

Fakeaway Cooking

What is the 'fakeaway' cooking group?

We are a medium secure men's psychiatric rehab ward, with 17 patients.

We run the 'fakeaway' cooking monthly.

A group of patients cook a meal for the whole ward.

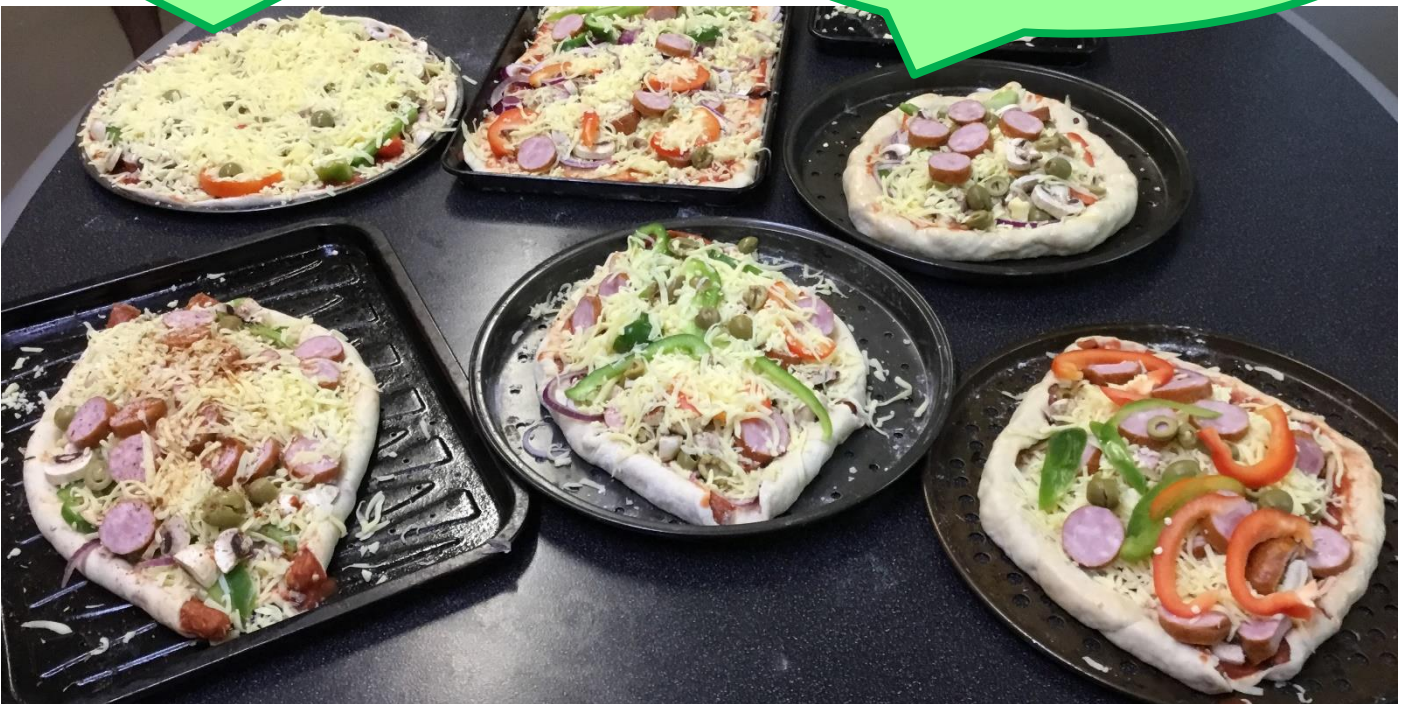
In the first session, any patients who are interested come along to plan what to cook. They choose a meal collaboratively, decide on ingredients/recipes, and allocate roles (asking around the ward who wants what option; shopping; food preparation like chopping; cooking; washing up). Then the following week, we cook!

We usually have 3 staff, meaning we can provide 1:1 support where needed.

Where 1:1 support isn't needed, we support the team work and social elements of the group.

'When we cook the fakeaway it brings all the patients together socially and the food is always very well received'

'Having a laugh, socialising with other patients and OTs, enjoying cooking, learning to cook and having a nice meal at the end'



How has VdT MoCA shaped the group?

