



Evaluation Report on the
Healthy Start Antenatal Cookery Lessons
Pilot September 2011
Completed by the Pilot Working Group



21st October 2011

Acknowledgements

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The **participants** in the sessions who have contributed to the learning and to the roll out of this initiative going forward.

Springburn Parish Church for their help, support and commitment in the use of their facility

The following **staff members**, for their skills and enthusiasm to drive this initiative forward:

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Healthy Start Antenatal Cookery Sessions

Pilot Evaluation Report

1. Background

In November 2006, the Government introduced the Healthy Start Scheme in the United Kingdom. This new scheme replaced the Welfare Food Scheme that provided free infant formula for babies from families who received benefits. The main aim of Healthy Start is to improve maternal and early childhood nutrition in disadvantaged groups. Unlike previous schemes, Healthy Start also includes provision of fruit and vegetables, nutritional advice to families, promotes breastfeeding and encourages stronger links between health professionals and families from disadvantaged groups.¹

Families supported by Healthy Start receive:

- Free vitamin supplements for pregnant women
- Free vitamin supplements for children aged 6 months, until their 4th birthday
- Vouchers which can be exchanged for cow's milk, fresh and frozen fruit and vegetables, and infant formula milk.

Information from the Department for Work & Pensions indicates that of the 12081 households in Greater Glasgow & Clyde eligible for the Healthy Start scheme, 31% do not access their full entitlement to vouchers for fruit, vegetable and formula milk,² and 71.2% do not access their full entitlement to free vitamin supplements.³

A recent review of Healthy Start take-up within the Healthier Wealthier Children Project found that there is poor awareness of the scope of the scheme and local provision among patients, staff groups and services. Among those who have some understanding, there is often a mistaken assumption that the scheme is for formula milk only and does not cover, fresh milk, fruit and vegetables and vitamins.⁴

While the Weaning Fayres are well attended, a proportion of women consulted at antenatal clinics expressed a reluctance to attend them as a result of their own lack of confidence and perceived knowledge. This, coupled with the low levels of take-up of Healthy Start among the most vulnerable women, led to the establishment of a short-life working group to devise practical means by which the needs of this patient group could be addressed.

¹ National Health Service, (2009). *Delivery of Healthy Start: A guide for health professionals*. [Leaflet].

² Scottish Government, *Management Information Report, Cycle 105*

³ NHSGGC Public Health Pharmacy, *Final Results to 31st March by CHCP.xls*

⁴ HWC Healthy Start Briefing Paper Final, (July 2011)

2. Aims

The Healthy Start Antenatal Cookery Sessions aim to:

- Encourage good maternal nutrition by providing basic cooking skills and enabling families to make good choices in the preparation of their own meals
- Address the concerns that the potential health benefits of the Healthy Start scheme are being restricted by patients limiting the purchases made with the vouchers
- Promote good infant and family nutrition by supporting families to make good quality home cooked meals.
- Increase parents' knowledge and confidence to help them produce healthy homemade alternatives to pre-made baby food.

3. Structure & Design

The pilot was managed through a short life working group consisting of representatives from North West Health Improvement Team (Healthier Wealthier Children), North East Health Improvement Team (Oral Health), and North Glasgow Community Food Initiative.

It was decided to bring the learning available at the existing Weaning Fayres, to a group of women identified by their midwives as requiring additional support to improve their knowledge and skills base prior to the birth of their baby. Basing the sessions on the Fun First Foods guide⁵ would ensure consistency with the Weaning Fayres and that the pilot would meet the standards required in the Quality Assurance Framework.

In line with the NHSGGC Infant Feeding Strategy, infants between 3 and 6 months old are invited to attend a local Weaning Fayre.⁶ At the Fayres, patients will be given information on:

- Why weaning is important and when to start weaning
- How and what to give
- Food aversion/fads
- Responsive feeding practices
- Oral Health messages
- Key developmental stages
- Speech and language development and development of parent/child relationship
- Healthier cooking methods & demonstrations
- Opportunity to discuss concerns with health professionals
- Promote healthy eating practices within the family

Initially, the design of the pilot envisaged patients attending 3 practical cookery and information sessions, each dealing with different aspects of nutrition and weaning, and lasting 2 hours each. However, given the needs of the target group, we agreed that attendance at all 3 sessions would not be required, and patients could elect which ones to attend.

