

Community Food Consultation

Falkirk Council Area

Questionnaire Survey

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**Research
Report 4**

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We would like to thank everyone who participated in the questionnaire survey for their interest and enthusiasm and not least for the information and comment they provided.

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1 Introduction

From March to June 2005 Linked Work Training Trust Central (LWTTTC) undertook a consultation on behalf of NHS Primary Care Operating Division to identify the current position with respect to food projects and activities, the availability of facilities to develop work and to identify any relevant issues and opportunities.

As part of this community food consultation in the Falkirk Council area a questionnaire survey was undertaken. The consultation also included 7 focus groups and interviews with key individuals.

The aim of the questionnaire survey was to identify and gain a better understanding of the part community food initiatives play in the work of a variety of projects, agencies and organisations. It asked questions about what respondents identified as priorities, the current activity, staff training and development needs, how community food links to a variety of strategies and policies, what the issues might be and how important it is within the agency. The questionnaire is given as Annex A.

One hundred and twenty eight questionnaires were distributed with a reply paid envelope to assist return. Sixty five responses were received. This represents just over a 50% return. At some focus groups however where the background of those attending suited the target audience for the questionnaire; managers or co-ordinators of services, participants with an interest covering more than one regeneration area were also asked to complete a questionnaire. This accounted for approximately 10% of responses. The true figure for the postal response was therefore 40%.

Table 1 Nature of employment

Nature of work	Number	Percentage	Job sector	Number	Percentage
Management	35	54%	Public	31	48%
Development	11	17%	Voluntary	33	51.5%
Support	17	26%	Private	1	0.5%
Training	2	3%	Job focus	Number	Percentage
Job focus	Number	Percentage	Children	2	3%
Young people	5	7.5%	Environment	1	0.5%
Regeneration	12	18%	Education	9	14%
Employment	1	0.5%	Food	7	12%
Family	3	5%	Church	1	0.5%
Health	11	17%	Disability	8	13%
Housing	2	3%	Care	3	5%

Of the respondents more than half were managers, 26% provided support, information and advice, 17% were tasked with developing services and 2% direct training (Table 1). There was almost an equal split between those employed in the public sector and in the voluntary sector with 1 private sector respondent.

2 The Results

Job status and responsibility

The main job focus represented in the survey was regeneration (18%), followed by health (17%), education (14%), disability (13%) and food (12%). These accounted for 74% of replies.

Commenting on their job respondents highlighted the importance of community food initiatives in family learning, with young people and children, in schools, in church activities and in community regeneration. Seeking creative ways of promoting and encouraging healthy eating and linking with other agencies were also mentioned.

'Family learning is a good context for healthy eating as you are working with parents and children together' (3 similar comments)

'I (home economics teacher) have good links with the Health Trust Community Dietician'

'Food and eating comes in to my one to one work with young people'

'In our youth clubs we promote healthy eating through special events'

'Food plays a major role in many church activities'

'Community regeneration needs to address all aspects and health is an important part'

'We have to be more creative in our work to engage those who are not particularly interested'

'Health is an important aspect of school life. Pupils learn, more develop better if they feel good'

'I try to focus on disadvantaged communities. It is here that the awareness is least and the problems of eating healthily greatest'

'I work with young people. If we can change them it both positive for their future and for their children'

'It is not in my job description but community food is so important in areas of deprivation'

'In playgroup we make it an aim to give children different healthy food experiences'

'I run a children and parents cookery club on a weekly basis'

'I encourage active living. Health is an important part of that'

Relevance to work

Just over ¾ felt that community food activity was very or fairly relevant to their work and 11% not very or not at all (Table 2).

Table 2 Relevance of community food activity to work

Very relevant	Fairly relevant	Not very relevant	Not at all relevant	Don't know
46%	30%	5%	6%	8%

Ninety percent of respondents felt it was important to be aware of community food priorities and only 6% not. The remainder did not reply.

Priorities for people living in socially deprived areas of the Falkirk Council area

Respondents were asked to rank a list of 12 food topics on a scale of 1 – 10 with 1 being first priority (Table 3).

