

Eating well:

children and adults
with learning
disabilities

Nutritional and practical guidelines

SUMMARY AND RECOMMENDATIONS

THE CAROLINE WALKER TRUST

Eating well:

children and adults with
learning disabilities

Nutritional and practical guidelines

By Dr Helen Crawley

This document contains

Chapter 1 Summary and recommendations
of the report

Eating Well: Children and Adults with Learning Disabilities.

The *Contents* list for the full report is also included.

Copies of the full report are available from The Caroline Walker Trust at www.cwt.org.uk. See the back page of this document for further details.

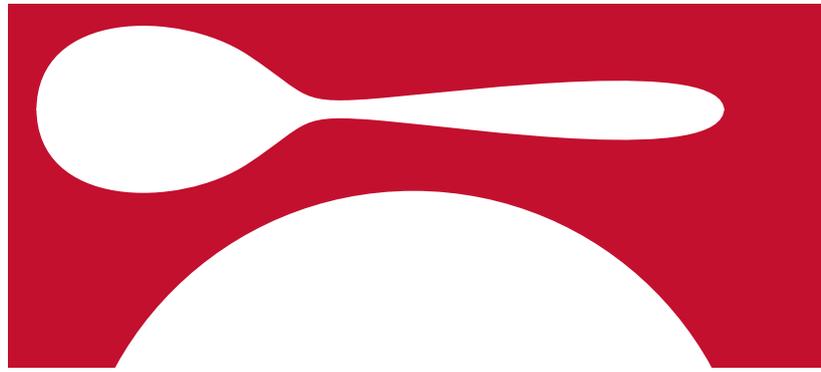
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Chapter 1

Summary and recommendations

Summary

Food and drink bring enormous pleasure to our lives. Eating and drinking well have an important part to play in the health and wellbeing of people of all ages in the UK. Simple changes to what we eat and how much we eat can contribute to a better quality of life, and enabling eating well should always be seen as one of the most positive things we can do as part of providing support and good care.

Since the turn of this century, a number of policy documents across the UK have provided a new platform for the promotion of better health among people with learning disabilities. In 2000 *The Same as You?*,¹ published in Scotland, provided the first new national document on learning disability policy. This was followed: in 2001 by *Valuing People*² in England; in 2002 by *Fulfilling the Promises*³ in Wales; and in 2005 by *Equal Lives* in Northern Ireland.⁴ The rights of people with learning disabilities to be valued and supported as equal citizens and to receive equitable health care and support are now fully enshrined in policy. However, there is no doubt that people with learning disabilities have greater health needs when compared with the general population and that their health needs are frequently unrecognised and unmet.⁵

Why nutritional guidelines are needed for people with learning disabilities

There is considerable evidence that people with learning disabilities are more likely than those in the general population to have nutritionally-related ill health, and that this is less recognised by support staff and professionals than it is when it occurs in the general population.⁶ Issues relating to body weight (both overweight and underweight), swallowing difficulties, gastro-oesophageal reflux disorder, diabetes, bowel disorders and oral health are frequently reported among people with learning disabilities.⁵ The prevalence of other common age-related disorders which might be linked to poor diet – such as hypertension (high blood pressure), stroke and coronary heart disease – among people with learning disabilities may be similar to the prevalence in the general population. However, many of these conditions and the related ill health are avoidable. People with learning disabilities are also frequently poorer, live in more challenging circumstances, and may be socially excluded, all factors which may contribute to poorer eating patterns.

The evidence presented in this report suggests that there is an urgent need for training in how to enable people with learning disabilities to eat well and to provide healthy eating choices for their families if they become parents. Despite evidence of excellent practice in some areas of the UK and considerable innovative work promoting better health, the nutritional health status of many people with learning disabilities remains poor.