The structure of the sessions was:

- Session 1 – how to prepare and cook first foods
- Session 2 – how to prepare finger foods
- Session 3 – how to prepare and cook meals for all the family

Each session included⁷:

- Practical cookery lessons
- Information on the baby development stages
- Oral health for baby and family members
- Cost and taste comparisons of home cooking and pre-made baby foods
- Promotion of Healthy Start community food outlets
- Healthier Wealthier Children financial wellbeing check.

⁵ NHS Health Scotland, *Fun First Foods, An easy guide to introducing solid foods*, (2010)

⁶ NHSGGC, Quality Assurance Framework – Weaning Fayres (March 2011)

⁷ Appendix 2

4. Delivery

Staffing

The working group decided that to ensure high standards of advice for this initial pilot, a Dietician was contracted to deliver the sessions. Additional input was to be provided by an Oral Health Practitioner, NGCFI Development Worker, and HWC Development Worker.

Location

A local church hall, with access to a kitchen satisfying all appropriate health and safety requirements was seen as the best location, being close to the health centre where patients were accustomed to attending for their antenatal appointments. Given the nature of the activities involved in the sessions, a risk assessment⁸ was carried out by NGCFI during the planning stage to identify any additional precautions that needed to be taken.

Recruitment

It was agreed that limiting the pilot to a small group of patients (around 6-8) would offer the best opportunity for learning. Midwives were asked to identify and refer patients to the pilot. Given the short timescales involved, two members of the working group attended the antenatal clinics to provide immediate information to interested patients. In total, 18 patients were referred. This was reduced to 11 following further discussion with patients. Reasons for focussing on this group of patients included: the unavailability of childcare meaning that several patients with pre-school children were not able to attend; ineligibility for the Healthy Start scheme; and attendance at work or college preventing attendance at the scheduled time.

Materials

Materials for the structure and content of the sessions were taken from the Fun First Foods guide. Existing standard documentation, e.g. referral, monitoring and consent forms were used⁹. Participants were asked to complete two self assessment forms¹⁰; one providing information about their experience of the Healthy Start scheme, and one used before and after the session to assess attitudinal and behaviour change.

Participants were given a pack containing: information on Healthy Start, Fun First Foods guide, Eat Well Plate, food labelling guide, Oral Health & Pregnancy Guide, dental practice list, NGCFI fruit and vegetable outlets, along with £3.10 worth of fruit and vegetables at each session. They also received cooking equipment, i.e. a masher, peeler, ice cube tray and wooden spoon.

Cooking equipment (mobile gas stoves, pots, knives, peelers, chopping boards, and cleaning equipment) was provided by NGCFI.

Evaluation

At the end of the sessions, patients were asked to complete two formal feedback forms¹¹. Additionally, during the sessions, notes were taken detailing some of the comments made by participants. On completion of the pilot, all participating staff completed a questionnaire¹², providing their reflections on the activity.

⁸ Appendix 5

⁹ Appendices 1 & 4

¹⁰ Appendix 3

¹¹ Appendix 6

¹² Appendix 7

5. Outcomes

Participants

In total eight patients attended at least one session, with two attending all three. Of the eight participants, five were mothers, two were fathers, and one was a grandmother. The majority of participants were first time parents; only two had older children.

Sessions

Three sessions of two hours each were delivered. Insufficient time had been allowed in the first session for all three dishes to be cooked, therefore it was agreed that the third dish would be delivered at the beginning of Session 2.

During the sessions, participants were asked to choose which particular items to use and were supported to taste food they had not had experience of. A combination of watching demonstrations and having opportunities to carry out tasks themselves allowed the sessions to move at an appropriate pace. They were also encouraged to ask questions and make suggestions. One participant commented:

“Each class was great fun, the 2 hours went by really quickly. I felt comfortable and it didn’t matter what question I asked, I didn’t feel silly for asking”

Skills Learned

Participants had a range of existing skills, from those who had already had children who wanted to refresh their knowledge and understanding, to those who had no experience of cooking for themselves or their family.

Having had an opportunity to make both basic and complex foods, participants, reported more confidence in their own cooking abilities.

