



food, training and learning disability

A report on a food and health training project for support workers



community
food and health

(scotland)

Community Food and Health (Scotland)

Our overriding aim is to improve Scotland's food and health. We do this by supporting work within and with low-income communities that improves access to and take-up of a healthy diet.

Major obstacles being addressed by community-based initiatives are:

Availability increasing access to fruit and vegetables of an acceptable quality and cost

Affordability tackling not only the cost of shopping, but also getting to the shops

Skills improving confidence and skills in cooking and shopping

Culture overcoming ingrained habits

We help support low-income communities to:

- identify barriers to a healthy balanced diet.
- develop local responses to addressing these barriers.
- highlight where actions at other levels, or in other sectors are required.

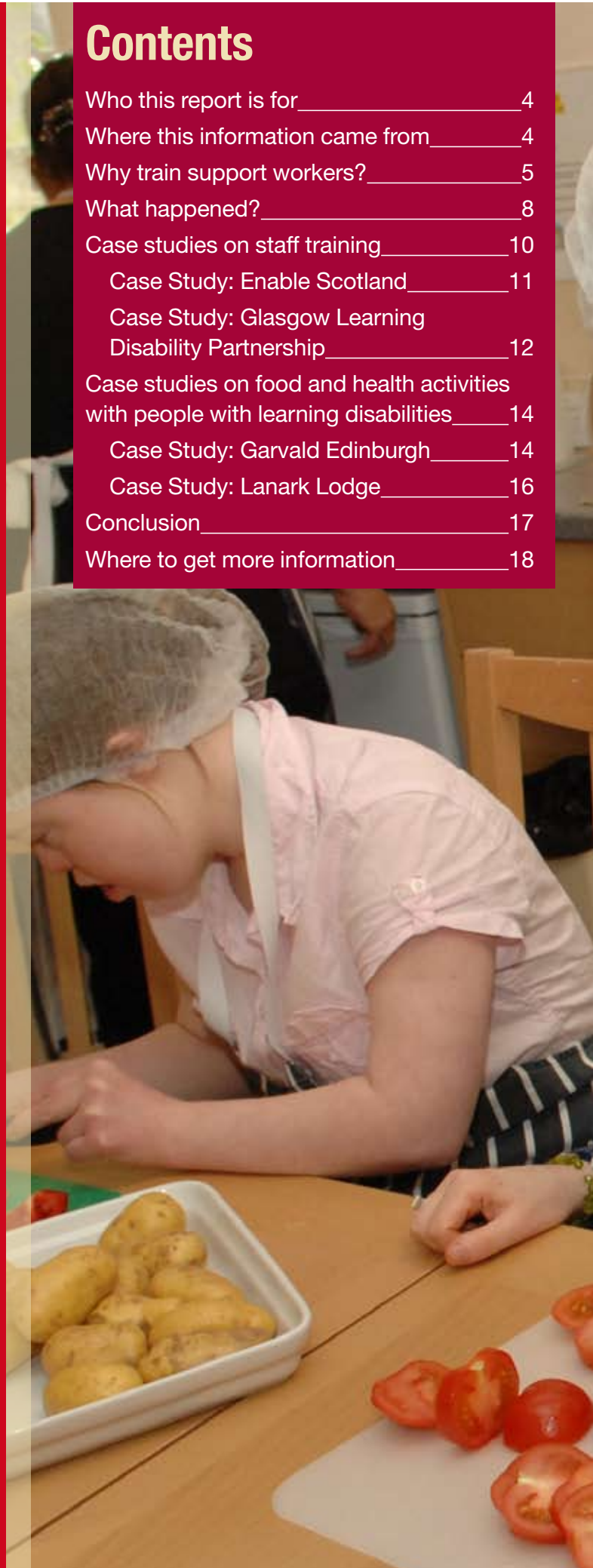
We value the experience, understanding, skills and knowledge within Scotland's communities and their unique contribution to developing and delivering policy and practice at all levels.

Thank you

We would like to thank all those who contributed to the work that this report is based on, including the Scottish Learning Disability Clinical Dietetic Network, the tutors who were involved in this project, all those that attended the roundtable discussion in September 2008 and those who contributed case studies. Thanks to Berryknowes Resource Centre, Glasgow; Thornliebank Resource Centre, Glasgow; and Garvald, Edinburgh, for contributing photos.

