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Evaluation Report to the MBF Board for the “Creating an Appetite for Life” Inaugural Program 2015



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Nutrition and Dietetics
School of Health Sciences
Faculty of Medicine, Nursing & Health Sciences
nutrition.dietetics@flinders.edu.au

The Flinders University evaluation team and authors of this report include: Professor Michelle Miller (Head of Nutrition and Dietetics and Advanced APD), Louisa Matwiejczyk (Lecturer and Advanced APD), Olivia Farrer (Project Officer and APD), Rachael Roberts (Project Officer and APD), Laura Nairn (final year Master Nutrition & Dietetics student), Gabrielle O’Dea (final year Bachelor Nutrition & Dietetics student) and Georgia Bevan (final year Bachelor of Nutrition & Dietetics student).

Executive Summary

The Maggie Beer Foundation's vision is to transform the food experience for older adults by challenging community attitudes, changing institutional food preparation practice and shifting best practice expectations (MBF Strategic Plan p1). With 30 passionate chefs and cooks from predominately Victorian Aged Care Homes, the Maggie Beer Foundation (MBF) hosted its inaugural 'Creating an Appetite for Life' program in June 2015. The aim of the three day program in the Barossa Valley, SA, was to educate, inspire, support and create foodservice 'change agents' to reinvigorate a traditionally overlooked section of the food and aged care industry, thereby strengthening food related practices of chefs and cooks working with older people.

The discussion-based, interactive program was facilitated by Maggie Beer and a number of nationally renowned experts mostly in a purpose-built educational kitchen, using food and cooking demonstrations while sampling exemplar recipes for homes. A team from Nutrition and Dietetics, Flinders University evaluated the program with daily self-administered surveys, observational, focus groups on the first and last day of the program and phone interviews three months later.

The purpose of the evaluation was to gather participants' feedback on the program and to identify what impact the program had on participants' immediately and three months after the program. Participants shared with the evaluators what they could and couldn't change, what they found valuable about the program, what else could be added to strengthen the program and what else could support them with the momentum for change that was created.

All of the participants reported that the program was very valuable and meaningful. They found the strengths-based, interactive delivery of the program very effective and engaging. The format of the program enabled them to share experiences, knowledge and solutions, not only with the facilitating experts but between themselves. An outcome of the program was the creation of a supportive group and a 'community of practice' three months later. Although, participants entered the program knowledgeable and confident, the program had a positive impact immediately after and months after the program. Positive outcomes included changes to the menu in their homes, dining experience, food service practices and staff attitudes. All of the participants reported that they were confident as change agents to continue their trajectory of making significant changes within their aged care home.

The feedback also provided insights into the constraints that foodservice staff face and the crucial role of the MBF as leaders to support them to make the changes. The appreciation and praise for the role of champions such as Maggie Beer and the other presenting experts cannot be adequately described in this report. Participants' were unanimous in how important the work of the MBF is. A number of recommendations have been made to continue the program nationally and support the participants as change agents.

Introduction

The Maggie Beer Foundation's vision is to transform the food experience for older adults by challenging community attitudes, changing institutional food preparation practice and shifting best practice expectations (MBF Strategic Plan p1). With 30 passionate chefs and cooks from predominately Victorian Aged Care Homes, the MBF hosted its inaugural 'Creating an Appetite for Life' program in June 2015. The aim of the program was to educate and inspire foodservice 'change agents' with new methods to reinvigorate a traditionally overlooked section of the food and aged care industry, thereby strengthening food related practices of chefs and cooks working with older people. The three-day program was held in the Barossa Valley, SA and facilitated by Maggie Beer and a number of other experts. The program was made up of discussion-based, interactive sessions while the facilitator cooked or demonstrated food in a purpose-built educational kitchen. To reinforce the program content, all meals provided over the three days were made from MBF recipes prepared as an integral part of the program.

A team from Nutrition and Dietetics, Flinders University evaluated the program with daily self-administered surveys, observation, two facilitated focus groups on the first and last day of the program and a phone interview three months later of the participants (n=25).

This report summarises the outcomes of the three-day

program and what impact the program had on participants three months after the program. Participants shared with the evaluators what they could and couldn't change, what they found valuable about the program, what else could be added to strengthen the program and what else could support them with the momentum for change that has been created.