Reported improvement in skills:

- one participant was unaware that fruit e.g. and apple or banana could be peeled and heated, and had never used a peeler or eaten cooked fruit before.
- all participants stated that they would make use of the ice cube trays to store baby sized portions of homemade food.
- they were more confident knowing how to mash food to the correct consistency for infants.
- One participant who had experience of cooking family meals before, felt that they had learned more attention to detail which would improve the quality of the meals they prepared.
- Understanding how to best look after their own and their baby’s oral health gave them more confidence and highlighted the importance of early dental registration for baby.

Changes in Attitudes and Behaviour

Many of the participants had been regularly eating ready made or convenience food and had poor understanding of the nutritional and financial impact of these choices.

Reported changes:

- During the baby jar taste tests, participants were surprised at how much they disliked the taste of the food in comparison with the dish they had prepared themselves. All of them stated that they intended to reduce their reliance on baby jars or avoid them completely following the sessions. One participant commented:
"That is horrible. How could I expect my baby to eat that?. No wonder babies screw their faces up when being fed"
- They all recognised the cost savings they could make by making their own meals and preparing food in advance
- Some participants who had lacked the confidence to prepare their own meals stated that they would definitely try some of the simpler recipes themselves. One participant commented:
"That shepherd's pie was so easy to make. I thought these things took ages and you'd need to know all about food to do something as fancy as that. I'm going to try it with cheese as well."
- The traffic light system to help understand the nutritional content of foods was seen as a simple way to select healthy foods.
- While several of them had received nutritional guidance from their midwife, they now understood more the connection between their own food intake and the development of their baby:
"I realise that I should look after myself some more and that will help both of us"
- Most of the participants had thought that infants had to eat specially prepared food. They were more confident that they understood portion sizes and the ability to make healthy choices for the whole family:
"That special baby food is a complete con. It's so expensive and as long as it's healthy food, everyone can eat some. It saves making loads of different meals too."

Partnership Working

This initiative was conceived, designed and delivered within 14 weeks. Each of the partners involved brought knowledge, materials and an enthusiasm to addressing the identified need and was a good example of effective partnership working.

Ongoing interest

NGCFI has already received funding (£2550) by way of Community Food & Health Scotland's Small Grants programme to roll out this initiative within the North of Glasgow during the next year. Several groups, e.g. Homeless Health Service, Smithycroft Secondary School's Antenatal Young Mum's Group, Making a Difference, and Rosemount Young Mum's Group, have all expressed an interest in delivering this activity and other funding options are being considered.

6. Recommendations

Strategic Approval

It is recommended that approval be sought within NHSGGC's strategic structures to either continue to pilot this activity with other patient groups or roll it out on a wider scale. Such approval would widen the range and make the activity accessible in other formats.

Consideration within Child Services, Financial Inclusion and Midwifery structures, as well as within specialised teams such as Homeless Health Services, Mental Health Services, Community Addiction Services, would encourage ownership and local implementation.

A suggested option would be to include these short cookery sessions as part of other complimentary activities or programmes.

Pursuing recognition of nutritional/cooking skills as part of the wider antenatal programme could enable patients, who may benefit from this activity, to be targeted through the universal service in line with the ethos of HWC.

Delivery Changes

Having reviewed the way this activity was delivered, the working group has agreed that the following changes to the delivery model could either improve or adapt the sessions depending on need:

- Where no additional content is required, reduce the number of sessions from three to two to lessen the level of commitment required from the hardest to reach patients.
- Identify means by which participants in the sessions can be tracked to ascertain the levels of longer term skills development and behaviour change.
- Consider the most appropriate time of day to schedule the sessions to take account of parents who are working or studying, or who have other childcare commitments.
- Identify other patient groups who could potentially benefit from a similar course e.g. new inexperienced mums.
- Consider addressing barriers such as language or literacy difficulties.
- Identify referral pathways to other services e.g. income maximisation, baby massage, other more in-depth cookery courses.
- Consider including information on food content, e.g. which foods are good sources of vitamins.
- Ensure staff delivering the sessions have an appropriate level of knowledge of nutrition and food content.
- Consider including activities relating to housekeeping and budgeting skills.

Healthy Start Cookery Sessions

Referral Form

Healthier, Wealthier Children (HWC) aims to help families at risk of poverty. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.

Healthy Start is a national scheme to provide vitamins and vouchers for pregnant women and families with children under 4 who are on a low income. Vouchers can be used to purchase milk (both cow's milk and formula milk), and fresh and frozen fruit and vegetables.

