

# Mini Steps to Positive Food Choices



‘Food as a Lifestyle Motivator’

(FLM Project, Dr Clare Pettinger, 2015)

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# Mini Steps to Positive Food Choices

‘Food becomes an expression of empowerment, with the potential to enhance health, wellbeing and social justice’<sup>1</sup>

## Aims:

- To support individuals and groups to gradually progress to a better diet
- To support people who are not yet ready to engage with all of the healthy eating messages
- To support the process of dietary change in individuals or groups with achievable ‘mini steps’ at their own pace

## The outcomes of this course for staff are:

- An increase in staff confidence to deliver basic food messages gradually to individuals or groups
- ♦ An understanding of some of the behavioural influences on food choices
- ♦ An understanding of the importance of supporting people to make small steps towards sustainable changes to improve their diet and health

## The outcomes for participants following this course are:

1. Food is seen as a normal part of the routine: breakfast, lunch and dinner (times can be flexible). Meals and snacks are not based around sweets, crisps and fizzy drinks
2. Fruit and vegetables are accepted as everyday choices and participants understand how to incorporate these into meals and snacks
3. An increase in fibre so that it is a regular part of meals and snacks, improving digestion and a reductions in constipation
4. An increase in positive behaviours and attitudes towards food

<sup>1</sup>‘Food as a Lifestyle Motivator’ (FLM Project, Dr Clare Pettinger, 2015)

# Introduction

Mini Steps to Positive Food Choices is suitable for use in a wide variety of organisations. This resource encourages people to take 'mini steps' towards a more balanced diet. It can be used with an individual or in groups at a pace to suit them by following a process that can be incorporated as part of a care pathway.

Staff may also find that using the Mini Steps programme may increase their confidence in delivering basic food messages to people in their care.

The resource is designed with the '6 Mini Steps to Positive Food Choices' as a flip book with each 'step' having a message for participants on one side, and facilitators on the other.

## Who is 'Mini Steps to Positive Food Choices' suitable for?

Mini Steps to Positive Food Choices is designed to be used with adults and anyone over 16 years of age, in particular those who may have a nutrition related problem such as:

- Nutritionally inadequate diet
- ◆ Poor appetite and weight loss
- ◆ Constipation
- ◆ Dental decay

## The Association of UK Dietitians the British Dietetic Association (BDA) recommends that:

*'Everyone should have access to a nutritious, high quality diet that meets their individual nutritional requirements and for those unable to meet their nutritional requirements through food alone to have timely access to nutrition support. Systems must be in place in the community health and social care settings to identify and support those at risk of a sub-optimal diet and hydration'*<sup>2</sup>

<sup>2</sup> The Management of Malnourished Adults in All Community and All Health and Care Settings Policy Statement 2017 accessed on 01/02/2021 <https://www.bda.uk.com/>

# Food as self care...and influences on food choices

'Food promotes engagement and engagement promotes interest in self-care'<sup>3</sup>

Everyone has to eat and using food activities can be a non-threatening vehicle to engage people to address a range of other issues. We all need food to survive as it is part of our self-care and well-being.



Due to individual circumstances some adults may find that fresh food tastes strange at first, as eating it is a new experience for them. This can be due to the sensory perception of new tastes and textures e.g. some people won't eat fish because of the strong smell or mushrooms because they are spongy. When people rely mainly on eating convenience/takeaway foods this can mean that they may miss out on essential nutrients which can be detrimental to their health.

For example, you may find that some clients may have emotional attachments to certain foods that have developed as a coping mechanism to deal with stress, while for others rejection of food textures/tastes may be due to negative or traumatic experiences in their past.

Food is part of gatherings and celebrations as it is a vital way of connecting, and also a core part of many spiritual and non-spiritual ceremonies throughout the world. Including a food activity in a group session can encourage new tastes in a safe environment and promote food becoming a 'normal' part of a client's routine.

Connecting in this way can help people open up about other issues that can aid their recovery. For example, a food activity can help people relax and chat more easily about things that concern them such as the cost of food, food access or personal issues.

