

New South Wales Health Promotion Demonstration Research Grants Scheme

THE NASH PROJECT



PROMOTING BETTER NUTRITION USING
ACCREDITATION STANDARDS
IN YOUTH HOUSING SERVICES

NSW  **HEALTH**

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- Stretch-A-Family
- Phoenix House Youth Services
- Burnside Residential Youth and Family Support Program (Gordon House)
- Marist Youth Care (St Vincent’s Adolescent Care).

Abbreviations and acronyms

The following abbreviations and acronyms were used in this report:

ACWA Association of Children's Welfare Organisations

CCWT Centre for Community Welfare Training

DoCS NSW Department of Community Services

NASH Nutrition, Accreditation, Standards of Youth Housing Services

NSH Northern Sydney Health

NSW New South Wales

OCG Office of the Children's Guardian

SAAP Supported Accommodation Assistance Program

YAA Youth Accommodation Association

YOTS Youth Off The Streets

Executive summary

Issue addressed

Young people who are living in youth housing services are potentially at high nutritional risk as they face a combination of high nutritional needs associated with adolescence and dependence on others for food or living independently at an early age without adequate preparation.

The NSW Department of Community Services published standards for accreditation of youth housing services in 1998, some of which related to nutrition. However, these standards had not been developed with input from a dietitian or public health nutritionist and were regarded as being too broad, difficult to interpret, implement and monitor compliance for a workforce without nutrition expertise. As the accreditation system had not yet been implemented there was an opportunity to develop tools that could assist with interpreting and implementing the nutrition standards and to influence their review.

Intervention

The NASH Project sought to influence the accreditation standards related to nutrition and to use strategies such as advocacy, education and debate to build the capacity of youth housing services to support quality nutrition practices becoming part of youth work culture.

Methods

Two reviews of the literature were conducted, firstly to find recognised nutrition assessment tools, and secondly to explore the accreditation systems and nutrition standards already in place in other settings, such as childcare and licensed residential facilities. Nutrition assessment tools and accreditations systems were reviewed.

The existing draft accreditation standards for youth housing services were reviewed. Experts, young people and youth workers were consulted about the accreditation standards. Young people and youth workers were also consulted about ideal and current nutrition situations.

Results

Comprehensive nutrition standards for youth housing services were developed in consultation with experts, young people and youth workers. A proposal for training of youth workers to implement the nutrition standards was also developed

Conclusions

The NASH project has and will continue to provide input into the nutrition policy process for standards and accreditation of youth housing services. An important lesson learnt was that attention must be paid to the political and institutional context.

Introduction

Poor nutrition, that is, a diet not consistent with the Australian Dietary Guidelines,¹ is linked to the permanent impairment of growth and development, as well as life long health problems, including chronic, non-communicable diseases, such as coronary heart disease, osteoporosis, cancer and diabetes.²⁻⁴ In the shorter term, poor nutrition, in particular deficiencies in vitamins and minerals like iron, thiamine and folate, can affect memory, mood, learning and concentration.⁵⁻⁷

Young people and nutrition

The nutritional needs in adolescence are high since the rate of growth at this stage of life is second only to that in infancy.^{3,8} The Australian National Nutrition Survey showed that many young people have low intakes of fruit and vegetables and/or specific nutrients, such as calcium, iron and zinc.⁹

Young people in care

In NSW, the Supported Accommodation Assistance Program (SAAP) and Substitute Care Services provide accommodation and other services for homeless young people and those requiring out of home care, respectively. Approximately 9000 homeless young people (up to 24 years old) were clients of SAAP services and 2800 young people (10 to 17 years old) were in out-of-home care in NSW in 1998-99.¹⁰⁻¹¹ Sixty-nine percent of young people who exited SAAP services in 1998-99 moved on to living independently at a young age, as did 42 per cent of young people leaving care in 1992-93.¹²

A report into young Australians leaving care states that young people should be prepared for living independently through living skills programs and workers should be trained to assist young people in this process.¹³ Research indicates the preparation of young people for leaving care needs to be improved.¹²⁻¹⁷

Nutrition needs of homeless young people

Homeless and disadvantaged young people are potentially at risk of poor nutrition due to a combination of high nutritional needs during adolescence and

dependence on others for food or living independently at an early age without adequate preparation. One UK study found that 70 per cent of young people leaving care felt they ate healthily only sometimes or rarely¹⁵ and in another study thirty-five per cent felt they were eating the wrong sort of food.¹⁷

Improving nutrition practices of organisations providing food

Improving food and nutrition practices in organisations that provide food to people is a major public health nutrition priority.² A key strategy to bring about effective change is via having input into policy and regulations relating to nutrition at organisational, State and National levels. Key target areas to date in NSW have been long day child care centres and schools, where input into accreditation standards relating to nutrition has been achieved and resources or tools to assist with implementation have been developed.² Based on these initiatives, improving food and nutrition practices of youth housing services was seen as having the potential to positively influence the nutrition of homeless and/or disadvantaged young people.

Existing nutrition standards for the youth housing sector

Two sets of standards, one for SAAP Services¹⁸ and one for Substitute Care Services¹⁹ were published in 1998 by the NSW Department of Community Services (DoCS). Although some of the SAAP and Substitute Care standards related to nutrition, they were not developed with input from a dietitian or public health nutritionist.

The SAAP and Substitute Care standards that related to nutrition were reviewed and considered too broad and difficult to interpret, implement and monitor for compliance in a workforce lacking nutritional expertise. However, as the accreditation system had not yet been implemented it was felt that there was still an opportunity to develop tools to assist with interpreting and implementing the nutrition standards and, if possible, have input into reviewing the standards themselves.

Aim and objectives

Aim

To build the capacity of youth housing services to incorporate nutrition into youth work practice

Objectives

- To develop a set of comprehensive nutrition standards with input from youth workers, young people and experts with accompanying recommendations to tools and guidelines
- To increase the awareness of the importance of nutrition and to increase the capacity of youth housing services to promote nutrition through advocacy and education

The intervention

3.1 Project context and management

The NASH (Nutrition, Accreditation, Standards of youth Housing services) project was implemented by a Project Team consisting of a part-time project officer and a Management Team (see Acknowledgments). This Project Team was assisted and advised by an Advisory Committee. The following organisations were invited to participate in the Advisory Committee but could not take part due to other commitments or could not attend the meetings on a regular basis: the Office of the Children's Guardian; the Department of Community Services; the Commission for Children and Young People; the Youth Accommodation Association; and the Centre for Advancement of Adolescent Health.

3.1.1 The youth housing sector

The target population for this project was the 'youth housing sector' (YHS). The term YHS is used in this report to refer to SAAP and Substitute Care Services. This includes the staff of youth housing services, young people who were homeless or in care, the DoCS as the funding agency and Office of the Children's Guardian (OCG) as the agency overseeing accreditation. Food and nutrition is part of the YHS core business as opposed to outreach services for homeless young people on the street where nutrition tends not to occupy a central position.

SAAP and Substitute Care Services provide accommodation and support for homeless young people and those requiring out-of-home care, respectively. SAAP provides facility-based care, which can be a supported service, where a staff member is present twenty-four hours a day, and/or a semi-supported service, where staff work office hours and the office is usually separate to the accommodation. SAAP generally accommodates young people 16 years and over for up to three months (if they are a crisis service), three to twelve months (short-term service) or up to two years (medium to long term service). There were seven services in the Northern Sydney Health (NSH) area: one service providing supported accommodation only; two services providing both supported and semi-supported; and four services providing semi-supported accommodation only.

Substitute Care Services (or Out-of-home Care Services) include foster care, placement with relatives or kin and facility based care for young people less than 18 years of age.¹¹ Facility based care services are supported services, where a staff member is present twenty-four hours a day. The services can be a crisis service (six-week stay), medium term (three to twelve months) or long term (up to six years). There were two of these services in the NSH area. One of these services did, however, operate two houses with different lengths of stay at each house.

3.1.2 The political and institutional environment

This project originally set out to develop and validate tools and accompanying guidelines that would facilitate the implementation of the nutrition related Accreditation Standards for youth housing services in NSW, with the intention of improving the nutrition of homeless and/or disadvantaged young people. The project aimed to develop a good practice model for nutrition policy development for the YHS.

Initially, the political and institutional environment for this intervention was considered favourable, with the promised implementation of accreditation standards for SAAP and Substitute Care Services by the OCG under the *Children and Young People (Care and Protection) Act 1998* (the Act).¹⁸⁻²⁰ The Project Team anticipated that the YHS would be looking for tools to assist them in implementing the standards introduced under a new accreditation system.

The Act was passed with bi-partisan support in December 1998. Two years later (December 2000), some of the Act was proclaimed, however the sections relating to out of home care, including the powers of the OCG and the accreditation of these services were not proclaimed. The proclamation of the legislation was essential to the progression of the NASH project, as it would give the OCG the authority to implement the accreditation system. Unfortunately this did not occur within the timeframe of this project with proclamation dates repeatedly set and postponed.

