

**Case Study Submission / Interview Proforma**

<b>About You</b>	
1.	<b>Name</b>
	Victoria Hamlett
2.	<b>Your Employer / Organisation</b>
	Tameside Council, Greater Manchester
3.	<b>Your Position</b>
	Project Lead. Public Health Programme of the Population Health Team
4.	<b>Your E-Mail at Work</b>
	victoria.hamlett@tameside.gov.uk
5.	<b>Your Address at Work</b>
	1 Marketplace Ashton under Lyne. OL6 6BH (though most staff now work from home)
6.	<b>Your Telephone Number at Work</b>
	01613422865
7.	<b>Your Role in the Project</b>
	Project Lead
<b>An Introduction to the Project</b>	
8.	<b>Please provide a short summary of the project (up to 100 words would be ideal)</b>
	The Slow Cooker Project arose from the need to assist the rising number of vulnerable families in Tameside facing food and fuel poverty post Covid and in a deepening cost-of-living crisis. Working through a referral-based system, the project is providing slow cookers and starter kits to those in need in the Tameside area. Using a slow cooker allows for more energy efficient cooking and has been found to allow and help the households involved to opt for healthier and more budget friendly meal choices.
9.	<b>Does the project have specific aims and/or objectives? <i>If so, please add to the box below.</i></b>
	The aims of the project were:
	To work in partnership with key services and other professionals to identify vulnerable residents experiencing or at risk of experiencing food poverty and food insecurity due to increasing cost of living.
	To provide a more energy efficient cooking method to reduce fuel and food poverty by distributing slow cookers of varying sizes to qualifying Tameside residents.
To provide advice and support on eating well and reducing energy bills, plus signposting for further support.	

	To build rapport and relationships between the Tameside residents and Tameside support services.
10.	Does the project have a title? <i>If so, please add to the box below.</i>
	Slow Cooker Project – One Pot at a Time
11.	Has it finished? Is it on-going? Does it have an end date? <i>Please add dates to the box below.</i>
	The project is on-going.
12.	Which groups of people, if any, are targeted by the service provided?
	Residents of Tameside living with or under threat of food and fuel poverty.
13.	How many people have been served by the project?
	Aims to supply over 400 households within the initial funding, by summer 2023 the project has supported 282 households.
14.	Where is it delivered?
	Tameside, Greater Manchester, which is predominantly urban.
15.	When did it start?
	Project planning started at the mid-October 2022, went live start of December 2022
<b>The Initial Idea</b>	
16.	Who had the initial idea?
	The Tameside Food Partnership in consultation with professionals and volunteers across Tameside.
17.	How did the idea for the project come about?
	Consulting with professionals revealed a rapid response was required to growing food and fuel poverty. The consulted volunteers and professionals had noticed that many families were not cooking or eating well due to rising food and fuel prices.
18.	Did you draw on any published reports / papers / research evidence or practice you had seen elsewhere to inform your plans? <i>If so, please add details to the box below.</i>
	Not formally. The formation of the Slow Cooker project was initially a rapidly organised response to a crisis. A literature review was conducted but academic evidence was lacking.
19.	Who was involved in developing the initial idea of the project?
	Public Health and the Tameside Food Partnership along with volunteers and professionals who also had early input to the project's development. Residents with lived experience fed informally into the idea at this stage through professionals advocating for residents who they already work with and understood what support residents needed in practical terms.
20.	Were those with lived experience of poverty involved in developing the initial idea of the project?
	No, due to the rapid response time lived experience was not involved directly in developing the initial idea. Professionals and volunteers advocated for those

