

The Feeding Recovery Handbook

A **guide** for local services to undertaking **successful cooking** and eating activities.

ALCOHOL
CHANGE^{UK}



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Introduction

Choosing the right words

In this document we have tried to use language that is clear and understandable, and that avoids blaming or stigmatising anyone. In particular, we have not used the terms “alcohol misuse” or “alcohol abuse” unless we are directly quoting others. As the Scottish Drugs Forum have noted, the terms “misuse” and “abuse” can be “judgemental, moralistic and inaccurate” and suggest that the use of alcohol or any other drug by some people is “wholly distinct from other people’s use of the same substance”.¹

We also know that services sometimes struggle to find the best words to describe the people they support. They seek to avoid terms that define people by the problems in their lives – such as “addicts” or “alcoholics”; but more recent terms like “clients” and “service-users” don’t always feel quite right. This has in turn led to the use of “people-first language”, such as “people who use alcohol”; although this can lead to longwinded terms which then get shortened into acronyms, thereby undermining the original intention.² Given that Feeding Recovery is a project with hospitality at its heart, we have referred in this handbook to the people accessing the services at the two project sites as “guests”.

That said, any advice about terminology has to come with one big caveat: people must be free to talk about their own lives in their own words.³ That may include terms and statements that practitioners consider self-stigmatising but which people feel comfortable with, or even empowered by, using about themselves.⁴

How to use this handbook

Feeding Recovery is an Alcohol Change UK project that is about more than alcohol. It is about the poor nutrition and social isolation that often go hand-in-hand with alcohol problems; and about how connecting with others around food can promote wellbeing and reduce harm. It offers a model for services supporting people facing a range of challenges and obstacles in their lives, not just alcohol issues.

In this Feeding Recovery Handbook, we have drawn on our own research and that of others, and above all, on the views and insights of people with direct personal experience of the issues we are seeking to address. We have brought all this together to produce a guide for local services on how to undertake successful cooking and eating activities.

Different readers will want different things from this handbook. You may wish to read it from cover to cover; or you may be looking for particular information. To help you find what you need, we have divided the Feeding Recovery Handbook into five sections:

- **Understanding the issues:** In this section, we explain why we did the Feeding Recovery Project, and what the research evidence tells us about the complex interface of food and alcohol in people’s lives. If you want to understand the issues in depth, this is essential reading.
- **What we did:** Here, we set out a short summary of the project methodology.
- **What we learned:** In this section, we summarise what we found out during the Feeding Recovery Project and how it can be applied by local services. If what you need is practical advice on how to run a lunch club or cookery group, start here.

- **Discussion and conclusions:** Here, we weigh up some of the big ideas that came out of the Feeding Recovery Project, and look briefly at one alternative model.
- **Example recipes:** A few simple meal ideas to help you get started.

This is the first edition of the Feeding Recovery Handbook. We hope that it will not be the last, and that we will be able to improve it over time as we learn more. If you have any comments or questions about this document, or if you think there is anything we need to add, remove or amend in future editions, please get in touch. We have made the handbook available to download from our website free-of-charge in English and Welsh, and we welcome feedback in either language.

The project partners

The Feeding Recovery Project has been led by Alcohol Change UK, funded by the Welsh Government, and delivered in partnership with Barod and the Nelson Trust.

Alcohol Change UK



Alcohol Change UK works to end alcohol harm in the UK. It creates evidence-driven change by working in five key areas: improved knowledge and understanding of alcohol, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and

better support and treatment for people experiencing alcohol problems.⁵

Barod



Barod is a Welsh charity with more than fifty years' experience of

providing support, information and advocacy for people who are vulnerable and marginalised by their own or someone else's drug and/or alcohol use.

Barod believe that individuals and their experiences are unique and that everyone is entitled to respect and dignity; and that by making small changes, people can see big improvements to their health, relationships, and other important areas of their lives.⁶ Barod's centre in Swansea was one of the two project sites.

The Nelson Trust



The Nelson Trust was founded in 1985.

Their women's community services are delivered across Wales and the southwest of England and offer trauma-informed, gender-responsive and holistic support for women and their families. They also deliver drug and alcohol rehabilitation services, both residential and in the community. Their strength-based and collaborative approach means they view women as human beings first and foremost: not just someone with needs and risks, but as someone with strengths, interests, personal experiences and goals.⁷ The Nelson Trust's women's centre in Cardiff was the second project site.

The project advisors

Throughout this project, we have been guided by the guests at the two project sites, who have shared with us their own first-hand knowledge for the benefit of us all.⁸

We have also been glad to be able to draw on the expertise and experience in the field of food and nutrition of our professional advisory group:

- **Jo Smith**, Consultant Dietitian, Teesside University
- **Dr Jacinta Tan**, Consultant Psychiatrist (retired) and former advisor to the Welsh and Scottish Governments on eating disorders, Penarth
- **Elizabeth Williams**, Lead Public Health Dietitian, Swansea Bay University Health Board.

Understanding the issues

In this section, we explain why we did the Feeding Recovery Project, and what the research evidence tells us about the complex interface of food and alcohol in people's lives. If you want to understand the issues in depth, this is essential reading.

What makes an alcohol problem?

Alcohol is a presence in the lives of everyone in the UK. Even if we're not part of the approximately 80% of the population who drink alcohol, we will feel its effects on those around us, on our relationships, and in our communities.^{9, 10, 11} Alcohol has been paradoxically described as "the drug that most people use, has the greatest number of perceived economic and social benefits and yet also has the greatest number of consequences when overused".¹² Deciding at what point alcohol consumption – our own or anyone else's – becomes a problem is far from simple and is often a somewhat subjective and personal judgement.

Since 2016, the UK's Chief Medical Officers (CMOs) have recommended that "it is safest not to drink more than 14 units a week on a regular basis" – equivalent to around a bottle and a half of wine or five or six pints of beer or cider a week. In this context, "safest" means keeping the risk of dying from an alcohol-related condition below 1% over a lifetime.¹³ Regularly drinking more than the recommended weekly maximum is categorised on a scale of risk as either "hazardous", "harmful", or "dependent".¹⁴ However, although these categories are sometimes defined in terms of amounts of alcohol consumed, counting units of alcohol can never tell us the whole

story. As the UK CMOs have acknowledged, the "actual risk [from alcohol] faced by any particular person can...be substantially altered by a number of factors".¹⁵

Alongside this, different people will have different ideas about what constitutes an acceptable level of risk and harm.

If we look at the Alcohol use disorders identification test (AUDIT) questionnaire, we can see the importance of subjective experiences of alcohol, such as whether someone has a "feeling of guilt or remorse after drinking"; and of the social consequences of alcohol use, such as having "failed to do what was normally expected from you because of your drinking".¹⁶ Similarly, NHS England advise that "you could be misusing alcohol" if you "feel you should cut down on your drinking", if "other people have been criticising your drinking", or if you "feel guilty or bad about your drinking".¹⁷

Considering all this, it's hard to avoid the conclusion that an alcohol problem occurs when alcohol becomes a problem for someone and/or for those around them. Add to that the reality that "many people move between different ways of drinking throughout [their] life course, going from heavy drinking to mild, moderate, and severe dependence and back again, with periods of abstinence", and we can see how difficult it is to say what an alcohol problem is and who has one.^{18, 19}

These are some of the reasons we didn't set any particular criteria – in terms of levels or patterns of alcohol use – for people to contribute their views and experiences to the Feeding Recovery Project. If people had something to say, then we wanted to hear it.

If people had something to say, then we wanted to hear it.

Disordered eating and eating disorders

It is estimated that at least 700,000 people in the UK have an eating disorder, and even this figure is likely to be a substantial underestimate, since it is based only on hospital admissions for conditions such as anorexia nervosa and bulimia nervosa, for which there are specific diagnostic criteria.^{20,21} These diagnosable eating disorders sit within a broader context of a range of disordered eating patterns that do not necessarily match a standard diagnosis.^{22, 23}

A 2023 survey found that only one in five adults in the UK feel they have a consistently healthy relationship with food.²⁴

Changes in eating habits and greater availability of energy-dense food, alongside an ever-increasing variety of weight-loss programmes, have left many of us eating in ways that make us neither happy nor healthy.^{25, 26, 27} It was partly in recognition of this that the Welsh Government's 2018 Eating Disorder Service Review recommended taking a broad and inclusive approach to identifying eating issues, responding to "anyone in distress" about their own or someone else's eating, and supporting them to find the right help, even if a specialist eating disorder service is not what they need.^{28, 29}

We took a similarly broad and inclusive approach to eating behaviours during the Feeding Recovery Project. Just as we did with people's alcohol use, we did not specify that we wanted to hear from people with any particular eating patterns or with diagnosed eating disorders: if people were taking part in cooking and/or eating activities at one of the two project

sites, and were willing to share their thoughts with us, we were ready to listen and learn.

