption of fruit and vegetables in the next year. The single most important way to help achieve this was to find fruit and vegetables that easily fitted into their eating habits. More variety, availability and cheaper fruit and vegetables were also considered important.

Participants felt that if they ate more fruit and vegetables that their food bill would cost the same or more, shopping would be the same or easier and the money they spent on other food would be the same or less.

In general participants were aware of the benefits of fruit and vegetable intake as protection against stroke, cancer and heart problems but (correctly) made no association with back pain or hearing.
Current eating habits

The majority of participants (4/6) eat 3 meals a day. The range for the group was 2 to 5 meals per day. The majority (4/6) eat breakfast. All participants claim to eat fruit and vegetables. The majority (4/6) claim to eat between 1-3 pieces of fresh or dried fruit everyday and 5/6 claim to eat fresh vegetables everyday. Only one participant rarely ate fruit and vegetables.

Participants most commonly cook their vegetables by stirfrying or boiling for a short time. Some steam, fry then casserole or boil for a longer time.

3 participants had specific dietary descriptions including, gluten free, weight reducing and sugar, caffeine and wheat free.

Growing your own food

Only two participants currently have a garden and only one (whom does not currently have a garden) has previously grown their own fruit/vegetables. Of those with gardens at the moment, neither has grown food. Rented accommodation is a factor here. Participants rate their practical skills from poor through average for most, to very good for the participant who has previously grown food.

The most common words associated with organic were: healthy (2), nutritious (2), taste (2), chemical free (2)(soil), safe, spirit/vital, detox/pure/natural, colourful, fresh, GM free, cheaper, interesting.
Organic Centre (Rossinver) group

Participant backgrounds

The majority of participants (5/9) are in the age range 35–44 age group and single, two are married and two separated. Almost all live in the country in owned property and have a weekly income of between €100 and €300 after tax. Households range from one to 5 persons. No participants are employed in paid work outside the home. 2 are unemployed, 2 are homemakers, one is a student and 4 describe their employment status as ‘other’.

Total surveyed: 9
Males: 2, Females: 7
Age range: 25 to over 55. (5 of 9 participants were in the 35- 44 age group and 2 over 55)
Marital status: 5 single, 2 married, 2 separated
Home location: 1 in town/village, 8 in the country
Accommodation type: 1 in privately rented accommodation, 1 in local authority housing, 6 in owned houses and 1 other
Average household income per week (after tax): less than €100 – 1 participant; €100- €300 - 6 participants; €300 - €500 - 2 participants
Employment: 2 unemployed, 2 homemakers, 1 student, 4 other.

Shopping for food

The majority of participants (6/9) usually buy all their food, including their fruit and vegetables in supermarkets or at the local shop (4/9). Only one participant buys food in the health food store and one at the butcher’s. 2 participants also buy fruit and vegetables from the market, one from a health food store and one from the butcher’s.

Amounts spent on food ranged from €20-35 per person (taking into account household numbers) and the proportion of this amount spent on fruit and vegetables ranged from 20% to 50%.

About diet

The majority of participants (5/9) considered their diet to be healthy although 2 considered themselves unhealthy and 2 didn’t know. The majority of participants (6/9) considered themselves too heavy. Only 2 participants were happy with their weight and one didn’t know. Although the majority (6/9) claimed to have heard of the food pyramid, only 4 could make a reasonable attempt to say what was on the ‘5 food shelves of the pyramid’. Those who claimed not to have heard of the food pyramid were non-Irish nationals (German).
Feelings about fruit and vegetables

6 of the 9 respondents felt that health experts recommend 5 portions of fruit and vegetables per day. 3 participants felt that 3 portions were recommended. However, only 2 participants showed a good understanding of what constitutes a ‘portion’ of fruit or vegetables, a further 3 participants showed some understanding.

The amount of money the participant has to spend and the quality of fruit and vegetables available were the most consistently important factors in deciding to buy more fruit and vegetables. Other contributing factors were important but varied largely according to the individual.

The majority of participants (6/9) felt that ‘yes’ they would ‘definitely’ increase their consumption of fruit and vegetables in the next year and 3/9 felt that ‘yes, probably’ they would increase their consumption. The most important ways to help achieve this was to find cheaper and tastier fruit and vegetables that easily fitted into their eating habits. Ease of preparation and cooking and family tastes were also considered important.