Contents

Who this report is for	4
Where this information came from	4
Why train support workers?	5
What happened?	8
Case studies on staff training	10
Case Study: Enable Scotland	11
Case Study: Glasgow Learning Disability Partnership	12
Case studies on food and health activities with people with learning disabilities	14
Case Study: Garvald Edinburgh	14
Case Study: Lanark Lodge	16
Conclusion	17
Where to get more information	18





Foreword by the Scottish Learning Disability Clinical Dietetic Network

This report is mainly based on the experiences of dietitians from the Scottish Learning Disability Clinical Dietetic Network that participated in rolling out the REHIS Food and Health course to carers of people with a learning disability in their local area. Feedback from the sessions was very positive and highlighted the demand/need for an ongoing programme of training for carers.

The Scottish Learning Disability Clinical Dietetic Network is made up of Senior and Advanced Dietitians from across Scotland who work with people with learning disabilities. The group meets quarterly with an education role, e.g. case presentations and guest speakers, and a clinical role in producing guidelines and resources suitable for this client group. The group is very proactive, with the following projects completed:

- Best Practice Guidelines for the Nutritional Care of Adults with a Learning Disability in Care Settings.
- Scottish Nutrition and Diet Resources Initiative (SNDRI) diet sheets on constipation, dysphagia (swallowing difficulties) and obesity.
- Dysphagia Standards.

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Who this report is for

This report focuses on the work of a small selection of people in Scotland to promote healthy eating among people with learning disabilities. The report will be of interest to those in the learning disability sector with a responsibility for, or interest in, food, health or training. It will also be of use to those who are involved in the delivery or promotion of the REHIS (Royal Environmental Health Institute of Scotland) Elementary Food and Health course, which this work was based on.

The first section focuses on a group of professional staff (mainly dietitians) who delivered this short, nationally accredited, food and health training course to support workers. The second section provides case studies from organisations. Two of these delivered training to support workers. The other two delivered a range of food and health activities directly to people with learning disabilities. The final section provides some details of where you can find more information about this type of work.

Where this information came from

Early in 2008 nine individual members of the Scottish Learning Clinical Disability Dietetic Network and their non-dietitian colleagues received funding from Community Food and Health (Scotland) or CFHS. This enabled them to register as REHIS Elementary Food and Health course tutors, and/or deliver one REHIS Elementary Food and Health course with support workers working in the learning disability sector. Five received additional funding to deliver a practical course (such as cooking or menu planning) alongside it.

Most of the group came together in September 2008 to attend a roundtable discussion with representatives from national organisations to discuss their experiences and consider any future directions. This report is based on information from the roundtable discussion and from evaluation reports from all nine tutors in late 2008. In 2009, four organisations contributed case studies.





Why train support workers?

Since 2006 REHIS has overseen the accreditation and provision of a short (approximately six hours long) Elementary Food and Health course. Following this, CFHS developed small-scale funding packages to promote this course within excluded groups or low-income communities.

One of the aims of CFHS is to build the capacity of the community sector to deliver consistent messages about food and health to those they work with. There were two main reasons why CFHS decided to promote food and health training within the learning disability sector:

1 People with learning disabilities are more likely than those in the general population to suffer from nutritional ill-health. Their nutritional needs are also less likely to be recognised by support staff or professionals. The Health and Social care SVQ courses that support workers are required to complete for registration, include food and health as optional rather

than mandatory modules. These optional food and health assessments also vary in content (Crawley, 2007).

In recognition of this, individual members of the Scottish Learning Disability Clinical Dietetic Network had been actively delivering or planning in-house nutrition and health courses or the REHIS Elementary Food and Health course. The group had also set up a sub-group to explore options to deal with these issues.

2 Information that had been gathered from our other recent work (such as work around developing independent living skills using food, and information from CFHS small grant scheme recipients) had also indicated that promoting this course to people working in the learning disability sector, especially those supporting people to live independently, was timely.

Members of the Scottish Learning Disability Dietetic Network were interested in working with CFHS to promote the REHIS Elementary Food and Health course within the learning disability sector.



What happened?

Who attended the courses?

Each tutor was provided with funding to deliver one set of courses on condition that these were delivered free of charge to course participants or service providers. Tutors promoted the courses to a range of care providers in their areas. Participants were recruited from day centres, group or care homes, and those supporting people living independently in their own homes. Most of the participants were support workers, but included some managers and care home chefs.

