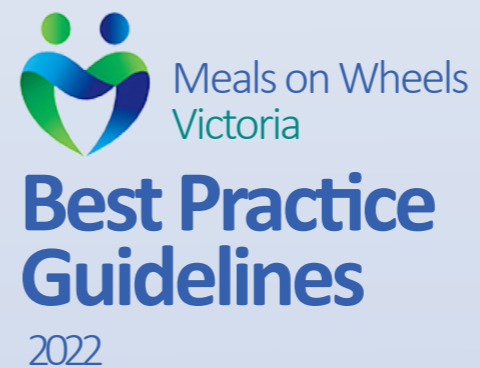




Meals on Wheels  
Victoria

# Best Practice Guidelines

2022



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## Acknowledgements

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A consultation process occurred in May 2021 inviting contributions from the Meals on Wheels Victoria Committee and all service provider representatives in Victoria. Thanks to all those who took the time to read the draft and feedback their ideas and suggestions.

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# Introduction

Meals on Wheels has played a crucial role nationally in supporting the health and wellbeing of Australians for over 65 years.

Governments world-wide are focusing on preventative health care. Weight loss, malnourishment and the impact of social isolation and loneliness not only lead to a preventable loss of quality of life for the individual, they result in a range of health complications leading to more visits to doctors, hospitals and rehabilitation units and sometimes premature admission into residential care facilities.

A well operated Meals on Wheels service is more than the sum of its parts. What is a Meals On Wheels service? Who gets to decide what it looks like? Who are the custodians? You could ask the same questions of surf life saving clubs or volunteer fire fighting units. The simple answer is 'the community'.

Our services represent a significant and essential piece of national social infrastructure and social capital, providing front-line, early intervention and prevention in the home. Long acknowledged are the additional health benefits to volunteers, vital social connections and community capacity building and cohesion, inherent in the service model. The peace of mind for recipients and their loved ones is often profound.

Meals on Wheels Victoria recognises that significant reform of the current aged care system is underway and a new Support at Home Program and Assessment Framework will be introduced as of July 2023. The Guidelines recognise the value of older people to their community, including the opportunities to participate as volunteers. Strong emphasis is placed on services that are person-centred, support independence and social connectedness. Each person's individual goals, choices and control are fundamental principles of Meals on Wheels services.

Meals on Wheels Victoria believes the service model is as relevant as it ever was. The new Guidelines challenge us to think about who we are, what we do, how we optimise our value in creating healthy, active and connected communities, and how we ensure this iconic asset and service is sustained for the benefit of future generations.

Meals on Wheels Victoria respectfully acknowledges Aboriginal Traditional Owners of Country throughout Victoria and pays respect to their cultures and Elders past, present and emerging.

Local Aboriginal communities have always understood the importance of Elders to guide future generations through their wisdom, love of country and care of community. These messages of strength and resilience, caring, sharing and the importance of connection to place and community, provide important lessons for us all about how to best support the whole community as it ages.

# Purpose of these Guidelines

The Meals on Wheels Victoria Best Practice Guidelines are intended for;

1. **Services;** to ensure they are operating to best practice standards  
*Stand-alone services or the organisation they are part of*
2. **Organisations;** to guide benchmarking and writing tender specifications  
*Local Government, Health Networks, other not-for-profit entities, meal producers*
3. **Communities;** to know what they should be expecting from their local services.  
*Customers and advocates, volunteers, related service providers*

The first version of these Guidelines was published in 2015. These 2022 Guidelines are far more comprehensive and include the addition of four Principles (*see page 14*) which encapsulate the key objectives of Meals on Wheels.

These Guidelines build upon a wealth of knowledge, experience and research. Complete consensus and agreement on all the recommendations amongst members is not expected. There is no assumption that all recommendations are going to be adopted, however, we do anticipate that the adoption of the four Principles will be the foundation of all MOW services. We hope that organisations view this resource as a best practice blueprint for a highly valuable and respected service model. Part of the impetus for these Guidelines was to ensure the sustainability of Meals on Wheels for future generations. Meals on Wheels Victoria does not see the service as operating in isolation. Instead, we see it as an important gateway to other services and that cooperation and interaction between these organisations is essential.

This document is intended for both small and large services. Users are encouraged to 'make it their own'. If you're a staff member from a small service you might look at *Guideline 5: Service information for customers*, and think "we can't do all that". We understand. We have set the bar high and provided recommendations that can be adapted, simplified, or in some cases, worked towards over time. Conversely, not all recommendations are going to be difficult for smaller services, as they sometimes have distinct advantages in relation to responding to individual customer's needs.

While Meals on Wheels services share much in common, they are all unique and respond to the needs of their communities in different ways. The 'additional information' sections at the end of each guideline varies in terms of their intention. Some provide background information on why certain guidelines are important, some offer insights based on hands-on experience, others give examples to better explain an issue. Together they help capture the 'spirit' of the service and hopefully stimulate ideas and impetus for innovation and improvements.





# Guideline structure

## PURPOSE

## FOUR PRINCIPLES

**Principle 1:** Meals delivered regularly to the home

**Principle 2:** Monitoring of health and wellbeing

**Principle 3:** Social connection to address social isolation and loneliness

**Principle 4:** Community capacity building by providing opportunities for volunteering

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Service coordination and delivery

*Guidelines 1 to 14*

+

**Part 2**  
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*Guidelines 15 to 16*

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**Part 3**  
Training, feedback, service evaluation and tendering

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**Additional information**

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# Meals on Wheels Principles

## The Meals on Wheels Model

Meals on Wheels has four essential principles;

**Principle 1:** Meals delivered regularly to the home

**Principle 2:** Monitoring of health and wellbeing

**Principle 3:** Social connection to combat social isolation and loneliness

**Principle 4:** Community capacity building by providing opportunities for volunteering

Principles 1, 2 and 3 are required for a service to be classified as a Meals on Wheels service. Principle 4 is highly recommended and aligns with the outcomes of the Royal Commission into Aged Care Quality and Safety recommendations. Volunteering plays an important role in providing support, social connection and opportunities for older people to participate in their community in a meaningful way.

Note: In Victoria, unlike other states, many local government services use the term, 'Delivered Meals' to encapsulate the Meals on Wheels model. Despite this name variation, most customers and volunteers (and many staff) still use the original name. Suffice to say that these Guidelines apply to those services using the term "Delivered Meals" but aim to adhere to the principles of the model. See 'What's in a name? Meals on Wheels or Delivered Meals?' on the following page. See also *Access, Referral and Assessment* on page 25-27.

## What's in a name? Meals on Wheels or Delivered Meals?

In the late 1990s, there was a push to change the name Meals on Wheels within the local government sector in Victoria to 'Delivered Meals'. The fact remains that the term Meals on Wheels has one of the highest brand recognitions in the world. Additionally, public perception is usually always positive.

The most negative connotations relate to the quality of the food. Meals on Wheels Victoria strongly believes that the health and social benefits (for both customers and volunteers) should not be undermined by poor quality food. We acknowledge that in some areas of Victoria the choice of provider is limited, but it is up to service organisations to source the highest possible quality meals available be they from hospitals, cafés, or catering companies. In Melbourne (and within reasonable transportation distances) and certain rural areas, there is no reason why services cannot engage organisations that are able to provide quality food options for their Meals on Wheels services. See *Guideline 19: Service evaluation and continuous improvement* on page 84.

## Name confusion. People not being able to find their local service

Meals on Wheels Victoria is regularly contacted by the public seeking information about their local Meals on Wheels service provider. This occurs because:

1. They type in the name and instantly get directed to Meals on Wheels Victoria website and do not use the service finder.
2. They search in their local area and cannot find the term "Meals on Wheels" on their local government website.

**We recommend your organisation uses the term "Meals on Wheels". If you do use the term 'Delivered Meals' we recommend you also make reference to the term "Meals on Wheels" (in brackets or somewhere within the website service description).**

If your local government does not provide Meals on Wheels, it is important to remember that most people think you do! We recommend you still mention the service on your website and provide links to who does provide the service within your area.

We also strongly recommend you provide a phone number for people to enquire about your service. Most potential customers or their advocates want to find out more about their local service and speak to someone involved, before making enquiries regarding referrals and assessment. Feedback to Meals on Wheels Victoria indicates that not providing the opportunity for someone to speak to a local person about their local service acts as a disincentive.



# Principle 1

## Meals delivered regularly to the home

The term 'regularly' is generally agreed to mean at least three times a week, with allowances for up to seven meals to be provided. Less frequent deliveries should only occur for the following reasons

- if requested by the customer;
- due to extreme weather or a public health crisis;
- due to geographical distances when customers live more than 15km from a dispatch facility.

Delivering seven frozen meals once a week undermines Principles 2 and 3, as the monitoring and social connection aspects are integral to the preventative care objectives of Meals on Wheels. The exceptions cited above should only be considered in relation to individual circumstances or public health responses, not as service-wide policy.

Deterioration in health due to an existing condition or a virus can be rapid, especially when older. Detection and intervention within days, or hours, can make a huge difference for long-term health outcomes. Falls due to lack of nutrition or illness-related confusion, are just one example of when swift responses by service personnel have enabled continued independence.

Many older people struggle to manage a week's worth of meals. Some also fail to reheat them properly due to memory loss or physical impairments. The initial assessment should address these issues and service providers should encourage, listen and act on related feedback from delivery personnel. If there is any indication that a customer is having difficulty handling meals, a hot meal should be delivered or reheated in the home.

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For recommendations related to this Principle see-  
*Guideline 7: Meals delivered regularly to the home on page 44*

## Additional information

### Meals on Wheels – More than just a meal

It is of paramount importance that assessment personnel understand that well-operated Meals on Wheels services truly offer 'three services in one'. Meals on Wheels Australia states:

We Nourish – A meal delivered to your door.

We Care – A safety and wellbeing check.

We Strengthen Communities – A service that brings people together.

It is vital that assessment staff understand the profound impact of these added benefits. Regular visits make customers feel safer, are reassuring for them and their families and help combat the crippling health effects of social isolation. In the case of a customer refusing all other services, Meals on Wheels is often a lifeline, especially during a period of grief or a health crisis, a natural disaster such as a flood, fire or pandemic. See *Principle 2: Monitoring health and wellbeing* (page 18) and *Principle 3: Addressing social isolation and loneliness* (page 20).

