

community food

**A community food education
model for South Australia:**
a research briefing paper

A report developed by the Centre for Social Impact,
Flinders University, funded by Wellbeing SA



Wellbeing SA



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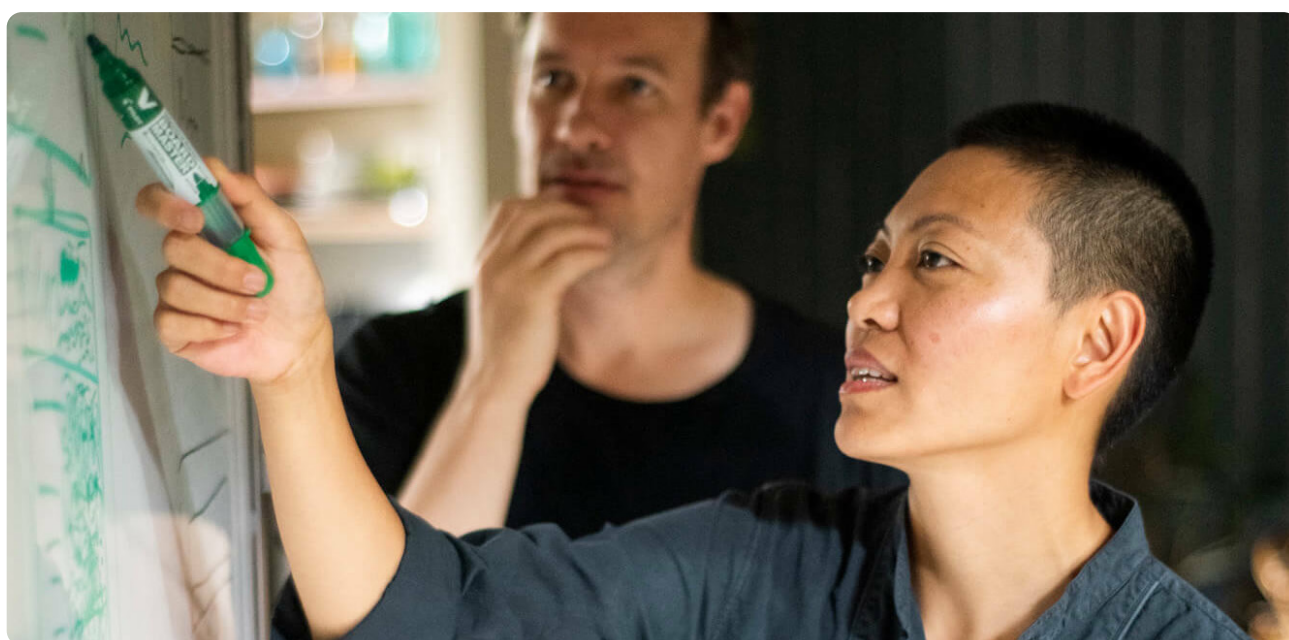
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executive summary

Background

This briefing paper by the Centre for Social Impact (CSI) Flinders responds to an initiative of Wellbeing SA to scope a community food education model for South Australia (SA). This paper directly addresses the recommendations in the Improving Individual and Household Food Security Outcomes in South Australia Final report (Government of South Australia, 2018). Community food education may be defined as initiatives that empower individuals, households and communities to optimise nutrition quality and reconnect with food (cooking nutritiously, eating together, healthy shopping on a budget, growing food). Outcomes may include knowledge, skills and behaviours, confidence, empowerment, or social connections.

Methods

A cross-sector stakeholder advisory group guided the project. A scoping review of international literature and key informant interviews with experts from SA community food education initiatives were used to gather information, and produce recommendations.

Results

Information on a diverse range of initiatives was synthesised from 102 published articles and 13 SA initiatives from the food relief sector, community centres, local governments, social enterprises, and other for-purpose/non-government organisations. 'Target' audiences often included low-income families and people in circumstances of social or economic disadvantage. Some initiatives focused on cultural diversity. All initiatives required external resourcing for sustainment of activities, sustained engagement, and training of volunteers. There were several common ways to deliver community food education, which we present in a 'typology' of three types (table below). All types or approaches can be valid if delivered according to the ingredients described in this paper (see recommendations).

Type A 'Curriculum' initiatives	Type B 'Capacity building initiatives'	Type C 'Community development initiatives'
• Structured content, run by skilled nutritionists or facilitators • Focused on education, cooking and social eating to increase knowledge, skills and health • Mostly time-limited but replicable through ongoing resourcing (such as fee-for-service)	• Blends structured content and tailoring to local needs, run by volunteers/peer-led • Focused on education, cooking, social eating and capacity building/training to increase knowledge, skills, social connection and empowerment • Some ongoing but mostly time-limited; replicable and potentially sustainable through train-the-trainer approach and volunteer workforce	• Unstructured, strongly led by a skilled community development facilitator, supported by volunteers with lived experience • Focused on food access, food relief, social eating, cooking, and some learning; guided by community and client needs (such as social inclusion, confidence) • Mostly ongoing, universally accessible, facilitator input aligned to the resourcing available

Despite the diversity across initiatives, common elements and principles existed:

- **Outcomes** intended included nutrition and food handling knowledge and skills; cooking confidence; life skills; social and cross-cultural connection; food systems
- **Funding** was unpredictable, causing loss of momentum and relationships
- **Duration** of sessions varied from 30 min- 2.5 hours, for 1- 10 weeks, optimal duration was at least 6 sessions, plus > 5 months contact/participation thereafter
- **Principles** guided most initiatives (see recommendations)

Gaps were found in:

- Regional SA areas; in cultural diversity and with people from non-English speaking backgrounds; and with First Nations communities in SA
- Systemic approaches and systemic funding- most were short-term, isolated projects

A 'recipe' for an optimal community food education model, based on project results:

Ingredients (what elements and principles to include)

- **Target audience** – develop a clear profile of community members (often people with lived experience of disadvantages, varied cultural and linguistic backgrounds), identify their needs and desired outcomes; make plans for recruitment and engagement Experienced facilitators – with skills in nutrition and cooking, but also community development; able to work flexibly with diverse populations and varied levels of resourcing (food/equipment/funding)
- **Curriculum** – use evidence-informed nutrition and best-practice guidelines as a starting point, with flexibility in response to participants' needs and input
- **Hands-on activities** – provide practical opportunities for experiential learning to enable learning in a person-centred way, creates atmosphere and engagement Social connection opportunities – create opportunities where participants, staff and volunteers cook, eat, and talk together ('commensality'), building social networks Collaborative partnerships – build partnerships to share and leverage resources for collective impact, integration and sustainability of the initiative
- **Time and resources** – to support facilitators, resources/facilities, build capacity and partnerships

Steps (how to implement)

For organisations delivering initiatives (for example, community organisations/groups)

1. **Start with co-design** – include stakeholders from all relevant sectors and audiences
2. **Clarify expected outcomes** – person-centred, strengths-based, nutrition and social
3. **Seek a balance between curriculum-based and community development models**
4. **Plan evaluation** – allocate budget (~10%) and staff capacity for rigorous evaluation (such as pre-/post-measures, qualitative and quantitative)
5. **Allocate time and resources** – to design, execute and evaluate; build partnerships and leverage existing community and place-based resources.

For funders/organisations resourcing initiatives (for example state government agencies, local governments, philanthropy)

1. **Use a systems approach** – shift away from one-off initiatives run in isolation, towards more systemic, longer-term, comprehensive approach that addresses underlying social and cultural determinants of food insecurity and nutrition quality
2. **Consider food as a tool for engagement, or 'soft entry' point** and increase flexible funding options so that organisations can engage with target audiences through food
3. **Allocate core funding** for three essential functions: initiative facilitation/coordination, resources/facilities, and partnership development. Prioritise organisations that have a track record of delivering initiatives according to the 'recipe' (ingredients and steps)

4. **Design longer contracts** – to give stability to the sector, attract talent, and build partnerships and community awareness
5. **Provide leadership/custodianship: coordination, capacity building, knowledge exchange, evaluation and quality assurance** – through central coordination and capacity building mechanisms, such as state-wide facilitator roles, communities of practice
6. If steps 1 to 5 become challenging, consider what can be done now, within current boundaries, to progress towards making these steps possible over time.

Recommendations and opportunities - where to focus next

Three key messages below summarise the project findings into recommendations and opportunities for future action in SA:

1. **This research project found three ‘types’ of community food education.** All types can be valid if delivered according to the ‘recipe’ (ingredients and steps) described
2. **Promising initiatives exist in SA which could have health and social impacts if sustained for longer periods of time** (years), through more integrated, coordinated action
3. **To increase collective impact, a shift to systemic collaborative models, that build capacity, is recommended;**
 - where gaps exist (see ‘gaps’),
 - by leveraging upon intersections between community initiatives, local food systems, and food relief (e.g. food hubs, community gardens, meals programs), and
 - by reinstating capacity building opportunities to enable peer-led models and place-based approaches. This could occur in settings such as community centres and social enterprises.

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1. BACKGROUND

This research briefing paper by Centre for Social Impact (CSI) Flinders on community food education responds to a consultancy project request by Wellbeing SA ‘to assist in the scoping of the Community Food Education model for South Australia’. This project addresses the recommendations in the *Improving Individual and Household Food Security Outcomes in South Australia Final Report (Government of South Australia, 2018)*, in particular;

***Recommendation 2.1 (Capacity): Food education approach.** Consider options to best engage an education approach within SA’s food relief system that builds the skills and capacity needed to exit food insecurity (e.g., cooking nutritiously, healthy shopping on a budget, growing your own food).*

Specifically, Wellbeing SA sought knowledge in the form of a model that can be “utilised by the food relief sector to improve food literacy, knowledge, attitudes, and behaviours regarding accessing and preparation of healthy food, primarily among populations where food security is more likely to be reported”. This paper also acknowledges and is aligned with relevant sector commitments and guiding principles including the South Australian Food Relief Charter, and Nutrition Guidelines for the Food Relief Sector in South Australia. For the purpose of this paper, community food education is defined as:

“Initiatives that empower individuals, households and communities to optimise diet quality and reconnect with food. Outcomes may include knowledge, skills and behaviours (for example to plan, manage, select, prepare/cook and eat food to meet needs and determine intake), confidence, empowerment, or social connections.” (Adapted from (Vidgen & Gallegos, 2014), p. 54)

Community food education is a common **strategy** to increase food and nutrition literacy. This may be inspired in part by the need for universal fundamental food literacy and skills in the community, and in part by a desire to promote social connection and engagement through food. This may be particularly relevant for people experiencing food insecurity or who may otherwise be excluded from these experiences (such as social eating).