'Creating an Appetite for Life' program overview

Assisted with funding from the John Saville Eastwood Estate through Equity Trustees, 30 cooks and chefs from Victorian aged care homes and one home in NSW, flew from Melbourne to Adelaide on Sunday 21st June, before being transported to the Barossa Valley where the three-day program was being held at the Maggie Beer Farm. On the Sunday they were welcomed by Maggie Beer and shared a dinner at her home. Participants came from 26 aged care homes and identified themselves as qualified chefs (n=9) or catering and hospitality managers (n=20), most of whom had a chef background. Most of the participants were at a senior level and very experienced and included Executive, Head and Manager Chefs. There was one cook with no previous formal training (n=1). The number of places each aged care home supported ranged from 40 to several sites with a total of 450. One participant managed the provision of Meals on Wheels within a Victorian local government area with over 400 meals per day. A number of participants (n=12) were recipients of grants from

the Maggie Beer Foundation and participants were recruited to the program by contacting aged care homes in Victoria and word of mouth through MBF networks.

Throughout the three days, various educational sessions were held mostly in the purpose-built kitchen and ranged from group discussions facilitated by the presenter as they cooked, cooking demonstrations, cooking challenges and sessions from various guest experts. Experts included: Peter Morgan Jones Executive Chef from HammondCare and author of *Don't give me eggs that bounce*, Dr Stephen Judd Chief Executive (CE) from HammondCare, Ellis Wilkinson from Hotel Management Solutions, Simon Bryant, Celebrity Chef and Maggie's talented team.

On the first day of the program, Maggie discussed the work of the Maggie Beer Foundation and engaged participants in conversations about what they perceived as the impediments to delivering quality food and what their expectations of the program were. The day continued with a session on how small changes to the food provided make a difference to resident's calorie intake and enjoyment of food. Day two followed with the CE of HammondCare, Dr Stephen Judd, providing insights into dementia care and dining. HammondCare's executive chef, Peter Morgan- Jones followed with emphasis on the importance of utilising the five senses in aged care cooking and practical advice on including finger food, high energy foods and modified texture foods. Maggie, Stephen and Peter then hosted a discussion with participants regarding budgets and influencing CEs to change the status quo in the industry. Chief Executive Stephen Judd's experience as a change agent with HammondCare and supporting people with dementia provided an exemplar and inspiration for this. The third day featured Ellis Wilkinson from Hotel Management Solutions who discussed the proposed TAFE training modules for aged care and with Maggie, led a discussion on foodservice personnel and resourcing. A 'Q&A' session was facilitated by Nutrition and Dietetics Flinders University following participant feedback and the day ended with Simon Bryant and Maggie presenting a 'Cook and the Chef' segment. A series of dishes were created using pulses and legumes and the demonstration sought to expand participants' confidence in including vegetarian menu items as a source of energy and nutrition in aged care.



Participants contributed in the Aged Care Mystery Box Challenge, where participants in six groups of five developed, prepared and served a selection of exemplar dishes for a resident in aged care. Teams described how the dish could be adjusted for someone on a texture modified diet.

'Creating an Appetite for Life' program feedback

Feedback, including self reported changes, was obtained by the Flinders University Nutrition and Dietetics evaluation team using pre and post program, self-administered questionnaires, end of day self-administered questionnaires, and semi-structured focus groups held on day 1 and 3. Twenty five of the 30 participants completed a three month phone interview.

Expectations from the pre-program survey and discussion with Maggie are summarised in table 1.

Although most participants (n=27/30) joined the program feeling confident about their knowledge and skills, all of the participants reported that the program exceeded their expectations and there was an increase in self-reported 'feeling very' confident from 35% (n=11/30) to 70% (n=21/30) and 10% (n=3) from 'unsure' to at least 'confident'.

The delivery of the program was exceptional according to participants. They appreciated the experiential, visual and discussion based style. All of the presenters and Maggie in particular used a strengths based approach acknowledging the cooks and chefs' knowledge, experience and skills and worked *with* participants. The Aged Care Mystery Box Challenge was a particular highlight for participants and highly valued. It was an opportunity to showcase their skills, and was team building while facilitating a sharing of ideas and solutions. Participant cooks and chefs, who often work alone, reported learning from the most senior chefs not only skills but also communication as a team.