### Meals on Wheels differs from private meal provision

Our service is sometimes equated to private meals provision, as in, 'You have the option of provider A (Private) or provider B (Meals on Wheels)'. This misconstrues the purpose and outcomes of each option. Meals on Wheels should be considered alongside other alternatives but not viewed as the same service type.

If a person is recommended, and subsequently takes up subsidised private meals, they miss out on wellbeing monitoring and regular social connection with our trained staff and volunteers. The community misses out on opportunities to volunteer and experience the associated health benefits. The health system misses out on tangible preventative health outcomes (regular monitoring can trigger a re-assessment and/or prevent unnecessary hospital visits).

# Principle 2

## Monitoring health and wellbeing

Monitoring is a professional term for what is often referred to as *'looking out for'*, just as you might keep an eye on, or help a friend or neighbour. Many customers, including their friends and family, regard the monitoring element of the service as important as the meal itself. For individuals receiving the service there is security in knowing that someone they trust is visiting regularly. For friends and family, there is peace of mind in knowing that someone they care about will receive assistance should they need it.

The Meals on Wheels preventative health care model is acknowledged internationally. All available research supports the premise that the service is crucial in helping people remain living independently.

Preventative care is at the heart of in-home support services. The frequency of deliveries (visits) and the consistency of delivery personnel (same volunteers or staff assigned to same customers) makes Meals on Wheels uniquely impactful in this regard. Delivery personnel are more likely to detect subtle cognitive or physical changes, in contrast to other service personnel seeing the customer less frequently, or not at all. Sudden declines are also more likely to be detected earlier if the customer is seen regularly.

Loss of appetite, confusion and deterioration in hygiene and grooming are just some of the signs delivery personnel may observe when visiting customers. Sensitive intervention, and in some cases liaising with next of kin, can be the difference between prompt medical treatment by a GP or a long and expensive stay in hospital.

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For recommendations related to this Principle see-  
*Guideline 8: Monitoring health and wellbeing* on page 48

## Additional information

### Meals on Wheels enables independence and enhances health and wellbeing

A customer might start Meals on Wheels in a relatively stable state of health, but deteriorate rapidly due to a virus or the exacerbation of an existing health condition. Regular visits by Meals on Wheels personnel are likely to detect these changes and precipitate early intervention and prompt medical attention.

Feedback from recipients and their families, and the findings of reputable international studies and research, indicate that the service assists with independence, reduces social isolation and improves health outcomes (both mental and physical).

After trust and relationships are formed, Meals on Wheels staff and volunteers are well-placed to encourage their customers to participate in social activities.

### Meals on Wheels can be a gateway to other services

Regular reviews are critical when determining the holistic health and wellbeing requirements of customers and should be undertaken in line with a wellness and reablement approach. It should be remembered that what assessors consider ideal options for customers in terms of home support and socialisation programs will not always be accepted by the customer. Formal recommendations about what someone 'should' do can sometimes be experienced as paternalistic or ageist. Encouraging participation in group meals might seem logical, but also might be the very last thing many people want. If they didn't involve themselves in such activities in their 40's why assume they would now? Meals on Wheels services often actively promote other socialisation programs amongst staff, volunteers and customers. The experience of our members indicates that if customers are anxious about social interaction, they are more likely to participate in socialisation programs following recommendations and encouragement by volunteers and staff they trust. This can facilitate ongoing health and wellbeing benefits if participation is long-term.

### More conversation than a formal review ...

Feedback from service staff indicates that when conducting a customer review, eliciting the necessary information is best achieved by instigating a conversation rather than leading with a series of questions. A number of these key questions will be answered naturally without the customer having to be asked. Having a list of questions is a great idea and ensures that nothing important is missed, but a conversation is more likely to reveal more nuanced and potentially important information.

# Principle 3

## Addressing social isolation and loneliness

The correlation between loneliness and health outcomes has been receiving increasing attention in recent years both in Australia and internationally. The Victorian State Government report, *Ageing Is Everyone's Business*, cites research that indicates significant detrimental health impacts due to loneliness [1].

The role Meals on Wheels plays in combating social isolation and loneliness can sometimes be misunderstood or not sufficiently appreciated. Recently published independent research in the peer-reviewed, *Australian Journal of Ageing*, reinforces the experiences of customers and direct service staff and volunteers [2]. The majority of respondents indicated that the social contact, monitoring and 'caring' aspects of Meals on Wheels were of high importance to them. Direct service personnel have observed that appreciation for these service elements is cumulative and can grow over time, particularly after customers experience episodes of poor health or when their frailty increases.

Recent work conducted by the Bolton Clarke Research Institute [3] highlights the importance of establishing trust in relation to the acceptance of in-home and other support services. They observed that although this development of trust took time, it was essential in being able to provide more services when or if required. Meals on Wheels continues to embody this trust and to act as a gateway to other services.

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For recommendations related to this Principle see-  
*Guideline 9: Addressing social isolation and loneliness* on page 52

[1] Ageing Is Everyone's Business <https://www.seniorsonline.vic.gov.au/services-information/commissioner-for-senior-victorians/ageing-is-everyones-business>  
[2] <https://communitycarereview.com.au/2021/03/16/a-wider-role-for-home-meal-services/>  
[3] Older Woman Living by Themselves project. Section 4 of paper. Mortimer, D., A. Iezzi, M. Dickins, G. Johnstone, J. A. Lowthian, J. Enticott and R. Ogrin (2019). "Using co-creation and multi-criteria decision analysis to close service gaps for underserved populations." *Health Expectations* 22: 1058-1068.

## Additional information

### Social isolation – A crippling health issue

More and more evidence is emerging about the detrimental health effects of loneliness and social isolation. This impacts all generations. Older Australians experienced a world where familiarity and sometimes lasting relationships were formed locally with shopkeepers and service personnel. In many parts of Australia this social connection opportunity is no longer readily accessible due to the disappearance of strip shopping and the distance of centralised retail complexes. If you have never been a meal deliverer or a recipient, the small amount of time a volunteer spends with a customer delivering a meal may seem inconsequential, however, over a sustained period of time it is often profoundly beneficial.

### Alternative services are not 'replacement' services

There is arguably no other service type that provides such holistic care so efficiently and cheaply. Privately purchased meals (usually delivered frozen once a week) should not be seen as an alternative or replacement for Meals on Wheels. Other programs touted as alternatives are usually ones that can be part of a service mix for a limited number of customers, such as centre-based meals. For example, a customer might get meals delivered three times a week and attend a centre-based meal program once a week. This latter program does not replace Meals on Wheels, it's a complementary service. Assistance with cooking or cooking classes are also options, but they are often expensive and have limited uptake.

# Principle 4

## Community capacity building by providing opportunities for volunteering

The benefits of volunteering to community capacity building are recognised internationally. The World Health Organization (WHO) *Global Aged Friendly Cities: A Guide with Global Strategy and Action Plan on Ageing and Health* (2017) contends that the costs of long-term care can be managed if policies and programmes address prevention and the role of informal care [1]. While most age groups are represented in volunteering for Meals on Wheels programs, the majority are in the older age bracket. WHO recommends organisations enact policies that increase participation and recognise the contribution of older people in informal work and volunteering.

The monitoring and wellbeing elements of Meals on Wheels are well recognised as benefiting customers. The Royal Commission into Aged Care Quality and Safety, acknowledged the role volunteers in this monitoring in *Volume 3 Final Report: Care, Dignity and Respect (2021)* [2]. In section 5.2, Volunteers (page 213) the Commissioners state, "... we consider that approved providers of aged care services should increase their support for volunteering and volunteers so that older people can remain engaged with more people from their local community and so that there is another set of eyes regularly visiting them and observing their circumstances."

The value in the development of long-term relationships for both customers and volunteers is something most people involved in Meals on Wheels recognise. Results of a Volunteering Australia survey indicate that 93% of volunteers saw positive changes as a result of their volunteering efforts [3]. During the COVID-19 restrictions in 2020, a MOW Victoria phone survey indicated that most service providers had formal systems in place for checking on the welfare of their volunteers. It was recognised that the inability of volunteers to participate due to risks associated with their age was potentially detrimental to their health and wellbeing. The phrase, "They just can't wait to get back" was repeatedly conveyed.

Organisations that invest in volunteering programs are more likely to experience operational and financial benefits. The same Volunteering Australia survey indicates that "67% of volunteering involving organisations stated that volunteers bring new insights into their organisation (64% also believed that engaging volunteers increased effectiveness in their operations)" [3]. Some MOW Victoria member organisations also report the mutual benefits of partnering with disability organisations and providing volunteering opportunities.

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For recommendations related to this Principle see-  
*Guideline 10: Community capacity building by providing opportunities for volunteering*  
on page 54.

[1] <https://mealsonwheelsvictoria.org.au/wp-content/uploads/2022/02/WHO-GSAP-2017.pdf>

[2] [https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-3a\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-3a_0.pdf)

[3] <https://www.volunteeringaustralia.org/wp-content/uploads/The-Value-of-Volunteering-Support-Services.pdf>

## Additional information

### Meals on Wheels - a lifeline for many

The relationships that develop between delivery personnel and customers can be long-lasting and profound. In the case of a customer refusing all other services, Meals on Wheels is often a lifeline when someone's regular connections decrease due to closure of, or distance to local shops and amenities, geographical distance from family members, and loss of friends due to age. The trust and relationships formed between customers and delivery personnel can be especially important during a period of grief, a health crisis, or during a natural disaster such as a flood, fire or a pandemic.

Feedback from volunteers indicates that the benefits flow both ways. Providing people within your local community with the opportunity to volunteer can enhance their sense of purpose and feelings of connectedness. Many volunteers have been able to get through challenges in their own lives by getting out and helping others.

Services throughout Australia encourage participation from people of all ages. Cross-generational interaction can be energising for both parties, however, it's important to acknowledge that most Meals on Wheels volunteers are older. These volunteers receive great satisfaction in supporting people closer in age to their generation. This generational closeness often means their capacity to identify with those they help is deeper and more nuanced.

