

APPENDIX 1

ACKNOWLEDGEMENTS

ACKNOWLEDGMENTS

Central Grampians Region

Ms Alex Tascas (Regional Aged Care Manager), Ms Robin Reeves, Ms Faye McLeod, Ms Lynne Hyett (Coordinators), Ms Jane Allen, Ms Meredith Atkinson, Ms Amanda Collins, Ms Lee-Anne Dolon, Ms Ethne Farrell, Ms Dawn Gilbert, Ms Sally Greenall, Ms Lynden Hayes, Ms Ellen Johnson, Ms Linda Jones, Ms June Lugg, Ms Shelagh Meates, Ms Megan Morrison, Ms Margaret Patrick, Ms Margaret Pedrioli, Ms Judy Prendergast, Ms Alice Read, Mr Glen Rowbothom, Ms Rosalie Sheehan, Ms Val Stevens

Central Wellington Gippsland Region

(Central Wellington Health Service, Wellington Community Care)

Ms Leona Mann (Director), Ms Belinda Greening (Domiciliary Care Coordinator), Ms Julia Churches, Ms Brenda Clewley, Ms Hana Emms, Ms Gaylee Humphries, Ms Christine Kardash, Ms Brigitte Jones, Ms Lauren Neilsen, Ms Wendy Newcommen, Ms Jill Quirk, Ms Betty Robinson, Ms Chris Ronalds, Ms Val Scott, Ms Gaynor Small, Ms Maureen Wilson

Northern Metropolitan Region

City of Darebin: Ms Viki Perre (Manager of Community Care), Ms Adele Carmady (Coordinator of Support Services), Ms Jenny Bacon, Ms Linda Bennets, M Tania Ciotti-Lin, M Lisa Drayton, Ms Fran Harper, Ms Betty Kalambokis, Ms Anna Marino, Ms Pam Newton, Ms Kathy Vlahakis, Ms Isabella Silveri

City of Knox: Ms Wanda Mitka March

Southern Region

(Cardinia Shire, City of Glen Eira, and City of Bayside)

Ms Judy Beaumont (Regional Aged Care Adviser), Ms Tracel Devereux (Cardinia Shire Council Aged Care Coordinator), Ms Margo Anderson, Ms Vimala Beaucasin, Ms Marion Coughlin, Ms Margaret Cox, Ms Rachel Davies, Ms Roisin Kelly, Ms Cathy Toyas, Ms Alison Stewart

Regional Dietitians

Ms Simone Austin, Ms Meredith Atkinson, Ms Jenny Bacon, Ms Katherine Bathgate, Ms Rhonda Gilbert, Ms Helen Gray, Mr Milton Jacob, Ms Mandy John, Ms Amanda Jones, Ms Mary Lawry, Ms Claire Martin, Ms Pauline Maunsell, Ms Megan Morrison, Ms Sue Race, Ms Alison Stewart, Ms Cathy Toyas, Ms Barbara Villani, Ms Maureen Wilson, Ms Debbie Wynd

National Focus Group of Dietitians in Disability

Dr Sandra Capra (Queensland University of Technology), Ms Wendy Dear (Stockton Centre, New South Wales), Ms Jeanette Delatycki (Department of Human Services, Victoria), Ms Sue Gebert (Kew Residential Services, Melbourne), Ms Michelle Lane (Disability Commission, West Perth), Ms Sue Race (Austin Repatriation Hospital, Victoria), Ms Alison Stewart (Kingston Centre, Victoria), Ms Lyn Stewart (Consultant, North Ryde, New South Wales), Ms Barbara Villani (Dandenong Day Care Centre, Victoria), Ms Bridget Wallace (Manly Hospital, New South Wales), Ms Robin Wood-Bradley (East Bentleigh Community Health Centre, Victoria), Ms Judith Wright (Peter Macallum Clinic, Melbourne), Ms Lynden Hayes (Assessment Officer, City of Ballarat)