Participants varied in their opinions on how eating more fruit and vegetables would affect their shopping experience and budget. Most felt that if they ate more fruit and vegetables that their food bill would cost the same (2/9) or more (4/9). Significantly, many felt that shopping would be
the same (4/9) or harder (4/9) but that the money they spent on other food would be the same (2/9) or less (5/9).

In general participants were aware of the benefits of fruit and vegetable intake as protection against stroke, cancer and heart problems but (correctly) made less association with back pain or hearing. One participant only associated the benefits of fruit and vegetables with heart disease, but not other aspects of health.

**Current eating habits**

The majority of participants (6/9) eat 3 meals a day. The remainder (3/9) eat 2 meals per day. The large majority (8/9) eat breakfast. All participants say they eat fruit and vegetables. Only two participants eat fruit everyday (4 pieces). The majority (7/9) say they eat between 1-2 pieces of fresh or dried fruit two or three days a week. However 6/9 participants eat between 1-2 pieces of fresh vegetables every day. The remaining 3/9 eat 1-2 portions of vegetables two or three days a week.

Participants most commonly cook their vegetables by stir frying or boiling for a short time. Some also steam, or boil for a longer time.

4/9 participants had specific dietary descriptions including, gluten free, low cholesterol diabetic and vegetarian.

**Growing your own food**

The large majority (8/9) of participants currently have a garden and most (6/9) have previously grown their own fruit/vegetables; most commonly, potatoes, carrots, parsnips, onions, cabbage or lettuce. Participants rate their practical skills from poor for some to average for most.

The most common words associated with organic were healthy (7), tasty (6), good (4), fresh (3), expensive (3), nutritious (2), chemical free (2)(soil), safe (2), happy people (2), spiritual, cheaper, interesting, environmentally friendly, wholesome, hard work, non-capitalist, the way forward.

9. Post-intervention survey

The survey was repeated with participants after the completion of the project. The second questionnaire was administered via mail, and this contributed to a lower response rate. In addition a number of participants were no longer involved in the project at this stage and may therefore not have responded. 3 surveys were returned by An Post as undeliverable.
32 surveys were posted to all those on the original project lists. 11 surveys were returned. Of these one was left blank, and one arrived too late to be included in the analysis (this was from a person who while supporting the project had been unable for health reasons to participate). 3 usable surveys were returned from the Sligo group and 6 from the Rossinver group.

Returned surveys were compared with those administered at the start of the project. Due to the small number of respondents, there was no attempt to compare the responses of individuals across the two surveys: the ease of identifying individuals is too high. Rather, the aggregate results are reported here, in cases where there may have been some change in overall figures.

In terms of demographic information, the follow-up questionnaire reflected similar age ranges, gender breakdown, residence details, employment status and household composition to the data reported in the first survey. Similarly patterns of food purchasing and expenditure remained broadly similar.

There appeared to be some improvement in knowledge of the food pyramid (with 6/9 respondents confirming knowledge of it and 4/9 showing some or good knowledge of its different levels). 7/9 respondents adhered to the ‘5 a day’ message in relation to fruit and vegetable consumption, with one respondent citing 7+ a day as recommended. Knowledge of portion definition/size was slightly better, with 6/8 showing some or good knowledge.
Cost of fruit and vegetables available was identified as the most important factor in determining decisions as to whether to increase consumption of fruit and vegetables, with quality a close second. Time and convenience of shops were also identified as important, but ‘weight of shopping’ and family preferences were not seen as significant barriers.

There did not appear to be a marked increase in people’s intentions to consume fruit and vegetables in the year ahead, with those ‘definitely’ intending to do so (4/9) slightly outnumbering those ‘possibly’ intending to increase their intake (3/9). Two respondents said ‘probably not’. The factors that would encourage respondents to increase consumption remained increased tastiness (8/9) and lower price (6/9). Most respondents (6/9) saw that greater consumption of fruit and vegetables would lead to higher food bills.

In the pre-intervention survey, all participants said that they ate fruit and vegetables; this remained the case afterwards. The level of consumption remained much the same: 1 portion of fruit 2-3 times a week, and 2 portions of vegetables every day. For both fruit and vegetables fresh was by far the dominant form and short boiling (7/9), stir-frying (7/9) and for some steaming (4/9) were the dominant ways of cooking vegetables. No participant admitted to using a microwave!

3/9 respondents were vegetarian in some way and all but 2 were on some sort of dietary regime. This was a higher proportion than the original survey (7/15) and suggests that those who were more enthusiastic about the project may have had a stronger interest in food for health reasons.