Some evidence suggests that people with learning disabilities have a 58% increased risk of dying before they are 50 years old compared to the general population.⁷ The main cause of the increased risk is respiratory diseases such as pneumonia,⁸ exacerbated by swallowing difficulties, aspiration of food, posture, feeding difficulties and gastro-oesophageal reflux disease,⁹ but early death has also typically been associated with congenital heart disease, cerebral palsy, more limited mobility, and residence in hospital.⁷ It is highly likely that poor nutritional status throughout life contributes to this reduced lifespan, as well as contributing to morbidity (ill health) and poorer quality of life. It is also acknowledged that there is insufficient attention paid to the health needs of people with learning disabilities, a lack of basic health promotion, insufficient support to achieve a healthy lifestyle, and under-identification of particular health conditions, all of which require specific action.⁵

In this report we outline the reasons why people with learning disabilities might be more vulnerable to poor nutrition, and how positive changes to eating and drinking can improve their health and wellbeing. We also provide

practical guidelines to explain what good nutrition means and the steps that can be taken to make positive changes. From the evidence reviewed a series of recommendations and a summary of some important practical guidelines have also been compiled with the purpose of improving good nutrition for this population group and these are given on pages 10-18.

What is the scope of this report?

This is an evidence-based report which summarises available information on the nutritional needs of children, young people and adults with learning disabilities. It also looks at issues around food choice and eating well, and provides practical information to support these groups and those caring for or supporting them.

This report is the latest in a series of expert reports from the Caroline Walker Trust, which has produced nutritional and practical guidelines for: under-5s in child care; school-aged children; looked after children and young people; older people in residential care and for community meals. Details of all these reports, and a report from VOICES on eating well for older people with dementia, can be found on the Caroline Walker Trust website www.cwt.org.uk.

The aims of this report

The aims of this report are:

- To improve the health and wellbeing of children, young people and adults with learning disabilities by providing practical guidelines and information to improve their nutritional health
- To provide clear, evidence-based background information about the importance of good nutrition and physical activity to the health of children, young people and adults with learning disabilities
- To offer practical and nutritional guidelines to enable all those with a responsibility for providing food for children, young people and adults with learning disabilities to develop suitable menus and make good food choices
- To offer practical and nutritional guidelines to enable children, young people and adults with learning disabilities to make good food and drink choices for themselves and their families
- To highlight some of the important practical issues which need to be considered when helping children, young people and adults with learning disabilities to eat and drink well
- To provide examples of good practice in encouraging eating well for children, young people and adults with learning disabilities
- To make recommendations about the training and support needed to ensure that children, young people and adults with learning disabilities are enabled to eat and drink well and can provide good food choices for their families if they become parents
- To act as a resource document for all those working for better standards of care for children, young people and adults with learning disabilities
- To raise public and political awareness of the importance of eating well for children, young people and adults with learning disabilities.

Who the report is for

- Policy makers, primary care trusts, inspectors and regulators, health and safety authorities, GPs and other health professionals, health and social services staff, teachers, community workers, CAFCASS officers, judges, legal representatives, Independent Mental Capacity Advocates, and others who are responsible for ensuring that children, young people and adults with learning disabilities receive the best possible care and support throughout their lifetime
- Commissioners and contractors of services for children, young people and adults with learning disabilities
- Managers, catering staff, support staff and others in care settings (including residential and day care settings) who support children and adults with learning disabilities
- MPs, MSPs, MEPs, civil servants, journalists, researchers, writers and others who may wish to know more about the importance of eating well for people with learning disabilities.

We hope that the information in this report will be used to support children, young people and adults with learning disabilities to improve their own nutritional health and that of their families. To that end we recommend that the relevant Health Departments in England, Scotland, Wales and Northern Ireland should make easy-to-read versions of the main messages in this report, in appropriate languages and formats, available for people with learning disabilities, to act as guidance on issues around food and healthy eating.

Relatives and friends of people with learning disabilities who may want to know more about eating well and who may wish to promote better nutrition in environments where food is provided for the people they care for and support may also find this report useful.

Recommendations

These recommendations are addressed to:

- all those who make, implement and enforce policy and legislation – specifically national and European government, health and social care commissioners, local authorities, and the Judiciary
- those who regulate, inspect or manage services for children, young people and adults with learning disabilities, and
- those professional bodies and sector skills councils responsible for training and development.

