



Government of South Australia
Department of Human Services

Guide for Promoting Good Lives through Healthy Eating and Physical Activity



Document Code: GUI-OCC-001-2018

Version: 1.0

Date of version: 8 May 2018

Delegated authority: Director Disability Policy Unit

Resource custodian: Disability Policy Unit

Confidentiality: Public

Aboriginal impact statement declaration: The needs and interests of Aboriginal people have been considered in the development of this document and there is no direct or indirect impact.

Acknowledgements:

The Guide for Promoting Good Lives through Healthy Eating and Physical Activity had its origins in the advocacy of Professor Gary Wittert, Professor and Head, Discipline of Medicine, University of Adelaide, Director of Freemason's Foundation Centre for Men's Health and Senior Consultant Endocrinologist, Royal Adelaide Hospital; Jayne Lehmann, Diabetes Nurse Specialist and disability advocate; and Maurice Corcoran, Principal Community Visitor. Early in 2016 they conducted a workshop on healthy eating for health and disability staff. Late in 2016 they also contributed to a seminar for the wider South Australian disability sector that also included presentations from:

- Anji Hill, Clinical Lead Dietetics, ASSIST Therapy Services
- Nartasha Emerson, Clinical Lead Speech Pathology, ASSIST Therapy Services
- Anna Hughes, Developmental Educator
- Carmel Williams, Manager Strategic Partnerships, Public Health Partnership Branch.

At the seminar participants agreed that the sector would benefit from the development of a guide that would assist organisations in their development of good practices around healthy eating and physical activity for people with disability.

Contents

Context	5
Scope	6
Service Principles	6
Risks	7
Purpose	7
Proactive Leadership from the Board, Chief Executive Officer and Management.....	8
Governance	8
Service User Outcomes.....	8
Service Provider Outcomes	9
Staff Competencies	10
Information Sharing Guidelines for Promoting Safety and Wellbeing	11
Monitoring of the Implementation of Healthy Eating Plans and Physical Activity Programs	11
Appendix A: Standards and Minimum Practice Requirements for Supported Accommodation Services	12
Appendix B: Guidelines on Physical Activity	15
Appendix C: Supporting Documents	16

Context

South Australia's Strategic Plan aims to improve the wellbeing of its community. Healthy eating, physical activity and adequate sleep contribute to a person's wellbeing. They keep us functioning, alert and active so that we can fully participate in the lives we want to lead.

Poor nutrition, a lack of physical activity and inadequate sleep can have significant consequences for a person's health, increasing the risk of illness and chronic disease. The long-term consequences of chronic disease can significantly impact a person's capacity to lead the life they choose.

The Australian Institute of Health and Welfare 2010 publication *Health of Australians with disability: health status and risk factors* reported the significant gap in health status between Australians with disability and those without disability. In 2007–08, almost half (46%) of people aged 15–64 years with severe or profound disability reported poor or fair health, compared to 5% for those without disability. People aged less than 65 years with severe or profound disability had a higher prevalence rate of all types of selected long-term health conditions than people without disability. Many of these conditions have their origins in poor diet and inadequate physical activity.

There are other considerations in respect to diet and eating for people with disability. For those with swallowing difficulties (dysphagia), eating and drinking can compromise health and safety, leading to respiratory complications and/or choking and possibly death if inadequately managed.

Some disabilities and chronic diseases bring with them specific needs in terms of nutrition and require the development and implementation of individual dietary plans to enhance and support safety and wellbeing.

Although the importance of physical activity to health and wellbeing has been well documented and is detailed in *Australia's Physical Activity and Sedentary Behaviour Guidelines for Adults (18–64 years)* (see [Appendix B](#)), it is unfortunately the case that for many people with disability, involvement in physical activity is inadequate. One recent study, quoted by Associate Professor Roger Stancliffe of the Faculty of Health Sciences of the University of Sydney found that people with intellectual disability aged between 25 and 34 years have an activity level equivalent to that of a 75-year-old in the population generally.

The Australian Institute of Health and Welfare 2010 publication also reported that the proportion of those with disability who undertake little or no exercise was 43% compared to 31% for people without disability.

