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Improving Food in Aged Care Program Evaluation

Year Two Progress Report – 2025

1 July 2024 – 30 June 2025

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Executive Summary

The Improving Food in Aged Care through Education and Training program (the program) has four main components:

- 1. State and Territory Hubs (Hubs):** Virtual training events facilitated by chef trainers (3 x 2.5-hour sessions)
- 2. Trainer Mentor Program (TMP):** Aged care homes receive 1 year of training and mentorship, targeted to kitchen teams including cooks and chefs
- 3. Online learning modules (OLMs):** Provide publicly accessible online training in a range of topics (e.g. texture modification, dementia)
- 4. Professional community (PC):** Online platform for chefs and cooks to knowledge share, access resources and receive support.

The program aims to improve capabilities to prepare nutritious and appetising food, support the sector to adhere to aged care food standards, and improve resident quality of life and overall health indicators.

Program Reach & Participation (July 2024–June 2025)

- **Over 2,000 participants across 135 aged care homes accepted in the TMP**, 87 homes commenced in 2024–2025 with 108 homes commenced by end June 2025, with **10 homes** (9% of the total) graduating the program in 2024–25.
- **3,100+ OLM completions** and reach expanded beyond kitchen staff
- **165 participants completed 14 Hubs** with increased number of participants per Hub
- **2,800+ new Professional Community users** added and a scalable and searchable recipe library capability developed
- **300+ fortified, aged care-specific recipes** in development through the Example Best Practice Menu Project

Executive Summary– Major successes

- **High demand for the TMP:** Interest in the TMP has consistently exceeded availability. 96 TMP applications were received for only 15 available places in the final wave (last of six).
- **Resident outcomes:** Aged care homes participating in the TMP and Hubs reported improvements in food quality, nutrition, food presentation, and resident wellbeing, including reported weight gain.
- **Multi-component design:** The four-component structure of the program allows both intensive training through the TMP and wider access to training through online channels (Hubs, OLMs, professional community).
- **Flexibility:** The Foundation's program team have been responsive to emerging needs and challenges, for example, developing new resources as required and placing greater emphasis on ensuring there is home leadership support in the TMP selection process, in response to challenges seen in some participating homes.
- **Strong mentoring:** Chef Trainers were widely acknowledged by stakeholders for their passion and knowledge. More than 90% of TMP and Hub survey respondents rated the Chef Trainer as *excellent* or *very good* regarding their knowledge and passion.
- **High satisfaction:** The Hubs, TMP, OLMs and PC all received high satisfaction ratings from participants (over 90%).

Executive Summary– Main challenges

- **Technology:** Persistent low digital literacy and limited IT access for aged care chefs and cooks limited engagement with online training and resources. To address technology barriers, the Foundation are implementing several proactive measures:
 - Chef Trainers provide hands-on portal and PC setup demonstrations during the 5-day intensive, offer real-time support, and help identify ongoing tech support staff, while Hub participants receive detailed instructions and initial technical assistance from a training team member at the start of each session.
- **Workforce:** High staff turnover at aged care homes, lack of adequate training time given to chefs and cooks to attend training/complete coursework and inconsistent management support impacted engagement with the TMP and Hubs.
- **Capacity constraints:** High demand for TMP that exceeds the number of aged care homes that the current funding allows; Chef Trainer workloads are high and may be unsustainable.
- **Funding:** Funding uncertainty beyond 2026 may result in the loss of skilled Chef Trainers, disrupting program continuity and momentum.
- **Regulatory ambiguity:** Lack of detailed information around the new Aged Care Standards (especially Standard 6) makes it difficult to align program delivery to reporting requirements.

Executive Summary – Recommendations



These recommendations aim to support program improvement. We have split the considerations into categories including [coming Financial Year \(in 2025/2026\)](#), [future funding](#) and [strategic considerations](#).