A range of **outcomes** are possible from community food education including food literacy, to broader interpretations including empowerment and self-efficacy concerning food and nutrition, and life skills.

Food is something that is dependent on cultural, social, and individual factors (Benn, 2014) and as such, while not dismissing the value of education initiatives, this paper does not imply that food education can be a primary means for building food secure communities (Spoel & Derkatch, 2022). Rather, community food education can be one part of the multi-level scaffolding required to support food literacy and reconnection with food. Food education investments should not reduce the necessary focus on action on upstream determinants of health, wellbeing, and diet quality (Backholer et al., 2021; Gore & Kothari, 2012).

Drawing on the collective insights of local, national, and international evidence and practice wisdom, this paper aims to provide key elements, principles, and recommendations for decision-making for optimal design and delivery of future initiatives that incorporate community food education.

2. METHODS

2.1. Advisory group

A project advisory group was established for project direction and guidance, with stakeholders purposively sampled including the funder Wellbeing SA (Healthy food systems team); Department of Human services (community and social investments team); community sector representatives for food relief and community centres, multicultural communities, and local government. The project advisory group met three times online via MS Teams; at project inception to seek feedback on the project plan and proposed interviewees; mid-way through the project to provide preliminary findings and seek feedback and views on gaps; and finally, to seek feedback on preliminary findings. No formal terms of reference were applied, and participation was voluntary.

2.2. Method 1: Rapid scoping review

International peer-reviewed literature was sought to answer the question:

'What are promising, feasible (and cost-effective) community food education initiatives, why (and for whom)?'.

A scoping review method was used, and the research question was deliberately broad to provide breadth of information on the topic (whilst remaining relevant to the project plan). This approach is consistent with the purpose of scoping reviews, being used to determine the extent (size), range, and nature (characteristics) of the evidence on a topic, identify knowledge gaps, and identify implications for policy and practice (Arksey & O'Malley, 2005; Tricco et al., 2018). Both peer-reviewed and grey literature were sought. Conduct was guided by available methodological frameworks for best practice in scoping reviews (Arksey & O'Malley, 2005; Levac et al., 2010; Tricco et al., 2018) (Tricco et al., 2015).

Search terms and strategy are described in Appendix 1. Databases included Web of Science, PubMed, Healthevidence.org, The Community Guide, Australian Indigenous HealthInfoNet, Australian Policy Online, and Google Scholar (first nine pages of results for each search). Unpublished/grey literature reports were collected from colleagues and stakeholders via personal communication. A data extraction tool was developed to collect characteristics and information relevant to the project plan, described in Appendix 1.

To deliver within the time and resourcing available, a rapid process was used (Haby et al., 2016) by: limiting the number of databases and inclusion criteria; having one person screen articles and extract data (with a small percentage checked by another person for validity); and selecting results to report according to the project aim.

2.3. Method 2: Key informant interviews

Expert key informants were interviewed through one-on-one interviews or focus groups where appropriate. Purposive sampling from professional networks and the advisory group, and snowballing through those networks, were used to identify practitioners who had current or past experience of delivering community food education initiatives. Informants were sought in any setting, but purposive sampling was used to identify initiatives operating in food relief, community sector agencies, community centres or groups, and local governments. Informants were also identified on the basis that they would have a deep knowledge of the encounters and journeys of people with lived experience of food insecurity. A semi-structured interview schedule was developed to identify:

- Existing initiatives - their design and curriculum, locations, geographic coverages, and target groups
- Underpinning principles, values and evidence informing initiatives
- Key elements of community food education initiatives
- Perspectives on which population sub-groups and communities to prioritise
- Lessons learned from delivering community food education
- Gaps, needs, and future opportunities

Key informants were engaged at a mutually agreed site face-to-face or online via MS Teams. Discussions were audio-recorded to produce a transcript for each interview or focus group. Transcripts were read by two

research associates. Characteristics of initiatives represented in interviews were anonymised for reporting in Results **Table 1**. Ethical approval was obtained from Flinders University Human Research Ethics committee (#5130).

2.4. Synthesis and abstraction

All data were analysed descriptively and were synthesised and reported narratively, with each method informing the other iteratively. First, common themes were extracted from the literature by one researcher, using the data extraction tool developed according to the project aims. Interview data were coded by another researcher to produce common categories/themes, both inductively from respondents' words as well as deductively according to the project aims. Next, the full range of common themes were discussed among the whole research team, and lists were generated to determine principles and key elements for community food education, through team discussion and consensus. Then, findings were reported narratively by organising both literature findings and interview findings under the relevant principle(s) and key element(s). Additional themes that were identified either through the literature or interviews were reported as gaps and opportunities. Finally, recommendations for future implementation of a community food education model, in accordance with the project aim, were generated through further abstraction of the synthesised data.

3. RESULTS

3.1. Description of initiatives included in analysis

3.1.1. Types of initiatives

From literature

A total of 102 articles were deemed relevant from an initial 151 articles identified and screened, of those 49 were deemed irrelevant. Reasons for exclusion included articles that had a different focus (such as children as the target group, but, family and parent-focused interventions were included); insufficient details of the initiative/intervention (i.e. it was not the focus of the article); and if the interventions were not community-oriented (for example they were based in health-care settings and designed with a focus on specific primary health outcomes). Some initiatives returned multiple articles (such as Food Sensations, FOODcents, Jamie's Ministry of Food and Cooking Matters).

The final sample reviewed comprised:

- 27 reviews (systematic, scoping, rapid, critical, thematic)
- 63 peer-reviewed articles, and one (1) monograph chapter
- 11 grey literature reports

Of these 102 items, 17 peer-reviewed and four grey literature reports focused on First Nations communities or otherwise contributed knowledge and perspectives on community food education for First Nations peoples and communities in Australia (Blekkenhorst et al., 2022; Browne et al., 2014, 2018; Chen 2019; Christidis et al., 2021; Faculty of Health Community Evaluation and Impact Group 2019; Foley et al., 2011; Gooney et al., 2017; Gwynn et al., 2019; Hume et al., 2013; Lee and Ride 2018; Malie and Robertson 2011; McKay and Godrich 2021; Murray et al., 2014; NACCHO & RACGP 2018; Nilson et al., 2015; Qld Aboriginal and Islander Health Council 2011; Schembri et al., 2016; Sherriff et al., 2022).

Two of the reviews retrieved included Australia but also Aotearoa New Zealand, Canada, the United States and some other regions in their scope (Browne et al., 2020; Vincze et al., 2021). An overview of systematic reviews suggested that the "most important factor determining the success of Aboriginal and Torres Strait Islander food and nutrition initiatives is community involvement in (and, ideally, control of) the development and implementation of such initiatives" (Browne et al., 2018: 689).

From interviews

Community Food initiatives explored through interviews and focus groups are summarised in **Table 1** (page 13). Experts were interviewed through eleven individual interviews and two focus group discussions (involving multiple practitioners). Initiatives were predominantly hands on, healthy cooking initiatives with community participants and delivered by professional staff and/or trained volunteers. Another type of initiative was cooking for others; that is, a coordinator would cook with volunteers for a particular purpose such as community meals in the centre or meals for specific groups experiencing disadvantage, such as young pregnant women, those experiencing homelessness, Indigenous groups. Therefore, although not overt nutrition education, the volunteers benefited from cooking skill development, social inclusion, and confidence building while the recipients of the meals benefited from a free, healthy meal and social inclusion. In a couple of cases, online or video content was used during COVID-19 pandemic restrictions.

Across the international literature and local initiatives, common characteristics of community food education initiatives were found. There are several common ways to deliver community food education, which we present in a typology of three broad 'types' in **Table 2** (page 14).

Table 1: Description of community food education initiatives represented in interviews and focus groups

Lead organisation	Status	Resourcing	Description of initiative
Food relief provider 1 (Two interviews with two consecutive initiatives)	Not running	State Government grant	(1) Peer-leadership (train-the-trainer) - group cooking initiatives
		State Government grant	(2) Peer-leadership (train-the-trainer) - group cooking and financial literacy
Food relief redistributor 1	Ongoing	Self-funded (internal budget)	One-off events and tastings/ cooking demonstrations, videos
Food relief redistributor 2	Ongoing	User-organisation pays or internal fundraising budget	Group education
Community Centre 1	Ongoing	Various grants, including philanthropic	Group cooking + shared meal + meals supply for community meal
Community Centre 2	One-off	Underwritten by provider	Men's cooking – Ozharvest NEST with adaptations
Humanitarian organisation (former food relief provider)	Ongoing in reduced/ limited settings	User - pays (formerly self-funded/internal budget)	Group education
Local Government 1	Ongoing: Cooking Ongoing: Low-cost food market	State Government grant Low-cost market: Council budget and trade	Group cooking (low-cost food market and meal packs ongoing)
Social enterprise 1	Ongoing	Previously funded by Non-Gov Organisation but now self-funded and Local government grants	Group cooking, meals supply for community events and clients of various local community services
Social enterprise 2	Not running	State Government grants, trade	Group cooking, demonstrations and garden infrastructure (low-cost food market ongoing)
Social enterprise 3	Ongoing	User-pays (organisation)	Group cooking and shared meals
Food relief practitioners (Focus group)	Most not running	-	Various
Local governments – managers (Focus group)	Mixed, many not running	Self-funded (grants and internal budgets)	Various
	Ongoing	Grant funded initially, now self-funded	Free produce market + meals cooked by volunteers

Table 2: Typology of community food education initiatives – common types found in international literature and SA interviews

Model 'type'		Facilitation	Structure	Common elements	Intended outcomes	Duration
Type A <i>Example: 'Ozharvest NEST', 'FoodREDi'</i>	'Curriculum' initiatives	Skilled facilitators or nutritionists	Structured, may be adaptable	• Learning • Cooking • Social eating	• Client-level: Skills, Knowledge, self-efficacy; behaviour • Community-level: Health, food security	Time-limited, but replicable through ongoing funding/ investment
Type B <i>Example: 'Community Foodies'</i>	'Capacity building initiatives'	Volunteer/ peer-led (including train-the-trainer)	Blend of structure and tailored/ responsive	• Learning • Cooking • Social eating	• Client-level: Skills; Knowledge; Self-efficacy; Empowerment; Employability; Health • Community-level: Social capital; Civic engagement; Social cohesion; Improved health	Time limited, but replicable and potentially sustainable through capacity building (train-the-trainer approach and volunteer workforce)
Type C <i>Example: 'Food4Futures'</i>	'Community development initiatives'	Skilled facilitator working alongside volunteers with lived experience	Responsive to need	• Food access • Social eating • Cooking • Learning	• Client-level: Social inclusion; Confidence; Self-efficacy • Community-level: Civic engagement; Social cohesion; Community connectedness	Ongoing, open access

3.1.2.Settings

From literature

Community food/cooking skills initiatives were held in a range of settings, with many co-located where community services were located, such as:

- Community centres
- Community health services
- Aboriginal Community Controlled Health Organisations
- Community agencies serving the target population such as seniors' centres, community kitchens, and community gardens
- Playgroups, parent groups, and early learning centres
- Food pantries
- Offices of participating organisations (or referral partner locations) such as housing support services
- Town church, community halls, recreation centres, and men's sheds (Butcher et al., 2021).