Encouraging attendance

Did the REHIS and practical training appeal to the learning disability sector?

The tutors had conflicting experiences of recruiting participants. Some tutors said they had no problems recruiting participants or said that they could have 'filled the course several times over' due to its popularity.

“...the accreditation [of the REHIS course] seemed to be appealing to care agencies.” Tutor at roundtable discussion

Other tutors reported recruitment difficulties, particularly if managers did not view the course as essential staff training. One tutor arranged the course so that support workers could attend in their own time.

Both the timing of the course and understanding of the contents of the course might have caused recruitment difficulties. Some courses were delivered during the summer period and some course participants or support service managers made the mistake of thinking that the REHIS Elementary Food and Health course was the REHIS Elementary Food Hygiene course (many in the care sector will associate REHIS with food hygiene courses). Some tutors reported that they added their own course subtitle to avoid this confusion.

What did they teach on the courses?

The expected learning outcomes from the REHIS Elementary Food and Health course include:

- understanding the relationship between food and health.
- awareness of the barriers to a healthy diet.
- understanding of major food groups, fibre, vitamins, minerals, fluid and alcohol.
- understanding of energy balance and weight
- the requirements of various life stages and influences of culture and religion.
- understanding of food and diabetes, coeliac disease, coronary heart disease, food allergy, cancer, heart disease and osteoporosis.
- being able to use the 'Eatwell plate' (see 'Where to get more information' section).
- understanding of food labelling.
- awareness of national initiatives and community food projects.
- understanding of different ways to prepare and cook foods for a healthy diet.

Tutors often achieved these outcomes by using active or visual methods, such as:

- group work/interactive sessions.
- food diaries.
- Eatwell plate/mat and food models.
- mind maps.
- videos.

Tutors reported that they had tailored the REHIS Elementary Food and Health course slightly to include issues around learning disability. Others used the additional practical course to add this information.

Learning disability topics added to both the practical courses and the REHIS course included:

- substituting REHIS case study examples with learning disability examples.
- using learning disability examples in various parts of the REHIS course.

Others went further and added a learning disability section to the REHIS course and included information on:

- dysphagia (swallowing difficulties) and texture modification.
- low weight/obesity.
- Prader Willi syndrome (a syndrome that is associated with a range of diet-related issues).
- issues around using food as a treat or reward, or to assuage feelings of guilt.
- autism.
- getting nutritional information across to people with a learning disability.



Five tutors delivered practical courses. These consisted of activities or covered topics such as:

- menu planning.
- practical issues around the extra support needs that some people with learning disabilities may require, such as help with using a knife, reading and understanding recipes.
- practical cookery sessions.
- information about National Care Standards.
- some of the issues above that other tutors had included as part of the REHIS course.

What resources did they use?

A comprehensive booklet is provided to all participants attending a REHIS Elementary Food and Health course. Tutors provided participants with additional handouts, some including recipes that they had produced themselves or received from other agencies. These were appreciated by participants, particularly those who plan to cascade information within their workplaces.

"Info will be available to staff and carers." Participant



Was the REHIS Elementary Food and Health course suitable for people working in the learning disability sector?

Some participants enjoyed learning about general food and health issues. Others would have preferred a specialised learning disability and nutrition course. Some participants thought that parts of the REHIS course were less relevant to their sector, such as breastfeeding. However, they also acknowledged that issues that might not seem immediately relevant could be part of their future work.

One tutor at the roundtable discussion stressed that many support workers working with learning disabilities will move between the care sectors, such as mental health or older people. Thus, a general nutrition course is valuable for people in all these settings.

In general, some tutors felt that there were ‘too many facts and figures’ and too much information for participants to remember, which may have restricted more interactive teaching. Some participants had very little or no recent experience of formal training and were apprehensive about completing an exam. However, these concerns are not unique to this group of tutors and REHIS has recently implemented substantial changes to the course and exam to address these issues. Tutors’ suggestions to help participants included:

“Don’t call the exam an exam – call it a ‘learning check.’” Tutor at roundtable discussion

What evaluation methods did the tutors use?

Most of the tutors gave out questionnaires at the end of a course. One asked participants to add their comments to a ‘graffiti/silent wall’. One asked for feedback forms within a few weeks and another planned to evaluate three months after the course. This tutor’s project is included as a case study in this report.