<sup>3</sup> Participatory food events as collaborative public engagement opportunities, Pettinger et al 20 <https://journals.sagepub.com/doi/full/10.1177/205979911986328317> accessed on 03/03/2021

# Use of Behaviour Change Concepts

A realist self-evaluation of Cooking Groups across Scotland was undertaken by Community Food and Health Scotland in 2017 and it identified 10 behaviour concepts most commonly used by people who attended a cooking course and made changes to their relationship with food and health. The report focuses on what works for people, for who and why.<sup>4</sup>

Behaviour change concepts (BCC) can be used to help understand the different ways in which food activities may resonate with people and trigger a reaction from them, which may help them make positive changes to their lives. The evaluation above used 10 BCCs to help explain why people might (or might not) achieve outcomes. These can also be applied when using food activities as part of Mini Steps to Positive Food Choices.<sup>5</sup>

## Understanding the link between food and health

*'Now I understand why I should eat regular meals'*

*'Now I understand why I should brush my teeth'*

### Attitude

*I like it, I don't like it*

*'Tasting a new fruit: I like this!'*

*'This tastes mingin!'*

## Understanding the link between food and health

*'Having regular meals or more variety of foods improves my mood'*

*'I feel so bad I can't even think about food'*

### What's relevant to me?

*'I can do this!'*

## Copying good behaviour—'they can, I can'

*'My mates are doing this / My mates don't eat this either'*

*Participants maybe inspired by other peers who are involved in food activities, gardening projects or work in a cafe in the organisation*

<sup>4</sup> Chopping and changing: Evidence and ideas to improve the impact of your cooking skills courses [https://www.communityfoodandhealth.org.uk/wp-content/uploads/2018/03/Community-cooking-skills-report\\_English\\_Mar-2018.pdf](https://www.communityfoodandhealth.org.uk/wp-content/uploads/2018/03/Community-cooking-skills-report_English_Mar-2018.pdf) accessed on 01/02/2021

<sup>5</sup> These concepts were used to inform guidance for health interventions by the National Institute for Health and Care Excellence (NICE)

# Use of Behaviour Change Concepts

Seeking approval from others about the things we have changed:

*'My family/support worker made me feel proud about this'*

Participants have the opportunity to share food activity with peers, participants, support worker or family

Promoting personal responsibility to commit to change

*'I should do this to help people'*

*'I should do this to help me feel better and improve my recovery'*

Helping people to form plans and goals to change their behaviour with food

*'I might be able to do this, I have been given what I need to help me'*

Providing ingredients and equipment so participants can recreate at home

Supporting people to share their plans and goals with others

*'I have agreed with my support worker that I will eat 3 regular meals a day'*

A community support group agrees to serve healthier snacks at their support meetings to help clients eat better

Relapse prevention: Helping people develop skills to cope with difficult situations and conflicting goals

Practitioners support participants to cope with circumstances that might affect their eating

Practitioners plan a buddying system to support people after the course to continue to eat well

# How to use evaluation tools to measure progress:

It's important to keep a record of what you have done throughout the sessions as this information can be used to help you learn about what works or doesn't work. This also shows clients how much they have achieved.

This could include the following:

- completed confidence ladders
- observation sheets
- comments
- photographs

## Evaluating progress using behaviour change concepts

Before using Mini Steps to Positive Food Choices with a client consider how you are going to evaluate their progress. Some suggestions are:

Photographs of foods they are preparing/eating or sharing with family.

An observation and comments sheet can be used to capture participants 'change talk' and observed 'food behaviour changes'

For example using the Observations and Comments Sheet (page 11) for Step 1 Regular Eating, allows for small changes in behaviour to be tracked and positive feedback to be given. This method can be used during or between sessions and can be repeated for each step.

Suggested observations and comments might include the following:

### Comments made about the food activity and tasting food

*e.g. I'm surprised I liked it..  
I never thought about doing that...  
I think I could make that..*

*Any other observations on person's engagement*

*e.g. client interested in doing more food activities)*

### Positive comments about food activities at home

*e.g. had breakfast/lunch/evening meal.*

### Food activity offered

*Had cereal/toast/roll or made soup/sandwich engaged in tasting new foods  
Engaged in preparing/making food  
Asking for list of ingredients/ asking to take some home  
Mentions trying other foods, making food for others*

# Evaluating clients' confidence, hopes and worries

Before and after each session assess your clients confidence about the mini-step you are focussing on using the following scale



Assess the clients hopes and worries before and after each session using the following questions:

## Before

What do you hope to change in this session?