Table 3 Priorities for community food activity

Priority	Score	Priority	Score
Access to good quality food	1) 46% 6)6% 2) 11% 7)3% 3) 2% 8)2% 4) 5% 9)2% 5) 5% 10)14%	Access to information on food choices	1) 25% 6) 2% 2) 14% 7) 6% 3) 11% 8) 6% 4) 6% 9) 2% 5) 10% 10) 6%
Availability of unhealthy food(e.g. fish and chips)	1) 5% 6) 0% 2) 5% 7) 2% 3) 13% 8) 5% 4) 8% 9) 2% 5) 10% 10) 29%	Awareness of the health implication of not eating healthy food	1) 33% 6) 3% 2) 6% 7) 11% 3) 8% 8) 6% 4) 5% 9) 5% 5) 3% 10) 11%
Belief in the importance of dietary food	1) 19% 6) 3% 2) 13% 7) 11% 3) 6% 8) 6% 4) 5% 9) 5% 5) 3% 10) 11%	Confidence in expert opinions	1) 14% 6) 3% 2) 5% 7) 2% 3) 8% 8) 6% 4) 6% 9) 3% 5) 8% 10) 14%
Confusion from reporting on what foods are good or bad for people	1) 16% 6) 11% 2) 5% 7) 8% 3) 5% 8) 3% 4) 11% 9) 5% 5) 10% 10) 11%	Cost of good quality food	1) 54% 6) 3% 2) 5% 7) 3% 3) 5% 8) 2% 4) 3% 9) 0% 5) 3% 10) 10%
Education about food	1) 33% 6) 5% 2) 8% 7) 3% 3) 13% 8) 2% 4) 6% 9) 0% 5) 8% 10) 10%	Skills in food preparation	1) 25% 6) 5% 2) 8% 7) 0% 3) 13% 8) 6% 4) 6% 9) 3% 5) 8% 10) 10%
Taste	1) 19% 6) 2% 2) 10% 7) 3% 3) 11% 8) 6% 4) 6% 9) 5% 5) 6% 10) 14%	Understanding of dietary information	1) 17% 6) 5% 2) 13% 7) 6% 3) 6% 8) 6% 4) 3% 9) 5% 5) 10% 10) 13%

If we simply rank the priorities on the basis of the percentage of respondents ascribing each topic a score 1, the highest priorities then are cost, access to good food, education, and health awareness in that order (Table 4).

Table 4 Ranked priorities

Topic	Highest	Lowest	Average
Cost of good quality food	1	9	1
Access to good quality food	2=	2=	3
Education about food	3=	9=	5
Awareness of the health implication of not eating healthy food	3=	6	9
Skills in food preparation	5=	9=	12
Access to information on food choices	5=	12	8
Belief in the importance of dietary food	7=	6=	7
Taste	7=	2=	10
Understanding of dietary information	9	5	11
Confusion from reporting on what foods are good or bad for people	10	6=	6
Confidence in expert opinions	11	2=	4
Availability of unhealthy food (e.g. fish and chips)	12	1	2

The availability of unhealthy food, confidence in expert opinions, confusion from reporting on what foods are good or bad for people and understanding of dietary information came at the lower end of 1st priorities. If we rank on the basis of the 12th (lowest) priority then availability of unhealthy food, confidence in expert opinions, access to good quality food and taste score most and access to information on food choices, cost of good quality food, education about food, and skills in food preparation, least. Most people will scan the list and select their main priorities and by the end of the list the rank becomes less important. The highest priority list is therefore more indicative and the lowest list illustrative of topics where people are less sure.

1. Cost of good quality food
2. Availability of unhealthy food (e.g. fish and chips)
3. Access to good quality food
4. Confidence in expert opinions
5. Education about food
6. Confusion from reporting on what foods are good or bad for people
7. Belief in the importance of dietary food
8. Access to information on food choices
9. Awareness of the health implication of not eating healthy food
10. Taste
11. Understanding of dietary information
12. Skills in food preparation

The final rank on Table 4 reproduced here was derived from averaging the scores for each topic. It represents a better overall reflection of respondent's opinions. Cost is still the main priority with access, confidence in expert advice and education coming next in order.

Last came cooking skills.

Organisational activities identified to develop or support community food initiatives

94% of people responded to the question of whether their organisation was involved in community food initiatives. 48% were and 46% were not. This is both encouraging that almost half are involved in community food but similarly almost half are not.

Fruit and vegetable resource boxes for childminders
Training for childminders in encouraging healthy eating
Training in food preparation

One pot healthy eating course

A session on managing stress – the importance of diet

Family cookery classes (2 examples)

Cookery class as part of adult education programme

Session on preparing healthy lunch boxes (2 examples)

Heavily involved in 'Hungry for Success' (6 examples)

Breakfast club in school

Healthy cooking workshops

Healthy eating workshops (3 examples)

Healthy eating discussions in youth clubs (2 examples)

Food hygiene programmes at College

Healthy tuck shop in community centre

Twenty five examples of initiatives were recorded by respondents.