Table 1: Reasons for delays in full proclamation of the *Children and Young People (Care and Protection) Act 1998*

Time period	Changes in the political environment
December 2000 – July 2001	Formation of new Department of Ageing Disability and Home Care. March 2001: 28% increase in child protection reports compared to same time in 2000 ²¹
July 2001 – March 2002	Development and funding of new Social and Community Services Award
March 2002 – July 2002	April 2002: NSW Ombudsman Special report to Parliament. Report looks into core work and internal operations of DoCS May 2002: NSW Parliament Standing Committee on Social Issues commences inquiry into Child Protection as requested by NSW Parliament Legislative Council
July 2002 onwards	July 2002: Resignation of Minister and Director General for Community Services September 2002: New Minister (Carmel Tebutt) and Director General (Dr Neil Shepherd) for Community Services

The reasons for the ongoing delay in full proclamation of the Act are complex and not fully known. Changes in the political environment that occurred during the course of the NASH project are provided in Table 1. Prior to the partial proclamation of the Act in December 2000, there was an inquiry into the performance and provision of substitute care in NSW by the Community Services Commission. A Parliamentary Inquiry into the DoCS²¹ and media criticism of DoCS (Appendix 1) also occurred. Further scrutiny and potential for further criticism that accreditation and case reviews could bring about were unwelcome. It seems there was also a failure to fully realise the resource implications for DoCS, which the Act created by requiring accreditation and submission of case reviews for the thousands of children in care.

3.2 Project outline

This section firstly describes two stages of exploratory research conducted to identify existing tools and resources to assist the YHS to meet standards and to develop new draft nutrition standards (described more fully in sections 4 & 5). Secondly, advocacy and education strategies are outlined, which aimed to build the capacity of the YHS. Finally, an opportunity that arose to develop best nutrition practice for a new residential rehabilitation program for adolescents is described. A brief outline of the NASH project is shown in Figure 1.

3.2.1 Review of tools to assist the YHS to meet standards

Two reviews of the literature were conducted: one to find recognised models or guidelines for the tools; and the other to explore the accreditation systems and nutrition standards for other settings such as childcare and licensed boarding houses. The tools were reviewed for suitability.

3.2.2 Developing new nutrition standards

A new set of comprehensive nutrition standards were developed, with input from youth workers, young people and experts. Four research phases were conducted:

- Review of the existing SAAP and Substitute Care Standards (1998)
- Consultation with youth workers and young people
- Consultation with an expert panel to ensure content validity of the accreditation standards
- Forum with youth workers and young people.

Firstly, the proposed nutrition standards were developed based on the review of existing standards and consultation with youth workers and young people. Comment on these proposed standards was then sought from experts, youth workers and young people and further revised.

The testing of the new standards with a convenience, voluntary sample of youth housing services was planned, the purpose of which was to assist them in reviewing their services in relation to the standards and plan how to maintain and/or improve their nutrition practices in order to meet the standards. It was anticipated the field-testing would assist each participating youth housing service to develop policy, key outcomes and performance indicators for nutrition. In addition it would allow the Project Team to record the process of implementing the nutrition standards and any problems or opportunities associated with it.

In September 2002 the three types of services (SAAP supported, SAAP semi-supported and facility based Substitute Care) were invited to participate in the field-testing, two of which agreed to participate in the testing (SAAP supported and facility based Substitute

Care service). However, due to a loss of capacity within the Project Team in November 2002, field-testing of the draft standards did not occur within the project timeframe.

3.2.3 Advocacy and education

The purpose of nutrition training and advocacy efforts was to increase awareness and support regarding the importance of nutrition as well as increase the capacity of the YHS to promote nutrition.

Nutrition training

Nutrition training opportunities for youth workers were explored and a proposal for a training course, which covered nutrition knowledge and skills needed to implement the draft nutrition standards, was developed. The course outcomes outlined in the proposal for nutrition training were to:

- Increase awareness, skills and knowledge of youth workers about budgeting, nutrition, food safety and participation of young people
- Increase confidence and competence of youth workers to role model, provide information and education on nutrition issues to young people.

The course was to be advertised in the Centre for Community Welfare Training handbook, which is aimed at and distributed to staff in the community services industry. The Project Officer was to run two sessions of the course within the Project lifetime (by June 2003). A proposal was submitted to the Centre for Community Welfare Training in August 2002.

Advocacy

Advocacy was undertaken with the accrediting and training agencies, and the youth housing services, with the intention of encouraging the incorporation of nutrition into the accreditation system, into training courses offered and into the overall culture of youth work.

Regular communication was undertaken with the OCG to:

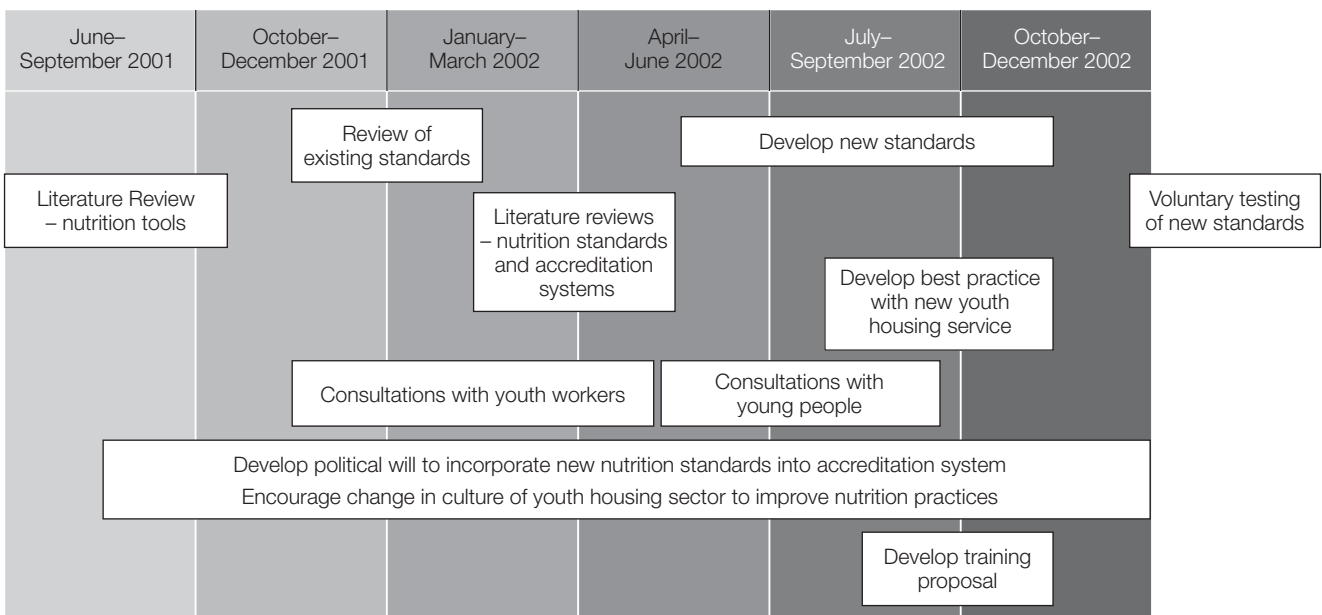
- Update them about the progress of the project
- Promote the value of the standards
- Scan for opportunities to participate in any review of the 1998 version of the Substitute Care Standards.

Articles were written and published in the newsletters of the Association of Children's Welfare Agencies (ACWA) and the Youth Accommodation Association (YAA) to raise awareness of nutrition as an issue for young people and youth housing services. The articles described the Youth Nutrition Forum and food purchasing practices designed to ensure there are adequate amounts of a variety of nutritious foods in the house (Appendix 2).

3.2.4 Development of best nutrition practice with Youth Off The Streets (YOTS)

The NASH Project Officer participated in the development of a holistic residential rehabilitation program for adolescents by Youth Off The Streets (YOTS). Youth Off The Streets was a comparatively well-resourced service setting up a new residential program. The program design included a focus on nutrition and physical activity, offering an opportunity to develop best

Figure 1: NASH Project Outline



nutrition practice and to have the nutrition standards developed by the NASH Project incorporated from the beginning of the service's operation.

The NASH Project Officer worked with a private consultant Nutritionist and an Organisation and Training Consultant to develop the program. The Project Officer and the nutritionist planned the implementation and evaluation of the nutrition aspects of the program.

Two meetings were held in June and August 2002 with YOTS. At these meetings policy, key outcomes and performance indicators relating to nutrition were discussed. Suggestions were also made for the content of the staff training program, based on the competencies staff would require to implement the draft nutrition standards developed by the NASH Project.

3.3 Factors affecting implementation of the NASH project

Because of the institutional and political barriers described (section 3.1.2), the direction of the project changed throughout its duration. This section of the report describes the changes in direction that occurred during the project and the factors influencing such changes.

The original aim of the project was to develop and validate tools that would assist the YHS to meet the nutrition related standards, thus improving the nutrition of homeless and/or disadvantaged young people. However, in the process of examining the existing standards and those of other accreditation systems, the NASH Project Team decided that the existing standards did not cover all relevant aspects of nutrition. This finding, coupled with the significant changes in the political and institutional environment that had occurred (section 3.1.2), indicated that it was unlikely that the OCG would be conducting accreditation of youth housing services. This impacted on the project, making any further validation of tools at that time pointless.