Victorian Reference Group of Dietitians in Disability

Ms Jenny Bacon (Bendigo Health Care Group), Ms Margaret Cox (Caulfield Community Health Centre), Ms Jeanette Delatycki (Department of Human Services), Ms Sue Gebert (Kew Residential Services), Ms Barbara Villani (Dandenong Day Care Centre), Ms Robin Wood-Bradley (East Bentleigh Community Health Centre), Ms Judith Wright (Consultant Dietitian)

Royal District Nursing Service Homeless Persons Program

Ms Teresa Swanborough (Coordinator), Ms Ann Delikat-Kowalski, Ms Margaret Ryan, Ms Judy McWilliams, Ms Sue Spurling

Geelong Aged Care Services

Ms Debbie Wynd (Chief Dietitian, Barwon Health, Grace McKellar Centre), Ms Heather Ashcroft (Coordinator, Belmont Day Care Centre, City of Greater Geelong) City of Greater Geelong Community Services: Ms Barbara Lewis (Program Management Co-ordinator) and Ms Margaret McNamara (Coordinator). Carer Team Leaders, Home Carers, elderly clients

APPENDIX 2

TRAINING NEEDS

ASSESSMENT MATERIALS

Training Needs Assessment Questions

Quiz on Specific Knowledge of Nutrition al Risk Screening in Home-Based Adults

Results of Quiz on Specific Knowledge of Nutrition al Risk Screening in Home-Based Adults

TRAINING NEEDS ASSESSMENT QUESTIONS

Possible questions include the following:

- 1) What is the main target group (frail older adults, adults with a disability, financially disadvantaged adults living in alternative accommodation)?
- 2) What are the current assessment practices and problems?
- 3) What are the main food and nutrition issues for clients?
- 4) How are food and nutrition problems solved?
- 5) What assessment information is passed on to food services?
- 6) Can you identify any blocks and barriers to solving these problems?
- 7) Communications within and between professional groups?
Referrals-oral, written? How are the needs of clients communicated to home and personal carers, and food services?
- 8) Referral to external services?
- 9) What is understood of nutritional risk screening (NRS)?
- 10) Place of NRS in assessment? Time available for NRS?
- 11) Training needs? Training content of program?
- 12) Program details, place, time, equipment, invitations, number of participants and their organisations.
- 13) Are there any dietitians working in the aged care area, region?
- 14) How can networks between aged care workers and dietitians be improved?
- 15) Are there any local reports available for the community services program which include food, nutrition, health, food services, and the factors which influence these matters such as socio-economic grouping, demographics, public transport?
- 16) What problems could dietitians solve for vulnerable clients, carers and community service workers?
- 17) What are the issues for dietitians working in this area?

QUIZ ON SPECIFIC KNOWLEDGE OF NUTRITIONAL RISK IN HOME-BASED ADULTS

Nutritional risk is defined as the risk of poor health for nutritional reasons. Vulnerable adults include frail older people, adults with disabilities, and financially disadvantaged adults living in alternative accommodation.

To the best of your knowledge CIRCLE your answer for the following questions:

- 1) How much fluid is recommended for most vulnerable adults to drink on most days?
 - a) 12 to 14 cups?
 - b) 3 to 5 cups?
 - c) 9 to 11 cups?
 - d) 6 to 8 cups?
- 2) Should most vulnerable people have several servings of fruit and/or vegetables every day?
YES AT TIMES NO DON'T KNOW NO ANSWER
- 3) How can you tell if a person gets enough energy from their meals?
 - a) When they do not eat all of the meal?
 - b) When their weight is stable for a month?
 - c) When they say they feel full after a meal?
 - d) When they lose weight over a month?
- 4) What is the lowest number of meals you recommend for most vulnerable people most days?
 - a) Two to three meals a day?
 - b) One to two meals a day?
 - c) Four to five meals a day?
 - d) Three to four meals a day?
- 5) Are between meal food snacks good for most vulnerable people?
YES AT TIMES NO DON'T KNOW NO ANSWER
- 6) How many serves of dairy foods should most frail elderly people take on most days?
 - a) One to two serves daily?
 - b) No serves daily?
 - c) Two to three serves daily?
 - d) Three to four serves daily?
- 7) What is the limit of small glasses of alcohol for vulnerable adults on most days?
 - a) None?
 - b) Up to two small glasses?
 - c) Up to eight small glasses?
 - d) Up to four small glasses?
- 8) What alerts you when a vulnerable adult is not taking enough food because of the condition of their teeth or mouth or throat (more than one answer is possible)?
 - a) Watching them eat and drink?
 - b) A request for no meat?
 - c) Looking at their weight record?
 - d) Sending them to the dentist?