Recommendations

- **Enhance digital platforms** ([in 2025/2026](#)): Develop mobile-friendly, integrated systems with targeted technology support through the new IT Improvements Project to support greater uptake of online resources by aged care chefs and cooks.
- **Leadership and management engagement** ([in 2025/2026](#)): Clear support and accountability is required from aged care home executive leadership and management to ensure adequate staff time and resources are available for both the TMP and the Hubs.
- **Leadership and management engagement** ([Future funding](#)): Create a resource hub or OLM to support service provider senior leaders.
- **Build on provider model** ([in 2025/2026](#)): Expand provider-specific Hub model to embed whole-organisation change, not just individual home transformation. For example, by proactively targeting service provider groups to provide resources and support targeted at provider/service leadership.
- **Marketing and communication** ([in 2025/2026](#) / [Future funding](#)): Invest in targeted marketing using social media, sector conferences and peer-reviewed publications to promote Hubs, OLMs and the Professional Community. Develop communication templates for service provider management to share progress with leadership, boards, and staff.
- **Standards alignment** ([Future funding](#)): Once additional information is available, ensure alignment of resources with the new Aged Care Standards (especially Standard 6 – Food and Nutrition).
- **Professional recognition** ([Strategic considerations](#)): Partner with TAFE/RTOs to create formal qualifications and career pathways for the Chefs/Cooks in the TMP.

Executive Summary – Conclusion

The program across its four components is making progress in building sector capability, and improving food quality and resident outcomes in residential aged care, evidenced by:

- Reported (by participating RACHs) reductions in resident weight loss and falls, and reduced supplement use following participation in TMP
- Improved flavour, nutrition, and presentation of food as reported by RACHs participating in the Hubs and TMP
- Over 90% of survey respondents agreed or strongly agreed that they had improved skills in preparing flavourful and nutritious food and had ability to apply these newly learned skills.

Introduction

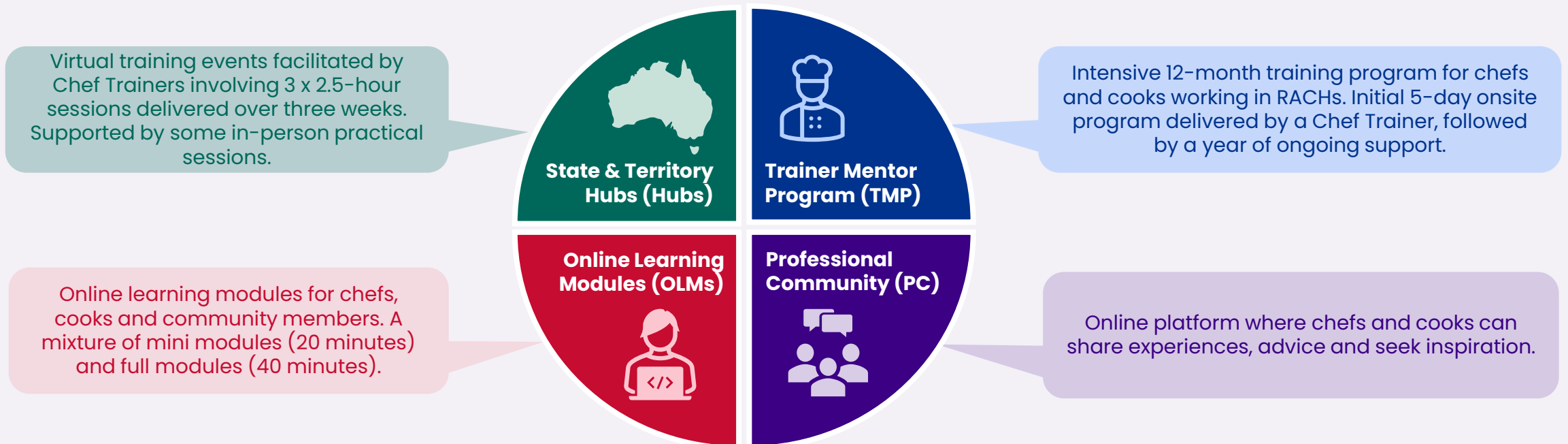
This section of the report outlines the background of the program, the program objectives, an overview of the evaluation and data sources used in this report

Background

The Maggie Beer Foundation initially received a \$5 million grant from the Australian Government Department of Health, Disability and Ageing (the Department) to deliver the 'Improving Food in Aged Care through Education and Training Program' (the Program) from May 2023 to March 2026. The 2024-2025 Mid-Year Economic and Fiscal Outlook allocated an additional \$1.7 million to extend the Foundation's funding to September 2026.

The Program is a key part of the Australian Government's response to the Royal Commission into Aged Care Quality and Safety and is central to its election commitment – **Better Food in Aged Care** – which seeks to **improve food and nutrition outcomes** for older Australians receiving aged care.