Some initiatives were in a fixed site, attracting clientele of co-located services such as a food pantry (An et al., 2019; Oliver et al., 2020a,b). Others were structured so that the facilitator travelled to the host location, such as Food Sensations for Adults, a fly-in-fly-out delivery model to serve selected regional and remote areas of Western Australia (Aberle et al., 2022). Jamie's Ministry of Food in Ipswich, Queensland had its own kitchen facility located in a shopping centre central to the target population.

While many initiatives were set in a space equipped as a kitchen, some were designed so that sessions could be conducted 'almost anywhere' - from a kitchen to outdoors with minimal equipment – while ensuring food safety, for example Good Quick Tukka (Queensland Aboriginal and Islander Health Council 2011; Chen 2019).

From interviews

Interview findings reiterated what was found in the literature in that settings or locations were predominantly place-based. Community food initiatives went to where the target groups were in the community, providing convenience and accessibility for participants as well as familiarity to places already patronised. Initiatives were often co-located with other initiatives and services including community centres, youth centres, children's centres, churches, food hubs, and correctional facilities.

A kitchen was helpful but not always necessary as the focus was on cooking with minimal equipment which could be done in a room with an electric frypan for example. One expert stated:

"We have delivered this in areas where there is no kitchen facility and we've brought electric frypans; we've bought everything we need in a box and shown that you can be flexible with cooking and learning" (Expert 7).

3.1.3.Target audiences

From literature

The primary characteristic of the target audience for initiatives reviewed was socioeconomic status (defined variably as people experiencing poverty, 'low income' or 'low to middle income', 'limited resource' and 'vulnerable' or 'disadvantaged' individuals and groups). Other characteristics included particular demographics such as age (older adults), disability, parents or families. An example, Cooking Matters for Families in the US, had parent-child pairs learning, cooking, and eating together (Overcash et al., 2018). In some cases, participants were recruited from pre-existing groups such as mothers' groups, churches or immigrant groups, and/or they were clients of the referring/hosting agency. Some initiatives were universally accessible – open to everyone, while also targeting certain groups (an example is 'Food Sensations for Adults'). Universally-offered initiatives located in areas of greater economic disadvantage can still attract higher-income groups (Flego, Herbert, Waters et al., 2014).

Some of the Australian initiatives were specifically for Aboriginal and Torres Strait Islander audiences (urban, regional, and remote) (Browne et al., 2014; Chen 2019; Foley et al., 2011; Gooley et al., 2017; Malie and Robertson 2011; Murray et al., 2014). Several initiatives targeted culturally and linguistically diverse communities, migrants or refugees in high-income countries (Atoloye et al., 2021; Buchthal et al., 2020;

McElrone et al., 2021; Garcia et al., 2021; Nisbet et al., 2022; Nur et al., 2021; Oliver et al., 2020b; Overcash et al., 2018).

From interviews

Similarly, target audiences of local initiatives interviewed were primarily people experiencing social or economic disadvantage in the community. Initiatives focused on people on low income, and some specific cultural groups including Afghan women, and Aboriginal and Torres Strait Islander groups. Some targeted age- or situation-specific groups, such as at-risk youth, parents, aged care, or people with a disability. Some initiatives providing meals or food relief emphasised that while they had a target group, they do not 'turn anyone away' and no eligibility requirement applied.

Interviewees described emerging target audiences for community food initiatives and support including 'working poor' and others because of cost-of-living pressures (including fresh food price increases).

3.1.4.Outcomes (including measurement of outcomes)

From literature

Most food literacy research studies emphasise gaining of critical knowledge (information and understanding), functional knowledge (skills, abilities, choices), or both. Much research in this area focuses largely on measuring gains in knowledge, and fewer focus on health-related outcome measures (Truman et al., 2017). A recent scoping review of 67 articles defining food literacy found six thematic areas related to food literacy outcomes including:

- skills and behaviours, food/health choices
- culture
- knowledge
- emotions, and
- food systems

More specific examples of outcomes across the literature reviewed included:

- enhanced/improved knowledge, attitude, and skills
- increased confidence about various cooking and food skills
- improvements in food purchasing behaviours
- increase in fruit and vegetable consumption
- improvements in selected food/dietary behaviours
- improved nutrition knowledge
- enhanced wellbeing

Less commonly measured and/or reported on were social impact or outcomes. Positive social outcomes were commonly reported for community kitchens (such as Browne et al., 2014; Fridman and Lenters 2013; Furber et al., 2010; Iacovou et al., 2013), including one in Victoria which reported the development of "social skills and support networks among participants and facilitators" (Hwa Lee et al., 2010). Jamie's Ministry of Food in Ipswich, Queensland reported sustained improvement in social interactions within the home environment 6 months post-initiative (Herbert et al., 2014). Another cooking initiative in the US focused specifically on increasing family meal frequency and connectedness (Park et al., 2018) (See also 3.3.7).

From interviews

Evaluation methods used in initiatives were generally informal or anecdotal, with few examples of objective impact evaluation. Evaluation and outcomes measurement were often based on the funding and reporting requirements, such as using results at acquittal of grants and to inform future applications. Repeat/follow up evaluation (after end of the initiative/intervention) was rarely attempted, and those initiatives found response rates very low.

Cooking confidence was often measured, as was behaviour change, for example changes in sugar-sweetened beverages, or vegetable serves, pre/post initiative. Other observed outcomes included improvements in confidence, life skills, nutrition, cross-cultural connection and understanding, and self-esteem. Some

outcomes observed in initiatives involving volunteers included employment or participation in further study/higher education following their participation in community food education.

More specific outcomes were sometimes sought, including self-reported confidence level with home meal preparation, building social connections and decreasing social isolation. Nutrition outcomes included overall nutrition literacy and cooking skills. An example observed from education on how to cook cheaper, healthier meals without meat showed that:

“They may not have known about lentils before.... some fruit and vegetables may not have been familiar” (Expert 3).

Another initiative did interviews every 6 months, finding that participants felt:

“healthier and more able to function” (Expert 13).

Some initiatives engaged in continual informal quality evaluation, aligned to meeting community needs, with one expert stated that they were:

“constantly changing and adapting while projects are running. Learning as we go” (Expert 13).

While evaluation was fairly limited overall, our interviewees expressed the importance of understanding client and community needs to succeed and keep people engaged. This implies an imperative to focus on person-, family- and community-centred outcomes, beyond nutrition literacy.

3.1.5. Timeframes

From literature

Duration and frequency of cooking and food skills initiatives ranged from one-off sessions to ten weekly sessions, and session length ranged from 30 minutes to 2.5 hours. One Australian initiative (FOODcents) offered the choice of a single 1-2 hour session or a more intensive multi-session course, depending on participants' circumstances (Pettigrew, Moore et al., 2016). An Australian review (Begley et al., 2017) found that most Australian cooking skills interventions were of short duration, usually 2 – 4 weeks. International examples ranged from single sessions to multi-year initiatives (Asher et al., 2020; Hollywood et al., 2018; Reicks et al., 2018).

Whilst evidence is insufficient to conclude an optimal number and frequency for improving cooking/food skills and behaviour, 6 – 8 sessions of up to 2 hours is a common delivery format to achieve dietary behaviour change (Begley 2016). Optimal duration will depend on the intended outcomes; however, successful behaviour change is generally found with ≥ 5 months participation (Murimi et al., 2016). It is not yet clear whether effects/outcomes are modified by characteristics such as delivery or intensity (Hasan et al., 2019). Consistently, one-off or visiting style initiatives seem to provide little benefit or interest to a community and tend to not be sustained (Faculty of Health Community Evaluation and Impact Group 2019).

From interviews

Similar timeframes were evident from local initiatives interviewed, varying from one-off sessions to 4 – 6-week initiatives and up to a 20-week initiative. A model in which volunteers cooked together for a purpose ran in an ongoing format, with some volunteers staying longer than others, or leaving and returning according to their circumstances.

Different time frames reflected the different model type. For example, a structured 6-week initiative differed to an unstructured initiative that was tailored to the group's needs and preferences. Those using a train-the-trainer model delivered initiatives of varied duration for participants, although the trained volunteers (considered a target group themselves) remained connected for longer periods of time, even years.

Longer timeframes enabled staff and volunteer capacity building, and also helped in building the awareness of the initiative – often through further snowballing of demand. Longer timeframes also provided opportunities for follow up activities, especially for maintaining engagement and increasing support for those experiencing greater need. One expert stated:

“The demographic has shifted from where it began – was mainly elderly but now a lot of young families, single men and Aboriginal families – a different cross section” (Expert 13).

Interviewees cautioned and warned of ending initiatives too abruptly and suggested a ‘phasing out’ period for ensuring appropriate engagement and sustainability (of outcomes). One expert stated:

“...because sometimes putting on programs and then removing them after a short little while it leaves the cohorts that we work with in a disillusioned place – they started developing an appetite for the things that are at hand” (Expert 8).