People's participation in decisions that affect their wellbeing is recognised in the Department of Human Services' (DHS) *Human Rights Guide for the South Australian Disability Service Sector and the Person-Centred Guide for the South Australian Disability Services Sector*.

Scope

The Guide for Promoting Good Lives through Healthy Eating and Physical Activity is applicable to both adults and children with disability.

The Guide directs service providers to have policies, procedures and mechanisms in place to ensure a good life for people with disability by ensuring access to healthy and safe food and physical activity.

The Guide does not attempt to address the specific nutritional requirements or physical activity programs of individuals, rather it provides the framework for organisations and the people who work within them, to establish and maintain best practice in the areas of nutrition and physical activity.

Service Principles

The following principles underpin this Guide:

- Every service user is entitled to receive services and support to achieve nutrition and physical activity levels appropriate to their individual needs and that are consistent with current nutrition and physical activity guidelines. Where there are impediments to this, a plan for action is developed by staff in collaboration with the person, their family/guardian and an appropriately constituted multidisciplinary team.
- People with disability will be supported to participate in decisions about physical activities and exercise.
- People with disability will be supported to participate in decisions about their weekly food budget, menu selection, mealtime plans and guidelines and their health, with information provided in an accessible format.
- Service providers will create a positive and social mealtime environment.
- Families and advocates have a vital role to play in the lives of many people with disability and their involvement is promoted, respected and encouraged.
- Religion and culture are recognised in food preparation, meal selection and complex decision-making around oral intake.
- People with disability will be assisted to access appropriate health care professionals to support an active lifestyle and healthy diet.
- Decisions about complex health, eating and drinking safety and nutrition needs will consider a prevention and risk management approach, taking into account both duty of care and the person's right to self-determination.
- Complex decision-making involves a comprehensive team approach involving the person with disability and all relevant professional and personal stakeholders.
- Mealtime management decisions and plans are clearly documented, available, followed and evaluated.
- Service providers ensure that recommendations made by health care professionals are implemented in a timely fashion.

- Training and support is made accessible to staff to achieve the competencies they require to perform their role.
- Service providers have a responsibility to ensure awareness, understanding and compliance with this framework, and related legal and statutory requirements that exist in state or federal legislation. This responsibility extends to all levels of a service, including service managers, supervisors and direct support staff.
- Service planning, management and review systems involve the mealtime management framework and physical activity guidelines including appropriate policy, procedures and outcome measurement.

Risks

Without proactive food and activity policies, practices and standards, people with disability may experience negative health outcomes including:

- Malnutrition and associated risk of illness
- Obesity and associated lifestyle disease such as diabetes and heart disease
- Increased risk of respiratory problems such as aspiration, pneumonia and choking
- Reduced enjoyment and participation during mealtimes
- Reduced quality of life
- Poorly planned and unhealthy meal choices
- Poorly administered physical mealtime supports and practices
- Poorly managed nutrition support
- Inappropriately managed medical conditions where diet is a part of treatment
- Impaired mobility
- Increased mental health impact
- Increased risk of choking.

Purpose

This Guide provides direction for the provision of safe, planned and nutritious meals and physical activity programs for people with disability.

People with disability may need support from others to access, cook and consume food and drinks, or alternative methods of nourishment such as enteral nutrition. They may also have swallowing issues that can affect safety at mealtimes or rely on support staff to assist them to eat and drink.

For this reason, service staff will be appropriately informed, trained and supported to perform their duties around mealtimes and implementing physical activity programs. Support strategies must ensure they actively support people to participate in their own lives. This includes the ability to plan and provide a balanced, varied diet, monitor and manage health risks, including safely supporting people with swallowing difficulties, review nutritional needs, consider the ideals of individual choice with duty of care and to take into account the person's cultural background and religious beliefs.

The Guide includes Standards and Minimum Practice Requirements for Supported Accommodation ([Appendix A](#)) that provides a platform for services to assess their performance in the area of mealtime management.

The Guide includes direction for physical activity ([Appendix B](#)), including for those people who may require an individualised program.