As in the first survey, participants were fairly evenly divided between that those who had and had not a garden. For those who had a garden, either currently of in the past, there was considerable evidence of growing vegetables and the majority of participants assessed their gardening skills as good (5/9) or average (3/9). This suggests that the level of gardening skills improved during the project.

Finally the terms associated with ‘organic food’ remained constant across the surveys, with ‘healthy’ and ‘tasty/delicious’ as the most dominant associations (8 mentions each) with ‘fresh’, ‘pesticide-free’ and ‘nutritious/good for you’ also frequently mentioned (5 mentions each).

Overall, the pre- and post- intervention questionnaires do not reveal a great change in participants knowledge and attitudes over the span of the project. Many participants came in with a positive orientation towards fruit and vegetables and gardening in the first place. Cost and quality remained the perceived barriers against greater fruit and vegetable consumption, though the majority of participants did express an intention to increase such consumption in the future. There was some evidence of better nutrition
knowledge, though it would not be possible to demonstrate that this was a consequence of the project. Detailed knowledge of the ‘food pyramid’ or of the concept of the ‘portion’ of fruit and vegetables remained somewhat sketchy. The key change would appear to be in relation to confidence in gardening skills: there was a general increase in such confidence across all participants.

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### 10. Steering and management of project

The project was managed on a day-to-day basis by the project coordinator who was a member of staff of the Organic Centre. Professional gardeners/tutors were responsible for running the weekly/fortnightly sessions. The project was overseen by a Steering Group who had a very much hands-on approach. This group was made up of the project coordinator (Organic Centre), 2 representatives of the NWHB and the 2 gardener/tutors on the project. Others (including representatives of the evaluation team and a student dietician) attended on an occasional basis.

The Steering Group met on nine occasions, from March 2004 until the end of the project in November 2004. Attendance ranged from 4 to 6 persons.

The group concerned itself with the following matters:
• planning
• clarification of roles and responsibilities
• monitoring and evaluation
• reports from sessions
• budgetary matters
• publicity
• production of information materials
• organisation of end-of-project event (Harvest Celebration)
• planning for future projects

At the end of the project 5 members of the Steering Group were interviewed (3 from Organic Centre, 2 from Health Board). Feedback in relation to the progress and outcomes of the project is outlined below.

Members of the Steering Group considered that the group had worked well. It was identified as having achieved the necessary tasks, at bringing together the various stakeholders who worked well as a team and ‘kept the bits connected’. All issues were fully discussed and appropriate action taken. Financial reports were clear and concise and provided excellent guidance to the Group.

Members of the evaluation team participated in a number of meetings of the Steering Group and also observed that it functioned well in terms of the findings above.

It was suggested that in any future project that consideration be given to the inclusion of a participant representative on the Steering Group.

11. Qualitative findings: early phase

Discussion group: St Michael’s (Sligo)

A discussion group was held at St Michael’s Family Life Centre, Sligo on 5 May 2004. The group included: Aisling O’Connor (gardener/tutor), Gráinne Geary (researcher), Geraldine Duignan (researcher) and five community food project participants.

Attitudes to food

Most participants initially made very practical associations with food: concerns were with shopping, cooking, feeding children or family. The positive concept of nourishment was strong in one particular participant who made associations with spirituality and mind/body awareness. The
same participant was more likely to enjoy cooking and experimenting with ingredients. Most participants had a desire to eat healthily but found cooking repetitive and a chore - ‘something that has to be done’. One participant with a young child was motivated and ‘training’ to eat healthily by her role as a parent in educating her child. The notion that one must ‘plan’ to eat healthily was expressed. Healthy eating involved effort for most and one participant felt that she was too busy to eat healthily.

Participants’ concepts of ‘healthy’ food encompassed science/health awareness: ‘proteins and vitamins’, ‘allergies and sensitivities’; social and environmental concerns: ‘pesticide free’, ‘packaging’, ‘close to its source’, ‘local produce’; and, perhaps spiritual, concerns with purity: ‘pure to its source’, ‘no additives’. Four of the five participants were already actively seeking organic produce. To them organic meant ‘local’, ‘natural’ produce, which contained ‘no chemicals’ and was ‘beneficial’.

