Good food for all

A guide for residents and staff of shared homes for people with a disability
Good food for all

A guide for residents and staff of shared homes for people with a disability
Acknowledgments

*Good Food For All* was developed by the Disability Services Branch in conjunction with Disability Accommodation Western Metropolitan Region.

Main contributors to the project were:

- Sue Milner – Statewide Nutrition Adviser, Nutrition and Dietetics
- Naomi Roberts – Dietitian, Project Officer
- Jack Kefford – Project Manager, Disability Accommodation Services, Western Metropolitan Region
- Janey Muir-Smith – Manager, Disability Accommodation Services, Western Metropolitan Region

Thank you to the residents and staff of the Community Residential Units in the Western Metropolitan Region who contributed to the project.

Published by Disability Services Division
Victorian Government Department of Human Services
Melbourne Victoria
ISBN 0 7311 61467
July 2004
Copyright State of Victoria, Department of Human Services, 2002
This publication is copyright. No part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*. 
Contents

Introduction vi
How to use this book vii

Part 1: General nutrition 1
What is a balanced diet? 1
Carbohydrates 1
Protein 1
Fat 2
Vitamins and minerals 3
Fluid 3
Australian Dietary Guidelines 4
The Food Groups 5
The Healthy Eating Pyramid 7
Cultural and religious considerations 8

Part 2: Planning healthy meals 9
What is a menu? 9
Why plan a menu? 9
How to make a good menu 9
Considerations for menu planning 10
Involving residents in menu planning 10
Meal ideas 11
Helping residents to make food and meal choices 17
Planning meal choices with non-verbal residents 18
Tips for successful menu planning meetings 20
Helping residents to make healthy food choices 21
How to plan a menu 24
Menu planning checklist 26

Part 3: Practical tips about food and shopping 27
Budgeting 27
Hints for saving money 29
Shopping 29
Involve residents in making a shopping list 32
Involve residents in the shopping 33
Reading food labels 34
Cooking and meal preparation 37
Part 4: Secrets of the quick and tasty meal

Easy cooking 39
Preparing soft, minced and mashed and blended meals 40
Recipes
Soups 42
Dishes based on minced meat 43
Dishes based on fish 45
10 minute fry pan meals 46
Casseroles and stews 47
Risotto 49
Clayton’s quiche 50
Hearty and healthy pies 51
Lazy lasagne 52
No fiddle filo 54
Roast meals 55
Desserts 56
How to adjust a recipe to suit a different number of people 58
Make-at-home take-away 60
Healthy take-away and restaurant food 62

Part 5: Nutrition for special needs

Body weight issues 63
Body weight 63
Underweight 64
Overweight and obesity 67
Food and health problems 71
Diabetes 71
Heart disease 76
High blood pressure 77
Constipation 77
Diarrhoea 79
Ulcers 80
Reflex 80
Iron and iron deficiency 81
Calcium and osteoporosis 82
Lactose intolerance 84
Difficulties with eating 85
Chewing and swallowing difficulties 85
Fussy eaters 91
Food for different age groups 93
Food for children and adolescents 93
Food for older people 93
Eating preferences 94
Vegetarianism 94
Part 6: Useful resources

Health professionals 97
Reference books 97
Cookbooks 97
Websites 98
Associations, societies and foundations 98
People with all forms of a disability are at increased risk of nutrition-related health problems. In shared housing for people with a disability, staff have immediate responsibility for ensuring residents receive a diet that meets their nutritional requirements. They must also ensure it is appropriate in terms of texture, appearance, culture and food preferences.

Staff also have a responsibility to give residents the opportunity to have choice in foods and meals and to participate in shopping and meal preparation.

This book is designed to help residents and staff plan healthy meals. It provides information about resident participation, healthy diets, meal planning, budgeting, shopping and cooking.
How to use this book

The book is divided into five parts:

**Part 1: General nutrition**
Part 1 covers the basic principles of nutrition and provides useful background to the remainder of *Good Food for All*.

**Part 2: Planning healthy meals**
Part 2 provides information about planning healthy meals and involving residents in choice-making.

**Part 3: Practical tips about food and shopping**
Part 3 covers the practical aspects of developing and following a menu.
Topics covered in Part 3:
- Budgeting for food
- Shopping for food
- Reading food product labels

**Part 4: Secrets of the quick and tasty meal**
Part 4 provides a large range of easy and healthy recipes. These recipes are low in fat and are suitable for residents wanting to lose weight and residents with, or at risk of, diabetes or heart disease. Information is provided about how to make each recipe suitable for residents requiring extra nutrition and those on soft, minced or blended diets. Part 4 also provides ideas about healthy take-away and restaurant food.
Part 5: Nutrition for special needs

Part 5 consists of information sheets covering different topics about a food or nutrition-related issues common to people with a disability. It is not intended that all this information is read at once, only the topics of relevance to each particular shared home. Topics covered in Part 5:

<table>
<thead>
<tr>
<th>Body weight issues</th>
<th>Difficulties with eating</th>
</tr>
</thead>
<tbody>
<tr>
<td>• body weight</td>
<td>• chewing and swallowing difficulties</td>
</tr>
<tr>
<td>• underweight</td>
<td>• fussy eaters</td>
</tr>
<tr>
<td>• overweight and obesity</td>
<td>• over eating and bingeing behaviours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food and health problems</th>
<th>Food for different age groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>• diabetes</td>
<td>• food for children and adolescents</td>
</tr>
<tr>
<td>• heart disease</td>
<td>• food for older people</td>
</tr>
<tr>
<td>• high blood pressure</td>
<td></td>
</tr>
<tr>
<td>• constipation</td>
<td></td>
</tr>
<tr>
<td>• diarrhoea</td>
<td></td>
</tr>
<tr>
<td>• ulcers</td>
<td></td>
</tr>
<tr>
<td>• reflux</td>
<td></td>
</tr>
<tr>
<td>• iron and iron deficiency</td>
<td></td>
</tr>
<tr>
<td>• calcium and osteoporosis</td>
<td></td>
</tr>
<tr>
<td>• lactose intolerance</td>
<td></td>
</tr>
</tbody>
</table>

Part 6: Useful resources

This section contains a list of written resources and external agencies that may be consulted for further information about topics relating to menu planning or nutrition.
PART ONE
General nutrition

What is a balanced diet?
The body needs a number of food components for health and growth: carbohydrate, protein, fat, vitamins, minerals and water.

These food components are called nutrients. For a healthy diet it is important that we eat the right balance of these nutrients – not too much and not too little. This is what is meant by a balanced diet.

No single food is better for us than another – no single food contains all of the nutrients that we need. The best way to eat a balanced diet is to enjoy a wide variety of different foods.

Carbohydrates
Provide fuel for the body
- Most carbohydrates are sugars and starches
- In general, starches are found in bread, breakfast cereal, pasta, rice and vegetables, while sugars are found in fruit, dairy foods, sugar and lollies.
- Starches should make up the largest portion of the diet.

Fibre
Fibre is another type of carbohydrate. Unlike sugar and starch, fibre does not get broken down in the small intestine. It passes through the gut all the way to the colon. Fibre is important for a number of reasons – one main reason is because it helps to keep the bowels regular.

Foods such as wholemeal and wholegrain breads and cereals, fruits and vegetables, nuts and legumes (such as baked beans, lentils and kidney beans) are good sources of fibre.

Protein
- Much of the body is made from protein, for example:
  - muscles – the ones we can see on our body and also the ones inside our body such as the heart
  - skin, hair and blood
  - enzymes and hormones.
- It is important that we eat enough protein to help us to grow and repair our body. The average Australian diet usually contains more than enough protein.
- Good sources of protein are meat, chicken, fish, eggs, dairy foods, legumes and nuts.
Fat

We need some fat in our diet for health. The only problem with fat in the diet is when we eat too much. There are two main types of fats in our food: saturated fats and unsaturated fats.

Saturated Fats

Saturated fats are not good for health – they raise the blood cholesterol and, for people with diabetes, make the blood glucose level more difficult to manage.

The main saturated fats are those found in animal products – found in meat (usually the white parts of the meat), chicken (especially in the skin), lard, dripping and dairy foods (mainly in cheese and cream).

Coconut and palm oil are two saturated fats that are not of an animal source. Coconut oil is found in coconut cream and coconut products. Palm oil is used in many commercial sweet biscuits, croissants, pastries and cakes. Cooking margarine is also made of saturated fat.

Unsaturated fats

Unsaturated fats are better for health than saturated fats. They do not raise the blood cholesterol or make blood glucose levels difficult to control.

Unsaturated fats are either polyunsaturated or monounsaturated.

Unsaturated fats are found in plant foods and fish, such as:

- oils such as olive, canola, sunflower and safflower
- monounsaturated and polyunsaturated margarines
- nuts and avocado
- oily fish, such as salmon, mackerel and herring.

Unsaturated fats contain just as many kilojoules as other fats but they are much better for health. Eating too much of any type of fat will lead to excess weight gain.

Choose unsaturated fats over saturated fats but avoid using too much.
Vitamins and minerals

Vitamins and minerals are found in all foods but mainly in fruit, vegetables, meat, breads, cereals and dairy foods. A balanced and varied diet provides all of the vitamins and minerals required for health. In general, supplements are not necessary and some can cause damage because they come in greater quantities than the body can use. Avoid the use of supplements unless recommended by a doctor or dietitian.

Two minerals that people often do not have enough of in the diet are iron and calcium. It is easy to increase the quantities of these minerals in the diet with a careful selection of foods. For more information about iron or calcium, refer to pages 81 or 82 respectively.

Fluid

Fluid is important to keep the body hydrated. Each day we lose about 2 litres (8 glasses) of water. This fluid is mainly lost through our lungs when we breathe and through urine and sweat. Short term effects of not having enough fluid are overheating, constipation and agitation. Long term effects of not having enough fluid can include urinary tract infections and kidney disease.

A leading cause of constipation is dehydration – increasing the fluid intake of a person with constipation by one or two glasses a day can often solve a problem with constipation.

How much fluid should residents drink?

Fluid requirements vary from person to person, according to body size, the surrounding temperature and level of physical activity. Generally 6-8 glasses of fluid a day is recommended. Caffeine-containing drinks (such as tea, coffee and cola drinks) cause an increase in fluid loss through urination. These drinks are not a good source of fluid to people.

Some residents may need to be reminded to drink, especially in hot weather. A good way to ensure that residents drink adequate fluid is to serve a glass of water with each meal and snack.

The best way to tell if a resident is having enough fluid is to check their urine. If there is plenty of pale urine they are adequately hydrated. If there is a small amount of dark yellow urine then they are not having enough fluid.
The Dietary Guidelines for Australian Adults

Enjoy a wide variety of nutritious foods

• Eat plenty of vegetables, legumes and fruits
• Eat plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain
• Include lean meat, fish, poultry and/or alternatives
• Include milks, yoghurts, cheeses and/or alternatives. Reduced-fat varieties should be chosen, where possible
• Drink plenty of water.

and take care to

• Limit saturated fat and moderate total fat intake
• Choose foods low in salt
• Limit your alcohol intake if you choose to drink
• Consume only moderate amounts of sugars and foods containing added sugars.

Prevent weight gain: be physically active and eat according to your energy needs

Care for your food: prepare and store it safely

Encourage and support breastfeeding
The food groups

The Food Groups are a classification of foods according to characteristic nutrients. For example, the dairy food group contains foods that are a good source of calcium and protein. The meat and alternative food group contains foods that are a good source of protein and iron.

The Food Groups are as follows:

• Breads and cereals
• Fruit and vegetables
• Dairy foods
• Meat and meat substitutes
• Extras.

There is a recommended number of serves of each of the food groups that we should eat each day. This amount provides all of the nutrients needed by the average person.

The table on the following page shows the recommended daily amount of each of the food groups. The recommended daily amount is expressed by the recommended number of serves per day. For example, in the breads and cereals group five or more serves a day are recommended. An example of five serves a day of the breads and cereals group would be:

• Breakfast: Bowl of porridge . . . . . . . . . . . . . .1 serve
• Lunch: bread roll with salad . . . . . . . . . . . . . . . .2 serves
• Evening meal: 1 cup pasta with sauce . . . . . . . . . . .2 serves
### Recommended daily amounts of the food groups

<table>
<thead>
<tr>
<th>Food</th>
<th>Recommended number serves per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breads and Cereals</strong></td>
<td>5 or more serves</td>
</tr>
<tr>
<td></td>
<td>1 serve means:</td>
</tr>
<tr>
<td></td>
<td>• 1 bowl breakfast cereal</td>
</tr>
<tr>
<td></td>
<td>• 1/2 cup cooked pasta or rice</td>
</tr>
<tr>
<td></td>
<td>• 1 slice bread</td>
</tr>
<tr>
<td></td>
<td>• 1/2 bread roll or muffin</td>
</tr>
<tr>
<td><strong>Fruit and Vegetables</strong></td>
<td>2 serves fruit and 5 serves vegetables</td>
</tr>
<tr>
<td></td>
<td>1 serve of fruit means:</td>
</tr>
<tr>
<td></td>
<td>• 1 medium orange, apple, pear, banana</td>
</tr>
<tr>
<td></td>
<td>• 1 cup tinned fruit</td>
</tr>
<tr>
<td></td>
<td>• 2 tbsp dried fruit</td>
</tr>
<tr>
<td></td>
<td>1 serve vegetable means:</td>
</tr>
<tr>
<td></td>
<td>• 1 medium potato</td>
</tr>
<tr>
<td></td>
<td>• 1 cup salad vegetables</td>
</tr>
<tr>
<td></td>
<td>• 1/2 cup cooked vegetables (for example peas, carrot)</td>
</tr>
<tr>
<td><strong>Dairy Foods</strong></td>
<td>3 serves</td>
</tr>
<tr>
<td></td>
<td>1 serve means:</td>
</tr>
<tr>
<td></td>
<td>• 1 cup cow’s milk or calcium fortified soy milk</td>
</tr>
<tr>
<td></td>
<td>• 40 gram cheese</td>
</tr>
<tr>
<td></td>
<td>• 200 g yoghurt</td>
</tr>
<tr>
<td><strong>Meat and Alternatives</strong></td>
<td>1 serve</td>
</tr>
<tr>
<td></td>
<td>1 serve means:</td>
</tr>
<tr>
<td></td>
<td>• 80 g cooked meat (size of a pack of cards)</td>
</tr>
<tr>
<td></td>
<td>• 120 g chicken or fish</td>
</tr>
<tr>
<td></td>
<td>• 2 eggs</td>
</tr>
<tr>
<td></td>
<td>• 1 cup cooked legumes (for example baked beans, lentils, kidney beans)</td>
</tr>
<tr>
<td><strong>Extras</strong></td>
<td>1-3 serves</td>
</tr>
<tr>
<td></td>
<td>1 serve means:</td>
</tr>
<tr>
<td></td>
<td>• 1 pastry (party pie, donut, Danish etc)</td>
</tr>
<tr>
<td></td>
<td>• 200 ml wine/ 60ml spirits/400 ml beer</td>
</tr>
<tr>
<td></td>
<td>• 4 squares chocolate</td>
</tr>
<tr>
<td></td>
<td>• 1 tin soft-drink</td>
</tr>
</tbody>
</table>
The healthy eating pyramid

The Healthy Eating Pyramid shows each of the food groups in a way that reflects how much of each we should eat.

The bottom of the Healthy Eating Pyramid shows the breads and cereals group and the fruit and vegetables group. These are the carbohydrate foods, which are generally high in fibre, high in vitamin and mineral content and low in fat. The Healthy Eating Pyramid recommends that we ‘Eat Most’ of these foods.

In the middle of the Pyramid is the dairy group and the meat and alternatives group. These are the ‘Eat Moderately’ foods. These foods are good sources of calcium, iron and protein. However, they also contain saturated fats and should be eaten in moderation only. It is best to choose low fat varieties of these foods, for example lean meat, fat-reduced cheese and low fat milk (underweight clients are an exception to this and are best to have full fat varieties).

The ‘Eat Least’ section of the Pyramid shows takeaway foods, fats and high sugar foods. These are the extra foods that do not provide goodness but that we eat for other reasons. The recommended amount of these foods varies from person to person. Overweight or inactive people are recommended to eat zero to one serve of extras per day. For underweight or physically active people, up to three serves a day may be appropriate.
Cultural and religious considerations

If one or more residents in your shared home comes from different cultural backgrounds, it will help to have an understanding of the foods they may prefer for as a result of their heritage. Some of the cultural groups living within our society include:

- Aboriginal and Torres Strait Islander
- Asian
- European
- Indian
- Mediterranean
- Mexican
- South American

Factors that may influence food choices of people from different cultural backgrounds include availability and accessibility of foods, familiarity, beliefs and values, food advertising and cultural preferences. These factors vary significantly from country to country and region to region.

Another important issue that may affect the food choices that residents make is whether or not they follow a religion. Religious groups within our society who may follow particular dietary restrictions include Jewish, Hindu, Muslim and some Christian denominations, for example Seventh Day Adventist. Examples of food-related religious needs are Kosher, Halal and Hindu.

The best way to find out about cultural influences on resident’s food choices is to ask the resident or their family.
PART TWO
Planning healthy meals

What is a menu?
A menu is a planned list of foods and drinks that are to be prepared for particular meals over a period of time.
All residents and staff should be involved in the menu planning process.

Why plan a menu?
• A menu plan is the easiest way to ensure that all residents have choice in what they will be eating.
• It enables planning so that all special dietary needs are met with minimal fuss.
• The nutritional adequacy and variety of foods eaten by residents can be easily checked.
• A menu makes food shopping easier and quicker because the person buying the food knows what is needed.
• Meal time is made easier because planning ensures that all necessary ingredients are available.
• It saves time and money, as food can be purchased in economical quantities once or twice a week.
• There is less food wastage if meals have been planned.

How to make a good menu
• Include all residents and as many staff as possible in the menu planning process.
• Plan the menu for one week in advance.
• Make the menu low in fat. It is much easier to add fat to a cooked meal for an underweight resident than to take it away for a healthy weight or overweight resident.
• Cook the same meal for all residents; some meal ingredients can be changed or added to suit the special needs of residents.
Considerations for menu planning

- **The menu must consist of healthy food.** It should be based on the Australian Dietary Guidelines. This ensures that meals are nutritionally adequate, low in fat and varied.

- **The menu must consider special dietary requirements,** for example chewing or swallowing difficulties, diabetes, high energy needs.

- **Resident characteristics need to be taken into account,** for example age, food likes and dislikes, cultural or religious beliefs.

- **Variety must be included in the menu,** for example variety in flavour, colour and texture.

- **Avoid repetition in the menu,** for example avoid serving chicken two nights in a row, or pasta every Wednesday night.

Involving residents in menu planning

Involving residents in menu planning is important even if staff know what foods residents like and dislike. It is important for residents to be involved in the day-to-day running of the household and to participate in decision-making about meals.

