

About Key Contact from Organisation	
1.	Name
	Chris Mantle
2.	Employer / Organisation
	Edinburgh Community Food (ECF) Project
3.	Position
	Senior Food and Health Development Officer
4.	E-Mail at Work
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5.	Address at Work
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6.	Telephone Number at Work
	0131 467 7326
7.	Role in the Project
	Chris Mantle manages the ECF team, secures funding, drafts reports, oversees health and nutrition programmes and establishes partnerships to expand the project's impact. His responsibilities also include coordinating community initiatives, conducting outreach and ensuring successful project implementation.
An Introduction to the Project	
8.	Which partner organisations are involved in delivering the project (local authorities, organisations, community groups, etc.)?
	NHS Lothian, the Scottish Government, City of Edinburgh Council (Criminal Justice Services, School Catering Departments, Children and Families – Early Intervention), Public Health Scotland, Capital City Partnerships, Edinburgh Advice Partnership, Poverty Alliance, Multicultural Families Base, Doctor Bell's Family Centre, Stepping Stones, Edinburgh Lothian's Green Space Trust, LINKnet, Royal Environmental Health Institute for Scotland, Pilton Community Health Project, The Ripple, Pilmeny Development Project
9.	Does the project have specific aims and/or objectives?
	The aim of ECF is to improve access to nourishing, affordable and sustainable food for those experiencing food poverty in Edinburgh. It strives to improve health, skills, education and employment through food and has developed nutrition education opportunities and cooking courses to diverse community groups. Through partnerships and cash-first approaches, it supports individuals and families both in

	crisis and those requiring long-term solutions. In doing so, it has fostered social inclusion and community engagement.
10.	Does the project have a title?
	The Edinburgh Community Food (ECF).
11.	When did it start?
	1996.
12.	Has it finished? Is it on-going? Does it have an end date?
	On-going, with no end date.
13.	Which groups of people, if any, are targeted by the service provided?
	The Edinburgh Community Food Project targets a diverse range of groups experiencing food insecurity and related challenges. It targets families, specifically single parent households, families with babies and/or young children, large families, young parent families, pregnant mothers and families with a disabled member. It also targets ethnic minorities, those within criminal justice services, school catering staff and pupils, hospital staff and patients, carers and elderly people.
14.	How many people have been served by the project?
	The Edinburgh Community Food Project serves approximately 30,000 people annually. During the peak of the pandemic, the project expanded its services, delivering about 1,500 food boxes weekly and providing an estimated 1,000,000 meal portions in a year. The community development efforts directly benefit around 3,000 individuals annually.
15.	Where is it delivered?
	Edinburgh.
The Initial Idea	
16.	Are you able to talk about the initial idea to introduce the project?
	Yes.
17.	Who had the initial idea?
	The initial idea for the project was to support communities in accessing more nourishing food with a health input. It was initially more community-led, with a board of trustees made up of community members rather than professionals.
18.	How did the idea for the project come about?
	The project was designed to support communities in accessing healthier food options and to provide health and nutritional education. It aimed to combine community development with health and nutrition activities to improve overall well-being.

19.	Were any published reports / papers / research evidence or practice shape the initial thinking?	
	Unknown, as the project was more community-driven in its early stages.	
20.	Who was involved in developing the initial idea of the project?	
	A board of trustees, which was comprised of community members, was involved in developing the project. Over time, this changed to include more professionals to enhance the project's effectiveness.	
21.	Were those with lived experience of poverty involved in developing the initial idea of the project?	
	Yes. The initial board of trustees was made up of community members, which would have included individuals with lived experiences of poverty.	
22.	What funding was used, if any, to support the development of the initial idea of the project?	
	Community grants and charitable donations.	
23.	What in-kind resources were needed when developing the initial idea of the project?	
	Facilities	Community centres and local venues for delivering cooking and nutrition classes, training and health inputs.
	Equipment	Basic cooking equipment, educational materials and supplies for nutritional training.
	Local Knowledge	Understanding the specific needs and challenges of the community.
	Food and Drink	Supplies for cooking demonstrations and nutrition classes.
24.	What, if any, barriers did you have to overcome when developing the initial idea of the project?	
	The initial model of having a board of trustees made up entirely of community members was unsustainable and required change. Community members, despite their efforts, faced challenges in governance and strategic direction.	
25.	What, if anything, was helpful when developing the initial idea of the project?	
	Community involvement and the commitment of those involved were crucial. Over time, the introduction of professionals with specific skills in governance, finance and development helped stabilise and grow the project.	
26.	Was a feasibility study conducted?	
	There is no mention of a formal feasibility study being conducted. The project appears to have evolved more organically based on community needs and feedback.	