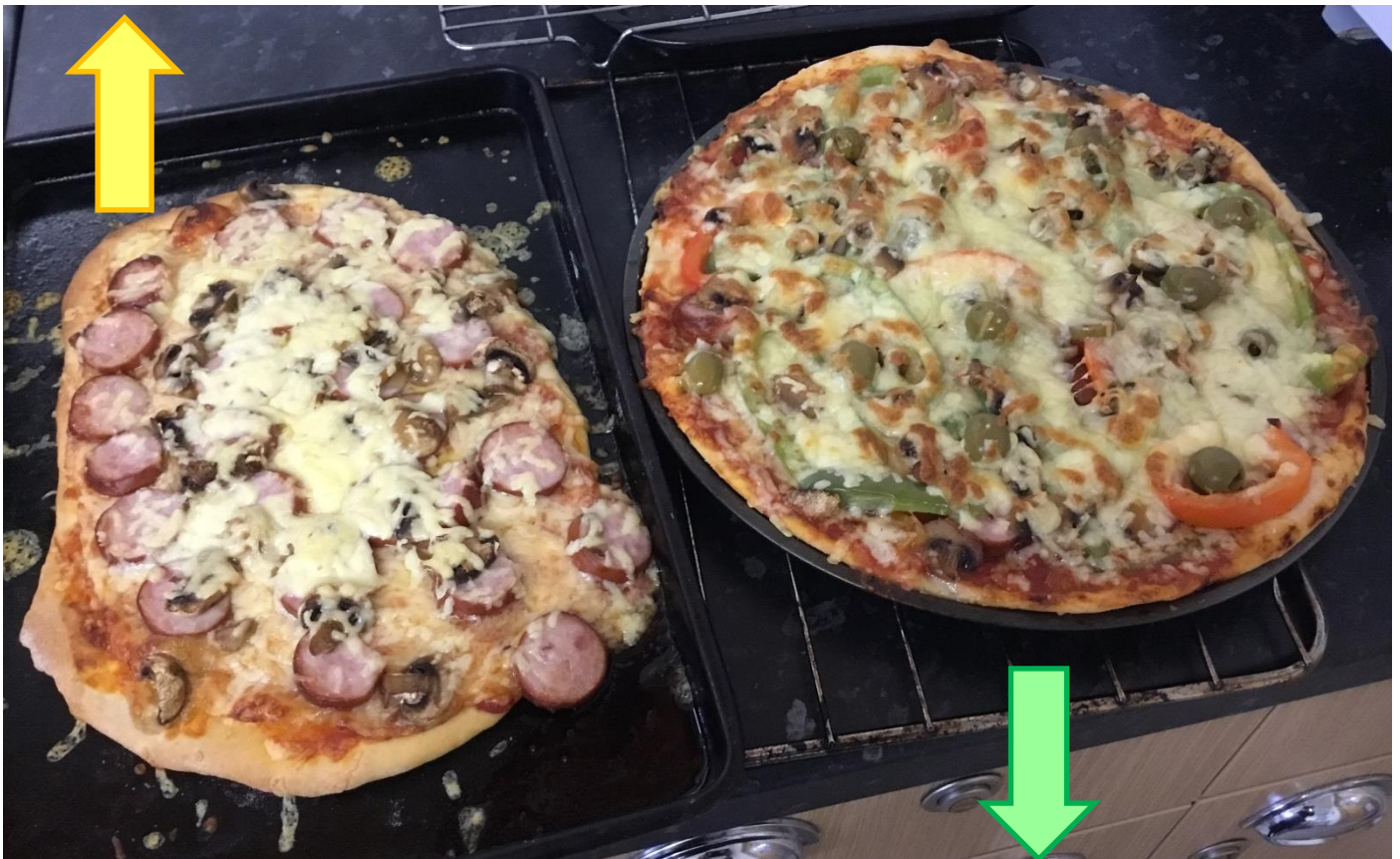
We initially planned the group to cater to the needs of the imitative participation level patients (and some passive participation)- with the focus being on skills like team working, planning and organising as a group.

However, as people at all levels were keen and interested, we decided to use the VdT MoCA principles to support people at all levels to participate. We use the levels to guide us with who should do which tasks, and what support they will need.

We have also expanded the group to the acute ward, by structuring the tasks using the VdT MoCA principles, and it has also worked well there.

How does the group help people at self presentation level?

- People might come into the group briefly, so we offer specific short tasks if they want (e.g. chopping onions; putting toppings on the pizza).
- We can help select tasks that are 'flop proof'- e.g. it won't affect the taste of the pizza if it's a wonky shape, or the toppings are not placed neatly.
- We are there to offer support with interactions if needed, or someone can just engage with the task if they prefer- we'll offer tasks that don't rely on working as a bigger group.
- We encourage people to come and have a go, to build their confidence. Their initial engagement might be just peering through the kitchen window to see what we're doing!
- We may need to prompt food hygiene skills, encouraging awareness that we're cooking for everyone.
- Opportunity to experience enjoyment- food plus positive social feedback is motivating.



How does the group help people at passive participation level?

- Usually people will stay for more of the session, and want to help with more stages of the meal. We encourage them to take on tasks that require more of a specific standard to be met (e.g. cooking meat- encouraging them to check when it is cooked thoroughly).
- We'll encourage them to take on tasks that involve working with others, or timing things as part of a group.
- They may take more of a lead in the planning, when negotiating which meal to cook.
- We'll provide recipes that describe the expected standard, or have pictures to aim for.
- We encourage them to use their judgement and make decisions (with support to think it through where needed).
- We'll encourage them to take on unfamiliar tasks and learn new skills related to these.
- Helps build self esteem through creating something positive for the whole ward.

Comments and pizza pictures shared with kind permission of the patients involved.