Alcohol and undereating

Much of the discussion about food in our society is focussed, quite understandably, on how to help people lose weight and/or avoid weight gain.^{30, 31} Alcohol is a calorific liquid, and its disinhibiting effects can lead to overeating, making it a factor in weight gain for many people.^{32, 33} The UK Government Office for Science has listed "reductions in alcohol consumption" as one of several "challenging alterations to diet" needed to reverse the rise of obesity in this country.³⁴

On the other hand, heavy alcohol use is often associated with undereating. This may manifest as Food-Restricted Alcohol Consumption (FRAC) – sometimes known as "drunkorexia" – by which people occasionally abstain from food prior to a drinking session to reduce their total calorie intake.^{35, 36} The most obvious risks of FRAC are short term – such as nausea and vomiting – but there are more profound and persistent risks to the health of people whose alcohol use and resultant undereating are more chronic.

The World Health Organisation (WHO) describes dependence on alcohol (or any other substance) as a situation in which "the use of a substance takes on a much higher priority than other behaviours that once had greater value", leading to a "progressive neglect of alternative pleasures or interests".³⁷ One of the first "alternative pleasures or interests" that alcohol displaces is food.^{38, 39, 40} People who are alcohol-dependent are often underfed, underweight and malnourished; and the severity of undereating seen amongst some alcohol-dependent people certainly matches the NICE description of eating disorders as a "persistent disturbance of

eating...which leads to altered intake or absorption of food and causes significant impairment to health and psychosocial functioning".^{41, 42, 43, 44, 45} The social isolation often associated with alcohol-dependency further reduces social incentives to cook and eat, and disrupted eating is particularly common amongst alcohol-dependent drinkers who are otherwise vulnerable and isolated, such as those who are homeless.^{46, 47, 48, 49, 50} Alongside this, the adverse childhood experiences (ACEs) that underlie many unhealthy alcohol use patterns are also known risk factors for disordered eating.^{51, 52, 53, 54}

As well as being problematic in itself, undereating can worsen the harm caused by alcohol. Alcohol-dependent drinkers are at risk of a range of gastric and malnutrition disorders and are at particular risk of alcohol-related brain damage (ARBD) – a cluster of dementia-like symptoms resulting from the combined effects of Vitamin B1 (thiamine) deficiency and alcohol toxicity.^{55, 56, 57, 58, 59, 60, 61}

Problems with alcohol and food are not confined, however, to people who are alcohol-dependent, and several studies have found that use of alcohol and/or other substances more generally is often associated with disordered eating.^{62, 63, 64, 65, 66} In 2019, Alcohol Change UK commissioned researchers from Swansea University to interview people who were accessing support at Barod's centres in south Wales, about their relationship with food. The researchers found that, "no matter the level of severity or stage a person's...misuse of alcohol (or other substances) [had reached], food and nutrition often became a secondary consideration to them and was consequently not prioritised".⁶⁷ Interviewees identified a range of reasons why they were eating less (or not eating at all) during periods of alcohol use, and

these reasons are worth examining in some detail.

A lack of desire for food was a common theme:

- "I think you lose the motivation to want to [eat], like."
- "The more I drink, the less I want to eat. I've just got no appetite."
- "I'll [intend to] have something to eat, and it never happens. Once you start that drinking again, the hunger pains, pains where you think, oh, you're starving, [are] just gone."⁶⁸

Part of this was that drinking alcohol left some feeling too full, too unwell, or too lethargic to eat:

- "I'm, like, feeling horrendous and don't want to eat."
- "When I'd had a drink...food wasn't something that I wanted. I just felt sick all the time."⁶⁹

Some said that alcohol deprived them of the daily routines that often provide a framework for regular eating:

- "I'd drink and I wouldn't eat, because I couldn't be bothered. And that became my lifestyle...Some days I'd have a drink, wouldn't want to eat, and [I'd] drink more."
- "I get hungry. Don't get me wrong, I do get hungry, but your body...there's no rhythm, and now I think...my body doesn't really know what to do with regular eating, you know?"⁷⁰

Or recognised that alcohol had simply become more important to them than food:

- "When I was in my worst place with alcohol, it basically became my life...I'd rather drink than eat."
- "Whatever you're dependent on is feeding you. That's sustaining you rather

than food, isn't it? I didn't get anything from eating."

- "I just stopped...I didn't want to eat. Mentally, the drink was my food. That was my food."⁷¹

Some even found that their drinking had changed the physical experience of eating, making food unappealing to them:

- "[Food] tastes like cardboard...You don't ever get that pleasure of eating again, because it's still like, urgh, you know?"
- "What I found different was [food] didn't taste the same, and it's probably the same [food] that I've eaten over the years. Nothing's changed. It's only me that's changed...I could sit in a room and wait until my wife went out and [the food] would be straight in the bin."⁷²

Unsurprisingly, several saw their lack of enthusiasm for food as part of their more general pattern of low self-esteem:

- "You're punishing yourself somehow, aren't you?"
- "It's about your core beliefs...I mean believing you're not worthy and that."
- "I think a lot of us like to, rather than comfort eat, comfort drink."⁷³

Significantly, however, as well as describing the diminished role of food in their lives, interviewees often expressed a longing to eat more and better food, and, in particular to reconnect with the social aspects of eating. The importance of recognising and nurturing this latent desire to enjoy shared meals is what we'll be looking at in our next two sections.

Food as a route to recovery

The Swansea University researchers found that several people they interviewed who had succeeded in reducing their substance use or abstaining altogether said that cooking and eating was an important part of that:

- "When you're stripped [of your substance use]...you're taking away something that you're doing every day. So, you've got to fill the void. So, you're looking at hobbies and basic things, you know, and just cracking on with your life, basically. But with cracking on with your life... what comes alongside that is, like, right, let's eat healthily again...So, that's why I personally think I really looked into nutrition and eating healthier."
- "Yeah...[it's] about filling the void...get[ting] back to the person that you once were, or better, [being] yourself again. Food does play a big part in that. It does play a huge part in that."
- "I wake up and I have breakfast, something before lunch. I have lunch, make sure I have tea, and maybe a light snack after. That wasn't happening years ago."
- "Now, today, I'm conscious of my diet. I'm eating very healthily, and I eat as often as possible. I wake up and I have breakfast now. Go back three or four years ago, that wouldn't happen. So, I'm really concentrating on just eating healthy foods and a healthy lifestyle."
- "Yeah, I am [eating healthily] as well these days. I eat a lot of salmon, a lot of oily fish."⁷⁴

It's long been understood that food and nutrition can be an important part of recovery from alcohol problems.^{75, 76, 77, 78} Welsh Government and NICE guidance note the importance of employing "methods to improve food intake" and "offering nutritional support" to people with long-term alcohol issues.^{79, 80} However, where programmes have been organised to help people with drug and/or alcohol issues to eat more and/or better, they have often focussed on improving individual knowledge and habits.^{81, 82} Through the Feeding Recovery Project, we wanted to

understand more about the interpersonal and community aspects of cooking and eating, which is what we'll be considering in the next section.⁸³

Shared meals as a source of community and connection

Since the earliest times, the making and sharing of food – the “breaking of bread” together – has been one of the most important ways that humans have encountered each other and connected.⁸⁴ As the Queen’s Nursing Institute has noted, “Eating plays an important part in our culture and traditions, and thus plays a key role in social inclusion. Having the ability to buy, prepare, cook, share and eat food with others helps people feel socially included”.⁸⁵

When asked in 2019 by the Swansea University researchers what would help them improve their relationship with food, interviewees’ responses often focussed on the related themes of eating with others



and of someone having sufficient concern for them to make food for them:

- “When I’m alone, I don’t eat nothing, but socially, I can eat.”
- “I think sometimes giving somebody a meal is a bit more than just feeding them. Like, for a lot of people it’s a way of, like, connecting with somebody...So, I think people in my life have, maybe, managed to corner me for, like, half an hour as well. [They], like, put food in front of me and sit down and eat, and we can have a conversation at the same time.”
- “If somebody sat me down at six o’clock every day and put a meal in front of me, I would love it, you know, but that’s just not the way [it is now].”
- “Yeah, for many reasons. One, because somebody made the effort and it’d be rude not to try [the food they made]. Two, because if food is made for you, it always tastes better.”⁸⁶

These findings were reinforced by additional research undertaken by Barod in Swansea in 2022 and 2023, which found that participants in cookery sessions were equally interested in “eating home-cooked food with others” and in “learning more about healthy eating”, i.e. in both the social and nutritional aspects of food; and that they were keen to grow their confidence in social situations as well as learning new recipes and new skills.⁸⁷ Clearly, the social and nutritional aspects of enjoying food together cannot be separated. They reinforce each other: eating better improves mood, sharing food brings people together, and good social support and connections are protective factors against disordered eating.^{88, 89, 90, 91}

What we did

Here, we set out a short summary of the project methodology.

