# Project Food

# **Project Food**

# **Strategic Review 2024**

## Findings of the strategic review

## Proposed future direction

## Resources required

# **Findings of the review**

## **Background:**

The strategic review has been on-going since March. There has been consultation with beneficiaries, funders, staff, Trustees and volunteers, as well as local food businesses, stakeholders and members of the public. There have also been 16 responses to the partners’ survey, several Strategic Review Sub-group meetings and a consultation event on 23rd May attended by staff, volunteers, partners and Trustees. This document summarises the main findings and outlines the ‘direction of travel’ for the charity for the next two-three years.

**Context:**

East Devon and South Somerset have an older population than the England average but roughly the same profile as the counties of Devon and Somerset. Most of the East Devon market towns, and Chard, mirror the East Devon population profile, except for the coastal settlements (e.g. Seaton with more older people) and Cranbrook (with young children and families). 53.6% of the East Devon population has a health issue (higher than the UK at 51.5%). In East Devon 13.7% of the population are in fair health (20,660) and 4.8% are in poor or very poor health (7,240 people); same % in Somerset. In Cranbrook, health is better than the Devon and UK population, while in all the other towns covered by Project Food, population health is worse than the UK average with Exmouth Littleham, Honiton St Pual’s and Seaton having the highest percentage of people in poor or very poor health.

In terms of food insecurity in the area (see Appendix V), two fifths of Devon households with children and three fifths of lone parent households are currently experiencing food insecurity. 31% of the East Devon population face food insecurity (approx. 47,000 people). Recent research has found significant variations in the levels of food security with the presence of children, low-income, receipt of benefits, mental ill-health and being long-term sick or disabled all being key indicators of higher levels of food insecurity. In work food insecurity was also high (30%).

In 2022-23 Project Food worked with 552 adults and 78 children, and in 2023-24 Project Food worked with 565 adults and 108 children. Considering Project Food is not a comprehensive service across East Devon and South Somerset, this reach (over 600 people per annum (some of them with a weekly service)) is impressive.

## **Who should Project Food’s beneficiaries be?**

Generally the benefits of healthy eating seem to be widely known across the population and adults want to eat well themselves and to help their family members eat well. Those on low income are not necessarily unable to cook or unaware of the health benefits of good quality ingredients, but more likely unable to afford nutritional food regularly – what they want is help in getting back into good cooking habits on a budget. It was felt that Project Food’s mission should remain helping people improve their health via good diet.

PF should focus on those people where its services could effectively make a difference, and with people who are willing to address health issues by changing their diet. PF should therefore clarify its criteria for inclusion in its services. This will help beneficiaries understand if PF can offer them something or if another service might be more appropriate. Clarity also helps staff and volunteers understand their role and focus on impact.

*‘The criteria for inclusion in our services need to be clearer’*

Many people argued that PF needed to more tightly define its core beneficiaries, as ‘*the stronger your key messages, the better it is for funding and support – from both funders and the public*’ and ‘*being all things to all people is inefficient*’. It was felt reaching young people and children, parents with young children, and people with a recognised diet-related illness were the priority groups. The aim is to tackle current and prevent future health problems. Working with Family Centres, GP surgeries, schools, public and mental health agencies, and were seen as essential to reaching beneficiaries.

**Conclusion**:

* Children and young people (and their families) living in low income households
* People with or at risk of diet related diseases and conditions affected by diet, prioritising those living on low incomes

## **With these beneficiaries in mind and given the need in the area, what impact does Project Food want to have?**

Overall, Project Food needs to have a clear focus on shifting individual behaviour and working with those interested in change. It was accepted that health needs, food poverty and isolation are inter-linked. With food education for families, those with diet related disease and people facing poverty as its focus, PF should be able to express the value of its services and its impact in the areas of health improvements, improved diet and food poverty.

*‘We should be creating independence and agency rather than perpetuating dependence’*

In order to do this, Project Food should develop ‘a pathway to a healthier diet’ outcome approach based on the COM-B model (Confidence-Opportunity-Motivation=Behaviour Change). This means PF understands the needs and barriers faced by each individual/ family from the start (diagnostic), and then a series of interventions are agreed which support the individual/ family along their journey to improved diet, food confidence and healthy eating choices. Through this pathway model, PF will need to speak to individuals to agree their ‘pathway plan’ and this has the advantage of collaborating more closely with beneficiaries to shape the courses and services, ‘*rather than us instructing them what to do*’.

