Examples and case studies of key initiatives and activities developed during the COVID-19 period

1- Role of the Wellbeing line and Community Partnership working in food provision

The Wellbeing line was established in April 2020 as a point of contact for those impacted and needing support as a result of the pandemic. Callers to the line were linked to their local community through the Community Engagement Team and thus enabled to access any help they need. A holistic conversation helped to identify any additional support which could be offered such as signposting to financial advice services. In particular, the Community Engagement Team dealt with 3,099 food related requests over the last year.

Case study 1: Support provided following a call to the Wellbeing line

This case study below is written from the viewpoint of one of the Community Engagement Team officers

We received a call through the helpline from a gentleman who had recently lost his job. He had no money and needed food but was so embarrassed to phone and ask for help. During the conversation, the gentleman was speaking about how he had to hand his car back due to financial difficulties and had no bus fare to travel to and from work if he was lucky enough to get a new job.

We referred the request for food to a local community organisation who called the gentleman to discuss his specific food requirements. During the conversation the gentleman explained his situation and they went on to tell him about other online services that they offer for mental health, relaxation and a zoom call once a week with other people for a chat.

After discussion, the community group volunteers agreed that they wanted to give the gentleman additional support and buy him a new bike with money from donations that they had received. They contacted a local retailer and explained the situation and were given 50% off a bike and helmet.

They delivered the bike and helmet to the gentleman who cried and could not believe the generosity of the people in his community. He got a job not long after and kept in touch with the organisation about how the bike meant that he was able to cycle to work and go for bicycle rides on country roads which helped his mental health.

The gentleman now volunteers for that organisation delivering food and helping around the shop and believes that this is him giving something back as he had no idea these services were available until he needed help.

2- <u>"Kitchen Learning Hub" Cooking and Nutrition Course for Auchentibber Community Payback Centre delivered in partnership with Lanarkshire Community Food and Health Partnership</u>

Unpaid Work Services (Social Work) offer to offenders the opportunity to participate to the Kitchen Learning Hub (KLH). KLH is an ongoing practical cooking and nutrition course among the therapeutic, group work or vocational learning that offenders can attend as part of their Community Payback Orders. The 30 hours course is run by a qualified nutritionist from Lanarkshire Community Food and Health Partnership at the Auchentibber Centre in South

Lanarkshire. In the short-term, the session aims at teaching participants how to cook healthy and balanced meals from scratch and to provide nutritional education. In the long term, the objective is to improve the quality of participants' diet and health and increase their employability by learning new skills.

In response to the pandemic, sessions were running virtually over Microsoft Teams. Participants were delivered a food parcel in the morning before each session which contained all the ingredients required to make a meal, along with a recipe card and nutrition fact sheet. Between August 2020 and March 2021, over 60 KLH sessions were delivered to 33 participants, covering 26 different nutrition topics and 30 recipes.

The evaluation of the course has shown that 100% of participants enjoyed all the KLH sessions. Moreover, at the end of the course, 100% of participants rated themselves as either very confident or confident at cooking. Additionally, knowledge of participants about nutrition strongly increased by attending the course.

Case study 2: Benefits of the Kitchen Learning Hub

Background: Participant A was a middle-aged woman with type 2 diabetes. Initially, she was nervous about joining the class. She was anxious about doing group work and had little cooking experience, opting for take away meals instead almost daily. She knew very little about nutrition, but she was aware that she had to improve her diet for her health and for the health of her children.

During KLH: Participant A was initially shy and didn't talk much during classes. However, as her confidence in cooking grew, she became more open and joined in discussions more frequently. She discovered that she thoroughly enjoyed cooking, taking great pride in her dishes and being able to provide healthy meals for her family. During classes she also covered how to make some of her favourite take away dishes at home, which she began to do regularly. Through KLH she learnt how to use a computer and Microsoft teams, which prepared her for online job interviews. She said that the classes also helped with her mental health, giving her a structure and purpose to her day.

After KLH: As a direct result of her newfound confidence and computer skills, she was able to apply for a job, do an online interview and start employment. Although this meant that she had to leave KLH, she has continued cooking and teaching the recipes she has learnt to her children.

Picture 1: Photographs of dishes made by offenders during the Kitchen Learning Hub cooking and nutrition education course. From row top to bottom: Christmas dinner, Kung pao chicken and ribbon salad, chicken schnitzel, mashed potato and cabbage salad, Pad Thai, moussaka, paella, Greek kebabs.



3- <u>Initiatives developed by Healthy Valleys to ensure food provision in rural</u> area during the pandemic

Healthy Valleys is a community-led initiative that supports communities in rural South Lanarkshire. They focus on providing opportunities for local people to improve their health and wellbeing and build stronger communities in areas of deprivation or where there are service gaps.

Healthy Valleys responded rapidly to Covid-19. Their priority was to ensure that beneficiaries known to be living with food insecurity were not left without access to food. To address immediate need, 1,663 healthy prepared meals were delivered to the homes of individuals and families across rural South Lanarkshire in partnerships with local businesses and partner agencies.