	with lived experience as they understood resident's situation and what practical support was needed.	
21.	What funding was used, if any, to support the development of the initial idea of the project?	
	One-off funding through the council.	
22.	What in-kind resources were needed when developing the initial idea of the project?	
	Facilities	N/A
	Equipment	N/A
	Local Knowledge	N/A
	Food and Drink	N/A
23.	What, if any, barriers did you have to overcome when developing the initial idea of the project?	
	The existing evidence on the positive effects of the provision of slow cookers for the specific demographics the project was aiming to support was lacking. This is why the Slow Cooker Project is focusing heavily on in-depth evaluation.	
24.	What, if anything, was helpful when developing the initial idea of the project?	
	To inform the Slow Cooker Project, the Tameside Food Partnership conducted a grey literature review in the absence of academic evidence. This provided insight into food poverty projects that were often one-off projects. Whilst the reasons behind the projects not having been able to sustain their work are unknown, the examples were often noted to be of one-off situations and not ongoing projects. This informed the business case, the project plan and the presentations to the Directors of Public Health for their approval.	
25.	What was the timeline between the initial idea and the start of the project?	
	Around a month and a half (mid-October to start of December). The project materialised quickly due to the mounting need.	
26.	Who made the decision to introduce the project?	
	Director of Public Health	
<b>Accessing the Service and Engaging with Service Users</b>		
27.	Is there a referral process? If yes, how does the referral process work (self-referral, referred by other agencies, identified from an existing database)	
	Yes. Professionals and volunteers working with families and individuals assess their needs and complete a referral form for a slow cooker and/or a starter kit. The project checks for more than one referral and then sends an acceptance email, after which they inform the professional where they can collect the slow cooker and/or starter kit. Those requiring starter kits tend to often be in very difficult circumstances such as fleeing domestic violence or having been made homeless at short notice.	
28.	How are potential clients made aware of the project?	
	Through contact with professionals and volunteers. The project is not publicly advertised due to limited resources.	
29.	How do you keep in touch with service users? Do your service users have a preferred method of contact?	

	Professionals and volunteers often keep in touch to support those who receive a slow cooker. Some residents consent to a follow up evaluation survey created by Tameside Food Partnership. One of the questions on the questionnaire asks if the recipient of the slow cooker would like to take part in cooking courses, which is another way that can result in ongoing contact with service users.
<b>Working With People with Lived Experience of Poverty</b>	
30.	Are those with lived experience of poverty involved in <u>delivering</u> the project? <i>If so, please describe below.</i>
	Some of the volunteers have lived experience.
31.	Are people with lived experience of poverty involved in <u>managing</u> the project or project governance? <i>If so, please describe below.</i>
	No.
32.	Are people with lived experience of poverty involved <u>in any other aspect</u> of the project? <i>If so, please describe below.</i>
	Volunteers with lived experience may be involved with families in various capacities. One group of residents who have received slow cookers have formed a slow cooker cooking group at which they share recipes with each other.
<b>Leadership, Governance and Partnership Working</b>	
33.	Who is responsible for managing the project?
	Victoria Hamlett (Project lead and day to day running) and Debbie Watson (Director of Public Health)
34.	Is this the only responsibility of the person managing the project? <i>If not please describe the manager's wider roles and responsibilities.</i>
	Victoria Hamlett is also the Public Health Programme Officer. She oversees tobacco control, food nutrition and healthy weight – which involves food poverty. She also works on Healthy Start and other food poverty/insecurity work which can involve linking in with local food banks and food pantries.
35.	Is there a Project Steering Group? <i>If yes, who is involved in this and how does it work.</i>
	Yes, The Tameside Food Partnership.
36.	If there is no Steering Group, what governance arrangements are in place to review strategy and performance?
	Information governance ensuring confidentiality.
<b>Links to Wider Policies, Strategies and Statutory Requirements</b>	
37.	Is the project part of a wider anti-poverty strategy? <i>If so, please give details.</i>
	The project falls within the six components of the Tameside Food Partnership strategy – one of which is food poverty.
38.	Is the project part of any other strategy? <i>If so, please give details.</i>
	It ties in with the Tameside Council's 'Helping Hands – One Pot at a Time' campaign. This initially featured online resources for those struggling with the cost of living. One such resource offered information and advice on energy saving – for instance how to use a slow cooker with recipes and cooking times

	provided. The latter had been developed with the support of and tested by the Children's Nutrition Team.	
39.	Is the project delivering a service that is a statutory commitment. <i>If so, please give details.</i>	
	No.	
<b>Funding</b>		
40.	Who funds the project? <i>Please give details.</i>	
	Tameside Council through Tameside Population Health Department.	
41.	How is the project funded?	
	One off payment from Tameside Council.	
42.	How much does the project cost?	
	£20,000	
43.	Is future funding based on pre-agreed outcomes or outputs being delivered?	
	No.	
<b>Staffing and Resources</b>		
44.	Which partners are involved in delivering the project (local authorities, organisations, community groups, etc.)?	
	Public Health colleagues, Public Health student placement, youth justice service, family nurse partnership who supports under 18s who are pregnant, children's social care, Active Tameside the local leisure provider, schools, Home Start, food banks, Action Together, paid Carers, landlords, drug and alcohol services, Citizens Advice and others.	
45.	Which paid staff are involved in delivering the project?	
	Each staff member is already paid for their own roles in Public Health – no extra is paid to be a part of this project.	
46.	Are volunteers involved in delivering the project? <i>Please describe their role and their contribution.</i>	
	Yes, they deliver slow cookers to residents they are working with, and some have gone on to form cooking classes with their residents/groups.	
47.	What in-kind resources do you need to deliver your project?	
	Facilities	Use of storage areas in local locations is donated
	Equipment	Food waste bags and starter kit carrier bags
	Local Knowledge	Yes
	Food and Drink	
48.	For each of the in-kind resources listed above, who provides it?	
	Facilities	Various businesses and council contacts
	Equipment	Waste Disposal Team and local business
	Local Knowledge	A range of professionals, volunteers and local people
	Food and Drink	

