

Eating well:

supporting adults with
learning disabilities

Training Materials

for people working with adults
with learning disabilities

Eating well:

supporting adults
with learning disabilities

Training Materials

for people working with
adults with learning disabilities

By Dr Helen Crawley

© The Caroline Walker Trust 2009
ISBN 978-1-89-7820261: Book and CD-ROM
ISBN 978-1-89-7820285: CD-ROM only

The Caroline Walker Trust

22 Kindersley Way
Abbots Langley
Herts WD5 0DQ
www.cwt.org.uk
E: info@cwt.org.uk

Registered charity number: 328580

Published by The Caroline Walker Trust, 2009.

Further copies of this report are available from the address above, via the website or from orders@cwt.org.uk. Price £15 including postage and packing. Please make cheque payable to 'The Caroline Walker Trust'.

A PDF of the full text is available at www.cwt.org.uk

The text of these training materials can be reproduced for personal use or for use in training related to eating well for adults with learning disabilities, provided an acknowledgement is made to The Caroline Walker Trust.

This report is provided for information only and individual advice on diet and health should always be sought from appropriate health professionals.

The Caroline Walker Trust

The Caroline Walker Trust is a charity which aims to improve public health through good food. For more information about The Caroline Walker Trust and how to obtain any of our publications, see our website www.cwt.org.uk

Other publications by The Caroline Walker Trust

For details see cwt.org.uk

Reports

Eating Well for Under-5s in Child Care

Eating Well at School

Eating Well for Looked After Children and Young People

Eating Well: Children and Adults with Learning Disabilities

Eating Well for Older People

Eating Well for Older People with Dementia (Published by VOICES. Now out of print but available to download from the CWT website www.cwt.org.uk)

Training materials

Eating Well for Under-5s in Child Care – Training Materials

Eating Well: Supporting Adults with Learning Disabilities – Training Materials

Acknowledgements

The Caroline Walker Trust would like to thank **The Allen Lane Foundation** and the **Esmée Fairbairn Foundation** for funding the writing and production of these training materials.

These training materials were written by Dr Helen Crawley. They are based on the Caroline Walker Trust report *Eating Well: Children and Adults with Learning Disabilities*. Thanks are due to all those who helped in the production of that report and all those who commented on both the report and these training materials.

Particular thanks for their help in preparing and reviewing these training materials and the accompanying CD-ROM are due to Josephine Clarke, Elaine Gardener, Sarah Jones, Alison Levens, Rosie Leyden, Helena Little, Mary Love, Lesley Stark and all the support staff who took part in pilot training sessions at Woodleigh Care, St Ebbas Hospital and Sanctuary Care.

Edited by Wordworks, London W4 4DB.

Designed by Information Design Workshop.

Contents

Introduction	5	
The aim of these training materials	5	
Who are the training materials for?	5	
How can the training materials be used?	5	
How are the materials organised?	5	
Part 1	Why eating well matters	1.1
	What does eating well mean?	1.1
	Why do we choose what we eat and drink?	1.2
	Why healthy eating is important	1.5
	Seven key things to remember about eating well	1.5
	1 Eat a variety of foods every day	1.6
	2 Eat at least 5 portions of fruit and vegetables a day	1.8
	3 Cut down on sugary foods and drinks	1.11
	4 Cut down on salt	1.15
	5 Make sure you get enough vitamin D	1.18
	6 Protect yourself from infections	1.20
	7 Be physically active	1.22
Part 2	Good nutrition for adults with learning disabilities	2.1
	Why are some people with learning disabilities at nutritional risk?	2.2
	Does it matter if a person is thin?	2.4
	Does it matter if a person is fat?	2.6
	How some medicines impact on nutritional status	2.9
	Other common health problems related to nutrition	2.9
	How can we find out if someone is malnourished?	2.13
	Helping older adults with learning disabilities to eat well	2.16
Part 3	Eating well throughout the day	3.1
	Breakfast	3.3
	Drinks	3.3
	Snacks	3.8
	Eating out	3.9
	Food for all	3.10
	Vegetarian diets	3.11
	Food allergy	3.13
	Dairy-free diets	3.14
	Food safety and good hygiene	3.14
Part 4	Managing eating difficulties	4.1
	Maintaining independence in eating	4.1
	Helping someone to eat	4.2
	Managing other eating and drinking difficulties	4.4
	Other common problem behaviours around food and drink	4.6

Part 5	Encouraging eating well	5.1
	Helping people make good choices	5.3
	Working with families, friends and other professionals	5.8
	Encouraging people to become more involved in the food supply chain	5.10
Part 6	Menu planning	6.1
	Menu planning basics	6.4
	Cost factors	6.5
	Sustainability	6.5
	General food-based guidance to help with food and drink choice	6.6
	Planning a menu	6.12
	Portion sizes	6.12
	What if the people I support have eating difficulties?	6.12
	Other special diets	6.17
	Meal, snack and menu ideas	6.19
Part 7	Additional ideas for trainers	7.1
	Case studies	7.4
Resources	Organisations	8.1
	Publications and resources	8.3
Appendix	Good sources of nutrients	9.1
Index		10.1

CD-ROM

The CD-ROM at the back of these training materials contains:

- a PDF of these training materials
- recipes for many of the dishes mentioned in Part 6
- photos of example meals and snacks.

Introduction

The aim of these training materials

The aim of the training materials is to provide a simple guide on how to help adults with learning disabilities eat well. They also provide practical guidance about the sorts of food and drinks that can be served to ensure that everyone has healthy, nutritious and enjoyable meals and snacks. The training materials are based on the recommendations and guidance in the report *Eating Well: Children and Adults with Learning Disabilities*,* published by The Caroline Walker Trust.

* To obtain a copy of this report, see www.cwt.org.uk

Who are the training materials for?

These training materials are for all those who work with and support adults with learning disabilities. This may be as a carer, supporter, advocate, family member or friend, health professional or manager in any setting where adults with learning disabilities live, work or socialise. The materials aim to provide simple guidance on what eating well really means for all of us and to offer appropriate help and advice where there may be particular difficulties around eating, drinking or accessing food.

How can the training materials be used?

These materials can be used in two ways:

- They can form the basis of a training day for a group of people, facilitated by a trainer.
- Or, individuals can work through them on their own at their own pace.

To get the most out of a training day, training should be done by a dietitian or registered public health nutritionist who will be able to answer any questions people have about eating well. (For the contact details of suitably qualified people who can offer training in this area, see www.cwt.org.uk.) As well as the main training materials in Parts 1 to 6, there are some additional ideas for practical exercises, and some case studies, that trainers can use to help supporters and carers understand more about eating well.

How are the materials organised?

The training materials are divided into seven parts.

Part 1 Why eating well matters looks at:

- what eating well means
- why we choose what we eat and drink
- why healthy eating is important, and
- seven key things to remember about eating well.

Part 2 Good nutrition for adults with learning disabilities looks at:

- why some people with learning disabilities are at nutritional risk
- managing underweight and overweight
- how some medicines can impact on nutritional status
- managing other common problems related to nutrition, including constipation and swallowing difficulties, and looking after teeth and gums
- how to monitor the nutritional status of adults with learning disabilities, and
- the special nutritional needs of older adults with learning disabilities, including those with dementia.

Part 3 Eating well throughout the day looks at:

- how to help people to eat well throughout the day, including information on breakfasts, drinks, snacks and eating out
- how to ensure you provide food for everyone's needs, and
- key food safety and hygiene issues.

Part 4 Managing eating difficulties looks at:

- maintaining independence in eating
- helping someone to eat
- managing eating and drinking difficulties, and
- behavioural issues around food.

Part 5 Encouraging eating well looks at:

- helping people to make good choices
- working with families, friends and other professionals so that support is consistent, and
- encouraging adults with learning disabilities to increase their skills around shopping for, cooking, and growing food.

Part 6 Menu planning looks at:

- menu planning basics
- general food-based guidance to help with food and drink choice
- special diets, and
- ideas for meals, snacks and menus.

Part 7 Additional ideas for trainers

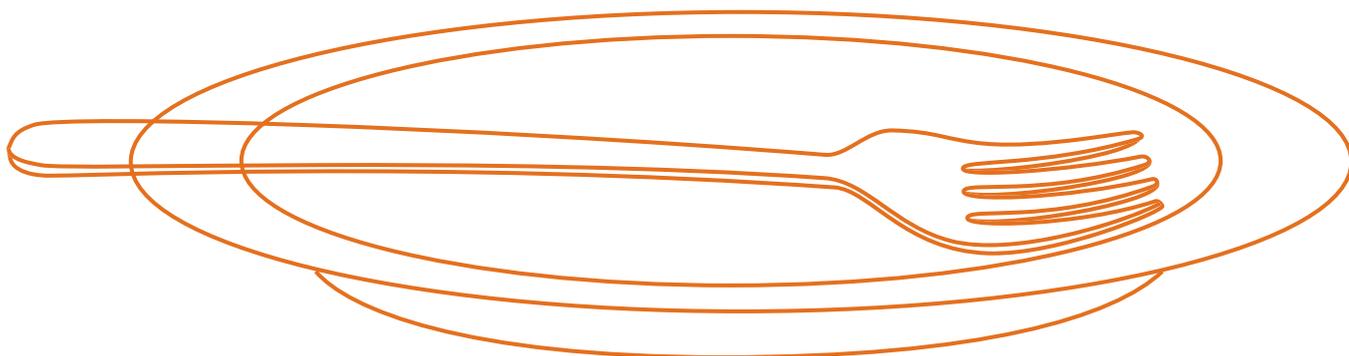
Resources

The *Resources* section provides useful links and details of other resources you might find useful.

CD-ROM

At the back of these training materials there is a CD-ROM. This contains a PDF of the text of these training materials so that you can print out any of the pages. It also contains the recipes for many of the dishes mentioned on pages 6.20-6.28 and photos of many meals and snacks.

All the information in these training materials is based on evidence and accepted good practice and was agreed by a Caroline Walker Trust Expert Working Group. If you want to know more about any area or find out where the information comes from, please refer to the Caroline Walker Trust report *Eating Well: Children and Adults with Learning Disabilities*.



Why eating well matters

In this section we will look at:

- what eating well means
- why we choose what we eat and drink
- why healthy eating is important, and
- the seven key things to remember about eating well.

What does eating well mean?

Eating well – or eating healthily – just means:

- getting all the energy and nutrients we need from what we eat and drink
- not having too much food or too little, and
- getting the right balance of energy and nutrients for our needs.

Eating a healthy diet is not complicated or expensive. The key to eating well is:

- Eat a variety of foods every day.
- Don't have too much of any one food or drink – all things in moderation.

These training materials will give you some clear and simple advice about what eating well really means. They have been written by experts and you can be confident that the information given here is correct. You might sometimes read or hear different information about food and nutrition in magazines or newspapers, or on TV or the radio. Remember that not everyone is qualified to talk about nutrition – and some people don't understand the science correctly and give the

wrong information. We hope you will find in these training materials all the information you need to make you feel confident about what eating well is.

The advice in these training materials is designed to help you encourage eating well among adults with learning disabilities whom you help to support. We hope that you will also find the information on nutrients and foods helpful for yourselves and for your own families.

What does good health mean for you?

Before we start, it is worth thinking about what health means to us all.



What does good health mean for you?

Good health means:

The three most important things I can do to keep healthy are:

We will look back at this at the end of this part of the training materials.

Why do we choose what we eat and drink?

There are lots of reasons why we might choose the food and drink that we do each day. Think about what **you** eat and drink. On the next page, write down everything you ate and drank yesterday.

Try and think carefully about the food and drinks you chose and why you chose them. In the first column, write down everything you ate and drank yesterday in as much detail as possible. In the second column, write down **why** you ate or drank those foods and drinks. If you need more space, use another sheet.

Example

What I ate and drank	Why I ate or drank those foods and drinks
<p><i>Breakfast</i></p> <p><i>1 cup coffee with milk and sugar</i></p> <p><i>2 slices brown toast with butter and honey</i></p> <p><i>1 apple</i></p>	<ul style="list-style-type: none"> <i>- I need a coffee in the morning.</i> <i>- Easy to make and fills me up.</i> <i>- Convenient as it needs no preparation.</i>



What I ate and drank	Why I ate or drank those foods and drinks
<i>First thing in the morning</i>	
<i>Breakfast</i>	
<i>Mid-morning</i>	
<i>Lunchtime</i>	
<i>Mid-afternoon</i>	
<i>Dinner/Evening meal</i>	
<i>During the evening/Before bed</i>	

When you have filled in your food diary on page 1.3 write, in the box below, the reasons why you chose the food you did. Try and think of at least five reasons why we all might choose the foods and drinks that we do.

Why we choose the foods and drinks we choose



Look at the reasons you gave for choosing the foods and drinks that you do. How do they compare with the list below?

- **Hunger**
- **Habit or tradition** (They are familiar. You always eat them.)
- **You like the taste.**
- **Social factors** (Someone else provided the food or drink for you.)
- **Special diet** (To do with your with culture, religion, customs or health issues.)
- **Availability** (It was easy to get them.)
- **Convenience** (You can get them and prepare them easily.)
- **Economy** (They are good value for money.)
- You have them as a **reward or treat** or as a **consolation**.
- They were part of a **celebration** or **special event**.
- **You think they are good for you.**

How did your list compare?

Of all these reasons, only the last one – ‘You think they are good for you’ – links the food you eat to how healthy you are. Most of us eat the foods we are used to and like, and food plays an important role in all societies and is a feature of nearly all special events and times in our life. Food really does matter to most of us.

Many people assume that we will get all the nutrients we need from our typical eating patterns. But many people in the UK don’t get enough of some important nutrients. And many people eat too much fat, salt and sugar. Small changes to the way we eat can make a big difference to the overall nutritional balance of the diet. The foods you eat play a large part in how you look and feel now, and also in how healthy you will be when you get older. A person who eats healthily is better at resisting disease and other stresses, has more energy, and can have a body that is years younger than a poorly nourished person.

Why healthy eating is important

People who don't eat well are more likely to:

- have poor teeth
- suffer from problems with digestion
- have weaker bones
- be too thin or too fat, and
- get diseases such as heart disease and certain forms of cancer.

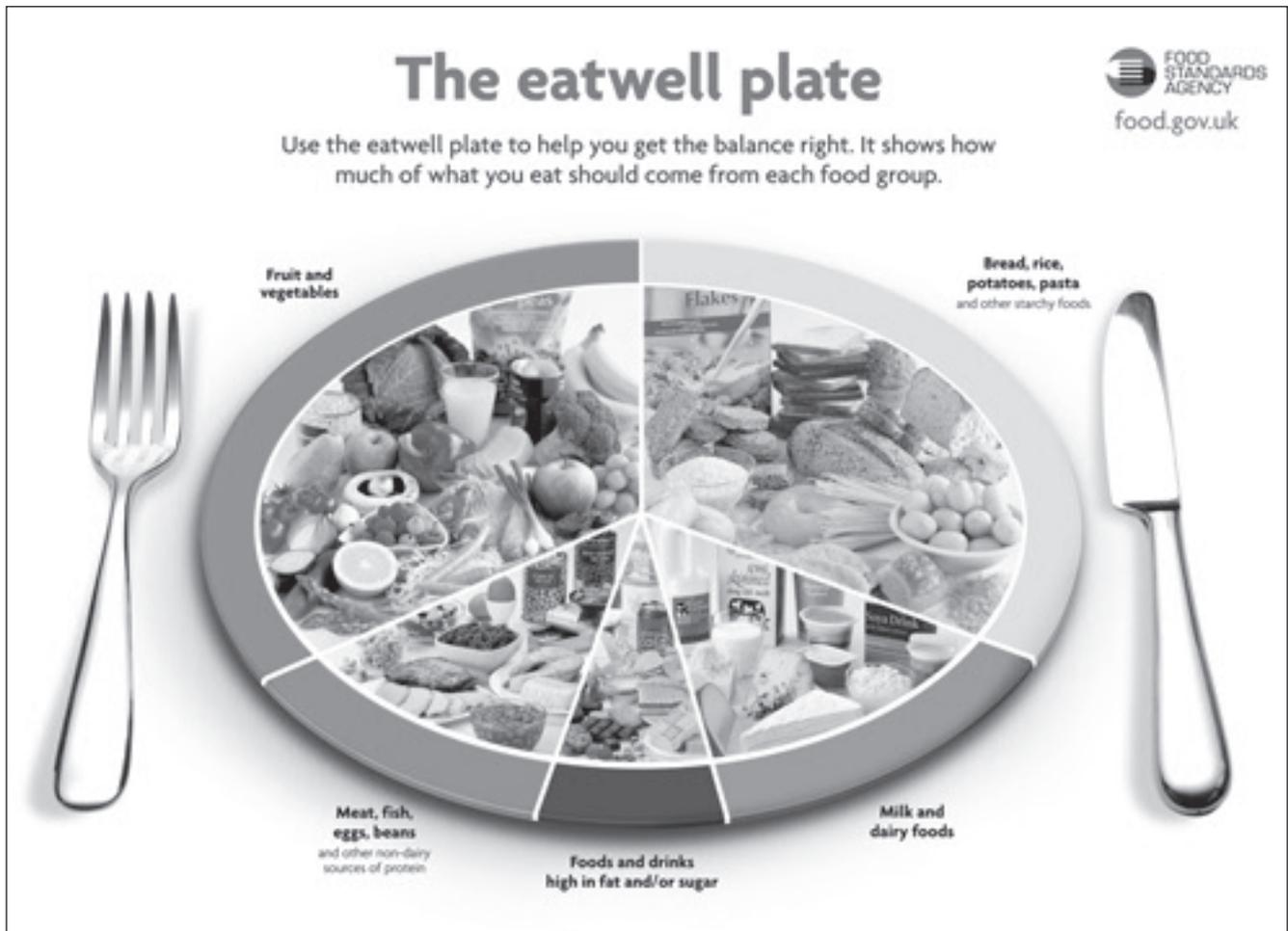
What we eat affects not just ourselves but also our children. Mothers who don't eat healthily have smaller babies who are more likely to have health problems and who in turn have smaller babies. Children who don't eat well in their early years will be smaller and are more likely to die younger.

Seven key things to remember about eating well

- 1 Eat a variety of foods every day.
- 2 Eat at least 5 portions of fruit and vegetables a day.
- 3 Cut down on sugary foods and drinks.
- 4 Cut down on salt.
- 5 Make sure you get enough vitamin D.
- 6 Protect yourself from infections.
- 7 Be physically active.

We explain more about each of these on the next pages.

1 Eat a variety of foods every day



Reproduced with permission of the Food Standards Agency

The *Eatwell plate* above shows the five different food groups. To make sure that you get all the nutrients you need each day, you need to eat food from across the food groups. The five food groups are:

Bread, rice, potatoes, pasta and other starchy foods

Why do we need them? These starchy foods provide energy and important B vitamins as well as fibre, calcium and iron.

How often should we have them? These foods should be served at every meal. Wholegrain varieties of cereals are the best source of fibre and other nutrients.

Fruit and vegetables

Why do we need them? Fruit and vegetables contain lots of important nutrients and other substances that can protect against disease.

How often should we have them? Everyone should have at least 5 portions of fruit and vegetables a day. Fruit and vegetables should make up about a third of what you eat each day.

Milk and dairy foods

What are they? This group includes milk, yoghurt and cheese.

Why do we need them? These foods provide calcium, an important B vitamin called riboflavin, vitamin A and protein.

How often should we have them? Have these foods every day, but choose low-fat dairy products where possible.

Meat, fish, eggs, beans and other non-dairy sources of protein

What are they? This group includes all meat and meat dishes, fish and fish dishes, eggs, nuts, soya products, Quorn, beans and lentils.

Why do we need them? This group provides important amounts of iron and zinc, as well as other important nutrients.

How often should we have them? Have these foods every day, but try and choose lean meat. Smaller amounts of good-quality meat and fish are better than larger portions of processed versions such as sausages, burgers, fish fingers, fishcakes, meat pies and canned meats.

Foods and drinks high in fat and/or sugar

What are they? This group includes soft drinks, savoury snacks (such as crisps), sweets, chocolate, cakes, biscuits, fried foods, fat spreads and other foods which are high in fat and sugar.

Why do we need them? We don't need foods that are high in fat or sugar, but small amounts can be included in the diet if foods from all the other food groups have been included. For some people who need extra calories, these foods can be a useful way of providing those extra calories.

How often should we have them? People who don't want to gain weight, or who want to lose weight, should only have small amounts of these foods. Most people will have some of these foods each day, but it is important to make sure that you don't have these foods instead of the fruit, vegetables and other more nutrient-rich foods in the other four food groups above.

For more information about these food groups, and advice on how to make the best choices in each group, see *General food-based guidance to help with food and drink choice* on page 6.6.

2 Eat at least 5 portions of fruit and vegetables a day

Eating fruit and vegetables regularly is essential to prevent diseases in adult life, particularly certain forms of cancer, as well as heart disease, bone disease, and many other health problems. Fruit and vegetables are also an important source of some important vitamins that everyone needs every day. Try and eat at least 5 portions of fruit and vegetables a day.

How much is 1 portion?

1 portion of fruit or vegetables can be:

- A serving of fruit or vegetables – fresh, frozen or canned. A serving means about 80g or more. That’s about 3 heaped tablespoons.
- 1 medium-sized fruit – for example, an apple
- 1 glass (150ml) of 100% fruit juice, or
- 1 heaped tablespoonful of dried fruit.

Photos showing what 1 portion of different types of fruits and vegetables looks like can be found on the CD-ROM at the back of these training materials.

The recommendation is to have 5 portions of a variety of fruit and vegetables each day. Only one of these should be a fruit juice or a smoothie as it is important to have ‘whole’ fruits and vegetables which contain fibre and other important nutrients.



How many portions of fruit and vegetables did you eat or drink yesterday?

(Look at your food diary on page 1.3.)

Fruit	
Vegetables	
Salad	
Fruit juice	
Dried fruit	
Total number of portions	

What stops you from eating more fruit and vegetables?

Tick any of these that apply to you.

- | | |
|---|--|
| <input type="checkbox"/> Don't like the taste | <input type="checkbox"/> Can't buy them easily |
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> Mostly eat convenience foods |
| <input type="checkbox"/> Too difficult to prepare | <input type="checkbox"/> Don't know what to do with them |
| <input type="checkbox"/> Prefer other foods | <input type="checkbox"/> The people I cook for don't like them |

How can you get round some of these barriers?

What doesn't count?

Tomato ketchup, wine, most yoghurts, the fruit in jam, or the odd lettuce leaf in a sandwich don't count as a portion! Potatoes are a good source of vitamin C but you can't count them in your 5 a day because they are included in the starchy food group.

How to get people to eat more fruit and vegetables

Some people say they don't like vegetables and fruit. It is unlikely that someone really won't like, or eat, any fruits and vegetables as there are so many to choose from. Remember: **any fruits or vegetables – fresh, frozen, canned or dried – can count.** Sometimes you have to try fruits and vegetables more than once before you start to like them, so don't give up straight away if someone says they don't like something.

Below are some examples of how you can achieve 5 portions of fruit and vegetables a day. Fewer than 2 in every 10 adults in the UK actually manage to eat 5 portions of fruit and vegetables every day, but it is the single most important change you can make to your diet.

Examples of 5 a day

Glass of 100% orange juice
Apple as a snack
Baked beans at lunch
Sweetcorn
Raisins and yoghurt (The raisins count as 1 portion.)

Rice and peas (The peas count as 1 portion.)
Callaloo
Glass of 100% fruit juice
Tomato salad
Canned pineapple in juice

Glass of pineapple juice
Orange
Vegetable curry (counts as 2 portions)
Tomato salad

Vegetable chilli
Cucumber and tomato salad (counts as 2 portions)
Baked apple
Fruit smoothie

Home-made vegetable soup
Large bowl of fruit salad (counts as 2 portions)
Raw carrots as a snack
Bowl of green salad

Glass of tomato juice
Baked sweet potato
Dried apricot snack
Frozen mixed vegetables
Pear

People who say they don't like **vegetables** may be more willing to try:

- sweetcorn or baby corncobs
- raw carrot sticks, slices of red and yellow peppers, or cherry tomatoes
- tomato sauce on pasta
- 'bubble and squeak' (cabbage and mashed potato mixed together)
- stir-fry vegetables
- vegetable soup
- vegetable curry
- grated carrot in salads.

People who say they don't like **fruit** may be more willing to try:

- canned or fresh pineapple, peaches or fruit salad
- fruit smoothies (fruit liquidised together with other fruit, natural low-fat yoghurt or fruit juice) or fresh fruit milkshakes made with skimmed milk and fruit
- raisins or other dried fruit such as dates, apricots, pear or mango
- banana with ice cream or custard
- fresh fruit jellies or home-made lollies
- fruit kebabs
- frozen bananas.

How do you think you could have more fruit and vegetables every day?



Eating more fruits and vegetables on a budget

Many people with learning disabilities, and those who support them, may be living on a budget and may find eating more fruit and vegetables expensive. Remember that:

- There is the same amount of nutrients in 'saver' and 'own-brand' canned tomatoes and frozen peas as in the more expensive brands.
- Canned vegetables and beans – such as butter beans, chick peas or cannellini beans – count as a portion of vegetables.
- Vegetables and fruit are nearly always cheaper on market stalls, and are often cheaper in smaller local shops compared with those bought in supermarkets.
- Carrots are a really good source of nutrients. You can eat them either raw or cooked.
- A portion of a UK-grown green vegetable such as spring cabbage is just as good for you as a portion of an exotic imported vegetable.
- Locally produced and seasonal fruit and vegetables are often cheaper.
- It doesn't matter what shape or size fruits and vegetables are. The ugly ones are still good for you.

3 Cut down on sugary foods and drinks

Why we don't need too much sugar

Sugar is not just the white crystals we put in tea and coffee. There are two types of sugar.

- One type of sugar is found naturally in some foods such as vegetables, fruit and milk. This type of sugar is not harmful to our teeth.
- The other type of sugar is the sugar that is taken out of sugar beet or sugar cane, or out of fruit, and then put back, as sugar, into other foods and drinks. This type of sugar damages teeth. Also, many of the foods and drinks with this type of sugar tend to have lots of calories (which can contribute to overweight), but they have few other nutrients.

We don't need to add sugar to our food or have sugary foods or drinks, as most of us can get all the energy (calories) we need from starchy foods such as potatoes, rice, beans or pasta. Our bodies break these foods down into glucose which the body then uses to give us a steady supply of energy.

If your diet has a lot of sugar in it, you are more likely to become overweight or to have tooth decay. Most people in the UK eat too much sugar. It can be hard to avoid having lots of sugar as it is put into many common foods. See the box below.

Foods and drinks that have a lot of sugar	
<p>Foods</p> <ul style="list-style-type: none"> Biscuits Cereal bars and flapjacks Cakes Pastries Fruit pies and pie fillings Puddings such as sponge puddings, cheesecake, mousse or tarts Sweetened breakfast cereals Sweetened yoghurts and fromage frais Ice cream Sweets 	<p>Drinks</p> <ul style="list-style-type: none"> Soft drinks Squashes Fizzy drinks Energy drinks Some smoothies and fruit juice drinks Milkshakes Some sweet alcoholic drinks such as sweet wine, drinks with mixers, or bottled cocktails and shots

How do I know if a food or drink has sugar in it?

To find out if a food or drink has sugar in it, look at the *Ingredients* list on the food package. All of the items listed on the next page are different types of sugar used to sweeten foods and drinks. They can all cause tooth decay and add to your

sugar intake. If you see any of these on an *Ingredients* list, you know that the product contains added sugar.

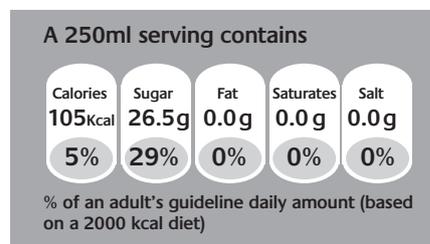
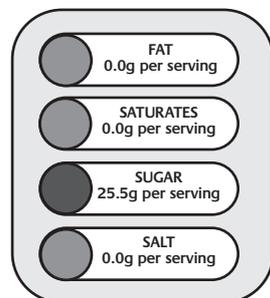
Cane juice	Glucose	Maltose
Cane syrup	Glucose syrup	Maple syrup
Concentrated fruit juices	Honey	Molasses
Corn syrup	Hydrolysed starch	Sucrose
Dextrose	Invert sugar	Syrup
Fructose	Lactose	Treacle
Fructose syrup	Malt syrup	
	Maltodextrin	

Did you know?

Some foods have added sugar when you wouldn't expect it. Check the labels of some cooked meats, ready-made curries, meat products like chicken wings or spare ribs, vegetable soups, sauces and salad dressing. You may be surprised at how many savoury foods have sugar added to bulk them up and make them sweeter.

How to cut down on sugar

Some foods have traffic-light labels like the one on the left, below. Avoid any foods which have a red traffic light for sugar.



Some foods and drinks have a food label something like the one on the right, above, which tells you what percentage of a person's daily recommended maximum sugar intake that a portion of the food or drink contains. If a product has this sort of label, think about how much of it you might eat or drink. Avoid anything that will give you more than 10% of the recommended maximum intake of sugar in one food. For example:

- If a carton of drink says it contains 29% of your daily sugar intake, that is a lot.
- If a bar of chocolate says that 1 square will give you 5% of your daily sugar intake, and you think you might eat three of the 20 squares in the bar, that would be 15% of your daily sugar and that is a lot.

If the food doesn't have either of these two sorts of labels, you can usually find information about how much sugar there is, either in a portion or in 100g of the food, by looking at the *Nutrition information* on the pack. But it's not always easy to tell whether the sugar in the food is the type that can damage teeth. As a general rule, if a food says it has 10g of sugar or more per 100g, it is probably high in sugar.

Some ways of cutting down on sugar

- Have fewer sugary drinks and foods. Try to have them only at mealtimes.
- Try unsweetened fruit juice mixed with fizzy water at mealtimes.
- If you have sugar in tea or coffee, try to cut down on how much you have, until you don't have any at all.
- Instead of biscuits and cakes, try currant buns, scones, malt loaf or fruit bread.
- Add dried fruit or fruit purée to dishes to sweeten them, instead of adding sugar.
- Choose wholegrain breakfast cereals instead of cereals that are coated in honey or sugar.
- Add your own flavouring – such as chopped-up fruit, or a little honey – to natural yoghurt, instead of buying flavoured yoghurt which is often very sweet.
- Where you can, make your own food. Processed foods such as dried soups, sauces, dried rice dishes, ready meals, ready-made desserts and packaged cakes and biscuits often have much more sugar in them than you would use in a recipe yourself. And many of these dishes are simple and cheap to prepare. Some easy-to-make recipes are given on the accompanying CD-ROM.

How can I cut down on sugar?	
Swap...	That means this many teaspoons less sugar...
If you have a bowl of ordinary breakfast flakes instead of a bowl of sugar-frosted breakfast flakes – you will be eating 12 grams less sugar (2 teaspoons) and about 45 fewer calories.	
If you have a glass of mineral water instead of a can of fizzy drink , you will have 36 grams less sugar (7 teaspoons) and about 135 fewer calories.	
If you have a currant bun instead of a jam tart , you will be eating 10 grams less sugar (2 teaspoons) and about 40 fewer calories.	
If you have a bowl of mandarin oranges canned in juice instead of a bowl of mandarin oranges canned in syrup , you will be eating 6 grams less sugar (1 teaspoon) and about 20 fewer calories.	
If you have a bowl of plain yoghurt and fresh banana instead of a chocolate dairy dessert , you will be eating 20 grams less sugar (4 teaspoons) and about 75 fewer calories.	

Artificial sweeteners

The main artificial sweeteners used in foods and drinks are **saccharin** and **aspartame**. These sweeteners are not harmful to teeth and don't add calories to food. They are often used in foods that are labelled 'no added sugar' or 'sugar-free'.

However, using artificial sweeteners like these will not help people get used to eating less sweet foods, and there is some evidence that artificial sweeteners may affect brain function in some people with particular medical conditions. It is wise to use only very small amounts of artificial sweeteners, to try and cut down on the overall taste for sweetness over time. This will help people to get used to foods and drinks that are less sweet.

Sorbitol is a sweetener that provides some calories but which does not damage teeth. It is often used in foods that are labelled 'sugar-free' or in foods designed for diabetics. But sorbitol can cause diarrhoea, and care should be taken that people don't have large amounts of sorbitol-sweetened foods.

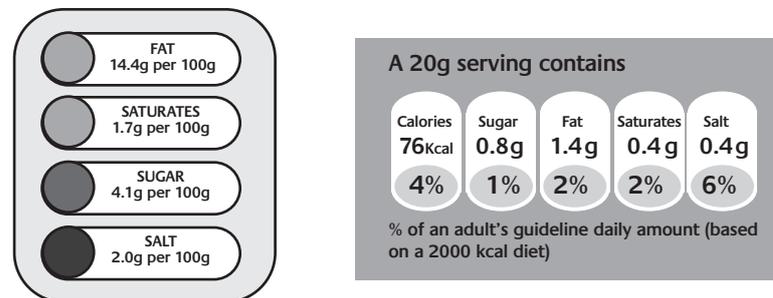
4 Cut down on salt

Why we need to cut down on salt

Salt (which is sodium chloride) is the main way we eat sodium. We need sodium to control the amount of fluid in our bodies. But people who have too much sodium are more likely to get high blood pressure as they get older, and this increases the risk of getting coronary heart disease and stroke. Adults should have **no more than 6 grams of salt a day**. That's about a teaspoonful.

How do I know if a food has a lot or a little salt?

Some foods have traffic-light labels like the one on the left, below. Avoid any foods which have a red traffic light for salt.



Some foods have a label like the one on the right, above, which tells you what percentage of a person's daily recommended maximum salt intake that a portion of the food contains. Think about how much of the food you might eat, and avoid things that will give you more than 15% of your daily salt in a portion. For example:

- If a pack of garlic bread says that one slice will give you 10% of your daily salt intake and you think you will eat two slices, that will give you 20% of your daily total, which is a lot.

If the food doesn't have either of these two sorts of labels, look at the *Nutrition information* label on the pack and find out the 'per 100g' figure for salt or sodium. Compare this with the figures in the box below.

Look at the food labels on some common foods – things like breakfast cereals, biscuits, ready-made meals, sauces, soups, meat products, spreads, canned foods and dairy foods such as cheese. Look at the nutrition information for salt or sodium. See how much salt or sodium the food contains per 100g and compare it with the figures below.

Checking food labels for salt

Look at the figure for salt, or sodium, per 100g.

