

Hard to Stomach

Recommendations on tackling food access and affordability requested by the Scottish Government from those who do so on a daily basis



Community Food and Health (Scotland)
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**community
food and health**
(scotland)

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Background

“Scotland has both a remarkable legacy as well as an admirable current resource in its social enterprises, community and voluntary sector.”

Recipe for Success: Scotland’s National Food and Drink Policy, Scottish Government 2009

As highlighted in Recipe for Success, and in the reports and recommendations that preceded it, Scotland has a proud history of local communities tackling the challenges they face around food access and affordability. It has also long been recognised that this contribution is only one part of a multi-faceted and integrated response required from a number of sectors if the change required is to be achieved.

Government has increasingly appreciated that policy development and delivery must be rooted in the evidence, experience and understanding of those facing policy challenges on a daily and very practical basis. To that end Community Food and Health (Scotland) was invited to assemble and chair a Working Group on Food Access and Affordability.

A small but very experienced group of individuals (see Appendix One) were recruited, who between them had a vast experience of not only delivering at a local level, but also a very useful national overview.

A key starting point was to ensure there was a common understanding of both what was being tackled as well as what could be expected from local communities in any response. Reiterating the complexity of what constitutes ‘**food access**’ and highlighting the range, scale and nature of ‘**community food initiatives**’ was felt necessary by a group that had experience of the dangers of stereotyping and inappropriate expectations.

The second task for the working group was to accumulate its impressive collective intelligence around what works, what does not and what is needed. The group then used this to drill down to specific recommendations, with its evidence and experience providing the accompanying justification.

The working group members all had competing priorities, with most facing a combination of increasing demand and decreasing resources within their own initiatives. However, it was appreciated that participating in the working group gave an opportunity to highlight not only immediate issues, but also to set out a longer term vision of how to maximise the contribution of local communities to the challenge of food access and affordability.

Despite the limited number of meetings (see Appendix One) and the differences in the remits of working group members, there was a very high degree of consensus around the challenges faced.

Examples of definitions adopted by the working group (see Appendix Two)

Barriers which inhibit a healthy and acceptable diet are both physical and psychological and include access, availability, affordability, assets, awareness, aptitude, abilities, attitude, culture and skills.

... the diversity and complexity of community food activity mirrors the diversity and complexity of the challenges they face.

In the recommendations that follow it was recognised by the working group that the **challenges** faced were interrelated and that the actions proposed would impact to varying degrees on all the challenges. However, it was felt most useful to recommend specific activity under whichever challenge was felt most directly or most immediately impacted by these actions.

Accompanying case studies from some working group members' illustrate some examples of activity that already addresses challenges to food access and affordability and contributes towards achieving local and national policy outcomes.

“Novel and innovative approaches to tackling access by the community and voluntary sector should continue to be encouraged, not only in terms of approach and practice but also with regards to technology, scale and geographical coverage. It is recommended that every assistance is given from appropriate national agencies in ensuring the learning from such work not only continues to be shared but has greater opportunities to be applied.”

from Report by Workstream 5 on food affordability, access and security 2008 (unpublished)



Challenges identified by the Scottish Government food access and affordability working group

CHALLENGE ONE

To continue to forge mutually beneficial links between frontline hands-on activity around food and health and national policy making.

Recommendations from the working group:

Local engagement with national policy development around food access and affordability should be further developed by:

- encouraging and enabling the **development of local networks**, allowing community food initiatives, local authorities, NHS boards and appropriate agencies and structures to explore barriers, monitor progress, and identify opportunities for collaboration and co-production;
- **utilising local networks** in the national development, implementation, and measurement of activity around food access and affordability; and
- increasing knowledge exchange and familiarisation through exploring opportunities for **secondments** between community food initiatives, central government, local authorities, NHS board, academic institutions and other appropriate agencies and structures.

OUTCOME: a higher profile, more systematic and **more informed use of front-line knowledge** and experience in the development and delivery of national priorities around food and health.

Current situation

The community food and health sector has been, and continues to be, influenced by policy focusing on health inequalities. The relationship between food/nutrition and health inequalities is likely to continue to drive policy and practical activities for some time to come.