49.	Did you have to buy or develop new IT systems, software (databases, apps) or technology to deliver your project? <i>Please describe below.</i>	
	No. Existing technology was used.	
50.	Was additional staff training required to deliver your project? <i>If so, please describe.</i>	
	Referral process was explained to any service that became referrers.	
<b>Monitoring and Evaluation</b>		
51.	What information, if any, do you collect about your project?	
	Number of users	Yes
	Profile of users	Demographics
	Experience of users	Yes, collects anecdotal evidence and surveys residents supported through the project as well as surveying professionals who support those residents
	Anything else	Data is collected on whether the project is reducing the pressure of the cost-of-living crisis, and are the households involved eating more healthily.
52.	How often is data collected? Who collects the data?	
	The collection is on-going and can start as early as three months after recipients have their slow cooker.	
53.	Do you have baseline data on what things were like before the start of the project or before users started the project? <i>Please describe the type of baseline data that you have.</i>	
	No.	
54.	Do you produce an annual report? <i>Please provide details of what this includes.</i>	
	Not yet.	
55.	In what ways, if at all, do you use the data that you collect to adapt the service that you provide?	
	Taking note of the size of slow cooker, so it can be gauged if the most appropriate size was given. Noting who does not need a starter kit helps to save resources to redirect for those in greatest need.	
56.	Have you employed an external organisation to formally evaluate your project? <i>If yes, please provide details.</i>	
	No.	
57.	If yes, in what ways, if at all, have you used the External Project evaluation to adapt the service that you provide.	
	No.	
58.	Do you intend to employ an external organisation to evaluate the service that you provide in the future? <i>If yes, please provide details.</i>	
	No.	
<b>Reach and Impact</b>		
59.	What difference has the project made?	

	<p>The following exemplifies the impact the project has had so far:</p> <ul style="list-style-type: none"> <li>- The project has so far supported 282 households with a slow cooker and some of those households were also provided with a starter kit. 61% of these are in the most deprived neighbourhoods (IMD 2019)</li> <li>- <ul style="list-style-type: none"> <li>- The project has supported 398 children under the age of 18, and 75 households with children under four are recorded as using slow cookers now. 75 single person households have been supported.</li> <li>- 60% of households involved in the questionnaire felt confident they could make warm meals without worrying about fuel prices.</li> <li>- 100% of those who responded to the questionnaire said they were eating more healthily, and 77% said they were eating more fruit and vegetables.</li> <li>- 88% of residents involved expressed recipe book was useful and had found other recipes from different sources, 77% are now more aware of batch cooking, and 88% said the slow cooker project has helped them to eat well for less and will continue to use slow cooker.</li> <li>- Of those who participated in the survey, 44% improve cooking knowledge, 33% eat fewer ready meals and have improved their recycling knowledge.</li> <li>- Professionals noticed families have more positive relationships sitting down to eat together. Overall, professionals also noticed an improvement in the families' nutrition and in families eating adequately.</li> <li>- Of the professionals involved, 77% thought perceptions of the council with residents supported through the project had improved with families more open to accept help and support.</li> </ul> </li> </ul>
60.	<p>How do you know this? What evidence demonstrates impact (metrics, interviews, feedback)?</p> <p>Quantitative data as well as anecdotal evidence gathered through evaluation done by professionals who work directly with the recipients of the slow cookers. Such anecdotes regularly refer to cooking from scratch, eating healthily, using or developing cooking skills and being able to budget for food that feeds more people than takeaways or ready meals.</p>
61.	<p>To what extent have the aims of the project been achieved?</p> <p>The aims have been achieved in that the slow cookers have been purchased and distributed to those most in need and 95% of professionals working with recipients of slow cookers feel those families benefitted from the advice and support. Building trust and rapport with residents has been achieved as well.</p>
62.	<p>How, if at all, have conditions changed since the project was introduced?</p> <p>The referrals have slowed down over the summer, indicating that the need and use of slow cookers is more likely in the colder seasons.</p>
63.	<p>If yes, has the project had the capacity to meet these changing conditions and demand? <i>Please describe and explain below.</i></p>