This is a LOT of salt

1.5g of salt per 100g
or
0.6g (600mg) of sodium or less per 100 grams

This is a LITTLE salt

0.3g of salt, or less, per 100g
or
0.1g (100mg) of sodium or less per 100 grams

How to cut down on salt

You can control how much salt you add to the food you cook or prepare yourself. This is often the best way of making sure that food is not too salty. Some common food flavourings are very high in salt and often mask the taste of the food itself! So try and use less of these. See the examples below.

How much salt is there in commonly used flavourings?

	<i>Salt content</i>
1 tablespoon of tomato purée (20g)	0.05g 
1 teaspoon of smooth mustard (5g)	0.4g 
1 teaspoon of marmite (5g)	0.5g 
1 tablespoon of Worcestershire sauce (20ml)	0.6g 
1 stock cube	2.1g 
1 teaspoon of bouillon powder (5g)	2.3g 
1 tablespoon of gravy granules (20g)	2.9g 
1 tablespoon of soy sauce (20ml)	3.6g 
1 can of cook-in sauce (284g)	6.7g 

How to add flavour to your cooking without using salt

Taste food before you add salt when cooking or at the table – you might not need it!

- Cut down on the salt you add when cooking potatoes, pasta and rice. After a while you'll find you don't need to add any at all.
- Add fresh herbs to pasta dishes, vegetables and meat.
- Use tomato purée or balsamic vinegar as flavourings.
- Marinate meat and fish in advance to give them more flavour.
- Use garlic, ginger, chilli and lime in stir-fries.
- Make your own stock and gravy, instead of using cubes or granules. Or use low-salt bouillon.
- Roast vegetables such as red peppers, courgettes, fennel, squash and parsnips, to bring out their flavour.
- Squeeze lemon or lime juice onto fish and into casseroles and stews.
- Try using different types of onion – brown, red, white, spring onions or shallots.
- Make sauces using ripe, flavoursome tomatoes and garlic.
- Use black pepper instead of salt, to season foods like pasta or scrambled egg.
- Buy good-quality fresh ingredients as they will have more natural flavour.
- Add fruit to meat dishes to give a naturally sweet flavour – for example, pork and apricots.
- When making cheese dishes, use a small amount of strong cheese rather than a larger amount of milder cheese. Add a little mustard powder to bring out the cheese flavour.

Foods that have a lot of salt

Most of the salt we eat is in ready-made foods. The list below gives some examples of ready-made foods that have a lot of salt.

- Soups
- Bottled pasta sauces and other cooking sauces
- Sauces, spreads, pickles, chutneys and soy sauce
- Mayonnaise and salad cream
- Savoury ready meals
- Savoury snacks such as crisps, salted nuts, papadums and savoury biscuits
- Bread, rolls, garlic bread and flavoured breads
- Some breakfast cereals
- Meat pies and pasties, and canned meat products
- Some sweet foods such as buns, pastries and hot chocolate powder
- Smoked foods and smoked meats such as ham and bacon
- Fast food or take-aways such as pizza, burgers and Chinese and Indian take-away meals.

Did you know?

Each of the meals below contains about 5g of salt – almost a whole day's allowance!

- A typical cheeseburger, large fries and a portion of tomato ketchup.
- Two slices of a typical pepperoni feast pizza.
- A portion of spicy chicken wings and some onion rings.
- A portion of chicken tikka masala and pilau rice.
- Half a doner kebab.

For more information on salt and health, see the Food Standards Agency website at www.salt.gov.uk

5 Make sure you get enough vitamin D

Adults should make enough vitamin D from the action of summer sunlight on their skin. Some foods are rich in vitamin D but these are not foods that we eat regularly. So it is unlikely that people can get enough vitamin D from the diet alone.

Some people don't get enough vitamin D. People who are at particular risk of not getting enough vitamin D are:

- people who rarely go outdoors
- people who go out wearing clothes that cover most of their skin
- people who wear sunblock
- people with darker skin
- women who are pregnant or breastfeeding.

Why does vitamin D matter?

Vitamin D is needed for healthy bones and teeth. Children who don't get enough vitamin D are more likely to have rickets, and adults are more likely to get osteomalacia. (People with these conditions have painful bones and the bones can become badly formed.)

People who don't get enough vitamin D are also more likely to have low bone density and osteoporosis in later life. This means that they are more likely to get bone fractures when they fall. People who live in residential care have more fractures than other people, because many of them have little regular exposure to summer sunlight.

Can I get enough vitamin D from food and drinks?

It is unlikely that people can get enough vitamin D from the diet alone. However, to increase the amount of vitamin D you get from food and drinks:

- Use margarine fortified with vitamin D for baking and as a fat spread.
- Have oil-rich fish once a week – for example herring, mackerel, sardines, salmon, trout, roe or canned tuna fish.
- Egg yolks, liver and other meat and poultry also contain vitamin D.
- Some breakfast cereals and drink powders are also fortified with vitamin D.

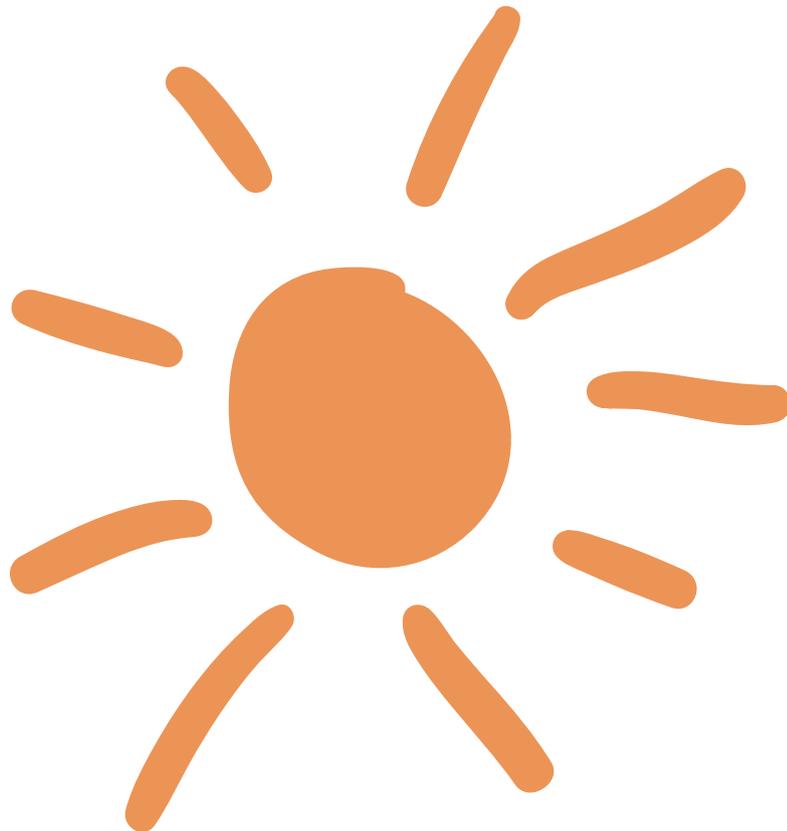
Getting vitamin D from sunlight

Make sure everyone spends plenty of time outside in the summer months with some of their skin exposed (for example, their hands, face and shoulders). Current Sun Smart guidance suggests that you should spend some time in the shade between 11am and 3pm when the sun is at its strongest and everyone should take care not to burn their skin. People with fairer skin are likely to need greater protection from the sun than people with darker skin, but all skin types can burn.

Who needs to take a vitamin D supplement?

The current recommendations are:

- All pregnant and breastfeeding women should take a vitamin D supplement.
- Breastfed babies from the age of 6 months, and all children aged between 1 year and 5 years, should have vitamin drops containing vitamin D.
- All older people who are in residential care should have a vitamin D supplement.
- Anyone who rarely goes outside – for example, because they have a disability, or are immobile or have limited opportunity to get out – should be considered for a vitamin D supplement.



6 Protect yourself from infections

Our immune system helps to protect us from infections and also helps us to recover more quickly after illness. Good nutrition plays an important role in keeping the immune system strong. The nutrients that are particularly important for the immune system are vitamin C and zinc.

Vitamin C

The body needs vitamin C to produce and maintain skin and bone, for wound-healing, and to prevent damage to tissues.

Vitamin C is found in:

- most fruits and vegetables
- potatoes
- some drinks that have vitamin C added to them.

Some people in the UK don't get enough vitamin C. This is usually because they don't eat a varied diet and don't eat fruits and vegetables.

Zinc

Zinc plays a major role in the functioning of every organ in the body. It is needed for growth and development and for the immune system in particular.

Zinc is found in:

- meat
- fish
- shellfish
- eggs
- milk
- cheese
- wholegrain cereals
- pulses
- nuts
- seeds.

What about supplements and special foods?

“Isn't it easier just to take a vitamin pill to make sure I get enough nutrients in my diet?”

Most people can get all the nutrients they need from food. There are a few very specific groups of people who are recommended to take particular supplements (see below), but research has shown that taking other vitamin and mineral supplements does not protect health and can sometimes increase the risk of illness and disease. Also, some supplements can cause adverse reactions and might compete with other nutrients in the body, or react with medicines. Supplements are often very expensive.

There are a few cases where we do recommend that adults take a dietary supplement.

- People who rarely go outside, and most older people, need extra vitamin D (see page 1.18).
- Women who are planning a pregnancy, or who are in the first 12 weeks of their pregnancy, should take folic acid, and all pregnant and breastfeeding women should take vitamin D.
- Some women may need extra iron.

If you think someone might need a vitamin or mineral supplement, ask their GP or a registered dietitian for advice.

“What about herbal supplements?”

Some people take herbal supplements because they believe they will have a good effect on their health. But there is little evidence for the usefulness of most of these supplements. And just because they are ‘natural’ does not make them safe. Care should always be taken, particularly if the person takes medication, because some herbal supplements can interfere with the absorption and action of important medicines. Ask your pharmacist for advice if you are unsure.

“What about fish oils or omega-3 fatty acid?”

There is evidence that the omega-3 fatty acids found in oil-rich fish may be good for heart health in adults. So all adults who eat fish should have a portion of oil-rich fish each week. Examples of oil-rich fish include herring, mackerel, sardines, salmon, trout or roe.

There are omega-3 fatty acids in some other foods – such as some oils, seeds, nuts and in green leafy vegetables – but these are not the same type of omega fats as the type found in oil-rich fish, and there is no evidence that these foods protect against heart disease.

There is no clear evidence for any other benefits of omega-3 fats. For example, there is no evidence that omega-3 fats can improve behaviour or learning. A balanced and varied diet is always the first step to take if you want to improve someone’s health and wellbeing.

“What about pre-biotics and pro-biotics?”

Pre-biotics are food substances called oligosaccharides. These substances have been shown to encourage the growth of lactic acid bacteria, which may help prevent bowel disorders and some allergies.

Pro-biotics are live cultures of bacteria that survive digestion and go on to live in the large intestine.

There is some evidence that eating foods which contain pre-biotics or pro-biotics can be helpful for people who have previously had to take antibiotics for an illness, or people who have had some digestive problems. But there is little evidence that they are useful in healthy people. The best way to promote gut health is to eat good, natural sources of oligosaccharides – such as pulses (beans, peas and lentils), fruits and whole grains.

Did you know? A typical probiotic drink contains at least 2 teaspoons of sugar. If you have one of these drinks, you will have had about one-sixth of your daily recommended sugar intake from this drink alone.

It is better to concentrate on following the advice for eating well given in this book and on trying to have a good variety of foods every day including lots of fruits and vegetables, rather than compensating for a poor diet by using supplements.

7 Be physically active

Why is it important to be active?

Being active:

- strengthens our muscles
- improves our general fitness
- helps lower our risk of getting coronary heart disease
- reduces the risk of getting other diseases such as diabetes, high blood pressure and bone disease
- keeps us able to move about, and
- reduces stress and anxiety.
- Activity is important for underweight people as it increases their appetite.
- And it is important for overweight people as it helps them to burn calories and lose weight.

Adults should do at least 30 minutes of moderate-intensity physical activity a day on at least five days a week.

Moderate-intensity activity means working hard enough to make you feel warmer than usual and slightly out of breath. The activity can include everyday activities such as brisk walking or cycling, as well as organised sports and activities such as football, tennis, swimming, basketball or dancing. It is important to encourage any activity which people enjoy. If it is easier, break the 30-minute target into two periods of 15 minutes, or three periods of 10 minutes each day.

How active are you?

Write down on the next page how many minutes you spent, yesterday and the day before, doing any activity that made you feel warmer than usual and slightly out of breath. Examples include: brisk walking, cycling, dancing, swimming, volleyball, jogging, aerobics, football or tennis. Then add up the total time spent on all your activities each day.

Did you know?

Half of all adults in the UK think that they do enough exercise, but 6 in every 10 men and 7 in every 10 women are not active enough to benefit their health.



	Activity	How many minutes did you do the activity for?	Total number of minutes for the day
YESTERDAY			
THE DAY BEFORE YESTERDAY			

Did you manage a total activity time of 30 minutes on either of these days?

Were you inactive on either of the days?

What stopped you being more active?

What does good health mean for you?

On page 1.2 we asked you what you thought good health means.

We would define good health as:

- Staying free of infections and illnesses.
- Being active, moving easily, and freely taking part in everyday tasks, especially as we age.
- Being able to learn to the best of our ability.

And for children it also means:

- Growing and developing to reach their full potential.

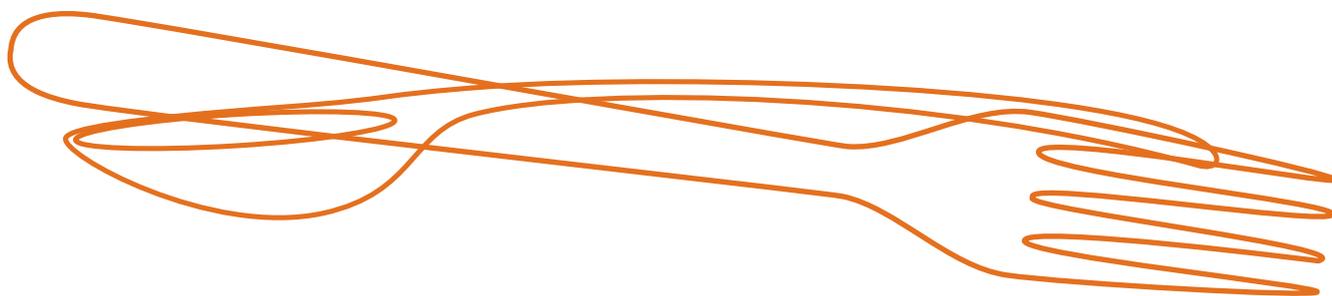
How does this compare with your vision of good health?



Now that you've worked through this part of the training materials ...

... if you could do one thing to improve your own nutritional health, what would it be?

... if you could do one thing to improve the nutritional health of someone with learning disabilities whom you support, what would it be?



Good nutrition for adults with learning disabilities

In this section we will look at:

- why some people with learning disabilities are at nutritional risk
- managing underweight and overweight
- how some medicines can impact on nutritional status
- managing other common problems related to nutrition, including constipation and swallowing difficulties, and looking after teeth and gums
- how to monitor the nutritional status of adults with learning disabilities, and
- the special nutritional needs of older adults with learning disabilities, including those with dementia.

Why are some people with learning disabilities at nutritional risk?

People with learning disabilities have the same requirements for good nutrition as everyone else in the population, but they may find it more difficult to access a healthy diet for a number of reasons:

- **Physical problems such as posture and positioning, dental health problems and difficulties with eating, chewing or swallowing** may directly impact on the ability to eat well unaided.
- **Digestive problems**, such as gastro-oesophageal reflux disorder, may deter people from eating. **Bowel function problems** such as constipation and diarrhoea may deter people from eating because of the unpleasant consequences.
- **Poor sight, hearing, taste or smell** may reduce enjoyment at mealtimes.
- **Structural brain problems** such as in epilepsy have been linked to appetite, weight changes and binge eating.
- **Abnormal eating behaviours** are commonly observed among people with learning disabilities.
- **Poor communication skills** may mean that food preferences are overlooked, the temperature of food is wrong, and portion sizes are misjudged.
- **Some medicines** may have side effects which play a part in appetite changes, abnormal eating behaviour or eating disorders (see page 2.9).
- **Lack of experienced skilled staff, lack of specialist eating and drinking equipment, insufficient support at mealtimes, the need for assistance with eating, and loss of eating independence** are all linked to poorer nutritional intake.
- **Lack of understanding about the need for a balanced diet** may lead to poor food and drink choices.

In addition, people with learning disabilities are:

- less likely to be active
- more likely to be overweight or underweight
- more likely to be rewarded or comforted with sweet foods
- less likely to have their nutritional health issues noticed or managed, and
- more likely to die prematurely – often because they have had eating or drinking difficulties.

You can find out a lot more information about how having a learning disability impacts on a person's nutritional health during their lifespan, in the Caroline Walker Trust report *Eating Well: Children and Adults with Learning Disabilities* (see details on page 2.)



Underweight

- 8 Thinness is more damaging to health than fatness. AGREE DISAGREE NOT SURE
- 9 People who have a condition like cerebral palsy will always be small and thin. AGREE DISAGREE NOT SURE
- 10 It can be difficult to encourage some people with learning disabilities to eat. AGREE DISAGREE NOT SURE
- 11 The more complex the disability a person has, the more likely it is that he or she is thin. AGREE DISAGREE NOT SURE
- 12 If someone was losing weight without trying to, I would want to find out why they were losing weight. AGREE DISAGREE NOT SURE
- 13 A person who is thin needs lots of high-fat and high-sugar snacks between meals. AGREE DISAGREE NOT SURE
- 14 Drinks like Lucozade can boost appetite. AGREE DISAGREE NOT SURE

See page 2.20 for a discussion of these points.

Does it matter if a person is thin?

There is considerable pressure in our society for people to be thin – and many people see being thin as healthy, regardless of how they have achieved this.

Being thin – but not eating well, not exercising, and smoking – does not lead to good health.

People who are underweight for their height are more likely to have more significant health problems than people of normal weight. It is important that, where underweight is suspected, people have their weight measured regularly (see page 2.13).

People who are underweight are more likely to:

- pick up infections easily
- take longer to recover from infections and other diseases
- have weaker muscles, poorer coordination and be less active and less physically able, and
- have other nutritional problems which affect their current and future health.

How can I tell if someone is underweight?

One way of telling if someone is underweight is by looking at the relationship between the person's height and weight – calculating their body mass index (or BMI for short). To find out how to calculate BMI, see page 2.13.

However, sometimes it is not easy to get an accurate height measurement and so it is useful to have some simple weight cut-off points. If someone of normal stature is below the cut-off points shown below, we should always be concerned about underweight.

Cut-off points for underweight

The following weights are likely to indicate a person is underweight and should always be investigated.

For MEN	a weight of below 57kg	or 9 stone
For WOMEN	a weight of below 50kg	or 7 stone 7lbs

However, people can be underweight at higher weights than the cut-off points shown above. So it is useful to look at common signs of thinness, such as whether bones are visible under the skin, whether clothes seem baggy, and whether rings are loose.

What can I do if someone is underweight?

If you think someone is underweight, this may be because they have an **underlying disease or condition** which needs investigation, so it is important to make sure the person sees his or her GP.

If they are underweight because they have a **small appetite**, it is important to stimulate the appetite by:

- increasing activity where possible, to increase hunger
- making sure people do not blunt their appetite by having lots of soft drinks or sweetened drinks between meals
- making sure that the food that is offered is tasty, attractive and inviting
- regularly offering nutritious snacks, including milky drinks between meals
- making sure the food is nutrient-dense. This means making sure that food that is served in small volumes has lots of energy (calories) and nutrients (vitamins and minerals) in it.

If you think someone is underweight because they are **very active** – for example because they pace or walk constantly, or fidget and move constantly – they may have very high energy needs. Make sure that:

- When the person is more able to sit quietly, nutritious food is available for them – for example, first thing in the morning.
- Nutritious snacks are made available in a form that is easily accessible even if the person is moving around – for example, by putting finger foods in a pouch

that the person can carry around with them (see page 6.12).

- Food and drink offered are energy-dense – that is, high in calories.

If a person has been thin for a long time, there may be some resistance to increasing their weight, as people may assume that this weight is ‘normal’ for this person. It is important to explain to others that being underweight puts people at risk of ill health and poor recovery after illness or surgery, and that even when someone has been thin for a long period, their weight can be increased successfully.

Does it matter if a person is fat?

There is considerable concern over the increasing numbers of people in the UK who are too heavy for their height. The main reason for this concern is that people who are overweight are at greater risk of a whole range of diseases and poorer quality of life. Being overweight is associated with an increased risk of:

- high blood pressure and heart disease
- type 2 diabetes
- cancer
- joint problems and arthritis
- breathing problems, and
- difficulties in pregnancy.

People who are overweight are likely to do less well in almost all areas of health, as well as having to deal with the stigma of being fat, the difficulties of getting clothes that fit, and difficulties in being active and moving comfortably around in the spaces they live in and visit. Even simple things like sitting on public transport or in cinemas become more difficult if you are very overweight.

When should I worry about someone’s weight?

This is not an easy question to answer. For most adults we suggest that a body mass index (BMI) of between 20 and 25 is optimum and that health problems associated with overweight become more serious when people have a BMI over 30. (See page 2.13 for information on how to calculate a person’s BMI.)

Some people also use waist measurements to define fatness. See the box below. It can be difficult to measure the waist of people who are very overweight, but for most people the measurement is taken around the belly button. If someone is very large, seek advice from their GP.

Waist measurements that may indicate overweight and risk to health

People with the following waist measurements have an increased risk to health:

MEN who have a waist measurement of more than 102cm (40 inches)

WOMEN who have a waist measurement of more than 88cm (35 inches)

However, it is important to keep weight issues in perspective. Promoting healthy lives is more important than promoting a certain body size and it is important to think about the person you support and their particular needs and circumstances.

Things to think about when working with someone who is overweight

● Is it really necessary for the person to lose weight?

If health and mobility are not affected by a person's weight, and their weight is stable, be cautious about recommending weight loss. If someone has a BMI higher than 25 but eats well, is active and their weight is stable, intervention may be counter-productive and impact on their quality of life. If someone is over the age of 65, extreme caution should be taken in encouraging weight loss unless there is a clear reason to do this.

● Is weight increasing rapidly?

If someone is gaining weight rapidly and consistently – for example, if they have gained 3kg (half a stone) or more per year for a number of years – there may well be a need for an intervention to maintain weight. It can be more successful to encourage weight maintenance than weight loss to start with, and this can seem more achievable.

● Have there been any lifestyle changes that could have caused weight gain?

Simple changes in lifestyle can often trigger weight gain. If someone changes their place of education, work or transport route, this can mean a decline in small amounts of regular activity. If someone walks 15 minutes to a bus stop twice a day, this adds up to 150 minutes' exercise over five days, and losing this regular activity can tip the balance in terms of weight maintenance and weight gain. Encouraging small, regular amounts of exercise every day is often preferable to a weekly visit to a gym. Three short 10-minute walks a day often seem more achievable than a more ambitious exercise plan. For more information on physical activity, see page 1.22.

● Have there been any changes in the person's eating pattern?

Weight gain may be related to a change in eating habits that might be triggered by a change of residence, a change in lifestyle, or a change in the people who are offering care and support. Be alert to simple changes or additions to the diet that might be related to changing circumstances, as it is often small changes to daily patterns that can trigger weight gain.

● What weight is ideal?

It may be more constructive to aim for an achievable and comfortable weight than to aim for an 'ideal' weight whose achievement would involve considerable discomfort and sacrifice. To keep the need for weight loss in perspective, it is important to balance a healthy body weight with a person's need for quality of life and the circumstances in which they may be living.

● Can someone who is overweight or obese be malnourished?

If someone is eating a diet that does not contain all the vitamins and minerals they need, they can be malnourished, even if they appear fat. They may, for example, have iron deficiency. If someone eats lots of high-calorie carbohydrates and sweet foods, they may struggle to get enough nutrients.

Simple, practical tips to help people who may wish to lose weight or not gain weight

- Aim for 5 portions of fruit and vegetables every day, and make this a priority when menu planning and when offering snacks.
- Always offer water as a drink if someone is thirsty. Place personalised and fun bottles of tap water in the fridge each day and encourage people to drink from these.
- If people are frequently hungry and impatient while waiting for meals to be prepared or served, offer slices of fruit or vegetables such as carrots and peppers to eat while waiting, rather than biscuits or crisps.
- Follow the guidance in this report for good choices for snacks and drinks (see pages 3.8 and 3.3).
- Look at pages 6.20-6.28 to see the sorts of meals and snacks that will meet a typical adult's average energy and nutrient needs.
- Look at portion sizes carefully. People may be used to large portion sizes of food and may eat them because they are given to them. Using smaller plates can be helpful in reducing portion sizes. Photos of typical portion sizes for the meals and snacks that we suggest should make up a healthy diet (see page 6.20) can be found on the accompanying CD-ROM.
- Home-made vegetable soup is filling yet low in calories and contributes to vegetable intake.
- After the main course, offer fruit routinely and then dessert if the person is still hungry.
- Simple changes in the kitchen can be helpful – for example: switching to semi-skimmed milk; switching to low-fat spreads; using less oil in cooking; grilling rather than frying some foods; buying leaner meats and using smaller quantities of them; buying fewer ready-prepared foods; and avoiding pies and pastries.
- If food is eaten for comfort, be sensitive to the relationship the person may have with food. Where possible, encourage the person to talk about their feelings and how their food intake and mood are related. Among those with less severe learning disabilities it may be possible to find non-food ways of stimulating a feeling of wellbeing, such as encouraging the person to take up hobbies and pastimes that are creative, taking walks with family, friends and support staff, having a haircut or massage, or spending time in the garden (see *Growing food* on page 5.10).
- Help everyone to be as active every day as they can be. This might mean increasing the number of short walks they do each day, taking up an activity, or using the stairs instead of the lift or walking up escalators where it is safe to do so.
- Remember that, if you are willing to take part in activities with the people you support, you will both benefit from the extra activity. Also, it is easier for the person to do some activities if someone does it with them.
- If people don't often go out, think about indoor activities like table tennis, or activities using dance mats, or computer-based activity games that people might enjoy.

What could you do to help someone you support to be more active?



How some medicines impact on nutritional status

Many people with a learning disability take a number of different medicines, including those prescribed to them by a GP and those that they may buy themselves over the counter on the advice of family, friends or pharmacists. Some medicines influence appetite and some medicines cause adverse responses such as nausea, dry mouth, loss of taste, constipation or diarrhoea. Some medicines may also cause drowsiness which can cause people to miss meals or snacks during the day.

Commonly used medicines which might impact on eating and drinking	
Psychotropic medicines May be given to people with mental ill health, challenging behaviour, anxiety or depression.	Can cause weight gain, craving for sugary foods, dry mouth and constipation, and can affect swallowing function.
SSRI drugs Given to treat depression, some eating disorders or other psychological difficulties.	Can cause nausea, vomiting, diarrhoea and constipation, and can affect swallowing function.
Lithium May be given to stabilise mood.	Can cause nausea, vomiting, diarrhoea, weight gain and excessive thirst.
Drugs for epilepsy	May cause constipation, diarrhoea, nausea, weight loss or weight gain, and can affect swallowing function.
Diuretics, beta-blockers, drugs to manage incontinence, and anti-histamines	Can cause dry mouth.
Anti-dementia drugs	Can cause nausea, diarrhoea, vomiting, loss of appetite, weight loss and abdominal pain.

Other common health problems related to nutrition

There are a number of common health problems that are associated with the choice of food and drink we eat. Here we give some advice about preventing and managing constipation, dealing with swallowing difficulties, and promoting good oral health.

Constipation

Constipation is a common complaint among people with learning disabilities. It is mainly caused by a lack of fibre, too little fluid and too little activity. One research

study found that nearly 70% of people with learning disabilities living in residential care were constipated.

Who is at particular risk?

It is important to act to prevent constipation rather than wait to treat it. Look at the list below of the people who are most at risk of constipation. Can you think of anyone you support who may be at risk?

- People who are immobile because they have a physical movement problem. If someone has recently lost mobility, they are at risk of constipation.
- People who take some medicines such as tranquillisers, some strong pain relievers, some medicines given to manage difficult behaviour, and some medicines given to prevent convulsions, tremor and shaking
- People with thyroid disorders
- People who are anxious
- People who have over-used laxatives so that their system is less able to function without stimulation
- People who refuse food, have a small appetite, or only eat soft foods
- People who don't eat many fruits and vegetables
- People with cerebral palsy or people with severe learning disabilities.

People who have difficulty communicating pain or discomfort might not be able to tell you that they are constipated and if the problem is not picked up this can lead to serious complications. Look out for reluctance to go to the toilet, obvious discomfort, long periods spent in the toilet, changes in eating habits, unexplained diarrhoea or unexplained challenging behaviour, including smearing faeces. Constipation should always be considered when food is refused.

What can help?

To avoid constipation it is important that people are:

- as mobile as possible
- have adequate fluid – at least 6 to 8 glasses a day
- have fibre in their diet.

Fibre

Foods that are high in fibre include bread, breakfast cereals, fruits and vegetables, and pulses such as peas, beans and lentils.

It is useful to encourage most people to have more fibre in their diet as in fact most people in the UK eat too little fibre. Some people may find that sudden increases in fibre intake cause bloating and wind, so it is advisable to increase fibre intakes gradually to start with and always make sure that, at the same time, the person increases the amount of fluid they have. Start by increasing fruit and vegetables and then add extra cereal fibre.

Ways to add fibre to the diet

- Puréed canned peaches, apricots or mango as a sauce served with ice cream or sorbet
- Dried fruit added to cakes and desserts

- Using rhubarb, blackberries, plums and other fruits in desserts, or stewed and served with custard or ice cream or sorbet
- Dried fruit such as apricots, raisins and dates can be added to cakes and puddings and eaten as a fruit snack with meals.
- Baked beans
- Canned beans and lentils puréed into soups
- Houmous (mashed chick pea paste) as a sandwich filling or on toast
- Sweetcorn and peas added to stews and casseroles
- Mixing some brown flour into white when baking
- Using wholemeal pasta in pasta dishes
- Using brown rice in rice dishes
- Using wholemeal bread. Or switching to higher fibre white bread if wholemeal bread is not liked.

When to be careful about increasing fibre

- Some people with advanced disease (such as cancer), bowel disorders or swallowing problems may struggle with high-fibre diets.
- People with very small or poor appetites may need to eat a more energy-dense diet. As high-fibre foods are more filling, the person may not be able to eat quite as much, so it's important to make sure that they're still getting enough calories and nutrients.

For information on how to use laxatives safely, and on other gastrointestinal problems, see the Caroline Walker Trust report *Eating Well: Children and Adults with Learning Disabilities* (see page 2).

Swallowing difficulties

There is a high incidence of swallowing difficulties among people with learning disabilities. People with swallowing difficulties are more likely to have health risks including poor nutritional status, dehydration, and breathing in of food particles to the lungs which can lead to respiratory tract infections – the leading cause of death among people with learning disabilities.

Signs and symptoms of a swallowing problem in people with learning disabilities

- Coughing and/or choking before, during or after swallowing
- Recurrent chest infections
- Difficulty in controlling food and drink in the mouth
- A change in breathing patterns
- Unexplained weight loss or chronic low body weight
- 'Wet voice' – sounding gurgly when the person speaks
- Hoarse voice
- Drooling
- The person reports difficulty and/or painful chewing and/or swallowing, or feelings of obstruction in the throat.
- Heartburn
- Frequent throat-clearing
- A change in eating pattern – for example, eating more slowly or avoiding foods or meals
- Constipation
- Repeated urinary tract infections

Who can help with swallowing difficulties?

It is very important to seek advice from a speech and language therapist if someone has any of the symptoms of a swallowing problem. The person may need to have the thickness of their food and drink changed, eat and drink in a different position, or avoid eating and drinking certain foods. A dietitian may be able to help make sure that, if someone has a swallowing problem and the texture of their diet is changed, they still get enough of the right nutrients. For information on suitable foods for people with swallowing difficulties, see page 6.15.

Looking after teeth and gums

If you don't have good teeth it is difficult to have a nutritious diet as you may not be able to enjoy foods that need to be chewed, such as meat and fruit and vegetables. Good dental health is also linked to happiness and good general health, and poor teeth can impact on a person's confidence.

What leads to problems with teeth?

- Diets which are high in sugar lead to the development of dental decay.
- Poor dental hygiene and the build-up of plaque cause gum disease.
- Direct acid attack on the teeth – particularly from acidic drinks such as fruit-based drinks – causes tooth erosion (when there is irreversible loss of enamel on the teeth).

We know that people with learning disabilities have more dental decay, more gum disease, more tooth extractions and poorer dental hygiene than the general population.

Dental health recommendations for people with learning disabilities

- Visit the dentist at least twice a year.
- Brush the teeth twice a day with fluoride toothpaste.
- If tooth-brushing is not completely effective, the dentist may recommend that a mouthwash is used after brushing.

Food and drink

- Think about the amount of sugary foods the person has each day, and the number of times they have them, and see if these can be reduced.
- It is particularly important to make sure that drinks other than milk or water are not given at bedtime. This is because the mouth produces less saliva during sleep, which means that teeth are at greater risk of damage.
- As far as possible, keep food and drink that have sugar in them to mealtimes only.
- Remember that fruit juices, squashes and fizzy drinks – even those labelled 'no added sugar' – can still erode the enamel of the teeth.

How can we find out if someone is malnourished?

Body mass index (BMI)

One way of checking if a person is overweight or underweight is by finding out their body mass index, or BMI. For any particular height there is a range of acceptable, healthy weights. Calculating BMI is a way of describing the degree of a person's overweight or underweight.

$$\text{BMI} = \frac{\text{weight (in kilos)}}{\text{height}^2 \text{ (in metres)}}$$

To work out a person's BMI, you need to know their weight in kilos (for example 70kg) and the person's height in metres (for example 1.61m). To calculate their BMI, take their weight in kilos, and divide it by the square of their height in metres (m²) – for example 70 divided by 1.61² = a BMI of 27.

Example:

$$\frac{70 \text{ (kilos)}}{1.61 \text{ (metres)} \times 1.61 \text{ (metres)}} = \text{BMI } 27$$

What is underweight and overweight?