Healthy Start Cookery Sessions aim to encourage patients to make best use of the Healthy Start scheme by providing a programme of 3 practical cookery and information sessions for patients who are eligible for Healthy Start vouchers.

PATIENT:

Full Name :		
CHI No.:		
Address (including flat number) :		Postcode :
Telephone: (Tick preferred contact no.)	<input type="checkbox"/> Home :	<input type="checkbox"/> Mobile:
EDD:		

Does patient have any dietary requirements or allergies we should be aware of? Please describe:

.....

Does patient require support for additional needs? (e.g. more time in appointment, communication support, physical access, translation/interpreting service). Please describe:

.....

PATIENT/CLIENT CONSENT TO REFERRAL:

I agree to be referred to the HWC Weaning Sessions

YES ☐ NO ☐

REFERRER DETAILS:

Name of Referrer:		
Job Title:		
Base:		
Area:		
Contact Telephone:	Base.....	Mobile
Email:		
Signature of Referrer:	Date:	

Session Plans

Based on Fun First Foods

Session 1: Introduction to Healthy Start

Aim: To enable parents to feel more confident about basic nutrition providing first foods for their infant

Objectives: Parents should

1. Recognise the 5 food groups from the Eatwell Plate model and convey basic healthy eating messages for all
 - a. consider the health benefits of each food group
 - b. appreciate the need for a balance within the food groups
 - c. Understand that eating at least 5 portions of fruit and vegetables every day contributes to a healthy diet.
2. Appreciate that preparation of homemade infant food can be more cost effective and more nutritious than ready made products
 - a. compare baby jars in terms of cost to homemade equivalents
3. Understand the necessity of Food Hygiene & safety practices, particularly for infants

Objective	Activity	Time
Introduction	Housekeeping/Registration	
	Intro to Healthy Start	20 mins
Healthy Eating	Intro to the EatWell Plate	15 mins
First Tastes	Comparison of jars v homemade - price	15mins
	Preparing to cook for your infant: safety and hygiene	10mins
	Cooking 1: Mashed banana and milk	10mins
	Cooking 2: Apple and pear	20mins
	Cooking 3: Carrot and sweet potato mash	20mins
Conclusion	Questions - Summary	

Mashed banana and milk

Ingredients: ½ banana per participant, breast milk OR formula milk OR full fat cow's milk after age 6 months (as inclusion in recipe but not for drinking)

Instructions: Peel banana (if not immediately eating other half, just peel to halfway down and fold over ends and put in a cool place. Will last a couple of days.)

Place in bowl: mash with fork to required level. Add milk to taste.

Apple and Pear Puree/Mash

Ingredients: 2 apples, peeled, cored, and chopped; 2 ripe pears, peeled, cored, and chopped

Instructions: Put the fruit into a saucepan with 5 tbsp water. Cover and cook over a low heat for 6–8 minutes until tender. Mash to a smooth purée.

Session Plans

Session 2 : Moving on

Aim: To enable parents to make good choices about food for their families

1. Food labeling/traffic lights
2. Dental Health
3. Finger foods: Demonstration and discussion

1. Food labelling

Aim: Be able to read and understand the main components of a food label, particularly sugar, salt content, with reference to Traffic Light Guidance.

Resources: Available to download or order free of charge from

<http://www.food.gov.uk/aboutus/publications/#branch11>

Objectives: Discuss, with reference to baby foods and foods suggested by participants, the traffic light colour coding which tells you at a glance if the food has high, medium or low amounts of fat, saturated fat, sugars and salt. If you buy a food that has all or mostly green lights, you know it's a healthier choice. An amber light means neither high nor low, so you can eat foods with all or mostly amber lights most of the time. Red light means the food is high in fat, saturated fat, salt or sugars and these are the foods we should cut down on. Try to eat these foods less often and in small amounts – however, foods like spreads are pure fat, so are always going to be red! Use as small amount as possible.

2. Dental Health

Aim: To raise awareness of the importance of maintaining good oral health throughout pregnancy and promote early registration with dental services from birth.

Objectives: Parents should

- Identify factors that contribute to poor oral health in pregnancy
- Recognise the importance of maintaining good oral health throughout pregnancy
- Improve mother's awareness of a healthy diet during pregnancy
- Discuss the importance of registration for both mother and baby with dental services

3. Finger Foods.

Aim: To understand baby's development and encourage widening the range of food tasted.