	<p>The project is on-going and has resources to assist families and individuals coming into the autumn 2023. Its longevity is reliant on resources and will end once resources are all used up.</p>
<p>64.</p>	<p>Has the project had any unexpected or unintended outcomes? <i>If so, whether positive or negative, please describe.</i></p> <p>One elderly resident explained that now they did not have to use their conventional cooker/oven, they were less likely to burn themselves. Apart from this anecdotal evidence, it is too early to say if there are unexpected or unintended outcomes.</p> <p>Other feedback from residents who accessed the project at the time of the SPIRU interview:</p> <p>Learning to cook new meals, and enjoyable meals for my fussy children”</p> <ul style="list-style-type: none"> <li>• “Lower energy costs”</li> <li>• “I've built-up confidence and belief that I'm able to do more meals instead of thinking I'm unable to do it, it's definitely something I would recommend again”</li> </ul> <p>Feedback from professionals based on the changes they have seen from residents supported:</p> <ul style="list-style-type: none"> <li>• “Good resource for the families we support. Quick and easy recipes to use at a low cost. Healthy, hearty and nutritional meals”</li> <li>• “The clients are eating healthier and are enjoying trying new recipes in the slow cooker, it has improved how they feel and enjoy telling people in other groups what they have made in the slow cooker so others can try”</li> <li>• “This family lived off takeaway, the financial burden of this was clear. The slow cooker was a welcome addition to the family, it is in daily use”</li> <li>• “The family were struggling with the increased fuel costs and had decided not to use their oven anymore. The family now use the slow cooker to batch cook meals and freeze them to use later. They have also told me they are now cooking with more vegetables.”</li> <li>• “The children have joined in with preparing the meals and the booklet provided gave them a chance to make different meals. The mum reported that she has managed to reduce her shopping bill slightly and she puts this down to having the slow cooker and enjoying a meal that is made in one appliance and they all eat the same meal.”</li> <li>• it has really improved his confidence with cooking. He is taking pride in making meals independently whilst he relied heavily on his Support Workers previously.”</li> <li>• “The person I obtained it for refused to pay for gas due to the cost, this impacted upon the quality and variety of food he could eat, this provided a great option. it also showed that the council and people working with him are supportive and responsive to his needs.”</li> </ul>
<p>65.</p>	<p>In your opinion, is the project having an impact on tackling child poverty? If so, please describe in what ways.</p>



	Yes. The project has supported 398 children under the age of 18. The professionals on the project observed the involved families eating more adequately, and an improvement in the involved families' nutrition. Slightly over half of the professionals believed these improvements will be sustainable.	
<b>Learning from Experience</b>		
66.	What is working well?	
	The project has received very positive feedback from professionals and slow cooker recipients alike.	
67.	What, if anything, is working less well?	
	The slow cookers cannot be stored in one location and therefore those collecting and delivering the slow cookers sometimes must travel further to collect the right size cooker. Professionals delivering slow cookers to families need to gain informed consent on evaluation form, otherwise valuable opportunities to review the progress and outcomes for families can be lost.	
68.	What are the key learning points that you'd like to share with other practitioners? For example, is there anything that you would do differently?	
	Ensuring the completion of the professional evaluation and the resident evaluation is important. Professionals can notice aspects and improvements/changes that the families themselves do not notice. Ensure localities have sufficient storage for the slow cookers. Be sure to manage stock and expectations for delivery by promoting accordingly.	
69.	What plans do you have to develop or expand the project in the future?	
	Expand the slow cooker network by providing learning and outcomes to other areas/services who want to deliver their own slow cooker project.	
70.	How easily do you think your project could be replicated in another setting?	
	Yes, it could be replicated with enough funding and working with partnerships.	
<b>Social Media and Further Information</b>		
71.	Please enter social media contact details and weblinks to supporting documents or resources below:	
	Web Pages	No
	Facebook	No
	Instagram	No
	Twitter	No
	Tik-Tok	No
<b>GDPR Consent (Please state yes or no in the box)</b>		
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