Monitoring changes along the pathway should be simpler as outcomes are agreed at the start. These can be collectively analysed within the PF evaluation framework, thereby demonstrating PF’s impact as well as highlighting areas to develop and improve. Participants were not clear how PF currently evaluates its services, so, once the evaluation framework has been reviewed and agreed, staff and volunteers need to understand how to operationalise the framework.

**Conclusion**:

The starting point for inclusion in Project Food projects is that people want to improve their diets and they feel ready to try to make changes (self efficacy).

Project Food should then focus on the COM-B model and:

* encourage healthy eating habits through skills development and confidence building, which will hopefully lead to long-term, sustainable changes
* offer opportunities to people to gain skills and knowledge to create healthy meals and enjoyable meal-times, which will also support people’s mental and physical health
* motivate people through discussions, practical advice, signposting and workshops.

## **In light of the impact it wants to achieve and its focus, what services should Project Food be delivering?**

*‘We should have targeted services with clear feedback mechanisms – focusing on long-term behaviour change, creating agency and with more connections to others working in this space’*

PF should make food education and cooking skills the core part of the COM-B pathway model. People have emphasised that having a long-term impact on people’s cooking confidence and eating habits were a priority, rather than tackling short-term problems (which are probably best dealt with by others). This does not mean PF should drop its fruit & veg/ recipe boxes, especially as these are seen as an important addition to the workshops, but these boxes should be seen as part of an agreed pathway with people (so the boxes should not be a stand-alone option).

PF needs to efficiently signpost beneficiaries along their journey. This should be via existing databases, directories, personal knowledge and information sources (rather than PF spending time and resources creating new resources, directories, etc). In order for this sign-posting to be effective, PF needs to work more closely with other food-related projects in the area, including food-banks, shops (that offer discounted food and meals, or surplus), food co-ops, food larders, physical activity organisers, local growing projects and food suppliers with an interest in supporting families in food insecurity.

Outside of the food sector, PF needs to strengthen its partnerships with the VCSE sector in East Devon and South Somerset, with town councils, housing offices, estate teams, benefits teams, GP surgeries, Family Centres, schools, exercise providers and public health.

With clarity of purpose and an effective model to support people, PF can produce a set of referral criteria. Partners will then know who (and who not) to refer.

**Conclusion**: Project Food should:

* offer practical cooking classes, encourage peer support, give nutritional advice and offer recipe boxes to help build peoples’ confidence
* encourage healthy eating habits by providing people with opportunities to try new ingredients and recipes, and to learn new skills at workshops and by providing recipe food boxes
* work closely with food providers in the area, especially food banks and food larders/ fridges, to improve the quality of the items they offer
* develop its signposting knowledge in order to point people to additional support.

## **In practical terms, how and where will Project Food deliver these services? How will it ensure it reaches the intended beneficiaries?**

Project Food needs to increase its visibility in the community and with stakeholders (see Communications Strategy). PF needs to ensure that the tone of all its communications is considered in light of the audience.

There are three main audiences for PF:

* beneficiaries
* partners/ stakeholders (such as GP surgeries)
* supports/ funders (which may overlap at time with partners/ stakeholders)

The actions within the Communications Strategy need to reflect the needs, interests and relationship with PF of each of these audiences.

There is a consensus that PF should operate a two-hub (‘bicycle’) model with hubs located in Axminster and in Ottery St. Mary. The two hubs should offer the full range of PF services (‘Make & Munch’, workshops for schools, links to GP surgeries, alternative timetable workshops, 1-to-1s and recipe boxes). See Appendix IV.

The two hubs also support outreach (‘spoke’) activities.

* Axminster will support Chard, Crewkerne, Honiton and Seaton.
* Ottery will support Cranbrook, Exmouth and Sidmouth.
* In these seven towns, PF’s core offer will be ‘Make & Munch’, workshops for schools and links/ social prescribing via GP surgeries.

In areas outside of PF’s ‘core towns’, people should be prioritised where there are overlapping needs.

There should be a transition period to this new operational model. Moving to this model (e.g. revising staff job descriptions, securing new funding, setting up Ottery, developing links with Crewkerne and cementing partnerships with GP surgeries) should take place between now and end March 2025. This period includes designing, promoting and delivering more workshops and holding more 1-to-1 sessions; maintaining recipe boxes at approximately the same level, while reducing fruit and vegetable boxes.

The first full year of delivery will be the Financial Year 2025-26, with an expansion of workshops, at the end of which the new strategy can be evaluated. The second phase of delivery is the Financial Year 2026-27, with a further increase in workshops and recipe boxes, while maintaining the number of 1-to-1s and fruit and veg boxes.