It was likely that best practice would change by the time accreditation occurred, meaning new tools would need to be developed and another validation study conducted. The production of new standards, which could be piloted in the interim, and which would refer to existing tools and resources, was considered a more useful legacy to leave future workers in this field.

It later became clear that the implementation of accreditation would be delayed significantly. The aim to improve nutrition practices in the YHS by means of improved service standards was premature, as it was dependent on an accreditation system being in place. This strategy was susceptible to shifts in sector dynamics and politics and would not provide sufficient leverage for change. Rather than focus solely on the design of accreditation standards and tools, strategies such as advocacy, education and debate were included, with the aim to build the capacity of the YHS to support quality nutrition practices becoming part of youth work culture.

The field-testing of the draft nutrition standards did not occur within the project timeframe due to the resignation of the NASH Project Officer in November 2002. In 2006 there was an opportunity to contribute the material developed by this project to a review of care standards including nutrition conducted by the OCG.

The Centre for Community Welfare Training did not accept the nutrition training proposal put forward by the NASH Project Team, the reasons for which included uncertainty of getting good attendance and strong competition for limited places in the training calendar. There was insufficient time to seek other opportunities for conducting the training program.

The training of staff and implementation of the draft nutrition standards by YOTS also did not occur within the project timeframe due to a delay in the licensing of the service by DoCS.

Research methods

4.1 Review of tools to assist the YHS to meet standards

Two reviews of the literature were undertaken on the subjects of:

- a) Nutrition assessment tools (nutrition risk screening tools, menu planning tools or guidelines, dietary assessment tools):
 - Tools were rated as to their suitability for the purposes of this project, specifically being validated as well as age and settings specific.
- b) Accreditation systems and nutrition standards of other settings (child care centres, nursing homes and licensed residential facilities):
 - The review determined what aspects of nutrition were covered and their orientation toward either policy or practice. The applicability of such systems and standards to the YHS was also assessed.

4.2 Developing nutrition standards

The development of a draft set of nutrition standards involved four research phases, which are described in detail below.

4.2.1 Review of the existing SAAP and Substitute Care Standards (1998)

The standards were reviewed for their coverage of the following criteria:

- Provision of adequate amounts of nutritious and culturally appropriate food
- Implementation of effective, current food safety practices by staff and young people
- Development of young people's nutrition knowledge and skills
- Provision of adequate equipment and facilities for food preparation and storage
- Monitoring eating behaviour of young people and assisting them to access medical assistance as required.

4.2.2 Consultation with youth workers and young people

A convenience sample of youth workers and young people in the three types of youth housing services from the NSH were invited to participate in a consultation regarding nutrition practices and standards. The interview guides used for the consultations with youth workers and young people are provided in Appendix 3.

Consultation with youth workers

The interviewer explored current and ideal nutrition situations with participants. They were asked to describe how young people's eating habits were assessed on entry into the service, the provision of food to young people, the monitoring of their eating habits, development of living skills and whether the service had a food and nutrition policy. Nutrition tools used by other organisations providing food to people, such as a menu-planning tool available for use by childcare centres, were also presented for discussion.

Consultation with young people

Participants were asked to write and/or draw their idea of the perfect meal, describing the food, location, company and the general atmosphere in order to determine what aspects of food and eating are considered important. They were asked to describe the characteristics of a perfect meal, what aspects of the perfect meal occur now and what would need to happen to make the perfect meal a reality. This method of engaging with young people was adapted from the work of Slattery.²²

4.2.3 Consultation with an expert panel to ensure content validity of the accreditation standards

The Project Officer sought comment from an expert panel on the content of the standards and on draft versions of the standards. Panel members were supplied with the following information:

- the existing standards
- a proposed framework for new standards

- suggestions for parts of the standards where nutrition assessment tools could be developed to assist in their implementation
- some examples of nutritional risk screening and dietary habits tools.

They were asked to consider the appropriateness of the proposed improvements and to recommend additions, changes or deletions. Comments were sought on the feasibility of conducting a basic nutrition assessment in the YHS setting and whether it would be too difficult or intrusive. They were also asked if they knew of methods or tools that already exist for conducting a basic nutrition assessment in the YHS setting. They were asked to complete this activity within a two-week period from late March to early April 2002.

4.2.4 Forum with youth workers and young people

A forum was held to gain comment and feedback on the draft nutrition standards from interested SAAP and Substitute Care Services in NSW. It was advertised in ACWA and YAA newsletters and via e-mail. Participants were sent background information and a copy of the draft standards before the forum. Small group discussions were held to review the first draft of the nutrition standards. Discussion was guided by the following questions:

1. Are the standards set too high or too low?
2. Do they ask too much of youth workers and/or young people?
3. Are the standards and/or tools too intrusive?
4. Are the standards and/or tools practical?
5. Is the language used in the standards and tools accessible/easy to understand?
6. Is there anything missing from the standards?
7. Is there anything that could be left out of the standards?
8. What are the most important parts of the standards?
9. Any other comments?

Results

5.1 Review of tools to assist the YHS to meet standards

a) Nutrition assessment tools

Tools that meet at least one of the criteria: validated, age-appropriate or settings specific are listed in Table 2.

Table 2: Tools for nutrition risk screening and menu planning: satisfaction of criteria

Tool name	Validated	Age appropriate	Setting specific
Nutrition Screening Tool for Homeless and At Risk Young People ²³	No	Yes	Yes
Nutritional risk screening tool for homeless adults ²⁴	No	No	Yes
Nutrition Checklist for Long Day Care Menu Planning ²⁵	No	No	Yes
Licensed Residential Centre Food Checklist ²⁶	No	No	Yes
Dietary guidelines for children and adolescents in Australia ¹	Yes	Yes	No
The Australian Guide to Healthy Eating ²⁷	Yes	Yes	No

b) Accreditation systems and nutrition standards

Two accreditation or licensing systems for institutional type settings that included nutrition were identified:

- Quality Improvement and Accreditation System from the National Childcare Accreditation Council for long day care centres ²⁸
- Licensing of Residential Centres by the Licensing Support and Development Unit of the Ageing and Disability Department.²⁹

The Quality Improvement and Accreditation System²⁸ covered most nutrition issues comprehensively, through:

- Provision of adequate amounts of nutritious and culturally appropriate food
- Implementation of effective, current food safety practices by staff
- Encouragement for children to follow simple rules for hygiene
- Promotion of healthy eating habits in young children.

The orientation of this system towards policy and procedure gave the detail required for a workforce not specifically trained in nutrition and included a rating range from unsatisfactory to high quality. The system also incorporated a self-study report to rate and record evidence of practice and to outline plans for future quality improvement and development.²⁸

The licensing system for residential centres did not cover nutrition issues as comprehensively as the Quality Improvement and Accreditation System. It focused on the physical aspects of the provision of food, dining and kitchen facilities, missing out on the knowledge and practices of staff and clients.²⁹ In brief it covered the:

- Provision of adequate amounts of nutritious food served at reasonable hours
- Provision of a suitable physical dining environment
- Provision of a suitable food storage and preparation area
- Protection of resident from neglect due to lack of necessary food.

The orientation of this system is towards practice where residential centres gain a license if they meet a minimum standard as outlined by licensing conditions in accordance with the *Youth and Community Services Act 1973*.²⁹

In response to a perceived need due to inadequate nutrition practices in licensed residential centres, a resource was developed by Central Sydney Area Health Service to assist the operators of licensed residential centres to improve the nutrition of their clients and comply with the licensing conditions. ²⁶

5.2 Developing nutrition standards

Comprehensive nutrition standards for the YHS, developed in consultation with young people, youth workers and experts, are provided in Appendix 4. When the accreditation system is implemented a minor review to ensure their currency is recommended.

5.2.1 Review of the existing SAAP and Substitute Care Standards (1998)

The review of accreditation systems and standards for other institutional type settings highlighted that the 1998 versions of SAAP and Substitute Care standards only covered a few basic nutrition issues, described below.

The SAAP standards included planning of menus, general hygiene and the provision of adequate kitchen space.¹⁸ The Substitute Care standards included the provision of adequate food as a right, general hygiene and the development of cooking skills.¹⁹ Neither set of standards covered the:

- Implementation of effective, current food safety practices by staff and young people
- Provision of adequate equipment and facilities for food preparation and storage
- Monitoring eating behaviour of young people and assisting them to access medical assistance as required.

The SAAP standards also did not include the development of young people's nutrition knowledge and skills.

The following aspects of nutrition, noted in the other standards reviewed and deemed important by the Advisory Committee were:

- Monitoring of eating behaviour and referral
- Menu planning/provision of adequate amounts of nutritious food
- Food hygiene and safety

- Provision of adequate kitchen facilities and equipment
- Development of young people's nutrition related living skills.

Based on this review, proposed standards were developed.

5.2.2 Consultation with youth workers and young people to determine current and preferred food and nutrition practices

Three discussion groups were conducted with the three different types of youth housing services, each with a minimum of four youth workers and four young people (Table 3). Two of the three services involved in the consultation were external to the area because of the small number of facility based Substitute Care and SAAP supported services in the NSH.