- 9) What is the **least** amount of money each adult needs to spend on their food each week (to meet each person's overall food needs)?
- a) \$40 to \$50 a week?
 - b) \$20 to \$30 a week?
 - c) \$10 to \$20 a week?
 - d) \$30 to \$40 a week?
- 10) A person living and eating alone will not eat enough food:
- | | | | | |
|-----|----------|----|------------|-----------|
| YES | AT TIMES | NO | DON'T KNOW | NO ANSWER |
|-----|----------|----|------------|-----------|
- 11) A person who takes more than three different prescribed or over the counter medicines each day may not eat enough food:
- | | | | | |
|-----|----------|----|------------|-----------|
| YES | AT TIMES | NO | DON'T KNOW | NO ANSWER |
|-----|----------|----|------------|-----------|
- 12) Something should be done if a vulnerable person has unintentionally lost or gained 5 kg in six months:
- | | | | | |
|-----|----------|----|------------|-----------|
| YES | AT TIMES | NO | DON'T KNOW | NO ANSWER |
|-----|----------|----|------------|-----------|
- 13) How can you tell if a person is losing weight (more than one answer is possible)?
- a) By their look and appearance?
 - b) By change in the fit of their clothes?
 - c) By their weekly weights?
 - d) By frequent hunger pangs?
- 14) If vulnerable people cannot shop for food regularly, they need to have delivered meals?
- | | | | | |
|-----|----------|----|------------|-----------|
| YES | AT TIMES | NO | DON'T KNOW | NO ANSWER |
|-----|----------|----|------------|-----------|
- 15) Compared to young adults, most older people have a daily need for:
- a) Much more protein than young adults?
 - b) Much less protein than young adults?
 - c) The same quantity of protein as young adults?
 - d) Less protein than young adults?
- 16) Adults (of any ethnicity) should generally be encouraged to maintain their usual diet:
- | | | | | |
|-----|----------|----|------------|-----------|
| YES | AT TIMES | NO | DON'T KNOW | NO ANSWER |
|-----|----------|----|------------|-----------|
- 17) A person who consistently changes his/her usual way of eating for a major health or social reason may be at nutritional risk:
- | | | | | |
|-----|----------|----|------------|-----------|
| YES | AT TIMES | NO | DON'T KNOW | NO ANSWER |
|-----|----------|----|------------|-----------|
- 18) Do most older people need less food than a middle-aged adult?
- | | | | | |
|-----|----------|----|------------|-----------|
| YES | AT TIMES | NO | DON'T KNOW | NO ANSWER |
|-----|----------|----|------------|-----------|

Thank you for your assistance. The results of a number of questionnaires will be collated as a group, giving anonymity to your response. Please provide the following information, which will be treated confidentially, and used only to contact you if there is any missing data.