Policy development

- 1 The nutrient-based standards for food and drink for children, young people and adults shown on page 117 should become minimum standards for all residential, day care and other settings where children, young people or adults with learning disabilities are provided with food and drink.
- 2 Government departments should make reference to the nutrient-based standards and practical guidelines in this report in all guidance and legislation affecting residential, day care and domiciliary support for children, young people and adults with learning disabilities.
- 3 All those responsible for legislative change to national minimum care standards for residential, day care and domiciliary care should include standards which will ensure children, young people and adults are supported in all settings by staff and managers who are competent in enabling service users to eat well.
- 4 Local authorities and relevant NHS bodies and primary care trusts should work in partnership to ensure continuity of nutritional care for individual children, young people or adults with learning disabilities throughout their lifespan. General practice should be proactive in identifying and working with patients with learning disabilities to coordinate, monitor and manage their nutritional health.
- 5 The relevant Health Departments in England, Scotland, Wales and Northern Ireland should make easy-to-read versions of the main messages in this report, in appropriate languages and formats, available for children, young people and adults with learning disabilities.
- 6 Appropriate health promotion agencies should ensure that the practical guidelines in this report, or an easy-to-read version of them, are made available to family, friends and support staff of children, young people and adults with learning disabilities.
- 7 All agencies that provide practical information and advice on healthy eating to the UK population – for example, the Food Standards Agency, the Department of Health, Health Scotland, the Health Promotion Agency Northern Ireland, the Welsh Assembly and relevant voluntary organisations – should ensure that all their existing and new advice is provided in formats that are appropriate for people with learning disabilities and their family, friends and supporters.
- 8 Agencies which provide information for health professionals – such as the National Institute for Health and Clinical Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) – and relevant voluntary organisations should ensure that all professionals involved in the support of children, young people and adults with learning disabilities receive appropriate information about promoting good nutrition.
- 9 Nutrition should be identified nationally as a priority in the support and care of children, young people and adults with learning disabilities and the government department with responsibility for Valuing People should make sure that the promotion of eating well is included when determining new priorities.
- 10 All those who regulate services for people with learning disabilities should ensure that inspection reports include specific and detailed comments on food service and the management of nutritional issues in that setting, based on the information in this report.

Commissioning services

- 11 Local authorities should ensure that detailed nutritional and practical guidelines are included in their specifications when commissioning catering and other services for the support of children, young people or adults with learning disabilities in residential, day care or domiciliary settings. Local authorities who provide such services ‘in house’ should similarly adopt, implement and monitor nutritional and practical guidelines in these settings.

12 Nutrition should feature in the commissioning guidelines when primary care trusts seek services which will be directed to people with learning disabilities. Local authorities and primary care trusts should make nutrition a priority in any relevant services they commission.

Coordinated healthcare planning

13 GPs should be involved in promoting the nutritional health of children, young people and adults with learning disabilities throughout their lives.

14 GPs should proactively offer people with learning disabilities an annual health check. This should look at a range of indicators related to nutritional health such as body weight, weight change, bowel health, oral health, specific medical conditions, difficulties around eating and drinking, and medication reviews.

15 Everyone with a learning disability should be encouraged to be involved in developing their own health action plan, with support from a health facilitator, and to include in it information about their nutritional health.

Education and training

16 Managers of residential, day care and domiciliary services, and all those who contract and supply staff to support people with learning disabilities, should ensure that those they employ or contract, including agency staff, have had and continue to have suitable on-going training about eating well, and information and training on how to use the nutritional and practical guidelines in this report.

17 The nutrient-based standards and practical guidelines in this report should be used as part of training and guidance for all those who regulate residential, day care or domiciliary services for children, young people and adults with learning disabilities.

18 NVQs, SVQs and other appropriate social care qualifications are important training opportunities for support workers and other staff. Qualifications at all levels should contain an appropriate section on nutrition and eating well which allows students to understand the information in this report.

19 Those who validate and assess undergraduate professional courses for doctors, dentists, nurses and other health and social care workers should ensure that the courses provide students with adequate information about good nutrition for children, young people and adults with learning disabilities and about how to monitor nutritional status.

20 Training in the provision of dental care for people with learning disabilities and the importance of advising people with learning disabilities and their families, friends and support staff on food and drink choices which impact on oral health should be included in the undergraduate curriculum for dentists and in training for dental nurses and oral health promoters.

21 Learning and skills councils should accredit courses in nutrition and health and basic cookery for all people with learning disabilities, and make courses or training accessible for family, friends and other supporters where appropriate. Special courses should be made available for those people with learning disabilities who are parents or who wish to or are likely to become parents. Courses should also be made available for people with learning disabilities from ethnic minorities who are likely to be under-represented in post-school education.

22 All those who support people with learning disabilities should have training in recognising and managing swallowing difficulties (dysphagia).