Do you have any worries about this session

## After

Did your hope change?

Did it increase or decrease?

Did your worry change?

Did it increase or decrease?

## Post Session Reflection for practitioner

What went well this session?	
What did not go so well in the session?	
Do I need to change anything for the next session?	

# Mini steps Taste & Flavour Evaluation

(Tick the smiley face that describes your response)

Did you enjoy the taste and texture of the food you shared today?



YES



NO

Did you notice the smell of the food you shared today?



YES



NO

Describe the taste and/or smell of the food you shared today?

Would you share this food with your friends or family?



YES



NO

Anything else you would like to tell us about your experience with food today?



# Fussy eating in adults <sup>6</sup>

This advice is not suitable for adults who may have an eating disorder, if you suspect someone has an eating disorder please signpost or refer to the appropriate service for advice and treatment.

## For health and social care professionals

Some adults have difficulty eating unfamiliar foods and this can lead to irregular eating or a lack of variety in their diet. Pressure to eat from professionals and carers can make this worse.

If clients find some foods difficult to eat they may be on automatic pilot when eating and find it difficult to give their attention to food and the process of eating. The following mini steps may help to encourage people you are working with to increase the amount and variety of foods they enjoy:

Make time to eat meals and snacks at regular times over a day	Eat foods they enjoy and pay attention to the smell, colour and texture of the food
Always sit down to eat	Eat without distraction (no phone or screens)
Look at the food and smell it before they eat it, and chew carefully	If the food is new, try a small amount
Try it again a few times to get used to it	They don't need to eat everything
They don't have to eat in front of others	They can take it slow and move along at their own speed

<sup>6</sup> Adapted from <https://www.ellynsatterinstitute.org/family-meals-focus/91-picky-eating-in-adults-how-to-help/> accessed on 04/06/2020)

# Examples of Mini Steps from practitioners

## **'Mini Steps is like a bag of tools...'**

'Using Mini Steps to Positive Food Choices, I encouraged him to replace some of the alcohol with other fluids such as water, diluting juice and milk.'

'I gradually supported his efforts to introduce basic foods to his diet to replace the calories from his reducing intake of cider. These started with digestive biscuits and dry toast.'

Initially, the food he was eating stayed down only briefly. However, his digestive system slowly became re-accustomed to eating.'

## **'Food is like a bridge to something better!'**

'Once people start to recover, they re-engage with family and old friends. The disengagement happens on both sides.'

'You're not focussing on the problems. Often, the clients' identity is the problem, what defines them.'

## **'Mini Steps gave us a starting point of establishing what he ate and when.'**

'I encouraged patient G to eat something first thing. For G and many others, the first thought of the day on waking is a drink – they are encouraged instead to eat breakfast and to eat meals at other times in a day, not alcohol.'

'This step (Step 1) provided both a foundation and a framework to build on.'

'Using Mini Steps, we discussed increasing his intake of fresh fruit and vegetables, he always rejected this as being too expensive.'

## **'Clients develop the confidence to make small but sustained changes to their diet over several months'**

'Within weeks, patient G had arranged a lift from a neighbour demonstrating motivation, being pro-active and planning ahead and had begun buying fruit and vegetables directly from the farmer.'

'A real incentive had been that one of the few positive memories from his childhood had been his grandmother's home-made soup. He'd seen a pack of basic dried ingredients and thought he'd try it out. From this we were able to go through the Mini Steps messages, gradually introducing more foods and developing quality and variety into his diet.'

These days, he's looking much healthier and has lost some excess weight. For A, like many others, healthy eating was something only other people do. It doesn't take much time or effort to incorporate Mini Steps to Better Nutrition into routine sessions with pa-tients. Food is a relevant topic for all of us.'

# Nutrition related problems

People who experience chaotic lifestyles; addictions, homelessness, poor living accommodation and food insecurity are more likely to have nutritional health issues.