**Constraints on eating healthily**

Some participants felt that they often did not have the time to cook healthy food and so they ended up eating what is most convenient. This is compounded by what they consider to be a lack of availability of healthy food and a frustration with and lack of ‘trust’ in the large supermarkets. There is a sense that the large supermarket environment overwhelms some participants. A number of participants are frustrated with what they consider excessive packaging and also with the amount of food on supermarket shelves from ‘the other side of the world’. They wish to source their food locally.

Those with young children found supermarkets difficult places to shop with their children because of the demands created by advertising, packaging and displays. Some found it difficult to get their children to eat fruit and vegetables at all.

When shopping, most participants wanted the convenience of having all/most of their food ‘available in one place’. Although most participants actively seek organic produce, some found the cost of organic food a constraining factor in healthy eating.

In general, it can be said that participants wanted to make it easier to eat healthily by having more availability of ‘healthy’ (local, fresh, organic) food which would fit easily with their lifestyles.

**Organic Centre (Rossinver) group**

A discussion group was held at the Organic Centre on 28 May 2004. The group included: Perry Share (researcher), Phillip McGuinness (gardener)
and six community food project participants. The discussion reflected many of the issues raised by the Sligo group.

Participants raised many concerns in relation to contemporary food issues, including:

• **The role of supermarkets and retailers in relation to food availability and quality**

Participants recognised the central role of supermarkets but were critical of how they tended to disempower consumers. They were critical of the lack of ‘local’ food and of having to purchase fruit and vegetables that came ‘from Peru’. It was felt that supermarkets were not favourable to small food producers: quantity was being encouraged at the expense of quality.

• **Food in the past (‘the 1950s’), today and in the future**

A contrast was made with Ireland of the 1950s and of today. While the poverty that was endemic in the region at that time was recognised (we were ‘one generation away from “hard times”), it was suggested that food tasted better then, that apples, for example, had a ‘different taste and smell”; overall ‘we were healthier’. People also were more active at that time; they walked long distances to school. This was contrasted with today’s children being taken to school in cars and watching large amounts of television.

Overall there was a more sedentary lifestyle today. It was felt that the situation in five year’s time might be even worse, and that the government was going to have to ‘wake up’ to the situation. But it was also suggested that the message was beginning to get through, for example in some schools, and that bodies such as the County Childcare Committees were addressing the issue of ‘healthy lunches’ for children. Increased recycling was also seen as a positive sign.

• **The issue of trust in relation to food**

A lack of trust was expressed in relation to supermarkets in particular, but also towards some small rural retailers who it was suggested sold rejected ‘past use-by date’ foods. Scepticism was expressed of overly ‘pink’ salmon, or of meat products (mention of BSE ‘animals into cannibals’)

• **The activities of the food industries**

The food industries as a whole came in for some criticism: in particular in relation to ‘industrialisation’ and commercialisation’ of food production. This had contributed to phenomena such as the Foot and Mouth crisis and BSE. The government was seen as not being in control of food issues: the example of GM food was cited in support of this.
The connections between food and lifestyle

The participants spoke at length about the important connections between food and broader lifestyle issues. Food was seen as central, or that it should be central. ‘Continentals’ (ie German people living in the area) were seen as having a better balance, eating together whereas Irish people ‘ate in front of the TV’. Microwaves were seen as symbolic of our eating styles, where ‘no ceremony was attached to eating’. As a consequence children were not picking up cooking skills. It was agreed that contemporary lifestyles were ‘stressed’ and that food preparation could be ‘boring if slogging it out every evening’.

What is ‘good, healthy food’?

The ideal was expressed as ‘soups’: not ‘expensive, junky foods’ nor ‘biscuits or sugar’; ‘locally grown’ food was contrasted with a ‘jar of diced carrots’ that would be bought in the supermarket.

Strategies to improve the situation

It was suggested that more people should be involved in producing their own food. It was suggested that every area would have ‘old walled gardens’ attached to big houses that could be brought back into use to produce food for the community. Projects like this one would be beneficial, especially if offered at no cost to participants. Communal plots would be a good idea, particularly for townspeople, or those in the country who had land could ‘help out’ those without.

The function of this project

It was nice to see things through from start to finish and to have something to ‘take home’. Though numbers on the project might be small, those involved would have an important role in passing on the message to others who were not present. This would involve broader families and communities; influencing others. This would allow for the passing on of knowledge, something that was not taking place, for example in home economics courses in schools.