	BMI
Underweight	Less than 18.5
Normal weight	18.5-24.9
Overweight	25-29.9
Obese	30 or over

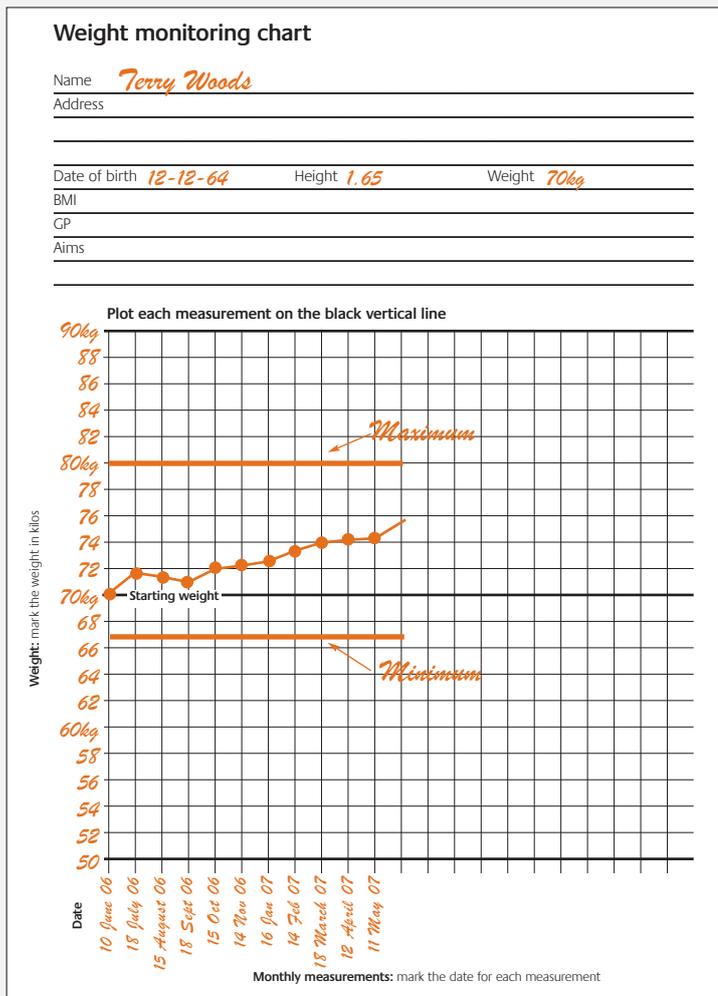
In some areas of the UK, a screening tool called the MUST tool is being used to assess the nutritional status of vulnerable people. To find out more about the MUST tool, see www.bapen.org.uk or ask the dietitians in your area if they are offering training on how to use this tool.

Weight monitoring chart

It is important to be able to monitor weight change easily, and to act on changes appropriately. A simple *Weight monitoring chart* has been developed for use with people with learning disabilities. It allows you to plot a person's weight on a chart and, with input from a health professional, lines can be added which show when you should seek attention for an inappropriate weight. An example of a partially filled in weight monitoring chart is shown on the next page, and a blank version of it is given on page 2.15.

It is important that scales used to weigh people are accurate. Where possible, sitting scales should be used, the scales should be checked regularly and they should not be moved. It is useful to discuss with the person how frequently weighing should take place and whether their weight will always be measured with clothes on or off. For people who are chronically constipated, constipation

An example of a partially filled in weight monitoring chart



can add between 0.5kg and 1.5kg to their weight and you will need to take this into account when considering possible weight loss or weight change.

It has been suggested that a person is potentially at risk of malnutrition if they have unplanned weight loss of 5%-10% in the past 3 to 6 months, and a person is at significant risk if they have lost more than 10% of their body weight in the past 3 to 6 months. This would mean, for example:

- If someone of 60kg had unintentionally lost 3kg in the past 4 months (equivalent to 5% of their weight), they may be at risk of malnutrition and should be monitored carefully.
- If someone of 50kg had unintentionally lost 5kg in the past 3 months (equivalent to 10% of their weight), they are at high risk of malnutrition and advice should be sought from a medical practitioner as a matter of urgency.

It is important to remember that, even if people appear to be a normal weight or overweight, they can be at risk of malnutrition if they lose a significant amount of weight unintentionally.

Weight monitoring chart

Name _____

Address _____

Date of birth _____ Height _____ Weight _____

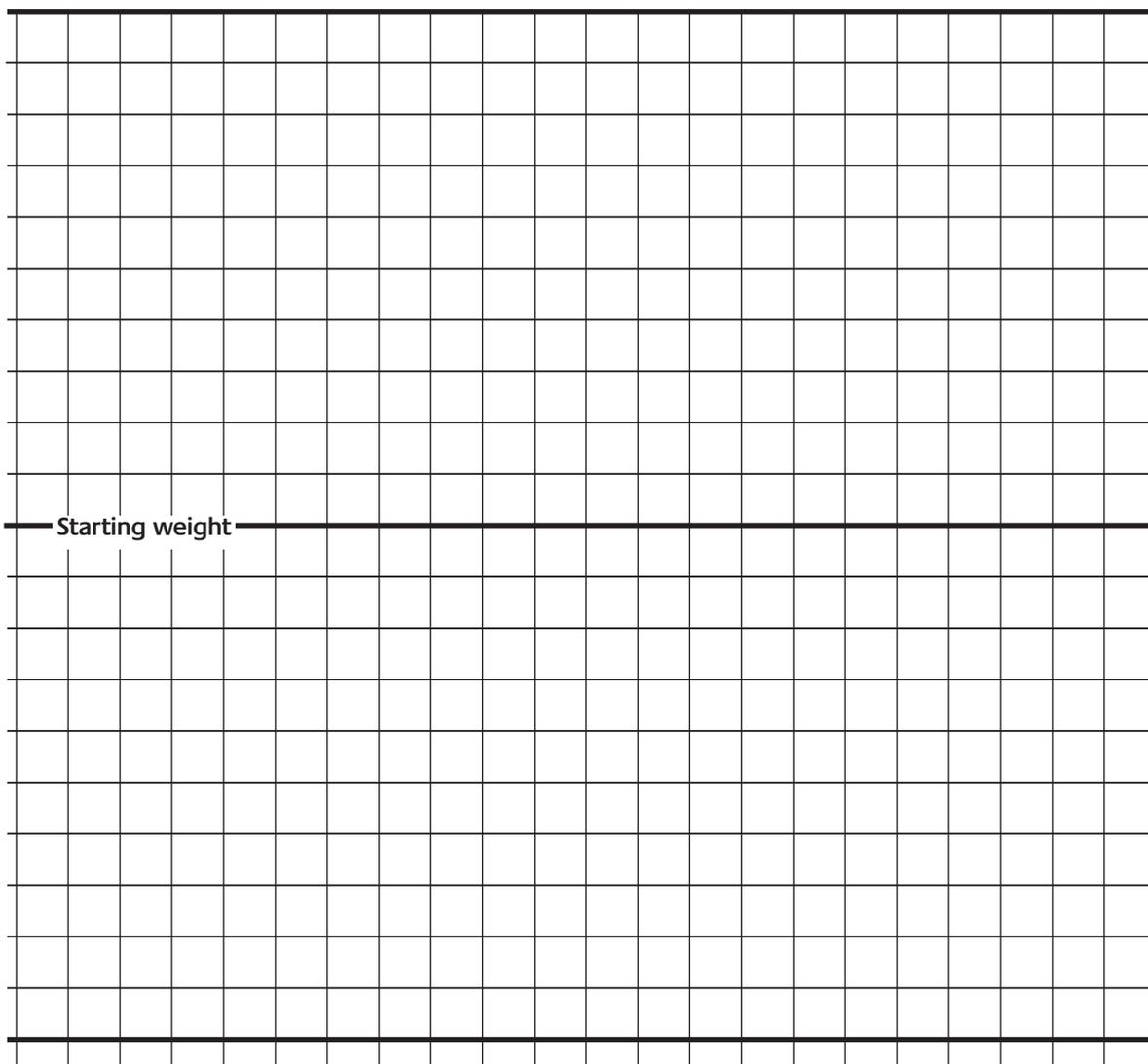
BMI _____

GP _____

Aims _____

Plot each measurement on the black vertical line

Weight: mark the weight in kilos



Date

Monthly measurements: mark the date for each measurement

Helping older adults with learning disabilities to eat well

Older people with learning disabilities are at risk of the same age-related body changes as the general older population. The nutritional needs of older people have been summarised in the Caroline Walker Trust report *Eating Well for Older People* (see page 2). If you are supporting an older person (aged 65 or over), we recommend that you read that report.

Older people are at greater risk of a number of nutritionally-related disorders than younger adults:

- Small appetite and insufficient food intake can lead to **undernutrition**.
- A lack of variety in the diet, often caused by poor chewing ability or less ability to prepare food, can lead to diets that are low in essential nutrients such as iron and folic acid – which leads to **anaemia**.
- A less efficient **immune system** means that older people are more prone to illness and infection.
- As we age, our digestive system works more slowly, so **constipation** and bowel problems are more common.
- As we age, we lose muscle strength and bone density, making it more likely that we will **fall and fracture bones**.
- Less efficient kidneys mean that urine is less concentrated and **dehydration** is more common.
- **Mouth and swallowing problems** become more common and can impact on food choice.

Specific nutritional issues to consider among older people

If older people are thin, have lost weight recently, have started to leave food on their plates at mealtimes, or have lost their independence in eating, they are at particular risk of undernutrition. This can have a serious impact on health.

Effects of undernutrition

Undernutrition can lead to:

- increased risk of infection
- poor or slow wound-healing – particularly of ulcers and bedsores
- slow recovery after operations
- skin problems and sores
- breathing difficulties
- muscle weakness, making tasks of daily living more difficult
- tiredness, confusion and irritability.

Older people have been found to have lower levels of some specific nutrients – particularly vitamin C, vitamin D, folate and iron.

Vitamin C is needed for preventing disease and ensuring healthy teeth, bones, skin and tendons, as well as helping with wound-healing and preventing damage

to cells. Vitamin C is found in fruits and vegetables. Older people who eat these foods rarely, who cook them until they are very soft before eating them, or who eat mostly canned varieties, may have low vitamin C intakes. Encourage people to have a glass of fresh orange juice or cranberry juice with meals to increase vitamin C intake.

All older people in residential settings need to take a **vitamin D** supplement – as well as any older person who rarely goes outside or who goes outside covered up. If you support an older person with learning disabilities, ask their GP about vitamin D supplements. For more information on vitamin D see page 1.18.

Folate is an essential vitamin for helping the body make red blood cells and other cells in the body. Deficiency in folate can lead to anaemia (see *Anaemia* below).

Iron is a mineral that is found in red meat, oil-rich fish, and cereal foods. People who have diets which are not varied, or which are of softer texture, may have low levels of iron. Iron deficiency also leads to anaemia (see below).

For other good sources of different nutrients see page 9.1.

Anaemia

Anaemia means that the body carries oxygen to cells less efficiently, making the person feel tired, apathetic, depressed, and less able to carry out everyday tasks. People with anaemia are more likely to have a reduced appetite and to get infections. Anaemia is caused by a lack of iron or folate. Diets which are rich in iron and folate are those which include red meat and oil-rich fish, green vegetables, fresh and dried fruit, pulses, and fortified cereals. People who have poor teeth, sore mouths or swallowing problems may be more likely to avoid these foods, and may therefore be at greater risk of getting anaemia. People who do not eat red meat or oil-rich fish should make sure they include good sources of iron in their diet – for example, from fortified breakfast cereals, wholemeal bread, soya beans and other foods made from soya, chick peas, baked beans, green vegetables, dried fruit and eggs.

The nutrients needed for a strong **immune system** have been described on page 1.20. Diets which are rich in vitamin C, folate and iron are likely to provide useful nutrients to boost the immune system.

Older people are at greater risk of **food poisoning** as well as other infections. So it is particularly important to make sure that the food hygiene rules are followed when supporting an older person with learning disabilities. People who have poor eyesight and a reduced sense of taste and smell may be at greater risk of eating spoiled food, so make sure that you know how to help people store food and eat and drink safely.

Constipation is a particular problem for many older people. The causes are the same as for the rest of the population, as described on page 2.9. Constipation is particularly common among older people who may be less mobile, may drink less and who may avoid high-fibre foods if they find it difficult to chew these. If you support an older person with a learning disability, read the section on *Constipation* in the Caroline Walker Trust report *Eating Well: Children and Adults with Learning Disabilities* (see page 2).

Muscle strength in older age is essential to prevent falls and avoid bone fractures. As we age, we lose muscle mass and we become less active and these things can combine to make people unsteady on their feet and less able to live independently. Older people who have low bone density and who fall are more likely to have bone fractures. The key points to remember about maintaining muscle strength and avoiding fractures are:

- Encourage any kind of regular **physical activity** that the person can manage. Don't use getting older as an excuse not to use the muscles that a person does have. (For more information on encouraging older people to be active, see the *Resources* section.)
- Check with the person's GP whether the person needs to take a **vitamin D supplement** (see page 1.18).
- Make sure that older people have sufficient **calcium** in their diet every day (see page 9.3).

Dehydration is more common among older people and among those who may forget to drink, who can't communicate that they are thirsty, or who refuse to drink because they are worried about incontinence. Older people are less likely to recognise that they are thirsty and therefore may need to be prompted to have at least 1.2 litres of fluid a day (about 6 glasses or cups a day). Those who may be constipated may need to be encouraged to have at least 1.5 litres of fluid a day (about 7 to 8 glasses or cups a day). Dehydration can cause headaches, confusion, irritability, falls, loss of appetite and constipation which can contribute to urinary tract infections – and these infections in turn can lead to incontinence. Older people who are incontinent need to drink more, not less, in order to encourage the bladder to empty regularly to prevent infection and to exercise the bladder muscles. We get some of our fluids from food, particularly foods such as soup, stews, fruits and vegetables, jelly, sauces, yoghurt, ice cream and sorbet. All drinks help us to remain hydrated including tea and coffee, water, milk, fruit teas and fruit juices.

Mouth problems and swallowing difficulties have been described on pages 2.12 and 2.11. These are likely to be more common and more serious among older people. If you have any concerns about a person's eating and drinking difficulties, consult a speech and language therapist and a dentist.

Older people with both a learning disability and dementia

People with Down's syndrome are at greater risk of developing Alzheimer's disease and will do so at a younger than average age. However, in the case of people with learning disabilities other than Down's syndrome, the prevalence of Alzheimer's disease and other forms of dementia are no greater than for the rest of the population. For information on the nutritional needs of older people with dementia, who may find eating and drinking more problematic, see the report *Eating Well for Older People with Dementia* (see page 2).

Key nutritional issues to consider for older people with dementia

- Weight loss is common among older people with dementia, so it is important to keep records of weight and to look for signs of unintended weight loss (see page 2.5). Weight loss is caused by insufficient energy intake, so it may be necessary to offer extra drinks and nutritious snacks during the day, or to fortify meals with extra calories.
- People may forget to eat, forget they have eaten, be distracted from eating, have difficulty making choices, or be unable to communicate hunger or thirst. It is therefore important that all those who support someone with dementia communicate well, so that the person can be supported to eat enough each day.
- People with dementia are more likely to lose their sense of taste and smell and lose their appetite, so it is important to offer small amounts of nutritious and tasty food regularly, and to stimulate the appetite before meals by involving the person in preparing food, laying the table or by the person smelling or hearing food being cooked.
- People with dementia may be unable to use cutlery, or may find it difficult to use cutlery, or to unwrap or unpeel items, or to get food to their mouth. If so, they may need gentle support to allow them to remain independent in eating.
- People with dementia may also show signs of paranoia around food and refuse to eat, and help should be sought to treat any mental ill health issues associated with dementia.

If you support someone with dementia, it is strongly recommended that you find out more about this condition and about how you can help someone with dementia eat well (see *Resources* on page 8.1).

Note to trainers: At this point in the training, you may find it useful to use one of the case studies given in Part 7 of these training materials – for example, case study 3 on page 7.8.

Overweight and underweight

Below is a discussion of the statements on overweight and underweight on page 2.3.

Overweight

1 People with the genetic condition Down's syndrome will be overweight.

AGREE DISAGREE NOT SURE

Some research studies have reported that people with Down's syndrome are more likely to be obese than the rest of the population. However, increasingly it is being shown that, among the majority of people with Down's syndrome, it is likely that obesity is linked to lifestyle factors – such as eating too much and doing too little – rather than to the condition itself. People with Down's syndrome are more likely to have thyroid problems and this can lead to overweight, so it is important that people with Down's syndrome are screened for thyroid disease. Some people with Down's syndrome who become breathless easily will find being active more difficult, but it is still important to try and include some gentle activity into everyone's daily routine. If people are inactive, they will need fewer calories than more active people. It can be helpful to look carefully at how frequently people drink sugary soft drinks and eat snacks between meals, and to see whether some of these could be changed for lower-calorie options. (See page 3.8 for ideas for snacks for people who need to maintain their weight or lose weight.)

2 It is very difficult to lose weight if you have a learning disability.

AGREE DISAGREE NOT SURE

Losing weight is difficult for everyone, but everyone can lose weight if they eat fewer calories than they use each day, so that they use up their fat reserves. It is certainly much easier to try and prevent weight gain than to lose the weight once it has been gained. The easiest way to lose weight is to eat fewer calories, but it can also be helpful to increase the amount of activity we do, so that we increase our calorie needs. It does not have to be any harder for someone with a learning disability to lose weight, as long as they follow a sensible healthy eating plan. Some people may find it harder to lose weight than others – for example, people on certain medications, those of small stature, and those who have physical difficulties which make it harder for them to be more active. For more information on reducing body weight, see page 2.6. Remember that the most important things people can do to stay healthy are to eat well, not smoke and be active. Focusing on weight alone is not always the most helpful way of encouraging these things.

3 Overeating is common among people with learning disabilities.

AGREE DISAGREE NOT SURE

There is some evidence that eating disorders are common among people with learning disabilities. Overeating is one type of eating disorder. When a person overeats, it may be by eating more than they really need to or want to at mealtimes, or it may be by gorging or frequently snacking at other times of the day, or it may be related to a specific food or drink that the person eats or drinks in excessive amounts. If you think that someone has an eating disorder, seek help from your local learning disability team. Psychologists can find out why people might be binge-eating and can help people to manage their eating disorders.

4 Some medicines make it more likely that people will gain weight.

AGREE DISAGREE NOT SURE

A number of different medicines may encourage weight gain. Some people with learning disabilities may be given drugs to treat mental ill health issues (for example, anti-psychotics and anti-depressants) and these are linked to weight gain. Some drugs for epilepsy are also linked to weight gain. If someone starts a new medicine and weight gain is one of the side effects mentioned, it is important to talk to the person you support about this. Explain that it is important that they take the medicine but that they can maintain their weight by being more active and eating fewer calories each day. Other medicines are linked to things which may reduce appetite. It is therefore important to discuss any medicine side effects with the person you support and their GP if you are concerned about the impact on their nutritional health.

5 Giving sweet foods and drinks is the only way of offering comfort to some people with learning disabilities.

AGREE DISAGREE NOT SURE

Some people with a learning disability may have become used to being given sweet foods as treats, as praise when they do something well or learn something new, or to cheer them up when they are sad. This means that some people associate sweet foods and drinks with happy occasions and that some relatives, friends and supporters of people with a learning disability offer these regularly as an act of kindness. In fact it is never a good idea to reward or praise people with sweet foods and there are many other ways to offer comfort and reward to people. Some examples are discussed on page 5.7. It is important for everyone to talk about what other things might give people pleasure. For example, trips, outings, hobbies, activities, games and healthy food and drink options can all be offered to give comfort.

6 People who are overweight often have very large portions at mealtimes.

AGREE DISAGREE NOT SURE

This can be true for some people. It can be difficult for people to know what are suitable portion sizes for different people in the population. Often, people serving meals or helping someone to cook for themselves may overestimate the amount

the person actually needs to meet their needs and to help them to enjoy the meal. If a person has their plate piled high at mealtimes and regularly has second helpings and they are overweight, this is likely to mean they are eating too much at mealtimes. To get an idea of typical portion sizes for an average adult, look at the photos of example portion sizes on the CD-ROM at the back of these training materials. Obviously some people will need more or less than those portion sizes, but these act as a useful guide to average portion sizes.

7 You would have to walk for an hour and a half to burn off the calories in one can of coca cola.

AGREE DISAGREE NOT SURE

If you sat on the sofa for 90 minutes, you would burn up about 100 calories. If you were walking for 90 minutes you would burn about 250 calories. A can of coca cola contains about 150 calories, so the extra calories you burn up on your long walk is only equivalent to the calories in a can of cola. Exercise is a good way of preventing weight gain, it is essential for overall good health, and it can be helpful for people who are trying to lose weight or maintain their weight – as long as they are also cutting down on the calories they eat. Lots of people over-compensate for doing exercise – for example, doing 30 minutes’ exercise and then rewarding themselves with a muffin. For most people, there is no need to eat more food to compensate for exercising. Drinking water before and after exercise is important so that people don’t get dehydrated, but don’t over-estimate the amount of calories that exercise burns up.

Underweight

8 Thinness is more damaging to health than fatness.

AGREE DISAGREE NOT SURE

People who are thin are at greater risk of illness and infection in the short term than people who are fat, and thinness is probably a greater risk to health and wellbeing than fatness for most people. On the other hand, when people become fat it will impact on their quality of life and put them at greater risk of a variety of diseases. So both fatness and thinness mean that people are at risk of ill health.

9 People who have a condition like cerebral palsy will always be small and thin.

AGREE DISAGREE NOT SURE

Many people with cerebral palsy may be shorter than average and some may also be thin. This might be their natural body shape, but it is also possible that some people with cerebral palsy have experienced stunting (not growing as tall as would be expected), or wasting (being thinner than expected), because they did not have enough to eat during periods of growth. There is some evidence that many people with more severe learning disabilities are underweight and that their thinness is either not recognised by carers (‘They have always been thin’) or is resistant to treatment (‘Whatever we try, they don’t gain weight’). It is important to challenge ideas about thinness and make sure that everyone who supports an individual knows what a normal weight for that person should be.

10 It can be difficult to encourage some people with learning disabilities to eat.

AGREE DISAGREE NOT SURE

Some people may have small appetites, may be inactive and not burn up much energy each day, be depressed which often causes loss of appetite, have trouble eating which makes mealtimes a less than happy experience, or have some kind of eating disorder. Encouraging people to eat can be difficult. It is important to try and understand the cause of the lack of interest in food so that you can manage it effectively. Remember that most people eat better in happy, social settings, that we eat more when we have been busy and active, and that small amounts of very attractive and tasty food can often tempt people more than large quantities.

11 The more complex the disability a person has, the more likely it is that he or she is thin.

AGREE DISAGREE NOT SURE

People who have multiple physical disabilities and health conditions, coupled with a learning disability and perhaps also mental ill health, will be particularly vulnerable to malnutrition. This might be because they have problems eating, problems communicating, take multiple medicines which may impact on their appetite, or find mealtimes and eating and drinking tiring. People with complex disabilities need holistic support to make sure that all their needs are met, and team work among all the professionals is important. For example, the dietitian and speech and language therapist need to work together to help the person plan nutritious foods and drinks that they can physically manage to eat and drink and which they enjoy.

12 If someone was losing weight without trying to, I would want to find out why they were losing weight.

AGREE DISAGREE NOT SURE

Unintended weight loss should always be investigated. Weight loss may be a sign of an underlying physical or mental health condition.

13 A person who is thin needs lots of high-fat and high-sugar snacks between meals.

AGREE DISAGREE NOT SURE

People who are thin need nutritious meals and snacks to make sure they get all the nutrients they need, as well as enough calories. But rather than adding extra calories to the diet with high-fat and high-sugar snacks, it is better to make sure that all meals and snacks are as nutrient-dense as possible.

14 Drinks like Lucozade can boost appetite.

AGREE DISAGREE NOT SURE

All sugary soft drinks – regardless of whether they are marketed as sports drinks, flavoured waters, fun drinks or tonics – are basically ‘empty calories’. That means

that they provide energy but nothing else to the diet. Sugary drinks can fill people up and are likely to reduce the amount of food eaten. So, if someone has a poor appetite, offering drinks like Lucozade is not a sensible way to try and boost appetite. For ideas on how to improve appetite see page 2.5.



In this section we will look at:

- how to help people to eat well throughout the day
- how to ensure you provide food for everyone's needs, and
- key food safety and hygiene issues.

Food is an important part of everyone's lives. It is important that people who cannot cater for themselves, or who need help with organising the food and drink they have each day, are enabled to eat and drink food that they enjoy, that they are familiar with, and that meets their nutritional and emotional needs. Getting the food and drink on offer right will contribute to physical and mental good health. Eating well is everyone's business.



Before we start this section, think about these issues:

	Yes I do	No I don't	Don't know/ Comments
I encourage the people I support to eat breakfast.			
I make sure cooled tap water is available and encourage people to drink this if they are thirsty between meals.			
I understand the effect of soft drinks on overweight and dental health.			
I encourage people to have a variety of snack foods during the week.			
When supporting someone who may have religious or cultural dietary restrictions, I know where to get help and advice.			
I make sure vegetarians have a good variety of foods and that they follow the same eating well principles as everyone else.			
I know where to get advice if someone has a food allergy.			
I have a Food Hygiene Certificate.			
I always remind people I support to wash their hands before eating or preparing food.			

Breakfast

Why does breakfast matter and what is a good breakfast?

Breakfast is an important meal for two main reasons. Firstly, many breakfast foods are a very good source of fibre and other important nutrients. Secondly, if breakfast is missed, it is more likely that people will be tempted by other snack foods later in the day.

Breakfast cereals can be a useful source of nutrients. The best breakfast cereals to choose are those that are high in fibre and low in salt, sugar and fat and those that are fortified with extra vitamins and minerals: for example, puffed wheat, wheat flakes, weet bisks, shredded wheat and some crisped rice cereals and mueslis. Look at the labels and choose those that are lower in salt, sugar and fat. (See page 6.6 for details of how to check if foods are high in fat, salt and sugar.) Most breakfast cereals can be eaten with milk, yoghurt, fresh or dried fruit or fruit juice, or they can be eaten as a finger food.

Fresh fruit juice at breakfast is recommended, as vitamin C may help the body to absorb the iron from cereal foods. Other fresh or dried fruits or vegetables can also be served (such as banana or dried fruit with cereal, canned grapefruit in juice, canned tomatoes, grilled mushrooms or baked beans) to contribute to people's fruit and vegetable intakes. For those people who have a good appetite in the morning that recedes as the day continues, breakfast should be seen as an opportunity to consume a significant amount of energy and other nutrients, and a range of foods should be offered, rather than just traditional breakfast foods.

Examples of good breakfasts to choose can be found on page 6.20, and some photos of breakfasts can be found on the accompanying CD-ROM.

Drinks

It is important that everyone gets enough fluid throughout the day. While we get some fluid from our food, most people rely on drinks to provide the majority of their fluid needs. People also typically have drinks to be sociable, out of habit, as a stimulant, for a sweet taste, to complement a meal, or to quench the thirst when food or snacks are salty or the weather is hot.

How much should we drink?

It is important that everyone is able to get enough to drink throughout the day.

- Adults should have at least **1.2 litres of fluid a day** (about 6 glasses or cups).
- People who are constipated should be encouraged to have at least **1.5 litres a day** (about 7 to 8 glasses or cups a day).

A person's fluid needs increase if they are sweating a lot, breathing through their mouth, dribbling or vomiting, or if they have diarrhoea or a high temperature. We should all drink regularly throughout the day, not just big amounts all in one go. If we don't drink enough we can become dehydrated and this can lead to headaches, confusion, irritability and lack of concentration, as well as constipation.

Water

Wherever possible, fresh, chilled tap water should be available all day. It should be offered with meals and regularly throughout the day. Be positive about offering water in preference to other drinks. Act as a good role model and drink it yourself. Perhaps you could organise personalised drinking bottles in the fridge and encourage adults with mild or moderate learning disabilities to have these when they are thirsty.

Milk

Semi-skimmed milk is the type of cow's milk that is generally recommended for adults. It contains less fat than whole milk, and is a good source of calcium and many other nutrients. **Whole milk** may be more appropriate for people wishing to gain weight or those with a small appetite. **Skimmed milk** can be a useful choice for those trying to lose weight. Milky drinks at bedtime may help to improve sleep and offer extra calories to adults who are underweight. Flavoured milks contain sugar which can damage teeth, so it is best to give these with meals rather than between meals.

If someone is lactose-intolerant and cannot have cow's milk, they may be recommended to have soya milk. If soya milk is given, make sure it is calcium-fortified.

Soft drinks

There are many soft drinks available. Most are sweetened with sugars, sweeteners (such as saccharin or aspartame) and commonly a mixture of both. They include:

- squashes and other drinks which need to be diluted
- carbonated soft drinks such as cola or lemonade, and
- fruit drinks which are drinks that contain some fruit juice as well as water and some form of sugar or sweetener, or both.

Sugary drinks provide extra calories to the diet and this can add up over time, since large amounts of soft drinks can often be drunk without affecting a person's appetite. Research suggests that drinking a sweetened soft drink every day is linked to people gaining weight and developing type 2 diabetes. Swapping some or all sugary drinks for drinks of water may be particularly helpful if people are trying to maintain their weight or lose weight.

Remember that 1 teaspoon of sugar is about 5g. So, if there is 35g of sugar in a can of cola, that is 7 teaspoons. This might be a good way of explaining to people whom you support how much sugar is in the drinks they choose and what might be better alternatives.

Soft drinks containing sugar can be harmful to everyone's teeth, especially if they are drunk frequently or stay in contact with the teeth for too long. Sugary drinks are best consumed with meals. People should avoid having them at bedtime or during the night as this is very likely to contribute to dental decay because at night-time there is less production of saliva which helps clean teeth.

Soft drinks labelled 'low-sugar' or 'no added sugar' may still harm teeth as they often contain some sugar and they may also be acidic. Sweetened fizzy drinks



The next time you go shopping, look at some of the soft drinks that people you support drink and see how much sugar they contain. Fill in the chart below using the labels of bottles and cans to find out how much sugar is contained in 100ml of the drink.

Drink	Size of bottle or can	Amount of sugar per 100ml	Amount of sugar per bottle or can
<i>Example:</i> Coca Cola or Pepsi	330ml can	10.6g	35g
Water	Any amount	0	0

such as cola or lemonade are both sugary and acidic. The ‘diet’ versions of these drinks can also be harmful to teeth even if they do not contain sugar, as the acidity erodes the dental enamel. See page 2.12 for more information about looking after teeth and gums.

Pure unsweetened (100%) fruit juices

Pure fruit juices are a good source of vitamin C. They are of most benefit when given with meals, as this helps the body absorb iron. However, fruit juices are acidic so they can also erode dental enamel, so they should be drunk with meals rather than between meals. 150ml of 100% pure fruit juice counts as one of the 5 portions of fruit and vegetables each day.

Cranberry juice and grapefruit juice

There is some evidence that drinking **cranberry juice** may be useful in preventing regular urinary infections in women. However, people who take the drug warfarin should not drink cranberry juice or have cranberry products as these may increase the strength of the drug and cause bleeding.

Grapefruit juice can also interact with a number of drugs, particularly those given for heart problems such as beta-blockers, some drugs which reduce high blood pressure, and some drugs which help to control heart rhythm, as well as certain types of statins which many people take to lower cholesterol levels and help prevent heart disease.

Check the labels on the medication to see if any particular foods or drinks should be avoided. For more information on medicines and learning disabilities, see page 2.9.

Tea and coffee

Adults are likely to enjoy tea and coffee as these drinks are important in our culture and offer comfort and warmth. There is some evidence that drinking tea can protect against cardiovascular disease (coronary heart disease and strokes), some cancers, and osteoporosis, when drunk as part of a healthy diet. Caffeine in tea and coffee can have a mild dehydrating effect, but this is more than made up for by the amount of water used to make the drink, and research shows that people who drink these drinks habitually do not show signs of dehydration.

Sugar added to tea and coffee can damage teeth and add to obesity. Encourage people to gradually reduce the amount of sugar they use in hot drinks. If appropriate, adults could consider using sugar alternatives that are less damaging to the teeth such as fructose or sorbitol, but care must be taken not to have these in large amounts as they can cause diarrhoea. It is better where possible to cut down on sugar little by little and get people used to the real taste of drinks.

Caffeine

Caffeine is a drug which most of us eat and drink regularly. In moderate amounts it is not harmful to most people. Caffeine is commonly found in tea, coffee, cola drinks and chocolate as well as in some pain relievers or 'energy' drinks. In excess, caffeine can cause anxiety, sleep disruption, restlessness, palpitations, dizziness, nausea, diarrhoea and involuntary trembling. Having excess caffeine can complicate psychiatric diagnosis and can intensify the side effects of medication given for treating mental ill health, or interfere with how effective some medicines are. Over 600mg of caffeine a day is considered an excessive amount and it is quite possible for people to reach these intakes if they drink a large amount of tea or coffee (for example, more than 6 mugs of coffee a day). Pregnant women are advised to have no more than 200mg of caffeine a day.

Typical caffeine contents are shown below.

Cup/mug of instant coffee	cup 75mg / mug 100mg
Cup/mug of brewed coffee	cup 100mg / mug 140mg
Cup/mug of tea	cup 50mg / mug 70mg
Can of cola	38mg
Can of energy drink	80mg
50g bar of plain chocolate	50mg

Herbal and fruit-flavoured teas

Some herbal and fruit-flavoured teas may contain vitamin C and make a pleasant change to other hot drinks. They may also be useful to help an adult reach their recommended 1.2 litres of fluid a day.

Some herbal teas contain 'herbal medicine' which might make claims for health benefits (for example as a laxative, as an anti-diabetes agent or to aid weight loss). In most cases these teas are likely to be harmless, but some people may drink these instead of taking the appropriate medication and you should be alert to this possibility.

Alcohol

Some people with learning difficulties whom you support may be able to have alcoholic drinks. The sensible limits for men and women are shown below. Women cannot tolerate as much alcohol as men as they have smaller amounts of water in their bodies.

It is important not to have too much alcohol as it is associated with a number of cancers, liver disease, decline in brain function, abnormalities in pregnancy, and accidents. Alcoholic drinks can also contain significant amounts of calories and may contribute to overweight.

Drinking within sensible limits

Men should have no more than 3 to 4 units of alcohol a day
(a total of no more than 21 units a week)

Women should have no more than 2 to 3 units of alcohol a day
(a total of no more than 14 units a week)

1 unit of alcohol =

1/2 pint of average-strength beer or lager

1/3 of a 500ml can or bottle of strong lager or cider

1/2 glass of wine – 150ml of a 13% ABV wine (ABV stands for 'alcohol by volume'), or

1 pub measure of spirits

Can you drink too much fluid?

It is possible to drink too much fluid in a day and this can be very dangerous. If someone suddenly starts asking for or drinking more fluid than usual, the first things to consider are:

- Are they having more salt or salty snacks than usual?
- Is the temperature hotter than usual, or are they sleeping in a very warm room?

If you think there might be simple reasons for increased thirst, see if they are less thirsty if you make sure the person can stay cool and eats salty foods only in moderation.

You may also need to find out:

- Could they be diabetic?
- Have they started on any new medicines?

If you think someone might be diabetic, it is important that this is checked by a GP. If you think thirst might be related to a particular medicine, also check with a GP.