27.	What was the timeline between the initial idea and the start of the project?	
	The project started in 1996, and it has been operating for 28 years. The exact timeline between the initial idea and the start of the project is not detailed.	
28.	Who made the decision to introduce the project?	
	The initial decision to introduce the project was made by the founding members and the initial board of trustees, which consisted of community members.	
Pilot Project		
29.	Was there a pilot project?	
	No.	
The On-going Development of the Project		
30.	Has the project changed through time?	
	Yes.	
31.	In what ways has it changed?	
	Scale	The project's staff size has remained stable in recent years (between 14 and 18 members). However, the scope of activities has expanded significantly. For example, during the pandemic, the project increased the number of food boxes delivered from about 100 per week to 1,500 per week and supplied around 1,000,000 meal portions in the first year of the pandemic.
	Location	The project has always been based in Leith, north Edinburgh, but its remit is citywide. There has been some expansion beyond the Edinburgh boundaries, such as an oral health programme across the Lothians (which is set to scale across Scotland).
	Population	The project now includes individuals experiencing acute crises such as food insecurity and financial challenges due to the rising cost of living during the pandemic. Initially focusing on individuals and families with established accommodations and kitchen facilities, it has expanded to provide direct assistance to those in immediate crisis.
	The Offer	The project has evolved from primarily providing food and nutritional education to addressing broader issues of poverty. Including, cash-first approaches, fuel poverty, providing white goods and offering more comprehensive support services. This expansion also includes training and skill-building courses to enhance the range of services.
32.	What were the reason for these changes?	

	<p>The COVID-19 pandemic led to an increased demand for food and other essential services, prompting the project to expand its scope and scale to meet these needs. A new chief executive brought a more dynamic and professional approach to the organisation, helping it grow in impact and reach. The on-going cost-of-living crisis has driven more people into poverty and increased the need for the project's services, including direct crisis support. The project has adapted to changing community needs, shifting from direct food provision to include more holistic support systems and advocacy for cash-first approaches to tackle poverty at its roots.</p>
Accessing the Service and Engaging with Service Users	
33.	Is there a referral process?
	Yes.
34.	How does the referral process work?
	Individuals can self-refer by contacting Edinburgh Community Food directly through their website, social media or by visiting their office. Referrals are made through various partner organisations, including schools, social work departments and other community organisations. Some programmes, like the Discover Project, which focuses on tackling holiday hunger and the attainment gap, have strict referral pathways (i.e., through schools and social workers).
35.	How are potential clients made aware of the project?
	Potential clients can learn about the project through posters, flyers, the Edinburgh Community Food website, and social media channels. The organisation participates in networks, forums and community events to spread awareness and engage directly with community members. Other organisations, such as schools, family support services and local councils inform potential clients about the available services and refer them as needed.
36.	How is contact maintained with service users? Do service users have a preferred method of contact?
	Contact with service users is maintained through various means, including follow-up phone calls, emails, and in-person visits. The project also uses social media to stay connected with service users. Many service users participate in multiple programmes over time, fostering on-going relationships with the organisation.
Working With People with Lived Experience of Poverty	
37.	Are those with lived experience of poverty involved in <u>delivering</u> the project?
	Yes.
38.	Please describe how people with lived experience of poverty are involved in <u>delivering</u> the project.
	Individuals with lived experience of poverty participate as peer support volunteers. These volunteers assist in various capacities, helping to deliver services and support to others in the community. People with lived experience often share their knowledge