12. Participants’ views of the project

Participants were interviewed by telephone after the completion of the project. In all 13 participants were interviewed: 10 from the Sligo group and 3 from the Rossinver group. It proved difficult to contact the latter group as many telephone numbers were not available to the evaluators.
Participants were asked a range of questions about their experience of the project. Overall there was an overwhelmingly positive response, with some comments that provide useful pointers for future development of similar or repeat projects.

1. **Reasons for enrolment on project (no. of responses; more than one response possible)**
   - learn how to grow food (9)
   - interesting ['now that I’m older'] (9)
   - interest in organic food (2)
   - enjoy gardening
   - learn to cook food
   - something to do

Photo 8 Planting out at Rossinver
2. **Number of sessions attended [reasons for attendance/non-attendance]**
   - most (7) [enjoyed it]
   - none (3) [illness, schedule conflict, refugee relocation]
   - two (1) [not low income, felt not wanted – family circumstances]
   - about 25% (1) [joined late – moved from other course]
   - beginning and end (1) [pregnancy made physical work difficult]

3. **‘Best thing’ about the project**
   - watching things grow (7)
   - gardeners’ enthusiasm and knowledge (3)
   - camaraderie, ‘helping the lads out’, meeting new people, good craic, working with other people from diverse backgrounds.
   - physical work, gardening activity, actual tasks – putting seeds into trays etc
   - being outdoors, communing with soil/nature, relaxation and fresh air
   - confidence gained from working with someone who knows what they are doing
   - knowledge gained on seed types, planning the garden schedule etc
   - bringing home what you’ve grown – and applying knowledge at home
   - cooking [male participant whose wife does all cooking at home]

4. **‘Worst thing’ about the project**
   - nothing (4)
   - cooking class could have been more organic in its approach – disconnect in philosophy (2)
   - needed more time in summer season when weeds were growing (2)
   - lack of participants disheartening (2)
   - working in the rain
   - lack of handouts (written material)
   - having to miss sessions
5. **If the project was to run again, what should change**
   - nothing (4)
   - more investment in cooking class and more organically oriented (2).
   - childcare - being able to involve children (2)
   - increase sessions to weekly during peak growth period/more time (2)
   - help or facility for transport for those on low incomes
   - start earlier in year with classroom approach
   - greenhouse work

6. **What skills did you develop as a result of this project?**
   - practical gardening skills – seeds, planting, ridges (9)
   - plant knowledge – compatibility, variety, use as food. (4)
   - communication/social (2)
   - relaxation
   - cooking

7. **Did your attitudes change? If so how?**
   - no (4)
   - more positive about growing organically – positive atmosphere (2)
   - confirmed pleasure in working with soil, at leisure, appreciation of cycle of nature
   - more aware of pesticides/fertilisers etc
   - healthier eating
   - disheartened by others’ lack of participation

8. **Did you change the way you did anything as a result of the project?**
   - no (5)
   - more inclined to buy organic (2)
   - practical gardening - making ridges
   - cooking more fresh food
   - more positive about growing organically – positive atmosphere
   - healthier eating
   - “my wife does all the cooking at home”
   - better techniques for own garden – variety of vegetables etc
9. **What was the biggest barrier you faced in participating in this project?**
   - none (5)
   - incorporating/coordinate children/childminding arrangements (3)
   - getting there by foot -walking in the rain
   - work clash
   - not low income – felt unwanted
   - only two men attending

10. **What was good about being part of a team?**
   - getting to know other people (3)
   - togetherness – closeness with people when working together/camaraderie (2)
   - contacts
   - co-operation – helping each other out, all doing different things
   - sharing ideas workload etc – balance of skills
   - encouragement
   - conversation – diverse people

11. **Overall was the project worthwhile?**
   - yes (all) - ['definitely’, ‘loved it’, ‘got a cert’]

12. **If it was to run again would you be interested?**
   - yes (8)
   - no (1)
   - maybe (1) – as long as it was a progression and not a repeat.

13. **Any other comments?**
   - handouts would be helpful
   - lucky to have the opportunity – particularly for women with children
   - compliments to the gardener
   - communal growing space which could be used by those with no gardens would be of great value
   - already signed up for horticulture course at Organic Centre
• thanks for the opportunity
• compliments to everyone involved
• “like a Buddhist retreat” – very calming and enjoyable.
• “it was great”.

13. Steering Group view of the project

At the end of the project five members of the Steering Group were interviewed: the two gardener/tutors, the two representatives of the Health Board and the project coordinator. The interviews elicited comments on the success or otherwise of the project as a whole.