Objective: As the baby develops better finger control (usually around seven or eight months), introducing finger foods will help to develop the skills of biting, chewing and self-feeding.

Finger foods should be big enough for baby to pick up, easy to hold and should not have any stones, pips or bones. Avoid hard foods like whole grapes that might cause your baby to choke

Instructions: Select fruit and vegetables from the bag, e.g. peppers, carrot, cucumber, apple and cut into sticks. These can be eaten individually or used with natural yoghurt as a dip.

Session Plans

Session 3: The family meal

Aim: To encourage parents to prepare healthy meals for all the family.

Objectives: prepare a healthy main meal from basic ingredients.

- These meals can be given to most infants, although it might need to be mashed more for a newly weaned infant.
- Compare in taste and cost to a jar of pre-made baby food
- Discuss differences between a shop bought Shepherd's Pie and this version: shop bought is more expensive, has more fat, and probably sugar added too. Remind participants that they can check the label against the traffic light cards they got last week.
- Meat part can be frozen once cooked, whole pie can be frozen too in small portions for convenience.

Shepherd's Pie :

Ingredients per person:

450g potatoes, peeled and cut into chunks (use own judgement depending on size of potatoes: maybe 3 per person if big)

3 tbsp milk

5 tbsp grated Cheddar cheese (*optional*)

1 tbsp vegetable oil

60g onion, chopped

1 carrot (approx 150g), scrubbed or peeled, and grated

100g peas (*if frozen, defrost by placing in a bowl/large cup and pouring boiling water on – leave this whilst mince is cooking*)

150g lean minced beef

150 ml water

1/2 tsp dried herbs if available

Instructions:

Wash hands!

Scrub potatoes and pick out black/damaged spots (*will more nutritious with skin on*), cut each potato into 4

Put the potatoes into a saucepan, cover with water, bring to the boil and cook for about 12 minutes or until tender. Drain and mash together with the milk and grated cheese.

Whilst potatoes are cooking, heat the oil in a saucepan and sauté the onion over a low heat for about 4 minutes, stirring occasionally until softened. Add the grated carrot and sauté for 4 minutes.

In a separate pan, dry fry the minced beef until browned, stirring occasionally. Add to the onion and carrot. Add the pinch of herbs.

Cover and cook over a low heat for about 10 minutes. Stir in the peas after about 7mins, they just need to heat through.

Place meat mixture into a heatproof dish and top each with mashed potato – should be browned under the grill but this will not be possible using the stoves available.

Points to note:

Can be enhanced with chopped up carrot or other root vegetables, this adds more nutrients and makes the mince go further.

A tin of chopped tomatoes can be added to the meat part to add a slightly different flavour and again, makes it go further

No salt or stock cube needed. Salt can be added individually at the table if required but babies/children do not need it, there is adequate salt/sodium in the meat and cheese (if used)

Although beef mince has been used here, lamb mince is also very suitable for this dish.

Fruit Salad:

Using whatever is in the bag, chop up fruit and mix in bowl. Top with natural yoghurt.



HEALTHY START



Cooking Sessions



What happens at the Cooking Sessions?

During the 3 week course you will:

- Practice making healthy food for you and your baby
- Discover ways to save money when cooking for your family
- Learn how to get the most out of your Healthy Start vouchers
- Find out how to best look after you and your baby's dental health
- Make sure you are getting your full benefit entitlement
- Take home loads of fruit & veg to practice with
- Meet other mums-to-be just like you

Springburn Parish Church
Thursday 1-3pm
1st, 8th & 15th Sept

***All you need
to do is come
to all 3
sessions and
join in!***

Patient Materials

Service User Questionnaire



Healthy Start is a scheme which provides vouchers for some pregnant women and families with young children to have free vitamins and £3.10 per week towards healthy eating.

We'd like to find out what you think about this scheme and would be grateful if you could answer some questions.