Excessive drinking can also be due to a condition known as polydipsia. Excessive fluid consumption is defined as more than 5 litres of fluid a day, but someone who regularly consumes large amounts at one sitting may also be at risk.

Snacks

Snacks should be nutritious, low in sugar, salt and fat, and make a contribution to some of the important nutrients adults need. The five most popular snack food choices in the UK are: biscuits, crisps, confectionery, ice cream and fruit, and many people have the same types of snack food every day. Snacks provide an opportunity to add extra calories and nutrients to the diet for those who need to eat more, and provide interest to the day to many of us. Where there is a need to maintain weight or lose weight, snacks can often be a source of calories, fat and sugar. Rather than restricting snacks, make sure a wide variety of nutritious snacks are available.

Ideas for nutritious snacks

- Dairy foods such as cheese or plain yoghurt with added fruit.
- Fresh fruit such as pears, apple slices, satsumas, banana, seedless grapes, slices of melon, mango, pineapple, kiwi, plums (without stones), or berries such as strawberries and raspberries. Choose fruits in season and those that are grown locally where possible. The fruit from canned fruit in juice can be added to yoghurt or fromage frais.
- Raw vegetables such as peeled carrots, sweet pepper, tomato, cucumber or celery (all well washed) with dips such as houmous or Greek yoghurt with chives.
- Home-made plain popcorn.
- Plain biscuits such as crispbreads, oatcakes, breadsticks, cream crackers, matzos, rice waffles or melba toast.
- Any type of bread (use a variety of white, brown, wholemeal, granary or crusty breads, including toast); crumpets, English muffins, bagels, pitta bread or sandwiches. Look for lower-salt (low-sodium) versions where available. Suitable fillings for sandwiches might be meat (for example, cold roast meats, chicken, ham, corned beef, meat paste), cheese, cottage cheese, fish paste, mashed pilchards or sardines, tuna, egg, houmous, roast vegetables, banana, salad or combinations of these.

Can you think of an alternative for each of the snacks below? You can use some of the ideas for healthy snacks above.



	Alternative snack
A bag of crisps while waiting for a meal.	
Two chocolate digestives with a cup of coffee in the morning.	
An ice cream while out on a warm day.	
A bag of sweets at a sports match.	
A packet of cheesy biscuits, while watching TV.	
A slice of rich fruit cake with a cup of tea in the afternoon.	

Eating out

Eating out is an important part of lifestyle for many people and offers the opportunity to socialise, meet friends and take a break from food preparation and clearing up. While there should be no barrier to where people eat out, anecdotal evidence suggests that many people with learning disabilities, and those who support them, are more likely to go to fast-food restaurants than other types of restaurants. Habitually eating fast food is likely to mean that intakes of fat, saturated fat, salt and sugar are much higher than recommended and this is very likely to be the case if fast-food meals are treated as snacks rather than as meals.

Take-aways

There is anecdotal evidence that take-away foods are very popular among some people with learning disabilities, particularly when people gain greater freedom to choose and shop for their own foods. Take-away foods are easy to obtain, the variety of foods on offer is large, they can be relatively cheap to buy and the foods are often very tempting. Many foods available in Chinese and Indian restaurants and take-aways are high in fat, saturated fat and salt. For suggestions for healthier take-away options, see *Eating out and take-away tips* below.

Eating out and take-away tips

Indian meals

Good choices: Tandoori chicken or other meat or fish (which is cooked in an oven), chicken or other meat or fish tikka (meat on a skewer without sauce), dry curries, vegetable curries, dahl, channa dahl, plain boiled rice, chapatti or roti breads.

High-fat foods to avoid: Papadums and other fried foods such as samosas and onion bhajias, creamy or coconut-based sauces (such as korma sauces), fried rices (such as pilau rice), and breads which have a lot of fat added (such as stuffed naan breads).

Chinese meals

Good choices: Stir-fries, chicken, vegetable or prawn chop suey, steamed fish, vegetable dishes, boiled noodles, dishes with steamed tofu.

High-fat foods to avoid: Avoid batter (for example sweet and sour chicken, battered bananas or apple fritters), spring rolls and prawn crackers. Avoid fried rice dishes and fried noodles.

Pizza

Choose thin-crust pizzas, and pizzas without cheese in the crust. Avoid garlic bread.

Avoid having extra cheese, pepperoni or salami.

Add more vegetable or fish toppings instead. Encourage eating a salad with the pizza.

Fish and chip shops

Fish is a good choice but batter is high in fat and eating less or no batter could be encouraged. Choose small portions of chips. Mushy peas or baked beans are a good accompaniment. Avoid pies or battered sausage-type products.

Burger bars

Go for standard rather than 'super-size' options. Choose a plain burger in a bun with a salad. Avoid extra cheese or mayonnaise, thick milkshakes, chicken nuggets or other battered dishes such as onion rings. Avoid French fries.

Sandwiches

Look for sandwiches that don't contain mayonnaise. You can usually check the nutritional content of sandwiches on the label, so choose those lower in fat and salt.

Salads

Some ready-prepared salad bowls have a lot of mayonnaise and may be designed for two people. Check the labels for lower-fat single portions.

For anyone who has eating difficulties, particular care should be taken when ordering take-away food, particularly rice-based dishes which can cause choking. Individual advice needs to be sought regarding suitable take-away foods for anyone with swallowing difficulties.

Food for all

Some adults may have specific customs that relate to food and drink and it is important that everyone's personal preferences and food habits are respected. Below is a guide to some of the differences in food choice commonly observed by those from different religious and cultural groups. However, there are likely to be significant individual differences in food choices between people of the same religion and cultural group and it is important not to make assumptions about anyone's food preferences. Find out about each person and what they do and do not choose to eat either from the person or from parents, relatives or other carers and supporters. Make sure that this information is clearly recorded so that everyone who may provide food is aware of any preferences.

Food-related customs

In the chart below, 'It varies' means that some people within a group would find these foods acceptable.

	Jewish	Hindu ¹	Sikh ¹	Muslim	Buddhist	Rastafarian ²
Eggs	No blood spots	Some	Yes	Yes	It varies	It varies
Milk/yoghurt	Not with meat	Yes	Yes	Yes	Yes	It varies
Cheese	Not with meat	It varies	It varies	Possibly	Yes	It varies
Chicken	Kosher	It varies	It varies	Halal	No	It varies
Mutton/lamb	Kosher	It varies	Yes	Halal	No	It varies
Beef and beef products	Kosher	No	No	Halal	No	It varies
Pork and pork products	No	Rarely	Rarely	No	No	No
Fish	With fins and scales	With fins and scales	It varies	It varies	Some	Yes
Shellfish	No	It varies	It varies	It varies	No	No
Butter/ghee	Kosher	It varies	It varies	It varies	No	It varies
Lard	No	No	No	No	No	No
Cereal foods	Yes	Yes	Yes	Yes	Yes	Yes
Nuts/pulses	Yes	Yes	Yes	Yes	Yes	Yes
Fruits/vegetables	Yes	Yes ³	Yes	Yes	Yes	Yes
Fasting⁴	Yes	Yes	Yes	Yes	Yes	Yes

1 Strict Hindus and Sikhs will not eat eggs, meat, fish, and some fats.

2 Some Rastafarians are vegan.

3 Jains have restrictions on some vegetable foods. Check with the individuals.

4 Fasting is unlikely to apply to young children.

What are halal foods?

Halal is a term describing foods that it is lawful for Muslims to consume, according to Islamic dietary laws found in the Quran. Foods that are definitely halal include: milk, honey, fish, fresh or naturally frozen vegetables, fresh or dried fruits, legumes and many nuts (for example, peanuts, cashews, hazelnuts or walnuts), and grains such as wheat, rye, barley, rice and oats. Cows, sheep, goats, deer, chickens, ducks and game bird meats are halal as long as they are slaughtered according to Islamic rites. The halal slaughtering process (zabihah) consists of killing the animal quickly with a sharp knife while the name of Allah is muttered. The quick slaughter ensures that the animal's death is not filled with unnecessary pain.

What are kosher foods?

Kosher foods are eaten by people of the Jewish faith. Kosher meat must be slaughtered in a prescribed manner, and certain foods – such as pork, rabbit or shellfish – cannot be included in the diet. Also, some people do not cook or eat dairy and meat products together. As with many religions and cultures, there are variations in Jewish definitions of kosher around the world and in different families, and it is important to check which foods are acceptable with an individual or their advocates.

Vegetarian diets

People may choose to follow a vegetarian diet for a variety of reasons, and the foods that they avoid may also be quite variable. It is important to find out what people do eat, as some vegetarians will eat fish for example while others don't. A true vegetarian will not eat any meat or meat products, or fish or fish products, but will have eggs and milk products.

It is possible to get all the energy and nutrients needed from a vegetarian diet, but it may be more difficult to obtain enough iron from a meat-free diet. If the person eats fish, iron can be found in oil-rich fish such as sardines, pilchards and tuna. Iron is also found in pulses such as beans and lentils, in dried fruit and in breakfast cereals.

When cooking food for vegetarians, it is important to make sure that the food is kept separate and different utensils and cooking dishes are used. It is not acceptable to cook a dish with meat and then take the meat out before serving the meal to a vegetarian. Respecting someone's desire not to have animal foods is important, and care should be taken to read food labels and avoid any foods such as beef or pork gelatine or animal fats if the person who is vegetarian chooses not to have these.

Vegan diets

Vegans exclude all animal products from their diet, including milk and other dairy products. Vegan diets are outside the scope of these training materials. If you need information about what to give anyone you support who is vegan, you should take advice from the person, if they are able to tell you, or from their relatives or carers.

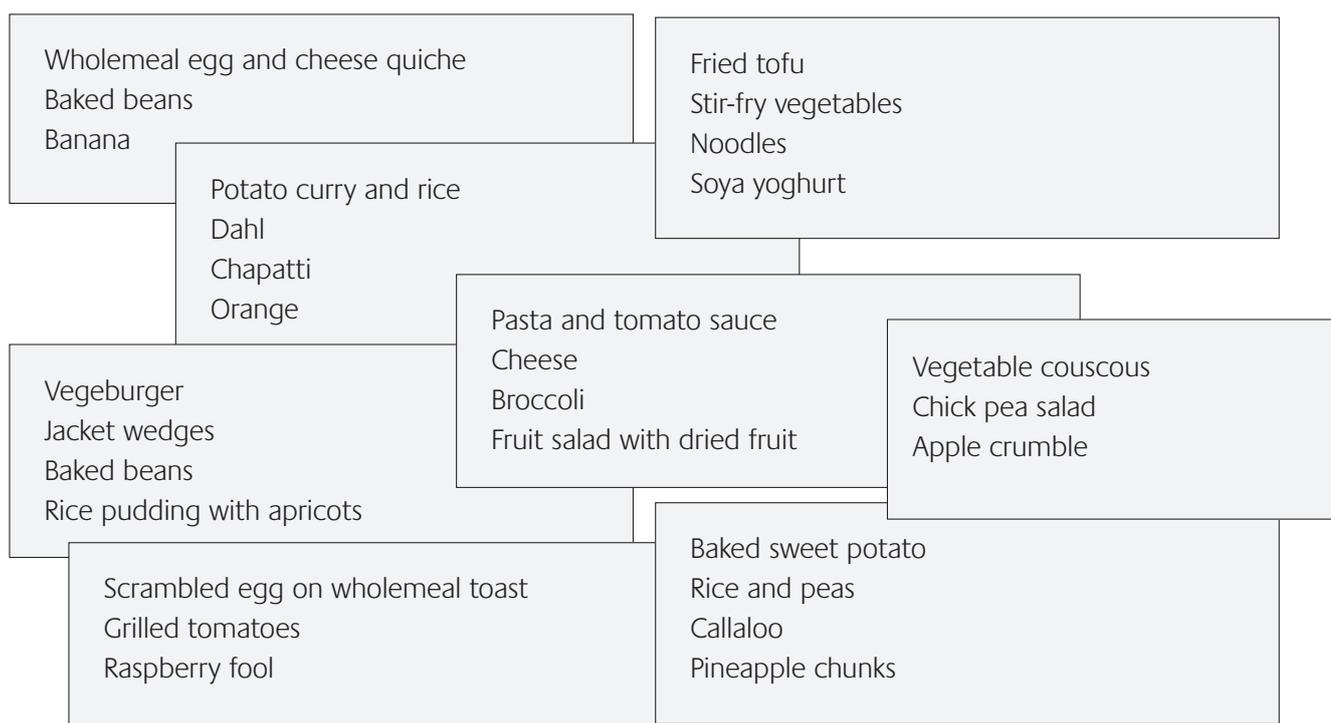
Information on vegetarian and vegan diets can also be obtained from the Vegetarian Society or the Vegan Society (see page 8.3).

Vegetarian sources of protein, iron and zinc

Protein	Beans: soya beans, baked beans, chick peas, kidney beans, lentils Nuts and seeds: peanuts, Brazil nuts, almonds, sunflower seeds, sesame seeds, nut butters and spreads Milk, cheese, yoghurt, eggs Soya milk, tofu (soya bean curd) Textured vegetable protein, Quorn
Iron	Egg yolk Pulses and lentils, especially soya beans, soya flour, tofu, baked beans Peas and nuts Wholegrain cereals Fortified breakfast cereals Green vegetables such as spinach, broccoli, spring greens Dried fruit such as apricots, raisins, figs Cocoa, treacle Curry powder
Zinc	Wholegrain cereals Wholemeal bread Nuts, pulses, lentils Eggs, milk, cheese, tofu Sesame seeds Popcorn

Vegetarian menus

The following examples of vegetarian meals are good providers of essential nutrients. For additional ideas for vegetarian main meals, see pages 6.23 and 6.27.



Food allergy

If a person has a food allergy, they have a sensitivity to a substance found in a food which is generally considered harmless for the majority of people. Foods that can cause severe reactions include: peanuts, nuts, shellfish, sesame seeds, cow's milk, eggs, fish, citrus fruits, soya beans, wheat and other cereals. In some cases even the smallest trace of the food can set off an allergic reaction. When you are preparing food for someone with an allergy, you should take care that it does not come into contact with the food that they are allergic to, or anything that has touched the food. Food allergies are more likely to occur in people with a family history of allergies such as asthma, eczema or hay fever.

Food allergy can be very serious and it is important that all carers put into place a management plan to deal with any adults whom they care for who are allergic to a particular food. The plan should be put together jointly between the person and all those who support him or her. A management plan should include the person's details, their emergency contact details, the emergency procedure to use if an allergic reaction occurs, the medication that the person can be given, any staff training required and any precautionary measures that are needed (for example, for outings or special occasions).

In care settings it is useful for a photo of any person with food allergies to be put up where food is prepared, with details of the foods they are allergic to and reference to their management plan, to help new or temporary staff. It may also be useful to put up photos of the foods or drinks they should avoid, in case support staff are not familiar with these.

Nut allergy

If someone you care for has a nut allergy, you will need to check food labels carefully. The amount of nut in some foods may be too small to justify labelling, but enough to cause a severe reaction in an allergic person. Avoid unlabelled foods if a person has a nut allergy. Always check with the people you care for (or their relatives or carers) if they avoid nuts or nut products.

Names of nuts or nut products added to foods

additives such as E471, E472 or lecithin	goober peas	nut flavours
arachis hypogaea	groundnut oil	nut oil derivatives
arachis oil	groundnuts	nut paste
chipped nuts	hydrolysed vegetable oils or proteins	nuts
earthnuts	marzipan	peanut butter
flaked nuts	monkey nuts	peanut oil
frangipane	nut butters	peanuts
goober	nut extract	pinder
		praline

Dairy-free diets

A dairy-free diet may be necessary for people who cannot tolerate lactose (one of the natural sugars found in milk and milk-based foods). People who are of Asian or African origin are more likely to be unable to tolerate lactose. Lactose intolerance causes unpleasant digestive symptoms including diarrhoea. It is also possible to be allergic to other things in milk, but this is then termed a food allergy. Milk and milk-based products are good sources of calcium and riboflavin, so anyone who is avoiding these foods should be given other sources of calcium and riboflavin (see the box below).

Non-dairy sources of calcium and riboflavin	
Calcium	Riboflavin
Canned sardines and other canned fish (eaten with the bones)	Avocado
Dried fruit	Eggs
Egg yolk	Fortified breakfast cereals
Fortified bread and breakfast cereals	Fortified soya milk
Fortified soya milk	Ground almonds
Oranges	Mackerel
Peas, beans and lentils	Sardines
Sesame seeds	Tuna
Soya cheese	Salmon
Tahini	Pilchards
Tofu	Soya beans
White bread and flour	Wheatgerm
	Yeast extract

Food safety and good hygiene

All the food you provide should be stored, prepared and presented in a safe and hygienic environment. Extra care is needed for people who are ill or have weak immune systems as they may have a lower resistance to food poisoning.

You should always wash your hands with soap and water before preparing food or helping people to eat, and after helping people to use the toilet or changing incontinence pads. If you use a handkerchief while preparing food, you should wash your hands before carrying on.

You need to know what the Food Safety Act requires you to do. Some carers may need to complete a Food Hygiene Certificate course. For more information on this, contact your local authority's environmental health department, or its Registration and Inspection Unit.

You also need to be aware of the principles of food safety and hygiene, to prevent food being contaminated and to avoid food poisoning. You need to know how to store food and what to do with left-over food, and about thorough cooking or

heating of foods. Several useful publications are available from the Food Standards Agency (see page 8.5 in the *Resources* section). You can obtain and follow the advice in these. Some of the main points for carers are given in the *Food safety and hygiene hints* below.

It is also important that the people you care for are taught basic hygiene themselves – for example:

- Do not eat food that has fallen on the floor.
- Wash your hands with soap and water before eating meals or snacks or handling food.
- Hand-washing is also important after going to the toilet or handling animals.

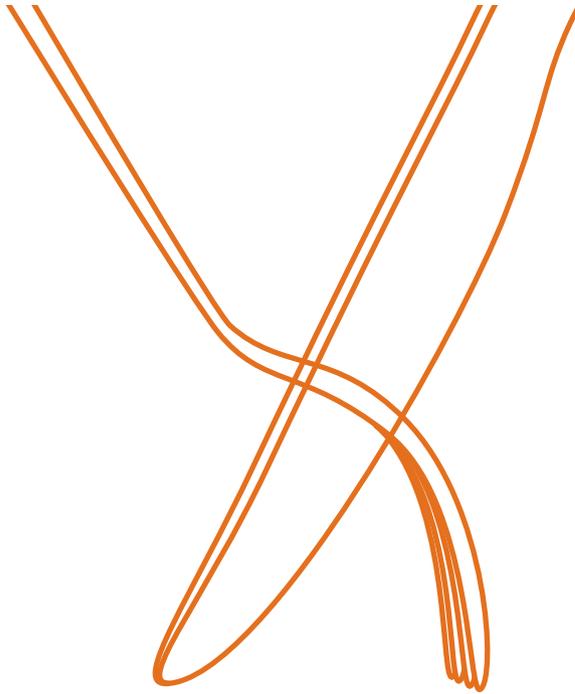
Pets should not be allowed near food, dishes, worktops or where food is prepared.

General safety issues

- People at risk of choking should never be left alone when eating, in case they choke.
- People in wheelchairs should have the wheels of their wheelchairs locked while they are eating, in case the wheelchair is accidentally knocked and any hot food or drink spills onto the person as a result.

Food safety and hygiene hints

- Food that can go off at room temperature should not be left out for more than two hours. Food that can go off should be kept in a fridge or cool place below 8°C.
- Eggs should be kept in the fridge.
- Food stocks should be rotated (oldest used first) and food beyond its use-by date thrown away.
- If food is to be eaten warm, it should be re-heated until piping hot (70°C) for two minutes and then cooled down before serving.
- Avoid keeping food hot for long periods.
- Cool left-over food quickly, cover and refrigerate, ideally within one to two hours.
- Insulated cool boxes, or a cool box with cool packs, should be used for carrying food when you take people on outings.
- Do not use unpasteurised milk, or milk-based products such as cheese and yoghurt made from unpasteurised milk.
- Root vegetables such as carrots and parsnips should always be peeled and topped and tailed. Fruit and vegetables to be eaten raw should be washed well.
- Whole pieces of nut should not be given to people who are at risk of choking. Ground nuts and chopped nuts can be included in foods where appropriate.
- Allergic reactions can be very serious. There should be a careful plan for choosing a safe and nutritious diet for anyone with a true food allergy.



Managing eating difficulties

In this section we will look at issues that make it more difficult for some people with learning disabilities to eat well. Some of these difficulties you may not have come across, while others you might be more familiar with. Hopefully this section will be helpful in suggesting strategies that you can use to support people with learning disabilities. The topics we will cover here include:

- maintaining independence in eating
- helping someone to eat
- managing eating and drinking difficulties, and
- behavioural issues around food.

Maintaining independence in eating

It is generally agreed that being helped with eating, while sometimes essential, can lead to a loss of self-esteem and a sense of powerlessness and dependency. Those who are able to eat independently, even if this is by hand only, should be encouraged to do so to maximise independence and dignity. There may be other simple things that you can do to help make eating and drinking easier for the people you support.

Practical aids to help with eating and drinking

There are a number of practical aids for helping people with learning disabilities to eat independently, or which family, friends and support staff can use to help people to eat

and drink more effectively. For example:

- Specially shaped **cups**, with one or two handles, of different weights, materials, transparencies and designs. Cups should not shatter or break if they are bitten.
- **Cutlery** of different shapes, sizes, depths and materials. Cutlery should not shatter if it is bitten. Solid plastic cutlery or plastic-coated metal might be better for people who bite down on cutlery when it is placed in their mouth. Shorter-handled cutlery is easier to manage, and handgrips or specially shaped handles may help some people to use a utensil.
- **Plates and bowls** which do not slip, have higher sides to prevent spillage, or which are angled to make access to food easier.
- **Insulated crockery** which keeps food hot if mealtimes are lengthy.
- **Non-slip mats** which support crockery.
- **Special straws** which can help those with a weaker suck, or which have different widths.

For details of sources of practical aids for eating, see the *Resources* section. For information on finger foods for people who have difficulty in using cutlery, see page 6.12.

Helping someone to eat

While it is essential that everyone is encouraged to eat independently if they can, those who need help with eating must be treated sensitively. Always think of it as helping someone to eat rather than ‘feeding’ someone.

If you have never experienced what it is like to be helped to eat, do the *Helping someone to eat and drink* activity on the next page with a colleague or friend. It is very important to put yourself in the shoes of someone who is being helped to eat.

Some things to think about when helping someone to eat – communication and positioning – are discussed below.

Communication

Communicating well when helping someone to eat is important. There are a number ways of doing this:

- Verbal prompting, for example, to ‘Open your mouth,’ ‘Chew,’ or ‘Swallow’.
- Touching food against the person’s lips gives a non-verbal cue to open the lips.
- Giving indirect encouragement to eat – for example, saying ‘This meal looks tasty’ – can help if someone is confused or distracted.
- Gently stroking someone’s arm can help to provide a calm signal that it is mealtime.
- Cues that it is a mealtime can also help – for example, the smell of food, the sound of food cooking, or seeing a table being laid.

Helping someone to eat and drink

Prepare three different foods, and one drink, that you might help someone to eat or drink. Sit in a chair facing the person who will help you. Agree beforehand whether you will communicate with or without words. (Try both.) It is safer to use a plastic spoon and cup for this activity.

Think about these questions:

What does it feel like to have food put in your mouth?

What do you need to be told during the process?

How important is it that the food texture or consistency is described to you?

How can you communicate during the process – for example, with words, or by shaking your head or hands, or using your eyes?

How long does it take to be helped to eat?

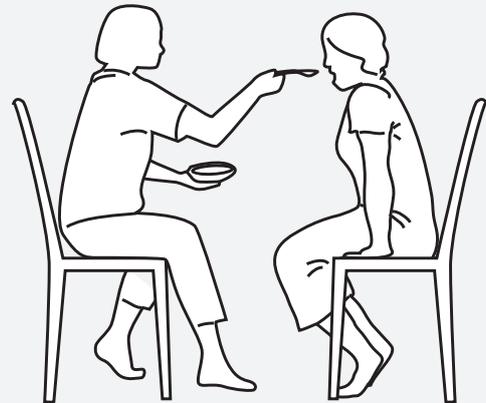
What happens to the textures and temperatures of the foods?

How quickly is the food served, and how much in control of the process do you feel?

What difficulties did you find when helping someone to drink?

When you have both experienced being helped to eat, compare notes about how it felt and the things you were and weren't expecting from the experience.

What did you find most difficult about being helped to eat and drink?



Guidelines for helping a person to eat

- The same person should help throughout the meal.
- If the person uses glasses, dentures and/or a hearing aid, make sure these are in place.
- Make sure the person is sitting in an upright position.
- Sit at eye level or slightly below the person you are helping, and either immediately in front of or slightly to one side of them.
- Give small mouthfuls, but enough for the person to feel the food in his or her mouth.
- Give enough time for the person to swallow each mouthful before continuing.
- Maintain eye contact with the person who needs help. Don't talk to someone else while offering food.
- Use verbal prompts. Tell the person about the food you are offering (especially if it is puréed), using a gentle tone.
- Discourage the person from talking or laughing with food in their mouth, because of the risk of choking.
- Make sure that, if you regularly help people to eat, you are also sitting comfortably with good support for your back.

Positioning

Make sure the person is in a good position for eating. The normal position for eating is in the upright position. It is difficult to balance and eat and drink at the same time so, whatever positions are used for mealtimes, the advice of a physiotherapist or occupational therapist can be very helpful to make sure that the best and safest position can be found for each person. Here are some simple tips to make sure someone is comfortable when eating:

- If the person is short, make sure that their feet can touch the ground. You can put a step or box or phone directory under their feet if this helps.
- Some people may prefer to eat standing up. Standing with the help of a frame may help with stability. Standing can also ease the descent of fluid and food to the stomach and may help to prevent acid reflux.
- Make sure that the person's back and arms are well supported so that they don't push against the table to make themselves feel safer.
- Headrests and neck supports can be very important for ensuring the head stays upright and the neck stays elongated.

Managing other eating and drinking difficulties

This section makes some suggestions about how to handle eating and drinking difficulties for people with learning disabilities. However, it is important to remember that everyone is an individual and to talk about each person's needs with that person and with other people who support them.

Fussy eating

Some people with learning disabilities may be very fussy eaters and only request or agree to eat a small number of foods and drinks. This is often associated with autistic spectrum disorders (ASD). For example, people who are fussy eaters may only like food of a particular colour, smell, texture, taste or temperature. Processed foods with familiar packaging may be preferred. People may not want to try new foods, and may refuse foods. See the next page for what to do if someone is a fussy eater.

Food refusal

People may refuse food for a number of reasons. For example:

- Food may be refused because there is an underlying physical difficulty such as a swallowing difficulty (see page 2.11).
- Medicines may have side effects which impact on eating and drinking – such as making someone constipated or nauseous. A drugs review may be useful.
- Food may be refused because it isn't liked. Make sure that people's food preferences are recorded and considered, and that where possible a whole variety of foods of different tastes, textures and temperatures is offered.

What to do if someone is a fussy eater

- Plan menus using pictures, photos or words to describe when meals will be and what people will eat, including suggestions of one or two new things that they have agreed to try.
- Make sure there are no health problems that might make eating some foods uncomfortable. For example, mouth ulcers may put people off fruit and fruit juice, or swallowing difficulties might make people fearful of food which they previously found difficult to chew or swallow.
- Try to identify the specific anxieties about certain foods and drinks for each person and decide whether they matter or whether it might be useful to think about how to overcome them. For example, if someone doesn't like to have the different foods on their plate touching each other, it is easy to achieve this. However, if someone only wants pre-packaged savoury snacks, this is going to make it hard for them to eat well and it would be helpful to agree ways of introducing other foods.
- A calm, comfortable eating environment with good visual and social prompts can help. For example, seeing other people sitting together, chatting and enjoying their food can help the person to feel more at ease.

- Depression and paranoia can mean that people lose their appetite or are fearful of food and may think, for example, that it has been poisoned. Mental ill health can be treated with medication, or with talking therapies if communication allows.
- Food may be refused because someone is in pain, is constipated, or feels distressed or agitated.

If food refusal continues for a long period of time and the person is losing weight, it is essential that you ask for professional help from a GP or another medical professional. It is possible to give nutrients through a tube if someone cannot manage to eat or drink normally, and this can sometimes take the pressure off the situation while other solutions are sought.

Nausea and vomiting

If someone is feeling nauseous or vomiting, it is important to investigate the cause of this. In some cases, nausea may be a response to medication, and some simple strategies may help to alleviate this.

You may find some of the suggestions below helpful, but remember that each person may react differently.

- Fresh air before a meal, and a well ventilated room, may help.
- Make sure the person is sitting upright for meals and that they rest after eating.
- Aim for five or more smaller meals a day so that the person is not 'over-faced' with large portions. Small portions of attractive food may be more tempting.
- Avoid foods with a strong odour, and keep cooking smells and lingering smells to a minimum if these cause nausea.
- Dry, savoury foods – such as toast, crackers, rice cakes, bread sticks or plain popcorn – may be tolerated. Some people find dry biscuits or toast helpful to relieve nausea on waking.

- Cold foods may be easier to tolerate than hot ones – for example, yoghurt, jelly, ice cream or sorbet, or cold puddings like egg custard.
- Cold drinks drunk through a straw may cause less nausea.
- Ginger is well known to alleviate nausea. Ginger cordials, ginger ale or ginger beer, ginger biscuits or stem ginger or crystallised ginger might be helpful.
- Peppermint tea may also alleviate nausea.

Drooling or dribbling

The ability to swallow saliva is normally learnt automatically and most adults swallow the 1 to 1.5 litres of saliva produced a day on 1,000 to 2,000 swallows. Dribbling can be a common problem among people with learning disabilities and can lead to sore mouth, dry mouth, eating difficulty, gum or dental problems and dehydration, as well as being embarrassing. Drooling or dribbling can also be linked to swallowing difficulties (see page 2.11). People who dribble may need extra fluids.

What can help?

- Good positioning – with the person well supported and upright with an elongated back of the neck – will help with jaw stability.
- Gently dry the mouth with a small piece of absorbent cloth, explaining what is happening and using small dabs so as not to over-stimulate the mouth.
- Special clothing, or the creative use of scarves which can be frequently replaced, may help with embarrassment.
- Some drugs can be used but these may have side effects such as drying the eyes as well as the saliva, and increasing thirst, so they must be used with caution.
- Travel bands designed to alleviate the nausea associated with travel sickness have been anecdotally suggested as useful for some people with mild dribbling.

For information on foods for people who have difficulties with chewing or swallowing, see page 6.15.

Other common problem behaviours around food and drink

Some people with learning disabilities may exhibit a number of other eating behaviours and may use behaviour around food to communicate distress – for example, if they have changed carer or place of residence, or if habits and patterns they were used to are disrupted. It is essential that:

- routines around food and drink and mealtimes are respected
- you gather as much information as possible, from family carers and friends, about the person's preferences and habits
- care is taken to interpret signs and signals from the individual about their choices around food.

Taking the time and trouble to understand the causes of people's behaviour and to address any underlying issues may prevent considerable distress.



Below is a list of behaviours that you may come across when supporting someone with a learning disability. Think about how you might manage and support the person in these circumstances and write your ideas in the second column. Think also about who you could ask for help.

1 Style of eating and pattern of intake

Observed behaviour

Ideas for dealing with the behaviour

- | | | |
|---|---------------------------------------|--|
| a | Incorrectly uses spoon, fork or knife | |
| b | Incorrectly uses cup or glass | |
| c | Unable to cut meat | |
| d | Difficulty getting food onto utensils | |
| e | Plate wanders on the table | |
| f | Eats desserts or sweets first | |
| g | Eats too fast | |
| h | Slow eating and prolonged mealtimes | |
| i | Eats other people's food | |
| j | Eats non-food items | |
| k | Mixes food together | |
| l | Drinks excessively | |

Who would you ask for help about these behaviours?

2 Resistive or disruptive behaviour

- | | | |
|---|---|--|
| a | Hoard, hides or throws food | |
| b | Interrupts food service or wants to help | |
| c | Plays with food | |
| d | Distracted from eating | |
| e | Stares at food without eating | |
| f | Demonstrates impatient behaviour during or before a meal | |
| g | States "I can't afford to eat" or "I can't pay for this meal" | |
| h | Wanders during mealtimes and is restless | |

Who would you ask for help about these behaviours?

3 Oral behaviour

- | | | |
|---|--------------------------------------|--|
| a | Difficulty chewing | |
| b | Prolonged chewing without swallowing | |
| c | Does not chew food before swallowing | |
| d | Holds food in the mouth | |
| e | Bites on spoon | |
| f | Spits out food | |
| g | Doesn't open mouth | |

Who would you ask for help about these behaviours?

Suggestions for dealing with problem behaviours around food

1 Style of eating and pattern of intake

Consult with an occupational therapist about these problems.

Observed behaviour	Suggestions for dealing with the behaviour
a Incorrectly uses spoon, fork or knife	Try verbal cues and show correct use. The person may benefit from additional aids or devices. Consult with occupational therapist.
b Incorrectly uses cup or glass	Try verbal cues and show correct use. Offer a cup with handles, or a straw.
c Unable to cut meat	Provide cut meats, soft meats or finger food.
d Difficulty getting food onto utensils	A plate guard or lipped plate may help. Finger foods may take the pressure off cutlery use.
e Plate wanders on the table	Use a non-skid placemat or suction plate.
f Eats desserts or sweets first	Serve meal components one at a time and keep desserts or sweets out of sight until the main course is finished.
g Eats too fast	Offer food in small portions. Provide verbal cues to slow down, and model slower eating. Reassure the person that there is plenty of food available and it will not run out.
h Slow eating and prolonged mealtimes	Serve small portions at a time so the food stays warm, and offer second helpings.
i Eats other people's food	Sit between the person and other people, or keep other people's food out of reach. Serve small amounts of food at a time, and add seconds when the first amount is finished.
j Eats non-food items	Take non-food items away and replace with food or drink or another distraction. Remove commonly eaten non-food items from reach and use simple picture cues to remind people what is not edible. Make sure the diet includes good sources of iron and zinc every day.
k Mixes food together	Ignore as long as the food is eaten.

l	Drinks excessively	<p>Ensure that a variety of drinks are offered regularly by the glass, cup or mug.</p> <p>Encourage the person to sit and drink with friends and support staff.</p> <p>Distract people from drinking, with other activities that they enjoy.</p> <p>Offer small, regular drinks or ice lollies during the day.</p> <p>Store drinks in individual-sized bottles or drinks containers.</p>
---	--------------------	--

2 Resistive or disruptive behaviour

Consult with a psychologist about these problems.