## **1.5 Detailed findings of the review**

Detailed information about the consultation with staff, partners, trustees, beneficiaries and volunteers can be found in Appendix I.

# **Proposed future direction**

If Project Food is to reach the people defined above to improve their diet in the most effective and efficient way possible, there are 2 key areas which need to be invested in from 2024 – 2026.

* 1. Communications: this is addressed in the communications strategy below
  2. Outcomes: a clearer definition of what people are trying to achieve and how we can help them to reach their goals will be developed through the Project Food pathway of support model.

## **Communications Strategy 2024 -26**

**Organisational Goals**

* We will be the most effective organisation supporting young people and people with or at risk of diet related disease to change their behaviour around food that we can be.
* We will be the ‘go to’ organisation providing support young people and people with or at risk of diet related disease to improve their diet in East Devon and South Somerset.
* We will concentrate our efforts supporting people living on a low income.

**Statement of purpose**

This communications strategy shows how effective communications can:

* help us achieve our overall organisational objectives
* engage effectively with stakeholders
* demonstrate the success of our work
* ensure people understand what we do
* change behaviour

**2.2 Current situation**

a) PEST Analysis

|  |  |
| --- | --- |
| **Political**  There is significant emphasis on food poverty at the moment: this is attracting more funding, but it is also attracting more actors.  The new Government’s pledge to bring in free breakfast clubs in every primary school and “to end mass dependence on emergency food parcels", means it is a good time to make contact with politicians.  East Devon DC are committed to tackling food insecurity in the District. | **Economic**  People are feeling the pinch and austerity is likely to be with us for some time.  The private sector/ philanthropists could become more important as a funder  There is an emphasis on buying local and support for local food through the Devon Food Partnership  Environmental  Increased emphasis on plant based diets: these are not only important for environmental sustainability, but also good health as eating less meat would be advantageous to the health of many people; so being part of this discussion and offering useful “swaps” or recipes could get good interest |
| **Social**  Covid impact still significant  Some people much worse off (and need more support from us), others with increased savings (who could fund more).  Isolation and anxiety are key factors facing residents | **Technological**  Digital has transformed how we can market ourselves and how people can give  People who are excluded from digital are further excluded from society  Online is not just an opportunity for fundraising and comms, but also service delivery |

b) SWOT Analysis

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| --- | --- |
| Strengths: what are our greatest assets?   * Experience, and understanding about the complexities of eating well; * dedicated workforce and volunteers; * good reputation locally * good local partnerships * tone of voice * strong Board of Trustees * good relationship with funders | Opportunities: What are the best possible opportunities?   * Much more emphasis on diet and health * Food poverty and the effect on children * Mental health * Health inequalities * Social prescribing and links to GP surgeries * New funding streams to tackle health inequalities |
| Aspirations: what is our preferred future?   * We have a higher profile across East Devon and South Somerset * We will be the “go to” organisation providing support for people to improve their diet in East Devon and South Somerset * To do this we need to be able to demonstrate our effectiveness better and to communicate success more clearly * Desire to develop a new delivery model based on two hubs and ‘spokes’ | Results: What are the measurable results?   * We are approached by commissioning bodies to run support for families, children and young people and people with diet related illnesses * Referrals from a wide range of health workers and self-referrals throughout East Devon and South Somerset increase * Increased range of income streams * Improved range of impact documents/ resources that show our impact * Good recruitment, training and retention of staff and volunteers |

**c) Other organisations working in this area**

We are the only organisation solely supporting people to improve their diet locally. Others may from time to time run similar groups, but food is generally not their primary focus. However, our experience in this field needs to be emphasised in Comms so we are the “go to” organisation.

Our past comms and low profile have been a clear weakness in the past. This needs to be addressed.

**2.3 Overall communications aims**

To motivate people to:

* engage in our activities, as beneficiaries
* get involved as a volunteer
* support us financially
* advocate for us
* work with us

