Process evaluation of Community Kitchens: Results from two Victorian local government areas

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Introduction

Community Kitchens have been loosely defined in Canada as "community-based cooking programs in which small groups of people meet regularly to prepare one or more meals together".[1(p13)] They have also been described as "participatory, community-based programs designed to enhance individuals' knowledge and skills in food selection, shopping and preparation and to improve their access to food".[2(p489)]

A review of the literature available on Collective Kitchens in Canada (a type of Community Kitchen in which small groups prepare large quantities of food) demonstrates that these kitchens foster friendship development and "the theme of breaking social isolation emerged strongly for those in particularly socially isolating circumstances".[3(p7)] The literature also shows that participation can be empowering for individuals (through skill development and improved food security) and is considered less stigmatising than accessing emergency food relief.[3]

On the most part, published literature relating to Community Kitchens in Canada has focused on impact rather than process measures, largely relating to cooking skills, nutrition and food security[4] although these claims are questionable given the study designs. While there have been several published articles about Community Kitchens in Canada,[1-9] to date there has been little published evidence about Community Kitchens or similar food-based community development initiatives operating in Australia.

Frankston Mornington Peninsula Community Kitchens Project

The Community Kitchens model has been implemented in the Victorian Local Government Areas (LGAs) of Frankston City and Mornington Peninsula Shire by Peninsula Health Community Health since September 2004 with funding from the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. The three-fold

Abstract

Issue addressed: This paper describes a process evaluation of the participants and organisations involved in Community Kitchens in the Local Government Areas of Frankston City and Mornington Peninsula Shire in Victoria, Australia.

Methods: Participants, facilitators and project partners from 17 Community Kitchens were invited to participate in the evaluation via a written survey and focus group discussion (participants) or structured telephone interview (facilitators and project partners). Qualitative data were analysed using a thematic analysis approach.

Results: Ninety-three individuals (63 participants, 20 facilitators, and 10 project partners) participated in the evaluation. Data showed that Community Kitchens reached population sub-groups that face the greatest health inequalities. Project partners were generally satisfied with the project and were able to identify enablers (e.g. support from the project team and running of other concurrent programs) and barriers (e.g. size of the kitchen and transportation) to setting up and sustaining a Community Kitchen. The themes that emerged from participants' and facilitators' experience of participating in the project concerned food and cooking skills, social skills and community participation.

Conclusions: The project enabled the development of food knowledge and cooking skills, as well as social skills and support networks among participants and facilitators. There is a need to determine what impact Community Kitchens may have on participants' nutritional status, as well as the effect of Community Kitchens on food security at an individual, household and community level. Further longitudinal studies are needed to affirm the findings of this study.

Key words: Community Kitchens, process evaluation, cooking, social inclusion, community participation.

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So What

Community Kitchens can reach vulnerable groups and are generally well-accepted by key stakeholders. They could be considered as part of strategies to address food insecurity and social isolation in other communities.

goal of the Frankston Mornington Peninsula Community Kitchens Project relates to promoting healthy eating, social inclusion and community strength by creating volunteering opportunities for local residents and facilitating participation in community life.[10]

The Community Kitchens project has sparked the interest of, and commitment from, a broad range of partnering groups and organisations both within and outside of the traditional health sector. Community Kitchens has been embedded within community-based organisations that have functioning kitchen facilities. Examples of partnering organisations include church and welfare organisations, Neighbourhood Houses and community centres, disability and community support organisations, schools and Registered Training Organisations, Men's Sheds, caravan parks and private businesses. Project partners oversee the implementation of the project in their respective organisations.

The Community Kitchens project has provided regular opportunities for groups of six to ten people to participate in planning, cooking and sharing nutritious and affordable meals together in community-based settings. Each group is led by a trained facilitator who can be either a volunteer or a paid worker within the organisation in which the Community Kitchen is based. The project follows a "train-the-trainer" model[11] whereby facilitators are trained by project staff and are expected to pass on knowledge and skills to participants. Facilitators are also expected to attend training workshops, covering the topics of group facilitation, budgeting for food, healthy eating, kitchen safety and food safety, and pass on their new knowledge to participants.

The three features that differentiate the Community Kitchens model from other cooking initiatives such as soup kitchens and cooking classes are:

- active participation of all group members in the planning and cooking processes;
- financial contribution of group members towards ingredients; and
- meals prepared are only for participants and members of their household; they are not given away or sold.