Consultation with youth workers

The current and ideal nutrition situations during each stage of care of these services are provided below. Overall, these services indicated a desire to do more to promote the nutrition of young people. However resources, such as staff time and money were mentioned as the main barriers, in particular by the semi-supported SAAP service. Nutrition risk screening was considered inappropriate for the relative informality of the YHS.

Assessment of young people's eating habits or nutrition issues on entry into the service

- **Current situation** – no services had a formal assessment of young people's eating habits or nutrition issues. More medically serious nutrition issues such as eating disorders or food allergies were usually identified in the referral.
- **Ideal situation** – these services did not want to conduct a formal nutritional assessment at entry into care, for example, a nutrition risk screening tool. They wanted at most, to conduct a simple, youth friendly but non-intrusive conversation about food, for example, asking what is their favourite meal.

Table 3: Selected characteristics of consultation participants

Service type	Number and gender of young people	Age range of young people (years)	Number of youth workers
SAAP supported	Females – 3 Males – 2	12–15	6
SAAP semi-supported	Females – 1 Males – 4	19–23	4
Substitute Care facility based*	Females – 0 Males – 4	12–15	4

* Two different services from this service type participated in the consultation – one for youth workers, another for young people.

Provision of food to young people

- **Current situation** – supported services encouraged young people’s input into food and meal selection. Staff and not young people, were expected to take a major role in food purchasing or evening meal preparation. Semi-supported services are not expected to provide meals, but do provide a basket of groceries upon entry to the service, a meal once or twice a week and food vouchers.
- **Ideal situation** – no changes were mentioned for the ideal situation by the supported services. The semi supported service would like to offer more practical assistance, for example, a cooking program where young people could prepare and eat an evening meal three times a week under the guidance of a cook. This would serve many purposes: nutritional; social; development of living skills; and showing young people that they deserve to be looked after.

Monitoring of young people’s eating habits or nutrition issues

Youth workers felt that they already monitored young people’s eating habits.

- **Current situation** – supported services record their observations and discuss them at team meetings as appropriate. Semi-supported service providers will become concerned if a young person is experiencing health problems on a regular basis. They also look out for unusual eating habits, for example not being able to eat in the presence of others.
- **Ideal situation** – one supported service was willing to use nutrition tools if they were validated and of therapeutic use, such as the Australian Guide to Healthy Eating,²⁷ to inform food purchasing and monitor young people’s eating habits. This was the only nutrition tool considered for inclusion in the standards.

Development of young people’s nutrition knowledge and skills

- **Current situation** – relevant comments were not obtained from supported services as they were not currently developing young people’s nutrition knowledge skills due to one of the following reasons: they were newly reopened; or they were set-up to move young people onto another service rather than onto independent living. Semi-supported services assist when the need is identified, for example showing young people how to shop. They preferred an ‘opt in’ or targeted approach rather than a compulsory approach for developing living skills.

One of the ways a young person’s lack of living skills was detected was through group meetings between youth workers and the young people sharing a house.

- **Ideal situation** – the newly reopened supported service was planning to let young people trial living semi-independently through a self contained flat attached to the house. The semi supported services want to offer a program that addressed a cluster of health behaviours including healthy eating, smoking cessation and physical activity.

Food and nutrition policy

- **Current situation** – none of the services had a formal food and nutrition policy.
- **Ideal situation** – One of the supported services would like to develop a policy including food purchasing and healthy weight issues.

Consultation with young people

The questions asked and the understandings gained from asking participants about their perfect meal are described below. Noted differences between groups according to age are also described.

What was the perfect meal?

A wide variety of meals were described. In comparison to the younger group in supported accommodation, the older group living semi-independently:

- Described the meal/food in more detail
- Listed more dishes as being part of the meal, for example entree, main and dessert versus main or snack only
- Included alcohol as part of the meal.

Who prepared the meal?

Responses included self and others, restaurants and a celebrity.

Who did they want to eat the meal with?

The older group nominated friends as the preferred company for the meal whilst the younger group nominated sports celebrities.

Where did they want to eat the meal?

In addition to location, some participants, mostly from the older group, provided detail about the atmosphere. The details given included type of music, seating arrangements, time of day and the weather or season.

What made it perfect?

Responses included company (celebrities, friends), the taste of the meal and quality of the food.

Why can't it happen now?

The younger group did not mention any barriers to their perfect meal. The older group reported barriers, mainly relating to a lack of resources both physical and personal, including no backyard, barbecue, sharp knives or steel to sharpen knives, stereo, money, time and motivation to cook.

What could make it happen?

Amongst the older group who identified barriers to their perfect meal, the factors that could make it happen were the barriers previously mentioned, for example, money, time, sharp kitchen knives. Other responses included food vouchers, more communal meals, outside support in the home (noted by a single mother), motivation and a reason to have the perfect meal.

These consultations influenced the further development of the nutrition standards by highlighting the following needs:

- To include the development of living skills in the standards as a means of improving the situation brought about by a lack of money, time and motivation to cook
- To provide adequate equipment in these services, such as sharp kitchen knives
- To include indicators about consulting with young people about food purchasing and preparation, and twice weekly shopping for fruit and vegetables as participants expressed that the company, the taste and quality of food made the meal perfect
- To discuss the importance of the social aspects of food in the standards.

5.2.3 Consultation with an expert panel to ensure content validity of the accreditation standards

The expert panel consisted of four people with expertise in one of the following areas:

- Instrument development and measurement and public health policy development
- Youth work or provision of youth housing services.

Three out of the four members of the expert panel made comment within the requested time period.

The panel members agreed that the content of the proposed standards and tools was appropriate.

They also suggested additions such as:

- Assessing staff nutrition or food hygiene training/qualifications
- Including budgeting and money management skills as part of living skills required by young people
- Assessing adequacy of nutrition and hygiene policy
- Including food hygiene guidelines
- Including checklists for kitchen utensils and equipment, standard pantry and fridge items, and menu planning.

The panel commented on the practicality and ease of use of the tools, for example, they suggested that the tools should not be cumbersome and could be completed in small sections over a period of time if necessary. One panel member suggested that using the tools should be an informal but informed process that encourages young people's participation and that it should be seen as part of getting to know the young person rather than as a test.

5.2.4 Forum with youth workers and young people

Fourteen youth workers and three young people attended the Forum held on Wednesday 10 April 2002. The majority of participants were from Out Of Home Care and SAAP services, with a youth health service and youth centre also represented.

The feedback on the draft standards was that they were set too high and that the entry into care period is generally a difficult time and probably not the best time to examine eating habits. It was suggested that during care and in preparation for leaving care are better times for addressing nutrition issues. They pointed out the need to gain an understanding of the young person's point of view as to whether nutrition is an issue for them, which was missing from the standards.

Concerns about nutrition that were raised included whether young people in semi-independent services had adequate cooking and food hygiene skills and knowledge about nutrition to live independently.

Evaluation forms were completed by participants and reviewed. The issues that participants frequently reported were:

- The Forum is the first step in acknowledging nutrition as an important issue for young people
- The importance of nutrition for their own personal health
- How to promote nutrition directly with young people
- How to improve nutrition through organisational change such as policy development and staff training.

Participants noted benefits of attending the forum, which included:

- The opportunity to network with other youth workers and nutritionists
- Obtaining input from young people
- Raising awareness of nutrition as an issue
- Generating and sharing ideas about nutrition and young people.

Practitioner reflections: a retrospective analysis

A retrospective analysis of the project was undertaken, using the Realistic Evaluation approach, developed by Pawson and Tilley.³⁰ This was undertaken to generate a coherent understanding of the impact of changes in the political environment on the overall effectiveness of the project.

The analysis focussed on what contextual factors sustain the problem the project was addressing and what mechanisms for change were used. For a more detailed explanation of the evaluation framework used see Appendix 5.

The anticipated and actual context encountered during the project and extra program mechanisms initiated halfway through the project are shown in Figure 2. The initial issue of concern, which inspired the NASH Project, was that the nutrition practices in the YHS were deemed inconsistent and piecemeal. One of the mechanisms sustaining this situation was that there was no requirement or standard for services to have appropriately informed and comprehensive nutrition practices or policy. Other sustaining mechanisms were that youth workers had few resources, that is, time,

nutrition knowledge and skills, to devote to nutrition issues. The resources available were applied to issues they perceived as a higher priority, such as drug use and legal issues.

The anticipated context in this project was the OCG would have the mandate and the resources to implement the accreditation (Figure 2a). Unfortunately this context did not eventuate, with the proclamation of the legislation that would give the OCG the authority to implement the accreditation system repeatedly delayed (section 3.1.2). After the third delay was announced in March 2002, new program mechanisms to adjust for the political and institutional contexts were developed (Figure 2b).

These additional mechanisms were to:

- Provide consultancy to services undertaking voluntary accreditation
- Advocate for better nutrition of young people by youth services
- Develop training in nutrition for youth workers.