23 All those who support people with learning disabilities should receive first aid training to ensure that they know how to deal with choking among ambulatory, chairbound or bedbound people as appropriate.

Legal representation and advocacy

24 Judges, magistrates and magistrates' clerks, legal representatives (barristers, solicitors and legal executives), guardians ad litem, Independent Mental Capacity Advocates, and other advocates should use the information in this report when dealing with issues around good nutrition for children, young people or adults with learning disabilities.

25 The Judicial Studies Board, the Court of Protection, the Office of the Public Guardian, the Official Solicitor and the Ministry of Justice should be aware that there are nutritional and practical guidelines which can help those who are responsible for supporting children,

young people and adults with learning disabilities and their families to eat well in all settings.

- 26 Social workers, court-appointed guardians and Children and Family Court Advisory and Support Service (CAFCASS) officers who work with families of children with learning disabilities or with learning-disabled parents should be aware that practical guidelines on eating well are available to help them support their clients to eat well. They should also ensure that learning-disabled parents have access to information and support to give them the best possible opportunity to learn how to care for the nutritional health of their children.
- 27 Any staff who undertake child or adult protection investigations should be aware of the recommendations, and the nutritional and practical guidelines in this report. It is essential that staff are well informed about the signs and consequences of poor nutrition.

Practical guidelines

A summary of practical guidelines to help children, young people and adults with learning disabilities to eat well is given below. For further explanation and more detail about these guidelines, see the relevant chapters of this report, which put the guidelines into context.

Eating well

- Children, young people and adults with learning disabilities should wherever possible be encouraged by family, friends and support staff to eat a varied diet. They should eat foods from each of the four main food groups every day to ensure they get all the nutrients they need. The four main food groups are:
 - bread, pasta, other cereals (such as rice), and potatoes and other starchy roots (such as yam)
 - fruit and vegetables
 - milk and dairy foods such as yoghurt and cheese
 - meat, fish and meat alternatives such as eggs, peas, beans and lentils, soya and nuts.
- Fruit and vegetables are particularly important for good health. Everyone should be encouraged to eat at least 5 portions of a variety of different fruits and vegetables every day.
- Most people in the UK eat too much fat, saturated fat and sugar. Foods which are high in fat and sugar (particularly snacks) can contribute to overweight and obesity if they are eaten frequently or in large amounts. Many people with learning disabilities, and in particular those who are overweight or obese, should be encouraged to replace fatty and sugary foods, drinks and snacks with more fruit and vegetables and other lower-fat and lower-sugar alternatives.
- Most people in the UK eat too much salt and this can contribute to high blood pressure, which is a risk factor for coronary heart disease and stroke. Most people are encouraged to reduce the amount of high-salt foods and snacks they eat and to reduce the amount of salt they use in cooking and at the table.
- Adults are encouraged to eat a portion of oily fish each week – for example, salmon, trout, mackerel, herring or sardines – since the long-chain fats in oil-rich fish have been shown to help with heart health. There is no equivalent food suitable for vegetarians, but a diet which is rich in wholegrain cereals, peas, beans and lentils, vegetables and fruit will contribute to a diet low

in fat and saturated fat and high in complex carbohydrates and fibre which is recommended to prevent heart disease.

For more information on eating well, see chapter 3.

Nutrition and pregnancy

- All pregnant women should ensure that they attend all the appointments made available to them with health professionals throughout their pregnancy, so that they can be supported appropriately. Pregnant women with learning disabilities should be enabled to obtain and attend such appointments and sufficient support should be provided at those appointments to ensure that they can access the information or recommendations made on how to eat well and on the foods they need to avoid while pregnant.
- Women with learning disabilities who are planning a pregnancy, and those who may become pregnant (that is, if they are sexually active and not using contraception) should take a daily supplement of 400 micrograms of folic acid before pregnancy and during the first 12 weeks of pregnancy. Women who have a history of neural tube defect or diabetes mellitus, or who take anti-convulsant drugs, should talk to a health professional about the amount of folic acid they need, as they have greater needs than other women.
- Women should take a supplement of vitamin D during pregnancy. For pregnant women, Healthy Start vitamins, which contain vitamin D (as well as folic acid and vitamin C), are available free to beneficiaries through the Healthy Start scheme. Women who are not entitled to free vitamins are advised to consult a health professional about the appropriate vitamin D supplement to take during pregnancy.
- For women with learning disabilities who are planning a pregnancy, or who are pregnant or breastfeeding, drugs should be prescribed cautiously and regular drug reviews carried out, in order to minimise the risk of harm to the fetus or child.
- Pregnant women with learning disabilities should be counselled about the importance of avoiding alcohol during pregnancy since this has been associated with increased risk of a baby being born with a learning disability.
- Women with learning disabilities who are overweight at the start of pregnancy should be given accessible advice, tailored to their needs and circumstances, on how to eat sensibly during pregnancy and after they have given birth.