The aim of this study was to conduct a process evaluation of 17 Community Kitchens in the LGAs of Frankston City and Mornington Peninsula Shire. The process evaluation aimed to determine the reach of the project, satisfaction of key stakeholders, quality of project components and key stakeholders' experiences of participating in the project based on a modified version Hawe et al's process evaluation framework.[12]

Methods

Data collection

All 17 Community Kitchens operating across the two LGAs at the time of the study were targeted for this evaluation. A convenience sampling approach was taken where stakeholders who were available and willing to participate were included in the evaluation.[13(p20)] Community Kitchen participants, facilitators and project partners were recognised as the key stakeholders of the project and were invited to participate in the process evaluation. Tools that were used to collect the evaluation data included written surveys, focus groups and telephone interviews. These tools were developed to assist in addressing the process evaluation questions as displayed in Table 1. Data were collected during May 2009 by one research assistant to ensure consistency.

Facilitators and project partners were contacted by phone, provided an explanation of the study and invited to participate in a structured telephone interview. Active listening techniques were adopted to obtain responses from the telephone interview.[13] Community Kitchen participants were invited to participate in a written survey and a focus group discussion before or after their cooking sessions. Participants were given both verbal and written explanation statement of the evaluation project, informed consent was sought and participants' confidentiality was maintained throughout the process. The written surveys were developed to determine the reach of the Community Kitchens project while the focus group discussions were designed to elicit participant satisfaction and allow for focused discussion around their experiences.[13] While facilitators were often present at focus groups, their participation in discussions was discouraged. Interviews and focus groups were audio recorded, transcribed verbatim and compared with interviewer's notes to aid interpretation.

Data analysis

Data from written surveys was analysed using Microsoft Excel (version 2003). Written notes from interviews and focus

Table 1: Framework of the Process Evaluation of Community Kitchens.

Process evaluation questions	Stakeholders	Evaluation methods
What population groups are Community Kitchens reaching?	Participants	Written surveys
Were the project partners and facilitators satisfied with the Community Kitchens project design? Were the components of good quality?	Project partners and facilitators	Telephone interviews
What are the participants' and facilitators' experiences of participating in the Community Kitchens project?	Participants and facilitators	Focus groups and telephone interviews

groups were analysed manually by all authors using a thematic analysis approach as described by Liamputtong and Ezzy (2009).[13(p382-384)] Data analysis included triangulation of data sources (participants, facilitators and project partners) and tools (written surveys, focus groups and telephone interviews) which aimed to improve legitimacy of the data.[13] Initially data were coded and grouped together into categories. Categories were then discussed amongst all authors and agreed themes derived. Results were grouped under reach, quality and experience.

Results and Discussion

Written surveys were conducted with 63 participants from 13 Community Kitchens. Four of the 17 Community Kitchens did not participate; two were not running at that time, and the other two due to time constraints. In addition, 11 focus groups were facilitated with 52 participants from 11 Community Kitchens (number of participants in each focus group mean 4.7 (SD 1.7)). The exact response rate was unknown but it is estimated that this captured 90% of the participants at that time. Structured telephone interviews were also conducted with 17 facilitators, three past facilitators and 10 project partners from 15 Community Kitchens. It is estimated that the interviews captured 95% of the facilitators and project partners at that time. The thematic analysis of data from all stakeholders using different tools revealed consistent findings.

Reach of Community Kitchens

Data from participants' written surveys showed that, at the time of the survey: 36% of respondents had attended more than 20 Community Kitchens sessions; 46% indicated that they had a disability; 6% identified as an Aboriginal or Torres Strait Islander (ATSI) or Australian South Sea Islander (ASSI); and 27% of the respondents spoke English as a second language. In addition more than half (62%) received a pension or other government benefits as their sole source of income. One in five participants (21%) reported being affected by food insecurity, by reporting that they had run out of food in the last 12 months and could not afford to buy more.

These findings indicate that the Frankston Mornington Peninsula Community Kitchens project has demonstrated the ability to engage vulnerable population groups who face the greatest health inequities. Population groups such as Indigenous people, newly arrived migrants and refugees, people with disabilities and people with low socioeconomic backgrounds have been identified as the most vulnerable to food insecurity.[14,15] This project provides preliminary evidence of the ability of multidisciplinary and intersectoral health promotion strategies to meet the needs of vulnerable population groups. However, more research is needed to determine what attracts and retains participants in Community Kitchens.

Table 2: Barriers and enablers to setting up and sustaining a Community Kitchen.