# Service Access, Referral and Assessment

## Service Access

A majority of people accessing Meals on Wheels services are 'eligible' for a Federal (Commonwealth) or State Government subsidy. However, Meals on Wheels services should be made available for any person who chooses to access this service.

Regardless if someone is eligible for a subsidised service or not, it is important that Meals on Wheels services are accessible and potential customers are supported with information and access to the services they need, when required.

To be eligible for a Commonwealth or State funded subsidy for Meals on Wheels, a person is required to undertake an assessment with the relevant Commonwealth or State Assessment Service. The assessment process is required to be undertaken in accordance with relevant Commonwealth and State assessment guidelines, processes and protocols (see the following page).



## Referral

Potential customers who are eligible for a subsidised service are often referred from a Commonwealth and State Assessment Service. However, it is common for potential customers to make direct contact with a Meals on Wheels service.

When a person makes direct contact for Meals on Wheels, the organisation should have policies and protocols in place to assist the person with a referral to the relevant Assessment Service to establish their eligibility for a subsidised service.

Referral and service coordination should place the person at the centre of service delivery to maximise their opportunities for access to the services they need. Service coordination enables organisations to remain independent of each other, while working in a cohesive and coordinated way to give persons a seamless and integrated response.

Referral may occur at, or result from, any stage of a potential customer making contact. For customers who have not undertaken a Commonwealth or State Assessment, the protocols should ensure the person is referred to the relevant Assessment Service, with consent, if they are seeking and/or likely to be eligible for a subsidised service.

### Self-referral for Assessment

Self-referral is a person's choice to make a referral on their own behalf. The organisation should support this choice by providing:

- Information, such as the Assessment Service contact details
- Advice and decision-making support

### Assisted referral for Assessment

An assisted referral is where the Meals on Wheels service or another person makes a referral on behalf of the person. The person's consent is required to share their information with Assessment Services, other agencies or other persons.

## Assessment

The Assessment Service determines a person's eligibility for subsidised Meals on Wheels services and assesses their other care and support needs.

For more information on assessment protocols please refer to the relevant Commonwealth or State Government Assessment Service manual, guidelines and protocols.

### Assessment Service for older people (over 65 years)

In Victoria, assessment for Commonwealth Government funded services for older people (aged 65 and over, and Aboriginal people aged 50 and over) is managed by the Victorian Department of Health on behalf of the Commonwealth Government.

There are two levels of assessment:

- Regional Assessment Services (RAS) conduct Home Support Assessments to assess people for eligibility for entry level home help services through the Commonwealth Home Support Programme (CHSP).
- Aged Care Assessment Services (ACAS) conduct comprehensive assessments to assess people for eligibility to access higher level services, including Commonwealth-funded residential aged care, residential respite care, Transition Care Programme (TCP), Short Term Restorative Care Program, Home Care Packages, as well as the CHSP.

Commonwealth Assessment information is discussed in more detail at the Victoria Department of Health [My Aged Care website](#).

To arrange an assessment, please contact My Aged Care on 1800 200 422 (Translating and Interpreting Service 131 450, National Relay Service 133 677), or visit their website at [www.myagedcare.gov.au](http://www.myagedcare.gov.au)

### Assessment Services for younger people

Assessment for State Government funded services for younger people (aged under 65 years or under 50 if Aboriginal) is managed by the Department of Families, Fairness and Housing in Victoria.

To arrange an assessment, visit the State Government website [Eligibility for HACC Program for Younger People](#) or contact your local Home and Community Care Program Younger People Assessment Service (HACCPYP).

HACCPYP Assessment information is discussed in more detail at the Victoria Department of Health [HACCPYP Assessment website](#).

GUIDELINES  
**PART 1**

SERVICE COORDINATION  
AND DELIVERY

# Guideline 1

## Commencement of service

Every organisation will have different processes in place when commencing services for a customer.

### Recommendations

**R 1.1** Services should not commence without the basic referral information outlined in *Service, Access, Referral and Assessment* on page 25. This information is vital in the case of emergencies and for ensuring the health, safety and well-being of both customers and delivery personnel.

#### R 1.1.2 Customer information

- Reason for referral
- Name, address and date of birth
- Contact number and email
- Minimum of one (though preferably two to three) emergency contacts

#### R 1.1.3 Basic service requirements

- Days of the week meals are required, special dietary requirements and allergies

#### R 1.1.4 Occupational Health and Safety

- Customer or referrer should be asked questions about entry and access, restraining pets and health impairment issues, such as the ability to answer the door or hear knocking or a doorbell

#### R 1.1.5 Consent

- Consumer consent is a requirement for referral to MAC or HACCPYP Assessment

**R 1.2** New customers must be provided with the opportunity to ask questions about any aspect of the service and provided with service information as outlined in *Guideline 5: Service information for customers* on page 40.

### Additional information

#### Starting Meals on Wheels – a huge step for some people

For many people, commencing in-home services can be a huge step and a challenge to their sense of independence. Therefore, any reluctance or misgivings they might have, could be amplified if they are not treated with the upmost respect and actively engaged from the very beginning. Follow up communication from service coordination staff about their satisfaction (or not) with the meals or other service aspects can make a huge difference in determining whether a customer continues with the service.

#### Duty of Care and Emergency Contacts

It is important to tell new customers about our duty of care and responsibilities. Some providers recite the phrase, “We don’t go home unless everyone is accounted for” to impress upon new customers how seriously we take this issue. It is also important to be clear with customers about who they’d like us to ring first, then second, etc, in emergency situations and to ensure this is clearly documented.



# Guideline 2

## Privacy and confidentiality

Customer privacy and confidentiality must be protected at all times. There are clear legal requirements regarding protecting the privacy of client information.

### Recommendations

- R 2.1** Privacy and confidentiality processes must be documented in policies and or procedures
- R 2.2** Consumer information on delivery run sheets or other hard copy documents must be locked away when not being used by staff or volunteers.
- R 2.3** Documented security and access protocols must be implemented and maintained for all staff accessing personal information electronically. It is vital that organisations also have up-to-date cyber security systems in place.
- R 2.4** Sharing information with other agencies must be in accordance with Federal and Victorian Government privacy legislation.
- R 2.5** Staff and volunteer induction and training must include the following:
  - The protection of the privacy of customers is now outlined in legislation and is a clear responsibility of all organisations.
  - The passing on of personal information about customers is not acceptable, either from volunteer to volunteer, or volunteer to another customer.
  - Additionally, delivery staff – paid or voluntary – should not relay their own sensitive personal information to customers.

### Additional information

#### A social service with professional boundaries

The social nature of the service and the relationships formed between delivery personnel and customers is essential for the wellbeing of both parties and important in combating social isolation and loneliness. However, staff and volunteers must never share stories or information told to them by customers with others. Discussions with coordination staff must be related to concerns about a customer's welfare (or the welfare of a delivery person if a customer is acting inappropriately). All other information might just as well be considered gossip and should not be tolerated.

#### Media

Stories and photographs featuring customers are often used for promotion and advocacy purposes. Any material that identifies a customer's name, or contains information that could reveal their identity, must only be used with written permission. A 'Permission Form', or 'Media Release Form' must contain clearly written statements, be free of jargon and acronyms, and avoid 'legalese'. A signed copy should be archived and a copy provided to the customer. This applies to internal newsletters, promotional and training material, social media platforms, hard copy or online newspapers and magazines, radio, television and film.

Careful consideration is necessary when featuring customers with some form of cognitive impairment. Management and coordination staff may be aware of such conditions from official assessment information, direct observation, or monitoring feedback from delivery personnel. Regardless of where this knowledge is obtained, any ethical or duty of care doubts or concerns should be discussed with senior management prior to publication.