This is due to a complex interaction between their circumstances, behaviour, reduced access to food and other support.

Some of the nutrition problems might include a lack of interest in food, irregular eating habits, poor appetite and many other nutritional and oral health problems.

## Appropriate use of Oral Supplements

If a person is not eating or is underweight, dietary changes should be attempted as supplement drinks given at the wrong time can cause problems for example:-

- If taken instead of meals and they can provide little benefit.
- Relying on supplement drinks can prevent changes to the diet, which is essential to future health and well being.
- Once started on a supplement drink it can become a habit or relied on as an easy answer and therefore difficult to stop.

**Being underweight alone with no other medical conditions or diseases does not mean that supplements are appropriate.**<sup>7</sup>

## When to refer on

Individuals following Mini Steps to Positive Food Choices may be referred to Keep Well in Forth Valley who can assist with monitoring the person's weight if this is an issue. They offer health checks, support for smoking cessation, becoming more active and healthier eating.

If an individual is engaged and achieving at least step 1 (Regular Meals) and their nutritional status has not improved giving concerns about their weight, they can be referred to a Dietitian. This is usually via the GP who may check the *Oral Nutritional Supplement Pathway and Guidelines* which will indicate if a referral is necessary.

If you are unsure if a referral is appropriate you can contact the Department of Nutrition & Dietetics, Community Dietitians for more advice and information on 01786 434046

<sup>7</sup> Acknowledgement to ONS Guidelines, London Procurement Programme, L Wilkie & C Forrest, R

# Tips for using Mini Steps to Positive Food Choices

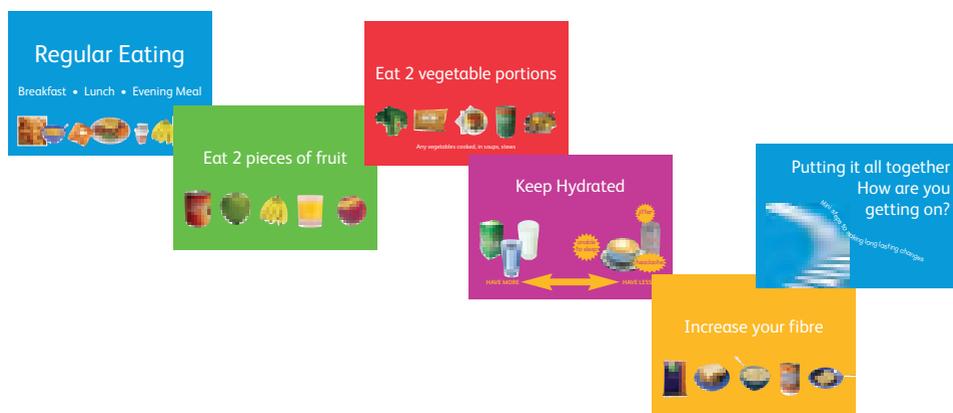
Tips for using Mini Steps to Positive Food Choices

- Take time to achieve a step (goal)
- Consolidate the step (goal) before moving on
- Each step should improve the diet
- Be aware that sometimes not all of the mini steps will be achieved
- Concentrate on the individual strengths and progress achieved

Remember to include food activities in the care plan so it becomes a normal part of their routine.

**The 6 Mini Steps to Positive Food Choices are:**

1. Regular Eating
2. Eat 2 portions of fruit
3. Eat 2 portions of vegetables
4. Keep Hydrated
5. Increase Fibre
6. Putting it all together



**Aim:** Regularly eating 3 meals a day for the first month and consolidate for 1 month.

**Outcome:** Food is seen as a normal part of the routine; breakfast, lunch and dinner (times can be flexible). Meals and snacks are not based around sweets, crisps & fizzy drinks.

**Reason:** We need to eat regular meals to fuel our bodies with energy and nutrients so we can feel at our best. What we eat today affects how we feel tomorrow.

The first step in achieving good nutrition is having food at regular intervals throughout the day.