3.1.6. Costs and funding models

From literature

Most initiatives were offered at no cost to participants. A small number charged a fee per class, with a concession or student discount (Flego, Herbert, Gibbs et al., 2014). Some initiatives also considered contextual elements of cost such as childcare, accessibility and transport, and provided this free. For example, an urban Indigenous health service in Queensland provided childcare during a young mothers group cooking class (children joined the group meal after) (Foley et al., 2011). Transport and childcare were provided by an Aboriginal community kitchen in Sydney (Malie and Robertson 2011) and childcare was suggested to enable participation in Northern Queensland (Faculty of Health Community Evaluation and Impact Group 2019).

Initiatives were often funded by government agencies (Health, Environment, Agriculture); community sector organisations (Cancer Council, Foodbank WA); and in fewer instances by philanthropic organisations (The Good Foundation) or corporations (BHP). In some cases, funding came from multiple sources.

In the US, the federally funded Supplemental Nutrition Assistance Program (SNAP-Ed) enabled resourcing of community food initiatives (Bird and McClelland 2017; McGuirt et al., 2018; Metcalfe et al., 2022).

From interviews

All but one initiative interviewed was provided free to community participants. The initiative with a cost charged AUD\$10 (which included membership joining fee at the co-located food hub). For AUD\$10, participants were enrolled in a 4-week cooking course and received >\$175 value from 16 family meals. As indicated in **Table 1**, funding sources varied, as did amounts for specified durations. In many cases costs were subsidised by food items or other resources supplemented by donations, food relief organisations, or other in-kind support. For example, a church provided kitchen, fridge, and freezer use to a social enterprise at no cost. Two initiatives had a fee-for-service model (an organisation pays so that participants can attend free or subsidised). However, one expert described having to “*price themselves out of the market*” recognising an inability to deliver their expertise in community food education at the price that community organisations were able to pay. For some, this model was considered an extra barrier, particularly for community services wanting to host an initiative although not being able to pay.

Interviewees emphasised challenges from a lack of consistent resourcing. Some initiatives are no longer available for community members and workforce to benefit from, causing a loss of knowledge, skills, infrastructure, and impairing community expectations. Practitioners reported repeatedly spending excessive time ‘chasing’ small grant opportunities to remain viable. While some initiatives interviewed are no longer funded, others managed to obtain (or were in the process of obtaining) further funding from a different source to continue.

3.2. Ingredients of community food education: Key elements of initiatives

3.2.1. Evidence-informed nutrition information

From literature

Many of the nutrition education or healthy lifestyle initiatives based their curricula around evidence-based dietary recommendations and guidelines, such as the Australian Dietary Guidelines (including Food Sensations; Begley et al., 2018), Dietary Guidelines for Americans (Cooking Matters; Metcalfe et al., 2022), and/or state-based recommendations (OzHarvest NEST; West et al., 2020). Incorporation of evidence-based health education messages was common (Mehta et al., 2020). Since many initiatives were also developed and/or delivered by qualified nutrition and dietary professionals, it is likely that content/curricula were informed by evidence.

Whilst evidence-informed knowledge is imparted through nutrition-focused community food education, evidence still suggests that these are not often successful at effecting positive dietary change, and therefore, greater scaffolding is needed to navigate the current food system and food choices (Azevedo Perry et al., 2017). Reviews continue to show limited use of behaviour change theory in informing design and delivery of community food education initiatives (Maugeri et al., 2020).

From interviews

All initiatives were underpinned, even if informally, by evidence-informed nutrition information, in line with the Australian Dietary Guidelines, particularly in the emphasis on whole foods rather than processed food. What varied was the emphasis on the words 'healthy eating' in discussion:

"Healthy eating is a really difficult thing to 'sell' to people – it takes time and effort.... we tend to focus on the 'easy' side of things because easy is much more appealing than healthy" (Expert 2).

"Health and healthy eating... it's had its day in terms of language.... I think people just glaze over with it, you know, they've heard it all before" (Expert 5).

As an alternative to the message of healthy food or cooking, some focused on family meal preparation and making things easier. Others appealed to other aspects of experiences such as fresh, local, pleasurable (which can embody healthiness). In this way, healthy eating was inherent, rather than an explicit part of the messaging. Despite this, the content of these initiatives did include basic healthy eating, including topics such label-reading, how to reduce food waste, and healthy eating on a budget.

3.2.2. Cooking and food skills

All initiatives from the literature and interviews focussed on fundamental cooking skills, including cheap, quick and easy recipes with accessible ingredients (including what is available in food relief food hubs), using basic equipment and space.

From literature

In addition to basic cooking skills, many initiatives incorporated several other kitchen and food skills-based elements. These elements often included kitchen safety (knife handling, using appliances, food hygiene and efficient storage), food handling and preparation practices. One US initiative introduced reducing food waste into the cooking sessions including discussion of storing produce to improve shelf life, easy preservation methods, and adapting recipes with substitute ingredients (Garcia et al., 2021).

From interviews

Other skills that were often a focus across several SA initiatives included food safety and hygiene such as safe storage, knife handling, and food waste reduction.

3.2.3. On a budget, budgeting, shopping and purchasing behaviours

From literature

Information on planning and shopping for healthy, budget-friendly meals featured in most of the Australian and international community food education initiatives. This was usually designated as food-budget planning and 'kitchen economy (Rees et al., 2022), food resource management (Pooler et al., 2022), or as part of the general domain on 'planning, management and selection' (Begley et al., 2019b: 12). Skills of budgeting, meal and menu planning, shopping and resourcefulness are priority 'skill focus points' included in the recently published 'Cook-Ed' matrix (Asher et al., 2022).

Examples of budget and shopping-focused activities, skills, and strategies included:

- Supermarket tours
- Using a shopping list
- Meal and menu planning
- Using sales and specials to get the best deals
- Comparing unit prices

- Comparison shopping
- Using nutrition information panels and other label features to make healthier choices
- Buying bulk items
- Using the same ingredients in more than one recipe (meal planning, reducing food waste)

Reducing waste was sometimes linked to managing food budgets. An urban Indigenous Australian health service used cooking workshops as an opportunity for participants to experiment with new foods and recipes, ‘without the risk of family criticism or wasting money on food the family would not eat’ (Foley et al., 2011), noted as important for ensuring and sustaining change. A US cooking intervention focused on food waste according to needs of low-income households, for whom fear of wasting food could be a barrier to trying new ingredients and recipes or purchasing fresh foods (Garcia et al., 2021).

From interviews

Because all initiatives had a focus on participants on low income (as a target group), all cooking and healthy eating messages within the initiatives were based on knowledge and skills for shopping and eating on a budget.

3.2.4. Menu/meal planning

From literature

The recent Cook-Ed™ model and matrix (which was developed to guide development of community food initiatives) emphasises meal planning as one of several important ‘food skills’ in community food education. The model describes food skills as a distinct set of *non-cooking* skills that enable individuals to apply knowledge about food to prepare meals and snacks that are nutritionally appropriate, with the available resources (Asher et al., 2020).

From interviews

One initiative focused primarily on meal planning, with participants preparing four meals to take home for the week, demonstrating ease and cost-effectiveness of meal planning. However, it was unknown whether participants had maintained this behaviour at home, so the facilitators planned to review and co-design changes to the initiative with the target group to support them.

3.3. Ingredients of community food education: Principles underpinning initiatives

3.3.1. Demand and need

From literature

The sheer volume of recent initiatives found across the literature reflects a high level of interest in (or demand for) community food education in various contexts. For some, these initiatives emerged in response to community need. Whether policy/practice-driven or research-based, the need for such interventions is clear, especially considering the intersections described between food insecurity, health and wellbeing challenges and inequities, shifting dietary patterns, and decreasing food literacy (Rees et al., 2022). Concurrently, there are calls for stronger evidence of ‘what works’ in community food education and which outcome measurement tools should be used (Dollahite et al., 2016; Paynter et al., 2021; Reicks et al., 2018; Vincze et al., 2021).

From interviews

Demand for community food education was commonly reported across South Australian organisations providing these initiatives. Providers were unanimous that there was an ongoing need for food literacy, skill development, and social connection. Organisations experience this demand due to their past successes, their strong understanding of community, and general word of mouth. Unfortunately, most organisations currently have limited resources (people, food, infrastructure, funds) to respond to demand and need, particularly in regional South Australia. One expert stated a need to offer food initiatives in:

“aged care, disability, homelessness, DV program, juvenile justice, out of home care” (Expert 11).

A lot of the demand remains unmet. One organisation provides community food education across metropolitan Adelaide and has received requests to deliver it in regional SA, which they are unable to do due to lack of resources, and their year is already fully booked due to demand. Another organisation was asked by a local government to do some cooking of meal packs with participants but they are not able to meet the demand due to lack of capacity. A not-for-profit organisation that had limited funds to deliver some initiatives received multiple requests for their successful initiative from community organisations in disadvantaged communities, which they could not meet due to lack of capacity:

“Due to word-of-mouth and social media other community centres have heard of the [NAME] program and asked to have workshops run at their locations [...] We continue to have requests from members of the public to run educational workshops on food preservation, reducing food waste, educational cooking classes for young people, and growing fruit trees to build community cohesion” (Expert 1).

However, demand is not always as is perceived, which emphasises the need for attention to evidence-informed planning, community needs assessment, and strong partnership for target group communication and recruitment. One interviewee noted:

“Everyone says they want a cooking group and then you run a cooking group and people don’t come” (Expert 2).

3.3.2. Community development approach

From literature

Health-promoting initiatives utilising community development, community empowerment, and engagement have been found to enable positive outcomes at the individual and community level (Mehta et al., 2020). Community development is an approach and process which is “grounded in principles of empowerment, human rights, inclusion, social justice, self-determination and collective action” (Smart 2019). Using this approach, development and implementation of an initiative is community-led, ideally at every stage, recognising and valuing individual lived experience and community wisdom and knowledge (Smart 2019).