What did participants learn and what did they hope to achieve as the result?

Seventy-nine people working in the learning disability sector attended the REHIS Elementary Food and Health course and 77 of these passed the exam. Tutors attending the roundtable discussion agreed that participants gave positive feedback about the course. One tutor reported:

“The course really inspired/empowered people to go away and make changes for the better.”

The tutors’ evaluation reports showed that the most popular parts of the REHIS course included:

- learning about food labelling.
- learning about ‘a balanced diet’.
- learning about vitamins.

“An insight into nutritional facts that can help me when cooking with clients, also more dietary issues which will help me with my work.” Participant on both REHIS and practical courses

Support staff with responsibility for arranging or cooking meals in care homes or day centres reported their plans for making changes to menus or the workplace, which included:

- arranging nutrition groups in the workplace.
- adding oil-rich fish to the menu.
- reducing fat content of dishes.
- applying for the healthyliving award (see ‘Where to get more information’ section for information on this).

Some participants intended to cascade information to other care staff, either formally or informally. Others said the handbook and other resources would be available for other care staff.

Other benefits of attending the courses

Other benefits of attending the course were highlighted, for example, support workers enjoyed the opportunity to meet with staff from other care providers.

“...it was beneficial to hear other support workers’ experiences and ideas.” Participant

Not surprisingly, many staff also reported that what they had learnt would be useful for their own and their families’ diet, as well as useful in the workplace. Two tutors reported that there was now an increased awareness of their dietetic services.

“I will be using the knowledge gained both in my personal and work environment.” Participant

Will the new tutors continue to teach the courses?

Seven tutors expressed an interest in, or had firm plans to continue to offer, the REHIS Elementary Food and Health course and their own practical or ‘learning disability add-on sessions’ to care providers. Additional ideas from the roundtable discussion were:

- inform care providers about existing REHIS Elementary Food and Health tutors in the area.
- offer a learning disability input on existing courses when they are delivered to care services (up to 20% of the REHIS Elementary Food and Health Course can be delivered by a non-REHIS tutor, providing that the tutor discusses this with REHIS).
- consider arranging a joint REHIS and learning disability tutor joint accreditation. However, this would take some time and issues around ensuring quality control would need to be overcome.
- one of the roundtable discussion delegates is planning to develop a longer course, aimed at those working in the learning disability sector.



Case studies on staff training

The following two case studies used the REHIS Elementary Food and Health course to build the skills of support workers working in the learning disability sector. They chose different ways of doing this reflecting the differences in their organisations. Enable Scotland used the REHIS course to build skills of managers so that they could deliver shorter courses within their teams. The Glasgow Learning Disability Partnership used it to train support workers.



case study Enable Scotland

Enable Scotland supports people with learning disabilities across Scotland in a variety of ways. They employ around 1,700 staff. The majority of staff work directly to support adults and children with learning disabilities in their own home or shared tenancies. Their responsibilities around food will include: supporting people to eat who are unable to feed themselves, cooking with or for people receiving support, and assisting people with food shopping and budgeting.

The need for nutrition courses

Enable Scotland's Training Department believed that its support staff required training on food and health because:

- there were concerns that people receiving services were being given inconsistent messages about healthy eating.
- feedback indicated that staff were having difficulties trying to balance the rights of people receiving support to choose what they eat with making sure that this choice was based on knowledge and skills and was not detrimental to their health.
- a dietetic student conducting research for a dissertation reported that staff and managers had said they required more help with their own cooking and nutrition skills in order to be able to carry out their duties properly.

What they did

The REHIS Elementary Food and Health course was delivered to Enable Scotland staff in Glasgow. The trainers also developed a shorter, half-day in-house 'Nutrition and Health' course, which was more flexible and cost-effective for staff to take up compared to their Glasgow-based REHIS course. The Nutrition and Health course is now being delivered throughout



Scotland by Nutrition and Health tutors (mainly line managers) who have successfully completed both the REHIS Elementary Food and Health course and an Enable Scotland 'Becoming an Effective Trainer' course. After successfully completing both these courses, they were given all the resources they needed, such as presentation materials, a handbook, a workbook to give to participants and Food Standards Agency healthy eating leaflets.

The Nutrition and Health tutors are also encouraged to continue to attend support meetings four times a year and are reminded of when dietetic services should be used, such as when individuals require dietetic advice for specific conditions like diabetes.