Gathering views and experiences

Feeding Recovery was a simple qualitative research project. Cooking and food-sharing sessions took place regularly at the two project sites in Swansea and Cardiff. A Feeding Recovery Project worker attended sessions at the two sites from July to December 2024, and invited guests, staff and volunteers to complete a short anonymous paper questionnaire. People could either write on the questionnaire themselves or give their answers verbally to the Feeding Recovery Project worker to write down. Some questions had tick-boxes followed by a free text option; others asked for an entirely free text response. People were encouraged to respond in their own words and to skip any questions they thought were irrelevant or did not wish to answer. There was space for free-text responses that were not in direct response to any of the questions.

As during our Communities Together Project in Fishguard and Goodwick from 2013 to 2017, much of the Feeding Recovery Project worker's time was devoted not to the practicalities of completing questionnaires, but to the more delicate and more human work of building relationships and gaining trust. As we found during Communities Together, it is "often...beneficial simply to pitch in and help with existing...activities"; and so, the project worker washed dishes, laid the table, fetched missing ingredients, sat and chatted, and assisted with the cooking (whilst always taking care not to

undermine the guests by taking over any activity).⁹²

A total of 34 people responded to the questionnaires: 23 guests and 11 staff and volunteers. The purpose of the questionnaires was to find out:

- What were guests' main reasons for taking part in the sessions.
- What guests, staff and volunteers thought was good about the sessions.
- What guests, staff and volunteers would change about the sessions.
- What guests thought they would have done with their time if they hadn't come to the sessions.
- Whether guests thought they'd face any challenges if they wanted to try at home any of the things they'd done or learned during the sessions.
- Whether staff and volunteers could see benefits from holding the sessions long-term at their organisation.
- Whether staff and volunteers could see challenges in holding the sessions long-term at their organisation.

The Swansea site was open to both men and women; whereas the Cardiff site was specifically a women's centre, and this provision of a safe women-only space was clearly important to the guests there and was reflected in some of their responses to our questions.

A first draft of the Feeding Recovery Handbook was produced by Alcohol Change UK on the basis of the responses. This was discussed at informal meetings of guests, staff, and volunteers at the two project sites, and the comments and questions raised in these sessions were used to rewrite the handbook and produce the final version.

What we learned

In this section, we summarise what we found out during the Feeding Recovery Project and how it can be applied by local services. If what you need is practical advice on how to run a lunch club or cookery group, start here.

People want connection

Humans are social animals and need contact with others to thrive.⁹³

It's not surprising, therefore, that when we asked guests to comment on the sessions in their own words, people at both sites talked most often about the social aspects – both socialising with staff and volunteers, and mixing with other guests. The following comments are typical:

- "It's nice having people to sit with... interacting with them. Some people don't have that at home."
- "I don't have a lot of friends, so it's nice to know people."
- "I met two new people. I love seeing the staff. It's a safe space."
- "[I like] talking and understanding... coming to see the team [here]."
- "[I come here to] meet new people. I'm away from home and I don't know anyone after coming out of prison."
- "We sit like a family. Most people don't have that. That's the best part of it."

Part of the enjoyment came from having a chance to spend time with people who had similar experiences:

- "I've just stopped drinking. People here have had similar issues."

- "A lot of us have got a lot in common, so it's nice to hear others' stories."
- "[It's] just nice to meet other women."

Staff had a similar sense of what guests were gaining from the sessions:

- "It makes people feel part of a community."
- "It's a kind of family. Everyone has their role."
- "[It's] just the social aspect. Warmth, comfort, smiles. Distraction from everything."

For some guests, the social element was more important than the food:

- "I come for the company. I wouldn't come for chicken burgers and chips. I've come out of my shell a bit more. I'll be back."
- "It just gets me out of the house and it's company. It's a place you can just say stuff."
- "I'm here to stop reoffending. Keeping going to lunch club keeps you out of trouble."

But the food itself was clearly important to guests and was mentioned specifically in many responses, often in conjunction with comments on the social aspects of the sessions:

- "I like cooking and trying new things."
- "I love cooking. I cook all the time. I get a buzz. I feel relaxed."
- "[I like] trying different foods."
- "[I come] to socialise with friends and have nice food."
- "It was more enjoyable cooking with others. Sometimes, when you're on your own, you can't be bothered to cook, but cooking with other people, it's nice."
- "[It's] refreshing. It's good to come in and speak to you guys. I like cooking."

- "[We're] sitting like a family and they're all munching away."
- "The food's good. It's nice to sit with other people and chat. If I went home to eat, I'd sit on my own."

The responses from staff suggested that the social and nutritional aspects of the sessions were as important as each other. As well as feeding their bodies, food was giving guests a reason to get together with others:

- "Food brings people together. It takes group initiative to cook as a group, and the fact of sharing bread brings people together to talk."
- "It's the family aspect. It's a treat if someone's going to cook for you and sit down with a group of people."
- "The lunch club can restore a sense of belonging. When you get together at the table and have food, you feel you belong."

Guests said that the sessions also opened the door to them accessing other services at the project sites and to getting involved in other activities there:

- "It gets me out, getting the help I need."
- "You can do your washing here and wash yourself."
- "I mostly come to socialise. I go to other classes, like art."
- "I get support while I'm here."
- "I like helping here: emptying the bins, being useful."

Related to this, staff said that food encouraged some guests to stay around after using the primary service they had come for:

- "They'd have left straight after art class if they didn't have food."

Good practice points

- Allow plenty of time for sessions and try to make them unhurried, with time for guests to talk and share experiences with each other.
- Consider offering guests a two-course meal – for example, a main course and a pudding – in order to create a longer and more relaxed dining experience. If this isn't practical every week, maybe offer it on special occasions.
- Consider scheduling sessions at times that will allow guests to take part in other activities on the site, either before or after cooking and/or eating.
- During food sessions, let guests know what other activities happen in the building that they might like to join.

People want choices

The importance for health of maximising people's sense of control over their lives is well understood, and this is undoubtedly true in the context of food.^{94, 95, 96} Staff at the two project sites had different approaches to food preparation, but both put guests' choices first.

At one site, participants cooked their own meals, and sometimes different meals to each other, and ate them together. At the other, staff prepared meals based on the preferences that guests had voiced; and an additional element of choice was added by serving the food either cafeteria style – with guests able to select from a row of open dishes; or family style – with the food in large dishes in the centre of the table, again for guests to select their own food. Of these two options, guests tended

to prefer family style, as they found it more intimate and homely.

Ensuring choices about food affords people safety and dignity by allowing them to avoid foods to which they are allergic or intolerant, or which are prohibited by their religion or culture.⁹⁷ It also empowers people to make positive choices about what they do want to eat. It helps people feel at ease and in control. As one member of staff put it:

- “They discuss beforehand what they’ll be cooking, and they get excited about that. It gives people a chance to speak up. One lady found the confidence to say that she’s a vegetarian. It spurs independent choices and options. It’s not ‘I’ll just have what I’m given’. We want them to actively engage and say, ‘I fancy this’, ‘I’d like to try that’. And discussions about food open the door to other conversations.”

The impact of this was particularly profound for guests who had experienced domestic abuse:

- “The coercion they experience feeds into their everyday lives. Having food choices is massive.”

Sometimes, for guests, it was simply about the joy of making an unforced choice. As one asked enthusiastically, “Can we make a roast dinner? I’ve been dying for a roast dinner!”.