Broadly 6 of these were of an educational nature, 8 were based on acquiring skills in preparing healthy meals and food, 8 were related to providing healthy food for consumption and 2 were on food hygiene and 1 on diet and health.

Resources allocated to community food activities

Only 22% of respondents' felt that the resources allocated to community food initiatives were adequate. More (27%) felt them significantly less than adequate.

Table 5 Resource allocation

Adequate	Less than adequate	Significantly less than adequate
22%	40%	27%

Specific plans to engage with different sections of the community on food issues

Table 6 Future Plans

Category	Yes	No
Young People	43%	27%
Pupils and staff in schools	19%	21%
People from ethnic minority groups	24%	32%
People with disabilities	25%	10%
Older people	29%	32%
Carers	32%	22%
Patients	17%	29%
Staff	27%	24%
Community groups	37%	24%
Children and parents/guardians	46%	22%
Other	5%	5%

The main target group in terms of specific future plans is children and parents/ guardians with almost ½ of respondents having such plans.

This is followed by young people, community groups and carers.

Rank Order: 1 Children and parents/ guardians 2 Young people 3 Community groups 4 Carers 5 Older people 6 Staff 7 People with disabilities 8 People from ethnic minorities 9 Pupils and staff in schools

Priorities in plans and strategic development

Respondents ascribed the highest priority to health plans and strategies with Community Planning being given a middle rank and community learning coming before formal education (Table 6).

High priority ranked order:

- Falkirk Health Improvement Plan
- Diet Action Plan for Scotland
- Local Health Plan
- Community Health Partnership
- Towards a Healthier Scotland
- Cancer in Scotland
- Our National Health
- Oral Health Strategy
- Community Planning
- Best Value
- Patient Focus and Public Involvement
- Community Learning Strategy
- Integrating Learning Communities
- Further Education
- Social Justice
- Higher Education

Perhaps not surprisingly the local Health Improvement Plan and the national Diet Action Plan came tops. It is expected that food and healthy eating are associated with health planning. The middle rank of the Community Plan is probably a reflection of the knowledge and understanding of community planning generally. It is only now beginning to become better understood.

The Community Plan given its focus on delivering services based on local need and the involvement of local people in

that will probably assume a greater importance in the future. Also of note is the low priority given to social justice. Given that in responses to other questions working with excluded and vulnerable groups features quite strongly, this is perhaps an unfamiliarity with social justice planning.

Table 7 Plan priority

Policy	High priority	Medium priority	Low priority	No priority	Don't know
Community planning	48%	38%	2%	0%	2%
Patient focus & public involvement	43%	38%	3%	0%	5%
Best value	44%	27%	3%	2%	3%
Eating for health – Diet action plan for Scotland	68%	17%	0%	2%	3%
Oral Health Strategy	49%	38%	2%	0%	5%
Towards a healthier Scotland	62%	25%	2%	0%	2%
Our National Health	56%	29%	3%	0%	2%
Cancer in Scotland	60%	29%	0%	0%	29%
Social justice	22%	56%	5%	0%	6%
Community Learning Strategy	40%	49%	2%	0%	5%
Integrated Learning Communities	37%	38%	5%	0%	3%
Further Education	24%	51%	5%	0%	5%
Higher Education	21%	57%	2%	2%	5%
Local Health Plan	68%	22%	0%	0%	2%
Community Health Partnerships	65%	25%	2%	0%	2%
Falkirk Health Improvement Plan	73%	19%	2%	0%	2%

Respondents gave education in all its forms the highest ranks in terms of medium priorities with the previously high ranking health agenda now coming lower.

Social justice comes second splitting the education medium priorities which underlines the commitment to community regeneration and disadvantaged groups.

Percentage scores for low and no priority are very low and of a similar nature reflecting the view from respondents that healthy eating and community food initiatives should be part of all these plans and strategies.

Medium priority ranked order:

- Higher Education
- Social Justice
- Further Education
- Community Learning Strategy
- Integrating Learning Communities
- = Community Planning
- = Patient Focus and Public Involvement
- = Oral Health Strategy
- Cancer in Scotland
- = Our National Health
- Best Value
- Community Health Partnership
- = Towards a Healthier Scotland
- Local Health Plan
- Falkirk Health Improvement Plan
- Diet Action Plan for Scotland

Skill requirements for staff working on community food activities

There was an equal split between engaging with communities and knowledge of food and health as the key skills for staff.