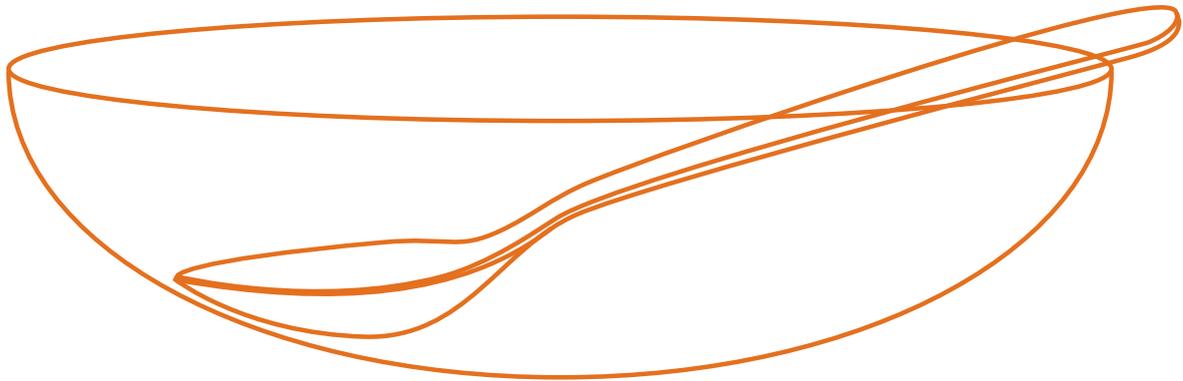
Observed behaviour	Suggestions for dealing with the behaviour	
a	Hoards, hides or throws food	<p>Remove items.</p> <p>Keep the number of items on the table to a minimum.</p> <p>Serve small portions.</p>
b	Interrupts food service or wants to help	<p>Give the person a role in the meal service – such as setting the table, or pouring water.</p>
c	Plays with food	<p>Remove the items.</p> <p>Serve smaller portions.</p>
d	Distracted from eating	<p>Make sure the room is calm and quiet, that the person has everything needed for the meal – for example, that the person has been to the toilet, has their glasses, dentures or hearing aid if needed, and is sitting comfortably.</p> <p>Other people modelling eating may help.</p>
e	Stares at food without eating	<p>Use verbal or manual cues to eat – for example, placing food or utensils into the person’s hands.</p> <p>Model eating and offer encouragement.</p>
f	Demonstrates impatient behaviour during or before a meal	<p>Make sure that people are not alerted to meals too early, that they are offered something to eat if they have to wait for a meal to arrive, or that meals are served in small courses to minimise waiting times.</p>
g	States “I can’t afford to eat” or “I can’t pay for this meal”	<p>Make sure that the person is not depressed. If you are concerned about this, talk to the person’s GP.</p> <p>Provide meal tickets or vouchers.</p>
h	Wanders during mealtimes and is restless	<p>Make sure that mealtimes are calm and try and encourage people to eat together.</p> <p>If wandering persists and food intake is compromised, encourage the person to use finger food while wandering.</p> <p>If there is a time of day when the person will sit for longer periods (for example, first thing in the morning), make sure that a good variety of foods is on offer then.</p>

3 Oral behaviour

Consult with a speech and language therapist about these problems.

For more information on handling swallowing difficulties, see page 2.11.

Observed behaviour	Suggestions for dealing with the behaviour
a Difficulty chewing	Provide foods that are easier to chew. Check dental health.
b Prolonged chewing without swallowing	Liaise with speech and language therapist. Use verbal cues to chew and swallow.
c Does not chew food before swallowing	Use verbal cues to chew. If choking is a hazard, liaise with a speech and language therapist, or purée or thicken the person's food.
d Holds food in the mouth	Use a verbal cue to chew. Massage the cheek gently. Offer small amounts of different foods and flavours.
e Bites on spoon	Use a plastic-coated spoon.
f Spits out food	Check that food is liked, that the temperature is appropriate, and that food is of an appropriate texture.
g Doesn't open mouth	Use a verbal cue to open the mouth. Touch the lips with a spoon. Use straws for drinks.



Encouraging eating well

In this section we will look at ways that those who support adults with learning disabilities can:

- help and encourage people to make good choices
- work with families, friends and other professionals so that support is consistent
- encourage adults with learning disabilities to increase their skills around shopping for, cooking, and growing food.

Look at the statements below and consider whether these are things you always, sometimes or never do with the person or people you support.



When I am working with the person or people I support ...	I always do this	I sometimes do this	I never do this
1 I eat the same meals or snacks as they do.			
2 I talk about what food and drink they like and how much they need to eat each day.			
3 I encourage the person or people to try new foods.			
4 When I serve food, I make sure it looks nice on the plate.			
5 I talk about the meals and snacks we will have each day, and offer suggestions for alternative choices.			
6 I talk about what different foods and drinks are made of and what the consequences of a high-fat, high-salt or high-sugar diet might be.			
7 I encourage the person or people to help with the shopping, and with preparing and cooking meals.			
8 I help the person or people to grow fruit or vegetables.			
9 If I am not sure what to offer someone to eat, I know who I can ask for help.			
10 I accept any offers of training courses about food and nutrition and helping people to eat and drink well.			
11 I offer the person or people I support the foods I know they will eat.			
12 I offer food to try to get a person to do something I want them to do, or to reward them when they have done something well.			

All of the things in the box above apart from the last two are important in supporting someone to make good choices. Offering someone only the foods that you know they will eat is likely to mean they have a diet of poor variety and, while it is important that food is always available that people will choose, widening someone's choices is always to be encouraged. For information on offering food or drinks as rewards, see page 5.7.

Helping people make good choices

Philosophy of care: rights and responsibilities

It is a basic human right that everyone should have food and drink that is both nutritionally adequate and culturally acceptable. Within these guidelines, everyone should make their own choices. The aim of person-centred care is to make sure that everyone is supported to ensure that their needs come first and that everyone's independence is maximised. The Mental Capacity Act of 2005 ensures that the rights of each individual are put before the needs of any organisation.

Mental Capacity Act 2005

The key points of this act are that:

- Everyone has the right to make their own decisions, even if you think that the decision they make is the wrong one.
- You should give someone as much help as you reasonably can to help them make a choice, before you assume they cannot decide for themselves.
- If you make a decision for someone, it must be made in their best interests, not in your interest or in the interest of your workplace.

There has been some debate about where we can and should intervene if people are choosing to eat and drink in a way that is not benefiting their health. It is important to remember that supporting someone to eat well is part of the overall package of care and support we give. We would not ignore an in-growing toe-nail if someone insisted that they 'liked it that way'. We would support them to get treatment. Similarly, if someone is drinking large volumes of soft drinks and this is having an impact on their weight, their ability to move around easily, and their oral health, we have a duty of care to support that person to make appropriate changes. Helping someone to eat well is not an infringement of their human rights. Offering a wider range of foods, more healthy options, more involvement in food and cooking, more opportunities to be active, and an opportunity to have good nutritional health should be seen as part of the overall package of good lifestyle choices that each and every one of us should be entitled to.

Developing your own 'food policy'

You may support someone with learning disabilities in their own home, in supported living accommodation, in residential care, in a learning environment or in another setting, and you may work in a team or on a more individual basis. Regardless of where you work, it is worth considering how you will encourage and support people to eat well, and taking the time to talk to others you work with and the people you support about how you can work together to promote good health and enjoyment of food.

A food policy just means a set of values and actions that you consider important around food and drink choices and that you will commit to in your role of supporting an adult with learning disabilities. A food policy is something that should change as you develop your own skills and knowledge about food.

Depending on where and how you work, your food policy might look something like the *Sample food policy* below.

Sample food policy

I will try and make sure that I eat 5 portions of fruit and vegetables every day, and encourage those I support to do the same.

I will try and avoid soft drinks between meals, and encourage those I support to join me in choosing water, tea or coffee as between-meal drinks.

I will look more carefully at the food I buy and will look for food that does not have lots of added salt and sugar, and I will encourage those I support to do the same.

I will try and increase the number of dishes I can prepare and the variety of food I eat, and will encourage those I support to do the same.

I will commit to being more active and will do activities with those I support whenever I can.

I will talk to the relatives and friends of those I support and suggest treats that they can bring when they visit. These will be things which I know those I support will enjoy, but which are not sugary drinks or high-fat, high-salt, high-sugar snacks.

You might then want to look at the statements in your food policy and add a bit more detail to them, describing the practical action you will take. Some examples are given below.

I will try and make sure that I eat 5 portions of fruit and vegetables every day, and encourage those I support to do the same.

I will offer ready-prepared fruit as a morning snack, make sure there are always easy-to-eat salad vegetables available with sandwiches at lunchtime, and offer vegetables with all the main meals and fresh fruit juice with meals.

I will try and avoid soft drinks between meals, and encourage those I support to join me in choosing water, tea or coffee as between-meal drinks.

I will make sure that cool tap water is always available in the fridge and will try a variety of fruit teas and other teas to find ones that I and the person I support both like.

I will look more carefully at the food I buy and will look for food that does not have lots of added salt and sugar, and I will encourage those I support to do the same.

I will get to know how much is 'a lot' of sugar, fat and salt in foods (see page 6.6).

I will try and increase the number of dishes I can prepare and the variety of food I eat, and will encourage those I support to do the same.

I will start by making my own vegetable soups and encouraging the person I support to try this as well if they are able.

I will commit to being more active and will do activities with those I support whenever I can.

I will suggest we go for a walk together every day and plan some routes to see local places of interest that I have never been to.

I will talk to the relatives and friends of those I support and suggest treats that they can bring when they visit. These will be things which I know those I support will enjoy, but which are not sugary drinks or high-fat, high-salt, high-sugar snacks.

I will think about the hobbies that the person I support likes, the types of fruit they really enjoy and the activities that we could try. I will make suggestions, to relatives and friends, for the treats they could bring – such as food or equipment that could be useful for any of those hobbies or activities.

How can we help people to make positive lifestyle changes?

There are a number of techniques which we can consider using to help people to eat more healthily and to be more active by choice. Think about the things you currently do which you consider are health-promoting and fill in the box below.



Encouraging people to make lifestyle changes

Think about the people with learning disabilities whom you support.

What methods do you currently use to encourage them to consider making lifestyle changes?

Food and drink choices

Activity patterns

Below are some techniques that you might find useful in encouraging people to make positive changes to their food and drink choices or activity patterns.

1 Use availability and convenience.

Make sure good food and drink options are always available and convenient:

- Chop fruit and vegetables up and place them beside the person when they are watching television.
- Make sure there is always cooled tap water in the fridge at eye level, in attractive bottles.
- Make healthy options more accessible and visible in kitchen areas, and offer them at the start of mealtimes and snack times.
- Only offer salt pots at the table if people ask for them. (Many people sprinkle salt out of habit.)
- Encourage activity by making sure that appropriate clothing, footwear and sports equipment are easily accessible and are kept in good order.

2 Use replacement techniques.

Replace some foods that are eaten regularly with alternative options:

- Offer vegetable chips – for example, chips made from parsnip or sweet potato, instead of chips made from potato.
- Use puréed fruit as a sweet sauce for ice cream instead of sugar-based sauces.
- Use reduced-fat cheese instead of full-fat cheese.
- Offer higher-fibre white bread instead of standard white bread.
- Think about replacing outings to fast-food restaurants with outings to other places offering activities or healthier food choices.
- If new options are well liked, discuss whether these can be new choices.

3 Use 'fading techniques'.

- Add slightly less sugar to drinks over time.
- Dilute squashes slightly more, and offer water instead of squash when the person asks for a drink.
- Replace some biscuits on a plate with fruit and, if accepted, gradually increase the amount of fruit over time.
- Reduce the salt used in cooking over time.
- Encourage people to walk to one bus stop further away on regular journeys, or to get off one stop early, if it is safe to do so.

4 Use the power of association.

We all have positive associations between food and experiences, so use this to link happy events to healthy food choices. Think about activities that people enjoy and try and get them to associate those with some healthy food and drink options.

5 Use role modelling.

Role modelling is probably the most powerful tool we can use as we are social creatures and are influenced by what others do and what others enjoy.

- Be a good role model in both your words and your actions – both making good food and drink choices when you are with those you support, and talking about good choices you make at other times.
- Remember that one of the most powerful tools we have in supporting behaviour change is to take part in the desired behaviour ourselves and encourage others to do the same.

How would you tackle this?

Look at the following scenarios, all of which involve adults with learning disabilities. Think about how you could tackle these common dilemmas.

- 1 Michael's mother is upset because Michael has said he doesn't eat chocolate every day now and she thinks he will be short of energy.
- 2 Anne's brother insists that Anne should have all her food bought ready-prepared as he doesn't believe that home-cooked food is safe.
- 3 You have suggested changing the snacks that are always available to the people you are supporting, to make the snacks more varied, but the inspector is worried that this might impact on people's choices.
- 4 You hear other staff talking about how reducing the salt in cooking will make everything taste bland and that they wouldn't like it.
- 5 You suggest that all main meals will be served with a side salad or vegetable, but after a week hardly anyone is eating them.
- 6 Joe is very overweight and is keen to lose weight but his friend insists on bringing a big box of biscuits when he visits him at weekends 'to keep him going'.

For a discussion of these points, see page 5.12.

Food as a comfort or a treat

What we eat is very important to us all. Some people use food or drink as a comfort or a treat. This may be because, in their past, people have been offered a sweet treat to compensate them for something painful, or as a reward for achieving something, and this means that these foods are continually associated with 'feeling good'.

We can offer comfort and reward without using sweet treats.

- Offer praise by shaking hands, smiling, or saying "Well done."
- Use stickers or badges.
- Stick smiley-face stickers on a wallchart.
- Offer the chance to pick a favourite activity.
- Hire a favourite film on DVD, or a talking book.

Where food is used for comfort, this needs to be handled sensitively. If you think someone has an eating disorder that might mean they overeat or binge-eat, seek professional help (see the *Resources* section). If you can spot signs of distress and a pattern of this leading to eating a lot of sweet foods, see if you can intervene to offer companionship or an alternative activity at this time. Encourage relatives and friends to think about a variety of treats that the person you support would like, other than sweet treats. If necessary, offer suggestions of things that would be enjoyed.

Working with families, friends and other professionals

It is important to involve families, friends and other professionals in encouraging healthy eating. If everyone is working toward the same aim, any necessary changes can be promoted with a consistent and positive attitude from everyone involved. Food and drink is an issue which can cause friction between the wishes of family and friends on the one hand, and support staff who may wish to change choices or routines to encourage eating well. This can be difficult for support staff who are trying to make positive changes, and upsetting for families and friends who believe they have the person's best interests at heart.

Below are some suggestions that may help staff to begin to discuss food and drink issues with families and friends.

Discussing food and drink issues with family and friends

Make small changes over time.

Make menu changes gradually, making sure you discuss the changes with those you support and their families and friends.

Help people prepare for changes.

Talk about the changes before they happen. Focus on the positive points – perhaps with tasting sessions, leaflets or other information about the changes.

Listen and allow people to discuss ideas.

Give people background information about why you want to make changes, and discuss the reasons with them. Encourage relatives and friends to make their own suggestions on how to encourage eating well.

Make sure that everyone in your organisation is 'on side' with the changes.

This will make a united team and everyone will know what they are trying to achieve.

Avoid confrontation.

Eating and drinking well means having a variety of foods and drinks over a period of time. Remember the 'bigger picture'. If a certain food is a source of disagreement, try to include it as part of a varied diet and don't get into unnecessary battles.

Develop your own food policy.

This way everyone will know what you are aiming to achieve, and new people will know your approach to eating well. (See page 5.3.)

Who can I contact if I need some help with encouraging the people I support to eat well?

Most health authorities have a team of health professionals who are likely to be involved in supporting people with learning disabilities. The teams include many specialists and they can normally be contacted through a person's GP. Those who may be most helpful with practical ideas for helping people to eat well include the following.

Dietitians can assess how well someone is eating and whether they are getting enough of the nutrients they need. They can give advice on special diets, menu planning, recipes and cooking.

Speech and language therapists can help with eating and drinking difficulties, and people who have problems with swallowing.

Occupational therapists can offer support and help for people to be as independent as they can be. They can offer advice on equipment and ways to help people to eat or drink.

Physiotherapists help people with physical problems to move and be as mobile as possible and can offer you advice on activities and improving the mobility of someone you support.

Psychologists can help you understand and manage eating and mealtime behaviour issues, issues about body image, self-esteem, anxiety and other problems to do with food and drink.

Social workers and **pharmacists** can also offer help and support.

Who can give nutritional advice?

Many people offer advice about nutrition who are not properly qualified to do so. If you want advice, make sure that you ask someone who is either a registered dietitian (RD) or a registered public health nutritionist (RPHNutr).

For details of how to find these professionals, see page 8.3.

There are also useful resources you can use to help people make choices – such as 'talking mats'. See page 8.4.

Encouraging people to become more involved in the food supply chain

Encouraging everyone in the population to reconnect with the food supply chain and to be more involved in growing, shopping for, preparing and cooking food can have many positive outcomes for people's health and wellbeing, as well as for issues such as sustainability and the environment.

Growing food

Gardening is an activity which many people enjoy and it encourages them to spend more time outside being active. There is lots of evidence to suggest that many people with learning disabilities do not do enough exercise. It is important for everyone's health to be as active as they can be, and growing food is a good way to include exercise in an activity that may also help people with learning disabilities relax, gain confidence, meet people, learn and get new skills. Also, spending time outside between April and October helps people to make vitamin D from the action of sunlight on their skin, so spending time gardening can help them achieve this. Make sure they expose their skin to sunlight safely (see page 1.19).

“What can we grow if we only have a small back yard?”

Many vegetables can be grown in containers or small spaces or even in window boxes. There are plenty of gardening books available in libraries, and information on the internet, on how to grow and care for your plants.

Here are some ideas of simple things to grow:

- Grow tomato plants in a grow-bag or pot in a sunny spot.
- Place two seed potatoes in a large bucket of soil.
- Courgette, marrow or pumpkin seeds can be sown in a large pot and the leaves and fruit allowed to trail over concrete.
- Cress or herbs such as basil, coriander or mint can be grown in pots on a sunny window sill.
- Plant lettuce seeds in pots and, as the lettuces grow, just take off the leaves as you need them.
- Sow runner beans, French beans or peas in a circle and grow them up canes.
- Strawberry plants grow easily in pots.

Think big

Some organisations have allotment plots where people with learning disabilities can help to grow food and flowers. Or there might be someone you know who would welcome some help in their vegetable plot or garden. Thrive is an organisation that specialises in therapeutic gardening. (For contact details, see page 8.6.)



Think about where you work or live. What could you grow? Write down three things you think the person you support would like to try growing, and find out about them when you get back to work.

1

2

3

Why encourage people to cook food?

Many people are unsure how to cook even the most simple dishes these days, and that can be true for both support workers and those whom they support. This lack of knowledge and skills about the food we eat means that people are less aware of what they are eating, do not know whether food is good value, and are likely to be eating a lot more sugar and salt than they would add if they were making food themselves. Learning to cook is particularly important for people who live alone with minimal support, as they may rely on microwave foods that are expensive and which do not meet their nutritional needs.



Look at this list of the possible benefits of being involved in food preparation. Number them as to how important you think they might be to someone you support. Start with most important as number 1, and end with the least important as number 10.

Benefit	Importance 1 to 10 1 = most important
May improve appetite	
Encourages physical activity	
Encourages greater variety of food choice	
Allows people to know what goes into the foods they eat	
Helps people understand budgeting and the real cost of the ready-prepared food they buy	
Develops new skills	
Improves confidence and self-esteem	
May distract people from less positive behaviours	
Promotes independence	
Encourages sociability when people cook and eat together	
Can you think of any other benefits?	

For examples of recipes you can try, look at the meal ideas on pages 6.20–6.28. The recipes for many of these meals are on the CD-ROM at the back of these training materials. For details of other useful resources, see the *Resources* section.

How would you tackle this?

Below is a discussion of the points on page 5.7.

1 Michael's mother is upset because Michael has said he doesn't eat chocolate every day now and she thinks he will be short of energy.

It can be useful to explain to relatives or friends that the body makes energy from all carbohydrate foods and that starchy foods such as bread, potatoes, cereals and pasta are all broken down to sugars in the body, so no-one needs sugary-tasting foods for energy. Explain that all the meals you will encourage people to eat will contain plenty of energy-giving foods. It might also be worth explaining that sugary foods are more likely to cause tooth decay and that these foods should really be seen as occasional rather than everyday foods. For more information about carbohydrate foods, see the Caroline Walker Trust report *Eating Well: Children and Adults with Learning Disabilities*.

2 Anne's brother insists that Anne should have all her food bought ready-prepared as he doesn't believe that home-cooked food is safe.

Reassure the person that everyone who prepares food for or with the person has a Food Hygiene Certificate (see page 3.14 for details of this). Invite them to come and eat with the person who is supported, support workers and anyone else who normally eats in that setting, so that they can see for themselves that everyone eats well and safely. Explain that, if you prepare and cook the food yourself, it is much easier to control the ingredients, and you can make sure that all the ingredients are fresh and good quality.

3 You have suggested changing the snacks that are always available to the people you are supporting, to make the snacks more varied, but the inspector is worried that this might impact on people's choices.

When making changes in any setting, it is important that these have been discussed with everyone and that everyone understands the reason for the changes. Increasing the choice of snacks is a very positive move as it is likely that people will consume a greater range of nutrients. Explain to the inspector that everyone is encouraged to eat well and has been fully included in discussions about snack choices, and that everyone will have access to foods and drinks they enjoy.

4 You hear other staff talking about how reducing the salt in cooking will make everything taste bland and that they wouldn't like it.

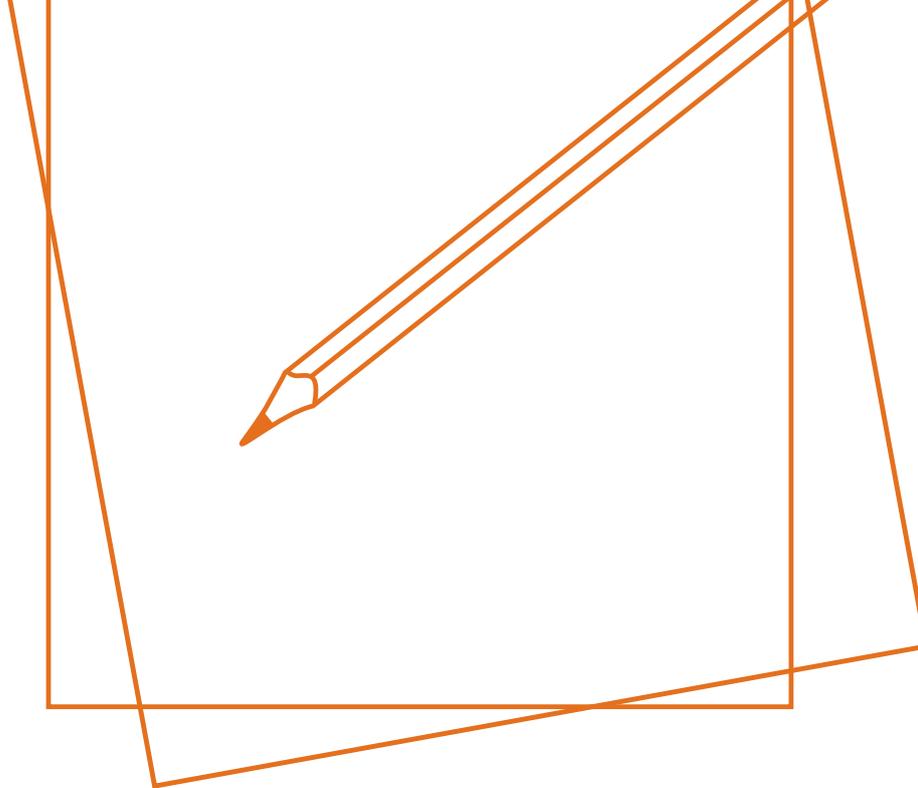
It is normal for people to feel attached to traditional cooking methods and recipes, and many people may have strong feelings when recipes are altered, or when changes that they don't feel are likely to be successful are introduced. If changes such as reducing salt in cooking are being introduced, make sure everyone is involved. Run tasting sessions to try out new or adapted recipes. In recipes that have high-salt ingredients (such as soy sauce or hard cheeses), see if you can use less of that ingredient, or replace it with something else (see page 1.16). Ask people to suggest recipes which use other types of flavourings that are low in salt. Make sure changes are introduced gradually, and be prepared to compromise on some dishes if lower-salt versions are not enjoyed. Always make it clear that your aim is for people to eat well and to have good-quality and tasty food that they really enjoy.

5 You suggest that all main meals will be served with a side salad or vegetable, but after a week hardly anyone is eating them.

Keep the initiative going for longer. There is evidence that in time we often start to eat a food we have served to us regularly, even if we start off thinking that we don't like it. Changing habits can take time. Try different options and different ways of serving the salads or vegetables – for example, giving individual salads, or putting vegetables in larger serving dishes on some days, and the other way round on other days. Make sure the vegetables and salad look attractive, and encourage support staff who eat with the people they support to act as good role models in the choices they make.

6 Joe is very overweight and is keen to lose weight but his friend insists on bringing a big box of biscuits when he visits him at weekends 'to keep him going'.

It is common for people who care about someone to want to make the person happy, and giving gifts of food is often a way of showing someone that we care about them. However, when someone is very overweight, gifts of high-calorie foods that offer little in the way of other nutrients will only contribute to weight gain. Two or three biscuits a day on top of other meals and snacks can really swing the balance in terms of weight gain or weight maintenance. Explain to the person being supported and their friend that you are worried that his or her heavy weight is going to make them unwell and unhappy, and that having extra biscuits every day means that they are likely to get heavier. Find out from the person you support what other treats they would like, and discuss this with them and their relatives. This might be, for example, healthier foods such as a type of fruit the person really enjoys, or items related to a hobby or pastime, or contributions towards an outing. If relatives do insist on bringing biscuits or other high-calorie foods, discuss with the person you support whether these can be shared with other people or kept for special occasions at other times in the year.



Menu planning

In this section we will look at how to put all the things you have learnt in these training materials into practice when helping to plan menus for people with learning disabilities whom you support.

We also give some ideas for meals, snacks and menus for adults with learning disabilities.

Most adults in the UK eat the majority of their food at three main meals: breakfast, lunch and dinner (sometimes called supper or tea). In addition, many people have snacks and drinks throughout the day, and in some cases the amount of energy (calories) and nutrients (vitamins and minerals) that people get from snacks and drinks can make a significant contribution to their intake of energy and nutrients. How we eat throughout the day will vary from person to person and there are lots of meal patterns that can offer all the nutrients that people need.

It doesn't matter when you eat your meals and snacks. The total amount of energy (calories) and nutrients you have throughout the day can be divided up in all sorts of ways to suit different lifestyles. It is important to think about when someone might be best suited to eating a good meal and when a snack might be more appropriate.

For example, for some people, appetite and alertness are highest first thing in the morning and this is a good opportunity for a nutritious breakfast that might be as

substantial as lunch for other people. The same person may find they are sleepier in the middle of the day, perhaps because of medication, and a lighter meal on waking from a rest is most sensible.

Think about someone you know or someone you support and fill in the food diary on the next page. You can either do this from information you already have (for example, based on what someone ate yesterday), or collect information by keeping a record over one day of what the person eats and drinks and what was served. (See the example below.)

Try and include as much detail as you can, including:

- the types of food and drink they have
- how they are prepared
- how they are served, and
- how much is offered.

Example

Food diary Fill in this food diary for someone you know or support.		
Day		
	What the person actually ate and drank	Notes <ul style="list-style-type: none"> • How the food or drink was prepared • How it was served • How much was offered
First thing in the morning	<i>Mug of tea - with full-fat milk and two sugars</i>	<i>Gave him the tea with the milk and sugar already in it.</i>
Breakfast	<i>Bowl of frosted flakes with full-fat milk</i> <i>Two slices of toast (white) with butter and jam</i> <i>Mug of tea with full-fat milk and two sugars</i>	<i>Served himself from cereal box.</i> <i>Toast was made for him. Served himself with butter and jam.</i> <i>Tea made in teapot. Served himself with sugar and milk.</i>

A food diary can also be useful for discussion with family, friends and other supporters, and can help everyone to see where small and simple changes to eating and drinking could be made.



Food diary

Fill in this food diary for someone you know or support. See page 6.2 for more details.

Day

	What the person actually ate and drank	Notes <ul style="list-style-type: none"> • How the food or drink was prepared • How it was served • How much was offered
First thing in the morning		
Breakfast		
During the morning		
Lunch		
During the afternoon		
Dinner		
In the evening		
Before bed		

Look at the food diary you've filled in on page 6.3.

- Did the person have 5 portions of different fruits and vegetables?
- Did they have 6 to 8 drinks during the day?
- Did they have good sources of iron and zinc at main meals? (See page 9.3 for information on which foods these nutrients are found in.)
- Did they have a good source of calcium every day? (See page 9.3 for information on which foods contain calcium.)
- Did they have soft drinks or sweet snacks between meals?
- When was the most nutritious meal of the day served?
- Was the food and drink varied each day?
- Can you see opportunities for encouraging changes to healthier eating and drinking habits?
- Can you see opportunities for promoting greater independence around preparing food and drink?

Other things to think about:

- Do the food and drink offered vary at different times of the year?
- Does it vary depending on who else is present at the eating occasion?
- Does it vary depending on what is on special offer at the supermarket?
- Does it vary depending on the skills of the people available to prepare the food?
- Do you notice anything else about the way this person eats and drinks, and the way that food is offered and served, that you are now alert to having read these training materials?

Menu planning basics

Planning menus ahead will ensure that the best food choices are made and that meals and snacks are varied. When you are choosing meals and snacks to include in menus, remember that:

- A variety of foods should be served throughout the menu cycle.
- Choose combinations of colours to make the food attractive. Three or four areas of colour look good on a plate.
- A combination of different textures increases appeal. People will appreciate crisp, crunchy, chewy, smooth and soft foods.
- Taste should be varied, but meals containing too many different or new flavours may not be acceptable to some people.
- Some finger foods as well as foods which require cutlery allow variation at mealtimes.

Cost factors

Healthy eating need not be expensive. The amount of money you have available will play a part in what food you choose, but cost should not be more important than providing a healthy and varied diet.

- Offer pasta, rice and bread. All bread is a good source of nutrients. Some white breads and soft-grain breads have extra nutrients added. Information will be given on the label.
- Use vegetables and fruit that are in season, and buy locally.
- If fresh fruit and vegetables are expensive or not available at certain times of the year, use canned or frozen ones.
- Value-brand fruit and vegetables or those in odd shapes and sizes are just as nutritious as more expensive ones.
- Meat will serve more people if you add vegetables, rice, pasta and pulses. Lean meat is often better value than fattier cuts.
- Pulses (peas, beans and lentils), eggs and canned fish are cheap.
- Spending money on cakes, biscuits, squashes and other soft drinks gives poor nutritional value for money. These foods provide energy but few nutrients and may fill people up between meals with the result that they may not eat enough at mealtimes.

Sustainability

How can we eat well and look after the environment?

People are becoming more aware of the links between the food we buy and eat and the health of the planet as well as the health of our own bodies. Growing food long distances from where we live, and importing food from around the globe, cost fuel and energy that we may not be able to afford in the future, so people are thinking more about how we can support local food industry and reduce the energy cost of the food we choose.

We also need to think about food waste, as this makes a significant contribution to landfill and produces methane which contributes to global warming. Many people throw out a quarter of the food they buy, just because they do not plan ahead and can't use perishable food before it is no longer edible.

Some simple tips on how to eat more sustainably

- Try and buy vegetables and fruit which are grown locally where possible. Ask greengrocers where food comes from and in supermarkets look for locally produced foods.
- Avoid buying salad leaves in bags as typically 40% of this gets thrown away as it has a short shelf-life once opened.
- Plan menus ahead so that you don't buy perishable food that can't be eaten before it goes off. If circumstances change and meals are not needed, freeze food where possible to use at a later date.
- If you keep left-overs after meals, think about when you might actually eat them. It is usually better to cook the right amount at each meal as left-overs are often thrown out anyway.
- Think about having smaller amounts of good-quality meat and having several meat-free meals a week. Meat costs a lot of water and energy to produce and many people think we all need to cut down on our meat consumption if everyone on the planet is going to be able to eat well.
- Think about the amount of packaging that food comes in. Food bought at markets often requires no packaging and you can refuse extra plastic bags where these are not necessary.
- Consider buying fish that is produced sustainably. Look for the Marine Stewardship Council logo.

General food-based guidance to help with food and drink choice

This section contains some information about the five food groups and how to choose foods which will make up a healthy, balanced diet.

It is also useful to look at the traffic-light labels, nutrition information labels and ingredients lists on foods, and to choose those that are lower in salt, sugar and fat. (See pages 1.12 and 1.15 for more information on food labels.)

The Food Standards Agency provides information on what is 'a lot' of fat, saturated fat, sugar and salt in foods. This is outlined below.

Foods high in fat have more than 20g of fat per 100g of food.	Foods low in fat have 3g of fat or less per 100g of food.
Foods high in saturated fat have more than 5g of saturated fat per 100g of food.	Foods low in saturated fat have 1.5g of saturated fat or less per 100g of food.
Foods high in sugar have more than 15g of sugars per 100g of food.	Foods low in sugar have 5g of sugars or less per 100g of food.
Foods high in salt have more than 1.5g of salt per 100g of food or more than 0.6g (600mg) of sodium per 100g of food.	Foods low in salt have 0.3g of salt or less per 100g of food or 0.1g (100mg) of sodium or less per 100g of food.

Food group: Bread, rice, potatoes, pasta and other starchy foods

Advice	Why?	What's included
<p>Starchy foods – which include bread, rice, potatoes and pasta – should make up a third of the daily diet.</p> <p>A variety of breads should be available daily at mealtimes.</p> <p>Different starchy foods should be offered in main meals throughout the week, so that a variety of starchy foods are included. Aim to include pasta and rice on the menu once a week.</p> <p>Wholegrain and wholemeal cereal foods are a good source of fibre and other nutrients.</p>	<p>Starchy foods are a good source of energy and the main source of a range of nutrients in the diet. As well as starch, these foods supply fibre, calcium, iron and B vitamins.</p>	<p>All varieties of bread including wholemeal, granary and seeded breads, chapattis, bagels, roti, tortillas and pitta bread</p> <p>Potatoes, yam, cocoyam, dasheen, breadfruit and cassava</p> <p>Breakfast cereals</p> <p>Rice, couscous, bulgar wheat, maize (polenta) and cornmeal</p> <p>Noodles, spaghetti and other pastas</p>

Tips

- Serve more pasta and rice and use less sauce. Opt for tomato-based sauces instead of cheese-based sauces.
- When serving rice and pasta, try to use wholemeal, wholegrain, brown or high-fibre versions.
- Some breakfast cereals are nutrient-fortified (that is, with added iron, folic acid and other vitamins and minerals). Choose wholegrain cereals or mix some in with other cereals.
- Offer a variety of breads, such as seeded, wholegrain and granary, and use thicker slices with low-fat options for fillings.
- If you are making chips or fried potatoes, use large pieces of potato and have thick or straight-cut chips as these absorb less fat.
- Baked potatoes do not need to have butter or margarine added when served with moist fillings or sauces.
- For people who have allergies to wheat, oats, barley and rye, good alternatives to offer are foods made from maize (such as polenta), rice, rice flour, potatoes, potato flour, buckwheat, sago, tapioca, soya and soya flour.
- Cereal foods which are good sources of iron and zinc include fortified cereals, wholegrain cereals, wholemeal bread and flour, couscous and wholemeal pasta.