The Program involves the Maggie Beer Foundation designing and delivering an aged care sector food education program for chefs, cooks and other aged care staff focused on residential aged care homes (RACHs). The Program consists of four key components:



Program Objectives

The key objectives of the Improving Food in Aged Care through Education and Training Program are to:

1



Improve the **capability** of chefs and cooks to prepare **nutritious** and **appetising** food for older Australians, both in the home and residential aged care.

2



Support the sector to meet the **new** and **improved** food and nutrition **standard** and **enhance** the overall **quality** of food and nutrition delivered in residential aged care.

3



Improve the **quality of life** of older people in residential aged care and increase the number of **positive responses** to the Resident Experience Survey (RES) question "*do you like the food here?*"

4



Reduce unplanned **weight loss, falls** and **major injury** and **pressure injury quality indicators**.

Evaluation overview

The aim of the evaluation is to assess how well the program has been implemented, whether it is making a sustained difference to people’s food and dining experiences in aged care homes, and to identify future opportunities for improvement.

Evaluation Approach

Continuous

The gathered data (next slide) is being analysed and reported monthly and included in annual evaluation reports from 2024–2026. Continuous reporting supports timely recommendations for improvement or action to prevent failure, as appropriate.

Mixed methods

The collected evaluation data is a mixture of quantitative and qualitative data. By triangulating data from different sources, mixed methods research improves the validation and reliability of the findings and increases confidence in evaluation results.

Key Evaluation Questions

1

How has the Program been **implemented**?

2

What **difference** is the Program making?

3

What signs of **sustained impact** has the Program achieved?

4

What are the future **opportunities** and **priorities** for the Program in improving food in aged care?

This progress report

This report is the year two progress report. It presents the Program's progress to date, achievements and learnings. A mixture of primary and secondary data sources have been used in this report (data 1 July 2024 to 30 June 2025).

Note: Resident Experience Survey (RES) and Quality Indicators (QI) data have not been included in this report; they will be incorporated into the final report next year.

Structure of this report: Due to the large volume of data, the main body of this report describes findings across the program components and provides a high-level summary of the findings for each component. The appendix contains details on the individual components.

Primary data

- **Evaluation Surveys**
 - Hub attendee survey (n=185)
 - Hub chef trainer survey (n=57)
 - TMP participant survey (n=61)
 - TMP chef trainer survey (n=121)
 - OLM participant survey (n = 123)
 - PC participant survey (n = 28)
- **Case studies**
 - 10 TMP initial case study visits and two 12-month end of program follow up visits were conducted with program participants; 1 Hub case study was also undertaken. These involved site visits, observation and interviews with program participants and other relevant staff at the RACH.
- **Stakeholder interviews**
 - 13 interviews with 25 stakeholders
 - Stakeholders included: Foundation staff, Foundation Board members, TMP selection committee members, Nutrition Professionals Australia, Flinders University representatives and other key stakeholders.
- **Hub observation**
 - Two hub observations completed

Secondary data

- **Maggie Beer Foundation program activity data:**
 - Hub registration and attendance
 - TMP applications
 - TMP participants
 - OLM completion
 - PC registrations and interactions
 - Social media/marketing
- Food satisfaction questionnaires
- Menu appraisals
- TMP reports to aged care homes

Overarching Findings

This section of the report provides the overall program findings from the evaluation including activities, achievements, strengths and barriers

Progress over the past year

This slide highlights the key progress and/or changes made to the program **over the past year** (1 July 2024– 30 June 2025) and the number of participants in each component.

Hubs

Progress:

- Holding online Hubs only (i.e., no hybrid Hubs or in-person practicals held).
- Introduction of Provider Exclusive Hubs.

Number of participants:

- In the past 12 months, **14 Hubs** were delivered (including 6 Provider Exclusive Hubs) to 187 participants with **165 participants completing** (i.e. attending at least 2 sessions).
- There was an average of 13 attendees per Hub.
- There was a higher proportion of Provider Exclusive Hub attendance (70%) compared to open Hubs which had a 63% attendance rate

TMP

Progress:

- Restructuring the Chef Trainer team to have Senior Chef Trainers who lead and provide mentorship.
- The selection process was refined to emphasise RACH leadership commitment to help reduce withdrawals and support successful program implementation.
- Introduced Quarter 4 events, and video and certificates for graduation.