Table 8 Key skills

Skills and knowledge	No. of references	%
Knowledge of the area	1	2%
Communication skills	12	20%
Engaging with communities	15	25%
Knowledge of food and health	15	25%
Practical cooking and hygiene skills	3	6%
Joint working and partnership	5	8%
Organisational skills	2	4%
Resources and funds	5	8%
Leadership	1	2%

Good communication skills were also seen as important. This was followed by joint working and creating and sustaining partnerships and a good knowledge and awareness of resources and funds and how to use them.

Current skills of staff to support work on community food activities

If we take into account 16% of respondents did not answer this question more people (43%) feel the current skills are less than adequate than feel there are sufficient skills levels.

Table 9 Current skill level

Adequate	Less than adequate	Significantly less than adequate
41%	33%	10%

Availability of training for staff working on community food activities

Of the 65 respondents 18 (28%) said there was no training available, 14 (21.5%) were aware of training although 2 were unsure what it was, 14 (21.5%) did not know and 19 (29%) left the question unanswered.

Of the 14 who said training was available 10 (71.5%) cited training in food hygiene. Other training mentioned was;

- Healthy eating for pre 5s
- Health issues in the community

Approaches used to engage with people around community food activities

In terms of a target for engaging with people schools and community groups come first (Table 9).

Table 10 Approaches to engaging with people

Approach		Approach	
Newsletter	30%	Online/internet	6%
Consultation Documents	16%	Public meetings	16%
Leaflets	27%	Work with community groups	37%
Surveys	13%	Work with voluntary groups	22%
Work with schools	37%	Patient participation groups	8%
None	13%	Other	6%

Providing information and advice is mainly done by newsletter (30%) and leaflet (27%) with the Internet still only accounting for 6%. Public meetings and consultation documents were used by 16% of respondents.

In addition to the above respondents had also used;

Taster sessions (2)
Meetings for target audience (young people), (3)
Courses of classes (1)
Focus groups (1)
Training workshops (1)
Workplace meetings (1)

Strategic concerns

The following strategic concerns were raised;

- Better awareness of what others are doing strategically (2)
- An adequate resourcing strategy is needed to support community food initiatives (2)
- Sustainability needs to be a strategic concern (2)
- We need to get better at the strategy practice link across the whole area
- We need to get better at development. We all organise specific activities, a cookery class, or a food tasting event but we need to take these classes/ groups further in a holistic way to explore the complete community food agenda (shopping, preparing, planning, awareness, labelling, growing)
- Needs to be a greater recognition among policy makers of the contribution community food initiatives makes to community regeneration

Practice concerns

The following practice concerns were raised;

- We must share our practice experience better and make links with other agencies to develop joint practice (4)
- Sustainability needs to be a practice concern
- We need to get better at the support and training of workers involved in community food projects. There should be better training for development workers in the community health agenda and health workers and health related voluntary organisations in community engagement (4)
- Breaking down cultural and generational barriers is a challenge
- We need to increase the number of people and the time which existing staff can commit to community food work
- Better targeting will bring results and make more effective use of resources
- Work to increase access/ awareness to/ of healthy food and limit access to that which is unhealthy
- Better awareness of what is happening across the area and where facilities are
- Better at accessing resources and funds (4)

Respondents' organisation interest in community food activities

Of the respondents who replied to this question (10% did not), for 10% (Table 10) it was a core activity. For 33% is important and for 30% requiring or in development. Only 17% saw community food activity as peripheral.

Table 11 Organisation interest

Core	Important	Peripheral	Requiring Development	In Development
10%	33%	17%	27%	3%

3 Overview

The importance and relevance of community food and healthy eating was highlighted in response to questions in various parts of the survey.

Areas of disadvantage

A particular interest in the survey was the areas of disadvantage in the Falkirk Council area. Respondents to the survey cited cost and access to healthy food and access to unhealthy food as of priority importance in disadvantaged areas. Education, information and awareness came middle rank and skills in preparation and cooking last.

The significance of this is that when we identify the activities to develop community food initiatives the list is varied but preparation and cooking came high, education and awareness in the middle and cost and access issues did not feature. This does not mean such initiatives do not happen, they do. Examples of food co-operatives and delivery services were identified in the interviews conducted during the study but they met with limited success mainly on cost competition grounds. Neither does this devalue the work being done on cooking and preparation skills. The important message is the priority, which we give to such activities.

Key Messages

In areas of disadvantage community food initiatives aimed at encouraging low cost, healthy food and eating should have a higher priority. Similarly access to purchase such food should be an important part of the work.

