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**Improving food and health for adults with learning disabilities – learning from policy, research, and practice in the community**

**Meeting notes**

Twenty-five people from across Scotland (specialist dietitians, learning disability service providers, community and voluntary sector staff) attended this meeting to hear about and discuss food and health activities. The audience heard from:

* Dr Craig Melville from the [Institute of Health and Wellbeing](http://www.gla.ac.uk/researchinstitutes/healthwellbeing/) who discussed obesity and the Institute’s weight management programme for people with learning disabilities. Findings from research and the programme included:
	+ Programmes that focus solely on health education *or* physical activity are not associated with clinically significant weight loss
	+ The Institute’s ‘take five’ weight management programme successfully uses a combination of calorie reduction, physical activity and support with behaviour change to assist individuals to reduce weight and maintain weight loss
	+ The take five programme lasts around six months and includes one-to-one support
* Brian Smith, from the [Scottish Social Services Council](http://www.sssc.uk.com/) who discussed training and National Occupational Standards for learning disability staff:
	+ Four common core [National Occupational Standards](http://workforcesolutions.sssc.uk.com/nos/hsc_svq2.html) (NOS) must be shown to be achieved across a range of services, including those for the childcare, care of older people and learning disability
	+ There are a wide range of optional NOS units that people working within learning disabilities can choose from:
		- Two of these could include food and health: 1) focuses on health and social wellbeing, and 2) focuses on feeding for those unable to feed themselves
* Sarah McCashey from [PUSH](http://www.pushinfo.org/index.html) who discussed the progress of providing training locally based on the [SCLD Healthy Eating, Healthy Living training pack](http://www.scld.org.uk/healthy-eating-healthy-living-pack/) in Perth and Kinross and is:
	+ working with several organisations to deliver the training to people with learning disabilities
	+ As well as the 22 session training pack, she uses a holistic approach and adds other activities such as physical activity tasters, pedometers, allotment activity and food diaries
	+ Participants’ case studies show reduction in excess weight, increased physical activity and changes in eating habits
	+ Challenges include: support staff do not always have adequate nutrition knowledge to support participants’ changes
* Caroline Hamilton from the Joint Health Improvement Team (Public Health Borders)discussed the legacy of the ‘[A Healthier Me’](http://www.communityfoodandhealth.org.uk/community-based-activity/case-studies/healthier/) programme in the Borders
	+ A Healthier me also uses the [SCLD Healthy eating, healthy living training pack](http://www.scld.org.uk/healthy-eating-healthy-living-pack/) and uses a holistic approach
	+ A Healthier Me began in 2013 and established a Pathway for learning disability services to follow to support individuals and groups and provided training for learning disability staff
	+ Has embedded A Healthier Me approaches and activities into contracts with local learning disability services

**Participants attending the meeting were arranged into four groups and took part in three discussion topics.**

**Summary of the main messages from participants’ discussions for the whole day**

Overall, contributions from those present emphasised the importance of carers, both paid and unpaid, to the improvement of health for people with learning disabilities. There is still a sense that healthy weight and nutrition is not prioritised by carers and services, for a range of reasons that are outlined below. It is important that care providers see health promotion as within their remit and that carers are given the training and support they need to encourage and enable healthy eating and activity. While there is a need to respect individuals’ choices, this should not be used as an excuse to neglect a duty of care. We heard many positive examples of approaches that are effective and we hope that this good practice can be further shared and replicated.

**Summaries of participants’ discussions for each of the three topics**

1. **What are the challenges and successes when trying to ensure that individuals (and their families) have access to weight management or other one-to-one services?**

All four groups discussed the importance of the role of learning disability support workers and highlighted challenges, such as:

* Helping support workers with issues around informed choice and how to deal with challenging behaviours around food
* Lack of staff training and knowledge on nutrition
* The (lack of) awareness of organisations of the importance of staff training
* The motivations and cooking skills of support staff

All four groups discussed challenges relating to resources, funding and access to facilities, such as:

* Facilities with wheelchair accessibility
* Transport issues
* More intensive services are needed for people with learning disabilities
* Longer courses are needed for people with learning disabilities
* Services need to be specific to learning disability
* Some people with learning disabilities who are anxious or have mental health support needs require a support worker in attendance at one-to-one sessions
* Resources designed for young people with learning disabilities are required

Two groups suggested that a more co-ordinated (local and national) approach to weight services is required

One group suggested that using the term ‘weight loss’ can be off-putting and using more positive language around health might be better.

One group highlighted socioeconomic challenges as a problem

Three groups highlighted successes, such as:

* Embedding food and health work across NHS Borders has been successful, and the evidence base is being built
* More intensive services work well
* Services run in existing settings, such as day services, group homes work well
* People don’t want to access new places, so it’s important to start groups or services in organisations or in settings that people already attend.
* NHS Tayside offer one-to-one interventions (to people who meet their criteria)
1. **What is your experience of staff/volunteers taking up food and health training and implementing it? What would increase uptake and are there other suitable learning opportunities?**

**What is your experience of take up of training?**

All four groups suggested there were challenges with uptake of staff training because:

* Health and healthy eating is not seen as a priority (by learning disability services) and nutrition training is not mandatory
* Of time and money constraints of support workers

Although one group acknowledged that this experience varies with different organisations.

One group reported that their nutrition training was well-attended in the Lothian area

In the Tayside area, nutrition training is taken up, however there is a high turnover of staff in this type of work.

**What is your experience of staff implementing what they have learned from training?**

All groups discussed suggestions and challenges based on their experiences:

* ‘Choice’ is so important that staff worry about this; when people are in low paid jobs and working long hours with people, they may not be motivated to put up with the stress of pressing this issue
* Some staff are resistant to health messages
* Many people have a lot of misconceptions about healthy eating and what is healthy
* Staff may not be in position to implement what they have learned

**What would increase uptake?**

Three groups suggested that nutrition training should be mandatory, or at least seen as priority by services.

Three groups discussed the benefits of engaging with support service managers’, such as:

* Sending regular tips and recipes to managers
* Training managers, then encouraging them to train their staff

All groups had practical suggestions such as:

* Online training
* Accredited training is seen as having value
* Providing peer support
* Having ‘champions’ in different organisations or areas
* Better advertising to ensure families or volunteers take up training
* Include training as part of staff induction
* It is important to offer interventions to support staff too. Eg if they are supporting people to attend groups they should also be involved.
* Visual interventions are useful – i.e. getting to count portions, blobs of fat and spoons of sugar [are good] but the resources are expensive!
1. **What could you do to get other staff / volunteers in your area involved / enthused to support people with learning disabilities to have a healthier lifestyle?**

All groups had some practical ideas to share:

* Encouraging peer learning, champions or pairing up staff that are interested – particularly after training
* Taking part in local events or fayres to engage with people
* Linking with community food workers, community groups, allotment projects, mainstream services, etc
* Using motivational techniques to get people involved
* Including fun activities or focusing on the social benefits of activities for people with learning disabilities
* Social prescribing and befriending
* Involving support staff and carers in the conversation
* Remind staff that [promoting health and well-being] is part of their job
* Providing ongoing support for staff that have been trained
* Encouraging small changes
* Knowledge is not enough - other activities are needed
* Just do it!

One group discussed the approach of learning disability services in the Netherlands and Sweden, where ongoing support is provided after training.

One group cautioned that staff need to be aware that some people with learning disabilities were institutionalised in long-stay hospitals and may have particular attitudes to food as part of the structure of their day.

**CFHS / NHS Health Scotland would like to thank all the speakers and Des McCart (Scottish Government) for summing-up the discussions before the meeting closed.**