Number of participants:

- The TMP program has engaged 2,178 participants in 135 RACHs accepted into the program
- **10 (9%) RACHs have graduated**
- 7 RACHs withdrew after commencement in the program

OLMs

Progress:

- The fifth OLM of the six OLMs to be developed, "Dining with Dementia," has been developed in the last twelve months and is now available.
- The final module regarding First Nation's people is currently in production after a thorough co-design process to ensure cultural appropriateness.
- The online portal was introduced as well as single sign on.

Number of participants:

- In total, the five modules have been completed **3,189 times**.

PC

Progress:

- Significant upgrades have been made to the PC:
 - The recipe section has been redeveloped, allowing recipes to be scaled and searched by keywords and terms.
 - The resources section is currently being updated to improve navigation and user-friendliness.
 - TMP, Hubs and OLM participants receive automatic access.

The online portal was introduced as well as single sign on.

Number of participants:

- **2,817 new login** credentials were distributed

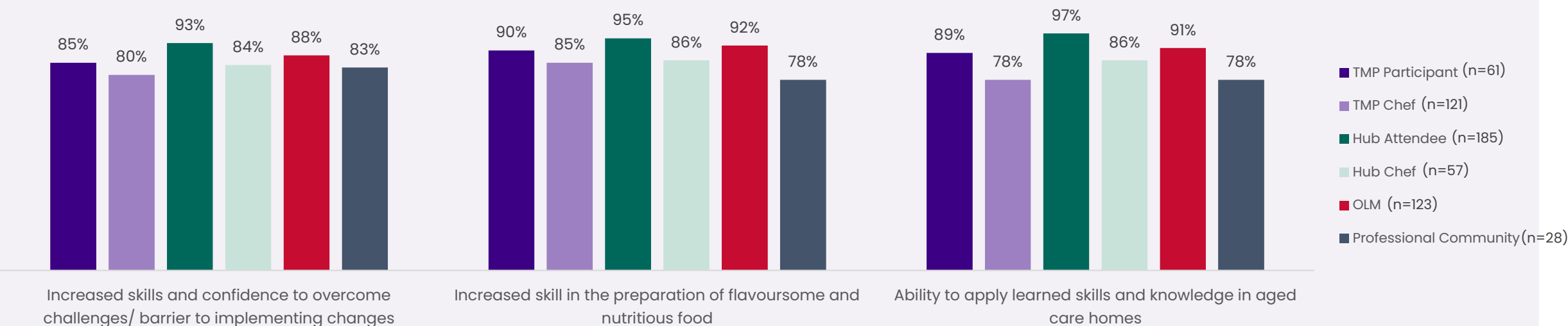
Impact on skills and knowledge

Overall, the program is having a positive impact on the knowledge and skills of aged care chefs and cooks (Figure 1). Participants rated the following statements highly:

- Gained increased skills and confidence to overcome challenges or barriers to implementing changes (89%)
- Improved skills in preparing flavourful and nutritious food (92%)
- Enhanced ability to apply newly learned skills and knowledge in aged care homes (91%).

More than 90% of Hub and OLM participants agreed or strongly agreed that they had improved knowledge or skills. The proportion of TMP participants who agreed or strongly agreed was slightly lower. The TMP likely had lower agreement rates due to most of the respondents completing the survey following the five-day intensive rather than following TMP completion, with analysis showing the participants were the most positive in the fourth quarter of the TMP.

Figure 1: Comparison of Key Survey Indicators Across Components - % Strongly Agreed or Agreed (Source: MBF Hub data)



Strengths & Successes

The following strengths underpin the program's contribution to building capacity and improving food quality in RACHs.



High demand & reach: There is high demand for the TMP, with the program consistently receiving more applications than places available. There are currently over 2,000 participants across 135 RACHs. In addition, 3,189 OLMs have been completed and there have been 165 participants complete 14 Hubs.



Positive feedback: All components of the program have received consistently positive feedback from participants including provider leadership, management, cooks/chefs and other kitchen and dining staff, as well as the Chef Trainers and other key stakeholders. For example, overall satisfaction was consistently high with 99% of Hub attendees satisfied, 96% of TMP participants very or somewhat satisfied and 91% of OLM participants satisfied.