More steps should be taken to discourage unhealthy eating through education, information and awareness.

Skills to support and develop community food activities were identified by almost ½ of the respondents as less than adequate and only 21.5% of respondents were aware of or had undergone training opportunities. Even that was focused on hygiene were accredited training is available and in some cases, a requirement depending on the nature of the work. A range of skills and knowledge gaps was identified. With respect to community regeneration a particular interest in the study, Communities Scotland identified a skills framework¹ (Figure 1). The skills and knowledge gaps can be classified using this framework.

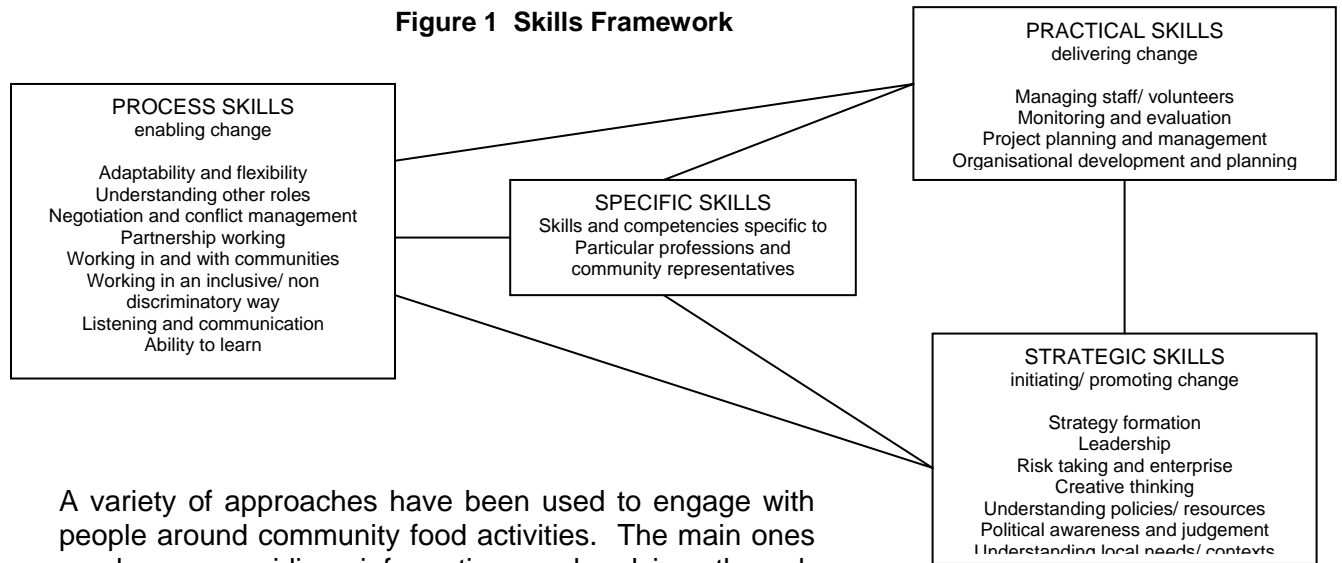
Table 12 Skills classification

Framework	Skills and knowledge gaps
Process Skills	Communication skills, Engaging with communities, Joint working and partnerships, Leadership

¹ Taylor P, Turok I, Kirkpatrick, D & Rosengard A, (2004), *Skills and Competencies for Community Regeneration Needs Analysis and Framework*, Communities Scotland Edinburgh

Specific Skills	Knowledge of food and health
Strategic Skills	Knowledge of the area
Practical Skills	Practical cooking and hygiene and cooking skills, Organisational skills, Resources and funds

Figure 1 Skills Framework



A variety of approaches have been used to engage with people around community food activities. The main ones used are providing information and advice through newsletters and leaflets and public meetings and consultation events.

Key Messages
The biggest skills and knowledge gaps identified by respondents are in process skills and practical skills.
With reference to the skills framework and the approaches to engaging with people cited, understanding local needs and contexts and creative thinking are the main gaps.

Finally some respondents identified strategic concerns and practice concerns which may act as barriers to community food development in the Falkirk Council area.

The main barriers (occurring more than once) are;

Strategic: Better awareness of what others are doing; A resourcing to support community food initiatives; Sustainability

Practice Sharing experience better; making links with other agencies to develop joint practice; Getting better at the support and training of workers involved in community food projects; Getting better at accessing resources and funds

Key Messages
The strategic and practice concerns identified should be a key part of the future agenda.