Being able to participate in menu planning, food shopping and meal preparation provides people with the following:

- ‘a voice’ to have more control over their life
- a sense of choice and participation
- a chance to develop new skills and knowledge
- a source of pleasure and past time
- a boost to self esteem
- an opportunity to promote and improve communication and co-operation between residents and staff

By giving resident the opportunity to participate and make choices about the menu, shopping and meal preparation, staff are complying with the Victorian Standards for Disability Services. This is by ensuring that each individual has the opportunity to participate as fully as possible in making decisions about the events of his or her daily life.
Meal ideas

It will be easier to work with residents to plan a menu if you have plenty of ideas about healthy meal and snack options. Following are some suggestions that may help.

Meal ideas for people with chewing or swallowing difficulties are included in this section. These foods are suitable for a soft diet and are easily modified to suit a mashed diet or a blended diet.

Breakfast

Cereal

Breakfast cereal is a healthy and easy morning meal. In general, it is best to choose breakfast cereals with the following:

• less than or equal to 5 g of fat per 100g* (with the exception of rolled oats or Swiss and untoasted muesli).
• more than or equal to 8 g fibre per 100g*.

* refer to page 34 for information about reading food product labels.

Other healthy ideas

Other healthy breakfasts include:

• Wholemeal or grainy bread with toppings such as:
  – Yeast and vegetable extracts, peanut butter, jam or honey
  – Mashed banana
  – Baked beans or tinned spaghetti
  – Poached eggs
  – Cottage cheese or low fat sliced cheese
• Yoghurt and cut up fruit
• Fruit smoothie

Cereals such as Weet Bix™ or Vita Brits™ soaked in milk, instant porridge and semolina are suitable for soft diets and can be modified easily for mashed and blended diets. Avoid cereals with nuts or dried fruit. Other good breakfast options include scrambled egg, mashed or blended baked beans, rice pudding and mashed or blended fruit with smooth yoghurt.
Lunch

Sandwiches
Sandwiches are an easy and healthy option for lunch. Add variety by choosing from grainy, wholemeal and white breads. There are many styles of bread including sliced loaves, rolls, pita bread, French sticks and English muffins.

Options for lunches on weekends may include pasta, soups, toasted sandwiches or salads.

Sandwich ideas

Spreads
Instead of butter or margarine, try chutney, relish, mustard, avocado, hommus, tzatziki, low fat mayonnaise or light cream cheese as a spread for bread.

Fillings
Cheese: Try fat-reduced cheese (slices or block), cottage cheese (flavoured or plain), ricotta, cream cheese.

Examples: • ricotta cheese, banana and cinnamon • cheddar cheese and salad • flavoured cottage cheese (for example gherkin) and grated carrot.

Meat: Use lean roast meats, lean ham (off the bone), lean chicken. Avoid processed meats, such as chicken loaf or strasbourg.

Examples: • lean ham, chutney and alfalfa • sliced chicken breast, avocado and lettuce • roast beef, tomato and mustard.

Fish: Tinned tuna, salmon, mackerel or herrings are tasty in sandwiches.

Examples: • tuna, mayonnaise and chopped gherkin • mackerel and cucumber • salmon, mayonnaise, lemon juice and curry powder.

Vegetables: Salad vegetables, such as tomato, lettuce, cucumber, grated carrot, celery, capsicum, onions and beetroot, can be used in sandwiches on their own or in combination with other fillings such as lean meats or fish.

Examples: • grated carrot, grated cheese and chopped celery with mayonnaise • peanut butter and celery • cucumber and tuna • salad sandwich.

Fruit: Apple, pineapple and bananas are suitable fruits to use in sandwiches; dried fruits, such as sultanas, raisins and dates are also an interesting change.

Examples: • cream cheese, honey and sultanas • sliced apple and cheddar cheese. • banana and peanut butter • pineapple and ham
Other options for a packed lunch are:

• Soup in a thermos
• Cold pasta or rice salad
• Green salad with some slices of cheese, a hard boiled egg, some cold meat or some tinned fish
• Home made mini pizza
• Home made muffins
• Fruit with yoghurt.

Pre-packaged lunch ideas

There are many pre-packaged foods available at the supermarket that may appeal to residents, especially as a meal to eat away from home, for example, at a day placement, work or school. Some of these meals are a healthy lunch option but others are high in fat, salt and/or sugar.

Healthy options include:

• prepared salads (without dressing) and fruit salads
• “ready to serve” tinned soups
• “ready to serve” tinned casseroles and pasta meals
• low fat instant noodles.

Use the information about label reading on page 34 to identify healthy choices when shopping.

The following foods are suitable for a soft diet and are suitable for blending.

• baked beans or tinned spaghetti
• banana, kiwi fruit or tinned fruit with smooth yoghurt (no lumps of fruit or nuts)
• well cooked stews or casseroles (home-prepared, frozen or tinned)
• savoury custard
• soft rice dishes, such as risotto or savoury rice pudding
• soft pasta meals such as spaghetti bolognaise
• soup
• tinned fish.
Avoid food poisoning by storing lunches properly
When packed lunches are taken away from the home to be eaten later care must be
taken to ensure that the meal is stored safely to help prevent food poisoning.

• Wrap food in plastic wrap or place in a sealed bag or lunch box.
• Keep lunch boxes cool by using a frozen drink bottle, an insulated lunch box
  (available at department stores and supermarkets) or a 'cool bag'.
• Alternatively, if there is one available, lunch should be placed in a fridge at work,
  school or day placement.

Refer to Food Safety For All: A guide for shared homes for people with a
disability, Department of Human Services, 2003

Evening meals
Naturally people tend to keep to the meals that they feel comfortable in preparing.
This section demonstrates how to expand the variety of meals that can be prepared
by building on basic cooking skills. Trying some new ideas allows residents to
experience different flavours and learn different skills when working in the kitchen.

There are three parts to a well balanced main meal:

• Carbohydrate foods: pasta, rice, bread, potato, noodles or cous cous.
• Vegetables: different colours contain different vitamins so include at
  least two differently coloured vegetables with each main meal (for
  example orange and green or white and green).
• Protein foods: meat, chicken, fish, legumes/pulses, egg or tofu.

Make sure all main meals contain foods from each of these groups. Carbohydrate foods and vegetables should form the main part of the meal, with a smaller amount of a protein food.

One way of generating a varied list of evening meal options is to write the meat or
meat alternative of a meal down one side of a chart and some healthy ways of
cooking and serving foods along the top of a chart (see next page). By filling in the
squares in the middle, a long list of meals can be generated that will include a wide
range of foods. In the example on the following table, over forty very different meals
have been created.
The following are some examples of foods that are suitable for soft diets and can be modified easily to suit mashed and blended diets. All dishes must not contain any hard lumps (such as whole corn kernels, nuts, tough meat or under cooked vegetables).

- Well cooked casserole, stews and curries
- Soup
- Egg dishes, such as omelette, scrambled egg, crustless quiche, soft boiled egg
- Fish dishes, such as tuna mornay, fish fillets with no bones or skin, fish patties, salmon and cheese pasta
- Legume meals, such as lentil stew, baked beans, lentil patties with no hard lumps
- Soft pasta dishes, such as spaghetti bolognaise, pasta with well cooked vegetables, macaroni cheese
- Rice dishes such as risotto, savoury rice pudding, congee.
Dessert

An easy and healthy way to select desserts is to base them on dairy foods and/or fruit. This can be done in a similar way to choosing main meals. Write dairy food ideas down the side of the chart and fruit ideas along the top. For example:

<table>
<thead>
<tr>
<th>No fruit</th>
<th>Fresh fruit</th>
<th>Cooked fruit</th>
<th>Jellied fruit</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Dairy</td>
<td>Cup of fruit</td>
<td>Banana and maple syrup</td>
<td>Fresh berries in strawberry jelly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>baked on English muffins</td>
<td>Apple and Sultana leaf</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Berry Muffins</td>
</tr>
<tr>
<td>Yoghurt</td>
<td>Frozen yoghurt</td>
<td>Fruit salad and yoghurt</td>
<td>Apricot crumble with vanilla yoghurt</td>
</tr>
<tr>
<td>Ice Cream</td>
<td>Ice cream and pikelets</td>
<td>Strawberries and ice cream</td>
<td>Baked apple with ice cream</td>
</tr>
<tr>
<td>Custard</td>
<td>Baked custard</td>
<td>Banana custard</td>
<td>Apple pie with custard</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 fruits and custard</td>
</tr>
</tbody>
</table>

The following are some examples of desserts that are suitable for soft diets and can be modified easily to suit mashed and blended diets. All dishes must contain no hard lumps (such as hard dried fruit, nuts, pineapple, raw apple or coconut pieces).

- Smooth yoghurt
- Ice-cream *
- Trifle
- Rice pudding

* Jellied tinned fruit *
- Custard
- Banana, kiwi fruit, tinned or stewed fruit

* Jelly and ice-cream are not suitable for people requiring thickened fluids because they melt in the mouth to become a thin fluid.
Snacks

Offer low fat snacks that include fruit, vegetables, breads or cereals or dairy foods. Ideas include:

- **Fruit** – fresh, dried, tinned (for example ‘Snack Packs’)
- **Vegetables and legumes** – cut raw vegetables with dip, pop-corn, baked beans
- **Breads and Cereals** – toast, fruit bread, apple scroll, crumpet and a topping, pretzels, rice snacks, breakfast cereal, low fat muesli bars, low fat oven baked fruit bars, low fat muffin
- **Dairy Foods** – milkshake with low fat milk, small carton of flavoured milk, low fat yoghurt

The following are some examples of snacks that are suitable for soft diets and can be modified easily to suit mashed and blended diets. All dishes must contain no hard lumps (such as hard dried fruit, nuts, pineapple, raw apple or coconut pieces).

- **Milk** – plain, flavoured, milkshake, smoothie
- **Smooth yoghurt**
- **Banana, kiwi fruit, tinned or stewed fruit**
- **Baked beans, tinned spaghetti**
- **Breakfast cereal softened in milk.**

For underweight people, or people who have increased energy requirements, snacks are an opportunity to provide extra nutrition. Nourishing snack ideas can be found on page 65.

Helping residents to make food and meal choices

In most shared homes, the best way to involve residents in the menu planning process is to hold meetings. Meetings may be casual and spontaneous or organised and structured. How meetings are held will depend on the communication skills, preferences and characteristics of residents living in the house.

For some shared homes it may not be suitable to hold menu planning meetings. Instead, it may be appropriate to involve residents in choice-making in a one-on-one situation.

If a resident is unable to engage in choice making it is appropriate for a staff member to make a meal choice on their behalf. This must be done in accordance with the resident’s personal and cultural food preferences and their medical and dietary requirements.
Planning meal choices with non-verbal residents

For residents with minimal or no speech, the use of communication aids may help the process of communicating food choice.

**Communication aids that may help with menu planning**

*Drawings of food*

These can be useful with some clients. Be aware, however, that some residents find it difficult to make the connection between the drawing itself and the actual meal or food that the drawing represents.

*Magazine photos*

These may be cut out from magazines, advertising material, food packages or old cook books.

*Photos*

This can be an effective way for residents to recognise particular foods and meals, especially if the photos have been taken of actual meals cooked in the house. One idea would be to take a photo of each meal cooked at the house until a collection of meal photos is available for residents to use to aid communication.

*Food models*

These are best suited to residents who are unable to relate two dimensional representations of meals (for example photos and drawings) to the “real” object. Toy shops often sell food models such as plastic fruit and plastic chicken drumsticks for example. Creative staff may like to make some models.

*Descriptions of a meal written in Braille.*

Contact a Speech Therapist for more information about communication aids.
The following is an example of how to run a menu planning meeting for residents with limited or no verbal communication.

**Step 1** Identify what kind of communication aids best suit each resident to represent their meal preferences.

**Step 2** Create a folder specifically for menu planning meetings. This folder may contain:

- one photograph of each resident
- seven pages, each with a symbol(s) recognised by all residents as one day of the week, so that there is a separate page for each day of the week
- communication aids
- a sheet of paper on which to record the meal choices.
- a checklist to use at the end of each meeting to make sure the newly planned menu meets residents’ health, medical, social and cultural needs (an example of a suitable checklist is provided at the end of this section on page 26.

**Step 3** At the start of each menu planning meeting open the folder to the page that shows the first day of the week.

**Step 4** Ask one resident to begin by placing a photograph of themselves on this page.

**Step 5** Ask the resident to choose the meal that they wish to have on that day and place the relevant communication aid by their photograph.

**Step 6** Repeat this process for each member of the group.

**Step 7** If appropriate provide an opportunity for members to communicate their feelings about the meals chosen for the week.

**Step 8** At the end of the session, transfer the chosen meals to a communication board placed in an appropriate place in the kitchen.
Tips for successful menu planning meetings

- Make sure you understand how residents use their menu planning communication aids.
- Set up a meeting time when you have an adequate amount of time to devote to the meeting and are less likely to be distracted.
- Prior to asking residents to the meeting, set out all communication aids on the table so they are clear to see.
- Organise a ‘round table’ atmosphere, where all residents can face each other.
- Make sure that the television and radio is off and try to minimise distractions by removing unnecessary items from the table.
- If possible, do not leave the table for phone calls and other distractions. If another staff member cannot take phone calls, use an answering machine.
- Let residents know that their suggestions and preferences are important and valid.
- Try not to give more time to residents that have more communication skills or are using speech – the menu planning meetings are a great opportunity for residents with minimal speech and/or use non-speech aid to express their opinion.
- It may be necessary to cancel meetings at the last minute. If this is the case, do not neglect to reschedule the meeting to another time.
- Structure meetings so that those with minimal concentration or challenging behaviours have their choice first and can then leave.
- Be flexible about where residents can make their meal choice, for example if a resident is unable or does not wish to sit up with the group, allow them to decide on a meal from where they are comfortable.
- Be prepared to have some unsuccessful meetings – particularly at the start. Remember that even an unsuccessful meeting is still likely to have a positive impact on residents – most will perceive that staff are trying to help them to have a say. Also, an unsuccessful meeting is an opportunity to learn from mistakes and to improve on communication methods.

For more advice about involving residents in menu planning, contact a speech therapist or a dietitian.
Helping residents to make healthy food choices

Finding a balance between a resident’s right for choice and their right for health can be a difficult one. It raises issues of residents’ rights and staffs’ responsibilities. Some people with a disability will need guidance in making food-related decisions. They may be vulnerable to advertising and may not understand the longer-term consequences of unhealthy eating. Some residents may be too impulsive to control their eating behaviours without the help of staff. For advice about managing these situations, refer to a dietitian.

Take-away foods

It is acceptable to have a take away meal once a week or once a fortnight. However, high fat, sugar or salt foods, when eaten too often, can lead to long-term health problems, especially for residents who are not physically active. Some of the problems associated with clients having take-away and high fat convenience foods too often are:

• these foods are expensive and leave less money for residents.
• excess take-away and convenience foods can lead to overweight and obesity.
• they are often high in fat and salt and can increase the risk of heart disease, stroke, diabetes and other diseases.
• high fat, high salt and high sugar foods can make pre-existing diseases worse.

Advantages of residents eating less take-away and more healthy foods:

• a healthy diet improves the health and well being of clients.
• healthy choices help residents achieve and maintain a healthy body weight, which makes movement and activity easier.
• healthy choices help overweight residents lose weight, which can help increase their self-esteem.
• healthy choices are cheaper than take-away and convenience foods, leaving clients with more spending money.
• being involved in food preparation and cooking is an opportunity for residents to learn skills and to participate in household activities.
The following table shows some alternatives to ordering take-away food. These alternatives provide many of the benefits of take-away food, without the associated problems.

<table>
<thead>
<tr>
<th>Some reasons why take-away foods are ordered</th>
<th>Healthy alternatives to take-away foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering take away can be easier than cooking</td>
<td>Meal options that are as easy as ordering take-away</td>
</tr>
<tr>
<td></td>
<td>• Boil eggs and serve with toast</td>
</tr>
<tr>
<td></td>
<td>• Heat up some tinned soup</td>
</tr>
<tr>
<td></td>
<td>• Bake a tray of low fat frozen chips and ready-prepared frozen fish</td>
</tr>
<tr>
<td></td>
<td>• Heat frozen dim sims in the microwave</td>
</tr>
<tr>
<td></td>
<td>• Heat up some reduced fat frozen meat pies</td>
</tr>
<tr>
<td></td>
<td>• Dry fry reduced fat sausages and wrap in bread</td>
</tr>
<tr>
<td></td>
<td>• Add toppings to frozen pizza base or English muffins and cook in oven or griller</td>
</tr>
<tr>
<td>Some residents prefer the taste of take-away food and convenience foods to healthier foods</td>
<td>Offer food that tastes like take-away food. Page 62 shows easy and quick recipes for meals that mimic take-away food.</td>
</tr>
<tr>
<td>Take away and convenience foods offer staff an easy way to ‘treat’ residents and reduce or avoid challenging behaviours. It can also offer residents short term pleasure and variety.</td>
<td>Choose other ways of providing ‘treats’, such as:</td>
</tr>
<tr>
<td></td>
<td>• Organise a BBQ or picnic</td>
</tr>
<tr>
<td></td>
<td>• Help residents plan to buy non-food treats with the money they save by eating less take-away</td>
</tr>
<tr>
<td></td>
<td>• Play residents’ favourite music during meal times</td>
</tr>
<tr>
<td></td>
<td>• Make healthy meals look attractive</td>
</tr>
<tr>
<td></td>
<td>• Organise a fun activity after the meal</td>
</tr>
<tr>
<td></td>
<td>• In good weather, eat the meal outside</td>
</tr>
<tr>
<td></td>
<td>• Serve a dessert after the main meal</td>
</tr>
</tbody>
</table>
Information you must have to plan a menu

Before a menu can be planned, information must be gathered about the food and dietary needs of the residents. It is recommended that you contact a dietitian to assist in this process.

Identify and record the following for each resident:

- health and medical problems that will impact on the menu (for example diabetes, difficulty swallowing, no teeth)
- food or dietary requirements to be considered when planning the menu (for example high fibre, low fat, pureed)
- personal food preferences
- cultural and religious food preferences and requirements

The following is an example of one way to record the above-mentioned information.

<table>
<thead>
<tr>
<th>Resident</th>
<th>Health problems</th>
<th>Dietary requirements for menu</th>
<th>Personal food Preferences</th>
<th>Cultural and Religious factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neugen</td>
<td>Underweight</td>
<td>Nourishing diet</td>
<td>Loves rice, noodles and congee Loves sweet food</td>
<td>Prefers Vietnamese foods</td>
</tr>
<tr>
<td>Sophia</td>
<td>Overweight</td>
<td>Low fat Blended foods Honey consistency fluids</td>
<td>Loves pasta and tomato-based dishes Dislikes ham</td>
<td>Prefers Italian foods</td>
</tr>
<tr>
<td>Harry</td>
<td>Diabetes</td>
<td>Low fat High fibre</td>
<td>Loves oranges Dislikes baked beans</td>
<td></td>
</tr>
<tr>
<td>Mary</td>
<td>Overweight</td>
<td>Low fat</td>
<td>Loves mashed potatoes Dislikes apples and milk</td>
<td>Fish on Fridays</td>
</tr>
<tr>
<td>Rashmi</td>
<td></td>
<td></td>
<td></td>
<td>Prefers spicy foods</td>
</tr>
</tbody>
</table>

How often should a menu be planned?