For more information on nutrition and pregnancy, see Pregnancy on page 54.

Infant nutrition

- Supporting women with learning disabilities to breastfeed, and finding innovative ways to ensure that all infants receive breast milk – regardless of their mother's disability or any disability in the child – should be seen as a priority. Breast milk is hygienic, easily digested and nutritionally unique, and contains important antibodies to help babies fight infections. Breastfeeding can also protect women from some diseases of later life. Women with learning disabilities should be offered specific and tailored support to help them breastfeed their infants if they wish to do this.
- All parents and carers of infants with learning disabilities should be given advice and on-going support on infant feeding and weaning so that they can establish appropriate eating patterns in their children which will promote good nutritional health in later life.
- All parents who have learning disabilities themselves should be given clear, accessible advice and on-going support on how to feed and wean their infants appropriately.
- Breastfed babies over 6 months of age and all children between 1 and 4 years should receive daily vitamin drops (containing vitamins A, C and D). Vitamin drops containing vitamins A, C and D for children from the age of 6 months until their 4th birthday are available free to beneficiaries under the Healthy Start scheme (www.healthystart.nhs.uk).

For more information on infant nutrition, see Infants on page 52.

Nutritional needs of children and young people

- All parents and other carers of children with learning disabilities, and all parents with learning disabilities who have children themselves, should be given appropriate information on eating well for their children, to ensure that they can prevent underweight and overweight and establish appropriate eating habits for their children to prevent nutritionally-related ill health in later life.
- Children with learning disabilities who eat a poor variety of foods – for example, because they are very selective or because they have eating difficulties – may be at greater risk of nutritional insufficiency, and care should be taken that sources of important nutrients such as vitamin A,

vitamin C, iron, zinc and calcium are included in their diet regularly.

- The teenage years can be a critical time for weight gain or dietary change among young people with learning disabilities as they gain greater independence in food choice. Young people with learning disabilities should wherever possible be encouraged to be active and eat a varied diet.

See also *Drinks* on page 16.

For more information on children see page 52, and for more information on young people see *Teenagers* on page 54.

Bone health

- To minimise the possibility of low bone density, people with learning disabilities should be as mobile as possible, spend time outside in the summer sunshine safely, and have adequate vitamin D and calcium intakes.
- Anyone with a learning disability who has little regular exposure to summer sunshine, young children, pregnant and breastfeeding women, those who live in residential care and all older adults (aged 65 years or more) should be considered for vitamin D supplementation. Where this is the case, advice should be sought from a medical practitioner.
- People with learning disabilities who are at increased risk of falling and fracturing their bones should be assessed by a multi-disciplinary team to ensure that sufficient preventative strategies are put in place to prevent falls and that adequate calcium and vitamin D intakes are ensured.

For more information on bone health, see *Bone disorders* on page 47.

Undernutrition

- It is important that children, young people and adults with learning disabilities are offered a good variety of foods that they will accept and which ensure their nutritional needs are met. Where people with learning disabilities have small appetites or eating difficulties, it may be difficult for them to eat enough food to obtain all the nutrients they need. Support staff therefore need to be aware of the importance of adopting strategies to encourage sufficient food intake.
- It is essential that all those who support people with learning difficulties are alert to undernutrition and are

trained to spot the signs that food intake is inadequate as soon as possible and to take appropriate action by informing the person's medical practitioner.

For more information on undernutrition, see chapter 5.

