READY HEALTHY EAT

A partnership working to develop great ready meals for people that need them



Nutrition in community food projects

Half a million ready meals

During 2020-2023, Ready Healthy Eat provided over half a million ready meals intended to improve nutrition in people experiencing food poverty. Along the way, we researched and reflected on how to address nutrition well and have some lessons to share with others on nutrition in community settings.



Observations

- Many people in the UK are now dependent on surplus food supply chains for nutrition, eg through food banks or community kitchens. We need to organise so that high quality ingredients enter these supply chains.
- Community projects using surplus food do not use set recipes, so the cook on the day needs to be adept at devising healthy meals from random ingredients. One project has made posters for volunteer kitchen staff to help assemble a balanced meal from changing ingredients.
- It is difficult to monitor nutritional quality with menus changing daily, even if you can define what nutrition means. We found this quick free online tool useful

<u>https://www.verywellfit.com/recipe-nutrition-analyzer-4157076</u> Setting and then tracking nutritional targets helps.

- 'Good nutrition' is determined by who is eating the meal. Different people need different definitions of 'nutritious'. For example, elderly people may be undernourished and need extra calories.
- Variety and choice matter. Providing healthy food that people will not eat or that diminishes dignity is not ideal. Eg projects report that very little Halal meat enters the waste food supply chain but Muslims do not always want to be vegetarian. Find out what people are thinking and adapt what you do.
- Format matters. The starting point for Ready Healthy Eat was that people are eating takeaways, so we began with better takeaway ready meals.

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Observations

- Investigate what people usually eat so you know what is missing from their diets. The <u>See</u> <u>How You Eat app</u> helps people to record food photo diaries from their phones.
- We need to be talking about 'nutrition poverty' not food poverty. If we collect data about the number of people skipping eating for the day or attending a food bank as a measure of food need, we will not include many people who are getting by by eating nutritionally inadequate diets in order to save money.
- Be realistic about what is 'good enough'. A lentil vegan stew is a very big leap from many people's usual food. A meal of sausage, mash and veg might not meet the highest nutritional standards but will be accepted and may be a great improvement on eating at home. The starting point matters. We can aim for realistic improvements to nutrition rather than a perfect meal.
 - "When delivering a batch of meals to one of the pantries an older lady explained how much she enjoys the meals as a contrast to her usual sustenance of sandwiches and bowls of cereal as she cannot afford to cook herself hot meals anymore." Cyrenians
 - Nutrition is a social and cultural matter and will not be changed merely by delivering a new kind of meal. Support dietary changes; listen to preferences, offer accessible nutrition training, offer social eating to introduce new food, engage households, engage people in cooking. Providing a healthy meal that people do not eat is of no benefit.

- Engage community nutritionists if you can.
- Meet whole people with all of their circumstances if you can. Employment needs, social context etc influence choices of food. NOW engage the parents of adults with learning difficulties to consider nutritional change at home.
- Look at the bigger picture. Asking whether their ready meals met prescribed nutritional standards was a good starting point but the question was too small. Once the whole system is under review rather than grams of protein in an individual meal, partners can look for the most impactful changes. For example, Brighton & Hove Food Partnership (BHFP) understood that many of their participants have no fridge and cooker, eat too few vegetables and want social contact. BHFP are presented with random short date surplus fruit and veg. They have set up a dehydration scheme with chop and chat sessions and provide dried meal packs with slow cookers. The detailed chemical nutritional analysis performed by the university nutritionist was technically good but analysed ingredients not a social situation and on its own, had limited impact.
- Some of our ideas about food are habitual. Think big, get data and ask the right questions. What's really going on here and what can we do about it? Continue to challenge and review. The role of the Programme Manager continually asking 'How do you know? How many? Why not? What are you going to do next?' was probably irritating at times but probably helped progress.
 - "We are dealing with people not potatoes here."



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Observations

- Do not underestimate the importance of relationship. A need for comfort and care for personal preferences isn't necessarily at odds with providing for nutritional needs, but the love that food conveys might matter as much as the nutrients.
- "We are converting waste food into social benefit." Some projects (outside of RHE) value the social outcomes so highly that the nutritional concerns are incidental.
- Investing in changing eating habits will have a better long term effect than investing only in improving nutritional content of a meal provided by the project.
 - "Having the home made frozen meals is so lovely. Of course, they taste good. They're nutritious. But more than this, I know that they have been made with care, and given with kindness. Eating them actually makes me feel... makes me feel loved!" Cyrenians
 - There are class and power issues at play and it is helpful to acknowledge them in the conversation and build networks that include a wide range of interests and perspectives.
 - The community food projects have shown themselves to be very resourceful, adaptable, cost effective and resilient in meeting sometimes overwhelming need in their communities. We recommend directing funding and development opportunities to them so that skills development, social capital and funding remains embedded where it is needed.

• Changing the approach to food of organisations, such as social care organisations, is likely to have the greatest overall impact in the long term.

"The biggest legacy from this [RHE] project is what we have learnt on nutrition, it has been an eye opener in terms of what the value of food is and the nutritional value of food and we need to be teaching people." NOW Group

• Do not make assumptions. Project staff themselves have habits, attitudes about food and expectations of their clients. Be ready to challenge these.

"We have been very surprised at how receptive our participants have been to the introduction of plant-based dishes and how beneficial their input was into developing a number of our new plant-based dishes which now feature on our standardised menu." NOW Group



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Research Centre Agroecology, Water and Resilience

Ready Healthy Eat was a National Lottery Community Funded partnership project to provide ready meals for people experiencing food insecurity. The Real Farming Trust worked with four very capable delivery partners from 2020-2023: Brighton & Hove Food Partnership, The Hornbeam Centre in London, Cyrenians in Edinburgh and NOW in Belfast. Coventry University researched the impact of the work, including nutritional impact.