Following on from the delivery of meals Healthy Valleys identified a need within rural communities for access to fresh ingredients to top up ambient shielding boxes and provided 1,494 fresh food boxes to local families. Deliveries included fresh fruit, vegetables, milk, bread, cold meat and cheese.160 hours of dedicated volunteering supported the deliveries of these boxes. Moreover, 230 individuals were supported by Healthy Valleys to access emergency food via Clydesdale Foodbank in the first five months of the pandemic.

Moving on from doorstep delivery in May 2020, Healthy Valleys began to work in partnership with SLC to provide access to two Community Larders. In total, 5,502 bags of food supplied by SLC were sourced for free in two sites (Rigside Community Hall and Smyllum). Healthy Valleys purchased a vehicle to allow for mobile delivery in one of the two larders and to provide doorstep deliveries to those unable to attend. During times of shielding, lonely and isolated adults received doorstep contact by staff and volunteers delivering soup and scones directly to their homes.

Over and above the direct provision of food, in the most difficult of times, Healthy Valleys adapted to online service delivery which enabled them to continue to offer cooking courses and food waste management support.

Case study 3: Role of the Community Larders set up by Healthy Valleys

Background: An elderly man living in a rural Clydesdale village has been living alone for many years, has mobility issues and finds it very difficult to access support due to his own sense of pride. He is also struggling financially and does not go out often to go shopping as he cannot afford to travel for food or access the local town due to travel costs.

Intervention: The man was unknown to Healthy Valleys before they commenced the larders. At one larder, a Healthy Valleys staff and volunteer decided to knock on some doors in the vicinity of the larder to see if anyone required help - the man says he is now very glad he answered his door that day.

Before the larder came to his area, he was very scared and worried about his situation as he was not in the habit of, or keen to, access services or helplines. Through accepting support from Healthy Valleys staff at the Larder, he became aware of other support agencies and how to access them.

Outcome: Due to the continued support from Healthy Valleys via weekly larders the man feels his situation has improved significantly, even during this pandemic- almost because of it. The support from Healthy Valleys has reduced some of his anxieties and fears, as he is now aware of other support available to him.

The man is now quite chatty and more forthcoming; he now calls some of his neighbours from the larder to ask if they need anything taken back. He comments "It's good to be of some use and I like making sure my neighbours are ok. -it makes me feel that I'm helping." He also likes to help staff and volunteers at the larder.

He has promised that he will come to the Community Health Cafes when they can open again. "Knowing you are here every week is of great comfort. The food, and not having to travel so far, is a real help".

The intervention and support form Healthy Valleys created the following positive outcomes:

- Increased self confidence
- Less lonely and isolated
- Reduced food poverty
- Increased sense of self-worth/belief
- Increased community connections
- Reduced anxiety
- Increase in overall wellbeing.

4- Local food support at St Paul's Primary School

Staff at St Paul's Primary School in Hamilton identified the need within the community for more local food support and the local food bank was not easily accessible for families as it is situated at the other end of the town. As a result, the school has formed a partnership with the local food bank and have set up their own local pop-up food bank in the local church each week. The food bank provides bags of food, and the school has secured support from local companies who provide fresh food weekly. This is run by the school's linked Youth Family and Community Learning Officer and some local volunteers. The local pop-up food bank has been vital in supporting families during the remote learning period.

Case study 4: Testimonies from parents and carers about the local pop-up food bank

"St Paul's foodbank is well stocked and run by the school. The school are doing a great job and really meeting the needs of the community."

"I couldn't manage without the help of this foodbank, as I can't travel across Hamilton."

"You don't know what this means to me, I have been made redundant recently and we are really struggling. This has been a life saver."



Picture 2: Food distribution at St Paul's Primary School

5- Local network of organisations involved in emergency food provision

With support from the council, local food organisations involved in emergency food provision and partners have been meeting regularly to discuss challenges and share good practices around food insecurity and support provided to people in need.

In particular, this led to the organisation of a workshop delivered by the national organisation Nourish Scotland to discuss dignity principles in the context of emergency food provision with food stakeholders in South Lanarkshire. The workshop provided an interactive and engaging opportunity to reconsider how to adapt practices to ensure dignity when it comes to emergency food provision. In total, 26 participants from South Lanarkshire attended the workshop including council employees (Social Work, Community Engagement Team, Youth Family and Community Learning service, and schools), third sector organisations (food banks and community organisations) and partners (NHS).

Case study 5: Actions that will be undertaken by partipants to enhance dignity during food distribution in South Lanarkshire

At the end of the workshop, participants said that they will take actions to ensure that their services enhance dignity and in particular, they said that they will:

- "Provide more choice
- Adopt an holistic approach
- Listen to people needs and keep them part of the decision
- Listen to feedback
- Probably move towards giving vouchers instead of excess food
- Take opportunities to listen to people's need to make them feel valued
- Provide food choice and diversity
- Be more flexible
- Definitely think about the dignity principles when planning
- Will check that the dignity principles are respected when planning
- Whole person approach
- Connect with local organisation who has food larders to see if they can contribute with fresh products to them (and not just the food bank)
- Staff training/input, share knowledge, work with other
- Raise awareness about dignity principles, incorporate them into planning
- Involve community (surveys)"