	and insights, contributing to the design and implementation of community programmes. Their involvement ensures that the services provided are relevant and effective.
39.	Are people with lived experience of poverty involved in <u>managing</u> the project, <u>supervision</u> within the project, or project <u>governance</u>?
	Initially, the board of trustees was composed of community members, including those with lived experience of poverty. Although the board is now made up of professionals, community consultation remains integral to governance. Regular informal consultations and focus groups are held to gather input from community members with lived experience. This feedback informs strategic decisions and ensures the project remains responsive to the needs of the community.
40.	Are people with lived experience of poverty involved <u>in any other aspect</u> of the project?
	The project leads on the "Menu for All" network, which includes input from individuals with lived experience of poverty. This network aims to join food organisations with advice and support access organisations, ensuring comprehensive support for those in need. The project engages with groups like the Poverty Alliance, which includes community activists and individuals with lived experience, to inform their advocacy efforts and service delivery. The project maintains long-term relationships with many individuals who have used their services, encouraging them to stay involved through volunteer opportunities and other participatory roles.
Leadership, Governance and Partnership Working	
41.	Who is responsible for managing the project?
	The Chief Executive manages the project and has overall responsibility for its operations.
42.	Is this the only responsibility of the person managing the project?
	The Chief Executive has additional responsibilities beyond managing the project. She also chairs the Glasgow Community Food Network, an organisation focused on food activism.
43.	Is there a Project Steering or Advisory Group or Organising Committee?
	No, there is no separate steering or advisory group mentioned. Governance and strategic oversight are managed through the board of trustees and internal leadership structures.
44.	If there is no Steering Group, what governance arrangements are in place to review strategy and performance?
	The project is governed by a board of trustees comprised of volunteers with various professional backgrounds, including HR, law, community development, data analysis, marketing and communications. A strategic plan is developed every three years by the Chief Executive in collaboration with the board members. The plan is reviewed towards the end of each period to shape the next strategic direction. The organisation undertakes annual performance reviews driven by the requirements of

	<p>core funders. These reviews involve detailed monitoring and evaluation, with reports generated to assess the achievement of targets and overall performance. The performance metrics include the number of cooking courses delivered, health talks given, training courses conducted and community members supported.</p>
Staffing	
45.	<p>Are there any paid staff?</p> <p>Yes, there are paid staff involved in delivering the project. The team consists of 14–18 members, including the Chief Executive who oversees the entire organisation and leads strategic planning and external partnerships. The Senior Food and Health Development Officer was previously involved in direct community work but now focuses on funding applications, report writing and financial management. Associate Nutritionists deliver health and nutrition activities, conduct cooking courses and provide nutritional education. The Community Development Specialist engages in community outreach, supports volunteers, and helps implement community-focused programmes. The Enterprise Team manages the warehousing, coordination and delivery of food and other supplies to community groups, schools, and individuals.</p>
46.	<p>Are volunteers involved in delivering the project?</p> <p>Yes, volunteers play a crucial role in delivering the project. Individuals with lived experience of poverty assist in running cooking courses, community events, and other programme activities. Volunteers also help with various tasks such as packing and delivering food boxes, social media support, photography and filming, assisting in community engagement activities and supporting administrative tasks. The board also has volunteers. Last financial year the project benefitted from the support of 60 volunteers.</p>
47.	<p>Was additional staff or volunteer training required to deliver your project?</p> <p>Additional training is provided for both staff and volunteers to ensure that they are equipped to deliver the project effectively. All staff undergo training in food hygiene, allergy awareness and other relevant topics to maintain high standards of competency. Staff members attend external courses on topics such as finance management and fundraising to enhance their skills. Regular participation in webinars and training sessions provided by the Association for Nutrition is encouraged. Volunteers receive training tailored to their roles, including food safety, cooking skills and community engagement techniques. Specific training sessions may be provided to help volunteers develop empathy, understanding and effective communication skills, particularly when working with vulnerable populations.</p>
Links to Wider Policies, Strategies and Statutory Requirements	
48.	<p>Is the project part of a wider anti-poverty strategy?</p> <p>Yes, it is aligned with national and local anti-poverty strategies. The project has developed a cash-first toolkit, aimed at addressing financial poverty by providing direct monetary support and resources. This toolkit is designed to align with broader Scottish government policies, such as the minimum income guarantee, ensuring that no one falls below a certain income threshold. The project also works closely with the Edinburgh Advice Partnership, The Poverty Alliance, and other organisations focused on alleviating poverty. These collaborations help integrate food support with broader</p>