**3. Organisational objectives and communications objectives**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MISSION** | Our mission is to enable young people and people with or at risk of diet related disease in East Devon and South Somerset to improve their diet, so they enjoy better physical and mental health | | | | | | | | | | | |
| **GOALS** | 1. We will be the most effective organisation supporting young people and people with or at risk of diet related disease to improve their diet that we can be. 2. We will be the ‘go to’ organisation providing support for young people and people with or at risk of diet related disease to improve their diet in East Devon and South Somerset | | | | | | | | | | | |
| **Who?** | **Our target groups:**   * Children and young people (and their families) living in low income households * People with or at risk of diet related diseases and conditions affected by diet, prioritising those living on low incomes | | | | | | | | | | | |
| **WHAT WE WILL DO** | **Build people’s confidence, skills and positive attitudes to better health** | **Deliver learning opportunities to people that meet their needs and interests** | | | **Motivate people to make a change** | | **Signpost people to additional support** | | | **Work with a range of partners, funders, stakeholders and supporters to develop a sustainable organisation** | |
| **We will educate and inform** | | | **We will deliver skills** | | | | | **We will support** | | | |
| **OUR WORK WILL BE UNDERPINNED THROUGHOUT BY OUR CORE VALUES** | | | | | | | | | | | | |
| **CORE VALUES** | COMMITMENT | | SUPPORT | | | RESPECT | | INSPIRING OTHERS | | | EXCELLENCE | |
| **WHAT OUR VALUES MEAN TO US** | **Commitment:** We will continue to be there for our beneficiaries for as long as they need our support.  **Support:** We recognise that many people in our community face difficult physical, mental, financial and emotional challenges which may have an impact on their health. We will listen to them and support them to overcome their challenges in a way that feels right to them.  **Respect:** We acknowledge and accept that everyone has the right to make their own choices, depending on their individual priorities and preferences, and we will treat everyone with equal respect.  **Inspiring others:** We understand that people are inspired and motivated by many different things. We will seek to enthuse people in a way that works for them.  **Excellence:** We will strive to be the very best that we can. We will always provide unbiased, evidence-based information. | | | | | | | | | | | |

| **Operational or policy objectives** | **Communications objectives** |
| --- | --- |
| **Goals** |  |
| We will be the most effective organisation supporting young people and people with or at risk of diet related disease to improve their diet that we can be. | Impact assessment needs to be strengthened and communicated to staff, staff trained and new models of work implemented. Once the results are clearly demonstrable, these need to be clearly communicated widely |
| We will be the ‘go to’ organisation providing support for young people and people with or at risk of diet related disease to improve their diet in East Devon and South Somerset | * Maintaining a high profile about who we work with and our impact on people’s lives/health/diet * Improve links with referral and community organisations, schools, Family Centres etc in order to reach target beneficiaries * Developing links with partner organisations working in health and food; such as Universities, EDDC, Somerset CC, Devon CC, Devon Food Partnership, NHS Eastern Localities Care Partnership |
| **Overriding communications & marketing objectives**  **We will:** | |
| * understand our existing and potential audiences * understand the needs of our audiences and communicate with them appropriately * increase brand awareness of Project Food and its services using a variety of means | |
| **Beneficiaries**  We will: |  |
| * Support people to have increased confidence in their cooking abilities | To ensure all staff know and understand the:   * needs and interests of individuals and groups that they are involved with * dietary, nutritional and sustainability information that they are trying to convey to beneficiaries * fundamental values and mission of Project Food   We need to:   * pay attention to how we communicate with our beneficiaries (including new and existing) -written, verbal and digital – and assess whether it is achieving what we want it to. * assess whether the people who we want to reach are responding to our comms and accessing our services |
| * Deliver a range of opportunities to help people have a better diet |
| * Motivate people to maintain positive changes in their lives. |

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| **Operational or policy objectives** | **Communications objectives** |
| **Our infrastructure**  We will: |  |
| * improve our technological infrastructure so that we can communicate better internally and externally; | To ensure that we are communicating in the most effective ways for the audience we are trying to reach. There are three key audiences:   * beneficiaries (existing and potential) * partners * supporters   It is important that we differentiate between each audience and use the most effective tools to reach these audiences. For example, word-of-mouth, posters and flyers might be better ways to reach new beneficiaries than social media posts. |
| **Our finances**  We will: |  |
| * develop more opportunities for fundraising locally; | Improve comms with:   * Local community (individuals and groups) * Local businesses * Local Councils/ Government * NHS * Grant-making organisations |
| * concentrate our resources on strategic, longer term grant applications; | Look at how we communicate with large funders: is it the best that it can be? What evidence do we need to make the case for investment? |
| * understand the ways in which we can create income through commercialising our services. | Increase our profile, and the communication of the outcomes of our work. Develop materials for prospective donors to our charity. |
| **Our people**  We will: |  |
| * create a team of informed and enthusiastic staff with the skills and attitudes to implement our strategy and act as our ambassadors; | To ensure all staff know and understand   * the issues that the different groups that we work with encounter and are most concerned with; * the fundamental values and mission of Project Food * the ways in which they contribute to the aims * what we are doing and who we have helped   To ensure that all staff (including sessional staff) are kept “in the loop” so that they feel part of it. |