While individual members of the Steering Group had their own perspectives on the project, there was clear agreement on most issues.

Administration of project

It was agreed that administratively the project has worked very well. Funding was adequate to the task and the finances had been well managed and in a transparent fashion. The workload for the project was much as anticipated, and considerable time was spent in contacting participants by telephone and letter. It was agreed that the gardeners’ participation in the Steering Group was valuable, as it ensured a direct connection between the administration of the project and its delivery. It was also recognised that the time spent by the gardeners in administrative tasks and in attending meetings, as well as in preparation and clearing-up, should be recognised within the project budget.

Positive outcomes

All members of the Steering Group saw the project as being worthwhile. Overall they perceived many positive outcomes from the project. The most important was that there was a tangible result at the end of the project: considerable quantities of food were actually produced by the project members and usually taken home for personal and family consumption. The garden’s themselves ‘looked good’ as a symbol of the participants’ endeavours. The success of the end-of-project Harvest Celebration was pointed to as another example of a concrete outcome. It was seen as particularly important that the project had been a ‘success’ in these terms.

A second major positive outcome perceived by Steering Group members was the enthusiasm and perseverance of those who were able to complete the project. It was agreed that full participation required a considerable degree of commitment and this had been forthcoming in a number of cases.
The positive use of resources was noted: the use of the Organic Centre by some people who had not previously had contact with it; and the re-use of a neglected resource in the St Michael’s garden.

It was agreed that the project had to be seen as part of a long-term process. It was not likely that people were going to be converted into organic gardeners overnight. Rather the ‘seed had been planted’ and this would reverberate amongst families and communities. Those who had already some experience of gardening would be further encouraged, while those who were new to it had been exposed to new ideas and ways of looking at food production and consumption.

Finally, the success of participants in working together and in generating a spirit of community was mentioned. The project had introduced people to a systematic approach to gardening; this was the strength of having professional gardeners involved.

In addition the Steering Group, which represented a number of different bodies with varying interests, had worked very well together and this could form the basis for further cooperation in the future.

**Negative outcomes**

The most common concern of Steering Group members was that the initial number of participants on the project had dropped quite rapidly to a relatively low level. It was suggested that this should have been anticipated and that a larger number of participants be recruited in the first instance.

It was clear that many of those who had left the project had done so for a range of reasons related to their everyday lives. Thus Steering Group members were able to identify those who had had to withdraw due to illness, moving house, changed family circumstances, obtaining fulltime work, pregnancy and childcare issues. While the smaller numbers had been disheartening to some extent for participants, it also had the positive outcome that there was more produce available to those remaining!

Another barrier identified was the initial soil fertility of the Sligo site. This required considerable remedial work. The burden of weeding and strimming of the site was also quite heavy, particularly during the summer months when participation levels were more volatile due to holidays.

The Steering Group members perceived that there had been changes in skill levels and in attitudes amongst participants. While some people came to the project with already positive and definite attitudes towards fruit and vegetable consumption, others did show changes towards more positive attitudes.
The biggest changes had been in levels of confidence in growing food and an appreciation of the process. Participants had been delighted – indeed ‘amazed’ – at being able to successfully produce food from seed. For those without access to a garden, there was a greater appreciation of the growing process and of issues such as seasonality.

Steering Group members were asked about the ‘ideal participant’ for a project such as this. Not surprisingly, those with some existing interest, but not necessarily experience in gardening, were universally seen as ideal. There were variations of opinion as to whether the project should be targeted or not to those on a tight budget, with both views almost equally represented. It was suggested that more emphasis should be placed on younger people, whether school students (eg Transition Year) or children. On balance, there was a desire to see a broadening of the ‘catchment’ for the project. The ideal ‘group size’ at any one time was seen as 8-10.

There was agreement amongst the Steering Group that the cooking side of the project was not as strong as the gardening side. There were some problems in populating some of the Eat Well Be Well sessions, and it was felt that these would have benefited from a better integration with the gardening side. It was suggested that there could have been a stronger focus on how to best prepare organic and less common vegetables. It would have been a good idea for the Eat Well Be Well tutors to have been incorporated in a more active way into the project from the beginning.
A common theme mentioned by the Steering Group members was childcare. It was noted that some participants had had to withdraw as a result of competing childcare demands. Some participants brought their children along with them to gardening sessions. While this undoubtedly had benefits for the children, there were some concerns about safety issues and about the need to keep an eye on children distracting participants and gardeners. It was suggested that either a parallel project for children be developed or that some kind of childcare provision be made.