As appetites may be poor, and the habit of regular eating may have been lost, it may take a while to achieve this step. The emphasis is on having some kind of breakfast, or smoothie drink, something at mid-day soup, filled roll, and similar at tea time.

**Discussion Points:** -These may not all be appropriate at one session.

What are the barriers to having breakfast or other meals?

How does food fit in with the routine of the day?

How do people plan their shopping?



Make food normal  
and part of daily  
routine

## Ideas/activities for individuals/groups

- Breakfast challenges - milkshakes e.g. banana booster, cereal tasting, porridge - instant sachets, toast - making together
- Making a sandwich session - try different fillings
- Try a breakfast diary, challenge to see if breakfast stimulates appetite for the day
- Make soup together and have a tasting session

## Ideas/activities for services

- Give people the opportunity to buy bread to make toast for breakfast
- Have bread/cereals/porridge available at meetings and encourage participants to share during each session
- Ask the groups for ideas - what is their favourite memory of food?

# Regular Eating

Breakfast • Lunch • Evening Meal



**Aim:** Start with 2 pieces and gradually build up to eating 2 portions of fruit each day, this can be fresh, frozen, cooked, dried, tinned or as a juice.

**Outcome:** Fruit is incorporated into meals that people are already having eg. banana on toast/roll, dried fruit in cereal or porridge.

**Reason:** Fruit provides valuable vitamins, minerals and fibre many of which are water soluble so need to be eaten regularly throughout the day.

These nutrients support the immune system and vitamin C in particular protects the body cells from damage.

**Discussion Points:** (These may not all be appropriate at one session)

Identify any fruit that people are currently consuming, what makes it easy/difficult to have fruit daily?

What are the benefits of eating fruit, and how can fruit be incorporated into mealtimes – ask for ideas

Discuss trying familiar or different fruits

Explore the cost of fruit (budgets) in season/frozen/tinned

## Ideas/activities for individuals/groups

- Ask people to hold and smell a selection of fruit.
- Have they tried these fruits before?
- Try a fruit tasting session
- Try fresh vs tinned vs dried for differences in texture and taste
- Try having fruit as part of any social events (e.g. grapes with cheese and crackers)
- Make fruit kebabs, fruit salad or fruit crumble
- What does a portion of fruit look like? - as a general guide a handful of fruit. Give people the opportunity to buy fruit for snacks

## Ideas/activities for services

- Have chopped/whole fruit available on the table at meetings.
- A bowl of fruit in the waiting area for people to help themselves.
- Check if there is a local community garden or fruit & veg barra as fresh fruit tastes best in season and it is cheaper but also to establish local links in community.

Eat 2 portions of fruit



**Aim:** Start by eating 2 pieces of vegetables and gradually build up to 2 portions of fresh, frozen, cooked, tinned, juiced, in soup and also combined with other foods.

**Outcome:** Vegetables are regularly included as part of meals and snacks.

**Reason:** Vegetables are important sources of many vitamins, minerals and fibre. Eating vegetables regularly, helps to reduce blood cholesterol levels and may lower the risk of heart disease.

**Discussion Points:** (These may not all be appropriate at one session)

Finding positive ways that people are already eating vegetables eg Indian food

What are the barriers to eating more vegetables?

Challenge new tastes & textures by trying raw and cooked vegetables

How can vegetables be incorporated into meals? e.g. soups, bolognaise, curry, pizza, spicy salsa.

Explore what a portion looks like eg a handful or 2-3 tablespoons of vegetables.

## Ideas/activities for individuals/groups

- Ask people to hold and smell a selection of vegetables
- Challenge new tastes & textures, try mashing/grating vegetables
- Try eating raw vs tinned vs frozen vegetables
- How many different colours of vegetables have they tried?
- Check out some recipes and identify the vegetables?
- Use the 'Let's Make a Bite to Eat' resource for ideas

## Ideas/activities for services

- Have chopped/slices of vegetables available for people to try  
Have vegetables available in waiting areas for people to take home and try
- Have a soup making and tasting session
- Try different ways of eating vegetables e.g. salsa, curries, coleslaw, sauces
- Making pizzas and adding various vegetable toppings

# Eat 2 vegetable portions



Any vegetables cooked, in soups, stews

**Aim:** Gradually increase appropriate drinks and aim to have the equivalent of 6-8 glasses of **fluid** a day.

**Outcome:** A reduction in caffeinated and sugary beverages and an increase in water and plain milk drinks.

**Reason:** Staying hydrated helps to keep you more alert and having enough fluid can help prevent headaches, improve body function, help bowels move more easily and prevent constipation. Drinking enough fluids flushes waste out from the body and improves it's functioning. However too much caffeine causes:

- headaches
- tiredness
- affects sleep
- increased anxiety – as each persons' tolerance to caffeine varies.