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| **Operational or policy objectives** | **Communications objectives** |
| * create a team of informed and enthusiastic volunteers and Board members who act as our ambassadors. | To attract enthusiastic, active volunteers with the skills that we need (initial contact and follow up)  To ensure all volunteers know and understand:   * the issues that the different groups that we work with encounter and are most concerned with; * the fundamental values and mission of Project Food * the ways in which they contribute to the aims * what we are doing and who we have helped   To ensure that all volunteers are kept “in the loop” so that they feel part of it. |
| * create a cohort of external supporters and partners who advocate for PF | To ensure partners and supporters know about PF and have the tools to signpost / refer people to our programmes |
| **Our expertise** |  |
| We will ensure we base our information, education and advice on sound and up-to-date expertise, using external resources as appropriate. | * Make sure that we follow news & social media feeds of relevant organisations * Keep up-to-date with relevant new literature, research and reports * Attend meetings with local partners to keep up-to-date with local developments and opportunities * share knowledge widely to people in the organisation (and those outside for whom it is relevant) |
| * We will thoroughly assess the impact that our services have: identifying clear outcomes for all our beneficiaries which will form the basis of all our future work. | Train staff  agree appropriate outcomes  evaluate outcomes using range of tools  Communicate outcomes  Develop new communication tools, such as video  Work with partners, such as HEIs, to strengthen our impact & evidence gathering approaches |

**In order to do this, we have developed the following further objectives:**

|  |  |
| --- | --- |
| **Our target groups:**   1. **Beneficiaries (existing and potential):**  * Children and young people (and their family members) living in low income households * People with diet related diseases and conditions affected by diet prioritising people living on low incomes  1. **Partners**  * GP surgeries * Family Centres/ nurseries/ pre-school settings * Primary Schools * Secondary Schools * Youth organisations * Other food partners (food-banks, larders, fridges, suppliers of surplus food etc)  1. **Supporters**  * Existing funders * Potential/ new funders * NHS * District & County Councils * Trusts & Foundations * Donors * Fundraisers | |
| **Objective 1: To provide the best food support, education and skills training for people using our services** | |
| **Operational or policy objectives** | **Communications objectives** |
| |  |  | | --- | --- | | * To train our staff effectively to work with our beneficiaries * To work with beneficiaries to identify their outcomes through PF’s “Pathway of Support” model | * To ensure all staff know and understand the standards of support, education and skills training expected * To train staff in how to help people to identify their aims and use the “Making Every Contact Count” structure as a basis for working with beneficiaries. | | * To ensure all courses are run to the highest standards of safety that is practicable and that premises are safe | * To ensure staff know the standards that are expected of them | | * To provide opportunities for more people to access our support | * To ensure beneficiaries have opportunities to communicate their needs within the organisation * To ensure more people know about us * To regularly gather feedback to ensure we are maintaining standards of support, training and education | |  |  | | |
| **Objective 2: To play a key role in the community as a valued provider of dietary support services for families, young people and people with diet related disease** | |
| | **Operational or policy objectives** | **Communications objectives** | | --- | --- | | To build strong relationships with the local authority and other funders; schools, GPs, other community and statutory organisations. | To provide a regular flow of information to key stakeholders  To regularly showcase organisational successes in the local media, at events and meetings, and through social media  To be approached by media for opinions on availability of dietary support services for people with diet related health conditions and for relevant support and advice for their readership  To demonstrate the effectiveness of our support through the channels used by the relevant organisations. | | To win contracts with the local authority to provide services for service users | |  | | |

**4. Identifying stakeholders**

INFLUENCE

INTEREST

**Active Consultation**

Keep satisfied

Have sufficient engagement with these stakeholders to satisfy them that their voices are being heard on key issues, but avoid low value contact so that they do not lose interest in the proposed change or initiative

Internal:

External: Council employees, politicians, companies

**Key Player**

Manage Closely – need strong buy in

These are the stakeholders with you must fully engage and make the greatest effort to satisfy their concerns and requirements for information.

Internal: Trustees

External: Funders, Council decision makers, local community leaders & groups

**Keep informed**

Monitor this group & keep them informed

Do not overload with excessive communication or information

Internal:

External: Individual donors: look to develop more key supporters donating regularly

**Maintain interest**

Keep informed-two-way communication.