Figure 2: Anticipated and actual context of the NASH project

Figure 2a: Anticipated context

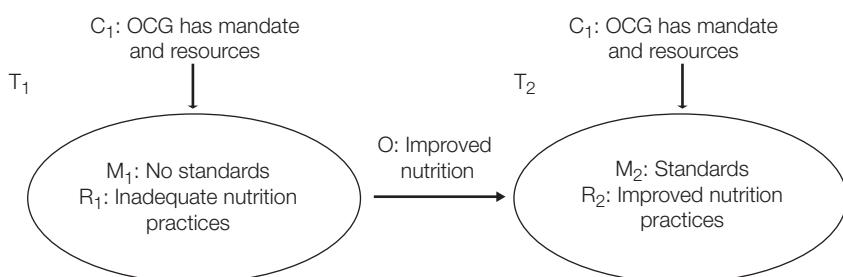
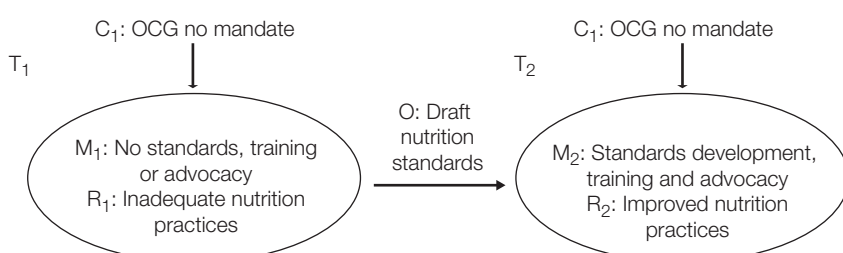


Figure 2b: Actual context and new program mechanisms



Key	
M ₁	Mechanism(s) One – contextual factors or mechanism(s) sustaining the problem
M ₂	Mechanism(s) Two – mechanism(s) used in the intervention
R ₁	Regularity One – initial situation or problem
R ₂	Regularity Two – improved situation
T ₁	Time One – before the intervention
T ₂	Time Two – after the intervention
C ₁	Context
O	Outcome

Discussion

The NASH project developed comprehensive nutrition standards for the YHS in consultation with young people, youth workers and experts and are now available for use with only a minimal review recommended to ensure their currency when the accreditation system is implemented. A proposal for training of youth workers to implement the nutrition standards was also developed.

Multi-strategic approaches to better health are the norm in health promotion and changing nutrition practices in the YHS appears to be no exception. Although the strategy of developing best practice standards has face validity, relying on this strategy alone was insufficient. In order to build the capacity of the sector to promote nutrition, complimentary strategies were used that created support for nutrition as an integral component of youth work practice and that could provide skills that would support implementation of the standards. These included advocacy, training and provision of educational resources.

One of the premises of the project was that it was opportune timing to strengthen the nutrition related standards of the yet to be implemented accreditation system, that is, to provide input into the standards before they were 'set in stone' rather than try to change an already established system. The NASH project team considered the policy context was favourable to an intervention at the time.

However, a number of events occurred, changing the political and institutional context dramatically and making it unfavourable for the initial program mechanism, that is, the development of tools and guidelines, to achieve the anticipated project outcome, which was to develop a good practice model for nutrition policy development for the YHS. The project was vulnerable to delays in implementation of legislation and the accreditation system. As the project was time limited, it meant that it could not wait until the political and policy context became more favourable to the project aims.

The change in direction that was adopted midway through the project, from a primary focus on formulating standards to trying to improve the capacity of the YHS to promote nutrition was inadequate with regards to the scale of change and time available to

make a significant impact. However the NASH project has generated many useful insights and raised some important questions for future work of this kind.

Firstly, was it wise to rely on a yet to be implemented accreditation system to bring about change in the policies of youth housing services and behaviour change in youth workers? The NASH project team accepted the public statements and assurances of the agencies involved at face value, therefore the possibility of a delay and the potential impacts of such a delay in the implementation of the accreditation system were not anticipated or built into the planning of the project.

Other questions raised include: 'Is the YHS ready to address nutrition as an issue?' and 'Does the YHS have the capacity to promote the nutrition of young people and meet the existing or draft nutrition standards?' There are a number of barriers to achieving this, firstly, there is no requirement for youth workers to have formal training in nutrition despite the work they do including preparation of meals, identifying and referring young people for nutrition issues and developing young people's living skills. Secondly, there is competition for youth worker attention from a range of other pressing issues such as drugs, sex and violence, not to mention homelessness. Thirdly, the funding currently received may be insufficient to meet the draft nutrition standards, for example it may not cover attending external training or regularly replacing food preparation and storage equipment in the event of damage or theft. The sector is still fighting for basic infrastructure like reasonable wages and cost of living increases. Further research is needed to assess the capacity of the YHS to meet the existing nutrition-related standards and to promote the nutrition of young people.

The consultations with young people influenced the development of the nutrition standards. The use of a convenience sample of youth workers and young people and the small number of participants in the consultation may affect the generalisability of our findings. Two of the three services were undergoing restructure at the time of the invitation and a further three either had only a few young people or the young people were not interested in participating in the

consultation. This could have resulted in an over representation of young people and youth workers already interested in food and nutrition and therefore an overstated willingness or capacity to address nutrition as an issue. However our findings revealed the opposite – the need to consider that nutrition may not be a priority for some young people and to address the barriers mentioned above.

Despite attempts to form a representative advisory committee that included key partners such as the DoCS and the OCG, the regular involvement of these partners was lacking. This may have been due to poor

timing and/or a lack of resources on the part of these agencies. Senior representatives from these agencies in the advisory committee would have been invaluable to this project. At the state level there was active support for the project from NSW Health however such regular involvement was not forthcoming from the DoCS or the OCG. This raises the question whether an intervention to achieve state level policy change can be undertaken from an area health service level. A State level approach from NSW Health directly to these agencies may have been more successful.

Conclusions and recommendations

The NASH project has and will continue to have input into the nutrition policy process for standards and accreditation of the YHS. Multi-strategic approaches, including the development of best practice standards, advocacy and education are essential to improve nutrition practices in this sector. An important lesson learnt was that attention must be paid to the political and institutional context if the strategy is to be realistic and bring about change. The insight gained through the NASH project will inform future efforts towards building the capacity of the YHS to incorporate nutrition into youth work practice.

Recommendations

Future research for the NASH project:

- Further research should be conducted to assess the capacity of the YHS to meet the existing nutrition-related standards and to promote the nutrition of young people
- Voluntary testing of the draft nutrition standards should be conducted with interested youth housing services and a report on the outcome(s) of the testing be made available to the OCG
- Continue to monitor policy developments in this area and provide appropriate advocacy and advice to the YHS.

Future project design and management:

- Proposals where advocacy is identified as a key tactic should conduct a robust political analysis, for example a force-field chart. This analysis should demonstrate that the potential impacts of the current and future political environments have been taken into account in the project design
- Projects should be clear about their 'theory of change', that is, why a particular course of action is expected to bring about the results specified in the aims and objectives
- Proposals where policy change by a significant partner is one of the specified outcomes should have suitably senior representation from that partner agency on the advisory committee.

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Media article

Children's guardian still stalled

By Adele Horin April 12, 2002

Fifteen months after the State Government appointed the first Children's Guardian, with a \$2.6 Million budget and a staff of about 18, she is still without the legal power needed to her job.

Four times the Government has failed to keep promises to proclaim the required sections of the *Children and Young Person (Care and Protection) Act*, despite the legislation being passed in 1998.

Proclamation was first expected in December 2000, then December 2001, then last month. Welfare agencies have now been told that the latest deadline of July will also not be met.

Morale in the office is said to be plummeting and the staff are running out of work.

The Minister for Community Services, Faye Lo Po', said: "My overriding concern is that everyone is ready and we get this right." She said a decision about proclamation would be made closer to July.

"This is outrageous," said Patrick Parkinson, Professor of Law at the University of Sydney, who helped write the state's new child protection law. "We have no indication of when her substantive functions might start."

The guardian, Linda Mallett, is supposed to be legally responsible for 8000 children in state care, mostly in foster homes or residential centres. The power was previously held by the minister.

Ms Mallett is also supposed to monitor how the Department of Community Services and non-government child welfare agencies, such as Barnardos and Burnside, conduct their foster and out-of-home care services.

Pressure from DOCS is widely believed to be the reason for the proclamation delays. It is thought DOCS is unable to comply with the new basic standards required for out-of-home care, and is also struggling with a 47 per cent rise in child protection notifications in the last financial year.

Burnside's chief executive, Jane Woodruff, said: "The non-government sector is ready to go and we told the minister that last week."

Once the sections are proclaimed, DOCS and the non-government agencies will be required to provide Ms Mallett with care plans for the children in long-term care. The plans will outline the children's needs and how those needs will be met, and will be regularly reviewed to ensure children do not get lost in the system.

The guardian's powers are considered highly important by child welfare experts who have long highlighted the deficiencies of the out-of-home care system. "The requirements for care plans are not onerous," said Ms Woodruff, "and it would be appalling to think that DOCS is not already doing them."

Ms Mallett said she would like proclamation "to go ahead as soon as it possibly can" but several small disability agencies had not realised they were covered by the requirements of the new act "and they needed to be ready". She said she had a lot of education work to do.

Recently agencies received a letter from Carmel Niland, director-general of DOCS, to inform them of the latest proclamation delay.

