**Title**: "**Let's Get Cooking" – Key learnings from evaluation of a community-based cooking programme**

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## Description

Cooking programmes have recognised potential for improving diet quality through teaching cooking skills. However, generating strong evidence to garner ongoing support for these programmes is challenging. This case study explores and reflects upon the feasibility of using rigorous evaluation methods to investigate the effectiveness of a community-based cooking programme, 'Let's Get Cooking'.

## Introduction and Context

Research suggests cooking skills are associated with better diet quality (1). However, these skills are increasingly lacking in the UK population and traditional means by which cooking skills would be passed on to children, such as within families or through home economics education, are declining (2, 3).

As a result, the potential to improve diet quality through targeting cooking and food skills has been recognised, and a wide range of culinary interventions developed, demonstrating improvements in cooking skills and dietary outcomes (4, 5). One such intervention is the British Dietetic Association's 'Let's Get

Cooking' (LGC) programme, a culinary education intervention which operates a network of community cookery clubs across England, prioritising disadvantaged areas. LGC operates a 'train the trainer' model, whereby club leaders are centrally trained and resourced to deliver clubs in their various contexts, such as schools or community centres.

However, interventions such as LGC have been criticised for a lack of rigorous evaluation (4, 5), resulting in challenges to provide quality evidence to garner ongoing support and funding. Despite multiple methods being used, programmes face difficulties conducting evaluations in disadvantaged groups, particularly where they are under resourced. However, all initial indicators would imply these programmes, including LGC, are well received (4-6).

Therefore, the aim of this project was to gain a comprehensive understanding of LGC's effectiveness using rigorous evaluation methods and to understand the feasibility of applying these evaluation methods in community-based research. The objectives of this study were to:

1. Assess LGC's effectiveness using validated survey measures and participant focus groups
2. Conduct interviews with LGC club leaders to understand their perspectives on the programme and evaluation methodology.

## Method

An opportunistic and pragmatic approach to data collection was taken due to the community-based nature of the LGC programme. A new cycle of LGC commenced in October 2024 in Liverpool, through which 12 clubs, including adult only, parent-child and children only clubs, were identified to participate in this study.

Evaluation design included, survey, interview and focus group data for a holistic perspective.

Surveys:

- Separate 10-minute anonymous surveys for adults and children were developed using validated measurement instruments to assess cooking skills, dietary behaviours and wellbeing.

- Anonymous sociodemographic data was collected (e.g. age, ethnicity, gender, employment, education etc.)
- Survey data was designed for collection before and after the LGC programme and at 3-month follow up
- Surveys could be completed on- or offline.

Paricipant focus groups:

- Conducted by researchers in-person at clubs
- Semi-structured topic guide developed, focused on undestanding participants' experiences of taking part in LGC.

Club leader interviews:

- One-on-one semi-structured interview, conducted either in-person or online

Semi-structured topic guide developed, focusing on exploring perceptions of the LGC training, intervention and evaluation process.

To ensure inclusivity, the level of data collection was at the discretion of LGC club leaders and participants (or where appropriate participant's parents), and any combination of survey or focus data could be used. Academic ethical procedures were adhered to and ethical approval was granted by the King's College London Research Ethics Committee (Ref: LRS/DP-24/25-45866; MRA-24/25-45827)

Overall, four clubs participated in at least one evaluation component between November 2024 and April 2025. Overall:

- Thirteen adult survey responses (10 pre-, 3 post-) and 0 child survey responses were collected.
- Three focus groups were conducted:
    - Club 1: 10 participants, aged 8-11 years, 90% female,
    - Club 2: 4 participants, aged 16-25 years, 100% female
    - Club 3: 5 participants, 80% aged 46-65 years, 80% female
- Three club leader interviews were conducted (100% women, aged 46-65 years).

## Outcomes

### Perceptions of the LGC programme

Participants reported positive changes in diet-related behaviours and associated psychosocial factors following involvement in the LGC programme. These included:

- reduced food neophobia
- improved perceptions of vegetables through cooking and tasting
- substitution of convenience snacks with homemade alternatives.

Across age groups, acquiring cooking and food skills was a key benefit, for example:

- learning knife skills
- interpreting use-by and best before dates
- batch cooking
- using surplus food.

Participants and club leaders valued the accessibility, affordability, and healthfulness of LGC recipes, and replication at home was reported. However, a wider variety of culturally appropriate recipes aligned with participants' food habits/preferences was desired.