Proactive Leadership from the Board, Chief Executive Officer and Management

Each service provider's Board, Chief Executive Officer (or equivalent) and management is responsible for providing the leadership and infrastructure to plan, prioritise, resource, monitor and evaluate the effectiveness of their organisation's strategies to ensure healthy eating practices and physical activity programs are in place. Leaders also share a responsibility for positively influencing staff and developing the attitudes and cultural change required to ensure healthy practices are in place.

Governance

The Board of Directors of each service provider is responsible for ensuring an organisational plan is created and implemented to meet the Service and Service User Outcomes for a healthy life outlined below. Through the actions of its Chief Executive Officer (CEO) and management, the Board will:

- Develop, implement and review operational procedures to achieve the principles, standards, practice requirements and outcomes of this Guide
- Allocate the required resources to ensure the policy statement is put into practice for healthy eating
- Develop an organisational culture of accountability, transparency, supervision and reflective practice as essential elements in supporting healthy and safe eating
- Allocate resources to ensure its workforce receives regular training to implement healthy and safe eating practices
- Allocate the resources to record and report on outcomes
- Ensure active engagement facilitates the self-determination of the person with disability
- Demonstrate a continuous quality improvement approach to service provision by evaluating the effectiveness of the organisation's policies, systems and practices
- Provide evidence that the principles outcomes, standards and minimum practice requirements of the mealtime management framework are met.

Service User Outcomes

Service users will:

- Have an individual healthy lifestyle plan that includes an individualised healthy eating plan, exercise/activity plan, water consumption plan and recommended person-centred strategies to achieve its successful implementation

- Enjoy pleasant, enjoyable, nutritious and high quality meals and snacks that align with the Australian Guide to Healthy Eating
- Have improved health and wellbeing
- Have healthier bodyweight, improved mobility and reduced comorbid conditions, a reduced incidence and prevalence of chronic disease (diabetes, cardiac disease, respiratory disease, joint disease), and where these are present, the onset and severity will be significantly ameliorated thereby improving wellbeing and quality of life.
- Be aware of the role diet plays in overall quality of life
- Where safe and appropriate, be involved in all aspects of food preparation including active involvement in choosing, planning and cooking meals
- Learn about healthy choices by participating in preparing healthy shopping lists and doing grocery shopping
- Have meals that take into account any health or other issues specific to their disability
- Have an eating environment that prioritises and supports healthy and enjoyable meals
- Have potential improvements in mood, cognitive ability, sleep quality, mobility, bowel health and general wellbeing, consequently reducing dependence
- Have a reduced frequency of falls.

Service Provider Outcomes

Service providers will be able to demonstrate that:

- All staff recognise the importance of nutrition and physical activity to the wellbeing of the people they support by including deliverables relating to these areas in business planning
- All direct support staff are appropriately informed, trained and supported in performing their duties around nutrition, mealtimes and physical activity
- The responsibilities of support staff regarding nutrition, mealtimes and physical activity are clearly documented and understood
- Equipment of a suitable quality and function to support the preparation of nutritious meals is available
- Written documentation regarding nutrition, mealtime management and physical activity is in place for each service user
- Systems that support healthy meal planning and shopping are in place
- Processes for reviewing individual needs and managing individual risk factors relating to nutrition are in place and are regularly reviewed
- Procedures for navigating differences between duty of care, individual choice and cultural/religious requirements are in place

- Programs that support people with disability to increase their food literacy so they can participate in positive decisions concerning menu selection, mealtime plans and guidelines, and their health are in place
- All information on nutrition and mealtimes is provided in an appropriate and accessible format
- There are systems to balance individual preferences with the need for healthy eating options
- The advice of health professionals with an understanding of nutrition, swallowing safety, physical activity and chronic disease management is sought as required
- There are mealtime plans for each person with swallowing difficulties, or who has conditions where eating and drinking can compromise health and safety, leading to respiratory complications and/or choking if not correctly managed
- The Standards and Minimum Practice Requirements for Supported Accommodation Services are met (see [Appendix A](#))
- Regular reporting on nutrition and physical activity related outcomes occurs
- Health care costs are reduced.