It is generally recommended that a weekly menu is prepared because:

- Planning a one week menu provides relatively instant feedback to residents about their requests. If a menu is planned for longer than one week, it makes it difficult for some residents to remember why a particular meal is being served.
- Planning a menu for longer than a week can take a long time and may be difficult for residents with a shorter concentration span.
- If there is too long between a resident choosing and eating a particular meal, the resident’s desire for the meal may have gone, or they may prefer a different meal.
How to plan a menu

Step 1 – Planning breakfast, lunch, snacks and drinks.

Communicate with each resident to find out the foods and drinks they like and dislike for breakfast, lunch and snacks. Use the information provided earlier in this section to assist good communication and to help residents make healthy choices.

Step 2 – Write a chart to show the breakfast, lunch and snack preferences of the residents. Use this chart as a list of options that the residents can make choices from each day. Ensure that the chart includes at least two choices made by each resident for each meal and snack. The following example shows one way in which this may be done.

<table>
<thead>
<tr>
<th>Example of how to record resident’s meal and snack options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
</tr>
<tr>
<td>Cereal (3 options available, including porridge)</td>
</tr>
<tr>
<td>Wholegrain toast (vegemite, cheese, tomato, jam, honey, peanut butter)</td>
</tr>
<tr>
<td>Baked beans on toast</td>
</tr>
<tr>
<td>Fresh or tinned fruit</td>
</tr>
<tr>
<td>Yoghurt</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
</tr>
<tr>
<td>Wholegrain sandwich (choice of fillings: ham, tomato, cheese, tuna, egg, lettuce, cucumber)</td>
</tr>
<tr>
<td>Tinned soup (tomato, chicken, pumpkin)</td>
</tr>
<tr>
<td>Baked beans</td>
</tr>
<tr>
<td>Pasta meal (weekends only)</td>
</tr>
<tr>
<td><strong>Snacks</strong></td>
</tr>
<tr>
<td>Fresh or tinned fruit</td>
</tr>
<tr>
<td>Yoghurt</td>
</tr>
<tr>
<td>Nuts and dried fruit</td>
</tr>
<tr>
<td><strong>Drinks</strong></td>
</tr>
<tr>
<td>Water</td>
</tr>
<tr>
<td>Milk, plain or flavoured</td>
</tr>
<tr>
<td>Fruit juice (one glass a day only)</td>
</tr>
</tbody>
</table>

Step 3 – Update chart as appropriate, for example, when residents are introduced to new foods and develop new preferences, with changes in the seasons or if medical or health needs change.

Step 4 – Planning the evening meal.

Ask each resident to choose a meal that they would like to eat for the evening meal and record these choices on a separate chart. An example of how the chart may be filled out is provided on the next page.
Step 5 – Consider the suitability of the evening meals for all residents and plan for any alternative foods or meals that may need to be provided (for example if one resident is a vegetarian, plan non-meat alternatives for times when meat is on the menu or if one resident requires a blended diet, plan to cook vegetables if a green salad is on the menu).

Step 6 – Ensure that both meal charts are easily accessible to all staff, especially new or temporary staff.

Once steps 1 – 6 have been completed, the menu planning process is almost finished. The final step, however, is one of the most important.

Step 7 – Once the menu is planned, it is important to see if it meets the personal, nutritional, medical, cultural and religious needs of the residents. There are many ways in which this can be done. It is recommended that one resident’s food intake be checked at a time (this will be easier than assessing everyone’s food intake at once). One way this can be done is to make a roster system so that one resident’s food intake is checked one week, a second resident’s food intake is checked the following week and so on until all resident’s food intake has been assessed.

To check each resident’s food intake, it is necessary to record the type and amount of food and drink they have for one week. This record should then be checked using the Menu Planning Checklist on page 26.

If there are any ‘no’ answers when completing the checklist, review the list of meal and snack options for that resident and review the guidance staff provide to the resident during the choice-making process.
## Menu planning checklist

Use this checklist to see how healthy each resident’s weekly food intake is. If 'no' is the answer to any question, find out why and address the problem.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the resident been involved in choosing their meals and snacks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are residents' cultural preferences reflected in the menu?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are the meals visually appealing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does the resident have a minimum of 2 serves of fruit per day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does the resident have a minimum of 5 serves of vegetables per day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does the resident have a minimum of one serve of meat or meat alternative per day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are low fat dairy products (or calcium-fortified soy) chosen where appropriate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Does the resident have 3 serves of dairy foods each day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are polyunsaturated or monounsaturated fats and oils used in recipes instead of butter, lard and other saturated fats?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Is there a lack of repetition in meals and snacks chosen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Are no more than 2 out of 7 evening meals high in fat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Are no more than 1 out of 7 lunches meals high in fat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Is wholegrain, wholemeal or fibre-increased white bread chosen at least 4 times a week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Where breakfast cereal is eaten, is a high fibre variety chosen at least 4 times a week?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART 3
Tips about food and shopping

Budgeting

Using the Healthy Eating Pyramid to budget

The healthy foods are usually the foods that are less expensive. The foods at the bottom of the pyramid, the ‘eat most food’, are generally the cheapest foods to buy. The foods in the middle of the pyramid, the ‘eat moderately’, foods are often more expensive than the foods at the bottom of the pyramid (compare the price per kilo of cheese or meat compared to that of apples or rice). The foods at the top of the pyramid, the ‘eat least foods’, are often the most expensive foods of all – for example consider the price per kilo of a take-away pizza compared to the price of one made at home using ingredients from lower down in the food pyramid.

The following are some general principles to follow when shopping:

- Spend the most amount of money on the foods people should eat most
- Spend a moderate amount of money on the foods people should eat moderately
- Spend the least amount of money on the foods people should eat least.

**Eat Most Spend Most**

Spend the most money on the foods people should eat most to provide energy, vitamins, minerals and fibre. These foods include bread, breakfast cereal, rice, pasta, fruit, vegetables and legumes (baked beans, lentils and kidney beans).

**Eat Moderately Spend Moderately**

Spend a moderate amount of money on foods that people should eat in moderation for strong muscles and bones. These foods include meat, fish, chicken, eggs, cheese, milk and nuts.

**Eat Least Spend Least**

Spend the least amount of money on foods that people should eat the least because they do not provide many nutrients. These foods include: chocolate, sweet biscuits, crisps, cordials, soft drinks, coffee, cake, pastries, fats.
The 10 Part Plan

The 10 Part Plan divides the total food budget for the household by ten and allocates one part to ‘eat least’ foods, three parts to ‘eat moderately’ foods and 6 parts to ‘eat most’ foods.

**Step 1** – Write down the amount of money usually spent on the household’s food per week, fortnight or month.

Food money = $.................

**Step 2** – Divide this amount by 10 to give one part, for example $120 ÷ 10 means $12 per part

A part = $............... 10 = $............... per part

**Step 3** – Using the guide on the below, write the amount that should be spent on each section according to the 10 Part Plan.

**Try the 10-Part Plan for your shared home**

**Eat Most Foods**

These foods usually cost around $3–5 /kg

| 6 PARTS |
|-----------------|-----------------|
| $............... x 6 = $ ................. | to spend on bread, cereal, pasta, rice, vegetables, legumes and fruit |
| (1part) (6 parts) | |

**Eat Moderately Foods**

These foods usually cost around $6–14 /kg

| 3 PARTS |
|-----------------|-----------------|
| $............... x 3 = $ ................. | to spend on lean meat, dairy foods etc |
| (1part) (3 parts) | |

**Eat Least Foods**

These foods usually cost around $15–30 /kg

| 1 PART |
|-----------------|-----------------|
| $............... x 1 = $ ................. | to spend on margarine, oils and extras |
| (1part) (1 parts) | |

1 Adapted from FoodCent$, Health Department, W.A., 2000.
Hints for saving money

- After planning the menu, make a shopping list.
- Only buy items on the list.
- Buy foods in season, especially fruit and vegetables.
- Take advantage of specials, but only buy foods that are required.
- Choose lean varieties of meats – some cheaper meats are high in fat.
- Use generous amounts of rice, pasta, cereals and vegetables and small amounts of meat in meals.
- Replace some of the meat in meals with dried peas, kidney beans, baked beans or lentils.
- Buy rice, pasta and flour in larger packets.
- Avoid buying food near the ‘use by’ date.
- Use canned fruits and vegetables as well as fresh.
- Check what is already in the pantry and fridge while writing a shopping list to avoid buying products that may not be needed.
- Try ‘plain label’ varieties.
- Refer to a dietitian if there are any problems with the food budget.

Shopping

How to write a shopping list:

1. Check the ingredient list of each of the evening meals to be prepared during the week.
2. Write each of the ingredients for the meals on a piece of paper.
3. Work out the quantity of each ingredient needed (refer to information provided on page 30 for assistance with this).
4. Check the pantry and the fridge to see what foods are already available in the house so that unnecessary food is not bought. Cross foods that are not needed from the shopping list.
5. Write down the foods needed for lunches and snacks (for example, fruit, sandwich fillings, cheese, individual tubs of yoghurt, dry biscuits). Estimate the quantities of these needed.
6. Check stocks of breakfast cereal and estimate how much cereal will need to be bought (most houses will need to buy about three boxes of breakfast cereal per week if all residents eat a cereal in the morning).

It is generally best to buy milk and bread on a frequent basis (once every few days). This enables a fresh supply of milk and bread, reduces the amount of food storage space needed and allows for quantities of these foods to be bought as necessary.
Examples of estimating how much food to buy for one week.

Example one: estimating how much fruit to buy for one week:
1 Write how many pieces of fruit would be eaten by each resident on a typical day.

<table>
<thead>
<tr>
<th>Name</th>
<th>Apple</th>
<th>Banana</th>
<th>Orange</th>
<th>Individual pureed fruit pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alex</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sam</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Jack</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nathan</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total amount of fruit eaten in one day</strong></td>
<td><strong>4</strong></td>
<td><strong>4</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

Thus, for one day, 4 apples, 4 bananas, 3 oranges and two individual pureed fruit packs will be required.

2 Work out how much fruit would be needed for one week (7 days).

- 7 x 4 apples = 28 apples are needed
- 7 x 4 bananas = 28 bananas are needed
- 7 x 3 oranges = 21 oranges are needed
- 7 x 2 individual fruit purees = 14 individual fruit purees are needed.
Example two: estimating how much meat, chicken and fish to buy for one week (seven days):

1. Write the meat, chicken, fish types that are required for the upcoming week’s meals (for example pork chops, chicken breast, tinned tuna, lamb roast and lean mince).

2. Write how much meat will be required for each meal. This can be done using a recipe (see box below) or by planning to allow 80g of meat per person for each meal and 120 g of fish or chicken per person.

---

Example of how to work out how much meat would be required to serve five people, from a recipe made for six people.

**Chicken and Corn Pasta**

**Serves 6**

**Ingredients:**
- 300g pasta
- 600g chicken breast
- 425g can corn
- 2 tablespoons chopped fresh basil
- 6 tablespoons fresh feta cheese (to sprinkle on top of pasta)

**Step 1** Divide the quantity of meat by the number of serves that the recipe makes. 600g chicken (6 serves = 100g chicken per serve)

**Step 2** Multiply the quantity of each ingredient for one serve by the desired number of serves.
For 5 serves:
- 100g chicken (5 serves = 500g chicken breast)
Therefore, it is necessary to buy 500g of chicken breast.
Involve residents in making a shopping list

There are different ways that residents can be involved in keeping a shopping list. The following is an example that will suit some residents. For more advice about how to develop a shopping list suited to residents’ needs, contact a Dietitian or Speech Pathologist.

1 Identify one resident each week to keep the list – it is often best for the job to be done by one resident so that they get familiar with the task.

2 Buy a small folder (A5 size).

3 Cover both inside panels of the folder with ‘Front Runner’ or ‘Velcro’ material (available at large material stores).

4 The left panel will be the shopping list or the ‘need to buy’ panel.

5 The right panel will be the ‘put in trolley’ or ‘have bought’ panel.

6 Make a collection of pictures of food products (for example cut out pictures from advertising material, laminate them and glue a piece of Velcro on the back).

7 Keep the pictures in a tub or file them in a box according to food type.

8 When a food runs out or runs low, ask the resident to place a picture of the food on the ‘need to buy’ side of the folder.

9 The resident responsible for the shopping list goes to the supermarket with a staff member and uses the shopping list to buy the groceries.
Good food for all: a guide for residents and staff of shared homes for people with a disability

Involve residents in the shopping

Being involved in the food shopping is important for residents. Some of the advantages of residents and staff sharing the food shopping are:

• Shopping provides an outing and a change of environment for residents.

• It gives them a chance to interact and form links with their community, opportunities to communicate with different people in different environments and a chance to improve communication skills.

• Shopping provides physical activity for residents.

• It is an opportunity for residents and staff to spend time together on a one to one or two to one basis.

Tips for helping residents to participate in the shopping

• Encourage residents to be involved in planning a shopping list from the menu.

• Use a style of shopping list appropriate to the resident (refer to the previous section for ideas about making shopping lists).

• Allow extra time for the shopping.

• Avoid chip, chocolate and confectionery aisles in the supermarket and concentrate on fruit and vegetable, bread, breakfast cereal, dairy and meat aisles.

• Be positive about healthy foods, for example by saying “how about if we buy plenty of fruit because that will make a good snack”. Staff attitudes toward foods can provide important role modelling.

• Where possible, encourage the residents to interact with other people at the supermarket, for example encourage a resident to pay for the groceries at the check out counter. Communication cards may be helpful here.

Please take this money and give me the right amount of change plus a receipt.

Example of a communication card
Reading food labels

Food labels provide information about foods so that an informed choice can be made about what is bought.

How to read food labels

There are three sources of information on a food label:

- Nutrition Information Panel
- Ingredients List and
- Nutrient Claims

1. Nutrition Information Panel

Nutrients on a food panel are displayed in a table with the amounts shown in per serve and per 100g (or 100ml if liquid) of the food. The following is a nutrition panel from a breakfast cereal package.

<table>
<thead>
<tr>
<th>Serving Size: 30g</th>
<th>Per serve</th>
<th>Per 100g</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy</td>
<td>444</td>
<td>1</td>
</tr>
<tr>
<td>Protein</td>
<td>3.6</td>
<td>1</td>
</tr>
<tr>
<td>Fat, total</td>
<td>0.4</td>
<td>1.3</td>
</tr>
<tr>
<td>- saturated</td>
<td>0.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Cholesterol (mg)</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (g)</td>
<td>20</td>
<td>67</td>
</tr>
<tr>
<td>Sugars (g)</td>
<td>0.8</td>
<td>2.8</td>
</tr>
<tr>
<td>Dietary Fibre (g)</td>
<td>3.3</td>
<td>11.0</td>
</tr>
<tr>
<td>Sodium (mg)</td>
<td>84</td>
<td>280</td>
</tr>
<tr>
<td>Potassium (mg)</td>
<td>102</td>
<td>280</td>
</tr>
</tbody>
</table>

Understanding Nutrition Panels

When looking at a Nutrition Panel, it is best to look at the ‘per 100g’ column. This tells us how much of a given nutrient there is per 100 gram of the food.

The ‘per 100g’ column can also be used to compare different foods. For example, in this cereal, there is 1.3g of fat per 100g. If there is 2.6g of fat per 100g in a different cereal, then that cereal would have twice as much fat. The ‘per serve size’ column can not be used to compare different foods because the serve sizes are likely to be different.

Which information on the panel should I read?

Fat content

For most people, the amount of fat in a food is the most important part to look at.

How much fat is too much fat?

In general, healthy choices are those that contain less than 10g fat per 100g. Milk and yoghurt are naturally around 4% fat, so lower fat choices are considered to be those less than 2% fat. Although it is difficult to buy cheese that is less than 10% fat, it is an important food because it is high in calcium. Choose cheeses that are less than 15% fat.
Other nutrients to look at!

- It is helpful to see how much fibre is in certain foods, such as breakfast cereals (look for over 6g fibre per 100g of breakfast cereal).

- In general, it is recommended that people choose products with less than 5g sugar per 100g. For information about the sugar content of foods in relation to diabetes, refer to page 71.

- It can be useful to check the vitamin and mineral content of products – for example if buying soy milk it is very important to look at the amount of calcium because this can vary enormously from brand to brand. (Note: if using soy milk, look for a brand that contains at least 120 mg calcium per 100 ml milk).

- For residents requiring a low salt diet, you may need to look at the sodium (another word for salt) content of foods. If this is the case, seek advice from a dietitian about how to plan a low salt diet.

2. The Ingredients List

- The ingredients list states what ingredients are present in the food.

- The ingredients on the product label are listed in descending order by weight or quantity, that is, the first ingredient listed is present in the largest amount in the food, and the last ingredient is present in the lowest amount.

- Where relevant, the ingredients list shows the percentage of the key ingredient(s) in the food product. The key ingredient(s) is the ingredient that provides a food with its distinguishing flavour or character. For example, from a label of a tub of strawberry yoghurt, you could tell from the ingredient list what percentage of the yoghurt is made from strawberries.

- Ingredients in a food product that may cause severe allergies or intolerance in some people must be declared on the food label. On most food labels, this appears in the ingredient list. For example ingredients such as peanuts, egg, gluten, milk, fish, seafood and soybeans must be included on the label.

Below is an example of the ingredient list of some strawberry yoghurt.

**INGREDIENTS:** Whole milk, concentrated skim milk, sugar, strawberries (9%), gelatine, culture, thickener (1442).

In this case, whole milk is the first ingredient listed, thus a large proportion of the yoghurt is made up of whole milk. Strawberries are the key ingredient in the yoghurt, so we are informed that there is 9 percent strawberry present in the yoghurt.

If a product ingredient list has fat, sugar or salt at or near the top of the list it may contain large amounts of these. To determine this, you will need to refer also to the nutrition panel.
Alternative names for fat, sugar and salt

These names are sometimes used on ingredient lists:

**Fat** – animal oil, animal fat, vegetable oil, vegetable fat, butter fat, shortening, milk solid, copha, tallow, lard

**Sugar** – raw sugar, brown sugar, sucrose, glucose, fructose, lactose, maltose, dextrose, golden syrup, corn syrup, honey, malt, malt extract, molasses

**Salt** – rock salt, vegetable salt, baking soda, baking powder, sodium, sodium bicarbonate, monosodium glutamate (MSG)

3. Nutrient Claims

Nutrient claims are statements such as ‘low-fat’ that are present on food packing and are used by the manufacturers to emphasise the nutritional benefits of a product.

Listed below are some of the more common claims with an explanation about what the claim legally means:

‘Reduced fat’ The food must contain at least 25% less fat and at least 3g less fat per 100g (or 1.5g of fat per 100ml if liquid) than the regular product.

‘Low fat’ or ‘Low in fat’ The food must contain less than 3g of fat per 100g.

