About this story

This case study highlights an innovative service response ‘Good Food Matters’ targeted at older people and people with disabilities who have poor nutritional health, are socially isolated and lack meal preparation skills. It looks at the principles of autonomy, holistic needs assessment and improving capacity.

Eating well can be a struggle for anyone, but for older people and people with disabilities it can be even tougher. That’s why the Brotherhood of St Laurence (BSL) developed Good Food Matters (GFM), a new community nutritional care service for people in need.

The project came about when BSL care managers increasingly noticed clients with limited or no appetite, clients stocking out-of-date food in their fridges and out-of-date ready-made meals in their freezers, clients with limited or no cooking skills (critical for independent living), and clients with unstable diabetes, dramatic weight loss and making poor food choices such as eggs on toast for every evening meal.

Helping people to help themselves

GFM aims to increase a person’s confidence and skills to cook a meal, such as for those returning home from hospital who need to re-learn cooking as a self-care skill. It helps create a social environment where a person feels like eating and tailors meals based on dietary and health needs such as for people with diabetes. The program monitors people’s nutritional intake, which is particularly important for people who are malnourished and socially isolated.

Putting the program together

BSL treats every person on the program as an individual, comprehensively assessing their nutritional, functional and kitchen assessment as a first step. They’ve even introduced a new staff role, community meal attendants (CMA), to help roll out the program. CMAs are people with hospitality and cooking experience who are passionate about food and its value in improving health and wellbeing. BSL has employed cooks and chefs and provided them with aged care and disability training so they are able to work with clients to prepare meals in their homes. CMAs ensure all clients are made aware of the risks of food poisoning and have a checklist signed by the client on the first visit.

Making a difference

‘I absolutely love GFM,’ says Moira, a client who recently lost her husband. She describes her CMA as ‘a godsend who was a huge help to me when I was at my lowest’. Although Moira feels more in control of her health now, she still uses the GFM service and ‘really enjoys the interaction and participation gained from the discussions of meals to be cooked and lists to be made for the following week’s visit’. She says she is very happy with the beautiful meals cooked and suggests that everyone ‘give it a go, because it’s a fantastic service’.
Henry is another client who was cooking for himself and his wife each day before he became involved in GFM. He said he finds the service ‘a great help’ and means he can ‘spend more time with my wife and not worry constantly about meals’. He assists with meal choices and does the shopping from a list agreed with the CMA. For Henry, it ‘works well’ and he ‘loves the company and being involved’.

 Asked why the program is so successful, one of the longer term CMAs commented that it comes down to ‘the good-quality food that we cook for our clients and the company we provide while we are serving up a hot meal – but most of all we are giving them a way to stay in their own homes, which is a very special reason’.

**Reflection**

Does your assessment tool capture comprehensive health behaviours including a nutritional risk screen and kitchen assessment?

How do you involve the ‘family and community’ in supporting the client?

If you are a food services provider, how flexible and client focused is your service?

Can/do your community care workers support clients with cooking skill development or meal preparation?

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