Through active engagement with stakeholders and those closest to communities, policymakers benefit from learning how policy is informing practice and practice is informing policy. An example of this is the discussion paper 'Choosing the Right Ingredients', which received contributions from community food and health organisations that understand low-income communities and their experiences.ⁱ

Risk to the current situation

The current economic and political climate means that vast changes are pending across the public sector. The need to address health inequalities in communities is expected to increase. The implications of ignoring the relevance of food access and affordability within policy and planning has far-reaching and long-term impacts on people's health and everyday lives. The community food and health sector is seen as a valuable resource for communities. Activities that tackle food poverty and health inequalities locally and nationally are expected to continue to be delivered by the community food and health sector. For a sector that is already fragile, these changes will impact on their ability to reach the most vulnerable in society.

“Solutions require effective action in communities. There is a real danger that a food and drink policy looks like an attempt to lecture or coerce communities. Instead, it is vital that change is founded on principles of empowerment, participation and co-operation. Crucially the reality rather than the rhetoric of community development needs to be implemented.”

from Leadership Forum Report, Scottish Government 2009

Case Study 1 - Healthy Valleys

[Healthy Valleys](#)¹, the Healthy Living Initiative for rural South Lanarkshire, aims to reduce health inequalities, promote positive lifestyles, and improve health and wellbeing.

Using a community-led approach to health improvement, and recognising the longer lasting benefits of this approach, has contributed to Healthy Valleys successfully engaging its local community in a range of health activities. Its learning and experiences of working in this way has also contributed to the Scottish Government funded programme 'Meeting the Shared Challenge' (MtSC), which has supporting community-led approaches to health improvement nationally. Healthy Valleys operates a number of community food initiatives eg. food markets, community cooking, 'promoting healthier lifestyles' healthy eating programmes, capacity building for volunteers to deliver training around food and 'Grassroots' - supporting the health needs of vulnerable pregnant women.

Community food and health initiatives like Healthy Valleys have an important role to play in supporting and contributing to local and national government delivery of a range of policies addressing health inequalities and access to food such as the National Food and Drink Policy, the Preventing Overweight and Obesity Strategy and the Maternal and Infant Nutrition Framework.



CHALLENGE TWO

To encourage (lever) and sustain (audit) the recognition and exploitation of the contribution of the community and voluntary sector (including social enterprises) to delivering national and local outcomes by local authorities and NHS boards.

Recommendations from working group:

Consistent local adoption and adaption of national priorities around food and health should be strengthened by:

- delegating appropriate government staff with regional responsibilities to **champion** local collaboration, co-operation and co-production addressing food access and affordability;
- reviewing the application and appropriateness of current single **outcomes** (including indicators) and HEAT **targets** to the addressing of food access and affordability and applying these to the setting of future outcomes and targets;
- encouraging and enabling locally a **long-term vision** of change that embraces informed and preventative expenditure;
- ensuring any long-term vision is accompanied by **long-term funding**, overseen by robustly constructed and applied performance management systems, eg. the creation of a national Food for Change Fund to markedly improve food access and affordability for Scotland's most vulnerable people; and
- highlighting and rewarding significant **exemplars** that involve community food initiatives improving food access and affordability in partnership with local authorities, NHS Boards or other appropriate agencies and structures.

OUTCOME: Engaged and informed local authority and NHS Boards with plans and structures to address food access and affordability that clearly identify a role for, and commitment to, a long-term contribution from community food initiatives.

Current situation

The community and voluntary sector contribution to and recognition of achieving local and national health improvement outcomes by local authorities and health boards is critical to a sustained and strengthened community food and health sector. In Dumfries and Galloway community based approaches are recognised as targeting specific individuals and communities to address health inequalities such as health and homelessness and training for vulnerable children around food preparation and nutrition ⁱⁱ

Risk to the current situation

Single Outcome Agreements should act as a bridge between national and local government, however the working group's experience is that this does not always happen. The group's collective experience is that the importance and relevance of food access and affordability is not always reflected in local plans.

"I am particularly pleased that there is recognition that we can't do things to communities; rather, we must work with communities, involving them in their priority issues and in identifying solutions. This is why the community food movement has such a pivotal contribution to make."