‘No added sugar’ The food has no sugar added to the product. Sugars that are commonly added include sucrose and other simple sugars, honey, malt, malt extract, glucose syrup or fruit syrup. There may be a lot of naturally occurring sugar in these products, for example, fruit juice.

‘Cholesterol free’ or ‘No cholesterol’ The cholesterol content must be less than 3mg per 100g, and must meet the requirements for a ‘low fat’ claim or have a saturated fat content below a certain level. It is important to remember that ‘cholesterol free’ does NOT mean ‘fat free’. Plant foods are all naturally free of cholesterol.

‘High fibre’ or ‘High in fibre’ The food must have 3g or more fibre per serving.

‘Light or lite’ A common misconception is that this word automatically indicates the lightness of fat or kilojoule content of a food, when it usually means a lightness in colour, flavour, texture, salt or sugar content.
Cooking and meal preparation

Include residents in the cooking and food preparation

Being involved in preparing and cooking food is important for residents. Here are some of the advantages of encouraging residents to become involved in the kitchen:

• gives residents more control over their lives
• allows residents to participate in activities of daily living
• provides opportunity for residents to develop important skills
• gives residents an activity to do when they come home from work, school or day placement
• encourages communication and co-operation
• helps to break down the roles of ‘staff do the cooking’ and ‘residents eat’ and thus helps houses become less ‘institutionalised’
• helps to reduce challenging behaviours at meal times
• may encourage ‘fussy’ eaters to eat more at meal times

Initially it may take longer to cook meals if residents are helping with the food preparation, especially when residents are unfamiliar with the process. Often, however, residents will become more proficient at food preparation with experience. If residents are very slow at preparing food for a meal ask them to start a couple of hours before dinner is to be served or try giving them small tasks. For more advice about including residents in food preparation and cooking, contact a dietitian, an occupational therapist or a speech pathologist.

If you ask a resident to peel the carrots and it takes them a long time to peel two carrots, then that has been time well spent for the resident. By doing this more frequently, the resident will become better at the task and will benefit from doing the task. If dinner has already been cooked before the carrots have been peeled, use them for lunches the next day.

Some residents are unable to participate in all of the steps required in cooking but it is still of benefit for them to be involved in parts of the process. For example, a resident may be unable to hold a potato peeler or a knife to prepare potatoes, but they may be able to pick up prepared pieces of potato and put them into a saucepan full of water.

For people that are easily distracted, try to be flexible about how they participate. Allow them to do things in short bursts. For example, if you are making a salad, ask the resident to add some chopped tomato. This will only require a short burst of attention but allows the resident to be involved.
PART 4
Secrets of the quick and tasty meal

Easy cooking

The following pages will show you how to make a large range of meals by using only a handful of basic recipes. By using the same simple technique, but substituting different groups of ingredients, you can create a host of different dishes. For example, the basic recipe for making chow mien and spaghetti bolognaise is the same, the difference depends on which ‘ingredient group’ you decide to use.

All recipes are healthy, high in fibre and low in fat. Ideas about how to make the meals suitable for underweight residents are given with each recipe.

Information about how to modify these meals to different textures is provided on the following page.

Utensils required to make all recipes in this section

- Stove
- Casserole dish
- Knife
- Oven
- Baking tray
- Cutting board
- Frypan
- Wooden spoon
- Grater
- Large sauce pan
- Pastry brush or spray oil
- Mixing bowl

Symbols used in recipes

- Important information about a recipe
- Tip to make meal suitable for underweight resident
Preparing soft, minced and mashed and blended meals

How to make meals suitable for a soft diet

Meat
- Cook meats until they are soft and tender and can be broken up with a fork.
- Cut pieces of meat to less than 1.5 cm in size.
- Meat cooked in a liquid is best, such as casseroles and soups.
- Avoid grilled and fried meat.
- Avoid dry, stringy or grisly meat.

Vegetables
- Cook vegetables until soft.
- Avoid hard, raw vegetables and crisp salads.

How to make meals suitable for a minced and mashed diet

Meat
- Cook casseroles, fish and mince-based dishes until they are soft and tender.
- If the cooked meat dish appears too dry and or chunky, mash or blend it briefly with added milk, stock, gravy or sauce. Add hot liquid to hot food and cold liquid to cold food. Do not use water for added moisture because this dilutes the nutrient content of the meal and reduces the taste.
- Avoid grilled and fried meat.
- Avoid dry, stringy or grisly meat and remove chicken skin.

Vegetables
- Peel vegetables before cooking.
- Cook vegetables until very soft.
- Mash vegetables with potato masher or a fork until there are no lumps.
- Milk, gravy or sauce may be added to create a smooth, moist mash. Add hot liquid to hot food and cold liquid to cold food. Do not use water for added moisture because this dilutes the nutrient content of the meal and reduces the taste.
- Root vegetables are the best to mash. These include potato, pumpkin, sweet potato, carrot, beetroot, swede, turnip and parsnip.
- Avoid hard, raw vegetables and crisp salads.
- Cooked salads, such as potato salad or vegetable pasta salad, can be minced or mashed. Extra dressing or complimentary fluid can be added to make the salad moist.
How to make meals suitable for a blended diet

Meat
- Tender casseroles, fish and minced meat dishes are easier to blend than grilled or roast meat.
- Cook meal first and then blend it, adding milk, gravy or sauce as required. Add hot liquid to hot food and cold liquid to cold food. Do not use water for added moisture because this dilutes the nutrient content of the meal and reduces the taste.
- Avoid grilled and fried meat.
- Avoid dry, stringy or grisly meat and remove chicken skin.

Vegetables
- Peel vegetables and cook until tender.
- Blend until smooth, adding milk, gravy or sauce as required. Add hot liquid to hot food and cold liquid to cold food. Do not use water for added moisture because this dilutes the nutrient content of the meal and reduces the taste.

When making minced and blended meals avoid mincing or blending the whole meal up together. For example, if making pasta and sauce, blend the pasta separately to the sauce and serve the pasta as a layer on the bottom and the sauce as a layer on the top. If making casserole and mashed potato, blend the casserole separately to the potato and serve the two side by side.

These two meals are exactly the same, except one meal has been blended together and the other is presented with the different foods served separately. Which meal would you prefer to eat?
## Soups

<table>
<thead>
<tr>
<th>This recipe makes the following:</th>
<th>Suitable for the following diet:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pumpkin Soup</td>
<td>Soft</td>
</tr>
<tr>
<td>Minestrone Soup</td>
<td>Minced and Mashed</td>
</tr>
<tr>
<td>Vegetable Soup</td>
<td>Blended</td>
</tr>
<tr>
<td>Lentil Soup</td>
<td></td>
</tr>
<tr>
<td>Sweet Corn and Chicken Soup</td>
<td></td>
</tr>
</tbody>
</table>

### Basic Recipe

1. Make 1 litre or 4 cups of vegetable, chicken or beef stock – traditionally, with a commercially available ready made stock or with stock cubes.
2. Add ingredient group and simmer for 1/2 hour.
3. Serve chunky or puree for a smooth soup.

### Ingredient Groups

#### Pumpkin Soup
- 750 g pumpkin, cut into cubes (3cm x3cm)
- 3 tbsp tomato paste
- 1 tsp cumin
- Stir 2 tbsp sour cream into soup

#### Minestrone Soup
- 2 medium onions, sliced
- 2 medium carrots, sliced
- 2 sticks celery, sliced
- 1/2 capsicum, sliced
- 2 medium potatoes, cubed
- 1 cup green beans, sliced
- 1 tin tomatoes
- 1 cup soup mix or dried beans
- 1 tsp dry herbs
- Mix in some grated cheese

#### Vegetable Soup
- 2 medium onions, sliced
- 2 medium carrots, sliced
- 2 sticks celery, sliced
- 1/2 capsicum, sliced
- 2 medium potatoes, cubed
- 1 tsp dried herbs
- 1 cup any frozen vegetable
- Mix in some grated cheese

#### Lentil Soup
- 1 cup brown lentils
- 2 medium carrots, finely chopped
- 1 cup water
- 1 large onion, cubed
- 2 cloves garlic, crushed or chopped
- 2 medium stalks celery, finely chopped
- Sprinkle with 2 tbsp grated cheese

#### Sweet Corn and Chicken Soup
- 2 chicken fillets, finely sliced
- 425g creamed sweetcorn
- 2 cloves garlic, crushed or chopped
- Sprinkle with 2 tbsp grated cheese
Dishes based on mince meat

<table>
<thead>
<tr>
<th>Meals based on this recipe:</th>
<th>Suitable for the following diet:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spaghetti Bolognaise</td>
<td>Soft</td>
</tr>
<tr>
<td>Chow Mien</td>
<td>Minced and Mashed</td>
</tr>
<tr>
<td>Vegetable and Mince Sauce</td>
<td>Blended</td>
</tr>
<tr>
<td>Mexican Bill</td>
<td></td>
</tr>
<tr>
<td>Well Bean Sauce</td>
<td></td>
</tr>
<tr>
<td>Potato and Pea Mince</td>
<td></td>
</tr>
</tbody>
</table>

Beef, lamb, pork and chicken mince are all suitable for this group of recipes. Allow 80 g mince per person, for example for 5 people, allow 450 g

Basic Recipe

1 Chop 1 onion (chop onion very finely if making minced meal).
2 Place fry pan onto a stove at medium heat.
3 Spray pan with oil or brush 1 tsp oil around pan with pastry brush.
4 Fry onion until it starts to go clear (approx. 3 minutes).
5 Add minced meat and stir until it goes brown.
6 Add ingredient group (see next page) and heat gently for about 20 minutes or until mince cooked and vegetables soft.
7 Serve with pasta, baked potato, taco shells, mashed potato, rice or noodles.
### Ingredient Groups

<table>
<thead>
<tr>
<th>Spaghetti Bolognaise</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinned tomatoes</td>
<td>crushed/chopped garlic</td>
</tr>
<tr>
<td>1/2 tsp mixed dried herbs</td>
<td>couple tablespoons tomato paste</td>
</tr>
<tr>
<td>1 grated carrot</td>
<td>1 grated zucchini</td>
</tr>
<tr>
<td><strong>add 2 tablespoons of grated cheese to served meal</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chow Mien</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 tsp curry powder</td>
<td>1 packet chicken noodle soup</td>
</tr>
<tr>
<td>1/2 cup green beans, sliced</td>
<td>3 tbsp rice</td>
</tr>
<tr>
<td>1/2 cup green beans, sliced</td>
<td>3 cups finely sliced cabbage</td>
</tr>
<tr>
<td>1/2 cups water</td>
<td></td>
</tr>
<tr>
<td><strong>mix a tablespoon of oil through meal once served</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tasty Vegetable and Mince Sauce</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 tin crushed tomatoes with herbs</td>
<td>1 clove crushed/chopped garlic</td>
</tr>
<tr>
<td>3 tblsp tomato paste</td>
<td>1 beef stock cube, crumbled</td>
</tr>
<tr>
<td>1 finely chopped carrot</td>
<td>1 chopped capsicum</td>
</tr>
<tr>
<td>5 sliced mushrooms</td>
<td>1 cup peas</td>
</tr>
<tr>
<td><strong>add 2 tablespoons of grated cheese to served meal</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mexican Bill</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 tin crushed tomatoes</td>
<td>1 clove crushed/chopped garlic</td>
</tr>
<tr>
<td>3 tblsp tomato paste</td>
<td>1 tin red kidney beans</td>
</tr>
<tr>
<td>1 flavour sachet Taco Seasoning</td>
<td>1/2 cup green beans, sliced</td>
</tr>
<tr>
<td>1/2 cups water</td>
<td></td>
</tr>
<tr>
<td><strong>add 2 tablespoons of grated cheese to served meal</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potato and Pea Mince</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5 medium potatoes, cut into small cubes (2 cm)</td>
<td>2 cups frozen peas</td>
</tr>
<tr>
<td>1 tsp ground cumin</td>
<td>1 tsp curry powder</td>
</tr>
<tr>
<td>2 vegetable stock cubes, crushed</td>
<td></td>
</tr>
<tr>
<td><strong>add 2 tablespoons of grated cheese to served meal</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Well Bean Sauce</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 tin crushed tomatoes</td>
<td>1 grated carrot</td>
</tr>
<tr>
<td>1 grated zucchini</td>
<td>1 clove crushed garlic</td>
</tr>
<tr>
<td>2 tsp mild curry powder</td>
<td></td>
</tr>
<tr>
<td><strong>add 2 tablespoons of grated cheese to served meal</strong></td>
<td></td>
</tr>
</tbody>
</table>
Dishes based on fish

<table>
<thead>
<tr>
<th>Meals based on this recipe:</th>
<th>Suitable for the following diet:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italian Fish</td>
<td>Soft</td>
</tr>
<tr>
<td>Mild Tuna and Corn Curry</td>
<td>Minced and Mashed</td>
</tr>
<tr>
<td>The Great Fish Dish</td>
<td></td>
</tr>
<tr>
<td>Blended</td>
<td></td>
</tr>
<tr>
<td>Cheesy Fish</td>
<td></td>
</tr>
</tbody>
</table>

Basic Recipe

1. Chop 1 onion.
2. Place fry pan onto stove at medium heat.
3. Spray pan with oil or brush 1 tsp oil around pan with pastry brush.
4. Fry onion until it starts to go clear (approx 3 minutes).
5. Add ingredient group.
8. Add tinned tuna or salmon and heat gently until fish warmed.
9. Serve with pasta, rice, on a baked potato or with mashed potato.

Ingredient Groups

<table>
<thead>
<tr>
<th>Italian Fish</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/4 cup chopped mushrooms</td>
</tr>
<tr>
<td>1/4 cup chopped pitted olives (optional)</td>
</tr>
<tr>
<td>1/2 tsp dried basil/ mixed herbs</td>
</tr>
<tr>
<td>2 stalks chopped celery</td>
</tr>
<tr>
<td>1 tin tomatoes</td>
</tr>
<tr>
<td><strong>add 2 tablespoons of grated cheese onto served meal</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mild Tuna and Corn Curry</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 large tin creamed corn</td>
</tr>
<tr>
<td>3 tsp curry powder</td>
</tr>
<tr>
<td>juice of 1 lemon</td>
</tr>
<tr>
<td><strong>mix 2 tablespoons of skim milk powder through meal once served</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Great Fish Dish</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 tin tomatoes</td>
</tr>
<tr>
<td>1 cup peas</td>
</tr>
<tr>
<td>4 tblsp mild salsa</td>
</tr>
<tr>
<td>1 thinly sliced capsicum</td>
</tr>
<tr>
<td><strong>add 2 tablespoons of grated cheese onto served meal</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cheesy Fish</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 g ricotta cheese</td>
</tr>
<tr>
<td>2 tsp dried dill</td>
</tr>
<tr>
<td>1/3 cup grated cheese</td>
</tr>
<tr>
<td><strong>add 2 tablespoons of grated cheese onto served meal</strong></td>
</tr>
</tbody>
</table>
10 minute fry pan meals

<table>
<thead>
<tr>
<th>Meals based on this recipe:</th>
<th>Suitable for the following diet:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef Stroganoff</td>
<td>Blended</td>
</tr>
<tr>
<td>Veal in Mustard Sauce</td>
<td></td>
</tr>
<tr>
<td>Apple and Onion Pork</td>
<td></td>
</tr>
<tr>
<td>Chicken and Tomato Pasta</td>
<td></td>
</tr>
</tbody>
</table>

|                              | Allow 80 g meat per person, for example for 5 people, allow 450 g |

Basic Recipe

1 Slice meat into small chunks (2 x 2 cm) or thin strips and roll in flour.
2 (optional slice 1 onion).
3 Spread 1 tsp of oil in a fry pan with a pastry brush or spray pan with thin coat of oil.
4 Heat oil over hot stove.
5 Fry meat (and onion if desired), stirring as it cooks to prevent sticking.
6 When meat browned, add your choice of ingredient group, cover pan with lid and cook gently for 5 minutes or until vegetables cooked.
7 Serve with vegetables.

Use good quality meat for these recipes (for example rump), as cheaper cuts (for example chuck, blade, casserole) require long slow cooking. Casseroles and roasts are a better way to cook cheaper cuts of meats (refer to later sections).

Ingredient Groups

**Beef Stroganoff**
- 3/4 cup stock
- 2 tbsp light cream cheese
- 1 cup sliced mushrooms
- At step 6, leave lid off and stir over low heat (so sauce bubbles slightly) for 5 minutes or until sauce has thickened.

Mix one tablespoon of poly or monounsaturated margarine into meal once served

**Veal in Mustard Sauce**
- 2 tbsp light cream cheese
- 1 tsp mustard
- 1/4 cup stock

Mix 2 tablespoons of skim milk powder through meal once served

**Apple and Onion Pork**
- 1/4 cup stock
- 2 apples peeled and cut into slices
- Include 1 onion when cooking pork (as described in basic recipe).

Mix one tablespoon of poly or monounsaturated margarine into meal once served

**Chicken and Tomato Pasta**
- 2 stalks celery, finely sliced
- 2 tbsp cut pitted olives (optional)
- 1 clove garlic
- 1/2 tsp dried mixed herbs
- Water if sauce dries during cooking
- 1 tin of tomatoes

Cook slowly with lid on pan for 20 minutes or until chicken cooked thoroughly.

Add 2 tablespoons of cream to meal once served
Casseroles and stews

Meals based on this recipe:
- Apricot Chicken
- Mushroom Chicken
- Lamb and Bean Casserole
- Easy Steak Casserole
- Spanish Stew
- Golden Hotpot
- Tex Mex
- Sweet and Sour Pork
- Chicken with Herbs

Suitable for the following diet:
- Soft
- Blended

In these recipes, the word casserole will be used interchangeably with the word stew. The recipes in this section suggest a cooking time of 60 minutes. If more time is available, cook casseroles for up to 2 hours to obtain a more tender meat.

Allow 80 g of meat per person, for example for 5 people, allow 450 g.

Casseroles can be made in the oven or on the stove. Both methods are given here.

Basic Recipe

Oven method
1. Heat oven to 180°C.
2. Add ingredient group into a casserole dish.
3. Cover with lid and cook for at least 60 minutes.
4. Serve with pasta, noodles, rice or mashed potato and vegetables.

Basic Recipe

Stove method
1. Place ingredient group into a large saucepan.
2. Cook over a low heat (simmer) for at least 60 minutes.
3. Serve with pasta, noodles, rice or mashed potato and vegetables.

Where meat is used, allow 80 g meat per person.