Positive impact on food quality & resident outcomes: RACHs report improved flavour, nutrition, presentation, and enjoyment of meals. Some RACHs have reported reductions in resident weight loss and falls, and reduced supplement use following participation in TMP.



Robust and evolving professional resources: The PC features an expanding, aged care-specific, scalable recipe library, up-to-date nutrition analysis, and fact sheets tailored to sector needs. The development of additional OLMs also supports upskilling in areas of identified need.



Multi-component program structure: The approach provides both intensive training for up to 135 RACHs through the TMP and wider access to upskilling through the Hubs, OLMs and PC.

Strengths & Successes continued



Strong professional mentoring: Chef Trainers have been acknowledged by all stakeholders (Foundation staff and participating cooks/chefs/leadership) as having played a vital role through their passion and knowledge. More than 90% of Hub and TMP survey respondents rated Chef Trainers as excellent or very good on their knowledge and passion.

The addition of Senior Chef Trainers to support the team and provide an escalation point has been highly effective according to Foundation stakeholders.



Efficient project management, administration & governance: Foundation staff, RACHs and other stakeholders describe program operations as highly organised, with efficient communication, smooth onboarding and adaptable processes. Systematic monitoring has supported quality improvement and responsiveness when challenges arise.



Flexibility & adaptability: The Foundation program team have been able to pivot to address emerging needs and challenges – such as creating new resources or responding to IT barriers. Refinements to the TMP selection process were also made to place greater emphasis on leadership support within RACHs, helping to maximise participation and implement recommendations.



IT improvements: Although there is still need for further improvements, the IT improvements in the last 12 months (such as the portal and single sign on) have been impactful, with 90% of TMP participants finding the portal very (76%) or somewhat (14%) useful. There is a larger IT improvement program beginning in the new financial year that will further support training and reporting.

Barriers

The program faces several persistent and interconnected barriers — technological, workforce and capacity — that limit its reach, sustainability, and impact in RACHs.



Technology and digital literacy: Technology barriers consistently emerge as the most significant challenge across all program components. Many staff lack access to computers or adequate devices, have low IT skills, and/or struggle to navigate across platforms, leading to frequent technology-related disruptions in online training. For example, 19% of respondents to the Hub survey were affected by technology issues.

To help overcome this barrier in the TMP Chef Trainers provide hands-on portal and PC setup demonstrations during the 5-day intensive, offer real-time support, and help identify ongoing tech support staff, while Hub participants receive detailed instructions and initial technical assistance from a training team member at the start of each session.

"The biggest issue is the technology and access... A lot of time is wasted with tech issues and waiting for people to get in."
– Foundation Stakeholder



Workforce and Management Buy-In: High staff turnover in RACHs, insufficient time for training and completing coursework, and inconsistent management support hinders engagement in the program components, and program completion. 7 RACHs withdrew from the TMP program after commencing. Reasons cited to the Foundation for withdrawing included staff changes, service model changes (e.g. external catering), limited time to complete the TMP, feeling the TMP was no longer needed, and a lack of capacity to participate fully (e.g., additional staff not made available on training days).



Program capacity: Chef Trainers have a high case load of TMP homes while also delivering Hubs and other activities. This presents a high-risk of burn out amongst Chef Trainers and the current workload is likely to be unsustainable in the longer term. There is a high demand for the TMP which exceeds the places available through the current funding. While Hubs and OLMs can help increase accessibility and are less resource intensive, they do not fully replace the face-to-face, practical learning, which is particularly valued by chefs and cooks.

Barriers continued



Funding: Funding uncertainty beyond 2026 may result in the loss of skilled Chef Trainers, disrupting program continuity and momentum.

"The biggest concern is if we don't continue to get funding. We have built such a repository of knowledge. It is beyond comprehension if it doesn't continue." – Foundation Stakeholder



Policy and regulatory ambiguity: Lack of detailed information around the new Aged Care Standards (especially Standard 6) makes it difficult to align program delivery with compliance and sector needs.

"It would be really lovely to have that level of detail about Standard 6... so we have the ammunition to be able to say this is actually what is needed. This is the standard now rather than just this is our aspiration." – Foundation Stakeholder

Program Components

This section summarises the key evaluation findings for each program component, highlighting the main enablers, successes, barriers, and future considerations

Hubs

Enablers

- Successful online Provider Exclusive Hubs and Open Hubs.
- Strong management support in Provider Exclusive Hubs improving participant engagement.
- Content tailoring in Provider Exclusive Hubs to specifically address unique service provider needs and challenges.
- Online portal offering easily accessible coursework, content and resources.
- Peer learning opportunities fostering knowledge sharing and camaraderie.