The Nutrition and Health course is listed as a recommended course on Enable Scotland's training programme. Participants are expected to demonstrate their knowledge throughout these interactive sessions by taking part in menu planning and by completing workbooks after the course.

What happened?

So far, around 30 members of staff have completed the REHIS Elementary Food and Health course and seven of these are now Nutrition and Health tutors. Four tutors are actively delivering the course across several services as well as their own services or teams. Some tutors add-on the Nutrition and Health course to staff

team meetings by delivering this over several team meetings. One or two tutors also teach cooking skills and many also deliver food hygiene courses.

However, encouraging line managers and others to attend the REHIS and the Becoming an Effective Trainer's course has been challenging. The courses are advertised in the quarterly staff bulletin as well as in the training programme materials, but like staff in similar organisations, other training is prioritised. Support staff are required to complete the Health and Social Care SVQs and although these include two optional food modules, in the past staff have been encouraged to choose other options that will also help them with their daily work. This is changing as they widen the scope of units available to staff. Along with similar organisations, Enable Scotland experiences around a 20% annual staff turnover. This means that it will be continually able to offer the Nutrition and Health courses to more new staff.

What difference has it made?

Nutrition and Health tutors report that attendance at these courses has raised awareness of the importance of healthy eating and this is reflected in the healthier menu planning that takes place within the teams. Learning about food and health in a team setting helps to ensure 'continuity of care'. That is, staff teams who may in the past have had differing views

about the dietary needs of the people they support, are now in agreement, and giving the same consistent messages about food and health, and making a concerted effort to involve everyone in choosing healthier options.

What next?

Enable Scotland will continue to promote the courses and aim to make sure that all staff are aware of the benefits of healthy eating both for themselves and the people they support. It is developing new induction packs for support staff that will include programme outlines for all training courses that they are able to attend, and the options for food and nutrition will be well-publicised.

Enable Scotland also hopes to use the attendance at the food and health course as assessment evidence for the SVQ food modules. Its other plans include involving people with learning disabilities in the food and health course (some are already assisted to learn food hygiene) and using Enable Scotland's 'Exchange' intranet site to promote and discuss healthy eating and recipes.

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case study Glasgow Learning Disability Partnership

Learning disability dietitians

The Glasgow Learning Disability Partnership is made up of local authority and NHS learning disability services across Glasgow. The Partnership is registered as a REHIS Elementary Food and Health course centre and the specialist learning disability dietitians deliver both the REHIS course and an additional course that they have developed 'Food and health for people with learning disabilities'.

Why the courses were needed

The dietetic services receive requests from learning disability services seeking advice on:

- making changes to their menus as the result of discussions with the Care Commission.
- improving menus to make them 'healthier'.
- helping people with learning disabilities make the right food choices to manage their weight (both overweight or underweight).
- assisting people with conditions such as dysphagia.

Prior to delivering the REHIS and additional learning disability course, this dietetic group had delivered an in-house food and health course. Taking part in the CFHS project gave the group the opportunity to develop a learning disability course as well as offer the REHIS course to services.

What happened

The team arranged to deliver the courses in pairs so that these

theory-based one-day courses could be delivered using a range of delivery styles. They also used interactive methods. On the REHIS course, this included encouraging participants to complete food diaries and compare these with the recommendations on the 'Eatwell' plate.

At the end of the REHIS session and exam the group were asked what they felt would be helpful to learn on the learning disability course. The participants were also given homework, which was to devise a menu using the menu evaluation tool that they had learnt to use with their own food diaries. These were brought to the next session to discuss.

The learning disability course was used to learn about issues including:

- nutrition and health for people with learning disabilities.
- policies and legal requirements in learning disability services, including Care Standards.
- menu planning.
- ideas on how to motivate people to eat healthily.
- advice on texture modification.
- supporting people who are overweight or underweight.

The tutors used a range of resources to deliver the learning disability course. Participants were given summaries of, and sample menus from, 'Eating Well: children and adults with learning disabilities' by H Crawley (see 'Where to get more information'

section for more information on this publication). The tutors also used menu analysis tools that they had devised. They discussed the use of, and sampled a range of, fortification foods and thickeners for those working with people who are underweight.