The chief executive officer the Association of Children's Welfare Agencies, Nigel Spence, said Ms Mallett had needed some time to set up operations, but "was ready to go in March, if not earlier. This delay is indefensible."

<http://www.smh.com.au/articles/2002/04/11/1018333398485.html> accessed 14/05/02

Nutrition articles published in *ACWA News* and the *YAA Grapevine*

The following two articles were published in *ACWA News* and the *YAA Grapevine*.

Forum held to digest nutrition standards (June 2002)

Youth workers and young people attended a Youth Nutrition Forum on 10th April to digest and pass comment on draft nutrition standards for Youth Housing Services – Out of Home Care (OOHC) and Supported Accommodation and Assistance Program (SAAP) services.

Fourteen youth workers and three young people attended the Forum. They were mainly from OOHC and SAAP services but also from a youth health service and a youth centre.

Peter Slattery, well-known Therapist, Trainer, Educator and Author of “Youth works – a very practical book about working with young people”, got the digestive juices flowing with a taste test comparison of grapes, yoghurts and jelly snakes and guiding us through an exploration about health, nutrition and youth work.

The Forum was hosted by the NASH Youth Nutrition Project. NASH is a joint project of NSW Health, Northern Sydney Health Promotion and the Department of Nutrition Royal North Shore Hospital.

The aim of NASH is to help Youth Housing Services help young people improve their eating habits and prepare for independent living. Part of this is to develop nutrition standards and ways to help Youth Housing Services meet these standards – hence the name Nutrition Accreditation Standards in youth Housing services or NASH.

The overall purpose of the standards is to ensure that services can:

- Provide and/or promote food and drink that are nutritious and culturally appropriate
- Promote healthy eating habits
- Assist young people to develop food skills for independent living where appropriate.

Some rumbling stomachs were heard toward the end of the Forum, but hopefully it was being ready for lunch rather than any indigestion brought about by the contents of the standards!

The draft nutrition standards cover all aspects of care – that is, entry into care, during care as well as preparation for leaving care and Aftercare. They are outlined below:

- **Entry into care** – The organisation will assess clients’ nutritional risk and food skills, and include as necessary actions to improve nutritional risk and food skills in client’s case/support plan.
- **During care** – The organisation will provide the environment (ie facilities, information, access to food, nutrition policy and procedures) to meet the nutritional needs of their clients and/or assist clients to meet their own nutritional needs.
- **Preparation for leaving care for independent living and Aftercare** – The organisation will assist clients to develop the capacity (skills, knowledge and physical resources such as cooking equipment) to meet their own nutritional needs when living independently as identified in their leaving care/ case closure plan.

Feedback on the draft standards presented was that they were set too high and that the entry into care period is a difficult time and probably not the best time to examine eating habits. It was suggested that during care and in preparation for leaving care are better times for addressing nutrition issues. The need to gain an understanding of the young person’s point of view as to whether nutrition is an issue for them was raised as being missing from the standards.

Concerns about nutrition were also discussed such as whether young people in semi-independent services have adequate cooking and food hygiene skills and knowledge about nutrition to live independently.

If you couldn’t make it to the Forum – don’t worry, it is not too late. Your feedback on the draft nutrition standards would still be appreciated, especially if it is received by the end of June.

A full copy of the standards is available from the Project Officer – Lynda Davies at the Department of Nutrition Royal North Shore Hospital on 9926 7579 or LJDavies@doh.health.nsw.gov.au

Is there enough food in the house?

(November/December 2002)

I know it is obvious – but there has to be enough healthy food in the cupboard, refrigerator and freezer before young people can make a choice to eat it!!

What are young people's eating habits like?

I'm sure you can answer this one – but here are the official figures.

A national nutrition survey in 1995 showed that young people don't eat enough fruit and vegetables – 40 per cent of adolescents ate inadequate amounts of fruit and more than 80 per cent ate inadequate amounts of vegetables. There is a desire to change this habit, with 40 per cent of females and 30 per cent of males aged 16–18 years and 45 per cent of both males and females aged 19–24 years wanting to consume more fruit and vegetables.

Generally, young people need to eat more breads, rice, pasta and grain-based products, more fruit, vegetables and dairy products (milk, cheese, yoghurt) but less cakes, pastries and high-fat fast foods. They also should be encouraged to drink more water and less soft drinks, energy drinks and sports drinks (too much sugar, caffeine).

How much is enough food and what types of food should be in the house?

I suggest using the Australian Guide to Healthy Eating to work this out.

It describes, you guessed it, the five food groups and suggests the amount to eat from each food group everyday for good health.

OK, so how much of each food group should be bought in a week to support the growth and development of six young people? I have had a go at working this out – in a very general way – in Table 1 using the Australian Guide to Healthy Eating.

Compare Table 1 to what you buy now – many differences?

Food shopping tips

To make sure the fresh fruit and vegetables are eaten, shop for these at least twice a week to have the freshest, tastiest and most appealing fruit and vegetables.

Who would want to eat the spotty, squishy banana or soft, slimy zucchini bought last week?

There are guidelines for an acceptable amount of fat, salt and sugar in packaged foods, look for the nutrition

panel on the food label and see if the food has:

Fat <10g per 100g – unless only eat a small amount eg mayonnaise or margarine or oil

Salt <120mg sodium per 100g – unless only eat a small amount eg vegemite or tomato sauce

Sugar <15g per 100g – the source of sugar is important eg breakfast cereal containing dried fruit is OK for higher sugar level.

It would be difficult to meet these guidelines for all packaged foods, but try to meet them for a majority of packaged foods.

Compare the cost of meat per serve rather than per kilo. Meat with lots of bones and lots of fat are often cheap but you need a lot to make a meal. Lean meat with little or no wastage is often more economical.

To make sure all staff are consistent you should consider capturing issues around food shopping in your policy and procedures manual. Think about what types and amounts of food you will buy – what cuts of meat, which breakfast cereals – as well the shopping schedule.

The Youth Nutrition Project of Central Sydney Area Health Service Community Nutrition and Cellblock Youth Health Service are in the process of producing a cookbook for young people and nutrition manual for youth workers. Some of the material in this article is from a draft of the manual. For further information contact Rachel Wilkenfeld Health Promotion Officer at Cellblock Youth Health Service Ph: 9516 2233, email: rachel.wilkenfeld@email.cs.nsw.gov.au

This is the first in a series of articles on young people and nutrition to be written by Lynda Davies – Community Nutritionist for the NASH Youth Nutrition Project. NASH is a joint project of NSW Health, Northern Sydney Health Promotion and the Department of Nutrition Royal North Shore Hospital. Other articles will cover meal planning, food safety and helping young people to develop their own food skills.

Booklets on the Australian Guide to Healthy Eating are available free from the Publications Officer, Population Health Division, Commonwealth Department of Health and Aged Care, on 1800 020 103 (ext. 8654), by email from phd.publications@health.gov.au, via an online order form or downloadable as Adobe files from the Population Health Division website <http://www.health.gov.au:80/pubhlth/strateg/food/guide/index.htm>

Interview guides for the consultation with youth workers and young people

Youth workers

Purpose

To obtain a consensus definition of ideal nutrition practices and specification of acceptable and unacceptable design features of the tools eg length, complexity, numerical scoring. That is, have answers to the questions of:

- What is good nutrition?
- What is a good instrument?

To provide the opportunity for youth workers working in OOHC and SAAP services to contribute to the development of nutrition standards and guidelines for the Out of home care accreditation system – to make them more realistic and meaningful.

What do I want youth workers to contribute?

Their vision of what they want to achieve with young people in regards to food and nutrition.

Their ideas on the design of the tools – length, complexity, numerical scoring

Methods

Target group

Youth workers in Northern Sydney area from each of the three service types: Out of home care residential; SAAP supported; and SAAP semi-supported.

Numbers

Four to seven youth workers in each session.

Describe typical (or case study) food and nutrition situation with a young person – what their food and nutrition skills etc are like when they arrive, what happens while they are with the service and what food and nutrition situation is like when they leave.

Describe an ideal situation.

Design features of nutrition tools

- Provide examples of tools before the session eg Nutritional Risk Screening tool for homeless adults; Nutrition screening tool for homeless and at risk young people; Menu planning checklist for childcare centres
- Ask for examples of their assessment tools

Discuss what design features they value in their tools and how that compares to the tools provided.

Young people

Purpose

To provide the opportunity for young people in OOHC and SAAP services to contribute to the development of nutrition standards and guidelines for the Office of the Children’s Guardian accreditation system – to make them more realistic and meaningful.

What do I want young people to contribute?

Their vision of what is their perfect meal describing the food, who cooked it, location and company.

Methods

Target group

Young people in Northern Sydney area from each of the three service types: Out of home care residential; SAAP supported; and SAAP semi-supported

Numbers

Four to seven young people in each session.

Ask young people to think about and write or draw on paper what would be their perfect meal. Ask them to record the food, where they are eating it, who cooked it, who they are with.

Ask young people to share with the group their perfect meal. Record this discussion on butcher’s paper so it is obvious to everyone what is being recorded and ask participants to comment/change/add.