Ingredient Groups

<table>
<thead>
<tr>
<th>Apricot Chicken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dice chicken</td>
</tr>
<tr>
<td>Mix 2 tablespoons of skim milk powder through meal once served</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mushroom Chicken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 clove garlic</td>
</tr>
<tr>
<td>Mix 2 tablespoons of skim milk powder through meal once served</td>
</tr>
</tbody>
</table>
Lamb and Bean Casserole
Lamb, diced and rolled in 1 tbsp flour 2 tsp any mustard
440 g can lima or butter beans 1 onion, sliced 1 medium carrot, sliced
1/2 tsp dried mixed herbs 1/2 cup water 1 orange, juiced
Mix 2 tablespoons of poly or monounsaturated margarine through meal once served

Easy Steak Casserole
Steak, diced and rolled in 1 tbsp flour 1 tsp mustard 1/2 cup tomato sauce
1 tsp Worcestershire sauce 1 tsp vinegar 1 tsp sugar 1 cup water
Mix 2 tablespoons of skim milk powder through meal once served

Spanish Stew
Steak, diced and rolled in 1 tbsp flour 1 cup peas 1 onion, sliced
3 potatoes, sliced 1 beef or vegetable stock cube 1 tomato, sliced
1 apple, peeled and sliced 2 zucchinis, sliced 3/4 cup water
This recipe is also delicious made with chicken, lamb, pork or fish.
Mix 2 tablespoons of skim milk powder through meal once served

Golden Hotpot
1 onion, chopped carrot, diced 2 sticks celery, chopped 420 g creamed corn
420 g baked beans 250 g pasta 425 g can tomatoes, mashed
Mix 2 tablespoons of poly or monounsaturated margarine through meal once served

Tex Mex
1 onion, finely chopped 2 carrot, chopped 1 capsicum, chopped
3 stalks celery, chopped 1/2 taco seasoning mix flavour sachet 1 cup corn
1 cup water 1 large tin chickpeas or kidney beans 1 tin tomatoes
Mix 2 tablespoons of poly or monounsaturated margarine through meal once served

Sweet and Sour Pork
Diced pork rolled in flour 1 capsicum (red or green), diced 1 carrot, diced
1 can (440g) pineapple pieces 1 tbsp vinegar 2 tsp soy sauce
Chicken may be used in this dish instead of pork.
Mix 2 tablespoons of poly or monounsaturated margarine through meal once served

Chicken with Herbs
Diced chicken, rolled in flour 1 tsp vinegar or lemon juice 1/2 tsp oregano
1 medium onion, sliced 2 chicken stock cubes, crumbed 1 tin mushrooms
1 tbsp tomato paste
Mix 2 tablespoons of poly or monounsaturated margarine through meal once served
Risotto

Meals based on this recipe:  
Green and Red Risotto  
Chicken and Sweet Potato Risotto  
Tuna Risotto  
Crispy Bacon Risotto

Suitable for the following diet:  
Soft  
Minced and Mashed  
Blended

Basic Recipe

1 Heat a tablespoon of oil in a big pot.
2 Cook one chopped onion and one clove of garlic until slightly brown.
3 Add rice (1/2 cup per person) and 1 cup warm stock (make with stock cubes or bought ready made in a carton).
4 Stir until fluid absorbed and then add another cup of stock.
5 Keep doing this until rice almost cooked (for every one cup of rice you’ll need about 3 cups of fluid).
6 Add ingredient group and 3/4 cup grated fat-reduced cheese. Use full-fat cheese
7 Continue cooking until vegetables and rice are cooked and serve.

Ingredient Groups

Green and Red Risotto
- 1 cup sliced green beans
- 1 cup sliced mushrooms
- 1/4 cup diced fresh or semi sun dried tomato

Chicken and Sweet Potato Risotto
- 2 cups diced cooked chicken
- 1 cup diced cooked sweet potato
- 1 cup frozen peas

Tuna Risotto
- 1 cup finely sliced broccoli
- 1 cup finely sliced zucchini
- 450 g tinned tuna

Crispy Bacon Risotto
- 4 rashers cooked bacon, diced
- 1/4 cup sliced olives
- 1/2 cup sliced red capsicum
- 1 medium tin of kidney beans
### Clayton’s quiche

#### Meals based on this recipe:
- Mushroom and Tomato Quiche
- Asparagus Quiche
- Ham and Corn Quiche
- Blended
- Spinach Quiche

#### Suitable for the following diet:
- Soft
- Minced and Mashed

*This quiche makes its own crust. It is quick and easy and contains much less fat than the average quiche.*

#### Basic Recipe

1. Turn oven to 180°C.
2. Lightly beat together 5 eggs and 2 tablespoons of flour.
3. Stir in 1 cup low fat milk, 1 cup natural yoghurt and 1 cup ricotta cheese.
4. Add ingredient group.
5. Pour into lightly oiled baking dish.
6. Bake for 30-35 minutes or until quiche is set and lightly browned.

#### Ingredient Groups

<table>
<thead>
<tr>
<th>Ingrediant Group</th>
<th>Ingredients</th>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinach Quiche</td>
<td>250 g frozen spinach, defrosted  1/2 tsp nutmeg</td>
<td>Serve with a dob of sour cream</td>
</tr>
<tr>
<td>Ham and Corn Quiche</td>
<td>5 slices of non-processed ham, cut into strips  2 cups frozen corn, defrosted</td>
<td>Serve with 2 extra slice of ham on top</td>
</tr>
<tr>
<td>Mushroom and Tomato Quiche</td>
<td>1/2 cup sliced mushrooms  3 medium tomatoes, diced  1/2 cup spring onions</td>
<td>Serve with a dob of sour cream</td>
</tr>
<tr>
<td>Asparagus Quiche</td>
<td>330 g tin asparagus  1 tbsp mild mustard (optional)</td>
<td>Serve with a dob of sour cream</td>
</tr>
</tbody>
</table>
Hearty and healthy pies

<table>
<thead>
<tr>
<th>Meals based on this recipe:</th>
<th>Suitable for the following diet:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shepherd’s Pie</td>
<td>Soft</td>
</tr>
<tr>
<td>Tuna Bake</td>
<td>Minced and Mashed</td>
</tr>
<tr>
<td>Mexican Pie</td>
<td>Blended</td>
</tr>
<tr>
<td>Spinach Quiche</td>
<td></td>
</tr>
</tbody>
</table>

Basic Recipe

1. Cook specified meal as per recipe.
2. Top with mashed potato.
3. Sprinkle with grated fat-reduced cheese.
4. Bake at 180°C for 20 minutes or until hot.

Shepherd’s Pie
Use Quick mince and vegetable sauce
Serve pies with 2 tablespoons of grated cheese on top

Tuna Bake
Use any of the fish dishes (see a fish dish section)
Serve pies with 2 tablespoons of grated cheese on top

Mexican Pie
Use Mexican Bill
Serve pies with 2 tablespoons of grated cheese on top
Lazy lasagne

<table>
<thead>
<tr>
<th>Meals based on this recipe:</th>
<th>Suitable for the following diet:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetarian Lasagne</td>
<td>Soft</td>
</tr>
<tr>
<td>Fishy Pasta Bake</td>
<td>Minced and Mashed</td>
</tr>
<tr>
<td>Beef and Tomato Lasagne</td>
<td></td>
</tr>
<tr>
<td>Blended</td>
<td></td>
</tr>
</tbody>
</table>

To save time and to keep the lasagna low fat, a 500 g tub of ricotta cheese can be used for lasagna instead of making a cheese sauce.

How to make a healthy cheese sauce

**Ingredients**

- 1/2 cup grated low fat block cheese
- 1/2 cup low fat milk
- 1 tbsp cornflour
- pinch salt

**Method**

1. Put cornflour in a sauce pan and blend it with a small amount of the milk to make a smooth paste.
2. Mix in rest of milk and the salt.
3. Turn on stove and heat up mixture.
4. Stir constantly until sauce begins to thicken. Once thick, gently boil sauce for one minute, constantly stirring.
5. Add cheese and stir in.
6. The sauce is finished when it has thickened.

**Basic Recipe**

1. Place thin layer of ingredient group in baking dish, then a layer of lasagna noodles.
2. Repeat these layers.
3. The top layer should be noodles.
4. Cover top layer with ricotta cheese or cheese sauce.
5. If using ricotta cheese cover with a sheet of foil.
6. Bake at 180°C for 30 minutes.
7. Sprinkle with grated fat-reduced cheese.
8. Bake for 20 minutes.
### Ingredient groups

#### Vegetarian Lasagna
- 1 grated carrot
- 1 cup thinly sliced mushrooms
- 1 clove crushed garlic
- 2 grated zucchini
- 1 tin of crushed tomatoes
- 1 tsp mixed herbs
- 1 finely sliced or grated green capsicum

**Tip:** 1 cup of corn kernels, peas or chopped green beans may be used instead of mushrooms.

**Sprinkle served portion with 2 tblsp grated cheese**

#### Fishy Pasta Bake
- The great fish dish (see a fish dish section)

**Sprinkle served portion with 2 tblsp grated cheese**

#### Beef and Tomato Lasagna
- Spaghetti bolognaise sauce (see ‘Dishes based on mince meat’ section)

**Sprinkle served portion with 2 tblsp grated cheese**
No fiddle filo

Meals based on this recipe:
Spinach and Cheese Triangles
Curry Parcels
Vegetable Rolls
Apple Strudel
(refer to list of suggested fillings for more ideas)

Don't worry about being too neat with filo. Once filo is cooked, it looks great regardless of how clumsily it is prepared!!

Basic Recipe
1 Set oven to 180°C.
2 Pour some milk into a glass (you’ll use this to dip your pastry brush into).
3 Lay 1 layer of filo pastry onto clean bench.
4 Using a pastry brush, brush with a thin layer of milk.
5 Cover first layer with another sheet of filo and brush this with milk.
6 Cover second sheet with another sheet of filo- don't brush this layer with milk.
7 There are many ways to make filo parcels, the following is one of the simplest methods:
8 Place a line of filling in a strip along top half of pastry.
9 Make a roll (like a fat sausage), tucking both ends in as you fold pastry over.
10 Brush roll with milk, place on a greased tray and bake for 20 minutes or until pastry browned.

Fillings
\* make sure mixture is not too moist – if necessary drain excess fluid by placing mixture in a colander or sieve before wrapping in filo.

Many fillings are suitable for filo pastry parcels, here are a few ideas to get you started:
• 500 g tub ricotta cheese mixed with about 300 g defrosted frozen spinach, a pinch of salt and a clove of crushed garlic
• mashed vegetables, mixed with a pinch of salt and 1 tsp curry powder
• Vegetable and mince sauce (page 43)
• Mexican Bill (page 43)
• Chow Mien (page 43)
• Tinned pie apple, sultanas and cinnamon

Serve with 1 tblsp cream or sour cream
Roast meals

Healthy Roast Vegetables
1. Steam, boil or microwave vegetables for 10 minutes or until just soft.
2. Lightly grease a baking dish with 2 tsp oil or use a thin spray of oil.
3. Bake at 180°C for 1 hour, turning vegetables after 1/2 hour.
Melt poly or monounsaturated margarine onto vegetables prior to serving

Healthy Roast Meat
Allow 100 g meat per person. Place meat to be roasted on a lightly greased baking tray.
• Roast lamb: bake at 190°C for 1 hour per kg.
• Roast beef: bake at 200°C for 1 hour first kg then 50 minutes per kg thereafter.
• Roast chicken: bake at 190°C for 70 minutes per kg.

Suitable vegetables for roasting this way
Potato, sweet potato, pumpkin, onion, carrot, parsnip
豆腐 You can also roast broccoli, sweet corn cobs, tomato and zucchini by placing on baking dish for 1/2 hour. Do not cook these vegetables prior to baking.
Desserts

Fruit Crumble

Ingredients

**Topping**
- 1/2 cup wholemeal flour
- 2 tblsp desiccated coconut
- 1/2 cup oats or muesli
- 2 tblsp sugar
- 1 tblsp poly or monounsaturated margarine

**Method**
1. Set oven to 180°C.
2. Open a tin of fruit (any type) and pour into a baking dish.
3. Take a mixing bowl and rub topping ingredients together with hands.
4. Pour topping mix over fruit and bake crumble for 20 minutes.
5. Serve with low fat ice-cream or custard.

<table>
<thead>
<tr>
<th>Ingredient Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apricot Crumble</td>
</tr>
<tr>
<td>1 large tin pie apricots</td>
</tr>
<tr>
<td>Peach Crumble</td>
</tr>
<tr>
<td>1 large tin peaches in natural juice</td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple and Rhubarb Crumble</td>
</tr>
<tr>
<td>1 large tin pie apple</td>
</tr>
<tr>
<td>1/2 cup stewed rhubarb or 1 small tin rhubarb</td>
</tr>
<tr>
<td>Apple and Prune Crumble</td>
</tr>
<tr>
<td>1 large tin pie apple</td>
</tr>
<tr>
<td>1 small tin pitted prunes</td>
</tr>
</tbody>
</table>

Fruity Fritters

Ingredients
- 1 tsp brown sugar per person
- cinnamon

**Method**
1. Set oven to 180°C.
2. Place ingredient group (see opposite page) onto a baking tray.
3. Sprinkle with brown sugar and cinnamon.
4. Bake in oven for 20 minutes.
5. Serve with low fat ice-cream or custard.
### Ingredient Groups

**Banana Fritters**
1 banana per person

**Pineapple Fritters**
3 pineapple rings (peeled and cut into slices) per person

**Apple Fritters**
1 apple (peeled and cut into slices per person)

### Fruity custard trifle

**Ingredients**
- 1 sachet jelly crystals
- 1 cup boiling water
- 1 cup cold water
- 5 slices raisin bread
- 1 large tin of fruit *
- 500 g ready made low fat custard carton

* Any flavour of jelly and any type of fruit will suit recipe.

**Method**
1. Make jelly according to instructions on packet.
2. Cut 5 slices of raisin bread into quarters and add to unset jelly.
3. Place jelly in fridge and allow to set.
4. Once jelly set, remove from fridge and cover with a can of tinned fruit and then cover with a carton of ready made low fat custard. Serve.

### Fruity muffins

**Ingredients**
- 1 small tin of fruit (for example apricot, peach, raspberry or pineapple)
- $\frac{1}{2}$ English muffin per person
- Fruit jam (any flavour)

**Method**
1. Toast muffin on one side under a hot grill.
2. Spread the uncooked side with jam.
3. Cover the jam with pieces tinned fruit.
4. Place muffins under the grill until the fruit feels hot to touch. Serve.
How to adjust a recipe to suit a different number of people

Recipes from general recipe books cater for different numbers of people. Most recipes are made for four to six people. It is helpful to know how to adjust a recipe so that the right amount of food can be made for the number of people eating.

Reducing the quantities in a recipe if it serves too many people will help to reduce food wastage and reduce the likelihood of people over-eating. Increasing the quantities in a recipe if it does not serve enough people will help to ensure that people get enough food to eat.

The following three steps show how to adjust a recipe to serve the appropriate number of people.

1 Select your recipe.

The following example shows how a recipe made for six people can be adjusted to serve eight people.

**Penne, Cheese and Tomato Bake Serves 6**

**Ingredients**

<table>
<thead>
<tr>
<th>300g penne pasta</th>
<th>425g can no-added-salt tomatoes, chopped</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 spring onions</td>
<td>2 tablespoons chopped fresh basil</td>
</tr>
<tr>
<td>1 teaspoon dried oregano</td>
<td>1 tablespoon grated Parmesan cheese</td>
</tr>
<tr>
<td>3/4 cup grated reduced fat mozzarella cheese</td>
<td></td>
</tr>
<tr>
<td>1/2 cup fresh breadcrumbs</td>
<td></td>
</tr>
<tr>
<td>Freshly ground black pepper to taste.</td>
<td></td>
</tr>
</tbody>
</table>

2 Divide the quantity of each ingredient by the number of serves that the recipe makes.

300g pasta / 6 serves = 50g penne pasta per serve

425g tomatoes / 6 serves = 71g tomatoes per serve

2 spring onions / 6 serves = 2/6 = 1/3 spring onion per serve

2 tablespoons basil / 6 serves = 2/6 = 1/3 teaspoon basil per serve

1 teaspoon oregano / 6 serves = 1/6 teaspoon oregano per serve

1 tablespoon Parmesan / 6 serves = 1/6 tablespoon Parmesan cheese per serve

3/4 cup mozzarella / 6 serves = 3/24 = 1/8 cup mozzarella cheese per serve

1/2 cup breadcrumbs / 6 serves = 1/12 cup breadcrumbs per serve
3 Multiply the quantity of each ingredient for one serve by the desired number of serves. For 8 serves:

- 50g penne pasta x 8 serves = 400g penne pasta
- 71g tomatoes x 8 serves = 568g tomatoes (approx. 570g)
- \(\frac{1}{3}\) spring onion x 8 serves = \(\frac{8}{3} = 2 \frac{2}{3}\) spring onions
  (approx. 3 spring onions)
- \(\frac{1}{3}\) tablespoon basil x 8 serves = \(\frac{8}{3} = 2 \frac{2}{3}\) tablespoons basil
  (approx. 3 tablespoons basil)
- \(\frac{1}{6}\) teaspoon oregano x 8 serves = \(\frac{8}{6} = 1 \frac{1}{3}\) teaspoons oregano
- \(\frac{1}{6}\) tablespoon Parmesan cheese x 8 serves = 1 and \(\frac{1}{3}\) tablespoons Parmesan cheese
- \(\frac{1}{12}\) cup mozzarella cheese x 8 serves = 1 cup mozzarella cheese
- \(\frac{1}{12}\) cup breadcrumbs x 8 serves = \(\frac{2}{3}\) cup breadcrumbs.
Make-at-home take-away

Potato wedges

**Ingredients**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 medium-large potato per person</td>
<td>1 tsp oil</td>
</tr>
</tbody>
</table>

**Method**

1. Microwave or boil potatoes until just tender, about 10 minutes.
2. Cut potatoes lengthwise into wedges.
3. Put into a plastic bag and add oil and chicken salt or paprika. Shake bag well.
4. Remove wedges from bag and spread in a layer on lightly greased oven tray.
5. Bake at 230°C for about 20 minutes or until slightly browned.

Fish and chips

**Chips**

Use potato wedges (recipe provided above) or buy low fat frozen chips (less than 10g fat per 100g) and bake in the oven following the directions on the packet.

**Fish**

Buy frozen fish from the supermarket (less than 10g fat per 100g) and bake as directed on the package or buy grilled fish from the fish and chip shop.

Fried rice

1. Boil 1/2 cup rice per person and drain.
2. Add 1 tablespoon oil to large pan or wok and fry an onion.
3. When onion almost cooked, add strips of ham or 4 eggs (lightly beaten) or some cooked diced chicken/lamb, pork or beef.
4. Add chopped capsicum and zucchini, some frozen peas and corn and a tablespoon of soy sauce.
5. Add the cooked rice
6. Stir over heat until mixed and serve.
Hamburgers
Mix mince beef, a grated carrot, a grated zucchini, bread crumbs, some dried herbs and 2 eggs. Fry in a lightly oiled pan and serve in a hamburger roll with salad.

Pizza
Spread pita, Lebanese bread, a supermarket-bought pizza base or English muffins with tomato paste and add any of the following: lean ham, pastrami, kidney beans, canned tuna, mushrooms, capsicum, sliced tomato, zucchini, sweet corn and pineapple. Sprinkle with herbs and low-fat cheese and cook under the grill.

Mexican Burritos
Add canned kidney beans and salsa to cooked lean beef mince. Wrap in warm Lavish bread/pita bread/Lebanese bread/burrito bread and serve with lettuce, tomato, cucumber, fat-reduced cheese and natural yoghurt.