Successes

- High participant satisfaction (99% satisfied, 91% would recommend program).
- Strong participant confidence to apply learnings and sustain changes (96% able to apply learnings, 93% confident in sustained changes).
- Provider-specific hubs have a higher attendance rate, and higher registration to attendance ratio (i.e., people attending after registering), although it is noteworthy that attendance at the open Hubs has also significantly improved.
- Increased number of participants per Hub compared to last financial year, with 14 Hubs delivered to 187 participants, averaging 13 participants per Hub up from 9. Excluding Provider Exclusive Hubs, the average number of participants still increased to 11 participants per session demonstrating increased engagement.
- Completion rates: 68% of attendees completed all three sessions compared to 50% in the previous year, with a further 20% completing two sessions (27% in the previous year) and 12% only completing one session (21% in the previous year).

Barriers

- Significant engagement challenges in online delivery formats.
- Session length: Foundation staff and Hub participants reported 2.5-hour sessions were too long.
- Timing conflicts such as afternoon Hubs clashing with lunchtime in WA.
- High non-attendance rate with 34% of registered participants not attending any sessions.
- Virtual formats offer limited practical, hands-on learning, apart from the coursework completed outside the sessions. To address this, the Foundation is reintroducing practical one-day sessions.

Considerations

- **Future Funding:** Need to determine the right timing/format of the Hubs, for example, there is a strong appetite for reducing session length to 1-1.5 hours spread over more weeks.
- **Future Funding:** Several Foundation staff and TMP participants have recommended topic-specific modules to provide deeper learning (e.g., texture modification, protein) and as follow ups once people have completed a general Hub.
- **In 2025/2026:** Consider more hybrid Hubs with an increase in practical sessions. For example, Provider Exclusive Hubs may present an opportunity for in-person sessions.
- **In 2025/2026:** Continue to consider the time Hubs are scheduled to minimise impact on workflow, particularly in WA. A shortened session length will also help with this.
- **In 2025/2026:** Continue to focus on provider groups – continue to proactively approach providers in target areas, considering the number of homes in a group, previous contact with the Foundation, uptake of other MBF training and education and supplement usage.

Trainer Mentor Program

Enablers

- TMP portal provides centralised training resources and coursework activities.
- Tailored, intensive 12-month support with dedicated Chef Trainers.
- **Chef Trainer on site time seen as the most valuable part of the program.**
- Strong selection process with rigorous criteria and independent selection committee.
- Increasing management and staff buy-in ensuring organisational commitment.
- Positive culture shift seen in RACHs fostering pride and confidence in kitchen teams.
- An outline of staff time and equipment requirements was introduced and incorporated into the application forms before Wave 6.

Successes

- Over 2,000 participants across 135 RACHs (waves 1-6).
- 10 (9%) of RACHs graduated as at 30 June 2025.
- High satisfaction rates among TMP participants who took part in the survey (96% overall participant satisfaction, 91% of participants would recommend the TMP). The TMP had higher satisfaction rates at the one-year mark, compared to straight after completion of the five-day intensive.
- RACHs reported improvements in food quality, nutrition, presentation, and resident satisfaction.
- RACHs reported reduction in weight loss and reduced supplement use.
- High sector demand demonstrated by 96 applications for 15 available places in the final wave.

Barriers

- High Chef Trainer workloads, which is likely to be unsustainable.
- Fixed 12-month program means limited flexibility to accommodate varying RACH needs and capabilities (e.g., a shorter or longer program duration).
- Digital literacy challenges limit effective portal use by kitchen staff.