Also ask the following questions and record the answers as above:

- What parts of the meal could happen now?
- What makes it the perfect meal?
- Why can’t it happen now?
- What could make it happen?

Draft nutrition standards for youth housing services

Nutrition in out of home care residential services and youth SAAP services

The purpose of the standards is to achieve and maintain 'better practice' in relation to the nutrition of young people in Out of Home Care residential services and Youth SAAP Services. This includes provision of food to young people and their development of food and nutrition related living skills.

The key concepts related to achieving better practice in nutrition include:

- Services need to access current information from recognised authorities (such as government departments of health) on young people's nutritional requirements and food safety practices
- Staff need ongoing professional development on nutrition and food safety practices
- Staff need to be aware of and responsive to each young person's:
 - Nutritional needs and eating patterns
 - Food preferences and choices
 - Special cultural or dietary requirements
 - Hygiene practices relating to hand washing, toileting and eating
 - Cultural differences and similarities
 - Access to food if living semi-independently
- Staff should seek young people's views on nutrition and food safety
- Staff should record plans to address nutrition issues and develop nutrition related living skills in each young person's case plan/support plan (SAAP)
- Young people should be offered a variety of foods.

Eating should be a pleasurable experience, as well as a nutritional one. It can also help to introduce young people to a variety of foods from their own and other cultures and build rapport between staff and young people.

Youth workers are in a unique position to support disadvantaged young people to develop necessary food

skills such as cooking, budgeting, food selection (fresh, processed and ready to eat) and safe food handling and storage. These skills assist young people to make informed food and nutrition choices now and for progression to living independently.

Services should seek up to date information on nutrition from recognised health authorities working in this area such as their local Community Health Centre or local Hospital (Department of Nutrition or Dietetics). These health agencies also offer dietetic outpatient services to the community in their area.

The quality of a service's nutrition practices is likely to be enhanced when staff participate in professional development on food safety and nutrition.

Standards

1. Adequate amounts of nutritious and culturally appropriate food and drink are provided.
2. Staff implement effective and current food safety practices and support young people to do the same.
3. Staff assist young people to develop appropriate knowledge and skills for making informed food and nutrition choices now and when living/ for progression to living independently.
4. Service provides adequate facilities and equipment for food preparation and storage.
5. Staff monitor nutrition issues of young people and assist them to access nutrition and dietetic services in the community as required.

Some services do not provide food and so are not expected to meet the first standard. These services also have fewer opportunities to monitor young people's nutrition issues or assist young people to develop nutrition and food safety related knowledge and skills. These differences are reflected in the indicators for each standard, which have been developed with the different service types in mind.

1. Adequate amounts of nutritious and culturally appropriate food and drink are provided

In the short term nutrition can influence mood, appearance, immunity, energy and the ability to concentrate. In the long term optimal nutrition decreases the risk of obesity, diabetes, heart disease, osteoporosis and cancer. Over the last ten years rates of obesity have tripled and overweight has doubled in Australian children and young people. Young people are now developing type 2 diabetes, which usually occurs much later in life.

Young people, especially those experiencing a growth spurt have high nutritional needs due to their rapid growth. These needs must be met to promote their health and normal development. However, the 1995 Australian National Nutrition Survey and other research shows that many young people have low intakes of fruit and vegetables and/or specific nutrients – calcium, iron and zinc.

Enough nutritious food needs to be purchased and prepared to offer a variety of appetising meals and snacks to meet young people's requirements.

Indicators

For services that provide food for most meals and snacks:

	Y	N	NA
1.1 The service actively seeks and maintains current information on nutrition from recognised health authorities.			
1.2 The food provided satisfies current recommendations outlined in dietary guidelines and food selection guides for young people from recognised health authorities.			
1.3 There is cultural variety and sensitivity to cultural differences in the provision of food.			
1.4 Staff seek young people's input into what food is purchased and prepared.			
1.5 Young people have ready access to drinking water and snacks throughout the day.			
1.6 Young people with special dietary needs have adequate and appropriate food provided. If special dietary needs are due to a health condition, the service seeks detailed information from the young person and/or previous carer and evidence of advice from an appropriate health professional.			
1.7 Purchasing of fresh fruit and vegetables will happen at least twice a week to ensure maximum freshness and appeal.			

Further information

Current dietary guidelines and food selection guides are:

- Dietary guidelines for children and adolescents June 2003 National Health and Medical Research Council Australian Government Publishing Service Canberra (<http://www.nhmrc.gov.au/publications/synopses/dietsyn.htm>)
- The Australian Guide to Healthy Eating 1998 Commonwealth Department of Health and Aged Care (<http://www.health.gov.au:80/pubhlth/strateg/food/guide/index.htm>)
- Both of these publications can be ordered on 1800 020 103 (ext.8654), by email from phd.publications@health.gov.au.

2. Staff implement effective and current food safety practices and support young people to do the same

Many people get sick each year from the food they eat – about 2 million people a year in Australia. They may have diarrhoea, vomiting, an upset stomach, fever or cramps. They often think they have the flu, but the real problem is food borne illness caused by bacteria in the food.

About 20 per cent of cases of food-borne illness happen because food isn't handled properly in the home. Direct or indirect cross-contamination of cooked or ready-to-eat products by raw products combined with poor storage have been identified as major concerns in the home. Consumer surveys show that many Australians have never received any practical advice about food safety and hygiene.

The risk of food poisoning is virtually eliminated if food is properly handled, stored correctly, cooked sufficiently and eaten immediately. Food that looks and smells fine, and tastes delicious can still make you sick – so it is essential to make sure that everyone handles and stores food safely at all times.

Indicators

For all services:

	Y	N	NA
2.1 Staff are up to date with the food safety practices currently recommended by recognised health and safety authorities.			
2.2 Staff consistently model effective food safety practices.			
2.3 The service provides young people with information on food safety principles and practices that are recommended by recognised health care authorities.			
2.4 Staff talk systematically and incidentally with young people about food safety practices.			

For services that provide food for most meals and snacks:

	Y	N	NA
2.5 The service has written procedures for food handling and storage based on practices currently recommended by recognised health and safety authorities.			
2.6 Staff consistently implement the service's written food handling and storage procedures.			
2.7 Staff wash their hands before preparing, serving or eating food; after going to the toilet, after handling animals, after wiping their nose; or after any other unhygienic practice.			
2.8 The food preparation area is used only for that purpose.			
2.9 Surfaces are cleaned and sanitised before and after food preparation.			
2.10 Separate equipment is used for the preparation and storage of raw and cooked food.			
2.11 Food is stored at an appropriate temperature and in appropriate containers.			
2.12 Staff actively encourage each young person to wash their hands before preparing, serving or eating food; after going to the toilet, after handling animals, after wiping their nose; or after any other unhygienic practice.			
2.13 As necessary, staff demonstrate specific food safety procedures and explain reasons for them.			
2.14 All staff have undertaken training in a safe food storage and handling course recognised by an appropriate health authority.			
2.15 The service has quality control procedures for maintaining hygiene and food handling practices in line with service policies.			
2.16 The service provides regular professional development updates for all staff on safe food handling and storage.			
2.17 Where appropriate, staff have an awareness of the religious and cultural aspects of food handling.			
2.18 The service systematically incorporates information on current food safety principles and practices into the living skills development program for young people.			

Further information

Information on current food safety practices is available from:

- Food Standards Australia and New Zealand – food safety fact sheets <http://www.foodstandards.gov.au/mediareleasespublications/factsheets/foodsafetyfactsheets/index.cfm>
- Food Safety Information Council – industry and government group www.safefood.net.au

To see what food safety and food hygiene training courses are available in your area, check the Yellow Pages under 'Training'. For further advice on courses that may be available, you could also:

- Contact a teaching institution in your area such as a TAFE college or institute of technology
- Contact an industry association
- Contact your local council
- Conduct a website search on the National Training Information Service website (www.ntis.gov.au) which contains a database on courses available in Australia.

3. Staff assist young people to develop developmentally appropriate food knowledge and skills for making informed food and nutrition choices and for independent living.

During adolescence, many food habits are developed which may continue throughout life. These habits have an impact on both the short and long term health and well-being of young people. Therefore, it is important for food to be nutritious as well as meeting the social, cultural and educational needs of young people. Meal times and assisting young people in developing nutrition related life skills provide a valuable opportunity to build a positive environment. This positive environment can flow over into other aspects of life of the service and young people's development.

Young people will need to gain food skills over time in a number of ways. These are the skills that enable a person to purchase, prepare and store adequate amounts of a variety of food from all food groups. They also need to know how to do this in a way that meets food safety principles and is within their food budget. These skills are likely to be developed best when linked to immediate concerns and interests and should be offered through group programs and one-to-one approaches.

Indicators

For all services:

	Y	N	NA
3.1 Staff role model and discuss healthy food choices with young people systematically and incidentally.			
3.2 Staff encourage young people to try new foods and new food preparation methods in appropriate ways and at relevant times.			