Baked potatoes
Preheat oven to 180°C. Scrub clean 1 large potato per person. Prick several holes into the skin of the potato with a fork and place potatoes onto a baking tray. Bake potatoes for 1 hour, or until soft inside (stick a fork or knife into centre of potato to check).

Potatoes can also be cooked in the microwave. Prick skin with a fork and cook on high for 5 minutes per potato (cooking time will vary depending on the power of the microwave).

Serve with a combination of the following toppings: grated fat-reduced cheese, baked beans, chopped tomato, lean bacon, natural yoghurt, tinned corn, crushed tinned pineapple, chives, tuna, salmon.
Healthy take-away and restaurant food options

Take-away foods can make a change from home-cooked meals and provide residents and staff with a ‘night off’ from cooking. The downside is that most take-away foods are high in fat, low in vitamins, minerals and fibre and expensive. A good compromise is to only buy take away foods once a week or once a fortnight.

In terms of health, there are good, bad and ugly take away foods! The following section will highlight some of the better take-away food choices.

Barbecue chicken
- Remove the skin before eating, or buy ‘skin free chicken’ (chicken skin is very high in fat).
- Order baked potatoes and corn with the meal (commercial coleslaw is usually high in fat).

Asian Foods
The following choices are low in fat:
- Steamed rice
- Mixed vegetable dishes
- Most beef, chicken, pork or seafood dishes, order with vegetables
- Most Asian noodle soups
- Steamed vegetarian dim sims

The following are high in fat:
- Fried rice
- Deep-fried or battered dishes, such as sweet and sour or fritters

Hamburgers
Hamburgers bought from fish and chip shops tend to be a much healthier choice than chain store varieties. A hamburger with lettuce, tomato, beetroot, pineapple and a slice of cheese is a great choice. It is best to avoid fried eggs, onion and bacon.

Fish and Chips
Grilled fish is much lower in fat than fried fish; chunky wedges are lower in fat than thin chips and steamed dim sims are lower in fat than fried dim sims.

Pizza
To order a lower fat pizza, avoid salami and ham and lots of cheese. Healthy choices are vegetarian or seafood with ‘less cheese’.

Baked potatoes
These are a healthy option, especially if ordered without sour cream and butter. Try yoghurt, salad, creamed or regular corn, baked beans and a bit of cheese.

Drinks
- Water
- Low fat flavoured milk
- Plain mineral water
- Diet drinks
- Fruit juice
PART 5
Nutrition for special needs

Body weight issues

Body weight

It is not good for health to be underweight or overweight. This section looks at how to tell if a person is at a healthy weight or if they need to gain weight or lose weight.

Tips for obtaining a meaningful weight of a resident

• Weigh residents once a month and record weight on a weight chart in the resident’s file.

• Unless there is a reason to do so (for example for fluid balance) it is not necessary to weigh a person more than once a month. This is because daily fluctuations in weight are normal and can be misleading. If, however, a resident appears to be unintentionally losing or gaining weight, it is appropriate to weigh once a week or fortnight.

• Weigh the residents clothed but without shoes.

• Weigh residents at a similar time of day each time – the morning before breakfast is best (remember if they have one cup of fluid, it will add $\frac{1}{4}$ kilo to their weight – that is 1 cup = 250ml = 250g water).

• Allow the resident to empty their bladder and bowels before you weigh.

• Use scales on a flat, solid surface (not carpet).

• Have scales regularly calibrated (if they have not been calibrated recently, ask a person who is familiar with their own weight to weigh themselves as a rough check).

• If a resident is wearing a helmet, remove the helmet or subtract weight of helmet.

Weight change

Looking at the overall pattern of a resident’s weight over time gives much more information than looking only at one particular weight. For example, if a resident weighs 75 kg and is unintentionally losing weight at a rate of one to two kilograms per month this is cause for concern. Unintentional weight loss can indicate that a resident’s physical or mental health needs attention.

Unintentional weight gain is also a problem, especially if people become overweight or obese.

If and when a resident is weighed, record the weight in the resident’s file so that it can be compared to previous or future weights. This enables any longer term pattern of change in weight to be detected (for example, a trend of weight loss or gain over six months).

Another way of detecting change in a resident’s weight is by noticing the way that clothes fit, that is, if clothes and belts become loose or tight. If a resident wears dentures, their dentures will usually become loose if weight loss occurs (although this may occur for other reasons).

Refer residents with a pattern of unintentional weight loss or gain to a doctor or dietitian.
Relationship between weight and height
While a person who is very tall and weighs 65 kg may be underweight, a very short person of the same weight may be overweight. We can often get a good idea of how healthy a resident’s weight is for their height by looking at them. Contact a dietitian for advice about how healthy a resident’s body weight is if you are unsure.

Weight distribution
In addition to a person’s body weight, their body shape is also important. Weight distributed around a person’s stomach (‘apple’ body shape) is more of a problem than weight around a person’s waist and hips (‘pear’ body shape). This is because weight around the stomach is associated with an increased risk of heart disease and diabetes.

![Diagram of 'apple' and 'pear' body shapes]

The ‘pear’ body shape is associated with less health risk than the ‘apple’ body shape.

Healthy weight in children
The best way to tell if their weight is healthy is to look at a growth chart. Growth charts plot age against height and age against weight and are available at Maternal and Child Health Centres or from a dietitian.

Refer to page 93 for information about overweight and obese children.

For more information about body weight and children, contact a dietitian or a doctor.

Underweight
People become underweight when they have been using more energy (kilojoules or calories) than they have been eating. This can happen over a short period of time (weeks) or a long period of time (months or years).

Why people may become underweight
There are many reasons for a person being underweight, such as:

- the body requires more food energy than it is receiving
- poor appetite
- difficulties in eating (chewing, swallowing)
- depression
- the person has become more active
- behavioural issues
Health risks associated with being underweight

Being underweight is as much of a health risk as being overweight. Underweight and malnutrition are associated with the following problems:

- nutritional deficiencies and resultant symptoms or diseases
- poorer immune system and increased likelihood of illness
- decreased healing and risk of wound breakdown (for example pressure sores) and infection
- decreased bone strength and a greater risk of breaking bones
- tiredness, weakness, decreased ability to do participate in activities of daily living

Tips to help weight gain

- Think of the Healthy Eating Pyramid (refer to page 7). Note that the foods on the bottom contain the least fat and are often the most filling. Because most of the general population is at a healthy weight or is overweight, the dietary guidelines for the general population are to eat MOST of these foods. However, if underweight people are to gain weight by following this guideline, they will have to eat enormous piles of food.

- Underweight people need a modified version of the Healthy Eating Pyramid – less of the foods at the base of the pyramid, more of the foods at the middle of the pyramid and a little more of some of the foods at the top of the Pyramid.

- When adding extras to an underweight resident’s diet, add them to the resident’s meal once it has been served onto the plate, or serve the other residents’ meals first and then mix extras into the remaining food while it is in the pan. In this way, residents’ who don’t need the extra energy will receive their usual diet.

- Try to avoid the resident ‘filling up’ on large amounts of water, tea, coffee or cordial. Instead, offer more nutritious fluids such as milk, soup, yoghurt drinks, fruit juice or commercially available nourishing drinks.

- Take advantage of any time that the resident wants to eat, for example, if the resident’s appetite is better in the morning, plan bigger meals then and smaller snacks through the day.

- A large meal often puts people with a small appetite off eating. Instead serve a small meal and offer a snack later. Where possible, six small meals are often better than three large ones.

- Nourishing snack ideas include: biscuits with cheese, pate, peanut paste, cold meat, dips or avocado; dried fruit and nuts; toast with plenty of poly or monounsaturated margarine and a spread; a tub of full fat yoghurt or a high protein drink (see recipe ideas at end of this section).

- Use full fat dairy products, for example milk, yoghurt and cheese.
• The more variety that is served to people, the more they tend to eat (think about how much you eat at a smorgasbord!).
  – Try serving a few different things on the plate – a little of what the rest of the residents are having and also some bits and pieces like a biscuit with some cheese and a hard boiled egg.
  – Serve a mixture of cut up sandwiches instead of only one type.
  – Try to offer several courses within a meal instead of only one course, for example soup, main meal and dessert.
• Do not offer low nutrient drinks such as tea, coffee, water or cordial with or before meals because they can be filling with out offering much goodness.
• Instead of giving more food, make the amount of food they would normally eat contain more nutrition.

Below are some ideas:

Add more protein to foods
• Skim milk powder is an excellent source of protein. Add 1-2 tablespoons of skim milk powder to breakfast cereal, soups, mashed potato, custards, milkshakes for example.
• Meat, chicken, fish, eggs, nuts, dairy and legumes are good sources of protein. Offer larger serves of these foods and smaller serves of breads, cereals, fruit and vegetables.
• Add grated cheese or a white sauce to vegetables.
• Use foods such as milkshakes, yoghurt, nuts and slices of cold lean meat for snacks
• Try to include two protein foods in sandwiches – for example ham and cheese, peanut butter and cheese, tuna and egg, chicken and cheese.
• Serve fruit cut up with custard or ice-cream.

Add healthy fats to foods
• Dob some poly or monounsaturated margarine onto vegetables, into soups and casseroleos and spread extra poly or monounsaturated margarine onto bread.
• Stir some poly or monounsaturated oil into salads or pasta dishes.
• Use plenty of mayonnaise or avocado in sandwiches.
Recipes for nourishing drinks

**High protein milk**

Stir 2 tablespoons of skim milk powder (any brand) into a glass of milk. You can also make a up a jug (8 tablespoons to 800 ml milk).

This high protein milk can be used on breakfast cereal, as a drink on its own or mixed with other ingredients to make a nourishing drink.

Try mixing high protein milk with the following to make a tasty drink:

- Milo and ice-cream
- Coffee powder and ice-cream
- Blended fruit – for example banana, tinned peaches, tinned apricots or tinned plums
- Topping or essence
- Fruit juice (add only 50 ml juice to 150 ml milk. Pour milk into glass first or the milk will curdle)
- Blend yoghurt and fruit through milk to make a smoothie

To find out about commercially available food products that assist people in gaining weight, contact one of the following:

- Local Community Health Centre (ask to speak to a dietitian)
- HPS Pharmaceuticals (phone: 9415 8795)
- Home Health Care (phone: 1800 033 649)

Refer to a dietitian for further assistance.

**Overweight and Obesity**

People become overweight when they eat more energy (kilojoules or calories) than they burn up. This can happen over a short period of time (weeks) or a long period of time (months or years).

**Why people may become overweight or obese**

Obesity can be caused by numerous factors, such as:

- A decrease in physical activity
- Eating more than the body needs
- Decreased metabolic rate due to reduced muscle mass and tone that occurs with some conditions
- A specific medical condition that causes less control of appetite and eating
- A limited understanding of appropriate food choices to control weight
- Certain medications.
Health risks associated with being overweight or obese

Problems associated with overweight and obesity include:

- Increased risk of Type 2 diabetes and heart and vessel disease
- Decreased mobility and agility
- Joint and back problems
- Risk of skin infections

**NOTE:** Weight loss may be slower for residents than other people due to immobility and thus extra encouragement and patience may be required by staff. Healthy weight loss for the average person is about 1-2 kilograms per month

**Tips to help weight loss**

- A suitable diet for weight loss is not overly restrictive, includes the recommended amount of all food groups and allows a suitable amount of ‘extras’.
- Changes must be suitable so that they able to be maintained in the long term.
- A realistic goal must be set. A weight reduction of three or four kilograms that is maintained is a positive step and will be of benefit to health.
- Don’t make the weight loss itself too much of a focus, instead focus on the process. Don’t weigh residents more than once a week. Concentrate on other aspects, such as improved fitness, clothes becoming loose, improved movement or changes in appearance.
- Reduce fat and energy (kilojoule) intake but don’t reduce overall food intake. For example use low fat dairy products but still encourage three serves a day of dairy foods. It is not appropriate for people to feel hungry while they lose weight.
- Change eating habits slowly and in stages. It is better to make small changes a resident can continue than large ones that will be discontinued after a short period of time. An example of a suitable first step would be to reduce the amount of butter or margarine used on bread and toast. Once this has been accomplished, another small change could be made, such as having potato crisps once a week instead of three times a week.
- Initial weight loss is the easiest. After the initial few kilograms have been shed, weight loss becomes more difficult. Keep this in mind and remind the resident that this is normal.
- Be prepared for slow progress at times – sometimes a resident may stop losing weight for a few weeks, even though they are doing exactly what previously seemed successful in causing weight loss. This is normal and called a ‘plateau’– encourage residents to persevere and weight loss will continue.
- Reward residents for weight loss, but not with food. For example, accompany a
resident to the shops to buy something special such as music, clothes or jewellery or accompany a resident to a movie.

- Encourage residents to eat slowly and to enjoy their food.
- Try keeping a food diary of the resident’s intake— you may be surprised at the amount of high fat foods consumed, or may be able to see patterns that may need changing.

Food fads, miracle diets and food deprivation will not help anyone maintain weight loss and are not recommended for health.

Cutting down on fat

- Encourage residents to cut fat from meat and remove fat and skin from poultry before cooking.
- Use low fat cooking methods, such as microwaving and non-stick pans.
- Grill, bake, steam, microwave or boil foods. Encourage residents to avoid fried and deep fried foods.
- Encourage residents to choose low fat dairy foods, for example fat reduced or skim milks, low fat yoghurt and reduced fat cheese.
- Offer fruit and vegetables as snacks. Limit cakes, chocolates, pastries and packet snack foods.
- Let soups, casseroles and stews cool so the fat solidifies on the top. Remove fat before re-heating.
- Encourage only small amounts of margarine or butter on bread and toast.
- Nuts and seeds should be eaten in moderation because they are high in fat.

Exercise

Regular exercise is a vital component of weight loss. For residents that have difficulty with physical activity, for example people confined to wheelchairs, a physiotherapist can assist in planning an individual exercise program based on a resident’s capabilities. Even minimal amounts of activity are beneficial.

Refer to Let’s Get Active, Physical Activity for People with a Disability, Department of Human Services, April 2001.

Refer to a dietitian for further assistance.

Over eating and bingeing behaviours

Residents may overeat and binge for a wide range of reasons. If this behaviour occurs frequently, it can lead to overweight and obesity.
Tips to help reduce unhealthy eating or bingeing behaviour

• Try to learn more about the over eating or bingeing behaviour, for example, what triggers the behaviour, how does the resident feel before and after over eating.

• If stress is a trigger for eating behaviours, try to help the resident find a strategy to reduce stress (for example a warm bath, a walk outside, sitting in the sun, deep breathing, listening to relaxing music).

• If boredom is a trigger, help the resident to find extra activities to distract them and stop them seeking inappropriate foods.

• Find healthier alternatives for residents to snack, healthier options for take-away foods and healthier ways to cook take away-style foods. There is information about how to do all of these things in this book.

• Lead by example and be a healthy role model. Eat healthy foods in front of the residents. Avoid bringing take-away foods and high fat snacks into the house.

• Use other role models for healthy eating and an active lifestyle. For example, encourage residents to identify with famous sports people and encourage them to eat like they would or to be physically active.
Food and health problems

Diabetes

Diabetes is a disease where there is too much glucose in the blood. There are two main types of diabetes:

Type I diabetes
• also referred to as insulin dependant diabetes or juvenile onset diabetes
• usually picked up in younger people (less than 40)
• people with Type I diabetes are often underweight at the time of diagnosis
• people with Type I diabetes rely on insulin injections for life

Type 2 diabetes
• also called non-insulin dependant diabetes or adult onset diabetes
• usually picked up in later life (over 40)
• tends to be associated with lifestyle factors such as overweight and inactivity
• initial treatment by a healthy diet and by doing regular exercise
• if lifestyle change is not sufficient to control blood glucose levels, tablets or insulin are required to keep blood glucose levels as close to the healthy range as possible

Diabetes must be taken seriously

When there is too much glucose in the blood, it causes damage to the body. If a person with diabetes can keep their blood glucose level between 3.5 and 8.0 mmol/L*, the chance of them experiencing complications is reduced. Complications are effects that negatively impact on health and well being. In diabetes, complications include an increased risk of:

• heart disease and stroke
• cataracts, poor eyesight and blindness
• nerve damage, loss of sensation in feet, legs, hands and arms
• kidney damage, kidney disease
• poor circulation, poor wound healing, impotence, amputation
• poor ability to fight infection

* mmol/L is a measure of the concentration of glucose in the blood.

All residents with diabetes should be referred to a dietitian so that their individual dietary needs can be assessed and tailored information given.
Hypoglycemia
The body works best when the blood glucose level is between 3.5 and 8.0 mmol/L. Low blood glucose levels (‘hypoglycemia’ or ‘hypo’) are when the blood glucose levels drop less than 3.5 mmol/L. Hypoglycemia occurs only in people who are on insulin or who take diabetes tablets (oral hypoglycemic agents).

Causes of hypoglycemia
• Inadequate or delayed food intake
• Too much insulin or too many diabetes tablets
• More exercise/physical activity than usual
• Vomiting
• Alcohol without enough food

Early warning signs of hypoglycemia
• Shaking or weakness
• Headache or dizziness
• Tingling of lips and tongue
• Lack of concentration
• Sweaty palms
• Increased heart rate
• Irritability

If not treated quickly, signs become more dramatic
• Confusion
• Drowsy
• Unconsciousness

Where a resident is not able to communicate how they feel, a list of the signs or changes in behaviour associated with the particular resident having a ‘hypo’ should be compiled and kept in an appropriate place (for example in the resident’s folder plus in a visible place in the office).
How to treat hypoglycemia
It is best to treat hypoglycemia as soon as warning signs appear

• If appropriate: test the blood glucose level to see if it is low. If the blood glucose level is less than 3.5 mmol/L or below a level specified by the resident’s doctor/specialist, encourage the resident to eat or drink one of the following:
  - Glucose tablet or gel (sold at Chemists) or
  - Glucose lollies for example 3-4 jelly beans, pastles or jubes or
  - A carbohydrate source as specified by the resident’s doctor, specialist or dietitian.

Every house with diabetic residents on oral hypoglycemics or insulin should keep a store of one of the above for emergencies. Glucose tablets or gel are preferable to lollies because they are less likely to be eaten and not replaced.

After hypoglycemia has occurred, the blood glucose level may drop again. To avoid this:

• Serve usual meal if it is close to meal time
• OR serve a sandwich, some fruit or a milk drink

What to do when residents on insulin or oral hypoglycemic agents are not well

• Check blood glucose level every two hours
• Encourage the resident to drink plenty of fluids
• Try to have small frequent meals
• Continue all diabetes medications – even if no food taken
• Contact a doctor if the blood glucose level increases abnormally high over the day

Body weight and diabetes
Achieving and maintaining a healthy body weight is an important part of controlling diabetes. When people with diabetes carry too much body fat, it becomes more difficult to control their blood glucose level.