**Discussion Points:** (These may not all be appropriate at one session)

Identify caffeine containing drinks and how they affect the body?

Check the colour of your urine: if it is dark you are may not having enough fluids, ideally urine should be a pale yellow colour.

Suitable drinks - water, juice, milk, weak tea and coffee

Share tips on how to drink enough appropriate fluids e.g. using a water bottle

## Ideas/activities for individuals/groups

- Explore the amount of caffeine in various drinks - use the Caffeine-o-meter (see resources section)
- Set a challenge to replace energy drinks, teas & coffee with water, start with 1 a day a nd gradually move to 2 then 3 and so on.
- Measure 2 litres of fluid to see what it looks like compared to what you normally drink. Compare decaffeinated coffee/tea/soft drink with caffeinated drinks.

## Ideas/activities for services

- Have water available (visible) in waiting areas
- Reusable bottles for people to fill up with water

# Keep Hydrated



unable  
to sleep



jitter



headache

HAVE MORE



HAVE LESS

**Aim:** Eating more fibre containing foods in meals and snacks gradually over a few days and drinking plenty of fluids – aim to have the equivalent of 6-8 glasses of **fluid** a day.

**Outcome:** An increase in fibre so that it is a regular part of meals and snacks, improving digestion and a reduction in constipation.

**Reason:** Choosing foods rich in fibre can help digestion, prevent constipation, as fibre adds bulk to waste/stools and makes going to the toilet easier. It also keeps us fuller for longer.

**Foods to incorporate into the diet:** Higher fibre breakfast cereals e.g. porridge oats, whole grain cereal e.g. Weetabix, Shredded Wheat, Multigrain Hoops, Bran Flakes. Bulk dishes out with vegetables high in fibre eg. peas, sweet corn, beans, chickpeas and lentils. Use wholemeal or granary breads/wraps/chapattis, wholemeal pasta and brown rice.

**Discussion Points:** (These may not all be appropriate at one session)

Identify high fibre foods currently eaten? e.g. vegetable curries, cereals, baked potato

How can higher fibre foods above be incorporated into the three meals a day?

Identify the benefits of eating more fibre? e.g. feeling fuller for longer,

How do you know if a food is high in fibre?

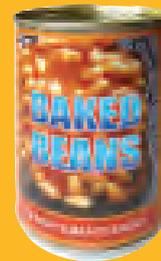
## Ideas/activities for individuals/groups

- Try 50:50 bread and gradually introduce wholemeal
- Try a bread tasting session
- Have a cereal tasting session with some high fibre and mix with low fibre to start off
- Make beans on toast or soup serve with wholemeal and/granary bread
- Oatcakes and bananas/cheese as a snack

## Ideas/activities for services

- Have a cooking session using foods like beans, lentils, peas and sweet corn e.g. make a curry or a stew
- Compare empty bread packets and check the fibre content on the label of wholemeal breads against other breads
- Provide sandwich making materials during a meeting and make and eat a sandwich together
- See 'Let's make a bite to eat' resource for more ideas

# Increase your fibre



**Aim:** Highlight to the clients their achievements in the outcomes for each of the mini steps.

**Outcome:** Increase in positive behaviours and attitudes towards food.

Use the chart on the following page to record the client's progress, highlighting any positive changes.

If individuals are not managing to achieve any of the steps, concentrate on that step for a longer-time and then use the discussion points below:

### Discussion Points:

What are the barriers to achieving mini steps:

- What kind of meals do people make at home?
- Who else is in the family, where do they fit in around food?
- Confidence in cooking ability
- Shopping & budgeting - how often and do they know what to buy?