Some of the relevant values and principles which are recommended to inform and underpin community food education offerings include:

- Community ownership (Friel et al., 2015)
- Sensitive to social, economic, cultural and geographic circumstances (Bird and McClelland 2017), particularly for initiatives delivered across multiple locations (Butcher et al., 2014)
- Cultural appropriateness and sensitivity, including cultural competency training for facilitators (Atoloye et al., 2021)
- Equality of opportunity, such as holding sessions at times which suit people's schedules, at accessible and familiar locations, and offering access regardless of geographical location, including videoconference (Dumont et al., 2021; Friel et al., 2015; Thomson et al., 2022)
- Accessibility for people living with disability (Herbert et al., 2015: 73) and/or being able to have a carer or support worker attend with the participant
- Reducing stigma (Scharf et al., 2010; Clark-Barol et al., 2021) for example through communal activities such as community kitchens which may be less stigmatising (particularly for food relief)
- Consideration of literacy skills/reading level/language, use of age- and literacy-appropriate visuals and activities (Baker et al., 2020) and translators (Pettigrew, Moore et al., 2016)
- Empowerment in preparation for healthy eating (Flego et al., 2013)
- Utilising a strengths-based approach

Individual and household food insecurity and other types of social and economic disadvantage can be associated with exposure to trauma; and it is possible for any community member to have life experience of trauma. As such, integrating trauma-informed approaches into health and other community initiatives can promote improvement in health and wellbeing, and even food security (Phojanakong et al., 2020). Cooking and gardening initiatives can offer a therapeutic and supportive environment suitable for survivors of trauma and other intersecting challenges (Scharf et al., 2010).

From interviews

It became clear through interviews that a community development approach contributed to reported or perceived positive outcomes for participants. This was particularly noticeable where volunteers had worked with a coordinator/facilitator to deliver an initiative, cook for community meals, or work with specific target groups such as women escaping domestic violence. Interviewees described building a relationship with the community volunteer, showing respect, working alongside each other, being accepting and gentle, rather than directive. Some interviewees described how volunteers flourished through cooking and the social connection involved (and acknowledged the community development expertise of the coordinator/facilitator in this):

*“Modest, nothing flash, modest initiative but I see for these particular people they’ve got lots of good things to offer, they are sweet, lovely people and to find a gentle way to contribute that makes them feel like they are something and have something to offer is great” (Expert 3).
“I see food as being a really important part of Psychologically-informed care. So, while it’s not a therapy session in there, it is using food as and it just breaks down barriers” (Expert 4).*

Interviewees were very aware of the limited extent to which health impact would be gained without addressing underlying determinants of food insecurity or social disadvantage such as poverty or lack of transport and acknowledged a need to address basic needs ahead of healthy eating and cooking.

Many initiatives drew on strengths-based approaches and interviewees even told stories of volunteers who had benefited from the social inclusion aspect of initiatives, for example people with mental health challenges, had lost employment and become isolated, but then through volunteering and cooking, reporting that it ‘saved their life’ or felt ‘happy and worthy’.

Inherent in a community development approach is being guided by values, and some interviewees described values of their organisation or initiative, including trust, access, equity, diversity, belonging and connection.

One expert described:

“...values of equity and partnership, community development principles. So, all of those things are, I still believe are key elements for long term change and understanding and... yeah, it’s not just about here, try this new recipe and you know, you suddenly got home and you’re cooking this new recipe. There’s a lot more involved than that and it does involve relationships and building up that trust with people” (Expert 5).

3.3.3. Cultural safety, sensitivity, appropriateness

From literature

With more than half of all Australians being first or second-generation migrants, it is encouraging that community food education initiatives in Australia serve a diverse range of audiences and target groups. An example is Food Sensations for Adults (Dumont et al., 2021), which is reported to have reached people from 51 different cultural backgrounds (Butcher et al., 2014: 1498). Encouragingly, all facilitators undergo cultural competence training (Butcher et al., 2021).

Cultural context is among one of many factors affecting home cooking (Garcia et al., 2021), and research evidence recommends that initiatives consider:

- Being inclusive and sensitive to the needs of a diverse audience
- Being tailored to be culturally appropriate and relevant for different groups
- Accommodating religious diet customs and needs (Asher et al., 2022; Nur et al., 2021)
- Having a translator/interpreter if delivering to non-English-speaking individuals/groups (Pettigrew, Biagioni et al., 2016)
 - Acknowledging that this does not guarantee that messages are delivered within the cultural context of the audience (Atoloye et al., 2021)
- Core cultural values, norms, and stressors unique to the priority audience (McElrone et al., 2021)
- Not assuming about the community needs or wants; building relationships to understand
- Using a peer educator model (Atoloye et al., 2021; Oliver et al., 2020b)

- Acknowledging dietary acculturation¹ and likely barriers for recent arrivals, refugees, and people seeking asylum around shopping, accessing, and cooking healthy foods (McElrone et al., 2021; Bowden 2020a; Nisbet et al., 2022).

From interviews

Many SA organisations worked with culturally diverse groups as one of their priority groups, but often this was not their primary focus. Culture was often incorporated in initiatives through empowerment, where participants were encouraged to share their culture or teach their peer group a recipe (examples from Philippines, Albania, and Sudan). One centre’s cooking classes aimed to engage people from non-English speaking backgrounds or those recently arrived in Australia, teaching basic food literacy-type curriculum but also sharing different cuisines and giving people the opportunity to *‘be empowered by teaching the classes’*. The initiative showed cultural intelligence, for example by establishing an arrangement with a local Halal butcher for meat. This initiative continues to attract many non-English speaking participants and volunteers (through word-of-mouth), with some travelling long distances to participate because of the skilled facilitator and organisation’s ethos/values. Another initiative with national links designed learning materials in the top 10 spoken languages in Australia.

3.3.4. Flexibility

From literature

Flexibility enables an initiative to tailor content to the needs, interests, and circumstances of their target audience (Asher et al., 2020), and can be in-built and applied throughout initiative development and delivery. A valuable example is the recent Cook-Ed™ model and matrix which was developed to guide community food initiative development in a non-prescriptive way, via co-design and tailoring to needs, goals, life stages, and skill development preferences of participants (Asher et al., 2022). While fidelity can sometimes be considered critical to research-tested interventions, contemporary examples informed by implementation science emphasise aspects of adaptation and flexibility. Flexibility, such as providing alternate activities or lesson plans, can be enabling for facilitators/practitioners and increase a sense of autonomy for facilitators (Bloom et al., 2021).

Another example is Food Sensations for Adults (Western Australia), which was tailored to meet a variety of social, economic, cultural, and geographical factors (Butcher et al., 2014). Food Sensations for Adults’ flexible structure allows facilitators to respond to participants’ preferences for some of the nutrition modules (healthy lunchboxes, snacks, gardening) (Begley et al., 2020). A former example of this model, FOODcents, offered different courses to cater to specific interests and nutrition knowledge levels (Pettigrew et al., 2018); allowed for activities to be nominated by the group (Pettigrew, Moore et al., 2016); and offered flexibility in initiative length, session duration, and frequency/intensity.

Flexibility is particularly important in rural areas where organisations and community members face additional barriers to food access, availability, and pricing (Dumont et al., 2021).

From interviews

Flexibility was described as a strength of initiatives, because it allowed the initiative to meet community ‘where they are at’, and was considered essential for success of initiatives and positive outcomes for participants:

“One of the strengths as well of the [Name] program was that it wasn’t a ‘program’. [...] it wasn’t a cookie cutter thing” (Expert 5).

“We’ve tried to show that it’s such an adaptable program that you can do it under the tree out the back, or you can do it in a beautiful commercial kitchen, and it can be adapted to whichever group and whatever facilities they have” (Expert 7).

¹ Dietary acculturation is ‘the process in which refugees adopt food choices, preparation habits, and consumption patterns reflecting their new residence’ (McElrone et al., 2021: 550).

Interviewees described ways in which flexibility was achieved as:

- content and structure of the initiative could be adapted to the needs of each target group
- initiative was responsive to preferences, including negotiating content, length and location
- co-design or consultation was used to choose recipes, modules, session outlines, and activities
- participants encouraged to share their own recipes, food knowledge and skills (including cultural) with peers
- modifying recipes based on what participants had at home

Initiatives that had a more rigid structure tended to also be those that struggled with attendance, or, were questioning the long-term impact on participant outcomes. One program that was structured around cooking on a budget was delivered to a group of men with limited cooking skills, however the group were dissatisfied with the focus on budgets. The facilitator reflected that while a need was identified for cooking skills, the participants did not match the intended target group (low-income) of the program.

Initiatives with limited flexibility seemed to find it more difficult, especially during COVID-19 pandemic restrictions, to attract and retain participants. In one case this led to a consideration of introducing a ticket price to attend, while acknowledging that this may be a disincentive for people experiencing financial stress. Lack of flexibility in facilitators was also acknowledged as a challenge, especially when relying on one individual.

3.3.5. The role of facilitator

From literature

A skilled facilitator was considered essential to foster trust with participants, with an onflow to increased cooking skills and other positive outcomes (Maugeri et al., 2020). Across the evidence, limited information was reported on facilitators' professional backgrounds, qualifications, training, or competency in content expertise or skill level in communicating health education messages to the target audience (Reicks et al., 2018). However, amongst the Australian initiatives reviewed, facilitators included:

- Qualified health, nutrition and dietetics professionals
- Aboriginal health and Aboriginal outreach workers (Browne et al., 2014)
- Country Health Services health professionals (Dumont et al., 2021)
- Volunteers or paid workers within the host organisation (train the trainer) (Hwa Lee et al., 2010)
- Peer leaders and advisors (Reicks et al., 2014).

A UK example:

- Community food workers were recruited locally (in disadvantaged neighbourhoods). These workers were not professionally qualified although were trained by professional nutritionists and dietitians (Orr et al., 2017), thus resembling a peer-education model.

One review found no evidence to support one facilitator type over another, across a range of cooking classes delivered by individuals and teams with various professional backgrounds (including chefs) and volunteers. The review suggested selecting a facilitator based on audience needs (Hasan et al., 2019).

Evaluation of Jamie's Ministry of Food (Victoria) found the friendliness of the instructors helped make all participants feel welcome regardless of their cooking skills and comfort with the social nature of the classes (Herbert et al., 2015).

A review of Australian cooking skills interventions recommended that facilitators' contribution to initiatives' effectiveness should be considered further and emphasised that cooking competency is not explicitly addressed in higher education courses for health and other community professionals (Begley et al., 2017). Interestingly, in a US consensus study, facilitators/coordinators initiatives express more interest in development of teaching methods and ability to relate to the target audience, suggesting importance of relational aspects of community food education, as well as content expertise (Baker et al., 2020).