Food group: Fruit and vegetables		
Advice	Why?	What's included
<p>Fruit and vegetables should make up about a third of the daily diet.</p> <p>It is important to offer a variety. 5 portions a day is an achievable target.</p> <p>Aim for 1 or 2 portions of fruit or vegetables with each meal, and offer fruit and vegetables as snacks.</p> <p>One portion is about 80g of fresh, frozen or canned fruit or vegetables, or about 40g of dried fruit.</p> <p>A glass of 100% fruit juice can count as 1 portion of fruit each day.</p>	<p>Fruit and vegetables are good sources of many vitamins and minerals.</p> <p>There is evidence that consuming 400g or more of fruit and vegetables a day reduces the risk of developing chronic diseases such as coronary heart disease and some cancers.</p> <p>Including fruits and vegetables in the diet will help to increase the intake of fibre, and can help to reduce the total amount of calories consumed among those who may wish to lose weight.</p>	<p>All types of fresh, frozen and canned vegetables – for example, broccoli, Brussels sprouts, cabbage, carrots, frozen peas, peppers, swede and sweetcorn</p> <p>Beans and pulses, including baked beans, chick peas and kidney beans</p> <p>All types of salad vegetables, including lettuce, cucumber, tomato, raw carrots, peppers and beetroot</p> <p>All types of fresh fruit – for example, apples, bananas, kiwi fruit, oranges, pears, mango and plums</p> <p>All types of canned fruit in fruit juice – for example, pineapple, peaches and mandarin oranges</p> <p>Stewed fruit</p> <p>Dried fruit</p> <p>Fruit juice (100% juice)</p>
<p>Tips</p> <ul style="list-style-type: none"> ● Steaming or cooking vegetables with minimum amounts of water, and serving them as soon as possible, will help retain vitamins. ● Use fresh fruit and vegetables as soon as possible, rather than storing them, to avoid vitamin loss. ● Incorporate fruit and vegetables in snack options. Offer a variety of healthy snack alternatives. (See page 3.8.) ● Add vegetables and pulses to curries, casseroles or stir-fry dishes and serve at least two types of vegetables with fish, chicken or meat. ● Baked beans should be served no more than twice a week. ● Encourage people to have a daily glass of fruit juice (100% juice, unsweetened) with meals. ● Add a handful of dried fruit to cereal options and porridge. ● Offer traditional salads as well as raw vegetables, to increase colour, taste and texture at mealtimes. ● Add extra vegetables to savoury dishes. ● Vegetable soups are a useful way of increasing vegetable intake. ● Avoid dried fruit that has added sugar or vegetable oil. ● Fruit and vegetables which are useful sources of iron include spinach, broccoli, spring greens, dried apricots, raisins, baked beans, broad beans and blackcurrants. ● Fruit and vegetables which are useful sources of folate include spinach, broccoli, peas, oranges, melon, green leafy salads and tomatoes. ● Fruit and vegetables which are useful non-dairy sources of calcium include green leafy vegetables, dried fruit and oranges. 		

Food group: Milk and dairy products

Advice	Why?	What's included
<p>Offer dairy foods such as milk, yoghurt and cheese as part of meals and snacks.</p> <p>Offer low-fat options such as semi-skimmed milk, low-fat yoghurt and reduced-fat cheeses.</p> <p>Don't rely on cheese as the main protein item for vegetarians.</p>	<p>Milk and dairy products are good sources of calcium, protein and vitamin A. Calcium helps to contribute to good bone health.</p> <p>The fat content of different dairy products varies and much of this is saturated fat.</p>	<p>Skimmed, semi-skimmed and whole milk</p> <p>Dried milk, goat's and sheep's milk</p> <p>All types of cheeses – for example, Cheddar cheese, cottage cheese, cheese spreads, Brie, feta, Edam, goat's cheese, Stilton and Parmesan</p> <p>Yoghurt</p> <p>Fromage frais</p>

Tips

- Choose reduced-fat hard cheeses, cottage cheese or low-fat soft cheese.
- Some dairy products can contain high levels of salt. Look for lower-salt cheeses and use smaller amounts of stronger cheese rather than larger amounts of milder cheese.
- Offer semi-skimmed or skimmed milk and low-fat yoghurts and fromage frais.
- Use plain yoghurt or fromage frais instead of cream, soured cream or crème fraîche in recipes.
- Try serving frozen yoghurts as an alternative to ice cream.
- For those on dairy-free diets, serve soya drinks fortified with calcium as an alternative to milky drinks.
- Restrict sweetened milk drinks to mealtimes, as the sugars in these drinks can damage the teeth.

Food group: Meat, fish, eggs, beans and other non-dairy sources of protein		
Advice	Why?	What's included
<p>Offer a variety of meat and meat alternatives at main meals.</p> <p>Use lean meat (meat which has a fat content of about 10%).</p>	<p>Meat and meat alternatives are a good source of protein, vitamins and minerals such as iron and zinc.</p> <p>Some meat and meat products can contain a lot of fat and saturated fat.</p>	<p>Meat includes all cuts of beef, pork, lamb, poultry, offal* and meat products such as bacon, sausages, beefburgers, pies and cold meats.</p>
<p>Fish should be offered at least twice a week.</p> <p>It is strongly recommended that oil-rich fish – such as salmon, trout, mackerel, herring, pilchards or sardines – should be served once a week.</p>	<p>White fish is low in fat.</p> <p>Oil-rich fish provides a good source of omega-3 fats, which may help to protect against heart disease. Oil-rich fish are also a source of vitamins A and D.</p>	<p>Fish includes fresh, frozen and canned fish, such as tuna and sardines. Fish products such as fish cakes and fish fingers may have a low fish content.</p>
<p>Eggs can be served at breakfast and as part of main meals.</p>	<p>Eggs are a good source of protein, vitamin A, vitamin D and some minerals.</p>	<p>Boiled, poached or scrambled eggs, or omelettes</p>
<p>Make sure that meat alternatives for vegetarians are varied.</p>	<p>Beans, pulses, eggs, meat alternatives and nuts all provide good sources of nutrients.</p>	<p>Beans and pulses such as chick peas, lentils, kidney beans, butter beans, textured vegetable protein, nuts, and soya products such as tofu and Quorn</p>
<p>Tips</p> <ul style="list-style-type: none"> ● Always choose the leanest cuts of meat and remove visible fat and poultry skin. ● Roast meat on a rack in order to let the fat run off. ● Grill, poach or roast meat rather than frying. If you do fry, use clean oil and at the correct temperature to minimise absorption. Note that larger pieces of fish and meat absorb less fat. ● Don't add extra fat or oil when cooking meat. ● Use more vegetables, pulses and starchy food to extend dishes further, and to add more texture and flavour. This will also mean that less meat is needed, reducing both the fat content and the cost of the meal. ● Buy good-quality meat and use smaller amounts. ● Use fish from sustainable fish stocks. Look for the Marine Stewardship Council logo. ● Offer unsalted nuts and seeds as snacks. ● Reduce the amount of processed meat products served, such as meat pies and pasties, sausages, burgers and coated chicken products. ● Reduce the amount of processed fish products on offer, particularly those that are fried or coated, such as fish fingers or fish cakes. <p>* Liver and liver pâté are very rich in vitamin A and it is recommended that these foods are consumed no more than once a week.</p>		

Food group: Foods and drinks high in fat and/or sugar

Advice	Why?	What's included
<p>These foods can add palatability to the diet but should be eaten in small amounts each day.</p> <p>Reduce the amount of foods containing fat – for example, fat spreads and butter, cooking oils and mayonnaise.</p> <p>Other foods containing fat and sugar – such as cakes and biscuits – should be eaten only occasionally.</p>	<p>Foods containing fat and foods containing sugar often provide a lot of calories and a lower proportion of other nutrients.</p> <p>Some foods in this group are also high in sodium/salt.</p> <p>Foods and drinks containing sugar often contain few other nutrients, and having them frequently between meals can contribute to tooth decay.</p>	<p>Foods containing fat include: butter, margarine, other spreading fats and low-fat spreads, cooking oils, oil-based salad dressings, mayonnaise, cream, chocolate, crisps, biscuits, pastries, cakes, puddings, ice cream, rich sauces, and gravies.</p> <p>Foods and drinks containing sugar include: soft drinks, sweets, chocolate, jams, sugar, cakes, puddings, biscuits, pastries and ice cream.</p>

Tips

- Use fat spreads rich in monounsaturated or polyunsaturated fats.
- Use cooking oils high in monounsaturates, such as soya, rapeseed or olive oils.
- Measure oil for cooking carefully and reduce the amount of oil used in the preparation of soups, stews and casseroles. Vegetables can often be dry-fried, steamed or stewed to form the basis of sauces and other dishes.
- Avoid serving pastry dishes frequently.
- Use low-fat yoghurt or non-dairy ice cream to complement puddings or pies.
- Produce puddings lower in fat and sugar and incorporate fresh fruit, canned fruit in juice or dried fruit.
- Offer water, unsweetened fruit juices and chilled milk drinks rather than sugary soft drinks.
- Serve wholegrain or plain cereals rather than sugar-coated cereals.
- When preparing sandwiches, try and avoid using butter or spreads if the filling is already moist.

To increase the amount of vitamin D in menus

- Use fat spreads fortified with vitamin D for baking or as a fat spread.
- Include an oil-rich fish that is rich in vitamin D in the menu at least once a week – for example, herring, mackerel, pilchards, salmon, sardines, trout, roe, or canned tuna fish.
- Egg yolks are also rich in vitamin D.
- Meat and poultry contribute small but significant amounts of vitamin D.

Planning a menu

Thinking about what you have learnt so far, plan a two-day menu for someone you know or support, for one weekday and one weekend day. Write your menu on the next page.

Think about:

- variety of food
- having foods from the different food groups at each meal
- taste, texture and colour
- the right size portions (see below).

The menu should also include at least 5 portions of fruit and vegetables in meals and snacks each day, and both main meals should include a meat or meat alternative. Good luck!

If you get stuck, we give some ideas for meals and snacks on pages 6.19–6.28.

Portion sizes

People's appetites are very different and we all have quite different ideas of what suitable portion sizes are for ourselves at mealtimes. It may be that some of the people you support are having very large – or very small – portions at mealtimes.

In order to help you visualise the portion sizes suitable for average adults, we have provided, on the CD-ROM at the back of these training materials, photos of some of the meals featured on pages 6.19–6.28. You might also be able to use these photos with the people you support, to help them make choices about meals and snacks they might like. When working out the portion sizes, we have assumed that the food is served as part of a daily menu plan as described on page 6.19 – that is, with a breakfast, light meal, main meal and two snacks (one of which is fruit or vegetables). Obviously some people will have different needs. If you are worried about someone being underweight or overweight and want more specific and individual advice, ask for the person to be referred to a dietitian.

What if the people I support have eating difficulties?

Some people whom you support may have difficulties eating – for example, difficulty in using cutlery or in chewing or swallowing food. Often this will require specialist help (see page 2.11), but in some circumstances it is useful to know how to help people to eat well if they have more simple eating problems.

Finger foods

These are foods that can be eaten easily by hand. They are useful for people who find it difficult to use cutlery. Or, if someone is unable to sit still to eat, some



Menu plan for		
Meal or snack	Weekday	Weekend day
First thing in the morning		
Breakfast		
During the morning		
Lunch		
During the afternoon		
Dinner		
In the evening		
Before bed		

finger foods can be put in a bag or pouch for the person to carry around with them. Finger foods can be served at room temperature, so that people can eat at their own speed. They should be easy to hold while being eaten. Small, moist foods may be the best choice, as some people may find foods like breaded chicken too dry to swallow. When you are planning finger food diets, take care to make sure that they contain all the nutrients a person needs. If the person has a special diet, you should get advice from a dietitian or doctor. If a person has swallowing difficulties, finger foods are not likely to be suitable. Below we give some ideas for finger foods, and on the next page there are some examples of finger food meals.

Ideas for finger foods

Breads and cereals

toast fingers
rolls
sandwiches
muffins
crumpet fingers
French bread
French toast
plain crackers
biscuits
fruit buns
fruit loaf
fruit cake
malt loaf
teabread
gingerbread
waffles
drop scones
cereal bars
chapattis
small pittas

Meat, fish, cheese and other protein alternatives

sliced meat, cut up into pieces
chicken fingers made from moist breast meat
sausages and frankfurters (choose high-quality products)
home-made hamburgers
meatballs
meatloaf
pizza slices
mini-quiche
fish fingers or fishcakes
fish sticks or crab sticks
smoked mackerel slices
vegetable/soya sausages
vegetable burgers/fingers
quarter hard-boiled eggs
cheese on toast
cheese cubes
fried bean curd cubes
smoked mackerel slices

Potatoes and vegetables

broccoli spears, cooked
Brussels sprouts, cooked
carrot sticks or coins, cooked
celery sticks
chips (thick home-made chips are the best option)
green beans, cooked
potato waffles
quartered tomato or cherry tomatoes
red or yellow pepper slices
sliced cucumber
small or halved new potatoes
sweet potato slices, cooked

Fruit

banana
grapes
mandarin orange segments
melon
pineapple cubes
sliced apple or pear
strawberries

Snacks

dried apricots and prunes (stones removed)
jelly cubes
ice cream or sorbet in cones
peanut butter sandwiches
muesli bars
marmite on toast
pâté on toast

Ideas for finger food main meals

Mini spring rolls
 Mini spicy meatballs with dipping sauce
 Mini pitta bread
 Mange tout and red pepper

Citrus sorbet in a cone

Grilled chipolatas
 Potato wedges
 Cherry tomatoes
 Pepper slices

Sticky prune cake
 Mandarin orange slices

Ploughman's lunch with:

- Cheddar cheese cubes
- ham cubes
- French stick
- pickled onions
- tomatoes
- cucumber
- crispy lettuce leaves

Strawberries
 Muesli bar

Fish nuggets
 Soft bread roll
 Vegetable kebab

Apple slices
 Malt loaf

Pizza slices
 Sweetcorn fritters
 Pickled cucumbers

Egg custard tart
 Pineapple cubes

Smoked mackerel slices
 Cucumber sticks
 Carrot sticks
 New potatoes

Date bars
 Melon slices

Sliced poached chicken
 Mini potato pancakes
 French beans

Vanilla ice cream cone
 Fresh pear slices

Foods for people who have difficulty chewing or swallowing

Some people may have difficulties with chewing or swallowing and may need to have the texture of their food and drink changed. It is important to seek specialist advice from a doctor, dietitian or speech and language therapist before you change the texture of someone's food or drink. This is essential to make sure they are getting the right nutrients and that the texture is right for them. For more on swallowing difficulties, see page 2.11. To find out more about altered-texture diets, see the Caroline Walker Trust report *Eating Well: Children and Adults with Learning Disabilities* (see page 2). Many local areas have their own publications and strategies for dealing with eating problems, so check with your local learning disability team to make sure you are following the locally agreed procedures. However, following simple guidelines can help people who have just started to have difficulty in managing their food, or who have only minor difficulties.

Foods to avoid for people who have difficulty with chewing or swallowing

Stringy, fibrous textures such as pineapple, runner beans, celery or lettuce

Vegetable and fruit skins including beans, grapes, peas, sweetcorn, and flakes and seeds in breads

Mixed consistency foods such as minestrone soup, or cereals in milk

Crunchy foods such as toast, dry biscuits or crisps

Crumbly items such as pie crusts, cakes or dry biscuits

Hard foods such as boiled sweets, toffees, nuts or seeds

Everyone who supports an adult with a learning disability should know how to manage a choking incident. If you have not had training on this, ask for help and advice. It is also important to talk to the people you are supporting who might be at risk of choking, about what the procedures are if they do experience a choking incident.

Puréed diets

Puréed foods do not need to be chewed and some people might be recommended to have all their food puréed if they are at risk of choking or if they have swallowing difficulties. Puréed diets are likely to be lower in energy (calories) and nutrients (vitamins and minerals), and the decision to move to puréed foods should not be made lightly. To ensure that the person's nutrient needs are met and that food is of the correct texture takes skill, and anyone who prepares a puréed diet should seek advice from a dietitian or a speech and language therapist on the best ways to do this.

Puréed foods

Do ...

- Make sure food looks attractive and palatable. The use of food moulds and food-soaking solutions to prepare purées in appropriate shapes can be useful (see page 8.6).
- Make sure puréed food is nutritious. This may involve adding high-energy and high-protein ingredients (for example, extra full-fat milk, cream, cheese, butter, oil, mayonnaise, full-fat yoghurt or crème fraîche), but it is important to seek advice for each person about what is appropriate.
- Carefully follow food hygiene rules when preparing puréed food so that they don't become contaminated (see page 3.14).

Don't ...

- Don't liquidise foods with lots of extra gravy or juice. Adding liquids to puréed foods dilutes their nutrient content.
- Don't mix foods together to purée them. Keep separate foods and flavours apart.
- Don't overcook vegetables, as over-cooking reduces their vitamin content. They can be puréed without being made into mush.

For more guidance on puréed foods, see the *Resources* section.

Food supplements

Sometimes people are prescribed cartons of food supplement drinks if they have been in hospital or have been ill. These cartons of milkshake or soup are nutrient-rich, but are designed for short-term use only until the person can get back on to normal food. If someone you support has these supplements for long periods, talk to a dietitian about how the person can best be encouraged to return to normal food and drink. Food supplements are expensive and people often get bored of them and waste much of the contents. They can also become easily contaminated if left lying around for long periods.

Other special diets

Some people may have other special diets or dietary requirements. These may be recommended by the dietitian or doctor, for a specific medical condition such as high blood pressure, high cholesterol levels or because they have diabetes or need a gluten-free diet. Most people on a special diet will get specific advice. It is important to check what advice each person has been given as it may vary between individuals. The most common special diets you are likely to come across are those for people with diabetes and those for people who need a gluten-free diet. Some general tips about the needs of people on these diets are given below. For information about how to find out more about special diets, see the *Resources* section.

Some general tips for diets for people with diabetes

Most diabetics can eat the same healthy diet as that recommended for the rest of the population.

There are two types of diabetes. Type 1 diabetes is where the person is unable to produce sufficient insulin and therefore needs insulin injections. Type 2 diabetes is where a person is still producing insulin but does not produce enough, or the insulin they do produce does not work properly (called ‘insulin resistance’). The aim for people with either type of diabetes is to achieve and maintain the best possible control of blood glucose, blood pressure and blood cholesterol. This will reduce the risk of health complications in the future.

- In people who manage their diabetes with insulin and some tablets, it is important not to allow their blood sugar to fall too low or to rise too high. They will be shown how to spread their food and drink out throughout the day to fit in with their insulin injections or medication.
- For people who manage their diabetes with some medicines or by diet and exercise alone, it is important that you encourage a balanced diet, with sugary foods kept to a minimum and preferably eaten with meals rather than as snacks.
- Being active is important for people with diabetes, so aim for at least 30 minutes’ activity every day.
- Aim for a body mass index of less than 30, and preferably less than 25. If a person is overweight, losing even 5% of body weight can help with control of blood sugar.
- Watch out for drinks that may contain more sugar than you think. Some drinks such as flavoured waters, sports drinks and fruit-juice-based drinks can have a high sugar content. (See page 1.12 for details of how to look for sugar on food labels.)
- Some people with diabetes find it easier to have five smaller meals a day rather than three larger ones, but try to make sure that people eat regularly.

- The advice for people with diabetes is to:
 - have a starchy food at each meal
 - aim to have 5 portions of fruit and vegetables each day
 - have lean meat, or fish, or another meat alternative each day
 - have some low-fat dairy products each day, and
 - have a minimal intake of fatty and sugary foods or drinks.
- The best starchy foods for people with diabetes are those that are wholegrain or which cause a smaller rise in blood sugar after eating: for example, breakfast cereals such as bran flakes, unsweetened muesli, porridge, wholegrain flakes, weet bixes and oat flakes, granary bread, chapattis, multi-grain bread, fruit loaf, pitta bread, rice, pasta, yam, sweet potatoes, new potatoes, noodles, baked beans, chick peas, lentils, kidney beans, dried peas, dahl and soya beans.
- Keep alcohol within safe limits – a maximum of 2-3 units of alcohol a day for women and a maximum of 3-4 units of alcohol a day for men, although some people with diabetes may be encouraged to drink less than this. 1 unit of alcohol = 1/2 glass of wine (for example, a 150ml glass of a 13% ABV wine), or half a pint of normal-strength beer, or 1 pub measure of spirits.
- People with diabetes are at greater risk of heart disease, so encourage lower-salt choices.
- There is no need to buy food products that are specially made for diabetics.

Some general tips for gluten-free diets

- Gluten is found in wheat, rye, barley and oats. People on a gluten-free diet should avoid foods that contain any of these.
- Foods that are naturally gluten-free include rice, potatoes and maize (corn). So breakfast cereals like rice crispies and cornflakes are usually gluten-free, and rice, potato and polenta make good starchy foods to have with main meals. You can use rice noodles instead of wheat noodles.
- Specialist gluten-free breads, pasta and biscuits are available but they are expensive and it is useful to know how to use naturally gluten-free foods which are easily available and cheaper. Some people will be entitled to free gluten-free foods on prescription.
- Naturally gluten-free flours you can use in cooking include rice flour, tapioca flour, potato flour, cornflour, cornmeal, soya flour, gram flour, teff flour and buckwheat flour.
- Other typically gluten-free foods include all fresh meat, poultry and fish, all fresh fruit and vegetables, fresh herbs, individual spices, dried pulses (beans, peas and lentils), nuts, eggs, dairy products, sugar, honey, pure oils and vinegars, vanilla extract and fresh and dried yeast.
- Check the labels of ready-made foods carefully, as even things you might not expect to may have flour added.
- Watch out for sauces and dressings that may contain gluten, as well as some sweets.
- Beer, lager and stout all contain gluten, so make sure you check for gluten-free drinks as well.
- **Always check the labels on foods. If you're not sure if a food is gluten-free, seek advice from Coeliac UK (contact details on page 8.1).**

Meal, snack and menu ideas

The meal, snack and menu ideas on the next pages have been put together to show how you can meet typical nutrient needs over a period of time.

If you choose a variety of breakfasts, light meals, main meals and snacks (as well as regular drinks throughout the day) from the examples given on the next pages, this is likely to provide the energy and nutrients needed by a typical healthy active adult. **These are only examples.** Hopefully, the recipes and portion sizes we suggest for these ideas will help you when choosing other dishes as well.

Obviously some people will need to eat more than others, and some people will have smaller appetites and energy needs, so the types of foods and amounts suggested here are just averages. If you are at all worried about the health of someone you support, seek advice from their GP.

It is worth remembering, however, that for most people who do not need to gain weight, if you add extra snacks and drinks to these menu ideas, or have much larger portions than we suggest, the person may get more energy (calories) than they need and may gain weight.

We have calculated nutrient needs across the day based on an eating pattern of:

- breakfast
- a fruit snack
- a light meal
- a snack
- a main meal, and
- a milky drink.

Obviously if people do not eat in this pattern, the foods and drinks can be distributed in other ways across the day, but the total amount and types of foods and drinks served should be about equivalent.

In the sample meals and snacks, we have given the weights of food items just to help you understand the sorts of portion sizes that fit into our menu plan calculations, but **we do not expect anyone to weigh out their portions at meals!** To see what these portion sizes look like, see the photos on the CD-ROM at

Things to remember when planning meals, snacks and daily menus

- Include a variety of different foods every day.
- Include at least 5 portions of a variety of fruit and vegetables every day. (Aim for 1 to 2 portions at breakfast, 1 portion as a snack and 1 to 2 portions at each main meal.)
- Base meals on starchy foods such as potatoes, pasta or bread.
- Include good sources of iron and zinc at main meals.
- Regularly include foods or drinks that are good sources of calcium.
- Make sure that the food has a variety of textures and colours, looks appetising and tastes good.
- Make sure that fresh, chilled water is available at meals and between meals.

If you are not sure which foods are good sources of different nutrients, see page 9.1.

the back of these training materials. You can use the photos as a guide to help the people you support find out more about the sorts of foods and the amounts of food that are associated with good health.

Breakfasts

Some examples of good breakfasts are shown below. For photos which show the portion sizes of typical breakfasts, see the accompanying CD-ROM.

Make sure that, at breakfast, everyone drinks a small glass of 100% fruit juice (150ml) as well as a cup of tea or coffee or a glass of water.

Example breakfasts

A bowl of branflakes (40g) with semi-skimmed milk (100ml) and 1 chopped banana (100g)

2 slices wholemeal toast (60g) with jam (30g)

2 weet bisks (40g) with semi-skimmed milk (100ml) and canned apricots (80g)

1 slice toasted fruit bread (40g) with polyunsaturated spread (4g)

2 weet bisks (40g) with semi-skimmed milk (100ml) and a tablespoon of raisins (30g)

Low-fat fruit yoghurt (150g)

2 shredded weet bisks (44g) with semi-skimmed milk (100ml) and blueberries (40g)

A bowl of porridge (160g) with chopped dates (30g)

2 slices of malt loaf (40g)

A bowl of muesli (70g) with semi-skimmed milk (100ml) and 6 strawberries (80g)

1/2 toasted teacake (50g) with polyunsaturated spread (4g)

A bowl of muesli (70g) with semi-skimmed milk (100ml) and 1 banana (100g)

Low-fat fruit yoghurt (150g)

2 boiled eggs (120g) with wholemeal soldiers (30g) and polyunsaturated spread (4g)

1 slice wholemeal toast (30g) spread with polyunsaturated spread (4g) with a poached egg (60g) and a grilled tomato (80g)

1/2 toasted bagel (35g) with polyunsaturated spread (4g), 2 eggs scrambled (120g) and canned plum tomatoes (80g)

2 slices wholemeal eggy bread (100g)

A toasted bagel (70g) with a small can of lower-salt and low-sugar baked beans (210g)

A banana and peanut butter sandwich – made with 2 slices wholemeal bread (60g), peanut butter (20g) and 1 banana (100g)

A bowl of canned grapefruit in juice (140g)

A fruit scone (48g) with polyunsaturated spread (6g)

Grilled tomatoes (80g) and grilled mushroom (80g), and a brown roll (60g) with polyunsaturated spread (10g)

Natural yoghurt (100g) with strawberries (80g)

Snacks

People often choose a snack mid-morning (between breakfast and lunch) and mid-afternoon (between lunch and dinner).

FRUIT AND VEGETABLES

One of the snacks should be a piece of fruit or some vegetables – or a combination of both. See page 1.9 for examples of portions of fruit.

OTHER IDEAS FOR SNACKS

Other snack ideas are given below. Try to have these sorts of snacks only once a day.

Savoury snacks

$\frac{1}{2}$ bagel (30g) with polyunsaturated spread (5g), sliced egg (30g) and $\frac{1}{2}$ tomato (40g)

Bread sticks (20g) with red pepper sticks (40g) and yoghurt dip (50g)

Cheese scone (60g) with polyunsaturated spread (5g) and apple slices (80g)

Melba toast (20g) with mashed avocado (40g) and cherry tomatoes (40g)

4 oatcakes (44g) with cottage cheese (40g) and pineapple (40g)

$\frac{1}{2}$ wholemeal pitta bread (30g) with houmous (30g) and carrot sticks (40g)

Pitta bread crisps (30g) with salsa (30g) and cucumber and celery sticks (80g)

Plain popcorn (20g) with apple quarters (80g)

2 rye crackers (20g) with tuna pâté (30g) and cucumber (20g) and cherry tomatoes (40g)

Toasted wholemeal muffin (50g) with low-fat soft cheese (20g) and cherry tomatoes (40g)

Potato farl (60g) with low-fat soft cheese (20g) and blueberries (40g)

Toasted soda bread (40g) with mashed avocado (30g), carrot (40g) and cucumber (40g)

Sweet snacks

Half a toasted teacake (55g) with polyunsaturated spread (5g)

2 slices malt loaf (40g)

Plain or fruit scone (48g) with polyunsaturated spread (6g)

Low-fat fruit yoghurt (150g) with 3 rich tea fingers (15g)

Cakes

Choose cakes that are high in fibre and which contain some dried fruit where possible. Making cakes is easy and can be an activity that some people with learning disabilities may be able to take part in. Below we give some ideas for cakes, with portion sizes to aim for. The recipes for some of these cakes are on the CD-ROM which accompanies these training materials.

Apple and cranberry muffins (50g)

Apricot and walnut cake (65g)

Banana and oat gingerbread (60g)

Banana bread (75g)

Bread pudding (65g)

Carrot cake (75g)

Date bars (75g)

Fruit rock buns (60g)

Ginger cake (75g)

Muesli bars (60g)

Orange and honey tea bread (65g)

Sticky prune cake (75g)

Sunflower sultana scones (65g)

Remember you can have additional fruit or vegetables with any of these snacks.

Drinks

Make sure people always have something to drink between meals – for example, tea, coffee, fruit tea or water.

Light meals

Some people may choose to have a lighter meal at lunchtime if they are busy with work, learning or activities, while others may choose a lighter meal in the evening. The suggested menus are based on one light meal and one main meal each day.

Soup makes an excellent part of a light meal and is easy to make. Once you start making your own vegetable soups you will wonder why you ever bought them, as they really are very simple, cheap and tasty. Add as many vegetables as you can, and thicken with potato or lentils. Recipes for some of the soups listed below are given on the accompanying CD-ROM.

Sandwiches are popular for light meals but those bought from sandwich bars and supermarkets are expensive and are often high in salt and fat. Make your own with your bread of choice (preferably higher-fibre bread or wholemeal bread). If you have a moist filling, there is no need to use butter or spread. Include salad in your sandwiches if you can.

Example light meals

VEGETARIAN

Mixed bean salad (160g), wholemeal roll (60g) and salad (80g)
Grapes and cherries (80g)

Mixed bean salad (160g), white ciabatta roll (60g) and watercress (20g)
Pear (80g)

White roll (60g) with reduced-fat hard cheese (30g) and pickle (20g), and salad (80g)
Low-fat natural yoghurt (100g) and canned mango in juice (140g)

Couscous salad (200g) with falafel (50g) and salad (80g)
Melon and cherries (80g)

Jacket potato (200g) with low-fat soft cheese and chives (20g) and mixed salad (80g)
Fruit bread (40g) with polyunsaturated spread (4g) and dried apricots (40g)

Carrot and potato soup (300g), granary roll (50g), tomato (80g), mozzarella (40g) and celery (40g)
Melon (80g)

Lentil and tomato soup (300g), wholemeal bap (80g), mashed avocado (40g), salad leaves and tomato (40g), red pepper (40g)
Clementines (80g)

Omelette (120g), grilled tomato (80g) and crusty bread (50g)
Banana and grapes (80g)

Pasta salad (100g) with a mixed salad (80g)
Raspberries and blueberries (80g)

Sandwich with wholemeal bread (60g), egg (60g), tomato (40g), low-fat soft cheese (20g) and salad (80g)
2 plums (80g)

FISH

Leek and potato soup (300g) with French bread (55g)

Rye crispbreads (30g) with sardines (70g) and watercress (10g)

Sardines in tomato sauce (100g) on wholemeal toast (60g), with cucumber (80g)

Fromage frais (50g) with canned mandarins in juice (140g)

Sardines in tomato sauce (100g), on wholemeal toast (60g), lettuce and tomato (80g)

Watermelon (80g)

Rye crispbread (20g), mashed tuna (40g), tomato and salad (80g), and mozzarella cheese (30g)

Malt loaf (40g) and kiwi (80g)

Wholemeal toast (60g) with mashed smoked mackerel (100g) and carrot and cucumber (80g)

Apple slices (80g)

Spinach, pea and potato soup (300g)

Sandwiches made with 2 slices wholemeal bread (60g), mashed canned tuna (40g), salad leaves and cucumber (40g)

Low-fat fruit yoghurt (150g)

Green salad (80g) with smoked salmon slices (60g), boiled egg (60g), teaspoon salad dressing (5g) and wholemeal toast (60g)

Orange (80g)

Bagel (60g), mashed tuna (40g), rocket and pepper (80g)

Grapes (80g)

Photos of many of these meals are provided on the CD-ROM at the back of these training materials, to help you visualise the portion sizes suitable for average adults.

BEEF, PORK AND CHICKEN

Tomato soup (300g)

Seeded roll (60g) with lean sliced beef (40g), horseradish sauce (10g), watercress (20g) and tomato (40g)

Tomato soup (300g) with French bread (65g)

3 oatcakes (33g), slice of ham (40g) and carrot, cucumber and tomato salad (80g)

Cherries (80g)

Wrap (50g) with low-fat soft cheese (20g) with sliced ham (40g), and cucumber, carrot tomato and watercress (80g)

Kiwi fruit (80g)

Wholemeal pitta bread (60g), ham (40g), salad (40g) and pepper (80g)

Melon (80g)

Granary roll (60g) with low-fat soft cheese (20g), sliced chicken (40g), tomato (50g), lettuce and cucumber (80g)

Low-fat natural yoghurt (100g) and strawberries (80g)

Rice salad (100g), skinless chicken drumstick (90g), lettuce (40g)

Pineapple (80g)

Toasted sandwich made with wholemeal bread (60g), ham (30g), low-fat hard cheese (20g), sweetcorn (30g), cucumber and carrot (80g)

Nectarine (80g)

Main meals

Select a main course, and a dessert if desired, from the ideas below. Alternatively low-fat yoghurt and fruit can be offered as dessert.

Recipes for many of these dishes can be found on the CD-ROM at the back of these training materials. The CD-ROM also contains photos of some the meals, showing the portion sizes suggested.