1. Do you know about the Healthy Start scheme? Yes No

2. Who told you about the scheme? _____

3. Did you find it easy to get your vouchers? Yes No

If 'No' please tell us more _____

4. Have you used the vouchers? Yes No

5. Was there enough information about where you could use your vouchers?

Yes

No

Some

6. Have you had any problems using the vouchers in shops? Yes No

If 'Yes' please tell us more _____

7. Which items do you normally buy with your vouchers? (tick all that apply)

Cow's Milk

Fresh Fruit & Vegetables

Vitamins

Plain Frozen Fruit & Vegetables

Thanks you for taking part in our questionnaire. All your answers will stay anonymous and confidential.

Name:

How much fresh fruit and vegetables do you eat on a daily basis?

How comfortable are you in preparing/cooking fruit and vegetables?

How much fresh fruit and vegetables do you eat on a daily basis?

How comfortable are you in preparing/cooking fruit and vegetables?

How confident would you say you are at understanding food labels?

How often do you intend to use pre-made baby food? (e.g jars)

None
Not at all
A little
Quite a lot
A lot



List of Dental Practices in North East Glasgow

NAME	ADDRESS	CONTACT NUMBER	CHILDSMILE PRACTICE
Balornock Rd Dental Surgery Alan Harvey	14 Balornock Road, Balornock, G21 3HU	0141 558 9222	YES
AM Dental Practice Anita Mooney	Springburn Health Centre, 200 Springburn Way, Springburn, G21 1TR	0141 558 8904	YES
Springburn Dental Practice Rita Amed	30 Hillkirk Street Lane, Springburn, G21 1TE	0141 558 5395	YES
Springfield Dental Surgery Chan Kok Chin	1347B Springburn Road, Springburn, G21 1UU	0141 557 3488	NO
Atlas Road Dental Practice Jacob Ratlabayne	Atlas Road Dental Practice, 182 Atlas Road Springburn, G21 4TP	0141 558 5088	NO
Royston Dental Practice Kieran Fallen	Rosemount Workspace, 141 Charles Street Royston, G21 2QA	0141 552 8898	YES
Community Children's Dental Service	Springburn Health Centre, 200 Springburn Way, Springburn, G21 1TR	0141 531 6715	NO

Equalities Monitoring Form



To help us organise future events, we would be grateful if you could spend a few minutes letting us know a bit about you.

1. What age are you? (Please tick)

Under 16 ☐ 16-24 ☐ 25-34 ☐ 35-44 ☐ 45 and over ☐

2. What gender are you? (Please tick)

Female ☐ Male ☐ Transgender ☐

3. What is your ethnic group? (Please tick)

White ☐ Mixed or multiple ethnic group ☐ African, Caribbean or Black ☐
Asian, Asian Scottish or Asian British ☐ Other ethnic background ☐

4. Do you consider yourself to have a disability? Yes ☐ No ☐

Please tell us more about this if we need to take steps to help you take part in the course

5. Is this your first child? Yes ☐ No ☐

6. If you have other children, please tell us what ages they are

7. What are your main reasons for attending? (Please tick all that apply)

Information on my nutrition ☐ Information on my baby's nutrition ☐

Learn practical skills ☐ Meet other parents ☐

Other (please tell us what this is)

MEDIA CONSENT FORM



NHS Greater Glasgow and Clyde has given its consent to NHS Greater Glasgow and Clyde Oral Health Action Teams (*name of newspaper, publication or production company*) for photography or filming to be carried out within its premises on

_____ (*date*) for publication or broadcast in Glasgow-wide Oral Health Action Team Publications and Training Resources (*name of publication, article or programme*).

Please specify (by circling your answer) whether or not you also give consent for this material to be used for the following purposes

NHSGGC Staff News	Yes / No
NHSGGC Health News	Yes / No
NHSGGC Website/Intranet	Yes / No
NHSGGC Leaflets/Posters	Yes / No
NHSGGC Display Boards	Yes / No

I hereby give my permission for the above-named company to photograph, film or interview me, as a patient of NHS Greater Glasgow and Clyde.

Name of patient:

Home Address:

.....

.....

Daytime Tel No:

Signature of patient:.....

Date:

Re-use of photographs/film clips: NHSGGC will contact you to ask your permission if we receive any requests for this material to be used again for any other purpose (apart from those specified above). However, please be aware that with external agencies, such as newspapers and TV companies, we cannot always control re-use.