### Ideas/activities for individuals/groups

- 'Shop cook and eat' resource is a basic recipe book with shopping lists—for use with individuals (not suitable for anyone who can cook) the shopping list can be used independently.
- Share experiences of meals they've made at home.
- Discuss budgeting and using leftovers with 'Love Food Hate Waste' resources.
- Identify local community cafes offering wholesome meals
- Signpost people to a local cooking group to increase confidence in cooking.
- Check out the resources page for links to recipes and ideas eg. Picture Recipes, How to...recipes, cooking videos

### Ideas/activities for services

- Link with local cooking and growing groups for activities and further support to increase skills and confidence in cooking and growing.



# Putting it all together

## How are you getting on?



# PUTTING IT ALL TOGETHER...

Name:	<b>MINI STEP</b>	Not managing at all	Managing some of the time	Managing most of the time	Managing all of the time
Dates:	1 Regular Meals				
Dates:	2 Fruit				
Dates:	3 Vegetables				
Dates:	4 Fluid				
Dates:	5 Fibre				

# Further training

Further training is available for staff to support the delivery of key food and other health messages:

## REHIS accredited courses

- Elementary Food Hygiene - this is essential if staff are preparing food with people or for other people
- Introduction to Food & Health (Nutrition)
- Elementary Food & Health (Nutrition)
- Elementary Cooking Skills

For more information on Food & Health training please contact the Public Health Nutrition Team: [Fv.fvcommunitynutrition@nhs.scot](mailto:Fv.fvcommunitynutrition@nhs.scot)

## MAP of Health Behaviour Change Training

Further training to support individuals with changing behaviour is available for staff and volunteers across Forth Valley. The MAP of Health Behaviour Change Training was developed by NHS Education Scotland (NES).

Access this training via the TURAS website at: <https://learn.nes.nhs.scot/> Create a TURAS profile, then search the 'MAP of Health Behaviour Change' module via the 'Learn' application.



**Online Module:** MAP of Health Behaviour Change

**Duration:** 45 minutes

**Online/Face to Face Training:** MAP of Health Behaviour Change

**Duration:** As required to meet the needs of staff and volunteers.

For more information and booking onto the Map of Behaviour Change course, please contact the Health Promotion Department:

[fv.hptraining@nhs.scot](mailto:fv.hptraining@nhs.scot)

# Further training

## Smile4life – Oral Health Intervention

Diet and oral health are closely linked, and both impact on all aspects of individuals' health and wellbeing. The Smile4life programme supports staff to provide evidence-based tailored oral health messages to meet the specific needs of individuals.

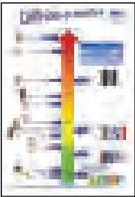


The Health Promotion Service provide free training and support for staff and volunteers to suit the needs of their service. They can also support with access to resources including free toothbrushes & toothpaste packs to support oral health conversations.

**For more information and booking onto the Smile4Life course, please contact the Health Promotion Department: [fv.hptraining@nhs.scot](mailto:fv.hptraining@nhs.scot)**

# RESOURCES

Staff may wish to investigate the following resources for information and to help with planning activities. The following resources are not intended to be given out during Mini Steps on their own, however some of them may be used with individuals as they progress through the programme. There are also information postcards available to use alongside the Mini Steps programme and these can be handed out as reminders of each of the 6 steps.



**Caffeine-o-meter** – This toolkit contains a poster illustrating the amount of caffeine in popular cold and hot drinks with caffeine facts on the back. There are picture cards that can be arranged in order, this can be used as an activity with individuals or small groups.



**How To... Recipes** – Using a few basic ingredients and in easy pictorial steps, these help to increase cooking skills using different ingredients. There are a range of recipe sheets to choose from: soups, mains, fish, puddings and more...

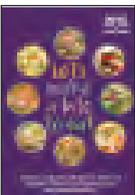


**Picture Recipes** – Using a few basic ingredients and in easy pictorial steps, these help to increase cooking skills.



## **How to...Cooking Skills Recipes**

**and Low Cost Easy Meals Videos** – A step by step guide to making food with guides on basic kitchen skills to help increase confidence in cooking.