Staff Competencies

Disability service providers will ensure that their direct support staff achieve the competencies required in mealtime management to enable safe, nutritious and enjoyable mealtimes and, in particular, that staff receive training and demonstrate competence in the following areas:

- Menu planning (for managers or the delegated person responsible for planning food and drink provision)
- Identifying healthy foods and drinks, so they can support people to make healthy choices when food shopping, on outings, during food preparation and on what to take to work or on day options
- Mealtime preparation including preparing ingredients, following recipes and cooking
- Following meal plans to support the treatment of chronic medical conditions (for example, diabetes)
- Modifying the texture of foods and fluids in accordance with national standards for texture modification when necessary
- Plating up well-presented food in amounts suitable for a person's nutritional needs
- The ability to identify signs and symptoms of swallowing and nutritional issues
- The ability to supervise and participate in physical activities
- Food safety and hygiene
- Awareness of duty of care in relation to both the supported person and organisation.

Appropriate mealtime management training can assist staff to achieve the minimum standards relating to nutrition and mealtime management.

Information Sharing Guidelines for Promoting Safety and Wellbeing

Meals and physical activities are likely to occur in a number of settings. When service providers do not share relevant information with families, other parts of a service or other service providers, they can place the person with disability, their family or staff member(s) at significant risk.

Service Providers are required to comply with Ombudsman SA's *Information Sharing Guidelines for promoting safety and wellbeing* (ISG) that states:

“When information about risk is not shared, workers operate in isolation, resulting in an incomplete understanding of the complex needs and interconnected circumstances of their clients. The ISG provide a mechanism for information sharing when it is believed a person is at risk of harm (from others or as a result of their own actions) and adverse outcomes can be expected.”

All DHS-funded disability service providers are required to have an updated ISG Appendix in place (containing procedures for implementing the ISG within their own organisation). Providers must further ensure that their staff are appropriately trained and inducted into use of the updated ISG. For further information refer to Ombudsman SA's website and the DHS Appendix to the Information Sharing Guidelines for promoting safety and wellbeing.

Monitoring of the Implementation of Healthy Eating Plans and Physical Activity Programs

The Board, Chief Executive and Management will monitor the implementation of healthy eating plans and physical activity programs.

External monitoring of an organisation's performance will occur through:

- Service users themselves
- Families, guardians, friends and advocates
- The Community Visitors Scheme (CVS).

Appendix A: Standards and Minimum Practice Requirements for Supported Accommodation Services

It is recommended this set of standards and minimum practice requirements be adopted by services providing accommodation support to adults with disability to promote participation and engagement at mealtimes, and reduce the risk of serious health conditions resulting from swallowing difficulties and nutritional needs.

1. Appropriate and Nutritionally Adequate Food

Mealtimes are planned and provided so that people have access to safe and nutritionally adequate diets.

For minimum practice requirements, the service will ensure:

- Menus are planned and documented offering a range of nutritionally adequate food in line with the Australian Guide to Healthy Eating (see [Appendix C](#))
- Food preparation conforms to any applicable food safety regulations and texture standards
- People supporting mealtimes in any setting (including volunteers, day options staff) are aware of, understand and are able to follow the mealtime or nutrition plans provided for each person.

2. Cultural and Religious Diversity

Cultural and religious diversity is acknowledged. Therefore, service providers must ensure a person's requirements and customs have been discussed with the person and appropriate family or community members.

For minimum practice requirements, the service will ensure:

- The person's religion and culture are incorporated into and demonstrated within menu planning, meal preparation and mealtime practices
- An environment is created that allows, enables and values the person's cultural and religious expression through the choice of food and presentation of meals.

3. Mealtime Risk Identification and Action

Support staff will report any identified risks affecting a person's mealtime safety and take appropriate action as per organisational guidelines. Identified risks and actions taken must be clearly documented.

For minimum practice requirements, the service will ensure:

- Individual risks related to chewing, swallowing and nutrition support are identified and addressed by using an appropriate screening tool and referring to a dietitian, speech pathologist or appropriate health professional as required
- Appropriate dissemination and following of individualised mealtime and nutrition plans developed by health professionals

- Monitoring of weight at least monthly to monitor a person's nutritional status
- People with a swallowing issue have been assessed by a speech pathologist and have a mealtime safety plan in place
- Assistance from speech pathologist/pharmacist is sought when medications need to be modified due to swallowing difficulties.