	poverty alleviation efforts such as fuel poverty, welfare rights and income maximisation.
49.	Is the project part of any other strategy?
	Yes, it is aligned with wider public health strategies. By providing nutritional education and improving access to healthy food, the project supports public health goals. Collaborations with NHS Lothian and Public Health Scotland highlight its role in promoting better health outcomes through improved nutrition. Through programmes like Henry training for early years providers, the project aligns with strategies focused on early childhood development and nutrition. The project's efforts in community engagement, training, and support contribute to broader community development strategies aimed at building stronger, more resilient communities.
50.	Is the project delivering a service that is a statutory commitment?
	No, the project itself is not delivering a statutory service. However, it collaborates with statutory organisations and supports their commitments. The project provides food hygiene and allergy awareness training to school catering staff, helping meet statutory requirements for food safety in schools. While not statutory, the project's alignment with public health goals supports statutory health services by promoting better nutritional practices and health education.
Funding	
51.	Who funds the project?
	The project is funded by a mix of sources, such as the Edinburgh Integration Joint Board (IJB), the Scottish Government, Edinburgh City Council, and donations from individuals and organisations, which are used primarily for crisis food supplies.
52.	How is the project funded?
	The project is funded through a combination of core funding, project-specific grants, and private donations. The core funding from the IJB supports general operations and staff salaries. Specific grants are obtained for distinct projects and initiatives, such as cash-first approaches, food hygiene training and early childhood nutrition programmes. Private donations supplement the budget, particularly for crisis food supplies and emergency support.
53.	What is the budget for the project / how much does it cost to deliver?
	The project's annual turnover is approximately £700,000. This is a decrease from £1 million during the height of the pandemic, reflecting the surge in funding and activity during that period.
54.	Is future funding based on pre-agreed outcomes or outputs being delivered?
	The project must meet predefined key performance indicators, such as delivering a minimum number of cooking courses, health talks, and training sessions, as well as supporting a certain number of community members. Funders require detailed reports demonstrating the impact of the project, including metrics on improved access to healthy food, increased fruit and vegetable consumption, and enhanced mental well-being and social inclusion among service users. The project must submit

	annual reports to core funders detailing activities, achievements, and adherence to the set targets to secure ongoing funding.	
Resources		
55.	What in-kind resources do you need to deliver your project?	
	Facilities	The project uses community centres, church halls, and other local venues to deliver cooking and nutrition classes. Two warehouses are used for storing food supplies and donated household goods. These facilities are crucial for management, coordination and distribution.
	Equipment	Portable hobs, kitchen utensils and other cooking equipment are essential for conducting classes in various community settings. A small fleet of branded vans, including at least one electric van, is used for delivering food and supplies to community members and organisations.
	Local Knowledge	Local knowledge about the needs, preferences and challenges of the community helps tailor the services effectively. Staff and volunteers with lived experience or strong connections to the community provide invaluable insights and enhance community engagement.
	Food and Drink	The project supplies fresh fruits, vegetables and other healthy food options to individuals and families in need.
56.	For each of the in-kind resources listed above, who provides it?	
	Facilities	Local community organisations, religious institutions and partnerships with local government enable access to these facilities.
	Equipment	The project procures its own equipment through funding and donations. Local businesses and supporters might contribute specific items or funds to purchase equipment.
	Local Knowledge	Community members, staff and volunteers have local knowledge. Partnerships with local organisations and community leaders also facilitate this understanding.
	Food and Drink	Local farmers, food suppliers, and donations from individuals or organisations provide the necessary food supplies. Partnerships with local businesses are also likely sources. FareShare, a charity that acquires surplus food and redistributes to charities, has also been utilised.
57.	Did you have to buy or develop new IT systems, software (databases, apps) or technology to deliver your project?	
	Basic IT infrastructure, such as databases for managing client information, tracking inventory, finance, and monitoring programme outcomes, is in place.	