Healthy body weight

- Support staff should be able to monitor weight change easily and to act on changes appropriately. All residential settings should have weighing scales, preferably sitting scales, for monthly weight checks. The scales should be checked appropriately. Support staff should be shown how to act on the weight data recorded, and there should be an appropriate chart in each person's care plan which highlights when action is needed because of significant weight change.
- Challenging the perception of what are normal body weights for children, young people and adults with learning disabilities is essential. It is important that health professionals are given clear information on the growth and development that should be expected among people with learning disabilities and the importance of intervention if an individual is below or above a healthy body weight for their height.
- Where weight gain is rapid and avoidable, or where someone is very heavy for their height and where a careful assessment has been made by a dietitian or medical practitioner that weight maintenance or weight loss would be beneficial, individuals with learning disabilities should be supported to reduce the amount of calories they eat and to be more active.

For more information on healthy body weight, see chapter 5.

Physical activity

- Everyone should be as active as possible as physical activity builds muscle strength and overall fitness, encourages better mobility and balance, increases appetite and burns up calories. Activity also helps prevent constipation, coronary heart disease and osteoporosis, and has been associated with better mental health.
- Where practical, children and young people with learning disabilities should be encouraged to do moderate-intensity activity – for example, playing with their friends in a playground, swimming or playing football – for at least an hour a day. Adults should aim to do, or build up to, at least 30 minutes' moderate-intensity activity a day on at least five days of the week.

- Where people with learning disabilities also have physical disabilities which make movement difficult, it is important that they are given as much help as possible to be as active as they can be, even if this involves only very limited chair-based movement.
- People with learning disabilities may find activity more enjoyable if they do this with others, and support staff should consider taking part in activities with service users wherever possible.

For more information, see Physical activity on page 66.

Nutrition support

- People who receive some or all of their nutrients through a naso-gastric or gastrostomy tube will often rely on support staff to help manage their artificial nutrition support, ideally with back-up from a dietitian or nutrition support nurse. Training should always be given so that support staff know how to manage tube feeding and solve any practical problems people may have.

For more information on nutrition support, see page 62.

Constipation

- All those who support people with learning disabilities should be alert to signs which may indicate constipation, such as a reluctance to go to the toilet, obvious discomfort, long periods spent in the toilet, a change in eating habits, unexplained diarrhoea, food refusal, or unexplained challenging behaviour.
- To avoid constipation it is important that adults are as mobile as possible, and have sufficient fluid and sufficient fibre in their diet. Children and young people who are constipated should seek advice from a dietitian or medical practitioner on the amount of fluid and fibre appropriate to their needs.

For more information on constipation, see page 72.

Dysphagia (swallowing difficulties)

- Dysphagia should always be considered when there are unexplained eating or breathing difficulties, changes in eating patterns, distress associated with eating, or recurrent chest infections.
- Those who are at high risk of dysphagia should be assessed for vulnerability and their care plans updated accordingly. The involvement of a speech and language therapist with specialist knowledge of swallowing

disorders is critical in creating a management strategy and in training the person himself or herself, as well as his or her family, friends or support staff.

- Medication reviews of a person with dysphagia should take into account swallowing difficulties, as the person may be unable to swallow tablets or other medication or supplements.

For more information on dysphagia, see page 28.

Oral health

- All children, young people and adults with learning disabilities should visit the dentist twice a year.
- Cutting down on the amount of sugar eaten, and on how frequently sugary foods and drinks are consumed throughout the day, will help to prevent dental decay.
- Good daily oral hygiene is essential, including brushing the teeth twice a day with fluoride toothpaste. Children under the age of 8 years and anyone who may have difficulty in brushing their teeth independently should be helped when brushing their teeth.
- Support staff should be offered training on the importance of oral health and how to help someone clean their teeth.
- All those who support people with learning disabilities should be alert to changes in behaviour such as loss of appetite, unwillingness to participate in activities, sleeplessness, irritability or self-harm, and should find out if mouth or tooth pain is a possible cause of the behaviour change.

For more information on oral health, see page 75.

The eating environment and timing of meals and snacks

- All children, young people or adults with learning disabilities should be respected as individuals and their food preferences and religious and cultural requirements around food should be accommodated.
- Food should be appetising and attractively served, to ensure that people enjoy their food. This is particularly important if the food has its form or texture changed for people with swallowing difficulties.
- The timing of meals and snacks throughout the day should be organised to fit around the needs of the individual being supported. Some people may need frequent small meals and snacks throughout the day.