## Guideline 3

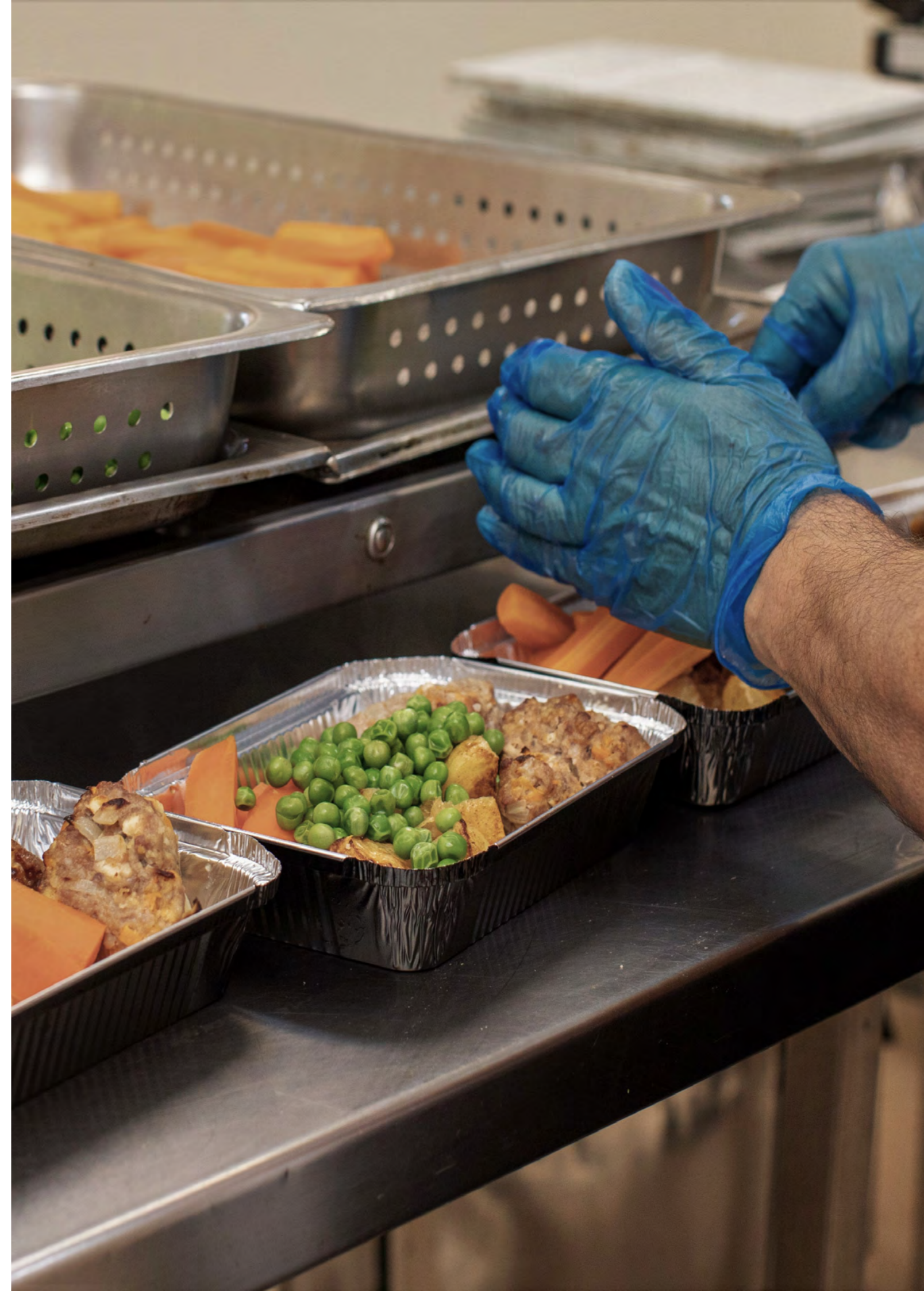
### Food safety

Strict adherence to food safety requirements and legislation is of paramount importance for organisations involved in providing any aspect of Meals on Wheels. The Food Act 1984 provides the regulatory framework for the food industry to ensure that food sold in Victoria is safe, suitable and correctly labelled. Meals on Wheels is classified as a Class 1 Business, one that provides food and services to people who are vulnerable or immune compromised, and who are most likely to suffer severe, or life-threatening complications as a result of food poisoning. Other business types within the same category are hospitals, childcare centres, residential care homes and various health services.

The Victorian Government Health Department [1] stipulates that:

- Class 1 food businesses must have a food safety program. This is usually a tailored, independent food safety program that considers the food handling activities at the premises.
- Class 1 food premises must keep a copy of their food safety program on-site at the business premises.

If a food business uses an independent food safety program, the proprietor can choose to have audits conducted by any auditor approved by the Department of Health or – if the local Council offers audit services – by a Local Government Auditor.



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[1] <https://www.health.vic.gov.au/food-safety/food-businesses>

# Guideline 3

## Food safety

### Recommendations

- R 3.1** If your organisation produces food for Meals on Wheels it must have a Class 1 Food Safety Program that is up-to-date and certified by a Victorian Government approved Food Safety Auditor.
- R 3.2** If your organisation purchases food for Meals on Wheels your supplier must have a Class 1 Food Safety Program that is up-to-date and certified by a Victorian Government approved Food Safety Auditor.
- R 3.3** If your organisation purchases food for Meals on Wheels your organisation must also have a Class 1 Food Safety Program.

This program must cover all aspects of goods receipt, storage, sorting and packing, dispatch and delivery, allergen management, infection and hygiene controls, equipment maintenance and calibration, cleaning schedules and staff training. It must also contain an internal auditing component that checks that Food Safety Program related processes and record keeping are being adhered to and maintained.

- R 3.4** Make contact with your Local Government Environmental Health Department to ensure that your organisation is food safety compliant.
- R 3.5** In addition to training designated food safety supervisor(s) and food handlers (requirements for Class 1 businesses) all staff and volunteers involved in the service should be trained in food safety. See *Which staff and volunteers should be trained in Food Safety within an organisation?* on the following page and *Guideline 17: Staff and Volunteer Training* on page 78.

### Additional information

#### Which staff and volunteers should be trained in food safety within an organisation?

Service providers acknowledge the necessity of food safety training requirements for kitchen, dispatch and delivery personnel. They understand that no personnel working in any of these areas will do so without adequate food safety training (as stipulated in their Food Safety Programs).

However, it is extremely important that coordination and administration staff are also trained so they can:

- Supervise and monitor food safety compliance of staff and volunteers. They may not recognise non-compliances if they are not adequately trained and aware.
- Respond to feedback and concerns about food safety on behalf of the organisation.
- Provide clear and factual advice to customers and their families about their food safety responsibilities and requests that would require a breach of compliance (such as requests to leave meals when they are not at home).

# Guideline 4

## Workplace health and safety

Meals on Wheels services are responsible for ensuring the health and safety of all staff, volunteers and customers.

### Recommendations

- R 4.1** Services must have an Occupational Health and Safety Checklist completed by the first organisational representative to visit a customer's house. This list or form must include information about hygiene and infection control concerns, trip hazards such as unstable steps, uneven pathways and narrow access corridors, and potential issues related to animals (they may need restraining).
- R 4.2** Services must have a documented occupational health and safety reporting process that formally records:
  - R 4.2.1** Risks, potential hazards and breaches in safety compliance
  - R 4.2.2** Incidents, near misses and accidents
- R 4.3** Management must ensure that all staff are trained in R 4.2 and are clear about their responsibilities and how to report and record risks, potential hazards, breaches in safety compliance, incidents, near misses and accidents. This training must occur at induction and refresher training must occur annually.
- R 4.4** Any potential risks to staff or volunteers should be addressed expeditiously. If the issues are related to a customer's home and access, this may involve agreements from the consumer to rectify certain issues, liaising with advocates and family members, or organising a referral to a home maintenance provider.
- R 4.5** If potential hazards at a customer's house cannot be rectified, a system must be in place that ensures all delivery personnel are aware of the issue. Often this can be noted on a delivery run sheet.



# Guideline 5

## Service information for customers

Customers must be informed about all aspects of the Meals on Wheels service being provided and should be made aware of other related services that may enhance their quality of life.

### Recommendations

**R 5.1** All customers must be given written documentation regarding the meals service. This can be provided at assessment, or by the person delivering the first meal. Information should include:

- office hours and contact numbers
- delivery times
- instructions regarding requirements for customer to be home to receive meal/s,
- cancelling meals
- emergency procedures (include the term 'duty of care' and an explanatory note about the steps taken if a customer is not home or uncontactable)
- fee and payment details
- ordering meals
- the menu and how it works
- meal modifications and special diets
- handling meals (storage, re-heating, etc.)
- feedback and complaints
- privacy and confidentiality

Service information should also include:

- information about other relevant programs and services
- nutritional information about the dietary needs of older people

If required, information should be provided about how to access interpreting services and/or service information available in other languages.

### Additional information

#### Customers need written service information

Verbal information provided over the phone about the service can be easily forgotten.

Documentation provided may include a comprehensive booklet (this can be as simple as A4 pages stapled together) and/or placemats, fridge magnets and other visual material.

It is important to recognise that customers may suffer from memory loss, or due to stress, not be as cognitively able as they would normally be. Information must be easily accessible and contain the 'fast facts' they need to know on a daily basis.

The font size should be medium to large font (14 minimum) and the text clear, concise and free from jargon and acronyms.

# Guideline 6

## Ordering meals

Ordering meals should be as simple as possible for customers.

### Recommendations

- R 6.1** All customers should be provided with a copy of the menu and clear instructions about selecting and ordering meals.
  
- R 6.2** Information should be provided about special diets, allergies and texture-modified meals.
  
- R 6.3** Services must have the capacity to respond to last minute orders for both existing and new customers. These may be the result of a hospital discharge or other urgent circumstances. In such cases services should be able to provide a meal, even if only notified on the morning of the day of delivery (a frozen meal is preferable to no meal at all). After the first meal, normal deliveries should be able to be resumed and orders taken over the phone for the following week, if necessary.

### Additional information

#### A printed menu should be provided

Regardless of how limited the choice offered, customers should be provided with a printed menu. This gives them time to consider meal preferences. This is particularly important for people with cognitive or memory issues.

# Guideline 7

## Meals delivered regularly to the home

*Principle 1 Meals delivered regularly to the home* (page 16) outlines the reasons why regular deliveries are integral to the Meals on Wheels model. Traditionally, services have provided a midday meal. In the context of delivery times, services may consider a range of options depending on the needs of the customer, specific support plans and the capacity of service operations. For more active customers, consideration should be given to social commitments, in some cases, an early or late delivery of one or more chilled meals, may be appropriate.



### Recommendations

- R 7.1** Meals should be delivered at least three times a week, with allowances for up to seven meals provided. Less frequent deliveries should only occur if requested by the customer, due to extreme weather or a public health crisis, or due to geographical distances when customers live more than 15km from a dispatch facility.
- R 7.2** If for the reasons cited above (R7.1) meals are provided less than three days a week, the service should develop monitoring protocols based on the variable needs of customers. These protocols can include strategies such as:
- Arranging for meals to be re-heated by other in-home support staff at designated times
  - Arranging for customers to be phoned either by office staff or volunteers to check on their wellbeing and to provide a friendly chat
  - Organise weekly or fortnightly transport and meal vouchers (to local cafés)
- R 7.3** Organisations should consider developing criteria to determine which customers are most vulnerable and might require more assistance as outlined in R7.2 above. This criteria could include:
- Number and frequency of other services and supports (some customers might receive none)
  - Degree of social isolation – is this customer seeing or receiving any visitors regularly?
  - Ability of the customer to reheat and remember to eat meals due to a cognitive impairment
  - The customers’ risk of falls and their ability to handle reheating meals due to physical impairments and/or frailty
- R 7.4** It is important that services maintain the consistency of delivery times for customers. Due to a range of variables, delivery run schedules may sometimes be altered, but once set, they should remain consistent for as long as possible.
- R 7.5** Delivery personnel should be provided with regular delivery run(s) where possible, although for contingency purposes, such as volunteer shortages or holiday and sick leave, it is important that all delivery personnel are trained and familiar with at least two delivery runs. Alternating delivery personnel regularly between two delivery runs is a common practice. Consistency of delivery personnel is also extremely important in the context of *Principle 2: Monitoring of health and wellbeing* and *Principle 3: Social connection to combat social isolation and loneliness*.