A constant theme from the focus groups and written feedback was how much participants appreciated the opportunity to network with other participants, and the opportunity to share ideas, discuss common issues and support each other. They consistently reported how much they were



learning from each other as well as the program facilitators. In the focus groups, participants eluded to how stigmatised it was to work in aged care, particularly in aged care foodservices, and how the attitude and working relationship of other staff towards them (such as nursing staff, carers, allied health professionals and management) either enabled change and job satisfaction or in some cases, constrained enterprise.

Another common theme from the focus groups was how the generosity, hospitality and approach of the MBF team made the participants feel like 'royalty' and de-stigmatised food services in aged care homes. Many participants felt very strongly about the role of Maggie Beer and the MBF in championing aged care food as they themselves felt disempowered with limited influence.



Participants reported a preference for the program to be implemented over three sequential days (even four days) and at one location. They felt that there were many additional advantages in being 'immersed' together over three days and this was seen in the support participants gave each other in the three months after the program and the 'community of practice' that they had established.

What should stay?

Overall, feedback overwhelmingly supported the value and usefulness of the program. Participants supported the program being kept as it is. The use of experts as well as Maggie was particularly valued, the content was perceived as useful immediately and very relevant for the participants' needs. The length of the program was considered to be ideal and facilitated the development of long term, supportive working relationships between participants. Although most of the participants entered the program with confidence in their skills and knowledge, engagement with Maggie and the program, and the interaction between participants, inspired the participants to be change agents and advance the MBF vision and objectives locally.

Suggestions for strengthening the program from participants were identified and passed onto the MBF for consideration with future programs. These included:

- The inclusion of a structured session on addressing costs either with an argument for increasing the budget for meals that they could take back to their workplace or strategies to reduce costs while providing nutritionally more.
- The inclusion of more evidence based nutrition relating to the needs of the residents particularly for micronutrients such as B12, folate, Vitamin D as well as energy and protein and emerging diets relevant to frail, older people.
- The involvement of personnel from the aged care homes management team as well as the chef/cook/foodservices manager at some point. This has since happened with a reunion between program participants and their managers and the program facilitators in Melbourne, November 2015.

Following the program, an educational 'Hub' was created as an online closed Facebook page for participants to support each other and share their achievements. The value and impact of this was a key outcome in the three month evaluation.

The impact of 'Creating an Appetite for Life' three months later



Three months after the program, participants reported feeling confident about their skills and their ability to facilitate changes (n=25). All of the participants reported that they still felt very inspired. Feedback from the participants has been summarised as changes the participants enacted in their workplace following the program and as changes to the participants as change agents. This feedback gives an insight into the enablers and barriers to foodservice staff making changes. The summary concludes with a list of recommendations from the feedback for what is needed to continue to facilitate the changes.

Foodservice changes

One of the aims of the program was to introduce new methods to reinvigorate food related practices. Although many of the participants had started the program highly experienced and confident everyone had incorporated MBF recipes featured in the program into their existing menu or developed new menus, while a few others were waiting for the existing menu to run its course before making significant changes.

Participants reported that the residents' reaction was extremely positive to the recipes and menu changes. Several participants changed from using pre-prepared processed foods to freshly prepared foods, such as fresh stock, fruit and vegetables, kitchen-garden herbs and Australian fish. Two participants replaced all of the frozen foods (except peas and corn) with fresh. Most participants described using butter, cream and other suggestions to increase the calorie content of the meals and many participants experimented with texture modified foods such as purees, soft and moist meals and the use of moulds inspired by Peter Morgan-Jones's session. At least three aged care homes had changed to a totally new menu.