FISH

Baked fish in tomato sauce (150g) with jacket potato (200g), and peas and sweetcorn (80g)

Coconut fish curry (200g) with flat bread (50g), rice (200g) and green salad (80g)

Fish pie (250g) with peas (80g)

Kedgerree (250g) with green salad (80g)

Mackerel fishcakes (150g) with canned tomatoes (200g) and potato wedges (180g)

Mackerel with chilli sauce (80g), rice and peas (200g), callaloo (80g), plantain (80g) and tomato salad (80g)

Poached salmon steak (100g) with mashed potato (200g), spinach (80g) and grilled tomato (40g)

Salmon risotto (300g) with salad (80g)

Sardine curry (220g), rice (200g), tomato and long bean curry (100g) and chapatti (40g)

Smoked mackerel (100g), jacket potato (200g), low-fat soft cheese and chives (20g) and grilled tomato (80g)

Tuna fish cakes (120g) with potato wedges (150g) and lower-salt and low-sugar baked beans (100g)

Tuna pasta (300g) with lettuce and cucumber salad (80g) and wholemeal bread (40g)

CHICKEN AND TURKEY

African chicken stew (200g), cassava (200g) and green salad (80g)

Caribbean chicken (300g) with roti (50g) and mixed salad (80g)

Chicken and pasta bake (350g) with salad (80g)

Chicken and vegetable stir-fry (250g) with egg noodles (100g)

Chicken, bean and vegetable salad (250g)

Chicken bhuna (200g), rice (200g), spinach (80g) and chapatti (40g)

Chicken biryani (400g) with chapatti (50g) and tomato salad (80g)

Chicken in tomato sauce (150g), new potatoes (180g) and courgettes (80g)

Recipes for many of these dishes are provided on the CD-ROM at the back of these training materials.

Jerk chicken (130g), rice and peas (200g) and callaloo (80g)

Poached chicken (100g), canned chopped tomatoes (80g), broccoli (80g) and crusty bread (60g)

Poached chicken (100g), new potatoes (180g) and courgettes (80g)

Poached chicken (100g), peas (80g), sliced tomato (80g) and a roll (60g)

Roast chicken in gravy (120g), stuffing (30g), roast potatoes (150g), carrots (80g) and broccoli (80g)

Sliced chicken (80g), jacket potato (200g), low-fat soft cheese with chives (20g), carrot mash (80g) and watercress (10g)

Sliced chicken (80g), jacket potato (200g), polyunsaturated spread (10g) and salad (80g)

Sliced turkey (80g), bubble and squeak (200g) and lower-salt and low-sugar baked beans (80g)

Spicy chicken strips (80g) with fajitas (50g), salsa (30g), sliced pepper (40g) and salad (80g)

Turkey and vegetable curry (200g) with rice (200g)

Turkey meatloaf (120g) with mashed potato (200g) and lower-salt and low-sugar baked beans (100g)

BEEF

Beef and banana curry (350g) with rice (200g) and okra (80g)

Beef and bean stew (250g), roti (80g) and tomato salad (80g)

Beef and bean stew (200g), yam (150g), sweet potato (80g) and plantain (80g)

Beef and vegetable stir-fry (250g) with noodles (100g)

Beef curry (200g), rice (200g), spinach (80g) and raita (50g)

Beef steak (100g), bubble and squeak (200g) and peas (80g)

Beef steak (100g), new potatoes (180g), sweetcorn (80g) and grilled tomato (40g)

Beef stew (300g) with callaloo (80g) and rice (200g)

Chilli con carne (200g) with jacket potato (200g) and spinach (80g)

Chilli con carne (200g) with rice (200g) and salad (80g)

Corned beef hash (300g) with diced mixed vegetables (80g) and French bread (65g)

Cottage pie (330g) with broccoli (80g)

Cottage pie (330g) with canned tomatoes (150g)

Lasagne (400g) and crunchy salad (135g) with crusty bread (50g)

Pasta (200g) with Bolognese sauce (150g), and peas (80g)

Savoury mince (200g) with potato wedges (150g) and green salad (80g)

Spaghetti (200g) with Bolognese sauce (150g) and mixed salad (80g)

Spicy meatballs with dipping sauce (100g), vegetable kebab (100g) and new potatoes (150g)

Steak strips (100g), bubble and squeak (200g) and grilled tomato (80g)

Steak strips (100g), new potatoes (180g), cabbage (80g) and grilled tomato (40g)

LAMB

Home-made lamb burgers (150g), salsa (30g), mashed potato (200g) and peas (80g)

Lamb and spinach curry (150g), rice (200g), tomato and long bean curry (150g) and chapatti (40g)

Lamb curry (200g), cassava (200g) and salad (80g)

Lamb keema (200g) and vegetable curry (150g) with rice (200g)

Lamb stew (150g), rice and gunga peas (200g) and plantain (80g)

Shepherd's pie (330g) and frozen mixed vegetables (100g)

PORK

Pork steak (100g), apple sauce (30g), mashed potato (200g), peas (80g) and cherry tomatoes (40g)

Pork steak (100g), apple sauce (30g), new potatoes (180g) and Brussels sprouts (80g)

Pork steak (100g), new potatoes (180g), sweetcorn (80g) and sliced tomatoes (80g)

Sausage, bean and sweet potato stew (400g)

Sausage, liver and vegetable casserole (150g) with mashed potato (200g)

VEGETARIAN MAIN MEALS

Cauliflower cheese (300g) with tomato salad (100g) and jacket potato (200g)

Channa aloo (300g) with rice (200g) and chapatti (50g)

Chick pea curry (200g), rice (200g), spinach curry (150g) and chapatti (40g)

Couscous (200g) with spicy vegetable and chick pea sauce (200g)

Dahl (150g) with vegetable curry (150g) and rice (200g)

Fried yam cakes (130g) with rice and peas (200g) and plantain (80g)

Lentil curry (200g) with rice (200g)

Macaroni cheese (250g) with frozen mixed vegetables (80g)

Mixed bean casserole (250g) with new potatoes (180g) and courgettes (80g)

Mushroom and butter bean risotto (400g) with tomato salad (80g)

Nut roast (140g) with roast potatoes (150g), cabbage (80g), swede (80g) and vegetarian gravy (80g)

Omelette (120g) with oven chips (150g), peas (80g) and grilled tomato (40g)

Pasta (200g) with spicy tomato sauce (200g), low-fat hard cheese (20g) and peas (80g)

Spaghetti (200g) with spicy tomato sauce (200g), low-fat hard cheese (20g) and salad (80g)

Sweetcorn and pasta bake (350g) with broccoli (80g)

Three-bean hot pot (400g) with crusty bread (65g)

Vegeburger (100g), jacket potato (200g), salsa (30g) and carrot salad (80g)

Vegetable and chick pea curry (300g) with aubergine (80g), rice (200g) and naan bread (80g)

Vegetable and tofu stir-fry (200g) with egg noodles (100g)

Vegetable bake (400g) with crusty bread (50g) and tomato salad (80g)

Vegetable curry (200g), rice (200g) and chapatti (40g)

Vegetable risotto with Quorn (350g) and salad (80g)

Desserts

Low-fat yoghurt and fruit can be offered as dessert. Some other ideas are given below.

Apple crumble (200g)

Baked apple (200g) with custard (80g)

Baked banana (100g) with natural yoghurt (50g)

Baked egg custard (100g)

Fresh fruit salad (150g)

Fruit (80g) and custard (80g)

Mango fool (150g)

Pineapple crunch (150g)

Poached pears (100g)

Rhubarb fool (150g)

Rice pudding (150g) with dried fruit (40g)

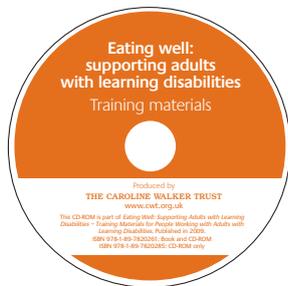
Rice pudding (150g) with fresh or canned fruit (80g)

Stewed dried fruit (150g)

Tropical fruit salad (150g)

Tropical granola (120g)

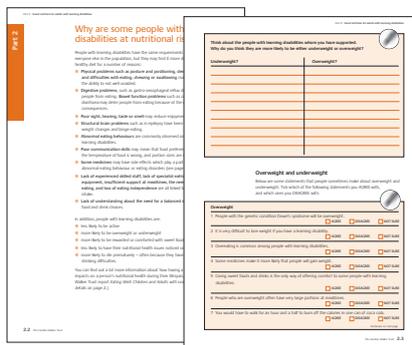
For ideas for finger food main meals, see page 6.15.



CD-ROM

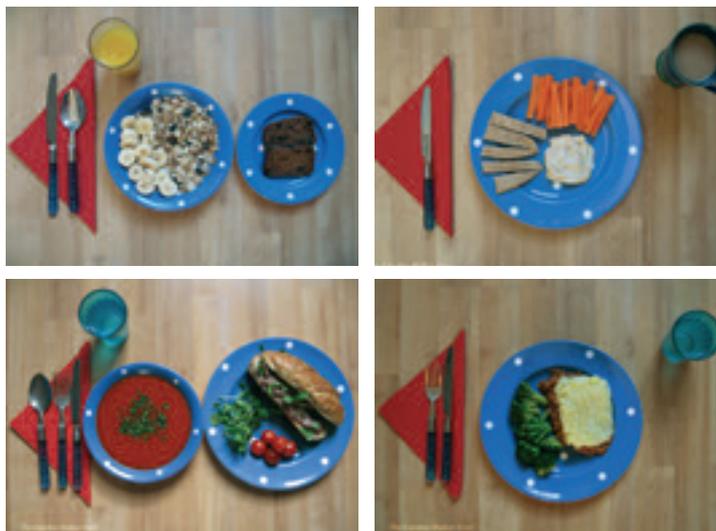
The CD-ROM at the back of these training materials contains the following items.

- **A PDF of these training materials**



- **FOOD PHOTOS**

Over 200 photos of sample meals and snacks, and of portions of fruits and vegetables.



- **RECIPES**

The CD-ROM also contains recipes for many of the dishes mentioned on pages 6.19-6.28. A list of the recipes is given on the next page.

<p>Tomato soup</p> <p>Ingredients</p> <ul style="list-style-type: none"> 1 large onion 2 cloves garlic 2 large cans (420g) chopped tomatoes 2 bay leaves 500ml water 50g tomato purée 1 teaspoon low-salt bouillon powder 2 tablespoons chopped parsley <p>Method</p> <ol style="list-style-type: none"> 1. Peel and finely dice the onion and garlic. 2. Place the onion, garlic, tomatoes, bay leaves, water, and tomato purée in a large saucepan, and bring to the boil. 3. Simmer for 30-40 minutes until the tomatoes are soft and thickened. 4. Remove the pan from the heat and add the bouillon powder and parsley. 5. Using a hand held liquidizer, puree the soup until smooth. 6. Return to the heat to warm through. 	<p>Fish pie</p> <p>Ingredients</p> <ul style="list-style-type: none"> 400g white fish (Look for fish from sustainable sources) 200ml semi-skimmed milk 450g potatoes 1 tablespoon polyunsaturated spread 2 tablespoons flour 2 tablespoons black pepper 1/2 teaspoon salt 1 tablespoon chopped parsley <p>Method</p> <ol style="list-style-type: none"> 1. Place the fish in a saucepan with the milk and bring to the boil until the fish is cooked. 2. Remove the fish to a plate with a slotted spoon and keep warm. Add the milk to the saucepan and bring to the boil. 3. Flake the fish, taking care to remove all the bones. 4. Peel the potatoes, dice and boil until tender. 5. Mash the potato until smooth (using a little semi-skimmed milk if necessary). 6. Melt the polyunsaturated spread in a saucepan. When melted, take off the heat and stir in the flour. Carefully add the milk a little at a time to make a smooth sauce. Return to the heat and thicken. 7. Add the flaked fish, pepper, salt and chopped parsley to the white sauce. 8. Place the fish mixture in a heatproof bowl. 9. Top with the mashed potato and place under the grill to heat through and brown the top. 	<p>Lentil curry</p> <p>Ingredients</p> <ul style="list-style-type: none"> 2 medium onions 1 clove garlic 2 medium carrots 150g red lentils 1 tablespoon curry powder 1 teaspoon low-salt bouillon powder 450ml water <p>Method</p> <ol style="list-style-type: none"> 1. Peel and finely chop the onion and garlic. 2. Peel the carrots and chop into cubes. 3. Place all the ingredients in a large saucepan and bring to the boil. 4. Simmer for about 40 minutes until the lentils and vegetables are soft.
--	---	--

Recipes on the CD-ROM

VEGETABLE SOUPS

Creamy vegetable and potato soup
Tomato soup
Vegetable soup with lentils

FISH

Baked fish in tomato sauce
Coconut fish curry
Fish pie
Kedgeree
Mackerel fish cakes
Salmon risotto
Sardine curry
Tuna fish cakes
Tuna pasta

CHICKEN AND TURKEY

Caribbean chicken
Chicken and pasta bake
Chicken and vegetable stir-fry
Chicken bhuna
Chicken biryani
Poached chicken
Roast sliced chicken or turkey with gravy
Spicy chicken strips
Turkey and vegetable curry
Turkey meatloaf

BEEF, LAMB AND PORK

Beef and banana curry
Beef and bean stew
Beef curry
Beef stew
Bolognese sauce
Chilli con carne
Corned beef hash
Cottage pie or shepherd's pie
Lamb burgers
Lamb keema
Lasagne
Sausage, bean and sweet potato stew
Savoury mince with vegetables
Spicy meatballs with dipping sauce

VEGETARIAN MAIN DISHES

Cauliflower cheese
Channa aloo
Couscous with spicy vegetable and chick pea sauce
Fried yam cakes
Lentil curry
Macaroni cheese
Mixed bean casserole
Mushroom and butter bean risotto
Nut roast
Omelette
Savoury rice bake
Spaghetti with spicy tomato sauce
Sweetcorn and pasta bake
Three-bean hot pot
Vegeburgers
Vegetable and chick pea curry
Vegetable and tofu stir-fry
Vegetable bake
Vegetable biryani
Vegetable pilau
Vegetable risotto with Quorn
See also *Mixed bean salad*, in the *Vegetables, salads and other side dishes* section.

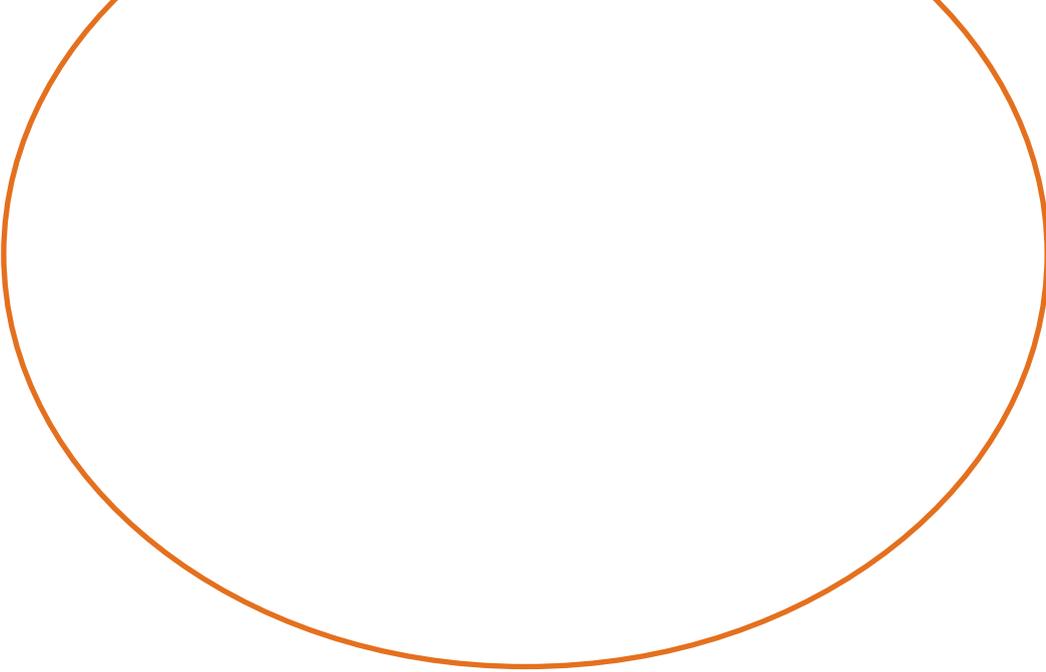
VEGETABLES, SALADS AND OTHER SIDE DISHES

African dumplings
Bubble and squeak
Carrot salad
Chick pea curry
Couscous salad
Crunchy salad
Curried courgette
Dahl
Flat bread
Green salad
Mint and cucumber raita
Mixed bean salad
Potato wedges
Rice and peas
Roasted vegetables
Sage and onion stuffing
Spinach curry

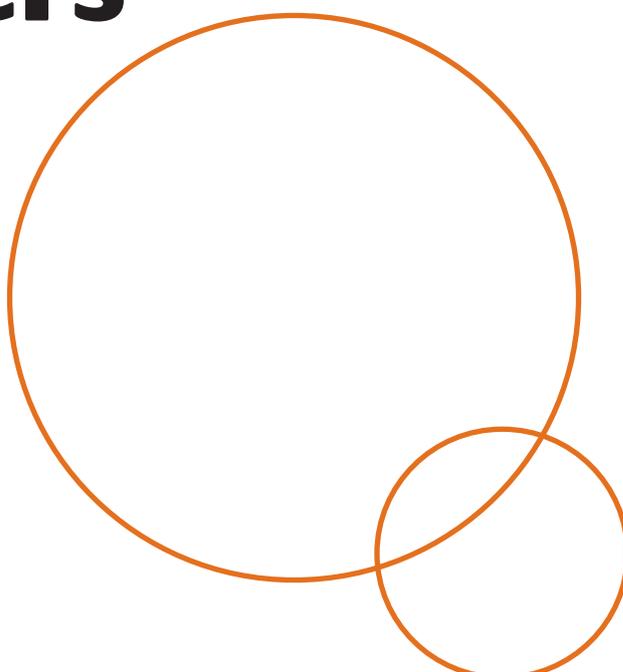
Tomato salad
Vegetable curry
Vegetable kebab
See also *Cauliflower cheese*, in the *Vegetarian main dishes* section.

CAKES AND DESSERTS

Apple and cranberry muffins
Apple crumble
Apricot nut squares
Baked apple
Baked bananas
Baked egg custard
Banana and oat gingerbread
Banana bread
Bread pudding
Carrot cake
Date bars
Fresh fruit salad
Fruit rock buns
Ginger cake
Mango fool
Muesli bar
Orange and honey tea bread
Pineapple crunch
Poached pears
Rhubarb fool
Rice pudding with sultanas
Stewed dried fruit
Sticky prune cake
Sunflower sultana scones
Tropical fruit salad
Tropical granola



Additional ideas for trainers



We recommend that training in the area of eating well is undertaken by either a registered dietitian or a registered public health nutritionist. It is important that trainers are able to explain any of the wider issues about nutrition and health that may come up during the training. See page 8.3 to find out how to access these health professionals. For details of people who are willing to do training in this area across the UK, see the Caroline Walker Trust website www.cwt.org.uk

For general advice on eating well in the UK, see www.eatwell.gov.uk

Most trainers will have ideas of how they can explain concepts about food and health and make sure that those they are supporting through their learning are involved in the experience. In this section we offer some ideas that trainers might use when explaining some of the concepts in these training materials.

Understanding about body shape and size

It is useful to have some height and weight conversion charts, and some BMI tables or charts which you can use to talk about the points at which individuals become underweight or overweight. Colour-shaded charts are particularly useful.

Colour-coded tape measures which simply show waist measurements which might indicate health problems are also useful. You may be able to access this type of tape measure through your local health promotion unit or community dietitian, or you can make your own using a regular tape measure and adding coloured tape to mark the cut-off points indicated on page 2.6.

You might also want to collect pictures of people of different body shapes to use in your discussions.

You will find some resources relating to understanding body shapes on www.eatwell.gov.uk.

Understanding about food and ingredients

Trainers will find it very useful to have a collection of food packets and drinks bottles that they can use to demonstrate some of the issues in these training materials.

When talking about sugars, salt or fats in food, it is useful to give each person at the training a food packet to look at with an *Ingredients* list and *Nutrition information* panel.

Explain how to find information about ingredients on food packets and that the order in which the ingredients are listed indicates the amount present. Explain the different names used for sugars in food (see page 1.12) and the relationship between sodium and salt (see page 1.15).

Explain how to interpret the *Nutrition information* panel, and concepts such as 'per portion' and 'per 100g' or 'per 100ml'.

It is also useful to collect packets that have different types of nutritional front-of-pack labelling: traffic-light labels or GDA-type labels (see page 1.12).

When talking about drinks and teeth, it is useful to have a range of drinks (including bottled water and milk) which represent the wide range of drinks

available – particularly those labelled ‘no added sugar’, diet drinks, fresh juices or flavoured waters that may not be obviously linked to tooth decay or tooth erosion. Lay out all the drinks and ask people to choose those that they feel are safe for the teeth.

Explaining about activity

It is useful to get people to reflect on the amount of activity they typically fit into their day. You could collect pictures of different types of activity and get people to think about the different activities that could be encouraged.

Using case studies

It is useful to have case studies that you can use to discuss some of the issues that the training has addressed. Some sample case studies that could be used are given on pages 7.4–7.13. You will be able to come up with your own case studies from your own experience and it is useful to encourage group work around these issues when you have covered them as part of the training.

Resources

The *Resources* section gives details of a variety of resources you can use to help people with learning disabilities understand more about eating well, as well as resources for support workers.

CASE STUDY 1

Jane Brown

Jane Brown is 45 years old and has a learning disability. She is able to move around and live independently, and with support cooks and shops for herself.

Jane recently had a bout of tonsillitis that meant she spent some time in bed and was eating mostly soup and scrambled egg. Since she recovered, her appetite has not been good and she has been increasingly grumpy and refusing foods and drinks offered to her. Her support worker thinks Jane is constipated, as she gets very agitated about being near the bathroom and is spending longer and longer in there when she visits. Jane has also been quite fidgety and has started to complain of a pain in her tummy.

What could you do to help Jane overcome her constipation?

CASE STUDY 1

Jane Brown

NOTES

- Explain to Jane the links between food, fluid, activity and the importance of making sure your food waste passes through the body effectively. This will help her understand that avoiding eating and drinking does not mean that her constipation will go away.
- Make sure Jane has about 1.5 litres of fluid a day (about 7-8 cups or glasses). Encourage others to sit down and have a drink with her when they can, to make this a sociable activity.
- Encourage her to do as much activity as possible – for example, three 10-minute walks each day. This will improve her appetite and help with her constipation.
- Encourage Jane to have some more fibre in her diet, starting with having more fruit and vegetables. If Jane enjoys soup, make sure this is home-made and nutritious and contains lots of vegetables or pulses. For other good sources of fibre, see page 9.4.
- Show Jane how to cook some easy meals that have high-fibre ingredients. For example, dishes that include beans, peas or lentils. (See the meal ideas on page 6.20, and the recipes on the accompanying CD-ROM.) Involve Jane in cooking and meal planning as much as possible.
- Give her some ideas for high-fibre snacks, including fruit and vegetables – for example, cakes that contain some dried fruit.
- If you are at all concerned that Jane's constipation is putting her health at risk, support her to visit her GP.

CASE STUDY 2

Roy Patel

Roy Patel is 37 years old and has learning disabilities and is also overweight, with a body mass index (BMI) of 32. He has been a smoker until recently and has gained weight rapidly since stopping smoking. He compensates for not smoking by eating more at meals when he would previously have left the table to go outside and smoke, and by wanting more snacks and drinks between meals. Roy has also been diagnosed as having high blood sugar levels and is likely to need medication to control his mild diabetes unless he can change his diet and lifestyle.

What could you do to help Roy control his blood sugar levels and to help him control his weight?

CASE STUDY 2

Roy Patel

NOTES

- Make sure Roy is congratulated about giving up smoking, knows that he will now be a lot healthier – and richer! – as he gets older, and is supported to stay a non-smoker.
- If Roy is replacing cigarettes with food and drinks, work with him to keep a record of what he is eating and drinking. Discuss the possibility of replacing snacks with fruit snacks. Having cut-up fruit and vegetables around during the day that he can pick at may help.
- Suggest to Roy that, once he has eaten his main meal, any leftovers are taken off the table and he moves on to an activity.
- Explain to Roy that his extra weight, and not being active enough, are probably contributing to his higher blood sugar levels. Encourage him to try and keep his blood sugar at a normal level by doing at least 30 minutes of moderate-intensity activity every day (for example, as a minimum taking a brisk 10-minute walk after each meal) and by cutting out sweet snacks and drinks between meals.
- Think about setting a realistic weight target for Roy that is achievable and that he agrees to work towards. For example, aim for a BMI of 30 in the first instance.
- Encourage Roy to think about other activities and sports he might like to try or get involved in over the next year, and find out where these might be available. Talk to other people in your area about group activities that Roy might find it fun to join in with.
- For more information on good food choices for people with diabetes, see the *Resources* section in this book.

CASE STUDY 3

Flo Weaver

Flo Weaver is 54 years old. She has Down's syndrome and is being assessed for early onset dementia. Flo lives in a residential unit and until recently was quite able and active. However, she has recently lost interest in doing very much and has a very small appetite. Always a fussy eater, Flo is only interested in sweet foods these days and has taken to avoiding main courses and taking both her and other people's puddings at mealtimes. Flo's weight is not changing, she struggles to get dressed and complains of being tired even after a good night's sleep. She has also been quite weepy and sad at times – which is out of character for her.

What might be the cause of Flo's tiredness and mild depression, and how could you help to support her through this?

CASE STUDY 3

Flo Weaver

NOTES

- Consider whether Flo might be anaemic if she has been eating little and avoiding main courses. Make sure you include good sources of iron in her diet and support her to ask her GP for a blood test.
- Offer frequent snacks and small meals rather than large main meals, and make sure that snacks are nutritious. (See the list of healthy snacks on page 3.8.)
- Think of ways of preventing Flo from taking other people's puddings – for example, having a carer sit between Flo and other people.
- If Flo only seems to enjoy sweet foods, make sure that her nutritious main courses and snacks are also sweetened. For example, offer apple sauce with cooked meat dishes, add dried apricots and raisins to stews, or offer honey and peanut butter on wholemeal toast.
- Encourage physical activity – for example, walking or chair-based exercises – which will increase Flo's appetite.
- Support her to ask her GP to do a medication review to find out if any medicines are impacting on her appetite and tastes.
- Make sure Flo is given an opportunity to do the activities she enjoys and that she is included in food preparation and meal planning if possible.

CASE STUDY 4

Errol Brown

Errol Brown is a 28 year old man with learning disabilities. Two weeks ago, his leg was broken in two places in a car accident and he has spent two weeks in hospital on a men's acute ward. Errol has had few visitors in hospital and has found his accident very traumatic. He is about to be discharged from hospital. He is nervous about going back to his supported living accommodation as it means he has to change temporarily to a ground floor room. Errol will be in plaster for several weeks. At the moment he can manage to move around using crutches, and with some help.

What things would you think about in terms of Errol's food and drink needs when he returns?

CASE STUDY 4

Errol Brown

NOTES

- As Errol has recently had an operation, it is important that he has a nutrient-dense diet, to ensure he gets all the nutrients he needs to make a good recovery. Make sure he has meals and snacks which contain good sources of vitamin C, protein, zinc and iron. (See page 9.1.)
- After a period in hospital, Errol may really enjoy a return to the food and drinks he enjoys, so take time to find out what he would like, to make sure you tempt his appetite.
- As he will be immobile, he is at greater risk of constipation, so make sure that he has plenty of fluid (1.5 litres a day – about 7 to 8 cups or glasses), includes lots of fruits and vegetables and other sources of fibre in his diet (see page 9.4), and is as active as he is able to be.
- If Errol is immobile and eats lots of snacks in addition to his meals, or has lots of sweet drinks, he might have too many calories and gain weight. Make sure that he is supported to eat and drink regularly but that the food is nutritious. If Errol is bored between meals, work with him to think of activities he would enjoy which will keep him engaged.
- Errol may feel more isolated if he is immobile, so if possible encourage him to eat with other people and involve him in as many activities as possible, including those around food preparation which he can manage.
- Make sure Errol has easy access to drinks all day and has water by his bed at night so that his immobility does not lead to him becoming dehydrated.
- Make sure that, once Errol is free of plaster, he is encouraged to be as active as he can be. Seek advice from the medical team and his physiotherapist.

CASE STUDY 5

Reginald Wong

Reg is 71 years old and has moderate learning disabilities as well as epilepsy. Reg lived with his parents until three years ago when his elderly mother was no longer able to look after him, and he now lives in a small residential unit in South London. Reg has never been given much independence around food and drink choices and since arriving in residential care he has slowly lost weight and become more silent and listless. He spends most of the day in the sitting room watching television or sitting in the garden if the weather is fine. Reg has been leaving food at meals over the past few weeks, is reluctant to drink fruit juice or eat fresh fruit or salads, and one of the carers recently commented that he 'doesn't seem to smile much any more'.

Why might Reg appear to be dwindling, and what could you do to encourage Reg to eat more and be more active?

CASE STUDY 5

Reginald Wong

NOTES

- It is important to keep good records of how much weight Reg is losing and to find out how much weight he has lost and over what period. Undernutrition is related to a whole range of health disorders and it is important to investigate the cause. Make sure everyone who supports Reg communicates well about what he has eaten, and not eaten, each day so that he does not 'slip through the net' in terms of having inadequate food and drink each day.
- Reg may have a small appetite because he has lost interest in food and that might be related to depression. Make sure Reg has the chance to talk to someone about how he is feeling and support him to visit his GP.
- Reg may have a small appetite because he is so inactive. Talk to him about how he can do more activity each day and the sorts of activities he would like to take part in, and see if this can be facilitated. There may be older people's groups or lunch clubs he can join where activities are offered or he may enjoy accompanied walks in parks nearby.
- Make sure Reg has plenty of fluids every day (see page 3.3).
- If Reg enjoys the garden, encourage him to get involved in garden activities such as feeding the birds, growing plants and flowers or keeping borders weed-free. Make sure Reg spends time outside with some of his skin exposed in the summer months (but make sure his skin does not burn).
- If Reg appears reluctant to eat acidic foods and drinks (such as fruit juice), appears less willing to open his mouth or to smile, this may be because he has pain in his mouth, gums or teeth. Make sure Reg has the opportunity to visit a dentist, that he is enabled to care for his teeth and mouth, and is encouraged to communicate any pain he may be experiencing. If he is avoiding fruit juice and fruit, make sure he has plenty of other good sources of vitamin C in his diet (see page 9.3).
- Encourage Reg to think about foods and drinks he might like to choose. Look at food photographs or cookery books with him and encourage him to become more engaged with shopping, preparing and cooking food.
- If Reg takes medication, consider that side effects of the medication may be putting him off food and making him tired. Support him to ask his GP to do a drugs review, and make sure that food is offered at times when Reg is most alert and interested in food.

Resources

Organisations

There are many organisations which offer help and support related to specific learning disabilities and we are unable to list them all here. General information and advice on all learning disability issues, on specific learning disabilities and on local organisations can be obtained from Mencap (see contact details on page 8.2).

Age Concern and Help the Aged

These organisations are merging in 2009 and can be contacted at:
Astral House
1268 London Road
London SW16 4ER
Helpline: 0800 00 99 66
www.ageconcern.org.uk

Allergy UK

3 White Oak Square
London Road
Swanley
Kent BR8 7AG
T: 01322 619898
E: info@allergyuk.org
www.allergyuk.org

Alzheimer's Society

Devon House
58 St Katherine's Way
London E1W 1JX
Helpline: 0845 300 0336
E: enquiries@alzheimers.org.uk
www.alzheimers.org.uk

Alzheimer Scotland

22 Drumsheugh Gardens
Edinburgh EH3 7RN
Helpline (freephone): 0808 808 3000
E: alzheimers@alzscot.org
www.alzscot.org

Association for Real Change (ARC)

ARC House
Marsden Street
Chesterfield
Derbyshire S40 1JY
T: 01246 555043
E: contact.us@arcuk.org.uk
www.arcuk.org.uk

ARC Cymru

Unit 3A
Mentec
Deiniol Road
Bangor LL57 2UP
T: 01248 361990
E: arc.cymru@arcuk.org.uk

ARC Northern Ireland
43 Marsden Gardens
Cavehill
Belfast BT15 5AL
T: 028 9022 9020
E: arc.ni@arcuk.org.uk

ARC Scotland

Unit 13
Hardengreen Business Centre
Eskbank
Dalkeith
Midlothian EH22 3NX
T: 0131 663 4444
E: arc.scotland@arcuk.org.uk

Asthma UK

Summit House
70 Wilson Street
London EC2A 2DB
T: 020 7786 4900
E: info@asthma.org.uk
Helpline: 0845 701 0203
www.asthma.org.uk

Contact details for Asthma UK Cymru, Asthma UK Northern Ireland and Asthma UK Scotland can also be found on this website.

British Dietetic Association

5th Floor
Charles House
148-149 Great Charles Street
Queensway
Birmingham B3 3HT
T: 0121 200 8080
E: info@bda.uk.com
www.bda.uk.com

British Institute for Learning Disability (BILD)

Campion House
Green Street
Kidderminster
Worcestershire DY10 1JL
T: 01562 723 010
E: enquiries@bild.org.uk
www.bild.org.uk

British Society for Disability and Oral Health

www.bsdh.org.uk

Care Quality Commission

St Nicholas Building
St Nicholas Street
Newcastle upon Tyne NE1 1NB
T: 03000 616161
E: enquiries@cqc.org.uk
www.cqc.org.uk

Carers UK

20 Great Dover Street
London SE1 4LX
T: 020 7378 4999
E: info@carerscotland.org
www.carersuk.org

Contact details for Carers UK in

Northern Ireland, Scotland and Wales can also be found on this website.