*Continued on next page*

# Guideline 7

## Meals delivered regularly to the home

### Recommendations

- R 7.6** Meals are never to be left at a customer's home if they are not present. It is unacceptable to leave meals in an Eskie, a laundry, an out-building, or to gain access to the house via arrangements between the customer and the service provider or deliverer. This practice opens providers to a range of food safety risks, as well as contractual breaches in relation to personal liability and duty of care. If a customer does not answer the door, delivery personnel should contact the office immediately. Office personnel must then follow *Guideline 16: Customer emergencies* on page 56 and their organisation's own procedures that specifically address this issue.
- R 7.7** Meals runs should not exceed two hours in duration for food safety reasons. This is not a legislated food safety requirement and some flexibility can occur, however, time and temperature parameters for deliveries must be clearly stipulated in Food Safety Programs. It is the responsibility of the designated Food Safety Supervisor, the local government Environmental Health Officer and the external third party auditor to ensure that these stipulated requirements meet food safety standards.
- R 7.8** Staff and volunteers who are employed to deliver a meal should not perform a range of other tasks unless specifically part of a job description, care plan and induction. In times of individual customer emergencies, or wider community events such as fires, floods or pandemics, staff and volunteers will often be asked (and be willing) to undertake a number of tasks outside their normal meal delivery and health monitoring tasks. Such tasks should be documented and when necessary undergo an occupational, health and safety assessment.

In normal circumstances staff and volunteers should not perform tasks outside their job descriptions. In addition to workplace safety issues, doing extra tasks for customers can result in unrealistic expectations. See '*Why we should not be doing other tasks unless they are approved and documented*' on the opposite page.

### Additional information

#### Why we cannot leave a meal when a customer is not home

Delivery personnel should immediately contact coordination or administration staff if a customer does not answer the door. In the context of medical treatment, if a customer is ill or has had a fall, every minute may count.

- In relation to **food safety**, there is no guarantee that if left in an Eskie, food will maintain acceptable temperatures. What if a customer does not return that afternoon, and instead later in the evening, or on the following day(s) and then eats the meal?
- In relation to **duty of care**, what if a meal is arranged to be left in an Eskie (between coordinator and customer the previous day) and on the day of delivery the customer is actually home on the floor in their bedroom after a fall?
- In relation to **leaving a meal** in other internal and external locations, what if the client is suffering from dementia and makes accusations of theft or property damage against the deliverer?

#### Reheating chilled meals

The majority of service providers in Victoria provide chilled meals. However, provision should always be made for those who would benefit from the meals being heated up by the deliverer. The sensory act of smelling food can stimulate appetite or trigger the desire to eat for someone with cognitive or memory issues. Other customers may have both physical and mental impairments that inhibit their ability to reheat meals.

#### Why we should not be doing other tasks unless they are approved and documented

The caring nature of coordinators and volunteers means that they will often go out of their way to help customers. While this is laudable and at the heart of what makes the meals service so special, it can cause problems in terms of consistency of service (between different staff), inflated expectations and potential occupational and safety risks.

#### Why utmost respect for all customers is essential

Customers receiving Meals on Wheels come from a range of cultural, educational and employment backgrounds. Preconceptions about similarity due to their generation or circumstances should be avoided. Rather, there should be an assumption of difference and diversity. See also *Guideline 17: Staff and volunteer induction and training – Additional information 'Dignity and respect'* on page 81.



# Guideline 8

## Monitoring general health and wellbeing

This guideline must be considered in relation to *Principle 2: Monitoring of health and wellbeing*.

The monitoring of a customer's physical and emotional wellbeing is integral to the service model. All staff and volunteers involved in the management, administration, coordination and delivery of meals must be inducted and trained in this area. There are no certified training modules specific to this function, however, organisations are encouraged to develop their own and use the information provided on the following pages as a guide.

The Aged Care Quality Standards, CHSP funding agreements and sub-contractual agreements between agencies all stipulate duty of care requirements for in-home support service providers, and must be reflected in the procedures and practices of the service. The monitoring of health and wellbeing has been and remains integral to the Meals on Wheels service model.



### Recommendations

- R 8.1** Monitoring processes should be clearly outlined in organisational procedures, a handbook and/or other documents.
- R 8.2** Monitoring protocols and responsibilities should be part of induction and ongoing training of coordination, administration, and delivery personnel (both paid and volunteers).
- R 8.3** Inductees should be formally issued with written documentation (procedures, a handbook or documents) they can reference.
- R 8.4** Induction and training should be conducted in accordance with an annual training plan by a suitably qualified or skilled person (either within or external to the organisation) with experience in service coordination and staff management.
- R 8.5** Training and induction should include de-identified examples of the signs to 'look out for' and include:
  - changes in mobility
  - weight loss
  - increased levels of confusion, emotional distress or depression
  - heightened irritability or aggressiveness
  - signs of declining personal hygiene and grooming
  - declining levels of tidiness, cleanliness and household hygiene
  - uneaten meals or out of date food in the refrigerator
  - indications of physical, emotional or financial abuse.

*Continued on next page*

# Guideline 8

## Monitoring general health and wellbeing

### Recommendations

- R 8.6** The documentation of procedures related to monitoring should include clear instructions about reporting and recording processes including:
- R 8.6.1** Documentation should detail specific roles and responsibilities in relation to all aspects of monitoring and reporting.
  - R 8.6.2** Documentation should outline clear follow-up instructions that encompass customer consent, privacy, duty of care principles and when and where to record follow up actions.
  - R 8.6.3** When actions resulting from monitoring feedback are recorded, these should include name of person reporting the issue, name of person making the file note, and all subsequent actions, including dates, times and names and positions of all involved both internal and external to the organisation, including next of kin and other contacts.

### Additional information

#### Monitoring: making the informal formal

As outlined on the previous page, formally documenting and monitoring information and subsequent actions is essential. The details about how this information is collected and recorded should be tailored to the operational realities of the organisation. A significant proportion of volunteers are adverse to paperwork. The catch-cry, “I just want to deliver meals’ will be familiar to many coordinators attempting to organise training or requesting the completion of certain forms. This very real issue needs to be considered when designing monitoring and feedback systems. Expecting staff to record such information is one thing, insisting the same level of administrative compliance from volunteers is sometimes more difficult. Therefore, it is vital that delivery volunteers are actively encouraged to verbally feedback their concerns about customers’ welfare. This opportunity needs to be available after every delivery run or shift.

#### Monitoring by ‘unqualified’ personnel

Meals on Wheels staff and volunteers are not usually trained health practitioners. They are not required to ‘diagnose’ or pre-suppose physical or mental health conditions. However, the familiarity bought about by establishing a relationship and regular social connection makes them uniquely placed to:

- Observe both sudden and subtle physical and behavioural changes
- Be trusted by the customer to reach out if they’re not feeling well or struggling to cope.

*Familiarity is the key to the preventative health benefits of the service. Observation and reporting by volunteers and staff often facilitate engagement and timely intervention by health professionals.*

# Guideline 9

## Addressing social isolation and loneliness

Social isolation refers to the quantity of social connections a person has and loneliness generally relates to the quality of these interactions. The relatively short visits to customers by Meals on Wheels personnel belies the long-term impact of the services, facilitated by the regularity of deliveries, the consistency of delivery personnel, and the relationships formed after trust and familiarity are established.

Meals on Wheels has a dual role in combating social isolation and loneliness. The relationships and interactions between delivery personnel and customers are primary to the service. Meals on Wheels services have long been advocates and promoters of social opportunities for customers within their communities.

### Recommendations

- R 9.1** Staff and volunteers receive social isolation awareness training that refers to the latest research regarding associated health impacts, and the role Meals on Wheels and other similar services can play in this area.
- R 9.2** Information about other socialisation programs and support services is regularly shared with customers via direct care staff and volunteers.
- R 9.3** Management and coordination staff should actively encourage and promote socialisation opportunities that sensitively match individual customer's needs to existing programs based on annual service reviews and ongoing feedback from delivery personnel.
- R 9.4** Management staff should advocate for the development of socialisation programs or the coordination or expansion of existing programs within their community, based on the needs of their customers.

### Additional information

#### Socialisation combinations and 'alternatives' to Meals on Wheels

Meals on Wheels Victoria supports the practice of providing individuals with a range of socialisation opportunities and where appropriate, working cooperatively, and in tandem with other providers. Socialisation programs enable a person to stay connected and decreases the risk of isolation and loneliness. If a person expresses a need for subsidised meals, a combination of meals delivered by a private provider and attendance once a week at a planned activity program, might be a good combination. Feedback from the sector, however, indicates that this combination might work much better if the meals were supplied by a Meals on Wheels service due to the following factors:

- A large cohort of potential customers (especially males) often reject any suggestions regarding involvement in socialisation programs. This is a fact that needs to be accepted respectfully and free from any 'we know what's best for you' judgements by assessment or other personnel. We cannot presume to know why, or presume that what is being offered in terms of socialisation opportunities will be stimulating for everyone. Ask yourself: would you and all those of a similar age and older in your social sphere want to participate in the socialisation programs available in your area?
- If a person 'just wants a meal', Meals on Wheels, rather than a private provider, is arguably still the best option. Not only does the customer receive a meal that meets the nutritional needs of an older person, but they're cared for by default. Some might be recovering from trauma (a health situation or loss of a loved one) and discover that regular interaction with delivery personnel, helps them trust again and becomes their lifeline back into their communities. Volunteers have plenty such stories to share. The powerful impact of delivery personnel at such times cannot be overestimated.
- Providing Meals on Wheels as a first service instigates a social connection that can be built upon. If your organisation or other agencies are providing socialisation programs and no Meals on Wheels customers are participating, it might indicate more promotion is required, and/or, the said programs are limited in scope and appeal.
- If a person agrees to private meal provision and attendance at a socialisation program within their community once a week, and then stops attending, they may continue getting private meal supply once a week but will miss out on regular social connection with trained delivery personal. Deterioration in their health and wellbeing, either sudden or slow in progression, may remain undetected for longer than it should.

# Guideline 10

## Community capacity building and providing opportunities for volunteers

Meals on Wheels Victoria contends that providing volunteering opportunities strengthens the established service model, increases organisational capacity, strengthens communities and benefits the wellbeing and sense of purpose of individual volunteers.