David Simmers, Chief Executive, Community Food Initiatives North East and member of the Leadership Forum, quoted in *Recipe for Success, Scottish Government 2009*



Case Study 2 - Lanarkshire Community Food and Health Partnership (LCFHP)

LCFHP has been working to promote healthy eating across Lanarkshire for the past 21 years. Run by a network of community groups the organisation is based in Bargeddie and currently supports 20 community run food co-ops and 19 fruit and vegetable stalls per week.

As well as the Community Co-op Network, LCFHP runs three other branded projects:

- **High Five for Fruit**, which operates in all 129 nurseries in North Lanarkshire, supplying free fruit to children and healthy eating advice to their parents, carers and nursery staff.
- **Fruit and Roots**, a social enterprise running fruit stalls in the three acute hospitals in Lanarkshire.
- **Bee Healthy**, one of the Scottish Government's eight pathfinder Healthy Weight Community Projects based in Viewpark Bellshill.

North Lanarkshire Council (NLC) has a [Diet and Nutrition Policy 2008 – 2012](#)² which sets out its commitment to health and wellbeing in North Lanarkshire:

"Improving diet and nutrition is a key aspect of the Council's commitment to improving health and wellbeing in North Lanarkshire, through its strategic outcome of more people able to make healthier choices for their diet and nutrition."

NLC collaborates with LCFHP, and other initiatives, to support projects addressing poor diet through community action.

CHALLENGE THREE

To ensure the community and voluntary sector (including social enterprises) has the individual and organisational **skills, knowledge and capacity** to deliver, or contribute to the delivery of, national and local outcomes at the required scale, reach and impact.

Recommendations from the working group:

A robust and effective community and voluntary sector requires the opportunity to acquire and sustain **capacity and skills** proportionate to the scale and complexity of the problem by:

- exploring the establishment of a **support model**, involving the public and private sector and trusts, along the lines of [Inspiring Scotland](#)³. This has clear potential links with the fourth recommendation under challenge two, a national Food Challenge Fund, with both requiring appropriate hosting/management.
- ensuring that any **learning is shared** and that opportunities to develop practice and build capacity are available and accessible across the country;
- boosting the awareness and take-up of **social enterprise** approaches where appropriate by community food initiatives; and
- exploring opportunities for community food initiatives to take advantage of the strengths of the **private sector** in addressing food access and affordability.

OUTCOME: increased availability, take-up, application and impact of **capacity building and practice development** opportunities by both individuals and organisations addressing food access and affordability.

Current situation

Capacity building is fundamental to encouraging and enabling local communities to address health inequalities for the most vulnerable. Community food initiatives contribute towards strong, resilient and supportive communities by adopting approaches that strengthen and increase their capacity to identify how the inequalities experienced can be addressed, and deliver activities that are relevant and likely to have an impact.

Support from national intermediaries and other models of support, to build the capacity of those involved in community food and health activity, are making a difference to improve practice on a number of levels (as reported by respondents to the evaluation of Community Food and Health [Scotland])ⁱⁱⁱ:

- on a **community level** through stronger networks, sharing learning and experiences, greater involvement in food and health activities, opportunities to develop joint work and collaborations with others;

- on an **organisational level** by being more able to meet the needs of communities, by delivering activities that increase the capacity, reach and resilience of organisations and by supporting skills to demonstrate their impact; and
- on an **individual level** by developing new contacts and networks, increased awareness, knowledge, confidence and skills and the ability to use them.

Risks to the current situation

As demand on the sector's ability to deliver services increases, the need for resources, opportunities and support to have the capacity to develop and deliver effective activities and practice is intensified. Intermediaries for example can play a key role in focussing, co-ordinating and targeting access to capacity building resources for all within the community food and health sector (as reported by respondents to the evaluation of Community Food and Health [Scotland])^{iv}.

“Enabling communities to help each other is vital to our aims ... equally important it has enabled communities to help government deliver on its vision for food and drink in Scotland.”

from ‘Ensuring food is available and affordable to all’, part of a leaflet series, produced for Recipe for Success

Case Study 3 - The Food Train

[The Food Train](#)⁴ promotes a community-based approach to health and social care through its grocery shopping, befriending and household support service for older people in Dumfries and Galloway. Its [preventative service](#)⁵ aims to support older people to live independently at home and addresses the difficulty of getting their weekly grocery shopping and the isolation that comes from failing health.