The vital role of autonomy and choice has been noted in several other food projects. Staff at one project in Cambridge, for example, reported big benefits from consulting with guests on both the timing and content of meals – with a preference being identified for “normal mealtimes... traditional English cooking, and...fresh vegetables”.⁹⁸ One Manchester-based service has sought to increase guests’ control of the food production process by creating allotments where they can grow some of the food they eat.⁹⁹

Good practice points

- Find out what each guest wants from each session. Do they want to cook, or would they prefer just to eat?
- If a guest shows an interest in cooking but lacks confidence, it’s worth encouraging them to cook, say, one part of the meal, but don’t put pressure on them to do more than they’re comfortable doing. Their confidence is likely to grow in small steps over time.
- Food (especially meat) needs to be properly cooked to be safe to eat. But, aside from this, avoid undermining guests’ confidence by “correcting” any “mistakes” they may make when cooking.¹⁰⁰
- At the end of each session, allow time to discuss what guests would like to eat at the next session.
- If guests are unsure what to pick, one technique is to ask them what they’ve enjoyed eating recently or what they used to like eating. You could even try asking what their childhood favourites were.
- Consider the range of traditions and backgrounds in the room. Encourage guests to propose meals from their own cultures that may be unfamiliar to some other guests.
- Try to take into account everyone’s ideas and seek compromise where necessary. For example, if some people like spicier food than others, it may be possible to make a milder dish and provide extra spices or a spicy sauce for some guests to add to their portion.

- Make opportunities for guests to let staff know about any dietary requirements; privately, if they're not confident speaking up in front of a group of people.
- Serving food cafeteria style – in a row of open containers – or family style – in large dishes in the centre of the table – will allow guests to choose their preferred foods with minimal fuss.
- It may be worth having some quick-to-cook options on hand, such as baked beans, for people who don't like the food at a session. Toasted cheese sandwiches were always a popular alternative at one project site.
- Be clear about the limits of what you can offer. It won't be practical to prepare a different meal for everyone, and over-catering may lead to waste. How many options do you think you can realistically accommodate?

People want a safe place to be themselves

For more than a decade now, there has been a growing recognition of the need for psychologically informed environments, in which people who may have experienced a range of traumas can feel safe, relaxed, and able to behave naturally.^{101, 102} The cooking and eating sessions we visited seemed to offer just that. As one member of staff put it:

- "It's a pressure-free environment, so service-users are free to engage as little or as much as they want, giving them the power to talk if they need, to learn if they need, or just to be warm if they need."

Different people will need different levels of social interaction, and those needs can vary over time.¹⁰³ We weren't surprised, therefore, that our research found that there were limits to the level of social interaction some guests were seeking. All thought that eating with others was better than eating alone, but sitting down with too many unfamiliar people could be a challenge:

- "I like the small group. I'm not overwhelmed."
- "I don't generally go with a lot of people, but it's lovely [here]. It feels like a safe place."
- "I don't really like being around people...I like them all in here, but sometimes I like to do my own thing."
- "I'm very glad I came. [I] get anxiety about being around people I don't know."

One member of staff said that they had, at times, split large gatherings up into several smaller ones:

- "We had twenty women for Halloween. But for some that can be incredibly overwhelming. If it gets too big, there's no gain."

This may be particularly relevant if some guests are neurodiverse. Research undertaken with us by the Centre for Applied Autism Research (CAAR) at the University of Bath found that barriers to autistic people seeking support can include going somewhere unfamiliar, worrying they won't be understood, and being in a crowded or chaotic place.¹⁰⁴ In **Appendix 1** on page 26 we've set out some guidance on working well with neurodiverse people, which should help you make your sessions more inclusive and autism-friendly.

Group size was not the only important factor; the quality of the relationships within each group was also crucial. All groups have their own dynamics.

Hierarchies and power imbalances may develop, even when no one intends them to. On at least two occasions, staff expressed concerns that one or more guests had stayed away from a session because they were being bossed about by another guest; and it was necessary for staff to intervene once or twice to encourage a guest to allow space for another guest to cook in their own way and at the own pace.

On the other hand, group dynamics can be positive, with people supporting each other on the basis of shared experiences. As staff at one site said:

- "The ones who've come previously are keen to encourage the others."
- "It's feeling comfortable to have a voice and not be judged. To have this many personalities that don't knock each other down, you don't get that anywhere [else]."

Staff observed that sharing food also provided time for guests to become alert to each other's needs and vulnerabilities and seek to take care of each other, and some later alerted staff in confidence about concerns they had about the welfare of other guests.

Good practice points

- Try to avoid the strongest voices dominating the space. One simple way of doing this is to agree that there will be no interrupting during conversations.
- As well as a right to be heard, people have a right to be quiet. No one should feel under pressure to take part in a conversation or activity.
- The atmosphere in sessions should be welcoming to all. That means agreeing that everyone will seek to avoid insulting, discriminatory or stereotyping language.
- When expressing strong opinions, everyone needs to consider how they may make other people feel.
- If someone finds a word or statement offensive, then it's offensive to them, and everyone should avoid repeating it during the session.
- If someone else disagrees and wishes to continue using a word or voicing a view that upsets others, a calm explanation will go a lot further than a sharp rebuke. It may sometimes be better to discuss the issue with them privately outside the session.
- In an informal environment, there will be a certain amount of banter and leg-pulling, but it's worth checking (possibly later on, and in private) if the recipient finds it as funny as the person saying it.
- Keep an eye on how big sessions are becoming, and consider whether dividing them into two or more smaller groups would benefit some guests.
- Consider whether there is any benefit to hosting some women-only and/or men-only sessions, as some guests may feel more at ease in a single-sex environment. Contrary to suggestions made in some news media in recent years, this does not necessitate excluding transgender individuals, and guidance is available on how to be safe and inclusive in this respect.^{105, 106}



Under the influence: Managing intoxication

Where possible, we would encourage services to do what they can to include guests who attend under the influence of alcohol and/or other drugs. But this matter needs to be handled with some care.

Turning people away because of intoxication raises the risk that they will cease to access services altogether.¹⁰⁷ On the other hand, the presence of an intoxicated person may make other guests

uncomfortable and may be triggering for people who are in recovery. Some services manage this tension by allowing people to attend intoxicated but stating that they must follow the normal rules of behaviour: being drunk or high is not a justification for being rude and disruptive.

Whatever you decide to do in your service, the issue should be discussed with guests, staff and volunteers who many encounter any intoxicated person, and the reasoning behind any final decision should be explained to everyone.

People want a dignified environment

Researchers looking at food support programmes have highlighted the importance of creating a “dignified eating environment” that feels “normal” – one that doesn’t feel like charitable provision.^{108, 109} It’s about creating the kind of eating environment that anyone would want to be in. It’s about avoiding what George Orwell powerfully described in *Down and Out in Paris and London* as “humiliating us by feeding us” – a humiliation that some say they still experience today when accessing food support in some settings.^{110, 111, 112} One part of a “dignified eating environment” is the physical space and what’s in it – the furniture, the cutlery, the walls and floors – and it’s important to make sure that the space in which guests are cooking and/or eating is as clean, tidy and well-maintained as possible. Little things like poor lighting, chipped paint, and flimsy plastic cutlery can all add to the sense that guests are not being afforded the dignity they deserve.

One simple action that can add to the dignity of the meal for guests is staff and volunteers sitting to eat with them, thereby breaking down (at least in part) the notion that one group is providing a service and the other receiving it. As one member of staff said:

- “It’s just lunchtime. We all need to eat.”

And this sometimes led to unexpected conversations:

- “It’s conversations around food – having conversations they may never have had with us as their key-workers.”
- “It is informal, which helps with clients talking to you, rather than the intimidating formal meeting.”

Good practice points

- Think about the room(s) where the cooking and eating sessions will take place and any ways they can be made more like a normal café or dining room.
- Where funds allow, provide sturdy and comfortable chairs and a table of suitable size and height for everyone to sit at together. Local furniture re-use charities may be able to help you with this, and the British Heart Foundation has a network of second-hand furniture and homeware shops.¹¹³
- Most people would not eat from paper plates with disposable cutlery at home. Using good quality crockery and metal cutlery helps make mealtimes more dignified and more homely.
- Keep the cooking and eating spaces clean and tidy. Keep a sufficient stock of cleaning materials and clean up any messes (such as food spillages) as soon as they happen.
- Whenever possible, staff and volunteers should join in the meal with guests. If staff members are not able to eat the food on offer, or don’t wish to eat at that time, they can, perhaps, make themselves a drink and sit with guests while they eat.