**Let's Make a Bite to Eat** – This fun food flipbook gives ideas and inspiration on how to put together different ingredients, from various food groups, to make healthy meals and snacks in minutes.

# RESOURCES



**What's for dinner?** – This is a practical resource with pictures of foods which can be used to help people who struggle to plan meals. It looks at what's in the fridge/freezer and kitchen cupboard including leftovers and can be used with individuals and groups.



**Reduce food waste and save money on shopping** – This leaflet has tips and ideas on how to reduce food waste and save money on shopping bills.



**Shop, Cook and Eat** – This resource can be used when supporting young people who are moving into their own or supported accommodation as a first step to developing skills in shopping, budgeting, encouraging regular eating patterns and basic cooking skills.



**Smile4life Postcards** – A set of 8 postcards providing key messages on tooth brushing, diet, visiting the dentist, smoking, alcohol, drugs, methadone and mouth cancer.

Postcards and other oral health resources can be ordered via NHS Forth Valley Health Improvement Resource Service (HIRS), see details below.

For more information or to download **Nutrition resources** visit:  
**Community Nutrition at [www.nhsforthvalley.com/nutrition](http://www.nhsforthvalley.com/nutrition)**  
Then choose 'Resources' or 'Cooking recipes'

## **NHS Forth Valley Health Improvement Resource Service (HIRS)**

HIRS provides people who work in the Forth Valley area with access to an extensive range of health improvement resources and information in a range of formats.

The web based system called (HPAC) provides easy access to register, view, order, download and book resources such as leaflets and posters online:

**<https://nhsforthvalley.com/health-services/health-promotion/resources-and-design/>**

To register with Health Promotion Access Catalogue (HPAC) visit:  
**HPAC – NHS Forth Valley [www.hpac.nhsforthvalley.com](http://www.hpac.nhsforthvalley.com)**

# USEFUL WEBSITES

**Best Start Grant /Foods** – Scottish benefit payments ‘Best Start Grants’ have been introduced and they replace the UK Government’s Healthy Start Scheme.

[www.mygov.scot/best-start-grant-best-start-foods/](http://www.mygov.scot/best-start-grant-best-start-foods/)

**British Dietetic Association** – The BDA Food Fact sheets cover a range of nutrition topics from healthy eating to eating well on a budget... These can be useful handouts.

[www.bda.uk.com/food-health/food-facts.html](http://www.bda.uk.com/food-health/food-facts.html)

**Childsmile** – Provides oral health information for parents, carers and professionals.

[www.child-smile.org.uk/](http://www.child-smile.org.uk/)

**Community Nutrition** – NHS Forth Valley website has several web pages: Food & Health Inequalities, Nutrition Resources, Early Years Nutrition and Food in Schools that may be of interest.

[www.nhsforthvalley.com/nutrition](http://www.nhsforthvalley.com/nutrition)

**Eat Better Feel Better** – How to make healthier, cheaper meals for you and your family and improve cooking skills. Includes recipes, videos, money off vouchers and handy hints for saving money, there is also a section on fussy eaters and planning meals.

[www.parentclub.scot/articles/eat-better-feel-better](http://www.parentclub.scot/articles/eat-better-feel-better)

**Food a Fact of Life** – Provides a wealth of free resources and quizzes about healthy eating, cooking, food and farming. They communicate evidence based, consistent and accurate messages around food for all those involved in education.

[www.foodafactoflife.org.uk](http://www.foodafactoflife.org.uk)

**Food Standards Scotland** – For further information on food safety and food hygiene. There is also an Education Resources page that is packed full of food activity ideas and lesson plans to help deliver food safety and key healthy eating messages.

[www.food.gov.uk/food-safety](http://www.food.gov.uk/food-safety)

**Food Waste and Budgeting Resources**

<https://energysavingtrust.org.uk/love-food-hate-waste/>

<https://scotland.lovefoodhatewaste.com/>

**Citizens Advice Bureau**

<https://www.cas.org.uk/>

**Social Security Scotland**

<https://www.socialsecurity.gov.scot/benefits>



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