Venue Organisation/Name: Springburn Parish Church

Date of risk assessment: 26/08/2011__

What are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by whom	Action by when	Done
Knives Cuts from contact of blade	Staff involved in food preparation and service	1) Staff trained how to use knives 2) Knives suitably stored 3) First aid box provided and first aider always on site	N.A	All	01/09/11	x
Food Hygiene Training and awareness	Participants/Staff/Volunteers	Make sure appropriate staff are fully trained in food hygiene.	Staff reminded to thoroughly dry hands after washing	DB	01/09/11	
Food Poisoning						
Bacteria Growth in food	Participants/Staff/Volunteers	1) Buy all ingredients fresh 2) Food to be stored at the correct temperature	1) Discard any contaminated foods 2) Check dates of receipts to ensure produce is fresh	DB/LW	01/09/11	
Cross contamination	Participants/Staff/Volunteers	1) Keep all raw foods away from other foods at all times including during preparation. 2) Use separate chopping boards.	Facilitators to check this is happening	All	01/09/11	
Other contamination	Participants/Staff/Volunteers	1) Make sure all surfaces and equipment are cleaned properly 2) Where handling of food is unavoidable hands will be promptly washed	1) Facilitators to check this is happening 2) Staff reminded to thoroughly dry hands after washing	All	01/09/11	

Allergies	Participants/ Staff/Volunteers	Participants have been asked if they have any allergies	Facilitators will check again on the day of course	MS	01/09/11	x
Fire	Participants/Staff and Volunteers	1) A fire Blanket and suitable extinguisher is available at all times 2) Emergency evacuations system is in place. 3) Emergency Exits to be kept clear and obstruction free at all times. 4) All participants to sign in and out to maintain accurate register at all times 5) No smoking rule must be strictly observed 6) Extractor fan in place 7) Make sure stoves are left unattended	Participants to be reminded of this at the beginning of course	CA	01/09/11	
Electrical	Staff could suffer serious fatal injuries as a result of electric shock	1) Visual checks done on a daily basis 2) Electrical equipment be certified for safe use 3) Staff trained to check before use and if damaged to report it straight away	Staff to visually check plugs and cables Qualified electrician to do pact testing yearly	DB/Electrician	01.09.11	x
Burns and Scalds	Staff and customers could risk fatal or serious injuries	1) First Aider available 2) Follow correct cooking procedures, suitable equipment provided e.g. wooden spoons etc	N.A	All	01.09.11	
Slips & Trips	Participants/Staff/Volunteers	1) Floor must be kept as clear as possible and excess furniture removed 2) Floor must be kept dry and clear of food spillages 3) There must be ample space between each work unit 4) Table height should be appropriate to adult height 5) No wiring or cables to trip over	Check area again on the days	All	01.09.11	



Cookery Session Feedback

We'd like to find out what you think about the cookery sessions and would be grateful if you could answer some questions.

1. Which face best describes how useful you found the following topics? (Please tick ONE box only)

Topic					
Learning cooking skills					
Finding out about what's in food					
Finding ways to save money					
Learning about dental health					
Finding out about Healthy Start					

2. What was your favourite dish we made?

3. Which recipes will you try at home?






4. How will what you have learned change what you do?

—

5. What do you think about how the sessions were run and organised?

ORAL HEALTH

1. Which face best describes how useful you found the following topics and session ? (Please tick ONE box only)

Activity Oral Health in Pregnancy					
Managing mouth conditions during pregnancy, ie toothbrushing					
Dietary Advice Food labels					
Overall value of session					

2. Which part/s of the oral health sessions did you find most beneficial and why

3. Is there any part/s of the sessions which you feel could be improved?

4. Do you feel you know more about oral health after taking part in the sessions?

Yes ☐

No ☐

5. Did you find the Oral Health antenatal pack given at the your appointment to be beneficial please tick and give reasons for your answer

Yes ☐

No ☐

Any other comments?

Healthy Start Antenatal Cookery Sessions

Team Reflections

1. What was your role(s) in this initiative?
2. What action did you take in preparation for the sessions?
3. What action did you take during the sessions?
4. What is your opinion on how the sessions went?
5. What (and why) do you think worked well in the preparation and delivery?
6. What (and why) do you think did not work well in the preparation and delivery?
7. If the sessions were to be run again, in which different ways could they be delivered?
8. What patient group do you think would benefit the most from these sessions?
9. Did you observe anything in particular from the participants, e.g. comments?
10. Overall comments including the effectiveness and resource implications?