Some participants emphasised how small changes have made a 'massive' difference, a concept explored by Maggie Beer early in the program. Residents were 'enjoying the food more and losing weight less quickly' and in one home, supplements were replaced with calorie-fortified foods. The most popular MBF recipes used were mid-meals or main courses such as the slow cooked lamb and legumes in 'wet dishes' and soups, plus the use of nutrient-rich new ingredients such as kale. Valuable feedback was provided about the MBF recipes which will be incorporated in future recipes for the program. Many of the resourceful chefs adapted the recipes further to suit their local context and recommended recipes with a serve size for 50 as well as for 4. Specific feedback about the recipes has been shared with the MBF team and one of the aims of the MBF is to 'seek innovation in the supply chains supplying those who provide food products and services to the aged sector' (MBF Strategic Plan p10). This includes the development of new buying groups and the inclusion of more local producers.



Participants were very mindful of residents' receptiveness to changing familiar meals. New recipes were introduced one at a time, ingredients swapped in a familiar recipe or new recipes featured in a monthly special event. Some participants invited the Chief Executive to eat lunch in the kitchen once a week, or ate lunch with the residents once a week, presented at monthly staff meetings or offered samples of the new recipes in the staff room thereby gaining feedback on proposed changes and involving everyone in the menu decisions. A few participants introduced special functions for residents, building upon what other participants have been doing already. Residents enjoyed the new recipes and the novelty of having their main meal as a 'dinner' rather than as a cooked lunch. Changes to the residents' dining experience added to their enjoyment such as changing the

ambience of the dining room, having foodservice staff attend to residents at lunch and putting the slow cookers in the dining room creating enticing aromas. Some homes changed the timing of the kitchen operations so that staff could engage with the residents in the dining room between 12 and 12.30pm. As a result, more residents visited the dining room, gave feedback on the food and stayed longer. Some homes are physically changing the spaces for residents to eat food in. A number of participants had enacted suggestions from Dr Judd's presentation on the dining experience and working with residents with different sensory needs.

As a result of the MBF program, many participants reported they had made considerable changes to the recipes, the menu and their foodservice practices to improve the food experience of residents. Other participants continued with the changes they had started prior to the program with the same enthusiasm. Although participants reported being confident in their skills and knowledge prior to the program, it appears that the program was the catalyst for reinvigorating menus and food-related practices.

Chefs and cooks as change agents

The second aim of the program was to enable participants to become change agents. The other most significant outcomes of the MBF program was the empowering of the participants to believe they can make a difference and the program acting as a conduit for the group to form a 'community'. All of the participants were deeply grateful for Maggie Beer and the MBF advocating for change in residential aged care and for championing something they all believed in.

All of the participants were still motivated to make changes three months later and all reported support from their Chief Executives and management group. The acceptance of change from kitchen staff was however mixed. Although the majority reported their teams being enthusiastic and motivated, some participants found some individuals were resistant to change and some teams less enthused. Entrenched practices, a lack of skills (particularly in cooks or kitchen hands) and daily time pressures presented difficulties for change. Other constraints for many but not all participants, was the budget for meals. Some participants reported a need for more kitchen time to support change but this would increase costs because of the cost of extra labour. This, the cost of food, concerns about food wastage due to food safety requirements and the increasing demand to work within costs, limited what could be done. An aim of the MBF is to advocate for system changes to support foodservices. For these changes to occur support from aged care homes management is crucial. In the inaugural program, participants have attended a reunion with their managers.



In the meantime, participants are advocating for changes 'bottom up' within their homes. Some have extended this beyond their workplace and gave meaningful suggestions which will be passed onto the MBF. Strategies which have sustained participants' motivation include participation on the MBF Education Program HUB a closed Facebook page with many examples of recipe sharing, photos

of recipe trials, advice, problem solving, encouragement and sharing of ideas and resources. All but four participants are members of the Facebook group. While some participants are posting regularly, many participants reported that they monitored the page and implemented suggestions. They were very grateful to the participants who regularly posted. Participants have also described visiting other sites for professional development, providing informal mentoring and assisting each other with fundraising events. Other participants are focused more locally and are inspiring others that they work with to support changes. They are involving not only foodservice staff but also management and staff who support residents in the aged care home. For example, quite a few participants have monthly meetings with all staff or key staff to support catering changes and others have involved activity therapists in dining room activities with residents and activities.

What is needed to continue the changes?