For services where young people are progressing to semi/independent living:

	Y	N	NA
3.3 Staff role model and discuss effective food budgeting practices systematically and incidentally with young people.			
3.4 Staff discuss and assist young people to plan their meals to incorporate a variety of foods and meals, and to use leftover meals.			
3.5 Staff role model and discuss label reading systematically and incidentally with young people.			
3.6 Staff role model and discuss recipe reading systematically and incidentally with young people.			
3.7 Staff seek young people's view as to their current and desired level of food skills.			
3.8 Young people are encouraged to regularly participate in the preparation of nutritious food.			
3.9 Staff monitor progress of young people in developing necessary food skills			
3.10 Service provides information on setting up a kitchen – a list suggesting basic equipment and items for the pantry			
3.11 Service provides information on how to access emergency food, food co-operatives, dietetic services, nutrition information, youth friendly GP services.			
3.12 Service provides information on health and nutrition including signs of sub optimal nutrition such as tiredness/ lethargy, depression, low motivation, weight loss, poor concentration.			
3.13 Young people are strongly encouraged to follow a savings plan to enable them to purchase items needed for independent living such as basic kitchen equipment.			

For services where young person is living semi-independently:

	Y	N	NA
3.14 Young people are encouraged to participate regularly in the preparation of nutritious food.			
3.15 Service provides information on setting up a kitchen – a list suggesting basic equipment and items for the pantry.			
3.16 Service provides information on how to access emergency food, food co-operatives, dietetic services, nutrition information, youth friendly GP services.			
3.17 Service provides information on health and nutrition including signs of sub optimal nutrition such as tiredness/ lethargy, depression, low motivation, weight loss, poor concentration.			
3.18 Service provides opportunities for young people to further develop their food skills as needed eg cooking, budgeting, food selection (fresh, processed and ready to eat) as well as safe food handling and storage.			

Further information

- Y-Hunger Kit (nutrition manual, fact sheets and cookbook) – Central Sydney Area Health Service 2002. Available at http://www.cs.nsw.gov.au/pophealth/dph/community/yhunger/yhunger_kit.htm
- Or contact Rachel Wilkenfeld Health Promotion Officer at Cellblock Youth Health Service
Ph: 9516 223
e-mail: rachel.wilkenfeld@email.cs.nsw.gov.au

4. Service provides adequate facilities and equipment for food preparation and storage

For staff and/or young people to be able to safely store food and prepare a variety of meals and snacks there needs to be a range of suitable kitchen facilities and equipment in good condition and working order.

Indicators

For all services:

	Y	N	NA
4.1 Service provides kitchen facilities and equipment that are in good condition and working order.			
4.2 Service provides kitchen facilities and equipment that enable young people to prepare food using a range of methods including roasting, grilling, steaming, stir-frying, stewing and casseroles.			
4.3 Service provides kitchen facilities and equipment that enable safe food handling and storage such as a double sink and adequate numbers of appropriate food containers.			

Further information

- Y-Hunger Kit (nutrition manual, fact sheets and cookbook) – Central Sydney Area Health Service 2002. Available at http://www.cs.nsw.gov.au/pophealth/dph/community/yhunger/yhunger_kit.htm
- Or contact Rachel Wilkenfeld Health Promotion Officer at Cellblock Youth Health Service
Ph: 9516 2233
email: rachel.wilkenfeld@email.cs.nsw.gov.au

5. Staff monitor nutrition issues and assist young people to access nutrition and dietetic services in the community

Adolescence is a time of change, experimentation and growing independence for all aspects of life including food and nutrition. This can be seen in young people's choices to become a vegetarian, avoid certain foods or food groups and concern over body weight or control over food intake to the point of developing an eating disorder. The issue can be a simple lack of knowledge or have a serious emotional or psychological basis. All this adds up to a need to monitor young people's eating habits and assist them to seek professional medical advice as required.

Indicators

For supported services:

	Y	N	NA
5.1 Staff monitor eating habits/food intake with young people in comparison to current recommendations outlined in dietary guidelines and food selection guides or assessment tool for young people from recognised health authorities.			

For all services:

	Y	N	NA
5.2 Staff seek young people's views on their nutritional risk.			
5.3 Staff support young people to seek professional dietetic advice from a dietitian as required.			

Further information

Current dietary guidelines and food selection guides are:

- Dietary guidelines for children and adolescents June 2003 National Health and Medical Research Council Australian Government Publishing Service Canberra (<http://www.nhmrc.gov.au/publications/synopses/dietsyn.htm>)
- The Australian Guide to Healthy Eating 1998 Commonwealth Department of Health and Aged Care (<http://www.health.gov.au:80/pubhlth/strateg/food/guide/index.htm>)
- Both of these publications can be ordered on 1800 020 103 (ext.8654) or by email from phd.publications@health.gov.au.

Appointments can be made to see a dietitian at most public hospitals, which is covered by Medicare.

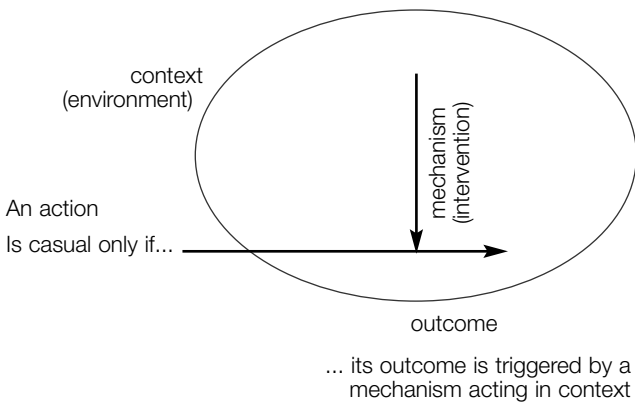
Private practice dietitians can be located through the Dietitian's Association of Australia – 1800 812 942 or their website www.daa.asn.au

Realistic evaluation framework

The realistic evaluation framework developed by Pawson and Tilley³⁰ asks whether there is a good match between the intended mechanism and the actual context in which the mechanism operated (Figure A).

The relationship between context, mechanism and outcome of the Pawson and Tilley Realistic Evaluation framework is represented in Figure A.

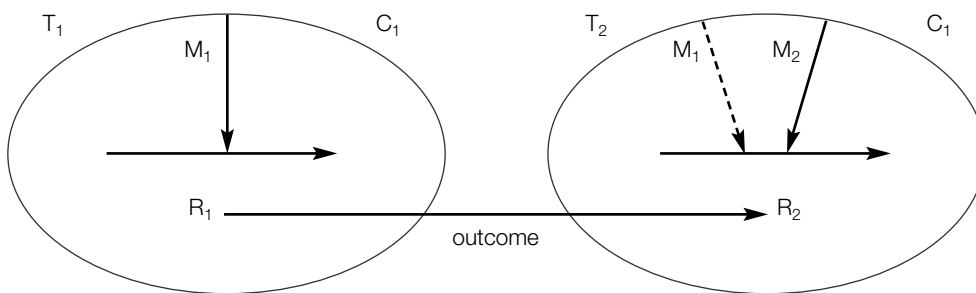
Figure A: Context, mechanism and outcome (Pawson and Tilley 1997: 58)



When considering a program or intervention, the set of contextual factors, which sustain and perpetuate the problem that is being addressed, needs to be identified and specified. Contextual factors interact with the issue of concern producing the conditions we wish to change. They also impact on the effectiveness of the program that is introduced, that is, no intervention occurs in a vacuum. Programs are generally designed to focus on the issue of concern; the potential for contextual factors to impact on the project is not always considered.

When considering an intervention, the contextual factors that sustain and perpetuate the problem being addressed, and the mechanisms of the intervention, need to be identified and specified. These mechanisms are noted as M_1 and M_2 (respectively) in Figure B. The problem is called the regularity with the initial problem shown in Figure B as R_1 and the improved situation as R_2 . The outcome is the change between R_1 and R_2 over time, with T_1 being the time before the intervention and T_2 after the intervention. In T_2 the initial set of mechanisms (or M_1) no longer operate (as shown by the dashed line) due to the implementation of the program mechanisms (or M_2). The context in which all this is operating is C_1 .³⁰

Figure B: Basic ingredients of a successful program intervention (Pawson and Tilley 1997: 74)



Key:

- M_1 Mechanism(s) One – contextual factors or mechanism(s) sustaining the problem
- M_2 Mechanism(s) Two – mechanism(s) used in the intervention
- R_1 Regularity One – initial situation or problem
- R_2 Regularity Two – improved situation
- T_1 Time One – before the intervention
- T_2 Time Two – after the intervention
- C_1 Context

Conference presentations

Davies L and Whitecross P

Making sense of slow progress

– the value of relevant theory

Australian Health Promotion Association

15th National Conference 20/20 vision

– 20 years since Ottawa, 20 years from now.

National Convention Centre

Canberra: 13–16 March 2005.

Davies L

RELISH/NASH Case study

NSW Health Food Security

and Health Inequities seminar.

18 June 2003.

Davies L

Equity in Action: the RELISH Youth Nutrition Project

Health Promotion Forum of South East Sydney Health.

5 June 2003.

Sutherland R, Wilkenfeld R and Davies L

Youth Nutrition – a valuable investment!

Expanding the Vision for Youth Health and

Well Being – Australian and New Zealand

Adolescent Health Conference.

Melbourne: 21–22 March 2002.