From interviews

Experts unanimously stated that having a skilled facilitator was the key element of a successful initiative, whether encapsulated in one person or in a team of two or more. The following skills were mentioned as being particularly critical in the role of the facilitator:

- comprehensive knowledge of healthy eating
- cooking skills and budget cooking, developing tasty and nutritious meals from available ingredients
- community development expertise: equity, empowerment, respect, compassion, responsiveness, and strengths-based approach to practice
- group education skills including communication skills and confidence

One expert described the value of a team approach to facilitation:

“...recognising where skills were was an aspect of working in partnerships. With a team-based approach it worked – collaborative, leveraging strengths” (Expert 5).

Many experts highlighted skills beyond food, and acknowledged an intersection between community development and group education skills:

“What I think is most important ... is a really skilled facilitator, someone that can ask open questions and be willing to sit with some silence or able to create a sense of ease and trust with the people they are working with. That’s where I see the best outcomes come because its more than just food,

more than just the meals that’s been presented to them. The facilitator has a big role in the success of a session and having open parameters around the content – structured yes but openness to where it might lead” (Expert 8).

“.... understanding the target group you’re working with and what their needs, abilities and accessibilities are, and being responsive to these factors as you plan and deliver the sessions” (Expert 5).

[Coordinator name] is really great at accepting people.... Confidence is built by cooking alongside [coordinator name]” (Expert 3).

3.3.6. Hands-on components

From literature

Cooking demonstrations were common in some food and nutrition-focussed initiatives, including those aimed at achieving specific health and nutrition outcomes (Hasan et al., 2019). While demonstrations may be appropriate in certain settings such as community gatherings (Chen 2019), a hands-on learning format was usually preferred over demonstration-only or didactic lectures (Begley 2016) to support gains in functional knowledge outcomes, as well as meeting participants experiential needs and interests.

Long-term behaviour change has been shown to be more likely when cooking/food skills education includes practical, hands-on activities (Hollywood et al., 2018). Effectiveness is attributed to aspects of hands-on components including the participant-centred rather than teacher-centred focus (such as experiential learning) (Asher et al., 2020); active engagement in the learning process as well as interaction with the facilitator/instructor (Pettigrew, Biagioni et al., 2016) and prompt practices (Maugeri et al., 2020).

In the FOODcents initiative (Western Australia), participants indicated that the opportunity for experiential, hands-on learning had been one of the key elements influencing their decision to join the course (Pettigrew, Biagioni et al., 2016).

From interviews

Providing hands-on cooking experience was seen as integral to a successful initiative, and all interviewees shared evidence of experiential learning and knife skills in a fun and interactive social setting:

“Knowledge (of healthy eating) is good to a point but that you need the practical skills to be equipped to be able to make the healthy choices for themselves” (Expert 10).

One provider found through evaluation that participants preferred hands-on workshops instead of formal 2-hour sessions, as people wanted opportunities for information-sharing and group discussion (which was incorporated in a future phase of the initiative).

Some participants described that their education occurred not through structured curriculum but in a conversational style during cooking.

Another benefit of hands-on cooking was reported when participants took meals home to the family:

“(children were) more willing to try different foods and that was big for them.... also, no stress if you don’t like it – we are not wasting our money that we’ve earned if you don’t eat it” (Expert 2).

3.3.7.Social connection, cooking together and eating together (‘commensality’)

From literature

“Bringing people together to cook (and garden) has great benefits, from informal and hands-on learning to positive social experiences and the development of mutual support networks” (Scharf et al., 2010: 26).

Cooking and eating together were common across the community food education literature. Sharing satisfying experiences with others during a learning experience is known to contribute to behavioural change, including cooking/food skills interventions (Begley et al., 2017). The social nature of community food education can also offer benefits beyond knowledge and skills acquisition, to positive health and wellbeing outcomes, positive social interaction, and self-esteem (Farmer et al., 2018).

In FOODcents, participants rated opportunities for social interaction as one of the most important elements of the course (Pettigrew, Biagioni et al., 2016). The social and communal nature of cooking and eating together in cooking classes and initiatives such as community kitchens can provide valuable engagement and support opportunities for people experiencing social isolation (Community Food Centres Canada 2018; Dyen and Sirieix 2016; Hwa Lee et al., 2010; Purdam and Silver 2020). A review of the social and nutritional impacts of community kitchens notes that the “participatory format and potential to foster mutual support” is a key feature that “distinguishes these from other food assistance initiatives” (Iacovou et al., 2013).

Social connection and community building may be explicit in initiative objectives, or may emerge as a secondary outcome. Increasing social engagement is a primary objective of one Australian food literacy initiative for low SES adults (OzHarvest NEST; West et al., 2020), while a community food initiative designed for Aboriginal communities focused on the “social fun and enjoyment of food as participants enhance and explore cooking techniques and experiences” (Good Quick Tukka; Chen 2019).

There is also potential for social media as a tool for maintaining community beyond the time participants spend cooking and eating together, as well as for when opportunities to engage in-person are limited or not possible, for instance due to COVID-19. In the US, a community food initiative engaged participants on a closed Facebook group to share home-cooking experiences after their in-person cooking sessions – this fostered a sense of fun, inspired creativity, and contributed to a feeling of community (Clark-Barol et al., 2021: 7).

From interviews

Social connection was unanimously acknowledged as essential, with many initiatives stating social connection as one of their initiative’s primary objectives, in response to social isolation. Cooking together and eating together was encouraged and was reported to lead to friendships, trust, and connection:

“2.5 hours/week of people getting together, chatting, discussions around food, cooking together and sharing a meal at the end so eating together. Friendships are created- some catch up outside of initiative” (Expert 9).

Participants reflected on the value of eating together for social connection:

“They sit and have a conversation with each other, and we hear a lot of laughter and connection and see a lot of that social connection part of it.... from people who are living generally in social isolation – have somewhere to belong, somewhere to connect” (Expert 13).

“We have people cry because they haven’t sat around the table eating with others for years, and it’s a special, beautiful thing.... it’s a really powerful time, you get people starting to share things with one another and they tell stories about what their Nonna used to cook” (Expert 6).

3.3.8. Peer-to-peer support and peer leadership

From literature

The ‘equalization of power relations between educator and learner’ in peer education is integral and resonates with community development principles (Mehta et al., 2020). Peer-led community food education including cooking, nutrition, and budgeting sessions has demonstrated positive outcomes for participants as well as peer educators themselves (Reicks et al., 2014) (Oliver et al., 2020b). While peer mentors help to tailor initiatives and meet community needs, the experience can be personally empowering by giving them a sense of community, purpose, and camaraderie (Oliver et al., 2020b)(Oliver et al., 2020a).

Australian peer-led community food education evaluations have produced similar findings, with peer educators feeling they had contributed to the way the initiatives ran and the nutritional health of the community, and found their role personally rewarding (Mehta et al., 2020).

Peer-led community food education models may show particular promise for First Nations and culturally diverse communities as they are more likely to be culturally appropriate, relevant and even “effective in enhancing food security” than other styles of delivery (NACCHO and RACGP 2018: 20; Lee and Ride 2018)(Atoloye et al., 2021).

This peer-led model requires appropriate resourcing and sustained support to retain peer educators as assets, although in return provides a highly cost-effective approach to community food education (Mehta et al., 2020).

From interviews

Peer education was recognised as a successful model of food education by many experts. Two models in particular were evident: one involved community members being trained (train the trainer) and then delivering the sessions to their peers in the community; and another where peers (volunteers) worked alongside a coordinator connecting with the community participants.

Volunteers were considered very important, and in some cases were considered a target group of the initiative as well as participants. Volunteers played a valuable role in connecting with the community:

“The peer educators are also from low-income regions, and that they are working with their own communities so there’s that connection that people have” (Expert 5).

“Volunteers have built wonderful relationships with the regulars” (Expert 13).

Some challenges were described in working with peer volunteers, mainly with recruitment and retention. An example was investing time in training volunteers and then losing them to a paid job, for example, or when other aspects of their lives took priority.

3.3.9. Partnerships

From literature

Establishing ‘transparent, successful and long-term’ partnerships and collaboration on multiple levels is critical for the sustainability of community food initiatives, this is confirmed by systematic reviews on health promotion sustainability and sustainment of outcomes (Aberle et al., 2022: 31) (Whelan et al., 2018). Partnerships enable a range of purposes and functions, such as funding and infrastructure provision, training and delivery of initiatives, promotion and other types of collaboration and support. Partnerships are used to coordinate and strive for complementary initiatives and outcomes. This includes partnerships both formal and informal, between organisations and across sectors, across multiple levels of influence and even between similar initiatives.

From interviews

Partnerships were recognised without hesitation as crucial to any successful community food initiative. Partnerships were accessed and valued in various ways, and a recognition of working to each other's strengths was acknowledged as important.

Partnerships were often developed to leverage, complement, or address a gap in required skills. Where an initiative did not have nutrition experts, partnering with a university and nutrition students for discrete projects and placements was found to be useful and valued, particularly given limited resources to bring in specific skills. Similarly, nutrition experts valued the community development skills of staff from community sector organisations that they partnered with. One initiative that focused on meal planning (and food waste) partnered with a local waste management company, to provide information on reducing food waste after cooking family meals.

Many acknowledged the role of local community providers and centres as valuable partners for establishing community food initiatives, as the community provider/centre maintained connection with community. This often also had the benefit of providing access to facilities to run the initiative from. In some cases, it provided access to associated support such as a creche, so that parents could participate in a food education course. Most importantly, partnerships provided a 'place-based' approach, in that community centres/agencies were in a location or provider that the target group were familiar with, which greatly assisted with recruitment and ongoing engagement.

Partnerships were also found to be of benefit through access to 'in kind' resources. Most often this was donated food items, and many of the initiatives interviewed had partnerships with food rescue or food relief organisations to supplement food needed. This situation not only saved operating costs but enabled initiatives to build recipes based on food that is most likely to be available to participants. In the case of a formerly state-funded centrally-coordinated initiative, a concerted effort was made to build partnerships with the local government of the geographic area in which the state management unit operated. As a result, partnerships were gained with other local governments:

"They all came on board in an 'in kind' fashion, where they could see the benefit of having the initiative in their area, to meet some of their own goals it was such a great way of reaching into the community in a way that you can't by just popping up a flyer" (Expert 5).

Despite all existing collaborations, the need for even more collaboration (and integration) in SA across different community settings, providers, and levels of the system was acknowledged.

3.4. Gaps and opportunities

3.4.1. Gap: Regional locations

No community food initiative could be identified that was resourced to service regional SA.