Food can fill more than one gap

It was clear from what guests told us that some of them might not have eaten as much (or have eaten at all) that day if they had not attended a session:

- "I don't tend to eat much at home."
- "I wouldn't be able to eat a meal at home, because of the situation I'm in."
- "I probably wouldn't have eaten until tonight."
- "I can't be bothered [to cook] for myself, honestly. You go into yourself. I didn't bother cooking [when I was drinking]."
- "Going out and doing my own food shop is hard. So, when I come here, I know I'll get a good meal."
- "I do like cooking, but I have to be in the right mindset, and most of the time, I'm not."
- "I'd probably still be asleep...I get up late and miss breakfast and lunch and I don't eat very much."
- "I've got ADHD, so sometimes I forget to eat. I miss meals. So, it's good to come here, even if it's only once a week."

So, the sessions were providing people with much-needed physical sustenance; but that was not the only gap the food was filling. When we asked guests what they thought they'd be doing if they hadn't attended a session, their answers showed that the sessions were filling up gaps in their day when they might otherwise be bored and unoccupied or using alcohol to pass the time:

- "I'd probably just be in bed. It's good to get dressed up instead of wearing pyjamas."
- "I'd be sat at home, drinking."
- "Probably cleaning my flat and drinking alcohol...I only drank one drink [this

morning] because I knew I'd be in front of a cooker."

- "[Lunch club] distracts me from having [alcohol] early in the day."
- "[When I was cooking] my mind was distracted from obsessive thinking about using, well, drinking, really."
- "[I'd be] sitting at home. I like coming here."
- "[I'd be] stuck in the house, balling my eyes out."
- "[I'd be] getting drunk and into trouble."

Some said that the sessions allowed them to escape difficult circumstances at home:

- "[I'd be] stuck with ten people in a three-bedroom house, going off my head. Lunch club is a bit of normality."

Or provided an alternative to company that was holding them back from recovery:

- "[I want to] change what I'm doing in the day, so I don't fuck about on the street. [I want to] stay away from drugs and certain people."

Good practice points

- Be aware that disordered eating patterns may mean that some people struggle to eat. Make clear that everyone is welcome at the table, whether or not they wish to eat at the time.
- Give guests control over how much food is put on the plate. Many people will only want a small amount or may prefer to eat in small increments.
- Keep a supply of plastic or aluminium containers (such as those used for takeaway food) to allow people who aren't able to eat to take as much food as they wish away with them to eat at another time.

Eating healthily, or just eating?

One of the questions we found services wrestling with was to what extent they should be encouraging guests to eat more healthily; or whether they should simply be supporting people to eat whatever they wanted. Was the act of bringing people together to eat and socialise enough; or was there a risk of missing a good opportunity to promote healthier eating, and thereby promote better health?

One of the themes that emerged in the Swansea University research in 2019 was that interviewees often “opted for [the] most convenient (e.g. fast food) meals in order to fuel their bodies, which was...often an unhealthy choice”. As one interviewee put it:

- “Food was not on the agenda at all through the day until I really had to eat... and I’d get to that certain point when I knew that I needed something to eat...It

would be carbs mainly...and fat...I’d go for the more fatty foods. So, a large bag of chips.”¹¹⁴

Clearly, there are benefits from helping people to adopt a healthier diet, especially given all that has been learned in recent years about how gut health affects mood.¹¹⁵ If someone is alcohol-dependent, there will be particular benefits from increasing their intake of Vitamin B1 (thiamine).¹¹⁶ Some staff were clearly very keen to improve guests’ diets:

- “Sometimes [other agencies] give them Pot Noodles, but that’s not food! When I cook, I make sure there’s a healthy balance, with vegetables.”
- “It’s about...giving them healthier lifestyles, and ideas about what [foods] are good and cheap.”
- “Teach clients new skills and ensure they have a meal to eat with all the nutrients in.”



- "Sneak the veg in. Vegetable curry. It's nutritional but people love it. It's getting veg into people. You don't want beige food that doesn't give them vitamins."
- "A takeaway is £35. You can make it for £5. And you know what ingredients are going into it. It's not shit."

And some guests were very aware of deficiencies in their own diet:

- "I normally have ready meals. I know it's crap."
- "I do a lot of microwave meals, coz every recipe [I see] is for four people [and I'm on my own]."

However, if someone is consistently undereating, simply helping them to eat an adequate amount of any food with any regularity should be seen as achievement in itself.¹¹⁷ It's also worth remembering that people's ideas about what makes a meal healthy may not match professionals' ideas on this. Evaluators of one initiative in Australia, for example, found that participants' opinions on what made food nutritious had more to do with how filling and comforting it was than any official notion of healthy eating: "Nutritious was often described as large, home-style meals".¹¹⁸ One guest we interviewed had their own humorous way of expressing her preference for tasty food over supposedly healthy options:

- "Healthy food is like swearing at me."

Another factor to consider is that people who are alcohol-dependent may be experiencing alcohol-related health issues – such as gastric pain or loss of teeth – that make eating (and/or eating some foods) difficult.^{119, 120} Some guests at both project sites struggled to eat during the sessions (sometimes because of their substance use) but were glad to take food home from the sessions to try and eat it

later. Similarly, an earlier study in Devon described the experiences of two alcohol-dependent people who "could not tolerate much solid food". They received "as many cups of Marmite or Bovril as they could drink when in the Centre, and fresh fruit as often as they would eat it".¹²¹

Good practice points

- Healthy eating is important, but choice and autonomy for guests have to come first.
- Often, simply helping someone to eat some food with some regularity is a big step forwards.
- If you want to introduce a new food or new ingredient to meals, go gently. Maybe start with a dish a guest already likes and ask them if they'd be willing to try it with one extra ingredient.
- If you want to start a conversation about healthy eating, keep is informal and start with open questions like, "What would a really good meal be for you?".
- Be aware of gastric and/or dental problems that may restrict someone's capacity to eat and/or digest some foods. Be led by guests on what they can and cannot eat.
- NHS dentists can be hard to find. If guests are experiencing oral health problems, such as broken or rotten teeth, that are making it difficult for them to eat, they may be able access care free-of-charge at an NHS dental hospital, and the charity Dentaaid arrange free dental care for some groups of people.^{122, 123}

Be patient

Recovery – however we define that word – is gradual. It's "a broad and complex journey that individuals must take at their own pace".¹²⁴ Both long-term alcohol use and poor nutrition will sap energy and motivation to change.^{125,126} People may face other challenges in life that keep them from engaging consistently with support. They may lack adequate transport; or may have caring responsibilities – formal ones for their own children; or less formal but equally firm commitments to aid others with similar vulnerabilities to their own. Staff at one site specifically mentioned abusive relationships as a factor keeping some guests from attending regularly: "If they're still in an unhealthy relationship, it can be hard for them to give [their partner] a reason to attend".

Given all this, it's important for staff not to expect rapid results, nor to be disappointed if change doesn't happen quickly. Even when someone has succeeded in getting to grips with their substance use, their journey back to a healthier relationship with food may be difficult and gradual. As one interviewee told the Swansea University researchers:

- "In my case, when I did start reducing [drinking], I'd pick at my food because I still had no appetite. My appetite had gone completely. And it wasn't that I was now reliant on the alcohol, because I did cut back...But there was no appetite, and even though I wasn't drinking, it still took me a couple of months to actually start [eating]. But they were small meals".¹²⁷

As experienced support workers have told us, what's needed is a quiet determination to stick at it: "You don't need to cajole and persuade the person you're working with; you do need to keep making clear that the offer of support is always there and

that you always believe in their ability to change, when they are ready".¹²⁸

Good practice points

People's lives are complex and there are all sorts of reasons why guests may not be able to attend sessions regularly, or may struggle to participate when they attend. Both poor nutrition and substance use – the very things that may have made someone want to attend a cooking session – can make it harder for them to maintain their participation. Previous negative experiences with services may have made them wary of engaging.¹²⁹ So, each time someone attends a session, treat it as a success.

Staff need support too

Most of our focus during the Feeding Recovery Project was on how best to meet guests' needs; but it became clear early on that we must not neglect the needs of staff and volunteers.