The participants had to complete a short exam at the end of this session too. This involved multiple choice questions and developing an action plan. The action plan asked the participants to:

- 1 list three changes they would like to implement in their work settings as the result of what they had learnt on the course.
- 2 identify barriers that might have to be overcome.
- 3 suggest how they might overcome the barriers that they had identified.

The tutors used a mixture of evaluation techniques at the end of both courses. Participants were asked to write comments on Post-it notes and put these on a 'silent' wall. The tutors received some unexpected comments.

"We were surprised by how much people were interested in the basics of nutrition, such as information about vitamins and the different nutritional needs of different life stages. More information was required on this compared to what we had been teaching on our in-house course. Participants said they enjoyed learning this and wanted to know more", one tutor said.



The tutors also carried out their own peer evaluation. From this, they concluded that the co-tutoring, interactive and group sessions helped to keep participants interested and alert. They believe that participants benefited from meeting and working with staff from different services. The tutors also think that participants benefited from assessing the personal food diaries. Participants were enthusiastic about this exercise, and were interested in assessing their own diet as well as considering the diet of the people they work with.

The participants were sent questionnaires three months after attending the courses to see what difference the courses had made.

What difference did it make?

Ten participants from a range of learning disability support services attended the REHIS course. Eight returned two weeks later to complete the learning disabilities course. All the participants passed the exams and made positive comments about what they had learnt. The tutors were impressed with the level of understanding that the participants showed when completing their individual action plans for the learning disability course exam.

Four out of the eight participants returned evaluation questionnaires three months after attending the courses. They all reported a range of changes that they had made, which had been well received.

These included:

- setting up a healthy living group with people with learning disabilities.
- working towards the national healthy living award within the catering service (see 'Where to get more information' section for more information on this).
- using milk rather than water for blending food for people who are underweight.
- continuing to encourage small regular healthy changes.
- incorporating changes into support plans.
- encouraging people with learning disabilities to get involved in preparing food.
- involving everyone and expecting everyone to taste different foods in a healthy eating session. This was positive and upbeat.
- blending vegetables with soup.

There were also some changes that individuals had more difficulties with; these were:

- some resistance from service users and staff mainly due to their own preferences for specific foods.
- blending vegetables does not happen all the time as the fruit and vegetables are bought on a Sunday as part of the weekly shop and these tend to run out before the end of the week.

All four participants who returned the follow-up questionnaire said they would recommend the REHIS

and learning disability course to other people working in the learning disability sector.

The tutors' future plans

The tutors plan to continue delivering both the REHIS and learning disability courses twice a year. They might have to charge a small fee to pay for the REHIS exam registration and refreshment costs. However, they find that the national accreditation of the REHIS course appeals to those working in these services, so they hope that a small cost will be acceptable.

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Case studies on food and health activities with people with learning disabilities

The following two case studies provide a snapshot of the variety of activities that organisations arrange to directly assist people with learning disabilities to take up a healthy, balanced diet.



case study Garvald Edinburgh Day services at Gorgie Road

What they do

Garvald Edinburgh is a voluntary organisation and is a Company Limited by Guarantee with charitable status. Garvald Edinburgh offers creative opportunities and support for adults with learning disabilities, supporting 120 members in workshops where craft, catering and artistic skills are learnt. It also provides accommodation for over 40 people through supported tenancies and community housing. Its work is inspired by the ideas of the philosopher and educationalist Rudolf Steiner (see the Garvald website for more information www.garvaldedinburgh.org.uk). Members can attend the service for as long as they need to. Some will attend for many years.

Members attending the Gorgie Road workshop site can choose from a range of creative workshops, which include bakery and confectionery, puppetry, joinery, furniture restoration, tool restoration and canteen. They are also encouraged to take up the weekly optional visits to the swimming pool or keep-fit sessions.

The canteen workshop

Like the other workshop site, the Gorgie Road site has its own canteen, where a group of around eight members will be supported to prepare and serve lunch to around 40 members and staff using the site each day. The canteens use local organic produce whenever possible. Meals are vegetarian and there is a commitment to healthy nutrition. The lunch menu always has a range of dishes to choose from, including four salads, soup, a main dish (such as vegetable chilli, shepherd's pie) baked potatoes and a dessert. Lunch is sold at not-for-profit rates, fitting in with aims to try to make sure that the meals are affordable.