One of the best ways for people to achieve and maintain a healthy body weight is to follow a low fat diet and to keep physically active. Information for residents who need to lose weight is provided on page 67.
The Glycemic Index (G.I.)

When carbohydrate foods get broken down in the body they form glucose. This glucose enters the bloodstream and increases the blood glucose level.

Some carbohydrate foods (such as white and wholemeal bread) get broken down into glucose very quickly. This means glucose enters the bloodstream quickly and the blood glucose level rises sharply. These foods are called ‘quick acting’ carbohydrate foods.

Other carbohydrate foods (such as pasta) get broken down more slowly. Thus the glucose from these foods only trickles into the bloodstream and the blood glucose level rises only gradually. These foods are called ‘slow acting’ carbohydrate foods.

Carbohydrate foods are assigned a ranking from 1 to 100 according to how quickly they raise the blood glucose level. A food that breaks down quickly has a high ranking and a food that breaks down slowly has a low number. The ranking system is called the glycemic index (G.I.). A ‘fast acting’ carbohydrate food is called a high G.I. food. A ‘slow acting’ carbohydrate food is called a low G.I. food.

### Classification levels for the G.I. Factor

- **Low G.I. foods** have a G.I. of less than 55
- **Moderate G.I. foods** have a G.I. between 55 and 70
- **High G.I. foods** have a G.I. of over 70

As you can imagine, the G.I. has huge implications for diabetes. In fact, the G.I. put a ‘spanner in the works’ for the traditional way of treating diabetes. We now know that ‘sugary’ or sweet foods do not necessarily increase the blood glucose level more than foods that are low in added sugars. For example, a slice of wholemeal bread will put up the blood glucose level more than a small glass of regular lemonade.

**Note:** it is not just the G.I. of a food that effects the blood glucose level, it is also the amount of a food eaten and whether it is eaten with other food as part of a meal.
The following shows a table of commonly eaten foods on the Australian diet arranged into groups of fast acting, moderate acting and slow acting.

### Table of some foods and their G.I. Classifications

<table>
<thead>
<tr>
<th>FAST ACTING – EAT LESS</th>
<th>MODERATE G.I</th>
<th>SLOW ACTING – EAT MOST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast Cereals, Breads and Biscuits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corn Flakes™</td>
<td>Weet Bix™</td>
<td>Special K™</td>
</tr>
<tr>
<td>Rice Bubbles™</td>
<td>Vita Brits™</td>
<td>Oats and porridge</td>
</tr>
<tr>
<td>Puffed Wheat™</td>
<td>Sustain™</td>
<td>Guardian™</td>
</tr>
<tr>
<td>Most breakfast Bars</td>
<td>Just Right™</td>
<td>Health Wise for Heart™</td>
</tr>
<tr>
<td>Bran Flakes™</td>
<td>Nutri Grain™</td>
<td>Frosties™</td>
</tr>
<tr>
<td>Sultana Bran™</td>
<td>Muesli</td>
<td>Brans, including All Bran</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All Bran Soy’n’Fibre™</td>
</tr>
<tr>
<td><strong>Pasta, Rice and Grain Products</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White bread</td>
<td>Pita bread</td>
<td>Heavy grainy bread</td>
</tr>
<tr>
<td>Rye bread</td>
<td>Wholemeal bread</td>
<td>Heavy fruit bread</td>
</tr>
<tr>
<td></td>
<td>Crumpet</td>
<td>Tip Top Hyfibre™</td>
</tr>
<tr>
<td>Most sweet and savoury biscuits</td>
<td>Ryvita™</td>
<td>wholemeal bread*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Performax™ bread*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rich Tea™ biscuits</td>
</tr>
<tr>
<td>Brown rice</td>
<td>Basmati rice</td>
<td>Bourghul</td>
</tr>
<tr>
<td>Instant rice</td>
<td>Doongarra rice</td>
<td>Sernolina</td>
</tr>
<tr>
<td>Tapioca (sago)</td>
<td>Taco shells</td>
<td>Pearl Barley</td>
</tr>
<tr>
<td></td>
<td>Cous cous</td>
<td>All pastas</td>
</tr>
<tr>
<td><strong>Fruit and Vegetables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watermelon</td>
<td>Pineapple</td>
<td>All other fruits</td>
</tr>
<tr>
<td>Lychees</td>
<td>Cantaloupe (rock melon)</td>
<td>All other starchy vegetables for example sweet corn, sweet potato, carrot, peas**</td>
</tr>
<tr>
<td>Most potato varieties</td>
<td>Paw paw (papaya)</td>
<td>Legumes (Baked beans, lentils, 3 Bean Mix etc)</td>
</tr>
<tr>
<td>Pumpkin</td>
<td>Sultanas</td>
<td></td>
</tr>
<tr>
<td>Parsnip</td>
<td>Beetroot</td>
<td></td>
</tr>
<tr>
<td><strong>Dairy Foods and Alternatives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regular ice-cream</td>
<td>Milk- cow and soy</td>
</tr>
<tr>
<td></td>
<td>Vitar™</td>
<td>Yoghurt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Custard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low fat ice-cream</td>
</tr>
</tbody>
</table>

*Tip Top Hyfibre Wholemeal Bread™ and Country Life Bakery Performax™ bread are two special wholemeal breads in that they are not grainy but they are low G.I. They are a good option for people who do not like grains.

** non-starchy vegetables (for example broccoli, beans and salad vegetables) are not tested for the G.I because they do not have much of an impact on the blood glucose level and can be eaten freely.
Sugar and diabetes

Sugar does not cause diabetes and sugar in moderation is acceptable as part of a healthy diet for people with diabetes.

What does ‘sugar in moderation’ mean?
The following examples show what is meant by an acceptable amount of sugar or sugar in ‘moderation’:

- using one teaspoon of sugar in a cup of coffee
- spreading honey on a slice of toast
- choosing fruit yoghurt with sugar (instead of artificial sweetener)
- having a slice of cake
- eating a bowl of ice-cream or custard with fruit

Basic dietary principles for diabetes

- Follow the Australian Dietary Guidelines (refer to page 4)
- Have regular meals and snacks
- Have a serve of carbohydrate with each meal (for example bread, pasta, rice, cereal or a starchy vegetable)
- Include one low glycemic index food with each meal (refer to page 75)
- A low to moderate fat diet that is low in saturated fat is important to achieve and maintain a healthy body weight and to help reduce the risk of complications such as heart disease.

Heart Disease

Heart and blood vessel disease is a leading cause of death in Australia. It often starts in adolescence, but goes undetected until the first or fatal heart attack or stroke. A person’s risk of developing heart disease depends on their blood lipid and blood pressure level, their body weight, their level of physical activity and stress and whether or not they smoke or have parents or grandparents who had heart problems.

Blood lipids

What are blood lipids?
‘Lipid’ is another word for fat. There are two main types of blood lipid (blood fat): cholesterol and triglyceride. Having too much of either of these fats in the blood increases the risk of heart disease and stroke.
What causes high blood lipids?
The following are important lifestyle-related causes of high blood lipids. These are important causes because we can do something about them.

- Eating too much fat (especially saturated fats, refer to page 2).
- Being overweight or obese.
- Eating too much cholesterol.

Family history (genetics) also plays a part in high blood lipids. We cannot make any changes to our genetic make-up.

How to reduce blood lipids
The best way to lower blood lipid levels is to have a low fat diet. A low fat diet helps all three causes of high blood lipids. Refer to section on General Nutrition (page 1) for advice about a healthy diet and to page 67 for advice about weight loss and a low fat diet.

High blood pressure
In terms of diet, high blood pressure is best treated by weight loss where appropriate (see page 67) and by a low salt diet.

Salt
The average Australian diet is very high in salt – supplying two to three times more salt than we require. Of this salt, 75 percent comes from processed foods (takeaway, tinned and packaged foods), 15 percent comes from salt added at the table and 10 percent occurs naturally in foods.

For most people, a diet that is low in processed foods with little or no salt added at the table or during cooking is sufficiently low in salt to be healthy. For people who need to have a low salt diet (for example people with high blood pressure or people on a fluid restriction) a diet that is even lower in salt may be required. For advice about this, consult a doctor or a dietitian.

Constipation
Constipation affects many people with a disability. People with physical disabilities are at particular risk of constipation due to immobility and/or changes in the way the gut behaves (for example, people with spinal injuries, cerebral palsy or multiple sclerosis).

Why people may have constipation
- Not enough fluid
- Not enough fibre
- Inadequate physical activity
- Low gut movement
• Reluctance to use bowels because of discomfort or inconvenience
• Some medications – such as those containing codeine, iron supplements or non steroidal anti inflammatories
• Long term laxative use

**Effects of constipation**
• Bloating and discomfort (which may contribute to an increase in challenging behaviours)
• Decreased appetite
• Many carers report that people with severe epilepsy have more frequent and/or more severe fits when constipated

**Tips to minimise or prevent constipation**
• Encourage residents to eat plenty of fibre. The following foods are a good source of fibre:
  – Bran, whole grain breads, wholegrain cereals, fibre enriched breads
  – Fruits (including dried and tinned fruits) and vegetables
  – Legumes- baked beans, kidney beans, lentils for example
  – Nuts
• Encourage residents to drink 6 – 8 cups of fluid a day, such as water, juice, cordial, soup or milk. Caffeine-containing drinks are not a good source of fluid because they cause the body to lose fluid by making more urine. Often a very cold or very hot drink first thing in the morning will help to get the bowels going.
• If fibre supplements have been recommended, encourage residents to drink extra fluid.
• Try to establish regular meals.
• Encourage residents not to ignore the urge to defecate and try to establish a regular time of the day for them to try and open the bowels (to get their bowels into a regular habit).
• Laxatives that work by stimulating the bowel can promote a ‘lazy’ bowel when used in the long term. Ask the Chemist or Doctor which laxatives are the most appropriate for the resident if they are to be used in the long term. It is best, however, to try to avoid the long term use of laxatives.

Refer to a dietitian for further assistance.
Diarrhoea

Some people are more prone to diarrhoea than others. People whom are frequently affected by diarrhoea, should be investigated for an underlying cause.

Why people may have diarrhoea

• Some medications, for example lactulose, antibiotics
• Anxiety
• Bowel problems – poor bowel control, bowel disease
• Infection
• A change in diet
• Food intolerance
• Pica (eating of non food items)

Effects of diarrhoea

• Dehydration (it is important to replace fluids. Encourage the resident to have to drink one cup of fluid for each bowel movement).
• In the longer term, diarrhoea can cause weight loss and skin damage around anus.

Tips to minimise or prevent diarrhoea:

• Avoid coarse whole grain products, including bran, grainy breads and unrefined cereals.
• Peel fruit and vegetables before eating and remove seeds and pips. Do not omit fruit and vegetables from the resident’s diet.
• Limit fatty and rich foods, spices, red wine and caffeine.
• Take all fluids cool or warm – avoid very cold or very hot fluids.
• Encourage eating slowly in a relaxed setting.
• Encourage resident to chew food well.
• If the resident doesn’t chew their food, cut the food up very finely or lightly mash the food.

Monitor the resident and seek medical attention if diarrhoea lasts for more than a day.
Gastric and Duodenal Ulcers

Gastric ulcers are ulcers in the stomach. Duodenal ulcers are ulcers in the first part of the small intestine (the part of the gut that is attached to the lower end of the stomach). There are similarities in the symptoms and treatment of gastric and duodenal ulcers.

Symptoms of ulcers

- Abdominal discomfort or pain (may be severe)
- Vomiting
- Heart burn
- Nausea
- Weight loss

Dietary tips to reduce pain and discomfort

- Offer small, frequent meals.
- Avoid giving large amounts of milk (it makes the stomach produce more acid).
- Discourage alcohol, spices, caffeine-containing drinks and pickles.
- Discourage very hot or very cold drinks because extra air is swallowed when these are taken.

Medication is commonly prescribed to treat infections that cause ulcers and to provide relief from ulcers. It is recommended that people with gastric ulcers avoid smoking cigarettes and taking aspirin.

Reflux

Reflux occurs when food leaves the stomach and travels up the oesophagus (the tube that runs down the inside of the chest from the mouth to the stomach).

Refer to a dietitian for advice specific to your resident. The following information is general only.

Tips to reduce or avoid reflux

- Encourage weight loss for those who are overweight
- Encourage upright posture, if possible, during eating and for several hours after eating. Encourage residents to avoid going to bed within 2 hours of a meal
- Avoid serving large meals- have small frequent meals and snacks over the day
- Avoid serving foods that are very high in fat, for example fish and chips or pizza
- Foods such as cola drinks, coffee, strong tea, chocolate and alcohol are likely to make reflux worse
- Cucumber and capsicum may also increase symptoms
- Encourage residents not to wear tight clothing
• Discourage smoking
• Elevate bed head by 15 cm
• Encourage the resident to eat slowly
• Avoid excessive fluid intake with meals

Iron and iron deficiency
Iron is important to help carry oxygen around the body. It also plays a role in energy production, immunity, brain development and brain function.

Common signs of low iron in the blood are:
• Tiredness, lack of energy
• Little ability to do work or exercise
• Shortness of breath on exertion
• Frequent infections
• Feeling the cold more than usual
• Pale skin and conjunctiva (the pink membrane that sits under the eye ball).

How to ensure residents get adequate iron
There are two types of iron in the diet: the iron found in animal products (haem iron) and the iron found in plant products (non-haem iron).

Iron from animal products is absorbed much better than iron from plant products.

Good animal sources of iron:
• Some offal – for example kidney, liver, pate
• Red meat has twice the amount of iron as chicken and three times as much as fish

Good plant sources of iron:
• Whole grain breakfast cereal and iron fortified breakfast cereal
• Baby rice cereal
• Whole grain bread, pasta, rice and biscuits
• Legumes (Baked beans, kidney beans, chickpeas for example)
• Green leafy vegetables
• Iron fortified beverages
For residents who eat meat, include red meat in the menu at least three times a week. For residents who do not eat meat, include a good plant source of iron with all meals.

- Have food containing vitamin C at the same time as plant sources of iron – for example a tomato-based sauce with wholemeal pasta, orange juice with breakfast cereal or capsicum in a salad sandwich. Vitamin C aids the absorption of plant sources of iron.

Refer a dietitian for further assistance.

Calcium and osteoporosis

Calcium is important for strong bones. Ninety nine percent of the body’s calcium is in the bones. The other 1 percent of calcium is in the blood.

Bones can be thought of as a bank of calcium. When the diet does not provide enough calcium, a small amount of calcium is drawn out of the bones to make sure the body has enough calcium in the blood. Thus, every day a resident does not eat enough calcium, they will loose a little from their bones.

What happens if residents do not get enough calcium?

- Stunted growth (in children)
- Badly formed teeth (in children)
- Tendency for bones to fracture easily
- Rickets (in children)
- Reduced ability for blood to clot
- Increased risk of osteoporosis

Osteoporosis

Osteoporosis literally means ‘porous bones’. It is a thinning and weakening of the bones due to loss of calcium. A common reason for osteoporosis is a prolonged inadequate calcium intake. Osteoporosis affects one in four women. The disease occurs in men but to a lesser extent.

Some people with an intellectual and/or physical disability have a higher risk of osteoporosis. These people include those who:

- have not had normal bone growth and bone density due to being non weight bearing (not spending much time with weight on their feet)
- have a low body weight
- had a poor food intake or difficulty in feeding as a child
- have been on medications that interfere with calcium absorption and utilisation, for example some of the older types of medication used to manage epilepsy had this effect.

Go to DHS website: www.vic.gov.au/ds/strongbones
Here you will find a video and accompanying resources that discuss osteoporosis and people with a disability, and how to help prevent this disease.
A significant reason for some residents being at risk of osteoporosis is they may have low levels of one type of vitamin D. This form of vitamin D is made in response to exposure to UV radiation (for example sunlight).

Once produced, it helps the body to absorb calcium. People with low levels of this type of vitamin D are at risk of osteoporosis because they are unable to absorb adequate amounts of calcium from their diet to meet their requirements.

Thus residents who have inadequate exposure to UV radiation form another group of people at risk of osteoporosis. These include:

- residents who have been institutionalised in the past,
- residents who spend little time outdoors
- residents who wear sun cream during most outdoor outings

**How to ensure residents get adequate calcium**

The best sources of calcium are milk, cheese and yoghurt. Not only do these foods contain a lot of calcium compared to most other foods, but the calcium from these foods is better absorbed than from other sources.

Refer to pages 93 and 95 for information about calcium intake and people with lactose intolerance.

**Good sources of calcium:**

- Milk – evaporated, whole milk, low fat milk, skim milk
- Calcium fortified soy milk (check there is 120 mg calcium per 100 ml).
- Cheese
- Salmon and sardines with bones
- Yoghurt
- Custard
- Tofu and tofu products if made with calcium carbonate (check the ingredients list on the food label)
- Dried figs
- Tahini paste
- Almonds

**Recommendations for adequate calcium intake**

Three serves of dairy or equivalent each day.

For example: a 200 g tub yoghurt, a slice of cheese and a glass of milk

Refer a dietitian for further assistance.
Lactose intolerance

People with lactose intolerance are unable to break down milk sugar (lactose). Lactose intolerance is more common among some people, for example, people of Asian, Middle Eastern and Australian Aboriginal heritage. Lactose intolerance must be diagnosed by a resident’s doctor.

Signs of lactose intolerance

Bloating, abdominal distention, flatulence and diarrhoea when eating foods that contain lactose (usually more than 1/2 cup of milk is needed to cause symptoms)

Dairy foods likely to cause problems in lactose intolerant people

- Cow, goat, sheep milk
- Soft cheeses (for example ricotta, cottage cheese, cream cheese)

Alternative foods unlikely to cause symptoms for lactose intolerant people

- Yoghurt
- Hard cheese
- Soy milk (choose soy products with added calcium)

It is possible to buy lactose free UHT milk, where the lactose has already been broken down (look in the long life dairy section of the supermarket). Milk products containing broken down lactose will taste a little sweeter than their regular counterparts (when lactose gets broken down it produces glucose).
Difficulties with eating

Chewing and Swallowing Difficulties

Depending on the extent of chewing or swallowing difficulties, residents may require a diet that is soft, minced or blended. These diets are called ‘texture modified diets’. Residents should only have texture modified diets on the recommendation of a speech therapist and dietitian.

Soft diet
A soft diet should consist of soft, small pieces of food that require minimal chewing. It should not contain hard or chewy foods.

Minced diet
A minced diet should be moist but not runny to make it easier to swallow. It should be possible to eat a minced diet with only a fork. There should be no hard lumps. Some foods may require blending for a short time, using a food processor or blender.

Blended diet
A blended diet is one that is pureed until it is smooth and lump-free. The food should hold together, should not be runny and should not be dry or crusty. Extra fluid may be needed while blending foods to get the right texture. A blended diet can be made using a food processor or blender.

People on texture modified diets have the same needs as people able to manage a regular diet. There must be adequate nutrition, variety, good taste and smell as well as contrasting colour. Individual preferences must still be catered for.

Presentation of texture modified meals
Well presented food looks more inviting to eat. Serving attractively presented foods is a good way to entice underweight residents and fussy eaters to eat more.