### Recommendations

Organisations providing Meals on Wheels should:

**R 10.1** Engage volunteers for their service and related social inclusion programs.

**R 10.2** Develop policies, initiatives and programs that recognise the value of volunteering to the organisation, the community, customers and individual volunteers

**R 10.3** Increase engagement with other organisations and provide volunteering opportunities for their staff, customers and students. This includes:

- Private and not-for-profit sector companies and staff
- Disability organisations and their clients
- Educational institutions, such as primary and secondary schools and their students
- Universities and their students

In line with the World Health Organisation (WHO) *Global Aged Friendly Cities: A Guide with Global Strategy and Action Plan on ageing and health* (2017)

**R 10.4** Develop policies and programs that recognise the value of volunteering for older people and promote opportunities for their participation within the community.

In line with Australian Royal Commission into Aged Care Quality and Safety findings and recommendations, organisations providing Meals on Wheels should:

**R 10.5** Assign a staff member the responsibilities of managing and coordinating volunteers and determining their ongoing capacity and suitability for the role.

**R 10.6** Undertake the induction and training requirements outlined in Guideline 17 and also include:

- Diversity and inclusion
- Reporting abuse or neglect.

# Guideline 11

## Customer emergencies

The following section deals with the daily emergencies most often encountered by staff and volunteers. Responding to such occurrences is central to our duty of care responsibilities and each organisation should have protocols in place that all staff are familiar with.

### Recommendations

When delivering meals to customers, there are multiple scenarios categorised as emergency situations. These may include:

#### R 11.1 Customers not answering the door

The delivery person must alert the office immediately. The office staff must ring the customer (sometimes a hearing problem will mean they have not heard the door); or if unable to establish the customer's whereabouts, ring the next of kin or other contact numbers, or call the police.

#### R 11.2 Customer unwell or distressed

Customer has fallen/is on the floor

Customer is in house (visual contact made) but has fallen and cannot get to the door

The delivery person must call their designated supervisor immediately for instructions and stay at the house until help arrives. The supervisor will provide advice and depending on the circumstances will call the next of kin and/or an ambulance.

#### R 11.3 Customer is unconscious

Customer is not breathing

Customer is deceased

The delivery person must call an ambulance immediately and seek advice, and when safe to do so call the supervisor and remain on site until help arrives.

*Continued on page 58.*

### Additional information

#### Never assume to know a customer's whereabouts if they are not home

Customers receiving the service sometimes forget to inform the office they are going out and won't be home to receive a meal. Duty of care responsibilities dictate that follow-up action must always occur. As frustrating as these regular occurrences might be, providers should never make assumptions such as "they go out all the time", or "the neighbour says she saw him go out". This might have been the case in past instances, but on a subsequent occasion, the customer might have fallen in the bath, be lying on the floor unable to move, or the neighbour that saw them "go out" may have a cognitive impairment and may not know the whereabouts of the customer.

#### Consequences of not following reasonable duty of care protocols

The Aged Care Quality Standards and the various State and Federal funding agreements (past and present) have duty of care principles embedded in compliance requirements. Meals on Wheels is known for its caring role, regardless of the official language used to describe it. Throughout the sector, it is widely accepted as best practice to ensure our customers are well and safe and that interventions are activated when needed. These are reasonable expectations of our customers, next of kin and the wider community.

Failure to adhere to reasonable duty of care follow-up actions may have serious ramifications. If a customer does not answer the door and there is no follow-up action by staff, the customer may be lying on the floor unable to move. If it's a cold night, it could result in hypothermia, or if a room is heated, severe dehydration. The long-term health impacts of not following up could be dire, or fatal. Even allowing for instances where the customer is seen daily and follow-up action is activated; if the customer falls at 6pm, the 12-hour gap between deliveries is a long time if a person is frail and vulnerable.

It would be a difficult job explaining to grieving family members that their loved one did not answer the door on a Thursday and that staff did not attempt to contact them (the family), who then find their loved one deceased on the Sunday. No family or Meals on Wheels staff member should ever find themselves in this position. Bottom line; if you have been scheduled to deliver a meal and you cannot establish the client's whereabouts, you should not go home until you do. If no contact can be made with their doctor, next of kin and contacts, staff should inform the police who have the authority to lawfully enter the home if evidence points to the person being in danger.

# Guideline 11

## Customer emergencies

### Recommendations

#### Staff and volunteer responsibilities

**R 11.4** All the scenarios listed in R11.1, R11.2 and R11.3 must be outlined in procedural and process document(s) that include the responsibilities of key staff, required follow-up actions, and what and where information about such instances is recorded. This documentation must be issued to all staff involved in the management and coordination of the service. In addition, the aspects of this documentation that relate to the responsibilities of delivery personnel, must be included in their induction and ongoing training material.

**R 11.5** Some emergency scenarios can be upsetting and traumatic for those involved. The degree of distress caused will vary greatly between individuals. Therefore, no matter how seemingly benign the occurrence, both staff and volunteers should be invited to discuss and debrief about the incident for the sake of their welfare. Also recommended:

- Senior staff could plan a follow up 'check-in'(s) at designated times they deem appropriate (making reminder diary entries is a good idea)
- Referral to the organisation's Employee Assistance Program (EAP)

### Additional information

#### Privacy and duty of care

It is standard practice to collect next of kin details when placing someone on a service. As per *Guideline 5: Service information for customers*, customers must be informed that if they're not home to collect their meal and have not informed the office, emergency protocols will be activated. It is rare for customers to have a problem with this, many express gratitude, as it makes them feel safer. It is vital, however, that they understand this process, so they are comfortable with whom the service contacts in such circumstances.

For non-emergency concerns about health and wellbeing, coordination staff must always contact the customer directly.



# Guideline 12

## Weekends and public holidays

Some services deliver meals on weekends for customers whom they consider vulnerable or at risk. However, most services do not operate on weekends or public holidays.

### Recommendations

- R 12.1** Services must make every effort to provide meals in advance for customers who require them on non-delivery days.
- R 12.2** Reminder notices to customers, warning of upcoming public holidays are essential. Without a reminder, customers cannot always be expected to remember upcoming holidays or the need to order extra meals for these particular days.
- R.12.3** Contingency planning should encompass the process for identifying vulnerable customers. See *Guideline 7, R 7.3* regarding developing criteria to determine the vulnerability of customers.

### Additional information

#### Remind and remind again ...

Many customers experience some form of memory loss. Notices about upcoming public holiday arrangements accompanied by follow-up phone calls or reminders from delivery staff are essential in ensuring customers needing a meal don't miss out.

It is also worth noting that our Meals on Wheels Victoria volunteers do answer the phone on public holidays and often get calls from distressed customers or irate family members. Every effort should be made by services to ensure their messaging is clear and effective and that if a Meals on Wheels Victoria representative does need to follow-up, that emergency out-of-hours phone numbers are clearly displayed on the service provider organisation websites.

# Guideline 13

## Hot days and heatwaves

All services providing Meals on Wheels must have protocols in place for ensuring people are safe and well during hot weather. This includes especially hot days in isolation, or a heatwave.

People at risk during hot weather include those:

- aged over 65 years, especially those living alone
- who have a medical condition, such as diabetes, kidney disease or mental illness
- taking medications that may affect the way the body reacts to heat.

### Recommendations

**R 13.1** Organisations should have established and documented processes in place in relation to hot weather that include:

**R 13.1.1** Formal methods of reminding customers of the importance of hydration and other strategies to keep them well.

**R 13.1.2** Induction and training of staff and volunteers must include education about the health impacts of hot weather, both on themselves delivering in such weather and of indicators a customer might be at risk.

### Additional information

#### Hot weather can have profound impact on health and be fatal

According to the Victorian Government, heat kills more Australians every year than any other natural disaster (<https://www.betterhealth.vic.gov.au/heat>). Meals on Wheels services are well placed to educate customers about the way they prepare for hot weather and to monitor their health and wellbeing during such occurrences. The above link is a good resource and contains information that can be utilised in the development of in-house induction and training,



# Guideline 14

## Environmental and health disasters

Meals on Wheels services have demonstrated extraordinary flexibility, determination, resourcefulness and commitment during both environmental and health disasters. The wider community is often reminded that this essential service is capable of much more than providing a meal.

### Recommendations

**R 14.1** All organisations must have a disaster plan in place to deal with epidemics, pandemics, fires, floods, earthquakes and the disruption of utilities. Meals on Wheels must be part of this plan in terms of core service provision and as a resource to the wider community.

**R 14.2** Disaster plans should include the following elements-

**R 14.2.1** How to continue providing meals.

**R 14.2.2** How to monitor the health and wellbeing of customers if the service has to be limited in terms of delivery days and times.

**R 14.2.3** How to keep customers connected and aware of who to ring or contact for their mental and physical health and wellbeing.

**R 14.2.4** How to keep staff and volunteers safe and monitor their health and wellbeing.

**R 14.2.5** Requirements of Vulnerable Persons Register (VPR) and designated VPR coordinator (does not have to be within any particular department) and guidance for staff about registering appropriate residents.

*Continued on page 66.*



## Recommendations

### R 14.3 Specific management and administrative response strategies-

- R 14.3.1 Categorisation of customers according to risk level See *Guideline 12, R.12.3* regarding developing criteria to determine the vulnerability of customers – this is specific and separate from the VPR.
- R 14.3.2 Frequency of contact via phone or in person, for customers according to risk category.
- R 14.3.3 Frequency of meal delivery for customers according to risk category.

### R 14.4 Ensure contingency arrangements for-

- R 14.4.1 Alternative meals and food supply
- R 14.4.2 Alternative storage facilities and transport vehicles
- R 14.4.3 Back-up customer contact information
- R 14.4.4 Back-up staff and volunteers
- R 14.4.5 Provision of additional food or hygiene items the service can distribute (and how)

## Additional information

### Meals on Wheels; an essential service that never stops

The bushfires in 2019/20 and the COVID-19 pandemic highlighted the importance of Meals on Wheels in the community. In disasters, Meals on Wheels services have utilised their networks and volunteer bases and extended normal operations to help out their communities. The COVID-19 pandemic was no exception, with the wild card of having to temporarily lay-off the majority of volunteer workforces due to their age. The upside was that younger volunteers stepped up, as well as staff within larger organisations, with many of the latter expressing a new-found understanding and appreciation of the service in terms of monitoring and social connection.