Enhanced cooking confidence was reported and attributed to supportive staff and peer learning. Overall, participants felt empowered to cook more frequently from scratch and to engage children in home cooking (adults only). Benefits for wellbeing were frequently mentioned, including:

- increased enjoyment
- creativity
- social interaction

Participants expressed desire to take part in more LGC sessions and would recommend the programme to others.

### Perspectives on programme evaluation

Club leaders found the evaluation process clear but faced challenges in communicating study information to participants. Club leaders expressed concerns that the level of language used in consent documents would lead particiapnts with lower literacy levels to skip over information. As a result, leaders read aloud and/or paraphrased the information sheet, explaining the process simply to participants ahead of their providing consent.

Club leaders perceived the evaluation surveys to be *'academic'*, and not designed for their participant populations which includes individuals with low literacy and/or non-native English speakers. The survey length and repetitive question formats were seen as contributing to low completion rates and, although club leaders attempted to assist participants, time and capacity constraints limited support. Open-ended questions were seen as preferrable to Likert scale formats used in validated survey measures. To address these barriers in their own evaluations, leaders adopt simple, short evaluation tools with visual scales. Despite these challenges, the presence of researchers conducting focus groups was perceived positively, and felt to have emphasised the importance and value of participants' engagement with LGC.

## Key Learning Points

LGC was positively perceived by participants, who self-reported benefits for diet-related behaviours, attitudes and cooking and food skill acquisition, in line with previous research (4, 5). Findings suggest that participation in LGC may also provide wellbeing benefits including enjoyment, creativity, and social interaction through group activities and peer learning. Despite the recognised importance of social skill development in childhood and emerging evidence linking cooking with enhanced wellbeing, this area remains underexplored in intervention evaluations (4). Cooking may represent a vital tool for addressing both diet quality and wellbeing challenges in public health, warranting further research to validate these associations and garner ongoing support for these interventions.

As highlighted by club leaders, challenges in survey data collection prevented the triangulation of qualitative findings with validated survey measures assessing cooking skills, dietary behaviours and wellbeing in this study. This reflects broader difficulties in community-based research to address ethical requirements and follow best practice while ensuring accessibility for diverse populations. Findings raise the question as to whether the language used in ethics documentation may reduce comprehensibiltiy and impair participant's ability to give informed consent. More flexible communication approaches in consent and research procedures should be explored with the aim of increasing accessibility, for example using visual aids, lay language and/or limiting documentation length. Validating measurement tools in community settings and low literacy populations may also improve acceptability. The accessibility of qualitative and participatory-based methods for diverse populations should perhaps afford them greater consideration as rigorous evaluation approaches in these contexts.

Overall, findings highlight a conflict between feasibility and rigour in community-based research and suggest the rigidity of current ethical procedures may hinder this research, which requires both flexibility and sensitivity for the target population. Re-evaluating these procedures through community co-design and consultation could support the generation of higher quality community-based research in the future.

## References

1. Mcgowan L, Pot GK, Stephen AM, Lavelle F, Spence M, Raats M, et al. The influence of socio-demographic, psychological and knowledge-related variables alongside perceived cooking and food skills abilities in the prediction of diet quality in adults: a nationally representative cross-sectional study. International Journal of Behavioral Nutrition and Physical Activity. 2016;13(1).

2. Lavelle F, Benson T, Hollywood L, Surgenor D, McCloat A, Mooney E, et al. Modern Transference of Domestic Cooking Skills. Nutrients. 2019;11(4):870.

3. Lang T, Caraher M. Is there a culinary skills transition? Data and debate from the UK about changes in cooking culture. Journal of the HEIA. 2001;8(2):2-14.

4. Lavelle F. A critical review of children's culinary nutrition interventions, the methodologies used and their impact on dietary, psychosocial and wellbeing outcomes. Nutrition Bulletin. 2023;48(1):6-27.

5. Reicks M, Kocher M, Reeder J. Impact of Cooking and Home Food Preparation Interventions Among Adults: A Systematic Review (2011–2016). Journal of nutrition education and behavior. 2018;50(2):148-72.e1.

6. Browne G, Gibson R, Mitchell S, Lavelle F. Let's Get Cooking: a mixed methods evaluation of a programme delivering culinary education via a network of cookery clubs across England. Public Health Nutrition. (Under review).