Name: _____ Position: _____

Date: _____

Results of quiz on specific knowledge of nutritional risk in home-based adults

Questions	Correct answers	Listed answers	Number	%
1) How much fluid is recommended for most vulnerable adults to drink on most days?	*	12 to 14 cups? 3 to 5 cups? 9 to 11 cups? 6 to 8 cups?		
2) Should most vulnerable people have several servings of fruit and/or vegetables every day?	*	YES AT TIMES NO DON'T KNOW NO ANSWER		
3) How can you tell if a person gets enough energy from their meals?	*	When they do not eat all of the meal? When their weight is stable for a month? When they say they feel full after a meal? When they lose weight over a month?		
4) What is the lowest number of meals you recommend for most vulnerable people most days?	*	Two to three meals a day? One to two meals a day? Four or five meals a day? Three to four meals a day?		
5) Are between meal food snacks good for most vulnerable people?	*	YES AT TIMES NO DON'T KNOW NO ANSWER		
6) How many serves of dairy foods should most frail older people take on most days?	*	One to two serves daily? No serves daily? Two to three serves daily? Three to four serves daily?		
7) What is the top limit of small glasses of alcohol for vulnerable adults on most days?	*	None? Up to two small glasses? Up to eight small glasses? Up to four small glass?		
8) What alerts you when a vulnerable adult is not taking enough food because of the condition of their teeth or mouth or throat? (more than one answer is possible)	* * *	Watching them eat and drink? A request for no meat? Looking at their weight record? Sending them to the dentist?		
9) What is the least amount of money each adult needs to spend on their food each week (to meet each persons overall food needs)?	*	\$40 to \$50 a week? \$20 to \$30 a week? \$10 to \$20 a week? \$30 to \$40 a week?		

Results of quiz on specific knowledge of nutritional risk in home-based adults

Questions	Correct answers	Listed answers	Number	%
10) A person living and eating alone will not eat enough food:	*	YES AT TIMES NO DON'T KNOW NO ANSWER		
11) A person who takes more than three different prescribed or over the counter medicines each day may not eat enough food:	*	YES AT TIMES NO DON'T KNOW NO ANSWER		
12) Something should be done if a vulnerable person has unintentionally lost or gained 5 kg in six months:	*	YES AT TIMES NO DON'T KNOW NO ANSWER		
13) How can you tell if a person is losing weight (more than one answer is possible)?	* *	By their look and appearance? By change in the fit of their clothes? By their weekly weight? By frequent hunger pangs?		
14) If a vulnerable person cannot shop for food regularly, they need to have 'Meals on Wheels':	*	YES MAYBE NO DON'T KNOW NO ANSWER		
15) Compared to young adults, most older people have a daily need for:	*	Much more protein than young adults? Much less protein than young adults? The same quantity of protein as young adults? Less protein than young adults?		
16) Adults (of any ethnicity) should generally be encouraged to maintain their usual diet:	*	YES AT TIMES NO DON'T KNOW NO ANSWER		
17) A person who consistently changes his/her usual way of eating for a major or health/social reason may be at nutritional risk:	*	YES AT TIMES NO DON'T KNOW NO ANSWER		
18) Do most older people need less food than a middle-aged adult?	*	YES AT TIMES NO DON'T KNOW NO ANSWER		

APPENDIX 3

TRAINING PROGRAM

MATERIALS

Needs Assessment List of Optional Topics for Training

Seminar Outline

Attendance Record Sheet

Seminar Evaluation Questionnaire

Seminar Evaluation Questionnaire Summary Sheet

Training Support Sheet

NEEDS ASSESSMENT LIST OF OPTIONAL TOPICS FOR TRAINING

General assessment of food and nutrition issues

Numbers interested	TOPIC
	Summary of factors which can affect food and nutrition
	Financial difficulties?
	Social problems?
	Personal and food hygiene problems?
	Mental health problems?
	Poly-drugs?
	Nausea and vomiting?
	Diarrhoea?
	Constipation?
	Incontinence?
	Breathing problems?
	Medical problems?