Learning from their approach, backed up by evidence from an [economic evaluation](#),⁶ has assisted the Food Train to promote and develop relationships with local authorities and NHS boards. This has led to the establishment of a new Food Train in West Lothian with support from central government.

As the service has grown and developed it was clear the Food Train needed to make some structural and governance changes. Applying for funding from The Third Sector Enterprise Fund (TSEF) promoting capacity building was viewed as ideal for this purpose. The Food Train received funding for an external advisor to steer the Food Train through the required changes to its structure and governance.



Appendices

Appendix One

Working Group members

The working group met in the offices of Consumer Focus Scotland, in Glasgow on 13 August 2010, 3 November 2010, 14 December 2010, and 2 February 2011.

Those invited to join the working group were:

Michelle McCrindle

Chief Executive, Dumfries and Galloway Food Train, and member of CFHS Steering Group

Lesley McCranor

Co-ordinator, Healthy Valleys, South Lanarkshire and member of CFHS Steering Group

Stella Stewart

Fife Council and community volunteer and member of CFHS Steering Group

Des Ryan

Chief Executive, Edinburgh Cyrenians and voluntary sector representative on National Food and Drink Policy Workstream Five

Ian Shankland

Co-ordinator, Lanarkshire Community Food and Health Partnership and community sector representative on the Food and Health Alliance

Invited to join the working group but unable to participate:

Dave Simmers

Chief Executive, Community Food Initiatives North East, Aberdeen and Scottish Government affordability champion and member of Leadership Forum.

The Working Group was chaired and supported by Community Food and Health (Scotland), who also provided development and administrative support.

Bill Gray, National Officer

Ger O’Riordan, National Development Officer (Engagement)

Alice Baird, Administrator/Information Officer

Scottish Government staff attended all or some of the sessions to assist the Working Group members in coming to their conclusions.

Jared Stewart, Policy Manager, Food and Drinks Industry Division

Amy Brown, Food and Drink Policy Officer

Helena Crow, Rural Social Research and Statistics

Appendix Two

Definitions used by working group

Food Poverty is an emotive term encompassing the impact on individuals, families and communities of a complex combination of barriers which at different times, in different locations and with differing consequences, inhibit a healthy and acceptable diet.

These barriers are both physical and psychological and include access, availability, affordability, assets, awareness, aptitude, abilities, attitude, culture and skills.

Tackling these barriers requires action from the public and private sector but a key role is played by **community food initiatives**.

Community food initiatives tend to be seen as part of the community and voluntary sector, but often work very closely with public sector staff from health boards and local authorities.

Community food initiatives view individuals, families and communities as part of the solution rather than part of the problem and tackle barriers in an inclusive and empowering way.

Community food initiatives contribute to the national effort to tackle not only health inequalities, but also social and environmental justice (a healthier, fairer, greener Scotland).

Community food initiatives undertake whatever specific activity best suits the individuals, families and communities they are working with and the circumstances they face. These include food co-ops; community cafés; older people's lunch clubs; community gardens; weaning initiatives; cooking classes; and whatever their imagination and enthusiasm can come up with, and which their evidence and experience suggests is making a difference.

Community food initiatives work not only with and within geographical communities (from a remote rural village to peripheral city housing) but also with communities of interest (homelessness, learning disability).

Community food initiatives can be working solely on food, concentrating on one activity or undertaking a range, through to having a completely different primary focus but using the medium of food to address one of their aims. Their work could range from 24/7 to temporary or even occasional involvement.

Community food initiatives are often part of formal or less formal networks and have developed a culture of sharing their experience and evidence.

The diversity and complexity of community food activity mirrors the diversity and complexity of the challenge they face. Whilst making simple definitions and even simpler statistics extremely difficult, their diversity and complexity is key to the enormous potential they hold in terms of contributing reach to national policies that cannot succeed without engaging with the whole country to achieve their objectives.

Appendix Three

Case studies from some working group members to illustrate activities that are addressing the challenges to food access and affordability.