Members are involved in choosing recipes. This involves making up four-week menus. Staff and members will discuss how to adapt non-vegetarian recipes or adjust recipes to improve nutrition, such as lowering the fat content of macaroni cheese. They will also talk about what food is in season, and healthy eating.

Members receive support when making a dish for the first time. They make the same dish as many times as they need to until they are confident and ready to move onto learning something new. Each dish is broken down into a series of small steps, making it easier to learn, but staff aim to make sure that members have the opportunity to learn every step of creating a dish, rather than just learning one part.

Once a member is confident about preparing a dish, they might be able to work alone and use recipe sheets for reference. Staff developed the recipe sheets with help from speech and language therapists. These use a mixture of symbols and words.

Some of the members who work in the canteen also work in the Garvald bakery or confectionery workshop. They produce organic bread, cakes and biscuits that are sold to shops throughout Edinburgh.

What difference does it make?

The healthy lunches are popular with both staff and members. Very few choose to bring a packed lunch. When new members arrive they might be less familiar with vegetarian food or preparing or eating vegetables. However, they usually settle in quite quickly and will join other members for lunch. This is partly because they are surrounded by other members and staff choosing healthy lunches or opting to have salad or vegetables on their plate every day.

Some members request recipe sheets to take home, and these can be adapted for domestic use. Others may discuss their new interest at home.

All members attend an annual review, along with their support staff or family members. These sessions will include discussing any food and health issues. Members who are overweight can volunteer to make an agreement to be served smaller portions of lunch for a period of time. Canteen staff are informed of the agreement so that they can help to support individuals to choose smaller portions.

Staff top tips

- ★ Repetition and breaking down the preparation of a dish into a series of small tasks helps to build skills.
- ★ Individuals usually want to taste the food that they have made so making sure they are involved in making a meal from start to finish is essential.
- ★ Discussions about food and health work well when we try to talk about food in way that is relevant to individuals, such as talking about food programmes that they watch on TV.

Future plans

As well as continuing with its current work, the workshop leader is considering arranging a cookery course for support staff working in the supported accommodation services. This will promote consistent healthy eating messages between services.

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case study Lanark Lodge

Day Support Services

Lanark Lodge provides adults with learning disabilities the opportunity to take part in leisure, practical and educational activities. Scottish Borders Social Work Services is responsible for the Lodge. Lanark Lodge is committed to improving the health of the people who use its service and this is partly achieved by providing a choice of healthy meals as part of the lunch service and providing cookery activities.

Lunch service

In the last year the kitchen cook and team leader completed the REHIS Elementary Food and Health Course. Their commitment to healthy eating also led to their achievement of the Scottish Borders Healthy Choices Award. To receive the award caterers must achieve a satisfactory food hygiene inspection and the menu must provide lower levels of fat, sugar and salt. The menu should also offer a wide range of fruit, vegetables, salad and starchy carbohydrates.

Both the cook and the team leader played a major role in the presentation of healthy choices to people buying lunch. The cook was already using many healthy cooking methods. However, with knowledge gained from the REHIS course and the support that she received to work towards the local award she was able to focus more on choices the service could offer. Her training supported her understanding of what is healthy and what is not. It also caused a few surprises on what dishes could be classed as a 'healthy choice'. The cook has produced menus that indicate with a green 'H' what the healthy choices are.

Cooking activities

People with learning disabilities are not involved in the preparation of meals in the main kitchen. However, there is a separate training kitchen that is used to cook meals and provide baking sessions as core activities within the day service.

What difference does it make?

Many more people are choosing healthy options at lunch and comments have been made by both people with learning disabilities and their carers on how helpful the menus are. The award helps Lanark Lodge focus on the duty of care aspect for those service users who are unable to make an informed choice. Outside the main kitchen, staff are also getting 'on board' with the healthy eating message.

Future plans

Lanark Lodge is currently developing a vegetable garden. This includes a polytunnel to help extend the growing season. The garden will provide organic fruit and vegetables for use in both kitchens. People who use the service will be able to build their knowledge and understanding of healthy food and how it is produced, as well as being more physically active. They will also have an opportunity to develop gardening skills, which may lead to work placements.

NB: The Scottish Borders Healthy Choices Award is currently unavailable as it is being reviewed.

Staff top tips

★ Make use of the support and services available, we had great support from the local NHS Health Promotions unit, who was also the assessor for the Healthy Choices award.