GUIDELINES  
**PART 2**

THE MEAL

# Guideline 15

## Recipes and Menu

Meals provided must meet the requirements of the National Meal Guidelines <https://mealsonwheels.org.au/learn-more/national-meals-guidelines/>;

Meals on Wheels Australia (MOWA) received funding from the Federal Government to develop these Guidelines. They provide guidance and recommendations for meal producers (those making meals) and service providers (those purchasing and providing the meals), dietitians, customers and their advocates.

The Guidelines also deal with key food and nutrition issues for older adults and how to meet their needs, enhancing meals and presentation, packaging and labelling.

### Recommendations

**R 15.1** The National Meal Guidelines should be implemented:

- in your production kitchen
- within a tender specification
- within a tender evaluation
- for internal audit and review

**R 15.2** Adherence to Chapter 4 of the National Meal Guidelines, '*The Meals and Menu Planning*', is mandatory in terms of compliance. While all sections of this chapter need to be addressed, the most relevant and comprehensive sub-section is 4.3 '*Meal Component Specifications*', where weights and recipe breakdowns are provided for entrees and soup, main courses and desserts.

- a) all producers of Meals on Wheels meals must design their recipes and menu in line with these specifications to ensure they are providing meals that are nutritionally adequate and suitably diverse in terms of choice, texture and taste.
- b) all providers of meals must ensure that the meals they are purchasing comply with a) above

**R 15.3** Adherence to the principles and recommendations of Chapter 7 of the National Meal Guidelines, '*Special Dietary and Meal Considerations*', that apply to your organisation.

Providing meals that are suitable for customers on specific diets or require texture-modified food is extremely important. Meal producers and providers should be striving to offer meals of equal or comparable quality in terms of choice, texture and taste. This particular chapter provides guidance on specific diets and considerations for people living with dementia. It is also advisable to seek advice, input and evaluation from a qualified dietitian as needed and on a regular basis.

For up to date information on labelling requirements go to Victorian Department of Health at <https://www2.health.vic.gov.au/public-health/food-safety/food-businesses/food-labelling> or consult your Food Safety Auditor or local Environmental Health Officer.



## Additional information

### Weight loss

We recommend providers familiarise themselves with Section 2.2 *Weight Loss* in the National Meal Guidelines. Losing weight is rarely recommended for older adults. A person may be adhering to dietary information provided to them in their fifties, that will be inappropriate thirty years later.

Warning signs of weight loss in customers that staff and volunteers can look out for include-

- clothes loose and/or they need to keep tightening their belts
- rings are loose
- dentures don't fit well anymore

Staff should recommend a referral/consultation with a dietitian if they have concerns.

Frozen meals from the supermarket, particularly weight control meals are often not a suitable substitute for older people.

### Special diets

Any customer requiring a special diet should provide a letter outlining their requirements from either a doctor or dietitian. Special diets vary for each customer and will require a combination of recipe or meal composition changes from the provider, and more specific adjustments by the customer. The more information provided to both the provider and the customer the more likely better outcomes will be achieved. For health sensitive and impacting diets such as low potassium, gluten-free, allergens and texture modification, it is highly recommended that service providers encourage customers to engage a dietitian. This will hopefully enable the customer to develop a dietary plan that incorporates the meal as part of their over-all diet.

The most common dietary request for Meals on Wheels services is the provision of 'diabetic' meals. Past practice involved providers cutting out all sugar, or reducing fat intake to incredibly low levels by leaving off gravy (for example). These steps are rarely required except in the most extreme circumstances, in which case, clear instructions must be provided from a qualified dietitian.

**Texture-modified meals** must adhere to the IDDSI guidelines. IDDSI stands for International Dysphagia Diet Standardisation Initiative. Details of the framework and the different grades of modifications can be found at <https://iddsi.org>. Scroll down to the bottom of the page and select 'Australia' to be taken to the appropriate page.

**Gluten-free and allergens** Any customer who requires gluten-free meals or has allergies should provide a letter outlining their requirements from either a doctor or dietitian. Allergen management must be addressed in all Food Safety Programs (*See Guideline 3, R 3.3*). The capacity of meal providers and services to manage and allow for gluten-free diets and specific allergens will vary.

**Culturally appropriate and religious requirements** vary significantly from region to region. Customers requiring Halal or specific cultural meals could live anywhere in Australia but generally tend to be concentrated in specific geographical locations.

For all of the above diets, service providers may need to consider purchasing meals from specialist suppliers. Any supplier of Meals on Wheels food must have a Class 1 Food Safety Program.

# Guideline 16

## Quality of meal

Whether made in-house by the organisation providing the service, or purchased from an external supplier, meals should be subject to evaluation via an internal auditing system or a tender evaluation. The risk, once such evaluations have occurred can be a 'set and forget' mentality that assumes quality is maintained. Robust customer feedback and continuous improvement processes will go part-way in ensuring consistency in quality.

### Recommendations

- R 16.1** Quality testing by a designated group of staff and volunteers is essential to ensure that meals consistently meet:
- service or contract specifications.
  - National Meal Guidelines.
  - Food Safety Program requirements.
  - customer expectations.
- R 16.2** Quality testing must be embedded in procedure and encompass a hard-copy or computer generated form or ledger that records:
- R 16.2.1** Weight of meal components (according to National Meal Guidelines, 4.3 *Meal Component Specifications*)
- R 16.2.2** Temperature of the meal component to ensure it complies with the Food Safety Program
- R 16.2.3** Whether the description on the menu aligns with meal component provided
- R 16.2.4** Whether taste, texture and appearance of meal component is to an acceptable standard.

*R 16.2.1 and R 16.2.2 are measurable. The perceptions of R 16.2.3 are unlikely to diverge significantly. R 16.2.4 is relatively subjective, and requires careful consideration.*

### Additional information

#### Monitoring quality and continuous improvement (food)

The quality of food varies from service to service. Some providers take great care in ensuring that they source high quality meals that adhere to the National Meal Guidelines and consistently monitor quality and customer satisfaction. Any potential provider of meals should be subject to a tender process according to *Guideline 20: Tendering and Subcontracting Services Elements*.

Price is often cited as the reason some services settle for a subpar product. The feedback from members to Meals on Wheels Victoria indicates there is often no correlation between the price paid to a supplier and the overall satisfaction of both staff and customers.

We recommend that any customers or families who are not happy with the quality of meals to voice their concerns. Sometimes organisations purchase meals from a provider and do not monitor quality closely enough. Sometimes what is considered 'high quality' amongst staff falls short of customer expectations. This difference of opinion and perception is not always reconcilable, but continuous improvement is only possible if all stakeholders are able to express their views within a robust and transparent feedback system. *Refer to Guideline 18: Feedback.*

GUIDELINES  
**PART 3**

TRAINING, FEEDBACK,  
SERVICE EVALUATION  
AND TENDERING

# Guideline 17

## Staff and volunteer induction and training

Thorough induction and training for all personnel involved in Meals on Wheels is important. Our services produce food under the strictest category of food safety and have ongoing contact with some of the most vulnerable members of the community. Safety, duty of care and compliance with various standards and legislation are integral to our service model and operations. Education and training in relation to monitoring, health and wellbeing and socialisation opportunities for our customers are also essential elements of any training plan.



### Recommendations

**R 17.1** Your organisation should have a training plan that includes:

- R 17.1.1** Induction information according to requirements of position descriptions (either as part of the plan or referenced).
- R 17.1.2** Training requirements (including refresher training) according to position descriptions.
- R 17.1.3** A training schedule – either incorporated into the plan or referenced.
- R 17.1.4** Training records - either incorporated into the plan or referenced, that include the name of training, topics covered, name of trainer, name of attendees, copies of completion certificates (if provided).
- R 17.1.5** Clearly defined roles and responsibilities in relation to the planning and roll-out of induction and training.

**R 17.2** Your organisation must provide induction for every paid or voluntary employee. This induction should include an overview of all service operations. This material should reference all four principles and all 20 Guidelines within this document, as well as service specific information. The level of detail provided both verbally and within documentation should be adjusted according to the position the inductee has been engaged to fulfil. See *Staff and Volunteer Handbook – A good induction, training and compliance tool* on page 81.

*Continued on next page*



## Recommendations

**R 17.3** Training is required for personnel in the following areas-

### Management and coordination personnel

The level of training will depend on the extent of particular job responsibilities that may also include other programs and services. However, if staff are either coordinating and supervising kitchen or delivery personnel, they must have a Food Handlers Certificate or in some cases a Food Safety Supervisor Certificate (the latter will be dictated by the Food Safety Program).

### Kitchen production and dispatch personnel

Food Handler's Certificate  
Food Safety Refresher Training (annual)  
Food Safety Supervisor Certificate (chef, cook or coordinator only)  
Manual Handling Training (annual)

### Delivery personnel

Food Handler's Certificate\*  
Food Safety Refresher Training (annual)\*  
Food Safety Supervisor Certificate (chef, cook or coordinator only)  
First Aid (every three years)\*  
CPR (annual)\*  
Manual Handling Training (annual)

\*Whether or not these qualifications are mandatory for staff will be dependent on organisational policy and the specific requirements of the Food Safety Program. There may not be enough available resources to train all delivery volunteers to certified level in these areas. However, related information must be clearly outlined during induction and ongoing training.

**R 17.4** In addition to the recommendations in R 17.3, refresher training for all staff should include service specific information.

The level of detail provided both verbally and within refresher training documentation should be adjusted according to the employee's position. It is highly recommended it includes reference to key elements of these Guidelines in relation to-

- Monitoring health and wellbeing
- Customer feedback processes
- Privacy and confidentiality
- Addressing social isolation and loneliness
- Emergencies
- Roles and responsibilities

## Additional information

### Staff and volunteer handbook – A good induction, training and compliance tool

Developing a handbook for staff and volunteers is an effective tool for ensuring that all personnel understand the aims and objectives of the service, as well as their roles and responsibilities.