The original intention had been to include a greater proportion of ‘theory’ or ‘classroom’ work. For a number of reasons this aspect was minimised in favour of practical gardening, with advice and information being conveyed in the field. It was felt that in any future project that some extra weight be given to the classroom element.

Steering Group members agreed that there had been a good level of publicity for the project, including both national (Marriott, 2005) and local media (in the *Sligo Champion*) and word-of-mouth knowledge.

Members of the Steering Group were asked what they themselves had learned from the project. All agreed that learning had taken place, including an appreciation of the complexity of running such a project; the benefits of the teamwork approach embodied in the Steering Group itself; knowledge about organic food and gardening; about the potential for projects such as this; about working in a group and experiencing new types of work.
14. **Key outcomes**

The Australian Community Gardening Network (ACGN, 2002) has identified a range of benefits that potentially flow from community gardens:

*Individual benefits*
- Health – nutritional health and physical fitness
- learning – mental stimulation, development of knowledge and expertise, organics, community education (eg in recycling)

*Social and environmental benefits*
- social activity – including problem-solving and negotiation
- opportunities to meet other people
- build a sense of community
- ‘regreen’ vacant areas
- increase vegetational diversity
- improve the urban environment
- strengthen civil society

All of these outcomes emerged from this particular project.

1. the project moved successfully from theory, to design to implementation. In other words, it produced tangible, concrete results at the end that could – literally – be consumed. This did not happen by accident or luck, but by good project design and attention to detail

2. the involvement of professional and experienced gardeners/trainers with the back-up of the Organic Centre was an important aspect of the success of the project

3. the project successfully addressed the target group of those with limited incomes. There was nevertheless considerable diversity in demographic terms, employment status, family formation, household income, housing tenure and place of residence. Though the gender balance at the outset was relatively even, by the end of the project women predominated

4. there was a significant drop-off in participants from the outset of the project. The information available to the evaluators suggest that many of those withdrawing from the project did so for various everyday life-cycle and health-related reasons that were beyond the influence of the project. In a long term project demanding significant commitment and resources such drop-off is inevitable.
5. there is an indication that lack of childcare had an impact on the project: both in terms of contribution to some withdrawals from the project and in terms of some safety concerns on-site

6. there was little measurable change in attitudes to fruit and vegetable consumption over the span of the project. Many participants already had a positive orientation and did not lose this. There was evidence of an increase in levels of confidence in gardening amongst participants. This was supported by observations amongst the Steering Group

7. participants enjoyed the experience of physical work outdoors, as well as the food/nutrition/gardening aspect

8. the cooking aspect was not fully integrated into the project as a whole

9. the project garnered a good level of local and national publicity

10. the community, social and teamworking aspects of the project were important to participants. The project did reflect high levels of teamwork and cooperation, both amongst participants and the Steering Group. As such it can be said to have increased levels of social capital in the locality
15. Recommendations

If this project were to be replicated or repeated, consideration should be given to the following aspects:

1. the principles that underpinned the project be replicated: these included good project design including clear objectives and realistic funding levels; regular meetings of a focused Steering Group; funding and administrative transparency, independent evaluation and monitoring

2. consideration be given to the inclusion of a participant representative on the Steering Group

3. that funding be specifically allocated from the outset for participation by gardener/tutors in administrative and Steering Group activities

4. consideration be given to broadening the scope of recruitment to the project: that eligibility criteria may be broadened to include a wider socio-economic catchment and younger participants

5. that a higher number of participants be recruited in the first instance, to allow for the inevitability of ‘drop out’

6. that the issue of childcare for participants be addressed, either through the provision of on-site childcare, an allowance for child care, or through a parallel programme suitable for children

7. the proportion of classroom instruction be increased, preferably supported by suitable handouts or printed material

8. that the physical exercise/outdoor experience aspect be addressed as a positive aspect of such projects, as well as the food/nutrition aspect

9. the cooking and nutrition aspects be better integrated into the project as a whole, in particular through involving the cooking tutors in other aspects of the project from the outset

10. that the evaluation team be involved in the project from the outset, thus increasing participants’ level of comfort with the evaluation process. The evaluation process could be made more participatory
16. References


Tovey, H. & P. Share (2003) *A sociology of Ireland*. Dublin: Gill and Macmillan.