★ It is also important to involve and include as many staff and service users as possible to spread the message and ensure consistency in providing healthy choices. This includes the need to take carers along with you, provide them with information and letting them know the benefits for the person they care for.



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Conclusion

The work undertaken by those in this report showed that food and health training can be an important first step towards improving the diet-related health of people with learning disabilities. Although the evaluation reports and roundtable discussion materials were gathered too early to show the long-term effects of food and health training, they did show the positive intentions of participants to develop activities back at their workplaces. As many of the participants attended the courses in pairs or larger groups, rather than alone, participants will also have peer support available to make these changes in the workplace.

The tutors and participants expressed differing views about the fact that the REHIS Elementary Food and Health course is for a general audience and does not include specific information on learning disability.

Some tutors overcame this by including learning disability issues throughout the REHIS course or by running an extra course. However, some tutors and participants did value the more general nutritional information. Some participants will be able to use this information in their own lives, and others will continue to find the information useful if they move to different care sectors.

The case studies shows the more long-term experiences of a handful of learning disability services who have either developed staff training around food and health and/or deliver a range of food and health activities throughout their services, with some successful results. These case studies represent just a very small sample of those working with people with learning disabilities who aim to make sure that people with learning disabilities have an informed choice about what they eat.



Where to get more information

Food and health resources for those supporting people with a learning disability

Scottish Consortium for Learning Disability

t: 0141 418 5420
www.sclld.org.uk

This organisation offers advice, support and training on a range of issues to those who support people with learning disabilities. Its library has a range of useful resources including information on nutrition and health.

Caroline Walker Trust

www.cwt.org.uk

The Caroline Walker Trust has produced the following publication:

Crawley, Helen Dr, (2007) Eating Well: children and adults with learning disabilities, nutritional and practical guidelines. The Caroline Walker Trust: Herts.

A summary of this publication is available on the website, or it can be downloaded (with a donation) or ordered via their website.

Scottish Nutrition and Diet Resources Initiative (SNDRI)

t: 0141 331 8479
www.caledonian.ac.uk/sndri

SNDRI produce and sell several leaflets that are suitable for health professionals working with people with learning disabilities.

General food and health resources

The Food Standards Agency/Eatwell plate

www.eatwell.gov.uk
www.food.gov.uk

These FSA websites have a range of resources on choosing a balanced diet, including leaflets that can be downloaded and more information on the 'Eatwell' plate.

Food and health training

The Royal Environmental Health Institute of Scotland (REHIS)

t: 0131 225 6999
www.rehis.org

REHIS accredits the Elementary Food and Health course. Its website provides contact details of tutors and courses across Scotland. REHIS also accredits food hygiene and other courses.

Support for caterers to promote healthy eating

healthyliving award

t: 0141 226 5261
www.healthylivingaward.co.uk

The healthyliving award is a national award for catering establishments that serve healthier food and find ways of helping their customers make better food choices.

Policies, standards and regulators

The Scottish Executive

The Scottish Executive produced the following policy in 2000:

Scottish Executive, (2000) The Same as You – a review of services for people with learning Disabilities.
www.scotland.gov.uk/Resource/Doc/1095/0078271.pdf

The Scottish Executive has published the following Standards which aim to ensure that people with a learning disability are able to eat well:

Scottish Executive, (2005) National Care Standards – Care at home
www.scotland.gov.uk/Resource/Doc/924/0013253.pdf

Scottish Executive, (2005) National Care Standards – Support Services
www.scotland.gov.uk/Resource/Doc/77843/0018375.pdf

The Scottish Government

The Scottish Government produced two documents that aim to address health inequalities; this includes developing health promoting activities for people with learning disabilities:

Scottish Government, (2008) Equally Well
www.scotland.gov.uk/Resource/Doc/229649/0062206.pdf

Scottish Government (2008) Equally Well implementation plan
www.scotland.gov.uk/Resource/Doc/254248/0075274.pdf

Scottish Social Services Council (SSSC)

www.sssc.uk.com

SSSC is responsible for registering people who work in Social Services in Scotland and regulating their education and training.

Care Commission

t: 01382 207100

www.carecommission.com

The Care Commission was set up in April 2002 under the Regulation of Care (Scotland) Act 2001 to regulate all adult, child and independent healthcare services in Scotland. It makes sure that care service providers meet the Scottish Government's National Care Standards and work to improve the quality of care.





**community
food and health**

(scotland)

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