Some services choose to develop and implement handbooks specific to delivery staff and volunteers. Others develop similar handbooks that encompass all aspects of the service for all personnel, including management and coordination staff and those involved in operations and delivery. The latter has distinct advantages, as the same book can be used for all personnel by utilising and placing emphasis on different sections, and/or, aspects of a section. For example, an induction session would have to reference privacy and confidentiality, which the handbook would cover in detail. For a volunteer driver, emphasis would be placed on their responsibilities and only the requirements within this section of the handbook that related to them, whereas, if the inductee was a coordinator, they would be required to understand the entire section including their legislative and administrative responsibilities.

A comprehensive handbook is also potentially an excellent quality and compliance tool as it ensures that all operational requirements can be detailed, or at the very least referenced, within one document. In other words, it ensures that 'nothing is forgotten'. For example, if the organisation also produced meals within a kitchen, it may detail the food safety requirements for delivery staff within the actual handbook, but simply refer to the organisational Food Safety Program for kitchen staff, as this set of requirements would be too detailed to include in a handbook.

### Dignity and respect

Staff and volunteer training must include advice and information about treating all customers with courtesy and respect. Most people delivering meals do so because they genuinely care about others. Despite the prevalence of such sentiments, training is essential to ensure staff and volunteers understand their responsibilities. This training should include education about diversity, the impacts of long-term marginalisation, grief, and issues and behaviours associated with various medical conditions. Training should also include education about infantilisation, where customers are spoken to like a child or in way that denies their maturity in age or experience (this patronising and/or ageist behaviour should not be tolerated and be addressed if it does occur).

# Guideline 18

## Feedback

Determining customers' satisfaction is essential. No meaningful continuous improvement or comprehensive service review, evaluation, planning or development can occur without this kind of information. In essence, customer and stakeholder feedback is vital for the long-term sustainability of a service.

### Recommendations

- R 18.1** Each organisation must have a documented procedure or process that details the collection and utilisation of customer and stakeholder feedback. The utilisation of feedback is vital. The procedural processes must detail follow-up actions and any changes or quality improvements that occur as a result. This can involve regular meetings specific to this process, or incorporated as a standard agenda item in management or team meetings where feedback can be tabled, discussed and actioned.
- R 18.2** Each organisation must have a documented complaints process that is promoted and made available for all customers.
- R 18.3** Customer and stakeholder feedback can be obtained by-
- R 18.3.1** Annual customer surveys; should include questions about the quality and cost of the meals, the menu, packaging, delivery times, and office and delivery personnel.
  - R 18.3.2** A daily feedback system that enables and promotes both negative and positive feedback directly from customers or via delivery personnel. The latter is arguably the most effective, see *Feedback ... "I don't like to complain ..."* on next page.
  - R 18.3.3** A daily feedback system that enables and promotes both negative and positive feedback directly from internal stakeholders (staff and volunteers). See *Feedback – Encourage everyone to have their say* on the next page.

It is also highly recommended that stakeholder feedback be obtained by:

- R 18.3.4** Service user groups. Organising regular meetings with people who actually use the service can be a highly effective way of obtaining feedback. If customers understand that their input is vital in terms of service improvement, they are more likely to offer constructive and insightful observations and suggestions. Semi-formal meetings with key staff are a great way to make customers feel comfortable and for opening up conversations.

### Additional information

#### Feedback – “I don't like to complain ...”

People working in the sector have observed that “older people don't like to complain”. While this may be true, it should never be an excuse for not making every effort to elicit their feedback. Besides, it's not all about complaints. Many customers will have amassed a wealth of experience during their working lives, and their insights might very well prove useful for our services. These can be ideas about the meal, our ordering systems, or the information we provide them on our websites or within pamphlets and booklets.

When we provide feedback about services we receive, we expect to be taken seriously. We assume that whoever receives our feedback might actually do something about it if they possibly can. Our customers deserve the same opportunities and respect. To simultaneously accept the premise that “older people don't like to complain”, while your service gets no complaints, might indicate that your feedback system isn't working as well as it should.

***A service that is genuinely customer focused is one that actively encourages feedback.***

#### Feedback – Encourage everyone to have their say

It isn't always about the customers. Everyone working within an organisation, especially those within the Meals on Wheels program, should be encouraged to express their ideas and thoughts about the service being provided. Coordination staff, delivery volunteers and kitchen staff should be provided with the opportunity to make suggestions about service improvements, or to speak up if a meal component is not produced to an acceptable standard. Processes for internal feedback must be formalised within the feedback system. In other words, people must know how to record their feedback and ideas.

Encouragement of staff and volunteer feedback should be embedded within the culture. This is far more likely to occur if formal processes are put in place, promoted and maintained.

# Guideline 19

## Service evaluation and continuous improvement

Organisations providing Meals on Wheels are the custodians of an iconic service that has continued to evolve and adapt for almost 70 years. The health and wellbeing monitoring and social connections add up to much more than a nutritious meal for thousands of customers every day. What is most valued about the service does not change.

Anyone closely involved in service provision understands the exponential benefits of the Meals on Wheels model. Despite funding arrangements changing from State to Federal Governments, or from HACC to CHSP, HACC to HAACPYP or to other funding frameworks or streams, the aims and objectives of the service remain the same: to keep people living independently and well, for as long as possible.

All Meals on Wheels programs need continual reviewing to ensure they're meeting their objectives and remaining responsive to the needs of their communities. If the quality of one component slips, such as

- a volunteer training program that has become ad-hoc and out of date
- meals that fall short of meeting the National Meal Guidelines, or
- a feedback process that generates little feedback

the whole model is weakened.

Smaller services might question whether the review processes and recommendations on the following page apply to them. The recommendations might seem complex but in reality they should be able to be adapted, simplified and implemented quite easily. All organisations including local sporting clubs, small retail shops and manufacturing businesses need to stop and 'review' how they are performing. It makes good business sense. Any review process should be tailored to the service and focus on practical outcomes and improvements.

### Recommendations

**R 19.1** Organisations should develop a formal procedure that outlines internal auditing processes that are regular and documented and contain recommendations for improvements. The audit should address compliance with:

- service or business plan and/or organisational policies and procedures
- funding agreements and budget
- service targets/outputs and tender and contract requirements
- Food Safety Programs
- National Meal Guidelines
- Aged Care Quality Standards
- Meals on Wheels Victoria Best Practice Guidelines

**R 19.2** Organisations should conduct an annual review that includes:

**R 19.2.1** Summary of findings from the internal auditing processes as per R 19.1

**R 19.2.2** Summary and evaluation of customer and stakeholder feedback as per R18.2 and R 18.3

**R 19.2.3** Summary of quality meal testing as per R 16.2

**R 19.2.4** Recommendations for follow up actions resulting from summaries and findings above.

**R 19.2.5** Benchmarking could also be used on a semi-regular basis and incorporated into the formal review process. See *Guideline 20: R 20.1*



## Additional information

### Audits are not rocket science and don't have to be complex

A quarterly or annual audit should be a relatively straightforward process. One template for a service could potentially encompass all areas that need examining.

For example, the Food Safety Program component of the review might boil down to three broad questions:

- 1) Is there a report from an independent third party Food Safety Auditor and have all recommendations been actioned?
- 2) Is there a report from the Local Government Environmental Health Officer and have all recommendations been actioned?
- 3) Have all staff and volunteers been trained in food safety according to the training plan?

If training records are up-to-date, and any adverse findings or recommendations resulting from the audits have been followed up, this aspect of the audit should take minutes. The only extra documentation required are details of follow-up actions that are still in process.

### Government cost shifting

Feedback from members has indicated that in some instances, Meals on Wheels agencies such as local government or non-for-profit health organisations have either explicitly or surreptitiously encouraged their staff to limit provision of meals either at intake, or in relation to the number of meals provided.

When weighing up a proposed price increase, there have been instances where managers have asked staff to estimate the number of customers that would discontinue due to their unwillingness or inability to pay. The thrust of the enquiry being that if it's only a small number the increase should go ahead. While acknowledging the financial pressures on these organisations we suggest they:

- Benchmark other providers to determine if the service is operating efficiently.
- Question why the customer base of their organisation is declining, whilst other providers have increased their uptake.
- Consult with their staff, boards, elected officials, customers and their communities about the importance they place on the service and budget priorities.

Rather than erode service outputs and responsiveness, join with Meals on Wheels Victoria and Meals on Wheels Australia in lobbying for sustained increases in the subsidy. The substantial increases in 2017 and the COVID-19 funding boost in 2020, and the increase from \$4.90 to \$7.50 in 2022, did not happen by accident; they came about through sustained and targeted lobbying by both organisations.

# Guideline 20

## Tendering and Subcontracting

### Service Elements

The number of stand-alone Meals on Wheels services that receive the subsidy, cook the food, and deliver the meals has shrunk to less than a handful. Most services either:

- 1) Receive the subsidy (referred to as the 'auspice' organisation) manage customers and deliveries and contract out the supply of meals.
- 2) Some services receive the subsidy and contract out both the management of customers and deliveries and the supply of meals.

This following section is intended as a guide for these services above. However, the information about benchmarking is applicable to all organisations.

### Recommendations

- R 20.1** All services should undertake a benchmarking exercise periodically, or before tendering out any aspect of the service. The following areas should be compared to other services:
- Cost of meal to organisation
  - Fees charged to customers
  - Menu choice
  - Provision for culinary preferences and special dietary requirements
  - Delivery days and times
  - Quality assurance systems and processes
  - Stakeholder feedback
  - Staff and volunteer management: training, recruitment and turnover
  - Customer monitoring and review systems
  - Active ageing and combating social isolation initiatives
- R 20.2** When detailing requirements in a specification document used for tendering, a service should consider-
- R 20.2.1** Benchmarking findings
  - R 20.2.2** The goals and objectives of their business or service plan
  - R 20.2.3** Stakeholder and customer feedback
  - R 20.2.4** Criteria for assessing potential contractors, including scoring and weighting.
- R 20.3** All service specifications should reference the Meals on Wheels Victoria Best Practice Guidelines and depending on the component of the service being tendered, make specific reference to various relevant recommendations within the guidelines.