Enablers	Barriers
• Accessibility of kitchen and equipment • Running of concurrent programs • Methods to minimise financial costs • Participants' willingness to participate • Well set-out project • Support from Community Kitchens project team	• Size of the kitchen • Finding facilitators/volunteers • Barriers to shopping and cooking • Transportation

Quality of program delivery

Factors that were identified as vital for participants to be able to participate fully in Community Kitchens included accessibility of the kitchen site and equipment and a socially comfortable environment. The running of other concurrent programs also proved useful in retaining participant interest and attendance. Methods to minimise financial cost such as food donations and linking with Community Gardens assisted with ensuring the sustainability of a Community Kitchen, as many participants relied financially on government benefits (see Table 2).

In addition, participants' enthusiasm and willingness to participate were reported to be one of the factors influencing the success of Community Kitchen's set up and sustainability. A thorough project plan and needs-based support from Community Kitchens project staff were also reported to be crucial in ensuring the development of strong infrastructure and sustainability of a Community Kitchen.

> *"I think the model just lends itself to be an enabler given its flexibility. The model can just be adjusted to suit the needs if there is a barrier for participants around something, the project can be adjusted to make sure that that barrier can be removed. So I think it is an easy project." (Project Partner 7)*

A number of barriers to establishing and sustaining a Community Kitchen were identified, as shown in Table 2. The size of the kitchen, which was also cited as a barrier in Canadian research,[7] can limit the number of additional participants a Community Kitchen can accommodate as the group grows larger. In addition, finding volunteers and facilitators who are willing to devote their time and energy to a Community Kitchen was highlighted by almost half of the project partners as being a barrier that needs to be overcome for a Community Kitchen to be sustained.

> *"…finding people who can cook and teach and deal with the clientele [who have mental and social issues] – they are rare." (Project Partner 3)*

One of the project partners also commented on the barriers relating to shopping and cooking as an impediment to the establishment and sustainability of a Community Kitchen. These included: accessibility to shops, wide availability of takeaway food outlets and cultural beliefs that cooking is

something only women should or can do. In addition, access to transport was also recognised as a potential hurdle for some participants.

Almost all the facilitators reported that they felt very confident and supported in the running of a Kitchen. They commented that Community Kitchens project staff were readily available whenever there were queries or help needed.

The majority (82%) of the facilitators indicated that they had received training on at least half the Community Kitchens training topics. A large proportion (75%) of facilitators felt that they did not require further training as they had a nutrition background or qualification in cooking. Nevertheless, many commented that the training provided was sufficient, helpful and had given them many ideas. Similar results were found in a Canadian study where facilitators reported training sessions as the most helpful form of support from project staff.[7]

In a published study of Collective Kitchens in three Canadian cities, it was found that knowledge transfer occurred both formally and informally. Group leaders offered formal learning opportunities both during and outside Kitchen sessions. In addition, informal learning occurred when participants and leaders shared information and cooking skills during a Kitchen session, with leaders playing a more facilitative role.[4] These findings demonstrate the importance of training facilitators as a key component of Community Kitchens.

Stakeholders' experience

The experiences of participants and facilitators involved in the Community Kitchens were captured via focus groups and telephone interviews. Three major sub-themes in relation to the experience of participation emerged from the data: food and cooking skills, development of social skills, and community participation.

The majority of participants reported that the most rewarding aspect of their participation in Community Kitchens was developing food and cooking skills. Participants and facilitators reported to have learnt new recipes, recipe modification, quick and easy cooking, as well as budgeting for food. Participants highlighted that it was gratifying for them to not only to discover new recipes and learn how to cook, but also to cook and eat nutritious foods, foods from other cultures, as well as foods that are not normally cooked at home. Since joining, participants reported learning how to use certain ingredients, such as herbs and spices, as well as substitute ingredients, to modify dishes or remedy mistakes in cooking.

> *"Sometimes when I do it wrong at home I know … how I can change it, how I can make it better. I made a meat pie a few weeks ago. It was really runny and I think I forgot to add more cornflour into it. And yes I learnt that from the Kitchen." (Participant 45)*

Participants also reported that involvement in a Community Kitchen had led to improvements in kitchen skills, and therefore a reduction in incidents relating to burning or cutting oneself while preparing or cooking food.

More than half the project partners thought Community Kitchens had had a beneficial effect on their clients and improved their cooking and budgeting skills. Project partners identified that their clients had been given the opportunity to learn and improve their cooking skills, which had led to increased confidence in trying different recipes. Besides being able to cook, enjoy and eat the food together, project partners also felt that their clients had learnt how to cook on a budget.