Keep this group regularly informed, and to maintain interest and monitor any issues or concerns that may arise. These stakeholders can often be very helpful with the details of your program or project.

Internal: Volunteers and staff

External: Beneficiaries, partners and referral agencies

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Audience** | **Advice or info** | **Support** | **Policy & practice** | **Evaluation & Impact** | **Financial accounts** | **Success stories** |
| Staff |  |  | X | X |  | X |
| Board of trustees |  |  | X | X | X | X |
| Volunteers | X | X | X | X |  | X |
| Funders |  |  |  | X | X | X |
| Politicians/ Council employees |  |  |  | X |  | X |
| Council decision makers |  |  | X | X |  | X |
| Community groups & leaders | X | X |  | X |  | X |
| Beneficiaries | X | X | X |  |  | X |
| Partners / referral agencies | X | X | X | X |  | X |
| Companies | X |  |  | X |  | X |
| Individual donors | X |  |  | X |  | X |

An action plan for year 1 will be developed from the objectives above.

## **Our outcomes: how to define them and how to make them happen** i.e: how we will help people to improve their diets

Based on the Pathway of support model (see Appendix II) and referring to the Communications Strategy, Project Food will develop clear planning templates for all projects articulating clearly:

|  |  |
| --- | --- |
| 1. Project objectives | 1. Who we are aiming it at? 2. What we are trying to achieve? |
| 1. What does success look like? | 1. What changes are realistic and achievable for this group? 2. How will this be measured? |
| 1. Who are the stakeholders? | 1. Which partners? 2. Which staff and volunteers? 3. Which beneficiaries? 4. Anyone else? |
| 1. Communications plan | 1. How will we communicate with each group of stakeholders? 2. What language will we use? 3. What methods of communication are most appropriate for each group? 4. Who will be involved? |
| 1. Implementation plan | 1. Length of time 2. Type of intervention(s) 3. Budget 4. Key people etc |
| 1. Definition of individuals’ learning aims and drawing up of action plans (see the Pathway of support) – to include the time period covered by the plan | 1. How will we elicit this information? Questionnaires, 1:1 discussions etc using the parameters outlined in 2. above as a guide. 2. Who will do this? 3. What are their training needs? |
| 1. Mid point review | 1. What is working, what is not? 2. How are we evidencing that? 3. What changes can be made to make things more effective? |
| 1. End of intervention evaluation | 1. Based on what individuals defined as their aims: to what extent have they achieved them? 2. What evidence is there to demonstrate that? 3. Is there further support we can offer individuals? |
| 1. Outcomes report | 1. What information will be brought together to create this? Case studies, questionnaires, anecdotal evidence, quotes, photographs etc 2. How will the outcomes be communicated to key people eg: partners, beneficiaries, funders, wider public, potential partners etc |

Project Food Vision

Prioritising people who are facing food insecurity

People at risk of or diagnosed with ill health

Young people & children with their family members (as appropriate)

**Appendix II Pathway of Support**

**Person moves onto other provider(s)**

**Person moves onto other provider(s)**

**Goodbye**

**Hello**

**Capacity to be determined through a self efficacy scale (or similar) to be tested along the lines of the exercise scale**



**Appendix IV**

**The Hub Model**

**Axminster Hub**

Seaton

Honiton

**Ottery Hub**

Exmouth

Sidmouth

Crewkerne

Chard

Cranbrook

Make & Munch

Schools

GPs

Make & Munch

Schools

GPs

Make & Munch

Schools

GPs

Make & Munch

Schools

GPs

Make & Munch

Schools

GPs

Alternative Timetable

1: 1s

Recipe Boxes

Make & Munch

Schools

GPs

Alternative Timetable

1: 1s

Recipe Boxes

Make & Munch

Schools

GPs

Make & Munch

Schools

GPs

Make & Munch

Schools

GPs

**Key**

**Make and Munch**: courses for parents with young children (6 sessions/course held at community centres) (or equivalent eg Good Grub Club (Chard))

**Schools**: courses for parents with school children (older children will not include the parents) (6 sessions/course held at schools)

**GPs**: courses for people with diet related conditions (accompanied by fruit and veg boxes & meals “on prescription”) (8 sessions/course held at GPs surgeries/community centres/our kitchens)

**Alternative Timetable**: courses for teenagers at risk of being excluded (mostly with SEN) (held at our kitchens) (5-6 sessions/course)

**1:1s**: for adults held at our kitchens (6 sessions/ course)

**Recipe Boxes**: for households living on a low income with children (12 boxes fortnightly)