Formal Monitoring and Evaluation		
58.	What information, if any, do you collect about your project?	
	Number of users	The project tracks the total number of users engaged.
	Profile of users	Demographic information such as age, gender and socioeconomic background is collected to better understand the user base.
	Experience of users	Feedback on users' experiences, including satisfaction levels, perceived benefits and challenges faced is gathered to assess the effectiveness of the service.
	Anything else	Additional information includes the types of projects accessed, duration of engagement, specific outcomes achieved and any qualitative feedback provided by users.
59.	How often is data collected? Who collects the data?	
	Data collection frequency varies, but it has typically been conducted regularly throughout the project's duration to capture ongoing progress and outcomes. Responsibility for data collection lies with staff, volunteers and designated data collection officers within the organisation.	
60.	Do you have baseline data on what things were like before the start of the project or before users started the project?	
	ECF's baseline data refers to information collected before the start of the project or before users engage with the project. This may include data on relevant metrics such as health indicators, dietary habits and social inclusion levels to establish a starting point for comparison and measure the project's impact over time.	
61.	Do you produce an annual report?	
	Yes, the organisation produces an annual report summarising key aspects of the project's activities, outcomes and impact. The report typically includes information on the number of users served, demographic profiles, user experiences and feedback, achievements, challenges faced and any adaptations made to the service.	
62.	In what ways, if at all, do you use the data that you collect to adapt the service that you provide?	
	The organisation uses the collected data to identify areas for improvement, address emerging needs or challenges and make informed decisions about service delivery. Data analysis may inform strategic planning, resource allocation, programme adjustments and the development of new initiatives to better meet the needs of users.	
63.	Have you employed an external organisation to formally evaluate your project?	
	No.	

64.	Do you intend to employ an external organisation to evaluate the service that you provide in the future?
	No.
Impact	
65.	<p>What difference has the project made?</p> <p>The project has had a significant impact on individuals' lives by promoting healthier eating habits, improving nutrition understanding, addressing social isolation and enhancing overall well-being. The project has made a significant impact, with outcomes that are life-changing for some individuals and their families. The project has reached around 30,000 individuals annually, including those receiving food for community development work. The continuous high demand for the project's services indicates its on-going demand and relevance to the community.</p>
66.	<p>How do you know this?</p> <p>The impact of the project is demonstrated through evaluations and reports generated for each project within the project, including detailed reports for core funders. Qualitative feedback is collected through open-ended questions, case studies and third-party triangulation to assess behaviour change and social inclusion. The organisation collects data on the number of users, types of projects accessed, duration of access, and specific outcomes related to healthier eating habits, behaviour change, and social inclusion. External organisations have been employed for formal evaluations, indicating a commitment to a robust assessment of impact.</p>
67.	<p>To what extent have the aims of the project been achieved?</p> <p>The aims of the project have been achieved to a significant extent, demonstrating impact across various aspects of individuals' lives, such as healthier eating habits, supporting children to eat healthily, understanding the link between diet and health and reducing social isolation. However, at a strategic level, there are challenges as national health indicators (such as levels of fruit and vegetable consumption) have not shown improvement.</p>
68.	<p>How, if at all, has the demand for the service changed since it started?</p> <p>The demand for the service has remained consistently high since its inception.</p>
69.	<p>If yes, has the project had the capacity to meet these changing conditions and demand?</p> <p>The project has had the capacity to meet changing conditions and demands. ECF are responsive to changing circumstances and act quickly to meet emergent or newly evident demand without bureaucratic constraints, indicating the project's ability to adapt to new needs. Additionally, the project evaluates its work thoroughly, generating reports for each project and collecting data on various aspects like the number of users, types of projects accessed, and impact evaluation. The project focuses on empowering individuals, building capacity, and treating people with dignity and empathy, which contributes to its success in meeting changing demands.</p>