Workload and time pressures are the most commonly cited workplace stress factors for drug and alcohol workers; but other identified difficulties include "concerns about whether your work is making a difference and whether you have the necessary skills and are effective in your role".¹³⁰ People who have chosen a career in drug and alcohol support will not necessarily feel wholly confident managing a food project. As one staff member put it, with good humour, "Cooking is not a challenge, aside from the practical challenge of not knowing how to cook", adding that it was "more stressful cooking for more people than cooking for myself at home". Another worker said the cooking experience was "overwhelming but good:

I'm not an expert cook"; whilst another, who was not familiar with the type of food guests had asked for, explained, "I do feel nervous if I don't know a particular cuisine – what it's supposed to be like".

Good practice points

- At the start of any food project, conduct a brief audit of the food skills of the staff and volunteers taking part, and consider pairing less experienced workers with ones with more confidence.
- Ask any guests who are considering taking part what skills and experience they have. During the Feeding Recovery Project, we met several guests with considerable food preparation experience – gained either informally at home or through kitchen/restaurant work. Drawing on those skills and experiences by making room for guests to show staff how things are done can be uplifting and empowering for all.
- It will also be beneficial for staff, volunteers and guests who wish to, to undertake the one-day course Level 2 Award in Food Safety for Catering, and at least one person in the kitchen should be qualified in this respect. This course can be taken in-person or online and is offered by a range of private sector providers and by some local authorities. A list of training providers is available on the Royal Society of Public Health (RSPH) website.¹³¹
- Accidents can happen – make sure you know where the first aid kit is and how to manage injuries in the kitchen, such as cuts and burns.

First aid training is available from St John Ambulance, St John Ambulance Cymru, St Andrew's First Aid, and the British Red Cross.^{132, 133, 134, 135}

- Make sure that staff and volunteers have opportunities for reflective practice and to debrief with a trusted colleague and discuss any challenges they may be encountering during the cooking and eating sessions.
- No project is ever wholly stress-free, but stress for staff can be reduced by thorough preparation:
 - Work out a budget and what will be possible within the limits of it.
 - Check what equipment is available in the kitchen – both for cooking and serving the food – and whether any extra equipment is needed.
 - Before each session, get the ingredients out and find/buy any missing ingredients.
 - There are some items it may be worth preparing the day before – for example, marinating meat or peeling/trimming vegetables.
 - During each session, allow plenty of time for food preparation, especially if you're cooking something unfamiliar. It's better for the food to be ready early than for it to arrive late and be served by a flustered cook.

Discussion and conclusions

Here, we weigh up some of the big ideas that came out of the Feeding Recovery Project, and look briefly at one alternative model.

The main lessons of Feeding Recovery

We knew when we started the Feeding Recovery Project that food, and the relationships people make with each other around food, are important components of wellbeing. Cooking and eating with others are simple but meaningful activities that bring people together, and offer opportunities to bring all of the Five Ways to Wellbeing into people's lives:

- Connecting with other people
- Being physically active
- Learning new skills
- Giving to others.¹³⁶
- Paying attention to the present moment.

What we aimed to discover during the Feeding Recovery research was what makes a good food project: what is the recipe for success. That recipe

seems to be a fairly simple one and to have three key ingredients:

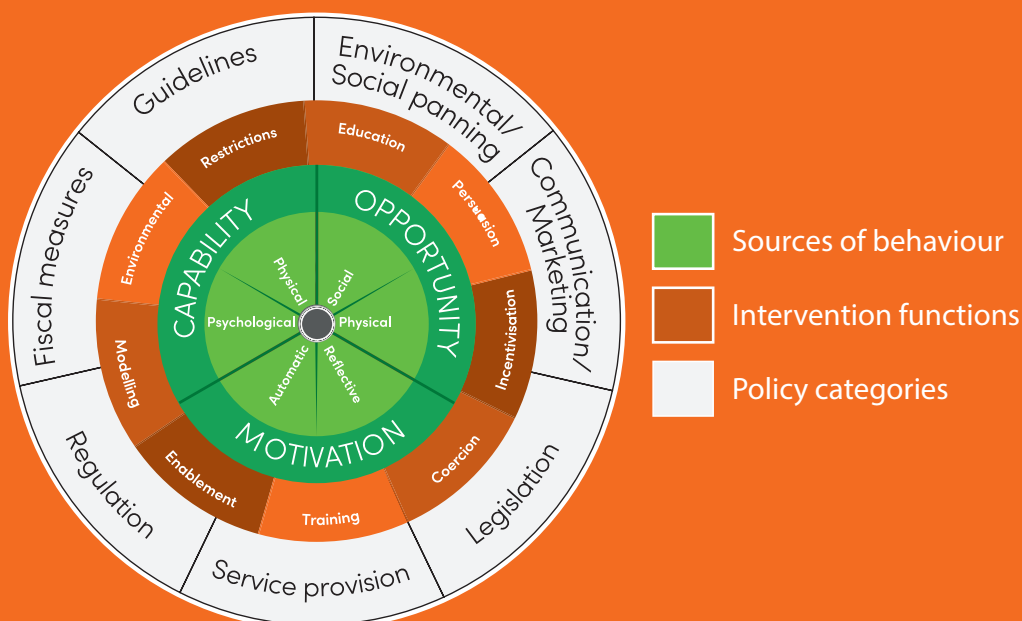
- A safe, welcoming, and dignified space to cook and/or eat in.
- Maximum possible autonomy and choice for guests about what is cooked and eaten.
- A supportive community of guests, staff, and volunteers.

If you're planning a food project, or already running one, the question to ask is how well are you nurturing these three things.

Applying theory to practice

If we are looking for a theoretical framework within which to consider what we learned at the two project sites, one option is Michie, Atkins and West's Behaviour Change Wheel¹³⁷. The COM-B categories of the innermost (green) circle of the Wheel (below) prompt us to look at how capability (C), opportunity (O), and motivation (M) all influence behaviour (B). In this context, the sessions we visited offered easily accessible opportunities to cook and/or eat, which increased guests' motivation and capability to adopt eating behaviours that brought them greater satisfaction.

Looking at the second (orange) circle of the Wheel, the interventions we observed within the sessions were a mix of:



- **Persuasion** – with staff encouraging and supporting guests to take part, often over a period of many weeks as trust was gradually built up.
- **Incentivisation** – by the availability of food and opportunities to cook and/or eat.
- **Education and training** – about food options and how to cook them.
- **Modelling** – by other guests of what could be gained from the sessions.
- **Environmental restructuring** – by easing guests' access to food, and to eating and cooking facilities.

Quite deliberately, given the life experiences of many guests, there were no elements of coercion or restriction, which were certain to have been counterproductive as tactics in this context.¹³⁸ The policy categories of the outermost (white) circle of the Wheel were beyond the scope of this project.

What we were wrong about

Researchers should always be willing to see their hypothesis disproved, and there was one assumption we had at the start of the Feeding Recovery Project which was largely overturned during the research work. We had assumed that guests at the two project sites would be looking to develop skills and confidence at the sessions that they would apply in other settings. In other words, they would want to learn and move on, and that this would be a good thing, in that they would be increasing their agency and independence:

- One of the principles of Prudent Healthcare is that service providers should “do only what is needed, no more”.¹³⁹
- The Social Services and Wellbeing Act promotes a focus on “how [people] can use their own strengths and resources to promote their own wellbeing”.¹⁴⁰

It is true that cooking and eating at the project sites inspired some guests to cook on their own outside of the sessions:

- “I could make this at home.”
- “I never knew chicken curry was so easy.”
- “Just coming here, I want to cook for myself, do some recipes, keep busy and stop drinking alcohol.”

However, all the guests we spoke with saw considerable advantages to continuing to take part in meals at the project sites. Some of the reasons for this were practical: the project sites offered access to a good range of cooking equipment and ingredients (which services could sometimes obtain in bulk at better prices than guests could); and, as the following comments illustrate, not everyone had access to cooking facilities where they lived:

- “I couldn’t do [cooking] at mine. The kitchen’s old and dodgy.”
- “I live in a bedsit, so I’ve not got any space [to cook].”
- “The house is too chaotic [for me to cook there].”

But above all, attending cooking and eating sessions at the project sites offered companionship. For everyone we heard from, it was preferable to be sharing a meal with others than to be eating alone. And, at least for the time being, that was what they wanted to carry on doing. As one person said, who had been sent to some sessions by a court:

- “I’ve done my hours [of community service] but I still come here.”