Dietary principles and problems

Numbers interested	TOPIC
	Food facts and fallacies
	Food habits and patterns
	Good nutrition for older adults
	Good nutrition for adults 16-64 years
	High energy foods and drinks
	Does it matter if vulnerable people don't eat meat every day?
	The importance of dairy foods in the diet of vulnerable people
	Fruit and vegetables
	Bread and cereals
	Vulnerable people must eat <i>better</i> ... not less!
	Other indulgences?
	The importance of fluid intake
	Alcohol as part of a vulnerable person's diet
	Vitamin D
	Use of vitamin and mineral supplements
	How to be well nourished on Meals on Wheels
	Outline of some food and nutrition problems

SEMINAR OUTLINE

Chairperson:

9.30am	Welcome
9.45am	Opening remarks Introduction (15 minutes)
10.00am	Nutrition and health issues (45 minutes)
10.45am	Break (15 minutes)
11.00am	Outline of Nutritional Risk Screening and Monitoring (30 minutes)
11.30am	General assessment of food and nutrition issues (30 minutes) Dietary principles and problems (30 minutes)
12.30pm	Break (one hour)
1.30pm	Ways in which dietitians can assist HACC clients and services (15 minutes)
1.45pm	Introduction to case studies (15 minutes)
2.00pm	Case study working groups (60 minutes)
3.00pm	Break (15 minutes)
3.15pm	Case study working groups (30 minutes)
3.45pm	Quality improvement for nutritional risk screening and monitoring (30 minutes) Program evaluation questionnaire Summary and conclusions
4.30pm	Close

ATTENDANCE RECORD SHEET

	NAME	POSITION	ORGANISATION
1			
2			
3			
4			
5			
6			
7			
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10			
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19			
20			

SEMINAR EVALUATION QUESTIONNAIRE

Please circle your response or provide a comment.

1) **In an overall sense, how satisfied are you with the outcomes of the Seminar to date?**

- * Very satisfied
- * Mostly satisfied
- * Indifferent or mildly dissatisfied
- * Quite dissatisfied
- * No answer

Any other comments?

2) **To what extent has the Seminar met the aim of demonstrating the introduction of nutritional risk screening and monitoring to the assessment process?**

- * Totally met the aim
- * Partially met the aim
- * Did not meet the aim
- * Don't know
- * No answer

Any other comments?

3) **How effective has the Seminar been in conveying information?**

- * Not very effective
- * Somewhat effective
- * Mostly effective
- * Very effective
- * No answer

Any other comments?

4) **How effective was the Seminar in getting you thinking?**

- * Not very effective
- * Very effective
- * Somewhat effective
- * No answer

Any other comments?

5) How effective was the Seminar in keeping your interest?

- * Not very effective
- * Very effective
- * Somewhat effective
- * No answer

Any other comments?

6) Do you understand more about the main principles of nutritional risk screening and monitoring?

- * No
- * A little
- * Some
- * A lot
- * No answer

Any other comments?

7) Has your view of food and nutrition issues in independently living vulnerable adults changed?

NO YES

If YES, how has your view changed?

8) At this stage, would you recommend this nutritional risk process, to other health professionals who are responsible for assessing people at home for community services?

- * No, definitely not
- * No, I do not think so
- * Yes, I think so
- * Yes, definitely
- * No answer

9) Do you have any other comments?

Thank you for participating in the Seminar.

SEMINAR EVALUATION QUESTIONNAIRE SUMMARY SHEET

Answer	Results	Total number (%)
1) In an overall sense, how satisfied are you with the Seminar outcomes o date?		
Very satisfied		
Mostly satisfied		
Indifferent or mildly dissatisfied		
Quite dissatisfied		
No answer		
Any other comments?		
2) To what extent has the Seminar met the aim of demonstrating the introduction of nutritional risk screening in the assessment process?		
Totally met the aim		
Partially met the aim		
Did not meet the aim		
Don't know		
No answer		
Any other comments?		
3) How effective has the Seminar been in conveying information?		
Not very effective		
Somewhat effective		
Mostly effective		
Very effective		
No answer		
Any other comments?		
4) How effective was the Seminar in getting you thinking?		
Not very effective		
Very effective		
Somewhat effective		
No answer		
Any other comments?		
5) How effective was the Seminar in keeping your interest?		
Not very effective		
Very effective		
Somewhat effective		
No answer		
Any other comments?		