Community Food Consultation – Falkirk Council area

Questionnaire Survey

March 2005

This study aims to identify the current position with respect to food projects and activities, the availability of facilities to develop work and to identify any relevant issues and opportunities. The work will help shape the implementation of the food and health component of the Joint Health Improvement Plan – Feel Good Falkirk 2004/5 and provide the basis for the future development of healthy food initiatives in the longer term.

The survey aims to increase our awareness of the priorities and activities of organisations in the Falkirk Council area in relation to community food activities and projects so that the study can identify both current and future action.

Your responses will be treated in confidence and individual views will not be attributed. Even if you believe some questions are less relevant to your employing organisation, we would welcome your views. If you feel it would be useful to attach additional information please do so.

The questionnaire should take about 15 minutes to complete.

Q1a. What is your job title? _____

Q1.b What is your job remit?

Q1c. Would you like to add any additional comments about your job responsibilities in relation to community food projects or activities?

Q2. How relevant do you think community food activities/ projects are to your work?

Very relevant	Fairly relevant	Not very relevant	Not at all relevant	Don't know

Q3. Do you think it is important to your work to be aware of community food priorities?

Yes		No	
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Q4. Which out of the following list do you think are priorities for people living in socially deprived areas of Falkirk ? (please list as priorities with 1 being the highest and 10 the lowest priority)

Priority	Score
Access to good quality food	
Access to information on food choices	
Availability of unhealthy food (e.g. fish and chips)	
Awareness of the health implications of not eating healthy food	
Belief in the importance of dietary choices	
Confidence in expert opinions	
Confusion from reporting on what foods are good or bad for people	
Cost of good quality food	
Education about food	
Skills in food preparation	
Taste	
Understanding of dietary information	

Q5a. Have organizational activities been identified to develop or support community food initiatives?

Yes		No	
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Q5b. If yes, please specify the initiatives

Q6. How would you best describe your current resources that can be allocated to community food activities?

Adequate		Less than adequate		Significantly less than adequate	
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Q7. Do you have specific plans to engage with different sections of the community around food issues?

Young people	Yes		No	
People from ethnic minority groups	Yes		No	
Older people	Yes		No	

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Carers	Yes		No	
Patients	Yes		No	
Staff	Yes		No	
Community Groups	Yes		No	
Children and parents/ guardians	Yes		No	
Other, please note any other groups targeted				

Q9. What priority do you think community food activities should have in the strategies and policies listed below?

Policy	High priority	Medium priority	Low priority	No priority	Don't Know
Community planning					
Patient Focus & Public Involvement					
Best Value					
Eating for Health – Diet Action Plan For Scotland					
Oral Health Strategy					
Towards a Healthier Scotland					
Our National Health					
Cancer in Scotland					
Social Justice					
Community Learning Strategy					
Integrated Learning Communities					
Further Education					
Higher Education					
Local Health Plan					
Community Health Partnerships					

Falkirk Health Improvement Plan					
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Q10. What do you think are the most important skills for staff working in the area of engaging with communities around community food activities?

Q11. How would you best describe the current skills of staff to support work in the area of community food?

Adequate		Less than adequate		Significantly less than adequate	
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Q12. Is training available for staff working in the area of community food? If yes, what are the key skills covered?

Q13. Which of the following approaches to engaging with people around community food activities have you used? Please tick the appropriate box(es)

Newsletter	<input type="checkbox"/>	Online/Internet	<input type="checkbox"/>
Consultation Documents	<input type="checkbox"/>	Public Meetings	<input type="checkbox"/>
Leaflets	<input type="checkbox"/>	Work with Community Groups	<input type="checkbox"/>
Surveys	<input type="checkbox"/>	Work with Voluntary Groups	<input type="checkbox"/>
Work with schools	<input type="checkbox"/>	Patient Participation Groups	<input type="checkbox"/>
None	<input type="checkbox"/>	Other	<input type="checkbox"/>

Q14. Are there any particular issues created by community food initiatives that you think have to be taken into consideration in your organization at strategic level?

Q15. Are there any particular issues created by community food initiatives that you think have to be taken into consideration in your organization at practice level?

Q16a. Please tell us the name of your organization

Q16b. Would you categorise your organisation's interest in community food activities/ projects as:

Core	Important	Peripheral	Requiring development	In development
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Thank you for taking the time to complete and return this questionnaire



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For further information about LWTTTC and its current activities visit the website www.lwttc.org.uk or call or email Pauline Mercer

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