> *"…being able to follow a recipe, work through from beginning to end, identifying ingredients... and the tasting at the end, so they are seeing the whole process." (Project Partner 6)*

Similar findings have been reported elsewhere,[2,3,6-8] reinforcing the fact that Community Kitchens are perceived by many as a setting that can be utilised to provide informal, experiential learning opportunities for participants to improve their nutritional knowledge and food preparation skills. In turn, this could influence their eating behaviour and overall long-term health. However, there is a gap in the published literature on whether Community Kitchens actually do change or improve nutritional intake. This project evaluation is limited in its design to elicit changes in food intake as a result of participating in a Community Kitchen. This area warrants further investigation.

Development of social skills was reported to be a benefit of participating in the Community Kitchens by almost all participants interviewed. They reported positively about being given the opportunity to establish friendships that would not have occurred without the avenue of a Community Kitchen. They explained that Community Kitchens provided them an outlet to socialise and enjoy the companionship of others from the community.

> *"[Community Kitchens] get[s] me out of the house, because I live by myself. I like coming here. I look forward to Wednesdays." (Participant 43)*

Participants explained that they found it enjoyable to help each other in the kitchen and share information with others, as well as learning and being part of a team. Some also commented on improved confidence and interpersonal skills since joining a Community Kitchen. Similarly, one of the facilitators commented that Community Kitchens had helped him improve his organisational skills, enabling him to better manage his time and be more assertive.

More than half of the facilitators also indicated that the social side of being a Community Kitchen facilitator was very rewarding. They said that Community Kitchens had provided them an opportunity to meet and work with new people. Facilitators overwhelmingly reported that being involved in Community Kitchens was a gratifying experience.

"I think cooking with them, meeting them, has been a really lovely experience for me." (Facilitator 21)

The majority of the project partners also indicated that their clients' participation in Community Kitchens had led to their clients' improved social wellbeing. They reported that Community Kitchens enabled their clients to develop social skills and share their ideas and knowledge with friends they made in the Kitchen. In addition, they claimed that their clients had learnt how to work as part of a team through sharing responsibilities in relation to cooking. Apart from giving their clients a greater sense of achievement, project partners also thought Community Kitchens has provided their clients with a purpose in life.

"We have one lady who suffered badly from depression and she now has a reason to get out of bed." (Project Partner 1)

The social benefits of participating in Community Kitchens have been affirmed by previous research.[2,3,6-8] The potential of fostering ongoing social support by establishing friendships and breaking social isolation is one of Community Kitchen's distinguishing features when compared to other food assistance programs.[2,3] Increased self-esteem has also been found to be associated with Community Kitchens participation.[6,8] Participating in Community Kitchens provides a mechanism of social interaction and reduces social exclusion.

Increased community participation was mentioned by half the project partners interviewed as one of the benefits they have seen as a result of their clients' involvement in Community Kitchens. The development of social skills appeared to be a precursor for increased community involvement. They reported that their clients' participation in Community Kitchens had not only given them a sense of identity, place and belonging, but had also made them more active within the community.

"You can see it just grow from people who were not leaving their homes to now working on all sorts of committees – just much more connected." (Project Partner 7)

Their comments were further supported by approximately half the participants who reported that their community involvement had improved as a result of participating in Community Kitchens. Approximately three quarters of the facilitators agreed that their participation in Community Kitchens had resulted in them being more actively involved within the community. They commented on how they know more people and get more involved in activities associated with Community Kitchens.

"It has made me more active and more involved in other things that are happening within the community. So it has opened up different networks for me to actually tap into." (Facilitator 15)

Both participants and facilitators reported venturing into other local community activities such as community gardens since being involved in a Community Kitchen. Similar findings were identified in earlier studies,[5,16] in which increased community engagement was considered an indicator of individual empowerment. Community Kitchens were also claimed to help 'build a stronger community',[3] by connecting people and increasing their motivation to be involved in public life.[5,16]

Participants from Kitchens with a greater focus on skill development reported that Community Kitchens had inspired them to either work at a café, look for a job as a waitress or a cook or open their own catering business.

Half the facilitators interviewed acknowledged that involvement had inspired them to further their studies or seek future employment. A number of facilitators reported that they had sought further education in hospitality or nutrition in order to equip themselves for their role in Community Kitchens. The opportunity to volunteer and see how participants had benefited was reported by half of the facilitators to be the most rewarding aspect.