4. Enteral Nutrition Support

All staff will be familiar with, and adhere to, relevant guidelines regarding supporting a person with enteral nutrition. Consideration needs to be given to balancing a person's health needs with quality of life.

For minimum practice requirements, the service will ensure:

- To follow the *Support of People with Enteral Nutrition Guideline* (or other relevant organisational guideline) that clearly defines roles and responsibilities of the supporting team (dietitians, nurses and accommodation staff)
- Support workers receive competency-based training in accordance with DHS regulations
- Enteral nutrition requirements and plans are reviewed at least every six months by a dietitian
- Considerations for tube feeding, or withdrawal of tube feeding, includes all stakeholders – the person, family, advocates, service providers and appropriate health professionals discussing all options, including potential risks.

5. Individual Choice and Participation

Wherever possible, the person will be provided with opportunities and supports to express their likes and dislikes about particular foods/drinks (including type, texture and temperature) and have these recognised within the daily food selections, menu planning and food purchases.

Whilst all people at times will choose foods that may not be optimal for their health, generally service providers have a responsibility to safeguard the health of the people they support through education and information about the consequences of their choices.

Through a person-centred approach, the service will ensure and appropriately record that:

- The person is encouraged to experience different foods
- The person receives appropriate information about the relationship between their health and food choices
- The person is involved in menu planning and decision-making about mealtime arrangements
- Where a person is involved in food preparation, they receive education about hygiene, food storage and appropriate presentation.

6. Considering Individual Choice with Duty of Care

Service providers have a responsibility to ensure both individual choice and duty of care are being considered. For example, considering a person's physical issues and immediate or medium-term health risk (ie related to weight, positioning, chewing, swallowing or need for equipment) and their right to choose their preferred foods.

For minimum practice requirements, the service will ensure and appropriately record:

- Consideration to duty of care along with the person's preferences/choices where texture modifications or restrictions to food and fluids are clinically recommended
- Assistance with individual choice, based on health promotion and a nutritionally balanced diet
- Where the person's nutrition, eating and drinking support needs are complex that:
 - food choices are based on all the information required
 - risks to nutritional health and general health are assessed and understood
 - the person, their family and advocates are involved
- Relevant health and allied health professionals are involved to ensure clinical recommendations are understood and considered in the decision-making process
- Informed consent and decision-making by the person is facilitated, ensuring information about management options and possible consequences of different choices are made clear
- The capacity of the person is considered so their ability to give informed consent in the decision-making process is clear. The use of advocates and guardians where capacity is unclear is important.

Appendix B: Guidelines on Physical Activity

For service users who have no signs or symptoms of chronic disease or injuries, the physical activity required to maintain good fitness and health should include:

- A minimum of 30 minutes of moderate intensity physical activity on five or more days each week (for example walking, cycling, swimming, playing sport/games, gardening, etc)
- Resistance/balance/flexibility training that aims to build strength, stability and mobility on 2–3 days/week. This can be independent, supervised or in undertaken in groups.

For service users with signs, symptoms or a diagnosis of chronic disease, current injuries or a history of injuries, or who are at risk of falls, an individual exercise/physical activity program, based on clinical presentation, should be developed in consultation with their general practitioner and exercise physiologist. Alternatively, a clearance is given by the general practitioner to engage in the physical activity guidelines stated above.

Appendix C: Supporting Documents

Australian Dietary Guidelines, National Health and Medical Research Council, 2013

Australian Guide to Healthy Eating, Department of Health, accessed on 13 June 2017 at:
<https://www.eatforhealth.gov.au/guidelines/australian-guide-healthy-eating>

Australian Standards for Texture Modified Foods and Fluids, Speech Pathology Australia, Dietitian's Association of Australia, Nestlé, 2013

Australia's Physical Activity and Sedentary Behaviour Guidelines for Adults, Department of Health, 2014, accessed on 13 June 2017 at:
<http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>

Eat Well be Active Healthy Weight Strategy for South Australia, 2011–2016

Licence to Cook: An Education Package and Resource, Lowe S and Sherry E, Department for Communities and Social Inclusion, 2014

Strategic Plan 2014–2018, Department for Communities and Social Inclusion

South Australia's Strategic Plan, 2011