At three months, all of the participants reported that they were 'confident' or 'very confident' to make a change in their workplace, particularly to the menu, to the quality of the food provided, to the mealtime environment, to staff attitudes and to the residents' food enjoyment. Changing staff attitudes and the mealtime environment was however considered by many to be outside of their immediate influence and a team responsibility. Although most participants reported that their knowledge and skills with food-related practices had not changed, the program had been a catalyst for change. When asked what was needed to continue participant's momentum for change and what else was needed to perpetuate the MBF's vision, five main themes developed from the interviews:

1. Ongoing support for the current cohort. Suggestions included a moderator for the HUB from the MBF, mentoring opportunities between participants, events which involve other key decision-makers within the aged care home such as the reunion where participants will bring their managers. The group experience and the development of a community of practice between the participants was extremely empowering to their role as change agents. Within this group there are a number of 'product champions' who are keen to contribute wider than their aged care home.
2. More programs nationally for other aged care home chefs, cooks and foodservice managers. A 'critical mass' is needed for effective change and suggestions included working with the MBF to obtain grants to fund the program for other participants to attend.
3. Top down support by Involving homes' management earlier. Participants realised that to progress the changes they wanted to food budgets, suppliers lists and relationships, menus and dining room management that they needed system changes from within the aged care home and support from their managers to enact the changes.
4. The MBF continuing to work concurrently on system changes to address the constraints presented by cost, food procurement, staff capacity, daily time pressures and training opportunities for work in the aged care foodservice sector congruent with the MBF philosophy.
5. Supporting the work of the MBF and Maggie Beer. Participants were unanimous that it was only because of Maggie Beer's credibility and the MBFs commitment that the issue of aged care foodservices could be transformed, with a shift in best practice and a change in community attitudes towards residential aged care food.

Overall

All of the participants interviewed post-program embraced the MBF vision and underpinning principles. They all reported that they were confident as change agents to continue their trajectory of making significant changes within their aged care home. As well as attitude, a number of positive outcomes were reported by all participants. Overall, the program and the creation of a community of practice appeared to have an impact in the short and medium term.



The feedback highlighted the constraints that foodservice staff face and the crucial role of the MBF as leaders to support them to make the changes. The appreciation and praise for the role of champions such as Maggie Beer and the other experts who presented with this cause cannot be adequately described in this report. Participants' were unanimous in how important the MBF is. A number of recommendations have been made to continue to strengthen the program and support the participants as change agents.

Table 1. Participant expectations identified in the pre-program questionnaire and discussion with participants for the Maggie Beer Foundation, 'Creating an Appetite for Life' program, 2015

Themes from expectations	Summarised expectations for each theme
Improved skills in food service	<ul style="list-style-type: none"> • Increase in food preparation skills. • Increase in menu management skills • Increased kitchen management skills
Networking opportunities	<ul style="list-style-type: none"> • Problem solving with others in the industry • Building support networks • New ideas from those in the industry
Strategies which can increase the quality of life for residents through changing the food environment	<ul style="list-style-type: none"> • Increased knowledge in the importance of the dining experience • Strategies for increasing the dining experience
Meeting dietary needs through increased knowledge of nutrition	<ul style="list-style-type: none"> • Increased knowledge in dietary requirements for residents • Disease specific information to understand the rationale of special diets
Support for change management	<ul style="list-style-type: none"> • Strategies for change management • Help with changing attitudes in the workplace • Motivational change techniques
Miscellaneous	<ul style="list-style-type: none"> • Realistic outcomes from the program • Confirmation that what they are doing is up to standard/realisation there is more to be done

Table 2: Popular recipes developed for the ‘Creating an Appetite for Life’ program and used by participants in Aged Care Homes at least three months later, 2015

Main courses and desserts	Mid-meal recipes	Other
Slow cooked lamb shoulder	Macadamia biscuits	Wholemeal pizza base
Roast chicken	Super date scones	Jellies for texture modified diets
Hearty bean soup	Chocolate and pear super brownies	Baking dust
Pear and chocolate crumble	Date and almond bliss bombs	Pureed moulded foods
	Anzac biscuits with a twist	Breakfast porridge
	Melting moments	Use of kale
		Use of legumes and lentils in various dishes



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