3.4.2. Gap: Target groups

One expert explained a need for cooking initiatives especially for men from non-English speaking backgrounds who have had their wives cook for them all their lives. Another expert mentioned young people, noting emerging cooking illiteracy and the *"rise of uber eats"* (Expert 6).

3.4.3. Gap/Opportunity: First Nations communities

Whilst no First Nations-specific initiatives were able to be interviewed locally, the literature shows a broad range of activities in other parts of Australia (urban, regional and remote) and internationally, through community-led initiatives or within food relief efforts and social enterprise (example Rosewarne et al., 2021, and community-led initiatives as described elsewhere in this report). Another initiative reported exploring train-the-trainer models to enable the initiative to go remote. First Nations communities' sovereign knowledge and practices related to food literacy are critical to acknowledge, given the significance of food for connection to culture.

3.4.4. Gap/opportunity: Face-to-face vs technology and impact of COVID-19

From literature

The use of digital platforms to deliver community food education initiatives was uncommon in the literature, and nearly all the initiatives included in this review were conducted face-to-face. However, literature indicates that video conference or online program delivery may be as effective as face-to-face delivery (Dumont et al., 2021: 4) and may contribute to improved nutritional intake (Ezekekwa et al., 2022).

Technology can be used successfully where barriers such as geographical distance and the need for physical distancing preclude face-to-face delivery (although such approaches need to be tested with the target groups). While Food Sensations (WA) has primarily been delivered in a face-to-face format, it also uses online videoconferencing technology to extend the initiative's reach to regional locations (Begley et al., 2019a; Butcher et al., 2021). This method is still group-based and hands-on, made possible by partnerships with Community Resources Centres and local health professionals who provide workspace and facilitation. In this case, participants are not required to have individual devices or internet access to participate. Up to 30% of these initiatives delivered regionally are now delivered via videoconference (Dumont et al., 2021).

In the UK, the Community Shop Group, a social supermarket, offers a range of learning and development initiatives in their Community Hubs (Thrifty Cooking classes, Restaurant at Home, Back to Basics kitchen skills, finance and budgeting). During the COVID-19 pandemic, they introduced a Virtual Hub to deliver their initiatives across a range of digital platforms, recording high engagement to virtual cook clubs and development sessions (Community Shop Group, 2021).

From interviews

In a couple of initiatives, videos were produced for a greater reach, and as a response to not being able to meet in person during the COVID-19 pandemic restrictions. These ranged from cooking demonstrations of basic healthy recipes to instruction on how to use up excess produce such as tomatoes. However, most of the SA-based initiatives have been face-to-face to-date.

3.4.5. Opportunity: Addressing limitations caused by initiative structure

Many experts favoured a structure that integrated and reinforced existing resources, tools, and social 'wraparound' supports, and were unsupportive of initiatives that were structured around isolated components (for example nutrition education alone, one-off cooking alone). Interviewees described the need for initiatives to integrate elements such as:

- using locally available affordable meal packs
- making connections with a food hub (to support ongoing sustainability)
- alignment with local food systems efforts/initiatives
- creating links to food security pathways such as soft-entry into social supports or financial wellbeing initiatives

Some experts reflected on the need for initiatives that build in longer time connection with people and families in their structure, to be able to demonstrate impact (and maintain staff, volunteer, and participants' motivation):

"Imagine being able to have the trust and relationship to be able to provide one on one support to the family with budgeting, supermarket shopping, cooking in their home etc – incidental learning along the way" (Expert 11).

"I do know that the enthusiasm wanes [...] just being six weeks with the fixed topics...it takes time to build new habits and have that support of a peer group" (Expert 7).

3.4.6. Opportunity: Collaboration for sector integration and collective impact

From literature

Opportunities for increased collaboration and leveraging of local food systems were highlighted in a recent Australian synthesis of research evidence and policy mechanisms to improve family and early childhood

nutrition. Some of the relevant examples included:

- embedding food literacy skill development within food relief programs
- expanding farmer trade opportunities, and community gardens
- linking community service organisations with primary producers for quality fruit and vegetables
- supporting regional food hubs (Love et al., 2022)

Similarly, a US initiative with low-income individuals and families included the provision of a vegetable and produce boxes or vouchers (for use at local farmers' markets), along with nutrition education and hands-on cooking, reporting increased levels and variety of consumption and confidence to try and use new foods (Metcalf et al., 2022). This example and others, such as mobile and pop-up produce markets, provide opportunities to increase access to and consumption of fresh fruits and vegetable while also building collaboration and community capacity (Stotz et al., 2021).

From interviews

More collaboration was desired among all interviewees between the organisations delivering community food initiatives in the community. Some suggested that there is enough need for all initiatives to be operating (in a coordinated way). Although competition for resources was acknowledged, experts acknowledged shared goals of increasing food security in their communities, and felt that promoting each other's initiatives was constructive:

"It's not going to be fixed with one session of Food REDI, it's not going to be fixed with a Foodbank food hamper, it's not going to be fixed with one child going to a breakfast club. But combined as a society implementing a range of initiatives across everything, all of those social determinants, housing and education and everything. It's so complex, but it's that range, it's working together" (Expert 7).

Emerging examples of local collaboration were demonstrated by two Local Government initiatives that both provided fresh produce pop-up markets on a recurring basis. One of these pop-ups was delivered in partnership with a social supermarket that also provided food relief and community cooking classes (which was concluding at the time of writing), and both markets leveraged partnerships with farmers/producers.

3.4.7. Gap: Systems approach

From literature

While not a specific aim of this review, contemporary literature clearly acknowledges that community food education cannot occur in isolation of broader food systems. Food systems is acknowledged as understanding the complexity of food systems, including (but not limited to) environmental impact, food waste, food safety, and local food production. A recent scoping review found that almost half of the definitions of food literacy include a focus on broader food contexts through food systems, reflecting a movement away from a health literacy lens focused on the individual, and, towards a critical lens (Truman et al., 2017) that incorporates broader socio-ecological contexts.

From interviews

Interviewees acknowledged the mass of valuable informal education occurring in communities, but also a noticeable gap in coordination across the sector and general lack of a systemic approach. Providers desired common understanding across all community food education initiatives, stakeholders, and funders and implied that workforce development around systems approaches was needed:

"Local governments are very confused – what do they do, what does state government do, around food security – needs clarity" (Expert 10).

The lack of systemic action was also highlighted through deep concerns among interviewees about the absence of government-funded, centrally coordinated or facilitated community food initiatives, which previously offered valuable expertise and practice wisdom that local governments and community organisations could leverage. This was expressed as a loss along with the demise of community health

services and related community sector professionalisation and accreditation systems (such as Start Right Eat Right) (SA Health, 2013).

“Someone should do Community Foodies –Community Foodies is a big gap, the whole community-based community building food skills that is supported and properly backed and properly resources would be fantastic. There is a massive gap for that. The community foodies from this area are still really active in this community – still cooking, still attending community events” (Expert 3).

“We had Community Foodies here helping us with the program. Soon as you don’t have them, you can’t run anymore. That’s the reality” (Expert 12).

“I’d just be really interested to get the outcomes of the research and how you think it’s going to actually influence policy. And whether there is going to be a push for a program like Foodies, which was loved by the community. It was huge. It was run on no budget at all. They did such an incredible job with it, and it was a huge outcry when they pulled the funding. And if that can happen at that level, that just shows that they’re not looking at evidence as to the impact because that had huge impact. There was a lot of data that was researched to show how effective that program was” (Expert 7).

Related to this were concerns about cooking initiatives being run in communities by people who are not trained in nutrition and community engagement, which may not be based on best available nutrition evidence.

Interviewees emphasised the need for support to take opportunities for action at the intersection of food systems (including climate change and environment), food education, and food relief to ensure sustainable changes in food availability, access, and supply.

3.4.8. Gap: Systemic funding

From interviews

Unsurprisingly, given the reflections on the need for a systemic approach, interviewees emphasised a parallel need for more comprehensive funding models and more nuanced procurement of community food education – beyond ‘projects’ or ‘programs’. This was seen as critical so that initiatives can build capacity and be sustained in the way they are designed to be delivered, which is necessary if purported benefits are to be achieved for community members.

“And what happens is funding is often for a new project only...and then they expect them to become self-sustaining. And they just can’t. Food projects just aren’t self-sustaining or very rarely.... unless you want people to pay enough to come” (Expert 12).

Other ideas were proposed for State Government to incentivise novel food education models, and/or incentivise social enterprise in the community sector (for example, community food initiatives providing catering for council events or school lunches, for a fee).

“Could have a train the trainer program training up others to run in their social service settings. Further reach.... that’s also creating sustainability in terms of the other services” (Expert 11).

“I still fundamentally believe that government has a key role in this space... Gone from providing it all to not providing it at all – we need a middle ground. There are some exciting opportunities nationally and internationally, and the government needs to have a role in that with funding procurement. Maybe social enterprise running more of that work with funding from state gov – strongly believe they need to put more funding into it because this is the stuff that keeps people out of hospitals and ramping” (Expert 10).

3.5. Sustainability of initiatives and sustainment of outcomes

Initiatives retrieved and interviewed were not appraised for their likelihood of sustainability, or for their sustainment of actions and purported outcomes. However, all interviewees and many published examples reflected on the challenge of sustaining workforce/volunteer capacity, building capability, ensuring

consistent food supply, and sustaining engagement with community to ensure long-term outcomes are achieved.

To achieve sustainment of activities and related health and social impacts, systematic reviews of empirical evidence suggest that the following factors must be in favour:

- resources (people, money, capacity, infrastructure, food etc)
- leadership
- workforce development
- community engagement
- partnerships
- communication with the target audience
- supportive policy
- adaptation (flexible implementation to ensure relevance)
- evaluation
- governance (individual or group providing strategic direction and mobilising resources to guide the intervention towards achieving the long-term vision) (Aberle et al., 2022; Whelan et al., 2018; Whelan et al., 2014).

The presence of these factors will vary across individual, interpersonal, organisational, community, and public policy levels.

A recent review of sustainability factors for community food education initiatives in the Australian context suggests that initial funding periods need to allow for program establishment and implementation to support the initiative in the longer-term (Aberle et al., 2022).

3.6. A 'recipe' for an optimal community food education model

While our analysis and synthesis are descriptive and not explanatory, our method has produced richness of information from international peer-reviewed evidence and community practice expertise, providing a compelling 'model' for community food education in future. SA can build on past successes and embrace opportunities identified in this scoping research.