- It is important to ensure that everyone has enough time to eat and drink and that, where necessary, food is kept warm safely during the meal for those who eat and drink slowly.
- It is important to ensure that people arrive at mealtimes ready for the eating occasion, for example, having had the opportunity to go to the toilet and wash their hands or collect their hearing aid, glasses or dentures. Where possible, children, young people and adults with learning disabilities should have the opportunity to serve themselves at mealtimes and independence in eating should be encouraged. The appropriate cutlery, crockery, tables and chairs should be available to ensure that everyone is as comfortable and independent as possible.
- To make mealtimes a time of pleasant social sharing, and as good practice, staff should sit with the people they support during meals and snacks, and where appropriate share the same foods and drinks.
- Mealtimes offer an opportunity for support staff to model eating skills and to encourage social interaction and conversation. To encourage this, distractions such as television are best avoided during mealtimes.

For more information on the eating environment and timing of meals and snacks, see pages 82 and 83.

Breakfast

- Breakfast is an important meal, firstly because many breakfast foods are a very good source of fibre and other important nutrients, and secondly because, if breakfast is missed, it is more likely that individuals will be tempted by other snack foods later in the day.
- For those who have a good appetite in the morning that recedes as the day continues, breakfast should be seen as an opportunity to eat a significant amount of energy (calories) and other nutrients, and a range of foods should be offered, rather than just traditional breakfast foods.

For more information on breakfasts, see page 83.

Snacks

- A variety of snacks should be offered and these should be included in menu plans. Snacks provide an opportunity to supplement nutritional intakes between meals and can be particularly important for those with small appetites or who are fussy or selective eaters, or who are growing rapidly. However, for those people with learning disabilities who are gaining weight or who have

been advised to lose weight, snacks that are high in fat and sugar (such as confectionery, savoury snacks, soft drinks, cakes, biscuits and ice cream) should be kept to a minimum as these frequently contribute significant extra calories to the diet.

For more information on snacks, see page 83.

Drinks

- It is important that everyone is encouraged to drink a sufficient, but not excessive amount, of fluid each day and it should not be assumed that people will necessarily drink enough fluid without encouragement. Most adults need at least 1.2 litres of fluid a day (about 6 glasses) but older people or people who are prone to constipation should be encouraged to have at least 1.5 litres a day (about 7 to 8 glasses). However, excessive fluid (more than 5 litres a day) can be very dangerous and advice should be sought from a medical practitioner if there is concern that someone is drinking excessively.
- Free, fresh, chilled tap water should always be offered with meals and regularly throughout the day and should be widely available in any places where people with learning disabilities may live, work or visit.
- The amount of soft drinks given to children with learning disabilities should be limited since these offer little nutritional benefit and may suppress appetite and prevent children eating more nutritious foods. If soft drinks (such as squashes) containing saccharin are given to the under-5s, they should be diluted much more than they would be for an adult – for example, a dilution of 1 part squash to 10 parts water.
- If sugary, fruit-based or fizzy drinks are given to children and young people with learning disabilities, they should be kept to mealtimes since frequent consumption of soft drinks is related to tooth decay and tooth erosion. Drinks other than milk or water are highly likely to contribute to tooth decay, so they should not be given at bedtime or during the night.

For more information on drinks, see page 84.

Vitamin, mineral and herbal supplements

See also: page 13 for information on supplements for pregnant women and on vitamin drops for children; and page 14 for information on vitamin D supplements.

- Advice should always be sought from a medical practitioner or pharmacist before any dietary

supplements are taken, as high doses of certain vitamins and minerals and some herbal supplements can cause adverse reactions and may interfere with the absorption of other nutrients or with the action of medicines.

For more detailed information on vitamin, mineral and herbal supplements, see page 89.

Food allergy and food intolerance

- If a child, young person or adult with a learning disability has a medically diagnosed food allergy, this needs to be taken extremely seriously. It is important that everyone understands the importance of avoiding contact with those foods that may trigger a serious reaction. Full information on the food allergy should be carefully recorded in care plans and be communicated to schools, day centres and any other places that the person may visit regularly.
- It is important that food allergies should be medically diagnosed. People with learning disabilities, their family, friends and support staff should be discouraged from attempting to restrict a person's diet due to a perceived allergy or intolerance, as this may make it difficult for the person to get all the nutrients they need. This is particularly true if foods such as milk and milk products or bread and other cereals are avoided.