Strategies for improving the appearance of texture modified foods include:

Present foods in a defined shape
Bake minced or blended foods in a loaf tin and serve as slices on a plate or shape pureed foods into patties.

Use a variety of colour
Use contrasting colours on the plate. For example use at least three colours, such as a green vegetable, a yellow vegetable and some blended casserole.
Keep main ingredients separate
Do not mix all of the food to be served into one mixture where possible. Even serving one main ingredient separately makes a big difference to appearance. For example, blend rice, pasta or potato and then pour a blended sauce on top, ensuring that you can still see some of the underneath layer; serve a swirl of blended apricot on top of a blended chicken casserole or layer alternating layers of blended tomato with spinach and cheese sauce.

Invest in a few simple, inexpensive kitchen utensils
• Use an icing bag with a shaped icing tube (for example a star shaped tube) to make decorative shapes with firm blended foods.
• Lightly bake (just until it holds its shape) blended vegetables mixed with beaten egg in muffin tins to make little crustless quiches.
• Lightly bake savoury or sweet custards in individual dishes until set and turn out onto the plate.

Achieving adequate nutrition with a texture modified diet
A blended diet must contain the recommended amounts of the different food groups. The following information gives ideas about how to serve each of the food groups as part of a soft, minced or blended diet. Refer to page 5 to see the recommended amounts of these foods.

Breads and cereals
Breads and cereals SUITABLE for soft, minced and mashed and blended diets:
• Soft biscuits if dipped or soaked in a warm drink to make soggy
• Quick or instant porridge
• Breakfast cereals (with no hard ingredients like nuts or dried fruits) softened with milk
• Semolina, sago, tapioca
• Well cooked rice and pasta
• Polenta
• Cous cous
• Burghul
• Baby rice cereal

Breads and cereals SUITABLE for soft diet only:
• Fine wholemeal or white bread (no crusts or toast)

Breads and cereals NOT SUITABLE for soft, minced and mashed and blended diets:
• Pastry
Fruit

**Fruits SUITABLE for soft, minced and mashed and blended diets:**

- Ripe, soft fruit – such as banana, kiwi fruit, mango, paw paw (papaya), avocado, orange, pear
- Grated apple
- Stewed or tinned fruit (note tinned fruit puree if available at supermarkets in individual packs)
- Fruit juice

**Fruits NOT SUITABLE for soft, minced and mashed and blended diets:**

- Hard or unripe fresh fruit
- Tinned pineapple
- Dried fruit (unless soaked in hot water until soft)

Vegetables

**Vegetables SUITABLE for soft, minced and mashed and blended diets:**

- Peeled well cooked vegetables*. Remove strings from beans and snow peas.
- Tinned vegetables, such as asparagus, beetroot, potato salad.
  *Peas and corn kernels do not blend well. Creamed corn, however, is suitable for a blended diet.

**Vegetables NOT SUITABLE for soft, minced and mashed and blended diets:**

- Hard, raw vegetables
- Raw salad ingredients

Dairy Foods

**Dairy foods SUITABLE for soft, minced and mashed and blended diets:**

- Milk
- Yoghurt
- Fruche
- Custard
- Ice-cream*
- Soft cheeses, for example cottage cheese
- Hard cheeses if melted, cut finely or grated

  *Ice-cream is not suitable for people requiring thickened fluids because it melts in the mouth and becomes a thin fluid.

**Dairy foods NOT SUITABLE for soft, minced and mashed and blended diets:**

- Hard cheeses, such as cheddar cheese
Meat and alternatives

Meat and alternatives SUITABLE for soft, minced and mashed and blended diets:

- Small pieces of tender meats or poultry that can be broken up with a fork. Meat cooked in fluid or gravy such as stew, casserole or soup is best.
- Fresh fish without bones or tinned fish (crush bones)
- Eggs
- Meat spreads, for example pate, liverwurst
- Tinned or boiled legumes - for example Baked Beans, kidney beans, chickpea, lentils
- Smooth nut paste - for example smooth peanut butter

Meat and alternatives NOT SUITABLE for soft, minced and mashed and blended diets:

- Nuts
- Roast, grilled or fried meats unless cut up finely
- Chicken skin
- Grilled or fried meats
- Dry, stringy or meats with gristle

Take-away, convenience and restaurant foods

Take-away, convenience and restaurant foods SUITABLE for soft, minced and mashed and blended diets:

- Steamed dim sim
- Grilled fish. Some fish and chip shops have baked potatoes, the inside of which will be suitable.
- Mashed potato and gravy
- Pasta dishes with soft sauces (for example spaghetti bolognaise, lasagna)
- Curry with tender chicken, meat or vegetables and well cooked rice
- Stuffed vegetables
- Soft vegetable patties or croquettes with accompanying sauce
- Pancakes with savoury or sweet filling.
- Soup - thickened with bread and puree
- Fruit purees
- Individual dairy desserts (for example chocolate mouse, yoghurt, Fruche™, Yogo™, crème caramel, Le Rice™)
- Ready to use custard
- Individual jellies*, trifle (without nuts)
• Icy pole*, ice-cream in a cup*
• Plain cake (without nuts, coconut or dried fruit) for example plain sponge cake or chocolate cake, softened with ice-cream
*Ice-cream is not suitable for people requiring thickened fluids because it melts in the mouth and becomes a thin fluid.

Take-away, convenience and restaurant foods SUITABLE for soft diets only:
• Fried rice without hard meats or nuts
• Noodle dishes without hard meats or nuts
• Burger with patty, melted cheese, egg and un-toasted bun
• Risotto

Take-away, convenience and restaurant foods NOT SUITABLE for soft, minced and mashed and blended diets:
• Pizza
• Souvalaki
• Crisp chips (soft ones can be mashed)
• Filo pastries etc
• Hard candy or lollies, licorice
• Chocolate (unless melted)
• Whole or chopped nuts (ground nuts are safe as an ingredient in a dish)
• Potato Crisps
• Whole corn kernels, pop corn

**Thickened fluids**
Some people with swallowing problems require thickened fluids. Thickened fluids can be safer as they move more slowly in the mouth and throat, allowing the person to co-ordinate their swallow so that they swallow safely and fluid doesn’t go down into the lungs.

Thickened fluids are sometimes used when people have difficulty with lip or mouth closure and spill large amounts of thin fluids, which puts them at risk of dehydration and may contribute to constipation.

Some people with swallowing problems will cough and splutter when given fluids that are too thin, indicating that fluid may be going into the lungs. This is called ‘aspiration’. Others may appear fine, but some of the fluid could still be going into their lungs. This is called ‘silent aspiration’.

If people get bits of food and drink in their lungs (i.e. if they aspirate) it can cause pneumonia.
The thickness of a fluid required for safe swallowing varies with individual needs and can be assessed by a speech pathologist. The speech pathologist will also give you or the resident some tips about how to make swallowing easier.

There are three levels of thickness that a speech pathologist may recommend:

- **Thick/Nectar Consistency/ Grade 1/ Pouring cream**
- **Thicker/Honey consistency/ Grade 2/ Thick syrup**
- **Thickest/ Pudding consistency/ Grade 3/ Thick puree**

**Commercially available thickeners**

- **Karicare™ Food Thickener** - available from supermarkets and pharmacies
- **Resource Thickenup™** - available from Australian Home Health care (phone 1800 033 649)
- **Keltrol™** – available from Janback Industries Pty Ltd (phone 073 390 6777)
- **Guar gum** – available from Future Environmental Services (ph 9569-2329)

*These thickeners dissolve easily in hot or cold fluids.*

- Cornflour or gelatin are not suitable to thicken fluids because they can only be used in hot fluids and they do not produce a consistent product each time.
- Ice-cream and jelly are not considered safe on a thickened fluid diet – they both melt in the mouth to become a thin fluid.
To prepare thickened fluids

- Sprinkle thickener onto the fluid. Do not pour the fluid on top of the thickener.

- To make a small batch, mix with a fork or whisk. To make a bigger batch, use an electric mixer.

Thickened drinks have less 'available fluid' than regular drinks and people on a thickened fluid diet must drink more than other people.

Fussy eaters

Fussy eaters are at risk of nutrient imbalance and thus nutrient deficiencies. The wider range of foods that these people can be encouraged to eat the better.

Tips

- Don’t turn the dinner table into a battleground. Keep positive and relaxed at meal times. Try to always find something to praise at the table even if it is just that they sat at the table. It is important that the resident does not associate a 'negative feeling' with meal time. If this has already happened, work at reversing this cycle.

\[
\text{Remember that carers control what foods are offered when foods are offered and where foods are eaten}
\]

\[
\text{But the resident controls how much and which foods are eaten}
\]

- Given that many residents lack a degree of control over their lives this can be a very relevant issue. If you feel that control issues are important in any of your resident’s food-related behaviour, try to focus on other ways that you can offer your resident more control over their life or food.

- Prepare the resident in advance for the meal, let them know that the meal will soon be on the table so that they can wind up their activity.

- Concentrate on the meal – set the table, turn off the TV or radio and encourage a quiet but relaxed atmosphere.

- Start with a small serve as too much food can be overwhelming.

- Try to serve the same food as other residents.

- If a new food is being introduced, serve it with a food that the resident enjoys.

- Unless there are only a few foods that the resident will eat, avoid those foods that they do not enjoy. If a resident refuses all foods from a food group, try to incorporate some of these foods in dishes that the resident does eat. For example, if the resident will not eat meat, put a little minced meat in a vegie patty or add a small tin of kidney beans to vegie patty mix. If the resident will not eat vegetables, add grated vegetables to pancake mixture and make vegetable pancakes or grate vegetables and add to bolognaisé sauce. If the resident will not eat fruit on it’s own, mash some banana through custard or grate apple and stir through porridge or add to pikelet mix.
• Another way to get residents to eat foods they do not usually enjoy is to try serving them in different ways. For example, residents that do not like vegetables, may enjoy them pureed into soup. Residents who do not like milk as a drink may enjoy a baked egg custard, crème caramel or fruit yoghurt.

• Offer words of encouragement, but don’t argue or force the resident to eat.

• Don’t assume that a resident will not like a particular food, remain positive throughout meal times. Encourage other staff from making negative comments about a particular food.

• Do not fuss if the resident refuses to eat. Give residents enough time to eat but remove food after twenty minutes if the resident has lost interest.

• Allow fussy residents to choose their own foods (if possible) but offer limited choices such as ‘carrots or peas’ instead of ‘do you want vegetables’. If residents reject a food once it does not mean they will never eat it. Re-try foods several weeks later but do not continue to offer foods the resident does not like.

• People tend to eat more food if there is a wide variety offered to them. Instead of putting only one type of food on the plate (for example a casserole), try to put several things on the plate (for example a little casserole, rice, vegetable and a piece of bread).

• If a resident has not eaten well and they do not require assistance to eat, place some cut-up foods nearby a couple of hours later.

• Do not offer desserts or ‘treat’ foods when residents do not eat, as a way of ‘getting something into them’. This rewards their fussy behaviour and it does not take long for residents to learn that if they refuse vegetables they get ice-cream instead.

• Make sure that residents do not fill up on drinks and snack foods during the day so that they have no appetite for dinner.

• Do not serve large drinks before or during the meal. Offer drinks after the meal.

Refer to a dietitian for further assistance.
Food for different ages

Food for children and adolescents
Children need appropriate food and physical activity to grow and develop normally. Growth should be checked regularly by a dietitian or another health professional. Many people assume that it is normal for children with a disability to be of small stature and underweight, however this is usually the result of feeding difficulties the child has and not part of the disability.

Low fat diets are not suitable for young children. For older children, a low fat diet, and in particular a low saturated fat diet, is appropriate if there is an issue of the child being overweight or having a high blood cholesterol.

Encourage water as a drink. Alcohol is not recommended for children.

Weight loss in children who are overweight
The earlier something is done about the problem, the easier it is to solve.

Children who are slightly overweight don’t need to lose weight. It is better for them to keep their weight stable while they grow. Many children will ‘grow into their weight’. For more overweight children, a combination of increased physical activity and a healthy diet is usually the best approach. Refer the child to a dietitian for specialist advice.

Food for older people
It is not normal for people to become thin and frail as they grow older. It is not healthy for older people to live on tea and sweet biscuits.

Older people need just as many vitamins and minerals as younger people. Because they are often less active, many older people have a reduced appetite. This can make it difficult for them to get all of the nutrients that they require. Older people with small appetites are best to eat nutrient-dense foods – that is foods that contain a lot of nutrients.

Older people may feel tired toward the end of the day and are sometimes best to eat their main meal in the middle of the day when they feel more alert.

Older people sometimes have different styles of eating to younger people. This may be due to a variety of reasons, for example changing food habits over time, food associations (for example stew and institutions), eating issues such as poor dentition and decreased saliva production.

Older people can also be at greater risk of food-borne illness than younger adults. Be extra careful that safe food handling practices are used when preparing food for older people.
Eating preferences

Vegetarian diets

There is a range of different vegetarian diets that people may follow:

• ‘Vegans’ avoid all foods of animal origin.
• ‘Lacto-vegetarians’ include dairy products in their diets.
• ‘Lacto-ovo vegetarians’ include dairy products and eggs in their diets.

Vegetarian diets require planning to ensure a balanced nutrient intake. Meat, chicken and fish are important sources of iron, protein, vitamin B12 and zinc. Dairy products are important sources of calcium, protein, riboflavin and vitamin B12. Eggs are an excellent source of protein. If the diet does not contain some or any of these foods, it is important to find alternative sources of these nutrients for a healthy diet.

Iron

It can be difficult to obtain enough iron in the diet when no meat products are eaten. Refer to page 81 for advice about how to meet iron requirements on a vegetarian diet.

Calcium

If no dairy products are eaten, the best way to ensure that residents consume enough calcium is by encouraging calcium fortified soy milk. Other good non-dairy sources of calcium include: tinned salmon and sardines with bones, tofu and tofu products that contain calcium (check the ingredient list on the label), green leafy vegetables (silverbeet, spinach, Asian greens), tahini (sesame seed paste), almonds, brazil nuts, hazelnuts and dried figs.

Protein

Most vegetarian diets contain enough protein for health. This is especially the case with vegetarian diets that include dairy products and/or eggs. For diets that do not contain these foods (for example vegan diets), care must be taken that enough protein is eaten and that an adequate variety of protein is eaten. Variety is important because different foods contain different proteins and the body needs a range of these proteins for health.

Complementary proteins

Some proteins do not provide all of the necessary amino acids that are needed for health. Amino acids are the building blocks of proteins (for example, if a protein was represented by a necklace, the amino acids would be represented by the beads).

Eating the right combination of two incomplete proteins can provide all of the necessary amino acids needed for good health because one protein provides what the other is lacking and visa versa. Two proteins that together provide a complete range of amino acids are called ‘complementary proteins’.

The following four categories of proteins complement each other when eaten in combination. It is important residents eat at least two of these four different protein sources each day for a balanced diet.

1 Grains: for example rice, pasta, oats, barley, wheat and corn
2 Dried peas or beans: for example baked beans, lentils and kidney beans
3 Nuts and seeds: for example sesame seeds (for example tahini), sunflower seeds, peanuts and almonds
4 Dairy: for example milk, yoghurt, custard, cheese

An example of how a resident would achieve this would be by having a slice of cheese on a wholegrain biscuit, or some baked beans on toast or a bowl of oats with nuts on top.

Vitamin B12
Vitamin B12 is found only in animal foods. Contrary to popular belief, mushrooms, seaweed and fermented foods such as tempeh are not good sources of vitamin B12. Vegetarians who do not eat dairy foods are at risk of vitamin B12 deficiency. Some soy products (for example soy milk) are fortified with vitamin B12. These are a good source of vitamin B12.

Deficiency of vitamin B12 can cause pernicious anaemia and degeneration of the nervous system. It usually takes three to five years for a healthy vegetarian to show signs of vitamin B12 deficiency because the body has large stores. People who avoid all animal products and do not eat vitamin B12 fortified products generally require vitamin B12 injections. The resident’s doctor will be able to provide you with information that is specific to the resident.

Zinc
Zinc is needed for wound healing and for normal taste, smell and sight. The main dietary sources of zinc are meat, fish, oysters and chicken. Zinc is also found in vegetarian sources such as wholegrain breads, legumes, bran, breakfast cereals and nuts.

Refer to a dietitian for further assistance.
PART 6
Useful resources

Health professionals
To contact a dietitian, speech therapist or occupational therapist, contact your local Community Health Centre (phone number available in White Pages in the Community Section of your local council).

Health professionals working in the area of disability can be accessed through Disability Information Victoria (web address listed under ‘Helpful websites’ on the following page).

Dietitians may also be accessed by the Accredited Practicing Dietitian Hotline: 1800 812 942

Reference books
 LET’S GET ACTIVE, PHYSICAL ACTIVITY FOR PEOPLE WITH A DISABILITY. Performance Planning and Research, Disability Services, Department of Human Services, 2001.
 NUTRITION FOR LIFE. Catherine Saxelby, Hardie Grant Books, 2002.
 FOOD SAFETY FOR ALL. Victorian Department of Human Services, 2003.
 FOOD SAFETY IN ACTION. Victorian Department of Human Services, 2003.

Cook books
 SMOOTH FOOD CUISINE – DISABILITY SERVICES COMMISSION WA
 A series of booklets that can be obtained from The Revenue Clerk, Disability Services Commission, Box 441, West Perth 6872
 COOKERY THE AUSTRALIAN WAY. Cameron, S., Russell, S., Williams, W. MacMillan. Education Australia Pty Ltd.
Websites

Department of Human Services, Disability Services nutrition webpage

Department of Human Services – for information about nutrition, speech pathology and occupational therapy services and links to other sites.
www.dhs.vic.gov.au

Better Health Channel – for recipes and general advice about health and nutrition.
www.betterhealth.vic.gov.au

Dietitian’s Association of Australia – for recipes and advice about nutrition and lifestyle.
www.daa.asn.au

Nutrition Australia – for advice about general nutrition and lifestyle.
www.nutritionaustralia.org

Associations, societies and foundations

Eating Disorder Foundation of Victoria Inc
1513 High Street, Glen Iris 3146
(03) 9885 0318

Coeliac Society
11 Barlyn Road, Mount Waverley 3149
PO Box 89 Holmesglen 3148
(03) 9808 5566
Website: www.coelic.org.au

Down Syndrome Association of Victoria Inc.
495 High Street, Northcote 3070
(03) 9486 2377

Prader-Willi Syndrome Association of Victoria Inc.
PO Box 838, Ringwood 3134
Tel and fax: (03) 9735 5199
Email: haa@optus.com.au
Website: info@pws.asn.au

Autism Victoria
35 High Street,
Glen Iris 3146
(03) 9885 0533

Diabetes Australia-Victoria
570 Elizabeth Street,
Melbourne
1300 136 588
Website: www.dav.org.au

Heart Foundation
411 King Street, West Melbourne
(03) 9329 8511
www.heartfoundation.com.au

Spina Bifida Association
705 Geelong Rd, Brooklyn
(03) 9362 6143