It’s worth considering, therefore, if you’re hosting food-related activities, whether it’s helpful to expect guests to “learn and move on”; or whether it makes more sense to plan for guests to engage with the activities for as long as they need to.

Appendix 1:

Working well with neurodiverse people

The following advice on supporting neurodiverse people effectively is adapted from guidance developed by the Centre for Applied Autism Research (CAAR) at the University of Bath with Alcohol Change UK.¹⁴¹

Understand autism

- Understand the psychological mechanisms that characterise autism, including potential strengths – such as a fondness for logic and honesty, and attention to detail.
- Consider the impact of frequently co-occurring conditions, such as anxiety.
- Autistic “meltdowns” can be misinterpreted as aggressive; they are often just a person’s natural response to overwhelming emotions.
- Be aware that autistic people may well have experienced bullying and other trauma in the past.
- Some autistic people may need time to use self-soothing techniques to calm themselves before, during and after sessions. They may also benefit from having a designated quiet space they can go to when they need to.
- They may be more likely to miss sessions, even when they fully intend to attend.

Be prepared

- Where possible, before the session, provide the guest with a photo of the session leader and of the room where the session will be.
- Consider how the guest will get to the session and discuss this with them.
- Consider what is the best time of day for them: 9am starts may be difficult for an autistic person with disrupted sleep.
- Consistency is important. Once a time is agreed, stick to it.
- Consider sensory issues during the session. Be aware that excessive light or sound may be distressing.
- Check with the guest before any session starts what they need to feel at ease during the session.

Keep it simple and explicit

- Have clear aims for the session and explain them clearly at the start, with reminders when needed.
- At each stage, explain why something is happening in the session.
- When speaking, avoid metaphors, jargon, and acronyms; and avoid non-literal language, such as “Pull your socks up”.
- Keep written and spoken information simple and allow enough time for the guest to digest it.

Appendix 2: Example recipes

A few simple meal ideas to help you get started.

We've emphasised how important it is to offer guests maximum possible choice about the foods they will be cooking and/or eating; but it can be helpful to have a few options to hand to act as a starting point for discussions.

The following recipes were created and/or collected by Jacinta Tan and Gemma Johns of Swansea University and used during the Feeding Recovery Project. You might want to use them as they are, or you may wish to adapt them and substitute some ingredients. Most obviously, where a recipe includes meat, there are now many vegetarian and vegan alternatives to meat available in the shops.

Most of the main meals require no more than two pans and a stove. The puddings require a microwave oven.

We also found that these recipes could be a good way to find out what guests did and didn't want to eat. If a particular recipe doesn't appeal to someone, it can be an opportunity to ask them what they don't like about it and what they'd prefer to have instead.

Simple main meals:

- Lentil and lemon linguine
- Spaghetti with tomato, chilli and tuna salsa
- Sausage stew
- Bacon and pea macaroni
- Lamb and spinach curry
- Spaghetti bolognese
- Chicken curry
- Bean and sweet potato soup
- Chilli con carne
- Bacon and eggs in a pan
- Tuna pasta bake

Easy puddings:

- Microwave banana pudding
- Lemon pudding



Lentil and lemon linguine

Preparation and cooking time: 25 minutes

Serves 4

Ingredients

- 300g linguine (or spaghetti if you can't get linguine)
- 50g butter
- 1 onion, chopped
- 3 garlic cloves, chopped
- 400g can cooked lentils, drained and rinsed
- 150g tub Greek yoghurt
- Salt and pepper (to taste)
- Optional extras: 1 lemon (juice and zest) and coriander

Method

1. Cook the pasta according to instructions on the packet
2. Meanwhile, melt the butter in a pan over a medium heat and add the chopped onion
3. Cook the onion until softened then add the chopped garlic
4. Stir in the lentils and heat through
5. Drain the pasta and return it to the pan
6. Stir the Greek yoghurt in the mixture of lentils, onion and garlic. Add the lemon and coriander if you wish
7. Add salt and pepper (to taste)
8. Mix well and serve

Spaghetti with tomato, chilli and tuna salsa

Preparation and cooking time: 25 minutes

Serves 4

Ingredients

- 300g spaghetti
- 1 red onion, chopped
- 400g tin of chopped tomatoes
- 2 tablespoons olive oil
- 1 red chilli (optional)
- 2 tins of tuna in brine, drained
- Salt and pepper (to taste)

Method

1. Cook the spaghetti in boiling water as per the instructions on the packet
2. Meanwhile, heat the oil in a pan over a medium heat and add the chopped onion
3. Cook the onion until it is soft, then add the chopped tomatoes
4. If you're using the chilli, halve and deseed it (or keep the seeds if you want it a little more spicy!). Finely chop it and add it to the pan
5. Heat the mixture for a few minutes, stirring regularly
6. Drain the pasta and add it to the sauce
7. Break up the tuna and add to the pan
8. Add salt and pepper (to taste)
9. Mix well and serve

Sausage stew

Preparation and cooking time: 25 minutes

Serves 4

Ingredients

- 12 chipolatas (small sausages) or 6 ordinary sausages (meat or meat-free) cut into halves or thirds
- 1 onion, sliced
- 1 tablespoon olive oil
- 400g can chickpeas, drained and rinsed
- 400g tin chopped tomatoes
- 150ml / ¼ pint of chicken stock or vegetable stock
- 1 garlic clove, chopped
- Salt and pepper (to taste)
- Optional extras: zest of small orange and 1 teaspoon dried parsley

Method

1. Heat the oil in a deep frying pan and fry the sausages for 4 to 5 minutes until golden brown. Remove them from the pan and set them aside
2. Cook the onion in the same pan for 5 minutes until softened, adding a splash of water if it dries out
3. Add the chickpeas, tin tomatoes and stock to the pan and bring it to the boil
4. Return the sausages to the pan and cook on a low heat for 5 to 6 minutes
5. Scatter the chopped garlic (and orange zest and dried parsley) on top
6. Add salt and pepper (to taste)
7. Serve with crusty bread

Bacon and pea macaroni

Preparation and cooking time: 30 minutes

Serves 4

Ingredients

- 6 rashers of bacon, chopped
- 2 leeks, finely sliced
- 1 tablespoon vegetable oil
- 150g frozen peas
- 400g macaroni
- 200g pack soft cheese
- 85g grated cheese
- Salt and pepper (to taste)
- Optional extras: 1 teaspoon English mustard, and basil leaves

Method

1. Fry the bacon and leeks in the oil for 10 minutes until the bacon is golden brown and the leeks are soft
2. Tip in the frozen peas and heat through
3. Meanwhile, cook the pasta according to the packet instructions, keeping at least 150ml of the pasta water when it is cooked
4. Heat a grill to high
5. Use the 150ml water from the pasta, add the soft cheese, half the grated cheese (and the mustard if you wish). Stir until the cheese melts into a creamy sauce
6. Stir in the pasta (and basil if using)
7. Add salt and pepper (to taste)
8. Scatter the rest of the grated cheese on top
9. Grill for 2-3 mins until the cheese melts

Lamb and spinach curry

Preparation and cooking time: 20 minutes

Serves 4

Ingredients

- ½ teaspoon cumin seeds
- 2 teaspoons sunflower oil
- 200g/7oz lean lamb, cubed, or a meat-free alternative such as Quorn
- 1 red pepper, deseeded and sliced
- 1 green chilli, deseeded and sliced
- 2 tablespoons mild curry paste
- 400g tin chopped tomatoes
- 150ml can coconut cream
- 100g spinach (fresh or frozen)
- 200ml water
- 300g basmati rice
- Salt and pepper (to taste)

Method

1. Cook the rice according to the instructions on the packet
2. Meanwhile, dry fry the cumin seeds (without oil) for 15 seconds in a wok or frying pan
3. Add 1 teaspoon oil and stir-fry the lamb with the cumin seeds for 1 minute until browned (but not cooked all the way through)
4. Tip the lamb and cumin out onto a plate
5. Add the rest of the oil to the frying pan or wok and stir-fry the pepper and chilli for 2 to 3 minutes until soft
6. Stir in the curry paste, tomatoes and coconut cream with 200ml of water. Simmer for 5 minutes
7. Add the lamb and finish cooking it
8. Add the spinach and coriander, and stir until the spinach has wilted
9. Add salt and pepper (to taste)
10. Serve with the basmati rice



