GOOD FOOD GOOD MOVES

My Story: Explaining the Specialist Dietetic Expertise that Informed the Good Food Good Moves Pilot Programme

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What specialist knowledge and experience did I bring?

I brought specialist disability dietetic expertise developed through many years of supporting adults with learning disabilities across community services and specialist weight management programmes. This experience has highlighted that achieving healthier eating behaviours is rarely determined by nutritional knowledge alone. Executive functioning, communication, cognitive ability, physical health, emotional wellbeing, the support provided by carers and the wider living environment all influence whether dietary advice can realistically be understood, implemented and sustained.

How did this influence the programme's design, delivery or resources?

It influenced several aspects of the programme's development. From an educational perspective, I sought to make the training understandable, engaging and practical, drawing on both my clinical experience and my background in education. Rather than simply presenting information, I considered how carers would learn, engage with and apply the content in their everyday roles. ***National e-Learning for Health*** resources were adapted and simplified, with practical examples and activities used to bring key concepts to life.

As both the training and e-learning were designed specifically for carers, their needs remained central throughout the resource development process.

Recognising that carers have highly variable levels of training, education and experience of nutrition, the resources were designed to be accessible, relevant and immediately applicable in practice. Resource development was undertaken collaboratively with the Occupational Therapist, combining our respective areas of expertise. Throughout the process, I also brought a specialist clinical perspective, encouraging consideration of the wider factors that influence eating behaviours in adults with learning disabilities and helping to ensure that the focus extended beyond nutritional knowledge alone to the practical realities of achieving sustainable behaviour change.

What observations did I make during the pilot?

Observation 1: Engaging the wider care workforce proved challenging

Attendance at the eight carer training sessions was lower than anticipated, with only a small number of carers attending each session. Given the central role carers play in supporting healthier eating behaviours in adults with learning disabilities, this was one of the most significant observations from the pilot.

Observation 2: Opportunities to ask questions were rarely used

Each training session included a dedicated ***"Ask the Dietitian"*** session, yet this opportunity was only used once throughout the programme.

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Observation 3: Specialist follow-up support was largely unused

Time was allocated within the pilot for care homes to access specialist dietetic support following the training. Despite this provision, no follow-up support was requested.

Emerging reflection

Taken together, these observations suggested that providing opportunities for learning does not necessarily lead to engagement with learning. They prompted me to reflect more deeply on the factors that influence whether specialist expertise is accessed and used within everyday practice.

What did I notice that may not have been immediately apparent?

Reflecting on these observations, I became increasingly aware that the greatest challenges were not necessarily related to the quality of the educational content or carers' willingness to support healthier eating behaviours. Feedback from those who attended the training was consistently positive, suggesting that the principal barriers lay less in the educational content itself and more in the organisational and practical factors that influence whether carers are able to access, engage with and apply specialist learning.

The limited attendance at training sessions, the small number of questions raised during the ***"Ask the Dietitian"*** sessions and the minimal uptake of specialist follow-up support should not necessarily be interpreted as a lack of interest or need. Rather, they may reflect the realities of delivering care within busy services, including staffing pressures, competing organisational priorities, the practical challenges of releasing carers from frontline responsibilities and the importance of psychological safety within learning environments.

Perhaps the most significant insight for me was that making specialist expertise available is not the same as embedding it within practice.

Developing high-quality educational resources is important, but their impact depends upon organisations creating the conditions that enable staff to engage with specialist support and translate learning into everyday care. Future programmes may therefore benefit from giving equal consideration to implementation as to educational content, recognising that lasting change depends not only on what people learn, but on whether organisations are able to support that learning becoming part of everyday practice.

What clinical questions did the pilot raise for me?

The pilot raised a number of important questions that will influence my future practice. Rather than focusing solely on the delivery of education, it prompted me to consider how specialist learning disability dietetic expertise can support lasting organisational change.

In particular, it led me to question the role of managers in enabling implementation, whether proactive specialist follow-up is more effective than relying on carers or services to request support, and how organisations can embed nutritional knowledge and good practice within everyday care despite a continually changing workforce.

More broadly, the pilot encouraged me to consider whether supporting organisations to develop sustainable systems may ultimately have a greater impact than supporting individual carers alone. Future programmes may therefore benefit from working not only with carers, but also with managers and organisations to create environments in which good nutritional care can flourish long after a programme has ended.

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Looking back, what have I learnt about supporting adults with learning disabilities to achieve healthier eating behaviours?

Looking back on the pilot, one of my greatest learning experiences came from working alongside an Occupational Therapist and a Health and Wellbeing Mentor specialising in Cooking Education. Bringing together different professional perspectives strengthened the programme and demonstrated the value of multidisciplinary work. Together, we were able to develop resources and learning opportunities that were richer than any one profession could have produced independently.

The experience also prompted me to reflect more deeply on the role of specialist learning disability dietetics within a multidisciplinary team. Whilst there were areas of overlap between professional roles, I came to recognise that my contribution often lay not in creating nutritional resources, but in designing effective learning. This extended beyond ensuring information was nutritionally accurate to understanding how a specific audience learns, the barriers that may prevent knowledge from being applied, and how information can be organised, sequenced and presented so that it can be translated into everyday practice. My role was therefore to ensure that nutritional information became practical learning – not simply something carers could read, but something they could understand, apply and use with confidence in everyday practice.

Perhaps my greatest learning was recognising more clearly where specialist learning disability dietitians add value within multidisciplinary teams. Whilst nutritional knowledge remains fundamental, our role also includes designing learning that enables evidence to be understood, applied and sustained in everyday practice. Working alongside colleagues from other professions reinforced that each discipline contributes a different perspective, and that the greatest benefit for the people we support comes from combining those complementary strengths rather than working in isolation.