"You could tell at the end of the session how much worth it was for the participants. Social interaction for them and what they learnt about food preparation. You could really see that was helping them – and that was rewarding." (Past Facilitator 2)

These findings suggest Community Kitchens have the potential to facilitate employment opportunities and enhance social connectedness for both facilitators and participants. Other studies have also identified the role they play in promoting health by addressing employment as one of the social determinants of health.[3] Involvement as a volunteer in community activities has also been identified as promoting social capital and thus improving health.[17]

Limitations

The evaluation methodology was limited to process measures, and thus the impact of Community Kitchens on nutritional intake and food security could not be reported. Furthermore, little demographic information was collected on facilitators and project partners. While the sample included a range of stakeholders of Community Kitchens in the Frankston and Mornington Peninsula LGAs, care needs to be taken when extrapolating the findings of this study to other geographical areas. There is a need to evaluate the impact that initiatives such as Community Kitchens have on food insecurity at an individual, household and community level.

Conclusion

The results of this process evaluation provide evidence that Community Kitchens have the ability to reach vulnerable population groups and are generally well-received by

key stakeholders. Feedback from stakeholders indicated that Community Kitchens have the potential to enhance participants' food knowledge and cooking skills and create an avenue for the development of social skills and support networks among participants and facilitators. There is a need to determine any impact that Community Kitchens may have on participants' nutritional intake and status, as well as the effect of Community Kitchens on various levels of food insecurity. Further longitudinal studies are needed to affirm the findings of this study.

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References

1. Tarasuk V, Reynolds R. A qualitative study of community kitchens as a response to income-related food insecurity. *Can J Diet Pract Res*. 1999;60(1):11-6.
2. Tarasuk V. A critical examination of community-based responses to household food insecurity in Canada. *Health Educ Behav.* 2001;28(4):487-99.
3. Engler-Stringer R. *Collective Kitchens in Three Canadian Cities*: *Impacts on the Lives of Participants*. Saskatoon (CAN): University of Saskatchewan; 2005.
4. Engler-Stringer R, Berenbaum S. Food and nutrition-related learning in collective kitchens in three Canadian cities. *Can J Diet Pract Res.* 2006;67(4):178-83.
5. Crawford S, Kalina L. Building food security through health promotion: community kitchens. *J Can Diet Assoc.* 1997; 58(4): 197-201.
6. Engler-Stringer R, Berenbaum S. Collective kitchens in Canada: a review of the literature. *Can J Diet Pract Res.* 2005;66(4):246-51.
7. Fano TJ, Tyminski SM, Flynn MA. Evaluation of a collective kitchens program: using the population health promotion model. *Can J Diet Pract Res*. 2004;65(2):72-80.
8. Marquis S, Thomson C, Murray A. Assisting people with a low income to start and maintain their own community kitchens. *Can J Diet Pract Res.* 2001;62(3):130-2.
9. Kirkpatrick SI, Tarasuk V. Food insecurity and participation in community food programs among low-income Toronto families. *Can J Public Health*. 2009;100(2):135-9.
10. Gunnion T. *Frankston Community Kitchens Pilot Project Report*. Melbourne (AUST): Peninsula Health; 2008.
11. Orfaly RA, Frances JC, Campbell P, Whittemore B, Joly B, Koh H. Train-the-trainer as an educational model in public health preparedness. *J Public Health Manag Pract.* 2005;11(6):S123-7.
12. Hawe P, Degeling D, Hall J, Brierley A. *Evaluating Health Promotion: A Health Worker's Guide*. Sydney (AUST): McLennan & Petty; 1990.
13. Liamputtong P, Ezzy D. *Qualitative Research Methods*. 2nd ed. Melbourne (AUST): Oxford University; 2005.
14. Boyd M. *People, Places, Processes: Reducing Health Inequalities through Balanced Health Approaches*. Melbourne (AUST): Victorian Health Promotion Foundation; 2008.
15. Booth S, Smith A. Food security and poverty in Australia– challenges for dietitians. *Australian Journal of Nutrition and Dietetics.* 2001;58(3):150-6.
16. Ripat G. *Community Kitchens in Winnipeg: People Cooking Together, Building Community Together.* Winnipeg (CAN): University of Manitoba; 1998.
17. Wilkinson R, Mamut M, editors. *Social Determinant of Health: The Solid Facts*. 2nd ed. Copenhagen (DNK): World Health Organisation; 2003.

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