	Chris Mantle also emphasised the importance of good relationships with funders and the need for longer-term funding for project success.
70.	Has the project had any unexpected or unintended outcomes?
	The project has had unexpected positive outcomes, as evidenced by the significant impact it has had on individuals and families, leading to life-changing experiences. An evaluation revealed that 290 out of 295 surveyed individuals perceived an improvement in their sense of social inclusion, indicating reduced isolation and loneliness. Despite challenges in impacting national health indices, the project has been successful at the individual level, promoting healthier eating habits and social connectedness.
71.	In your opinion, is the project having an impact on tackling poverty? If so, please describe in what ways.
	Yes, the project is having a significant impact on tackling poverty in various ways. The project impacts not only individuals but also their families, including children, spouses and parents, resulting in holistic family impact. The project has achieved demonstrable and significant impacts on various aspects of people's lives, such as promoting healthier eating habits, reducing social isolation and improving overall well-being. While at a strategic level, there might not be a significant improvement in national health indices, at an individual level, the project is positively impacting the lives of people and their families. The project's efforts are making a tangible difference in addressing poverty by improving the quality of life for the individuals and families involved.
Learning from Experience	
72.	What is working well?
	Development work is successful, as indicated by positive feedback from evaluations. The project significantly impacts participants' lives, promoting healthier eating habits, improving social connections and enhancing understanding of nutrition.
73.	What, if anything, is working less well?
	The sector has been facing challenges with constantly being asked to do more work for less money, with statutory organisations preferring to engage other third sector partners who can work on a shoestring budget or even for free. This has led to increased pressure and financial constraints. Despite achieving demonstrable impacts on individuals' lives in terms of health, nutrition, and social connections, the project's overall impact on national health indices like fruit and vegetable consumption, saturated fat intake and sugar consumption has not led to significant improvements at a strategic level.
74.	What are the key learning points that you would like to share with other practitioners? For example, is there anything that you would do differently?
	Chris Mantle emphasises the significance of having longer-term funding for projects, as it is crucial for sustainability and success. Establishing good relationships with funders is essential, as funding plays a critical role in project implementation. Utilising various social media platforms like Twitter, Facebook, Instagram and potentially TikTok can be beneficial for outreach and engagement. Collecting qualitative

	feedback and seeking third-party triangulation can provide a more comprehensive evaluation of the project's impact and effectiveness. Empowering individuals, building capacity and treating people with dignity and empathy are key aspects that contribute to the success and positive reputation of the organisation	
75.	What plans do you have to develop or expand the project in the future?	
	Continue evaluating work and generating detailed reports for all projects, especially for core funders. The aim is to achieve significant impacts on participants' lives, such as promoting healthier eating habits and reducing social isolation. ECF hope to increase visibility and brand awareness to access higher-level opportunities and funding.	
76.	How easily do you think your project could be replicated in another setting?	
	The project could be easily replicated in another setting, as there is nothing that would prevent its implementation elsewhere.	
Social media		
77.	Please enter social media contact details and weblinks to supporting documents or resources below:	
	Web Pages	https://www.edinburghcommunityfood.org.uk/
	Facebook	https://www.facebook.com/EdinComFood/
	Instagram	https://www.instagram.com/edincomfood/
	Twitter	https://x.com/EdinComFood
	Tik-Tok	N/A
GDPR Consent (Add yes or no in the box)		
I give my permission to be named in the tackling poverty locally directory and associated public outputs.		Yes.
I give permission for our organisation to be named in the tackling poverty locally directory and associated public outputs.		Yes.
I give permission for me to be contacted by directory users.		Yes.
I am willing to be contacted if more details are required		Yes.
Request to review (Add yes or no in the box)		
Did the interviewee request to review a draft before it is sent to referees for review?		Yes.
Did the interviewee request to review the final version – after referee review – before it is uploaded to the Directory		No.