For more information on food allergy and food intolerance, see page 91.

Food hygiene and safety

- It is important to remind children, young people and adults with learning disabilities, and their family, friends and support staff, about the importance of washing their hands with soap and water before eating meals or snacks and after going to the toilet.
- Support staff should always wash their hands with soap and water before preparing food or before helping people to eat, and after they have blown their nose.
- Support staff should seek information about food hygiene and safety, and requirements for training, from their local authority's environmental health department.
- Support staff need to ensure they know how to store food safely, handle leftover food, and cook and heat food appropriately.
- Children under 5 and anyone who has any form of eating difficulty should never be left unattended when eating or drinking, as they may choke.

For more information on food hygiene and safety, see page 92.

Philosophy of care – rights and responsibilities

- Managers and support staff should be aware of the code of practice of the Mental Capacity Act 2005 which presumes that anyone over the age of 16 has the right to make his or her own decisions and must be assumed to have the capacity to do so unless proved otherwise, and that people should be supported to make their own decisions and choices.

For more on the Mental Capacity Act, see page 98.

Helping people make good choices

- A variety of foods and drinks should be made available to everyone and support staff should be trained and supported to help people with learning disabilities make informed choices. Where there are communication difficulties around food and drink choices and eating, support staff should be encouraged to develop skills in interpreting people's wishes.
- Courses on nutrition and health and on basic cookery for people with learning disabilities, and for their friends and family, should be made available. Special courses for those people with learning disabilities who are parents should also be made available.

For more information on making choices see page 98.

Organisational culture

- In all settings it is essential that there is a commitment to good nutrition and an awareness of the wider role of food and drink in contributing to wellbeing and quality of life. Managers and staff at all levels need to demonstrate their commitment to good nutrition by ensuring everyone receives adequate training and support.
- Efforts should be made to find out about the food preferences and eating patterns of people with learning disabilities – including those who move into new or residential settings, regardless of how long they will stay there. This information should be recorded, shared with all support staff, and regularly updated.
- People with learning disabilities should be encouraged to include information about food and nutritional health in their health action plan which is compiled to explain their health needs, and in all care plans.

For more information on organisational culture, see page 100.

Staff training and support

- The importance of staff training cannot be over-emphasised. In order that children, young people and adults with learning disabilities are supported to eat and drink well, it is essential that everyone involved in supporting them has a clear idea about what eating well means in practice and that appropriate training is on-going for all staff, regardless of whether they are permanent, temporary, employed through an agency or involved in a voluntary capacity.
- It is important that anyone who supports those who need assistance with eating is trained to help in a sensitive and efficient way. Helping someone with eating difficulties to eat can be complex and stressful and it is essential that staff are given sufficient support from colleagues when this is challenging.

For more information on staff training and support, see page 100.

Involving and listening to family and friends

- A real partnership between families, friends and support staff is essential so that everyone works together to ensure that each individual eats and drinks in a way that they prefer and which is appropriate, safe and health-promoting. In residential and day care settings it is important that adequate notice of, and the reasons for, changes to meals and snacks are given to everyone so that people can comment on and discuss the changes before they are introduced.

For more information on involving and listening to family and friends, see page 100.

Monitoring nutritional status

- All support staff should be able to make simple nutritional assessments that might alert them to changes in the nutritional status of those they care for.

For more information on monitoring nutritional status, see page 105.

Maintaining independence in eating, and helping people to eat

- Those who are able to eat independently, even if this is by hand only, should be encouraged to do so to maximise independence and dignity. If independent

eating skills are not encouraged, there may be a rapid decline to dependence.

- Where people need help with eating, it is essential for staff to be trained in helping them to eat and to do this in a sensitive and efficient way.
- The use of finger foods – foods which are presented in a form that can be eaten easily by hand without the need for cutlery – should be used as a way of preserving eating skills and promoting independence for those who have difficulty using utensils or who do not recognise the purpose of cutlery.
- Some people with swallowing difficulties may need to have their food or fluid modified. Specialist advice should always be sought when texture modification is required, to ensure that the person's nutrient needs are met and the food is of the correct texture.

For more information, see pages 132-135.

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The Caroline Walker Trust

22 Kindersley Way
Abbots Langley
Herts WD5 0DQ

www.cwt.org.uk

E: info@cwt.org.uk

Registered charity number: 328580

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