Answer	Results	Total number (%)
6) Do you understand more about the main principles of nutritional risk screening and monitoring?		
No		
A little		
Some		
A lot		
No answer		
Any other comments?		
7) Has your view of food and nutrition issues in independently living vulnerable adults changed?		
NO		
YES		
If YES, how has your view changed?		
8) At this stage, would you recommend this nutritional risk process to other health professionals who are responsible for assessing people at home for community services?		
No, definitely not		
No, I do not think so		
Yes, I think so		
Yes, definitely		
No answer		
Any other comments?		
9) Do you have any other comments?		

TRAINING REPORT SHEET

Dietitian: _____ Date: _____

Contact address: _____

Telephone number: _____

Training Needs Assessment:

Date: _____

Location: _____

Services: _____

Coordinators: _____

Please comment on the effectiveness of Training Needs Assessment:

Training Program:

Location:

Dates:

Participants:

Number:

Positions:

Services represented:

Please comment on the effectiveness of training:

**Please comment on the Nutritional Risk Screening and Monitoring Tool,
the Training Program and the Resource Manual:**

Date:

Location:

Name:

APPENDIX 4

Definition of Nutrition-Related Terms Used in the Training Program

DEFINITION OF NUTRITION-RELATED TERMS USED IN THE TRAINING PROGRAM

Food security is defined as: access by all people at all times to the food needed for a healthy life, regardless of financial status (FAO/ WHO, 1992).

HACC target group: The HACC target group includes frail older people and younger adults with disabilities.

HACC general assessment: The HACC general assessment includes use of the universal Client Information and Referral Record (CIARR) and perhaps local assessment forms.

Nutritional Risk: 'The risk factors of poor nutritional status are characteristics that are associated with an increased likelihood of poor nutritional status' (Nutrition Screening Initiative, 1992).

Nutritional Risk Screening and Monitoring: 'The process of discovering characteristics known to be associated with dietary or nutritional problems' (Nutrition Screening Initiative, 1992).

The purpose of Nutritional Risk Screening and Monitoring is to identify: individuals at high risk of food and nutrition problems, and individuals who already have poor nutritional status.

Vulnerable people: independently living frail older people, younger adults with disabilities (intellectual, psychiatric, physical), and financially disadvantaged people living in alternative accommodation.

APPENDIX 5

References

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APPENDIX 6

Resources

RESOURCES

COOKING FOR ONE OR TWO

Home Economics Institute of Australia (Vic) Inc.
PO Box 143
CARLTON SOUTH 3053

A small paperback recipe book

COOKING SMALL EATING WELL

Hawthorn Community Education Project
24 Wakefield Street
HAWTHORN 3122
Telephone: 03 9818 7371

A practical program for community workers to assist older people to eat well. This program takes Community Workers through a one day demonstration and information package. The workers can then use this package in turn, to assist individuals and groups to improve their information and cooking skills. The emphasis is on preparing dishes and meals for one or two people).

COST CUT WITH CANNED FOODS

Australian Nutrition Foundation (Victorian Division)
c/- Caulfield General Medical Centre
260 Kooyong Road
CAULFIELD 3162
Telephone/ Fax: 03 9528 2453

A VHS video tape with recipes for economical meals using canned foods

FOOD CENT\$ PROJECT

Heal Promotions Services Branch
Health Department of Western Australia
189 Royal Street
EAST PERTH

A program which targets people on low to moderate incomes. This program takes community workers through training to enable them to conduct Food Cent\$ supermarket tours for adults and schoolchildren, and to train members of the community to become a Food Cent\$ adviser.

IN THE THICK OF IT

Speech Pathology Department
Royal Melbourne Hospital,
Chester St
MOONEE PONDS 3039

An innovative video that aims to demonstrate the need for and preparation of thickened fluids for people with particular swallowing difficulties.