Case Study – Healthy Valleys

Healthy Valleys, the Healthy Living Initiative for rural South Lanarkshire, is a partnership project that promotes positive lifestyles by utilising existing provision as well as working with other agencies and the community to provide new programmes of activity to meet the needs of the community. Its vision is to reduce health inequalities, promote positive lifestyles, and improve health and wellbeing.

CHALLENGE 1: to continue to forge mutually beneficial links between frontline hands-on activity around food and health and national policy making.

In Scotland, obesity currently costs £475million a year. Healthy Valleys has an important role to play and can reduce Government spending through its community-led healthy eating and physical activity programmes - 'promoting healthier lifestyles', contributing significantly to the Scottish Government's [Healthy Eating, Active Living: Action Plan 2008-2011](#) and [Preventing Overweight and Obesity Strategy](#).



'Promoting healthier lifestyles' has been achieved by the development of healthier eating programmes including:

- promotion of breastfeeding via health fayres;
- support to parents to develop healthy weaning practice consistent with health guidelines;
- 'Ready Steady get Cooking' sessions, which support P7 children to cook healthy recipes;
- 'Healthy Eating for Teenagers' designed by teenagers for teenagers; and
- 'Feeding the Family' a hands on cookery course that encourages parents and grandparents to cook nutritious meals for their families.

Monitoring and evaluation of the healthier eating programmes have evidenced the programme's achievements locally, which are contributing to national outcomes.

Community members have:

- increased their knowledge of food and nutrition;
- improved their knowledge of the benefits of eating a healthy, balanced diet;
- developed and enhanced their cooking skills;
- improved safe practice around food health and safety; and
- improved their confidence.

In addition, local volunteers and young people have successfully achieved certified training courses.

Grassroots is an early intervention project that supports the health needs of vulnerable pregnant women mainly around:

- diet and nutrition;
- supporting the development of parenting skills;
- smoking cessation;
- physical activity; and
- volunteer development.

Grassroots is delivered by volunteers with support from Healthy Valleys and mainstream services and has received funding from NHS Lanarkshire to deliver on CEL 36 priorities: to improve nutrition of women of child bearing age, pregnant women and children under five in disadvantaged areas. All 14 health boards in Scotland were asked to involve community based initiatives such as food co-ops, fruit and vegetables initiatives, and cookery clubs, particularly those involving women and children, to become an integral part of funded activities locally.^v

The manager of Healthy Valleys was also a member of the Scottish Government strategy group that developed the recently launched '[Improving Maternal and Infant Nutrition: A Framework](#)'⁷

So far this activity is showing that:

- Parents involved have increased confidence, self-esteem, knowledge and skills.
- A new support group for parents has been established and social networks have improved for all.
- Pregnant women are more informed of mainstream health services, receiving improved support and access to health care appointments and partnership working and communication with the Community Midwife Team has improved.
- The number of community-led health initiatives has increased and local people are more involved and engaged in their own communities.
- Increased awareness of health, including ante-natal care, breastfeeding, smoking, healthy eating and physical activity (programme health walks for families) pre, during, and post pregnancy.
- Increased access to leisure centres, transport and child care for vulnerable families.

- Increased number of volunteering hours.

Case Study – Lanarkshire Community Food and Health Partnership

LCFHP⁸ has been working to promote healthy eating across Lanarkshire for the past 21 years. Run by a network of community groups, the organisation is based in Bargeedie and currently supports 20 community run food co-ops and 19 fruit and vegetable stalls per week.

North Lanarkshire Council has a 'Diet and Nutrition Policy 2008 – 2012' that sets out its main strategic objectives and an action plan which outlines support to and partnership with LCFHP:

- to provide fresh fruit and vegetables, as well as deliver a range of healthy eating activities, to children, parents and families;
- to support the work of community cafés, food co-ops, and other community food and health initiatives by, for example, providing kitchen equipment and expert advice and training;
- to provide support for the development of healthy living projects, with improving diet as their key aim; and
- to ensure that diet and nutrition is central to wider plans for social inclusion and community regeneration.

CHALLENGE 2: To encourage (lever) and sustain (audit) the recognition and exploitation of the contribution of the community and voluntary sector (including social enterprises) to delivering national and local outcomes by local authorities and NHS boards.