Change

Units 19/20
Unity Business Centre
26 Roundhay Road
Leeds LS7 1AB
T: 0113 243 0202
E: info@change-people.co.uk
www.changepeople.co.uk

Chartered Institute of Environmental Health

Chadwick Court
15 Hatfields
London SE1 8DJ
T: 020 7928 6006
E: info@cieh.org
www.cieh.org

Coeliac UK

3rd Floor
Apollo Centre
Desborough Road
High Wycombe
Buckinghamshire HP11 2QW
T: 01494 437 278
www.coeliac.org.uk

College of Occupational Therapists

106-114 Borough High Street
London SE11 1LB
T: 020 7357 6480
www.cot.org.uk

Community Practitioners' and Health Visitors' Association (CPHVA)

33-37 Moreland Street
London EC1V 8HA
T: 020 7505 3000
E: infocphva@amicustheunion.org
www.amicus-cphva.org

Department of Health

Customer Service Centre
Richmond House
79 Whitehall
London SW1A 2NS
T: 020 7210 4850

DH Publications Orderline:

PO Box 777
London SE1 6XH
T: 0300 123 1002
E: dh@prolog.uk.com
www.dh.gov.uk

Diabetes UK

Macleod House
10 Parkway
London NW1 7AA
T: 020 7424 1000
Careline: 0845 120 2960
E: info@diabetes.org.uk
www.diabetes.org.uk

Dietitians Unlimited

E: admin@dietitiansunlimited.co.uk
www.dietitiansunlimited.co.uk

Equality and Human Rights Commission

3 More London
Riverside Tooley Street
London SE1 2RG
T: 020 3117 0235

Helplines:

England 0845 604 6610
Scotland 0845 604 5510
Wales 0845 604 8810
E: info@equalityhumanrights.com
www.equalityhumanrights.com

Down's Syndrome Association

Langdon Down Centre
2a Langdon Park
Teddington TW11 9PS
T: 0845 230 0372
E: info@downs-syndrome.org.uk
www.downs-syndrome.org.uk

Down's Syndrome Scotland

158/160 Balgreen Road
Edinburgh EH11 3AU
T: 0131 313 4225
E: info@dsscotland.org.uk
www.dsscotland.org.uk

The Elfrida Society

34 Islington Park Street
London N1 1PX
T: 020 7359 7443
E: elfrida@elfrida.com
www.elfrida.com

Enable

2nd Floor
146 Argyle Street
Glasgow G2 8BL
T: 0141 226 4541
E: enable@enable.org.uk
http://www.enable.org.uk/cont
act.php

FAIR (Family Advice and Information Resource)

95 Causewayside
Edinburgh EH9 1QG
T: 0131 622 1962
E: fair@fairadvice.org.uk
http://www.fairadvice.org.uk/

Foetal Alcohol Syndrome Aware UK

T: 01942 223 780
E: fasawareuk@blueyonder.co.uk
www.fasaware.co.uk

The Food Commission

94 White Lion Street
London N1 9PF
T: 020 7837 2250
E: enquiries@foodcomm.org.uk
www.foodcomm.org.uk

Food Standards Agency

UK Headquarters
Aviation House
125 Kingsway
London WC2B 6NH
T: 020 7276 8829
www.food.gov.uk
www.eatwell.gov.uk

Foundation for People with Learning Disabilities

London office
9th Floor
Sea Containers House
20 Upper Ground
London SE1 9QB
T: 020 7803 1100
E: fpld@fpld.org.uk
www.learningdisabilities.org.uk

Headway

7 King Edward Court Service
King Edward Street
Nottingham NG1 1EW
Helpline: 0808 800 2244
www.headway.org.uk

Health Challenge Wales

c/o Welsh Assembly
Government
Cathays Park
Cardiff CF10 3NQ
T: 02920 825793
http://new.wales.gov.uk

Healthcare Commission

Finsbury Tower
103-105 Bunhill Row
London EC1Y 8TG
T: 020 7448 9200
E: feedback@healthcare
commission.org.uk
www.healthcarecommission.org.uk

Health Promotion Agency

Northern Ireland
18 Ormeau Avenue
Belfast BT2 8HS
T: 028 9031 1611
E: info@hpani.org.uk
www.healthpromotionagency.org.uk

Hospital Caterers Association

E: hca@lansdownepublishing.co.uk
www.hospitalcaterers.org

Look Up

SeeAbility House
Hook Road
Epsom
Surrey KT19 8SQ
T: 0800 121 8900
E: info@lookupinfo.org
www.lookupinfo.org

Mencap

123 Golden Lane
London EC1Y 0RT
T: 020 7454 0454
Helpline: 0808 808 1111
E: information@mencap.org.uk
www.mencap.org.uk

Mencap Northern Ireland and Mencap Wales can be contacted via this website.

Mental Health Foundation

London office
9th Floor
Sea Containers House
20 Upper Ground
London SE1 9QB
T: 020 7803 1101
E: mhfm@mhf.org.uk
www.mentalhealth.org.uk

Scotland office

Merchant House
30 George Square
Glasgow G2 1EG
T: 0141 572 0125
E: scotland@mhf.org.uk

MIND

15-19 Broadway
London E15 4BQ
T: 020 8519 2122
Mind info line: 0845 766 0163
E: contact@mind.org.uk
www.mind.org.uk

National Association of Care Catering

Meadow Court
Faygate Lane
Faygate
West Sussex RH12 4SJ
T: 08707 480 180
E: info@thenacc.co.uk
www.thenacc.co.uk

National Autistic Society

393 City Road
London EC1V 1NG
T: 020 783 2299
Helpline: 0845 070 4004
E: nas@nas.org.uk
www.nas.org.uk

Contact details for NAS Cymru, NAS Northern Ireland and NAS Scotland are available from this website.

National Family Carer Network

Merchants House
Wapping Road
Bristol BS1 4RW
T: 0117 930 2608
E: info@familycarers.org.uk
www.familycarers.org.uk

National Heart Forum

Tavistock House South
Tavistock Square
London WC1H 9LG
T: 020 7383 7638
www.heartforum.org.uk

National Institute for Health and Clinical Excellence (NICE)

MidCity Place
71 High Holborn
London WC1V 6NA
T: 0845 003 7780
E: nice@nice.org.uk
www.nice.org.uk

The National Society for Epilepsy

Chesham Lane
Chalfont St Peter
Bucks SL9 0RJ
T: 01494 601 300
Helpline: 01481 601 400
www.epilepsynse.org.uk

NHS Direct

T: 0845 4647
www.nhsdirect.nhs.uk

NHS Health Scotland

Woodburn House
Canaan Lane
Edinburgh EH10 4SG
T: 0131 536 5500
E: general_enquiries@health.scot.nhs.uk
www.healthscotland.com

Nutrition Society

10 Cambridge Court
210 Shepherd's Bush Road
London W6 7NJ
T: 020 7602 0228
E: office@nutsoc.org.uk
www.nutritionssociety.org

PAMIS

Springfield House
15/16 Springfield
University of Dundee
Dundee DD1 4JE
T: 01382 385 154
E: pamis@dundee.ac.uk
www.dundee.ac.uk/pamis

The Relatives and Residents Association

24 The Ivories
6-18 Northampton Street
London N1 2HY
Helpline: 020 7359 8136
E: info@relres.org
www.relres.org

ResCare

Steven Jackson House
31 Buxton Road
Heaviley
Stockport SK2 6LS
T: 0161 474 7323
Helpline: 0161 477 1640
E: office@rescare.org.uk
www.rescare.org.uk

Royal College of Nursing (RCN)

20 Cavendish Square
London W1G 0RN
T: 020 7409 3333
www.rcn.org.uk

Royal College of Paediatrics and Child Health

5-11 Theobalds Road
London WC1X 8SH
T: 020 7092 6000
www.rcpch.ac.uk

Royal College of Psychiatrists

17 Belgrave Square
London SW1X 8PG
T: 020 7235 2351
www.rcpsych.ac.uk

Royal College of Speech and Language Therapists

2 White Hart Yard
London SE1 1NX
T: 020 7378 1200
E: info@rcslt.org
www.rcslt.org

The Royal Society for Public Health

3rd Floor
Market Towers
1 Nine Elms Lane
London SW8 5NQ
T: 020 3177 1600
www.rsph.org.uk

Scope

6 Market Road
London N7 9PW
T: 020 7619 7100
Helpline: 0808 800 3333
E: webmaster@scope.org.uk
www.scope.org.uk

Scottish Consortium for Learning Disability

Room 16
The Adelphi Centre
12 Commercial Road
Glasgow G5 0PQ
T: 0141 418 5420
E: administrator@sclcd.co.uk
www.sclcd.org.uk

Sense

101 Pentonville Road
London N1 9LG
T: 0845 127 0060
Textphone: 0845 127 0062
E: info@sense.org.uk
www.sense.org.uk

Thrive

The Geoffrey Udall Centre
Beech Hill
Reading RG7 2AT
T: 0118 988 5688
www.thrive.org.uk

Turning Point

Standon House
21 Mansell Street
London E1 8AA
T: 020 7481 7600
E: info@turning-point.co.uk
www.turning-point.co.uk

United Response

113-123 Upper Richmond Road
London SW15 2TL
T: 020 8246 5200
E: info@unitedresponse.org.uk
www.unitedresponse.org.uk

Valuing People Support Team website

www.valuingpeople.gov.uk
Regional contact details for the Support Team are available via the website.

Vegan Society

Donald Watson House
21 Hylton Street
Hockley
Birmingham B18 6HJ
T: 0121 523 1730
E: info@vegansociety.com
www.vegansociety.com

Vegetarian Society

Parkdale
Dunham Road
Altrincham
Cheshire WA14 4QQ
T: 0161 925 2000
E: info@vegsoc.org
www.vegsoc.org

Publications and resources

Where to get advice about eating well

For individual advice on eating well, special diets, altering the texture of foods, monitoring nutritional status or any other area relating to diet and health, contact a dietitian through your GP or medical practitioner. (See also the British Dietetic Association website www.bda.uk.com.) Nutrition advice for groups of people should be sought from either a dietitian or a registered public health nutritionist (RPHNutr). Registered public health nutritionists can be accessed via the Nutrition Society at www.nutritionociety.org

Many organisations provide publications and resources related to food and health, and details are available on the websites listed on page 8.1. Contact details for ordering publications are given on pages 8.4-8.6, unless otherwise stated. This section contains a selection of publications and resources on the following topics:

	<i>page</i>
● Eating well: resources for people with learning disabilities	8.4
● Eating well: resources for helping people with learning disabilities make choices	8.4
● Eating well: resources for family, friends, support staff and health professionals	8.4
● Oral health	8.5
● Special diets and conditions	8.5
● Nutritional screening	8.5
● Pregnancy and breastfeeding	8.5
● Resources for parents with learning disabilities	8.5
● Health action planning	8.6
● Diet and mental health	8.6
● The Mental Capacity Act	8.6
● Therapeutic horticulture	8.6
● Catering and menu planning	8.6
● Suppliers of specialist eating and drinking equipment, and thickeners for puréed food	8.6

Eating well: resources for people with learning disabilities

Check your local health promotion department or primary care trust website as they may produce easy-read or accessible versions of leaflets for use in your area. A selection of other useful publications is given below.

Association for Real Change (ARC)

Our Good Health / Ein Iechyd Da: Eat Well

A bilingual easy-to-read booklet on healthy eating for service users and staff.

Take the Health Challenge!

A DVD on healthy eating and exercise featuring and produced for people with learning disabilities. Running time 21 minutes.

Our Good Health

A bilingual CD-ROM, Powerpoint-based production, giving service users with basic computer skills an easy-to-read introduction to the principles of healthy living, with sections on eating well, heart disease, high blood pressure, obesity and exercise.

Contact ARC at www.arcuk.org.uk
T: 01246 555043

Books Beyond Words

Food ... Fun, Healthy and Safe

(2003)
S Hollins and M Flynn
ISBN 1-901242-95-1

Looking after My Heart

(2005)
S Hollins, F Cappuccio and P Adeline
ISBN 1-904671-24-1

Both published by the Royal College of Psychiatrists and St George's, University of London: www.rcpsych.ac.uk

British Institute for Learning Disability (BILD)

BILD publications can be accessed from www.bild.org.uk, or phone BookSource on 08702 402 182. All books priced at £8.

Eating and Drinking

ISBN 1 873791 933

Exercise

ISBN 1 873791 283

Alcohol and Smoking

ISBN 1 873791 240

Look Cook Book

A cook book designed to promote healthy eating for people with learning disabilities. Produced by Groundwork, Oldham and Rochdale.

Available for downloading from:
www.bild.org.uk/pdfs/01news/look_cook.pdf

Down's Syndrome Association

Health – Looking after Yourself Part 1

Accessible health information for adults with Down's syndrome, including a photocopyable personal health record.

Down's Syndrome Scotland

Diet, Weight and Exercise

A workbook to help people to eat healthily, lose weight and be more active.

Available to download from:
www.dsscotland.org.uk/publications/learning-disability/

Easy Health

A website dedicated to easy-to-understand health information from over 40 different organisations. It has booklets, films, information and contact details on many topics including healthy eating, recipe ideas and exercise and most of it is free.
<http://www.easyhealth.org.uk>

The Elfrida Society

Food: Why We Need to Eat What We Need to Eat. Healthy Eating

ISBN 1-901863-00-X. £4.

Available from: www.elfrida.com/publications.htm

FAIR (Family Advice and Information Resource)

Keep Yourself Healthy – A Guide to Having a Healthy Heart

A booklet for people with a learning disability which explains the importance of having a healthy heart.

The Plymouth Projects (2005)

A series of very simple leaflets for people with learning disabilities was developed by Plymouth Learning Disability Services, funded by the Big Lottery. It includes leaflets on:

Healthy Eating

Weight

Smoking and Alcohol

These and a range of other accessible leaflets on health-related issues can be accessed at:

www.salford-pct.nhs.uk/LDAccessibleHealthLeaflets.asp?id=27

Somerset Partnership

Shape Up

A DVD looking at healthy food choices, exercise and self-esteem
<http://www.shapeupthemovie.com/>

Eating well: resources for helping people with learning disabilities make choices

Menu Planning Pack

Surrey and Borders Partnership NHS Trust.

This pack includes a bound, laminated menu book, sheets of laminated food photos, and notes and guidance on how to introduce the pack to service users. Available priced £45 from: Community Learning Disability Service, 11 Church Road, Frimley GU16 7AD. T: 01483 782940.

Talking Mats

Talking Mats and Learning Disability Package

J Murphy and L Cameron
ISBN 1 857 69 215 2. £69.95.

Talking Mats and Alternative Methods of Eating and Drinking

S Boa, L Cameron and J Murphy
ISBN 1 85769 217 9. £69.95.

Both available from www.talkingmats.com

Games and activities

A number of games and activities which encourage healthy eating are available. These may be available through your local health promotion office or primary care trust.

Healthy eating games are also available from educational resource suppliers such as:

TTS Group Ltd

Park Lane Business Park
Kirkby-in-Ashfield
Nottinghamshire NG17 9LE
T: 0800 318 686
E: sales@tts-groups.co.uk
www.tts-group.co.uk

Eating well: resources for family, friends, support staff and health professionals

British Institute for Learning Disability (BILD)

BILD publications can be accessed from www.bild.org.uk, or phone BookSource on 08702 402 182.

Down's Syndrome and Health Care

A book providing practical information for staff, families and carers.

The Caroline Walker Trust

See list of publications on page 2.

Down's Syndrome Association

Diabetes and Down's Syndrome – Notes for Parents and Carers

A booklet discussing the relationship between diabetes and Down's syndrome.

Health – Looking after Yourself Part 2

A set of notes on medical issues, to be used by the carers of adults with Down's syndrome.

Food Standards Agency (FSA)

FSA publications are available from:

PO Box 369

Hayes

Middlesex UB3 1UT

T: 0845 606 0667

F: 020 8867 3225

Minicom (for people with hearing disabilities): 0845 606 0678

E: foodstandards@eclogistics.co.uk

www.food.gov.uk/aboutus/publications

The Balance of Good Health FSA 0008

The Little Book of Salt FSA1133

North East Essex Primary Care Trust

Nutrition by Design: A Reference Manual Offering Nutritional Advice to Carers of People with Learning Disabilities

K Hurst, L Child and SR Feldman

ISBN 0952602504

Food, Fluid and Fibre: A Guide on Constipation Offering Nutritional Advice to Carers of People with Learning Disabilities

K Leech and J MacDonell

ISBN 0952602512

Both available priced at £12 including postage and packing from: North East Essex Primary Care Trust, Heath House, Grange Way, Colchester C02 8GU. T: 01206 747741.

Scope

Mealtimes (Factsheet)

Available from: www.scope.org.uk/information/factsheets

Scottish Nutrition and Diet Resources Initiative

The following resources are for dietitians or health professionals to use with people with learning disabilities.

Are You Constipated?

Healthy Eating and Gentle Exercise

Do You Want to Stay Fat?

Details from www.caledonian.ac.uk/sndri

Oral health

British Institute for Learning Disability (BILD)

BILD publications can be accessed from www.bild.org.uk, or phone BookSource on 08702 402 182.

Looking After Your Teeth

ISBN 1 873791 372

Faculty of Dental Surgery and the British Society for Disability and Oral Health

For guidelines on oral health care for people with learning disabilities from these two organisations, see <http://www.bsdl.org.uk/guidelines.html>

Special diets and conditions

Can't Eat, Won't Eat – Dietary Difficulties and Autistic Spectrum Disorders

B Legge (2002)

Published by Jessica Kingsley.

ISBN 978 1853029745.

Diabetes and Down's Syndrome – Notes for Parents and Carers

Published by Down's Syndrome Association.

A booklet discussing the relationship between diabetes and Down's syndrome.

Eating Well for Older People with Dementia

Published by VOICES (1998).

Out of print but available as a free pdf from www.cwt.org.uk

Food, Drink and Dementia. How to Help People with Dementia Eat and Drink Well

H Crawley (2002)

Published by Dementia Services Development Centre, University of Stirling.

Available from: www.stir.ac.uk/dsdc

Down's Syndrome Association Scotland

About Dementia: For People with Learning Disabilities

K Dodd, V Turk and M Christmas (2005)

ISBN 1 904082 90 4. £8.

Food for Thought

A4 poster about nutrition for people with dementia.

Available from: www.dsscotland.org.uk/publications/professionals-students/food-for-thought.pdf

Nutritional screening

MUST tool

The MUST tool is widely used in community settings by health professionals to determine nutritional status. This tool is explained and can be viewed and accessed at: www.bapen.org.uk

For local screening tools, talk to your hospital or community dietitian who will be able to advise you on suitable tools to use.

Pregnancy and breastfeeding

Department of Health

Breastfeeding

Leaflet available in 12 languages.

Available from:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4084370

Leaflets are also available on Bottle Feeding and Weaning.

Foetal Alcohol Syndrome Aware UK

For information on alcohol consumption during pregnancy and preconception see:

<http://www.fasaware.co.uk/flashfiles/ads/FASleafletA4.pdf>

Food Standards Agency

See above left for ordering details. Also available from:

<http://www.food.gov.uk/aboutus/publications>

Thinking of Having a Baby

FSA0452

Eating While You Are Pregnant

FSA0451

Eating for Breastfeeding

FSA0453

Feeding Your Baby

FSA0454

Resources for parents with learning disabilities

You and Your Baby 0 - 1 Year

Available, price £38 from Change.

<http://www.changepeople.co.uk/searchForProduct.php>

Health visitors can get this book free from their local health promotion unit.

British Institute for Learning Disability (BILD)

BILD publications can be accessed from www.bild.org.uk, or phone BookSource on 08702 402 182.

Children Need Healthy Food

ISBN 1 873791 41 0. £11.

Health action planning

Health Action Planning in a Person Centred Way

Compiled by the Foundation for People with Learning Disabilities.
Available from:
<http://valuingpeople.gov.uk/dynamic/valuingpeople143.jsp>

Diet and mental health

MIND

The following publications are available from:
www.mind.org.uk/Information/Factsheets/

MIND Guide to Food and Mood
Understanding Eating Distress
MIND Guide to Physical Activity

The Mental Capacity Act

The Department for Constitutional Affairs/Ministry of Justice

A range of simple leaflets has been produced by the Department for Constitutional Affairs, with the Public Guardianship Office, the Department of Health and the Welsh Assembly Government, which explain the Mental Capacity Act (2005), including those listed below.

For details: T: 023 80 878038/878036.

E: reorder@inprintlitho.com

They are also available online at:

www.dca.gov.uk/legal-policy/mental-capacity/publications.htm

Making Decisions About Your Health, Welfare or Finance. Who Decides When You Can't?

Making Decisions. A Guide for Family, Friends and Other Unpaid Carers

Making Decisions. An Easy Read Guide

Therapeutic horticulture

Thrive

The Geoffrey Udall Centre
Beech Hill
Reading RG7 2AT
T: 0118 988 5688
www.thrive.org.uk

Thrive offers courses, information, resources and support to those who may find therapeutic horticulture beneficial for themselves or for those they support.

Catering and menu planning

Catering for Health

Produced by the Food Standards Agency and Department of Health.

Published by TSO. Available from: T: 0870 600 5522.

E: bookorders@tso.co.uk.

National Association of Care Catering

The following resources provide practical guidance on catering in residential care, catering for special diets and catering for community meals. Further details from: www.thenacc.co.uk
T: 0870 748 0180.

The Catering Checklist

Menu Planning and Special Diets in Care Homes

The National Minimum Standard for Care Catering (Care Homes for Adults aged 18-65 Years)

The National Minimum Standards for Care Catering (Care Homes for Older People)

Quality Standard Indicators for Catering

A Recommended Standard for Community Meals

Nutmeg UK

www.nutmeg-uk.com

Provides menu planning software.

Suppliers of specialist eating and drinking equipment, and thickeners for puréed food

Disabled Living Foundation

The Disabled Living Foundation can advise on disability equipment.

T: 0845 1309177

www.dlf.org.uk

Suppliers of specialist equipment

Specialist equipment is available from a number of suppliers including:

Ableworld

Ableworld (UK) Limited
39 Beam Street
Nantwich
Cheshire CW5 5NF
T: 01270 627185
www.ableworld.co.uk

Disabled Accessories

The Tanyard
Leigh Road
Street
Somerset BA16 0HR
T: 01458 449028
E: info@disabledaccessories.com
www.disabledaccessories.com

Nottingham Rehab Supplies (NRS)

Clinitron House
Excelsior Road
Ashby de la Zouch
Leicestershire LE65 1NG
T: 0845 120 4522
E: customerservice@nrs-uk.co.uk
www.nrs-uk.co.uk

Suppliers of thickeners, food moulds and soaking solutions for puréed diets

Nutrilis: Nutricia Clinical Care

Nutricia Ltd
White Horse Business Park
Newmarket Avenue
Trowbridge BA14 0XQ
T: 01225 711677
Clinical Nutrition Direct Helpline: 01225 751098
E: cnirect@nutricia.co.uk
www.nutricia-clinical-care.co.uk

Thick & Easy: Fresenius Kabi Ltd

Melbury Park
Clayton Road
Birchwood
Warrington WA3 6FF
T: 01925 898040
www.fresenius-kabi.co.uk

Thiko-D: Sutherland Health Ltd

Unit 1
Rivermead
Pipers Way
Thatcham
Berkshire RG13 4EP
T: 01635 874488

Vitaquick: Vitaflo International Ltd

11-16 Century Building
Brunswick Business Park
Liverpool L3 4BL
T: 0151 709 9020
E: vitaflo@vitaflo.co.uk
www.vitaflo.co.uk

Appendix

Good sources of nutrients

This Appendix shows a number of foods and drinks which are important sources of certain vitamins and minerals. These are based on average servings.

	EXCELLENT	GOOD	USEFUL
VITAMIN A	liver* liver sausage/pâté* carrots spinach sweet potatoes red peppers mango cantaloupe melon dried apricots	nectarine peach blackcurrants fresh or canned apricots watercress tomatoes cabbage (dark) broccoli Brussels sprouts runner beans, broad beans margarine butter cheese kidney	canned salmon herrings egg honeydew melon prunes orange sweetcorn peas whole milk
VITAMIN D	fortified breakfast cereals herrings mackerel, pilchards roe sardines trout tuna salmon egg	liver* (other than chicken liver) liver sausage/pâté* margarine	chicken liver malted-style drinks
B VITAMINS Thiamin	liver and liver pâté* pork, bacon and ham fortified breakfast cereals malted drinks	wholemeal bread yeast extract oatcakes currant buns nuts potatoes	lean meat chicken and other poultry eggs white or brown bread semi-sweet biscuits

* Liver and liver pâté are very rich in vitamin A and these foods should be consumed no more than once a week.

	EXCELLENT	GOOD	USEFUL
Riboflavin	liver* kidney	milk malted drinks fortified breakfast cereals almonds	lean meat or poultry bacon mackerel, tuna, salmon sardines, pilchards cheese yoghurt eggs
Niacin	fortified breakfast cereals salmon tuna pilchards chicken	lean meat sausages kidneys herrings sardines	wholemeal bread peanut butter yeast extract bacon liver sausage*
VITAMIN B6	bran flakes red meat poultry liver* oil-rich fish	potatoes bananas nuts peanut butter dried fruit white fish	baked beans lentils and other pulses green vegetables tomatoes wholemeal bread cheese
VITAMIN B12	liver* kidney oil-rich fish	beef lamb pork turkey fish eggs	chicken milk cheese yoghurt marmite ribena bran flakes
FOLATE	most fortified breakfast cereals, eg. cornflakes, bran flakes, crisped rice liver* spinach	yeast extract cabbage Brussels sprouts broccoli peas orange melon kidney	wholemeal bread/flour weet bisks cauliflower beef runner beans tomatoes parsnip potatoes green leafy salads ackee peanuts

* Liver and liver pâté are very rich in vitamin A and these foods should be consumed no more than once a week.

	EXCELLENT	GOOD	USEFUL
VITAMIN C	blackcurrants orange (and orange juice) strawberries canned guava spring greens green and red peppers	broccoli cabbage cauliflower spinach tomato Brussels sprouts watercress kiwi fruit mango grapefruit	potatoes green beans peas satsumas eating apples nectarines peaches raspberries blackberries
IRON	fortified breakfast cereals liver* kidney liver sausage/pâté*	wholemeal bread or flour weet bisks beef beefburger corned beef lamb sardines pilchards soya beans chick peas lentils spinach broccoli spring greens dried apricots raisins	white bread baked beans broad beans black-eyed peas blackcurrants salmon tuna herrings sausage chicken and other poultry egg tofu
CALCIUM	green leafy vegetables sardines cheese tofu	pilchards yoghurt milk (all types) soya drink fortified with calcium cheese spread sesame seeds	canned salmon muesli white bread/flour peas, beans and lentils dried fruit orange egg yolk
ZINC	liver* kidney lean meat corned beef	bacon ham poultry canned sardines shrimps and prawns tofu wholegrain breakfast cereals, eg. puffed wheat, bran flakes, weet bisks nuts	sausages cold cooked meats canned tuna or pilchards eggs milk cheese beans and lentils brown or wholemeal bread plain popcorn sesame seeds

* Liver and liver pâté are very rich in vitamin A and these foods should be consumed no more than once a week.

	EXCELLENT	GOOD	USEFUL
FIBRE	wholegrain or wholewheat breakfast cereals such as bran flakes, weet bisks, shreddies, shredded wheat, sultana bran wholemeal bread baked beans, chick peas, kidney beans (and most beans) lentils dried apricots, dried figs prunes	muesli wholemeal pasta brown bread white bread with added fibre baked potato with skin sweet potato broad beans fresh or frozen peas sweetcorn broccoli Brussels sprouts Quorn blackberries dried dates almonds hazelnuts	puffed wheat cereal brown rice white pitta bread pizza potatoes yam houmous canned peas cabbage carrots plantain banana mango raisins sunflower seeds potato crisps

Index

A

activity 1.22
 aids: practical aids to help with eating and drinking 4.1
 alcohol 3.7
 allergy 3.13
 Alzheimer's disease 2.18
 anaemia 2.17

B

B vitamins 9.1
 behaviour: behaviour issues around food and drink 4.6
 BMI 2.6, 2.13
 body mass index 2.6, 2.13
 breakfast 3.3, 6.20

C

caffeine 3.6
 calcium 1.7, 3.14, 9.3
 case studies 7.4
 chart: weight monitoring chart 2.13
 chewing difficulties 6.15
 choice of food 1.2, 5.3, 8.4
 choking 6.16
 coffee 3.6
 comfort: food given as a comfort 5.7
 constipation 2.9, 2.17
 cooking food 5.11
 cost of food 6.5
 crockery 4.2
 customs: food-related customs 3.10
 cutlery 4.2

D

dairy foods 1.7, 6.9
 dairy-free diets 3.14
 dehydration 2.18
 dementia 2.18
 dental health 2.12
 desserts 6.28
 diabetes 6.17
 diary:
 activity diary 1.23
 food diary 1.2, 1.3, 6.2, 6.3
 dietitian 5.9, 8.3
 difficulties with eating and drinking 4.1, 6.12
 Down's syndrome 2.20
 dribbling 4.6
 drinks 3.3
 drooling 4.6
 drugs 2.9

E

eating out 3.9
Eatwell plate 1.6
 encouraging eating well 5.1
 environment 6.5
 exercise 1.22

F

families 5.8
 fast foods 3.9
 fat: foods high in fat 1.7, 6.11
 fatness 2.6
 fibre 2.10, 9.3
 finger foods 6.12
 fish 1.7, 6.10
 fish oil 1.21
 fluid 3.3, 3.7
 folate 2.17, 9.2
 food allergy 3.13
 Food Hygiene Certificate 3.14
 food labels 1.12, 1.15, 6.6
 food policy 5.3
 food refusal 4.4
 food safety 3.14
 food supplements: see *supplements*
 food supply chain 5.10
 food-based guidance 6.6
 fruit 1.6, 1.8, 6.8
 fruit juices 3.5
 fussy eating 4.4

G

gluten-free diets 6.18
 growing food 5.10
 gums 2.12

H

halal foods 3.11
 helping someone to eat 4.2
 herbal supplements 1.21
 herbal teas 3.6
 hygiene: food hygiene 3.14

I

ideas for meals 6.19
 immune system 1.20, 2.17
 independence in eating 4.1
 infection 1.20
 iron 2.17, 3.12, 9.3

J

juices: fruit juices 3.5

K

kosher foods 3.11

L

labels 1.12, 1.15, 6.6

M

malnutrition 2.2, 2.13
meal ideas 6.19
meat 1.7, 6.10
medicines 2.9
Mental Capacity Act 5.3
menu planning 6.1, 6.12
milk 1.7, 3.4, 6.9
monitoring weight 2.13
muscle strength 2.18

N

nausea 4.5
niacin 9.2
nut allergy 3.13
nutritionist 5.9, 8.3
nuts 3.13

O

older people 2.16
omega-3 fatty acids 1.21
oral health 2.12
organisations 8.1
overweight 2.2, 2.6, 2.13

P

physical activity 1.22
planning menus 6.1, 6.12
policy: food policy 5.3
polydipsia 3.7
portion sizes 6.12
 fruit and vegetables 1.8
pre-biotics 1.21
pro-biotics 1.21
puréed diets 6.16

R

refusing food 4.4
resources 8.1
reward: food as a reward 5.7
riboflavin 3.14, 9.2
risk of malnutrition 2.2

S

safety: food safety 3.14
salt 1.15, 6.6
snacks 3.8, 6.21
sodium 1.15, 6.6
soft drinks 3.4
sources of nutrients 9.1
special diets 6.12, 6.17
starchy foods 1.6, 6.7
sugary foods and drinks 1.7, 1.11, 6.11

supplements 1.20
 food supplements 6.17
 herbal supplements 1.21
 vitamin D supplements 1.19
 vitamin supplements 1.20
supply chain: food supply chain 5.10
sustainability 6.5
swallowing difficulties 2.11, 2.18, 6.15
sweeteners 1.14

T

take-aways 3.9
tea 3.6
teeth 2.12
thiamin 9.1
thinness 2.4
treats: food as a treat 5.7

U

undernutrition 2.4, 2.13, 2.16
underweight 2.4, 2.13

V

variety 1.1, 1.6
vegan diets 3.11
vegetables 1.6, 1.8, 6.8
vegetarian diets 3.11, 6.23, 6.27
vitamin A 9.1
vitamin B₆ 9.2
vitamin B₁₂ 9.2
vitamin C 1.20, 2.16, 9.3
vitamin D 1.18, 2.17, 9.1
vitamins 1.20, 9.1
vomiting 4.5

W

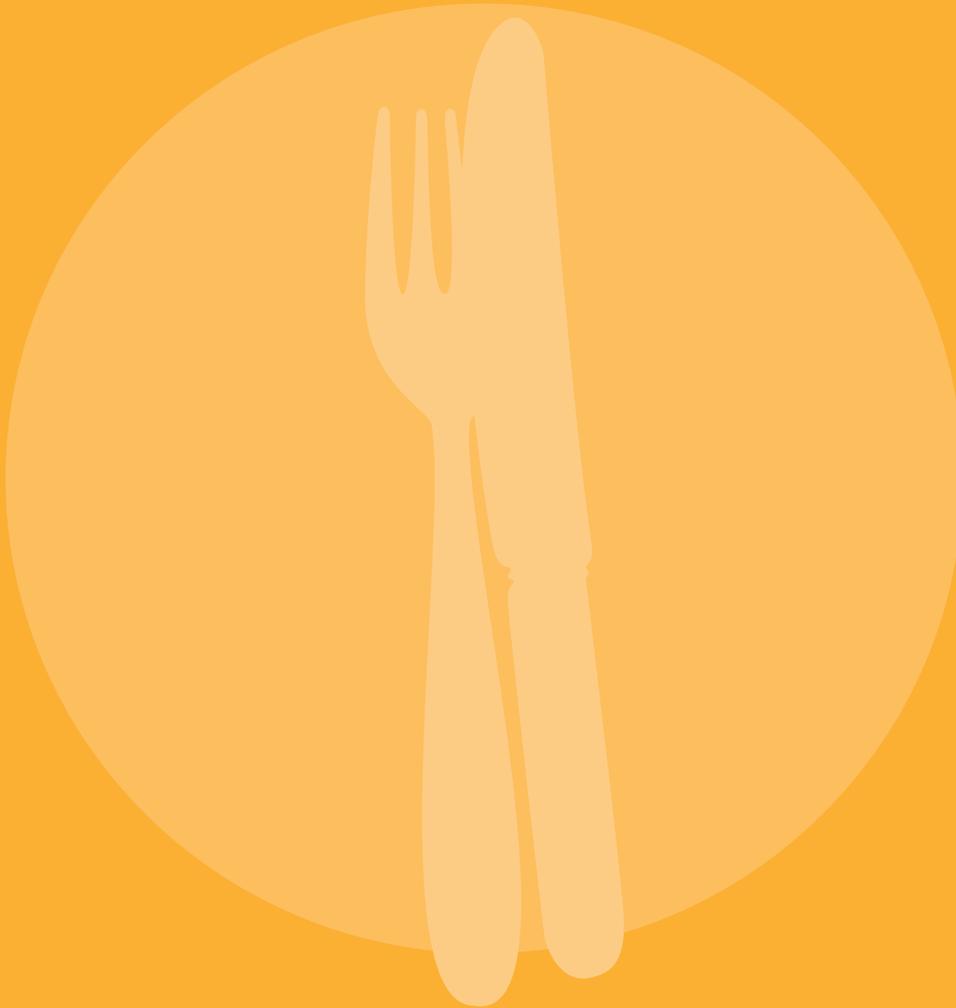
waist measurements 2.6
water 3.4
weight 2.4, 2.6
 monitoring weight 2.13

Z

zinc 1.20, 3.12, 9.3

CD-ROM

For details of what is on the CD-ROM, see page 6.29.



THE CAROLINE WALKER TRUST

For further copies of this report contact
The Caroline Walker Trust at www.cwt.org.uk

ISBN 978-1-89-7820261: Book and CD-ROM
ISBN 978-1-89-7820285: CD-ROM only