Based on our findings, we present recommendations for what 'ingredients' should be included in community food education initiatives, and how community food education can be delivered to achieve positive impacts, by whom. Recommended stakeholder groups include 'organisations delivering initiatives', and 'funders/organisations resourcing initiatives'; and we acknowledge that there are a broader range of stakeholders than may be represented by these two groups, such as place-based alliances which may do both delivery and funding. Recommended actions are organised into a sequence or 'steps', corresponding to initial or short-term actions, building towards longer-term priorities.

Ingredients (what elements and principles to include):

- **Target audience** – develop a clear profile of targeted community members (most likely people with lived experience of financial and other disadvantages or trauma, and different cultural and linguistic backgrounds), with identified *needs* and clear understanding of *outcomes* they are looking for; have a plan for how to recruit these participants and keep them engaged (see also partnerships). (*Relevant: SA Food Relief Charter, Principle 3*)
- **Experienced facilitators** – attract facilitators who: have skills in *nutrition, cooking*, but also *community development*; able to work flexibly with *diverse* populations; and can effectively operate with varied levels of resourcing (food/equipment/funding).
- **Curriculum** – use evidence-informed nutrition and other best-practice guidelines as a starting point, with capacity for flexibility in response to participants' needs and input. (*Relevant: SA Food Relief Charter, Principle 2*)
- **Hands-on activities** – enable people to learn, practice and apply food skills and knowledge in a welcoming, supportive, and informal atmosphere; allow participants to learn at their pace. (*Relevant: SA Food Relief Charter, Principle 3*)

- **Social connection opportunities** – create opportunities where participants, staff and volunteers cook, eat, and talk together ('commensality'), while building informal social networks. *(Relevant: SA Food Relief Charter, Principle 4)*
- **Collaborative partnerships** – build partnerships to share and leverage resources to achieve collective impact; no organisation can feasibly bring together all the necessary components alone. *(Relevant: SA Food Relief Charter Principles 1, 5)*
- **Time and resources** – provide stable, ongoing (years) core funding to support the facilitator, resources/facilities, and capacity to identify and build partnerships; no initiative can run without resources, even with a lot of enthusiasm and contribution from the community/for-purpose sector and volunteers.

Steps (how to implement)

For organisations delivering initiatives

(for example, community organisations and groups, non-government organisations)

1. **Start with co-design** – include stakeholders from all relevant sectors and target audience members.
2. **Clarify expected outcomes** – follow person-centred and strengths-based approaches, consider nutrition and social inclusion outcomes. *(Relevant: SA Food relief Charter, Principles 3, 5)*
3. **Seek balance between curriculum-based and community development models** – be rigorous but flexible, adapt to the needs and desired outcomes of the target audience.
Thinking beyond nutrition and behaviours and about 'more than food' is important not to obscure systemic and socio-economic causes of, and possible solutions to, food insecurity. (Relevant: SA Food relief Charter, Principle 4)
4. **Plan evaluation** – allocate a portion of the budget (~10%) and staff capacity for rigorous evaluation; follow best practice in social impact measurement (such as pre-/post-, qual and quant measures).
Outcomes extend beyond nutrition, food literacy and cooking confidence, to social connection, sense of purpose or belonging, cultural awareness, or employability. (Relevant: SA Food relief Charter, Principle 5)
5. **Allocate time and resources** – make a significant investment and effort to design, execute, and evaluate an initiative; build partnerships to feasibly leverage existing community and place-based resources.
(Relevant: SA Food relief Charter, Principles 1, 5)

For funders/organisations resourcing initiatives

(for example government agencies, local governments, philanthropy)

1. **Use a systems approach** – shift away from one-off programs run in isolation, toward a systemic, longer-term, comprehensive approach that addresses underlying social and cultural determinants of food insecurity and nutrition quality. Improve within and across departmental coordination (particularly between Wellbeing SA and DHS, local government, federally and philanthropy- funded initiatives).
Opportunities for reform include Wellbeing SA's Health Promotion workforce Strategy, SA Aboriginal Health Promotion Strategy; and DHS' community sector recommissioning, in the areas of Community and Neighbourhoods and Financial Wellbeing)
2. **Consider food as a tool for engagement, or 'soft entry' point** – so that organisations engage with target audiences through food, to then identify underlying challenges and wraparound social support and services. *Whilst community food education is needed and in demand, it is only one part of the scaffolding that empowers individuals, households and communities to reconnect with food and strengthen nutrition resilience over time. Also, beneficiaries of community food education are not only the community, but those who volunteer within these initiatives. Flexible contracts would allow providers to utilise the 'moment' of reconnection with food, to provide soft entry points into wraparound social support and services, where appropriate. (Relevant: SA Food relief Charter, Principle 4)*
3. **Allocate core funding** – for three essential functions: initiative facilitation, resources/facilities, and capacity to build partnerships; prioritise organisations that already have a track record of designing and running initiatives according to the above principles.
A modest pool of core funding would secure the temporary capacity in promising organisations and

alliances, enabling greater development of sustainability through peer-led and volunteer-run models and leveraging of place-based resources. Examples may include community centres, social enterprises and social supermarkets, being places where food relief, food literacy opportunities and broader food and social services systems and programs intersect. (Relevant: SA Food relief Charter, Principle 1)

4. **Design longer contracts** – for several years to give stability to the sector, attract strong talent, and continue leveraging community awareness and sector partnerships.
Whilst important to not ‘control’ community activity, stronger government resourcing would incentivise collaboration and sector integration, and could attract additional community, social enterprise and local business co-investments. (Relevant: SA Food relief Charter, Principle 1)
5. **Provide leadership/custodianship: coordination, capacity building, knowledge exchange, evaluation and quality assurance** – support the sector (with its largely volunteer workforces and limited project-based funding) through central coordination and capacity building mechanisms (for example state-wide facilitator roles, communities of practice) to develop and build sector capacity in community food education, food systems, and collective impact.
Re-establishing or creating new dedicated facilitation role(s) would enable coordination of critical infrastructure required for effective health promotion action. Based on SA’s past and current leadership of place-based workforce investments (such as Community Foodies, ‘eat well be active’ Coordinators, eat well be active Community Programs, OPAL) and central coordination (current examples: SA food relief Community of Practice, Community Connections Program, Healthy Workplaces Service) it is clear that greater leveraging of resources, skills and food system capacity is warranted. Facilitation role(s) could include:
 - *workforce recognition, facilitation of networking and knowledge exchange between providers. For example this could occur across Health regions or Local government areas*
 - *coordination of professional (and volunteer) support, training, and mentoring*
 - *dissemination of grant opportunities and mobilisation of funding*
 - *quality assurance, so that implementation is evidence-informed, and aligns to the SA Food relief Charter, Nutrition Guidelines for the Food relief sector in SA, and Australian Guide to Healthy Eating*
6. If steps 1 to 5 become challenging, consider what can be done now, within current boundaries, to progress towards making these steps possible over time.

4. RECOMMENDATIONS AND OPPORTUNITIES: WHERE TO FOCUS NEXT

Three key messages are presented below to summarise the project findings into recommendations and opportunities for future action in SA:

1. In summary, this research project shows that there are several common ways to deliver community food education, which we present in a typology of three types. **All three types or approaches can be valid if delivered according to the 'recipe' ingredients (elements and principles) and steps described in this report.**
2. In SA, promising initiatives are occurring through community sector organisations and groups, social enterprises and local government partnerships. **Promising initiatives could have health and social impacts if resourcing can be sustained for longer periods of time (i.e. multiple years), through more integrated, coordinated action.**
3. **To increase collective impact of community food education initiatives, a shift to systemic collaborative models that build capacity is recommended.** This may include focusing on:
 - gaps (see 'gaps' 3.4) – this may include regional locations, identified target audiences/groups/communities (including acknowledging First Nations communities' sovereign knowledge and practices related to food education), use of technology
 - coordinated initiatives that integrate and reinforce existing resources, tools, and social 'wraparound' supports; that leverage intersections between community food initiatives, local food systems efforts, and food relief (such as food hubs, community gardens and plots, meals programs)
 - reinstating capacity building opportunities to enable peer-led models and place-based approaches. This could occur in settings such as community centres and social enterprises.

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6. APPENDICES

Appendix 1: Scoping review search strategy and data extraction

Search terms used:

- [Populations] Low income, under- and unemployed, community-based, food insecurity, homeless;
- Indigenous, First Nations
- [Intervention] Program, training, workshop, education, peer education, community education, education program, intervention, model, initiative, class;
- Cooking, cooking nutritiously, nutrition education, healthy shopping, food budgeting, growing food, social inclusion, food system, community kitchen
- [Outcomes] Knowledge, food literacy, skills, capacity, capability, social connection, health, mental health, wellbeing, personal development, empowerment, cost-benefit, cost-effectiveness
- NOT: children, school, malnutrition

Limits on searches included:

- Articles published in the past 10 years (between 2012–2022)
- Full text available
- English language

Search strategy:

- Initial basic searches using phrase words describing community food education initiatives were performed in review repositories (HealthEvidence.org), Web of Science, PubMed and Google Scholar to (a) clarify terminology used regarding community food education/literacy/programs in the published literature and (b) to get an initial sense of the volume of evidence on the topic.
- Search terms and strings were deliberately broad in nature to provide sensitivity to detect relevant information and breadth of coverage, while maintaining specificity to the topic (community food education).
- Structured searches to identify initiatives relevant to disadvantaged community populations and food relief settings were performed using various combinations/strings of keywords reflecting three core aspects of interest: target population, the intervention/initiative and common elements, and outcomes. In some databases (e.g., Australian Indigenous HealthInfoNet) references are organised according to theme and these collections (e.g., 'Food security and access', 'Education and life skills') were searched.
- Handsearching was not performed systematically due to time constraints. A few additional papers were identified via professional networks, and citation snowballing ('citation pearling') – this resulted in some additional articles identified, only where relevant citations appeared in-text. Some of these pre-dated 2012.

Data extracted from included articles:

- Publication type
- Country/jurisdiction
- Title of program/initiative/model
- Funding/resource type
- Guiding principles
- Setting/location
- Target group/population
- Delivered by
- Goals/intended outcomes
- Key elements of the program/initiative
- Reported outcomes, strengths and limitations, if available

Appendix 2: List of articles included in scoping review

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