Four branded and linked projects:

Fruits and Roots⁹ – a social enterprise that supplies and operates fruit and vegetable stalls in 34 locations and was evaluated through Glasgow University.

High Five for Fruit – in 2009/10 supplied 129 partnership nurseries with fruit and vegetables and ran 225 healthy eating activities and advice sessions for nursery staff, children and their parents/carers. Evaluated in partnership with Glasgow University.

Community Programme – LCFHP supports:

- 20 community run food co-ops;
- 19 fruit and veg stalls in NLC educational establishments;
- Five community cafés; and
- 112 other initiatives aimed at improving the health of people in



Lanarkshire through dietary change.

Bee Healthy¹⁰ - one of the Scottish Government's eight pathfinder 'Healthy Weight Communities', based on a successful French initiative, EPODE, addressing the wider issues of healthy weight from a community point of view. Bee Healthy is based in the Viewpark area of Bellshill. The project is managed by LCFHP on behalf of the Project Steering Group, consisting of partners from North Lanarkshire Council, NHS Lanarkshire and other bodies.

LCFHP has worked with CFHS, the Scottish Government, the Scottish Grocers Federation (SGF) and other community food networks to roll out the SGF Healthy Living Programme to community food co-ops, community food outlets, and local independent retailers. 'Working Better Together' in partnership with SGF to sell fresh produce to independent convenience stores is a stream of LCFHP's social enterprise work.

Case Study – The Food Train

The Food Train, based in Dumfries and Galloway was founded to enable older people to remain independently at home by ensuring they get supplies of fresh groceries delivered weekly, reducing the burden on carers while also bringing welcome social contact and friendship.

- Seven local bases
- 280+ volunteers
- 17,000 deliveries
- 650 older people

CHALLENGE 3: to ensure the community and voluntary sector (including social enterprises) have the individual and organisational **skills, knowledge and capacity** to deliver, or contribute to the delivery of, national and local outcomes at the required scale, reach and impact.

The project generates income from service charges without disadvantaging the poorest older people. The criteria for accessing services from the Food Train are open and flexible making services barrier-free for older/disabled people to access.

The Food Train service enables older people to 'live longer, happier lives' and has been found to be an effective means for engaging with older people and other local public and third sector organisations. This activity not just benefits the health and wellbeing of older people, but helps partners meet their strategic objectives. The Food Train is meeting national outcomes within current national policy such as Equally Well, Healthy Eating, Active Living (HEAL), All our Futures, etc.



An economic evaluation and learning from this model has assisted the Food Train to promote and develop relationships with local authorities and NHS boards. The service has evaluated as very cost-effective, enabling older people to maintain their health longer, reducing dependency on others and other services. This has led to the establishment of a new Food Train in West Lothian. A small staff team are focusing on developing and supporting new services, providing induction, training, policy, governance, financial and legal guidance, human resources and practical support necessary to be up and running effectively.

As the service has grown and developed it was clear the Food Train needed to make some structural and governance changes. The Third Sector Enterprise Fund (TSEF) has assisted in building capacity and professionalising the social enterprise sector. Successfully applying for funding from TSEF for an external advisor to steer the Food Train through the required changes to their structure and governance was seen ideal. The Food Train clearly identified what aspects of capacity building required to be addressed and developed an action plan. The funding process was short, clear and simple and monitoring of the fund award was carried out with a light touch, based on clear outcomes.

References

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- ⁱ Evaluation of Community Food and Health (Scotland) pages 26-28
 - ⁱⁱ Dumfries and Galloway Single Outcome Agreement 2009-2011
www.dumgal.gov.uk/CHttpHandler.ashx?id=216&p=0
 - ⁱⁱⁱ Evaluation of Community Food and Health (Scotland) pages 58 – 63.
 - ^{iv} Evaluation of Community Food and Health (Scotland) page 62
 - ^v CEL 36 letter
www.sehd.scot.nhs.uk/mels/CEL2008_36.pdf

Images in this document are of:

Dr Bells Family Centre, Edinburgh Cyrenians, Sikh Sanjog, Urban Roots, East Craigs Food Co-op Bridging the Gap, Healthy Valleys, Lanarkshire Community Food and Health Partnership, The Food Train