Spaghetti bolognese

Preparation and cooking time: 20 minutes

Serves 4

Ingredients

- 500g beef/pork or meat-free mince (such as Quorn)
- 400g tin chopped tomatoes
- 1 onion, chopped
- 300g spaghetti
- 1 to 2 tablespoons of cooking oil (any type will do)
- Salt and pepper (to taste)
- Optional spices: basil, paprika

Method

1. Brown the mince in large pan
2. Add the onions and cook for 5 minutes
3. Add the chopped tomatoes and spices, and cook them on a medium heat for 10 to 15 minutes
4. Add salt and pepper (to taste)
5. Meanwhile, cook the pasta as per the packet instructions
6. Either add the pasta directly into the pan and mix and then serve, or place the pasta on plates and add the sauce to it

Simple chicken curry



Preparation and cooking time: 20 minutes

Serves 4

Ingredients

- 4 chicken breasts, chopped, or chicken pieces (or Quorn pieces)
- One jar curry sauce
- 1 onion, chopped
- 2 cloves garlic, chopped finely
- 2 tablespoons oil for cooking
- 300g rice

Method

1. Heat the oil in a pan, add chopped onion and garlic
2. Then add the chopped chicken and cook until the chicken is golden
3. Add the jar of curry sauce and cook on a low to medium heat for 5 minutes
4. Meanwhile, cook the rice as per the instructions on the packet
5. Serve whilst hot

Bean and sweet potato soup

Preparation and cooking time: 20 minutes

Serves 4

Ingredients

- 4 medium sweet potatoes
- 1 tin of baked beans
- 1 tin chopped tomatoes
- 2 to 3 tablespoons tomato puree
- Salt and pepper (to taste)
- Optional extras: paprika

Method

1. Dice and boil the sweet potatoes on a medium heat until they're almost done
2. Drain the water and add the tin of baked beans, chopped tomatoes and tomato puree. Simmer for 5 minutes
3. Add the paprika (optional)
4. Add salt and pepper (to taste)
5. Serve with bread



Chilli con carne

Preparation and cooking time: 20 minutes

Serves 4

Ingredients

- 2 tablespoons olive oil
- 3 chopped garlic cloves
- 2 onions, finely chopped
- 700g minced beef or meat-free mince
- 2 tablespoons tomato puree
- 1 litre tomato passata
- 2 x 400g tins red kidney beans, drained and rinsed
- 300g basmati rice

Method

1. Heat the oil in a large saucepan
2. Add the garlic and onion and fry gently for 10 minutes
3. Add the mince, breaking it up with a wooden spoon, and cook for another 10 minutes
4. Add the tomato puree, passata and kidney beans
5. Simmer on a low heat for 30 minutes, stirring regularly
6. Add salt and pepper (to taste)
7. Meanwhile, boil the rice as per the instructions on the packet
8. Serve whilst hot

Bacon and eggs in a pan

Preparation and cooking time: 15 minutes

Serves 4

Ingredients

- 1 tablespoon cooking oil
- 8 rashers of back bacon
- 6 large eggs
- 10 cherry tomatoes, halved
- Salt and pepper (to taste)

Method

1. Use a large, non-stick frying pan over a medium heat. Add the oil and then the bacon
2. Cook for 2 minutes until the bacon starts to brown and go crisp around the edges
3. Break the eggs into a bowl. Add the salt and pepper and whisk lightly
4. Pour into the eggs pan around the bacon, making sure the base is covered and the bacon is half-submerged
5. Add the tomatoes onto the top and cook over a low-medium heat until the eggs have set
6. Serve immediately

Tuna pasta bake

Preparation and cooking time: 45 minutes

Serves 4

Ingredients

- 300g pasta
- 1 x 300g can condensed cream of mushroom soup (such as Campbells Soup)
- 120ml milk
- 200g tin tuna in brine, drained and flaked
- 200g tin sweetcorn, drained and rinsed
- 1 onion, finely chopped
- 1 red pepper, finely chopped
- 100g grated Cheddar cheese
- Optional extras: salt and black pepper

Method

1. Bring a large pan of water to the boil over a high heat. Add the pasta, stir and cook for 2 minutes less than the packet instructions
2. Meanwhile, preheat the oven to 220°C (Gas 7) and grease a 1½ litre ovenproof dish
3. Once cooked, drain the pasta and set aside
4. Heat the mushroom soup and milk over a low heat in the same saucepan
5. Then add the tuna, sweetcorn, onion, red pepper and half of the cheese, and stir
6. Once the soup and other ingredients are heated, add in the pasta and stir
7. Season to taste with salt and black pepper
8. Tip the mixture into an ovenproof dish and smooth the top
9. Sprinkle over the remaining cheese
10. Place the dish and bake in the oven for 30 minutes, or until the top is golden brown

Microwave banana pudding

Preparation and cooking time: 20 minutes

Serves 4

Ingredients

- 100g butter, softened
- 2 ripe bananas
- 100g brown sugar
- 100g self-raising flour
- 2 eggs
- 2 tablespoons milk
- Optional extras: icing sugar to dust and 1 teaspoon ground cinnamon to flavour

Method

1. Put the butter in a 1 litre baking dish (not a metal one) or a bowl and microwave on high for 30 to 60 seconds until melted
2. Add 1½ bananas and mash them together into the melted butter
3. Then add the sugar, flour, eggs, milk and cinnamon (optional) and mix them together well
4. Slice the remaining banana over the top and return to the microwave to cook on high for 8 minutes until cooked through and risen
5. Serve warm with ice cream

Lemon pudding

Preparation and cooking time: 15 minutes

Serves 4

Ingredients

- 100g caster sugar
- 100g softened butter
- 100g self-raising flour
- 2 eggs
- 1 lemon
- 4 tablespoons lemon curd

Method

1. Mix the sugar, butter, flour, eggs and zest of the lemon until the mixture appears creamy
2. Spoon the mixture into a microwave dish (not a metal dish) and microwave it on high for 3 minutes (turn the bowl halfway through cooking) until risen and set all the way through
3. Leave to stand for 1 minute
4. Meanwhile, heat the lemon curd for 30 seconds in the microwave and stir until smooth
5. Pour the lemon curd over the sponge pudding and serve



Appendix 3:

An alternative approach

Whilst we were undertaking the research for the Feeding Recovery Project, another very different approach we looked at was Australia's Social Café programme. The aim of this programme was to improve access to food for "socially isolated individuals"; and rather than being invited to a support centre, members of the Social Café scheme could get heavily subsidised meals at participating cafés in their town. The programme's evaluators concluded that "eating at a café promotes greater autonomy, with members being able to choose what they eat, when they eat and at what pace", and "eat where everyone else eats" rather than "interacting within a defined social group of other vulnerable people".^{142, 143}

During the research at the two Feeding Recovery Project sites, we found obvious benefits from bringing people together within support centres to access food. The people we spoke with were clearly getting a lot out of the experience; but there may be others who would prefer to access food in more mainstream commercial venues, and the Social Café model may be worth looking at for them. It clearly offers people a considerable degree of autonomy; and has the potential to build social connections by people (a) deciding to attend a café together, or (b) simply forming natural social connections with whoever happens to be at the café when they attend.

As Social Café meals were subsidised but not free-of-charge, the model included an element of payment by participants, with meals up to the value of \$10 available



each week for \$2.50. This idea that there can be benefits from paying a small amount to become a member of a food scheme (rather than being a recipient of gifts of food) has some parallels in the Local Pantry movement. In each of the more than 120 Local Pantries across the UK, people who wish to use the facility become paying members and contribute between £3.50 and £7 each week, and can then choose 10 grocery items (worth on average £21 per week more than the membership fee).¹⁴⁴ Much as the Social Café programme allowed people to "eat where everyone else eats", Local Pantries "work hard to create an environment which feels more like a conventional shop".¹⁴⁵ Unlike in a Food Bank, membership is open to anyone local, with no need to seek a referral; and "members are able to choose their own products, rather than being given a selection of food".¹⁴⁶

The food provision we looked at during the Feeding Recovery Project was free-of-charge. This has its advantages, but it may also be worth considering whether the type of membership and small-scale financial investment offered by the Social Café programme and Local Pantries would work for some people.

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Alcohol Change UK in Wales, Enterprise House, 127-129 Bute Street, Cardiff, CF10 5LE
www.alcoholchange.org.uk @ACCymru and @AlcoholChangeUK

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