A WORLD OF FOOD: A MANUAL TO ASSIST IN THE PROVISION OF CULTURALLY APPROPRIATE MEALS FOR OLDER PEOPLE

Commonwealth Department of Human Services and Health.
Australian Government Publishing Service
GPO Box 84
CANBERRA 2601

A manual designed to assist facilities to meet the food-related needs of older non-English speaking background people in a culturally appropriate way. It shows how simple it can be to make mealtimes enjoyable for older people from non-English speaking backgrounds and how to adapt existing menus to accommodate cultural and individual preferences.

SWALLOWING DIFFICULTIES

Motor Neurone Disease Association of Victoria,
PO Box 262
CAULFIELD SOUTH 3162
Telephone: 03 9596 4761
Freecall 1800 80 6632

A 22 minute video guide for carers of people with swallowing problems of any kind (not specific to motor neurone disease).

THE PROOF OF THE PUDDING:

Older people talk about eating well

Australian Pensioners' and Superannuation Federation (1993)
Suite 62
8-24 Kippax Street
SURRY HILLS 2010
Telephone: 02 281 4566
Fax: 02 281 5951
A 20 minute video and resource kit.

THERE'S MORE TO QUITTING THAN QUITTING

Centre for Education and Training in Addiction Studies Melbourne
Royal Melbourne Institute of Technology Department of Social Work (1994)
The stages of change in giving up addictive behaviours. A 15-minute video training resource for counsellors working with substance users.

THE MANAGEMENT OF AGGRESSION IN DRUG AND ALCOHOL AFFECTED PERSONS

NSW Nurses Association
43 Australia Street
CAMPERDOWN 2050
Telephone: 02 550 3244
Professionally produced 50 minute record of an actual one hour lecture with self-teaching booklet.

APPENDIX 7

Learning Outcomes

LEARNING OUTCOMES

Participants should be able to achieve some understanding of the principles behind nutritional risk screening and monitoring and to begin to develop their skills in implementing it.

Some of the potential learning outcomes related to this training program are listed below.

A) Identify nutritional risks in vulnerable clients in the Home and Community Care target group (frail older people, younger adults with a disability)

- 1) Recognise the vulnerable person's right to:
food security and access to safe nourishing food
freedom from hunger and anxiety about food
- 2) Identify and implement basic principles of food and nutrition, including nutritional risk screening, intervention and monitoring
- 3) Identify personal values towards food and nutrition and how the vulnerable person may differ
- 4) Explain the importance of food and nutrition in prevention of health problems and the maintenance of independence in the context of HACCC work
- 5) Identify nutritional risks for each client as part of general assessment
- 6) Identify the factors in daily living which contribute to these risks
- 7) Evaluate the extent of nutritional risk for each client
- 8) Evaluate alternatives for appropriate intervention for clients on the basis of nutritional risk and in the context of general assessment
- 9) Ask clients to tell the worker their own views of their needs and wants
- 10) Explain to the client about the nutritional risks (potential safety risks) that have been observed

B) Plan assistance to adults at risk by the development and organisation of an appropriate service delivery strategy, followed by monitoring.

- 11) Discuss with the client the alternatives for intervention to decrease nutritional risk
- 12) Complete the intervention plan designed to correct or limit nutritional risk for the client in the context of a continuum of care
- 13) Arrange appropriate assistance for the client to correct or limit nutritional risk for the client, including reference to specialists if required
- 14) Transfer appropriate information on the clients nutritional risk and needs to the appropriate service delivery for implementation, or to an external specialist for expertise on client food and nutrition needs
- 15) Arrange the process of monitoring the client's nutritional risk in the future
- 16) Demonstrate through nutritional risk screening and monitoring the ability to coordinate work in the aged and disability sectors and contribute to a service delivery strategy
- 17) Conduct quality improvement programs to address nutritional risks for clients