Considerations

- **Future Funding:** Tailor TMP duration and level of support based on RACH capability, with more intensive support for higher-need RACHs and a streamlined program for high-performing RACHs (which can be assessed through the quarterly tracking system), as some homes need more time with the Chef Trainers onsite (which is the key strength of the TMP).
- **In 2025/2026:** Optimise all TMP resources for mobile use to boost accessibility.
- **In 2025/2026:** Require further ongoing and active CEO/management participation to ensure commitment and follow-through. For example, formal check-ins at regular points through the program with senior leadership from the home and/or service provider.
- **Future Funding:** Conduct pre-program site visits to assess kitchen operations and hold initial meetings (including home/ service provider management) to inform program design, maximising the value of the five-day intensive to focus on training.
- **Future Funding:** Establish a buddy or peer network to provide ongoing support for chefs and cooks, complementing the Chef Trainer and promoting sustainability. For example, pair two homes by introducing their head chefs to each other and give guidance on how they can collaborate for mutual support—through regular scheduled meetings as well as real-time assistance with challenges. This system will help homes continue to learn and grow together after the TMP finishes.
- **In 2025/2026:** Clearly outline staff time and equipment requirements in pre-application materials to reduce withdrawals (both before applying and post-commencement), this should include a list of suggested equipment.

Pre & Post Q1 Follow-up

Pre & Post Q1 Follow-up: **Broccoli Soup**



Pre & Post Q1 Follow-up: **Fish Cake**



Online Learning Modules

Enablers

- Ongoing plan for content development including Dining with Dementia being completed and First Nations module in development.
- Popular, relevant content addressing critical sector needs (Dementia module most popular).
- Expert-informed content ensuring quality and accuracy.
- Developed through research, expert collaboration, and production stages. Research and consultations informed content design, which was reviewed by the Department.
- An Expert Working Group is overseeing updates to five existing OLMs.
- Automatic access for all aged care registrants.

Successes

- Five of six planned modules successfully developed and launched.
- 3,189 module completions in past year.
- High overall satisfaction with the OLMs found in the OLM Participant Survey (91% overall satisfied, 93% would recommend OLMs, 94% of OLM participants found recipes useful, 91% valued resource links).
- Co-designed First Nations module development.

Barriers

- Digital access limitations with many staff relying on phones due to lack of computers. These technology infrastructure limitations affect content accessibility and user experience.
- Low digital literacy levels hampering uptake and effective engagement.
- Time constraints as staff often lack dedicated paid time for training completion.

Considerations

- **Future funding:** Create mobile-friendly OLMs.
- **Future funding:** Create an OLM specifically for serving staff

Professional Community

Enablers

- Substantial resource growth with revamped, searchable recipe library.
- Plans for strategic integration efforts linking OLMs, Hub and TMP portal.
- Automatic access provision for all Foundation program aged care chefs and cooks.
- Regular communication through monthly newsletters and updates.

Barriers

- Persistent engagement challenges despite significant resource and platform improvements.
- Low discussion forum participation rates limiting community interaction and knowledge sharing.
- Digital literacy and navigation difficulties affecting user experience.
- Ongoing technical barriers affecting platform accessibility and functionality.

Successes

- Strong growth with 2,800+ new users added in past financial year.
- Significant newsletter engagement improvement (29% to 47% open rate increase).
- In the last financial year there were 105 posts on the PC by the Foundation and 25 posts by users.
- Major platform enhancement with scalable and searchable recipe library. Other resources are currently being updated in a similar manner.

Considerations

- **In 2025/2026:** Develop 'mini bites' such as 5-minute videos, which are already planned for 2025-26. Having these hosted on the PC rather than as an OLMs would be lower cost and could also enhance PC interactivity.
- **In 2025/2026:** Redesign with social media like features that is mobile-accessible.
- **In 2025/2026:** Enable video/image sharing.
- **In 2025/2026:** Increase awareness of the PC.

Other Activities

Menu appraisals

There have been 200 menu appraisals completed over nearly two years, falling short of the anticipated 50 per month. The Department and the Aged Care Quality and Safety Commission have also launched a menu and mealtime review program which could be diverting interest.

Food satisfaction questionnaires

Flinders University's Food Satisfaction Questionnaires (FSQ) provide crucial baseline data. Flinders University recommends repeat data collection, however the ability to do so is limited by cost constraints and a low response rate to the survey. One limitation of the FSQ reports is that it only highlights the areas of least satisfaction. One suggestion may be to shorten the survey, or use a different, more focused survey and implement the questionnaire on residents only to limit burden and maximise response rates for repeat measure.

Example Best Practice Menu Project

The Example Best Practice Menu Project is a major investment of resources, involving the development of 300 new recipes. The output of this project will be a menu that aligns with best practice guidelines, providing a recipe for every menu item along with comprehensive supporting resources such as daily prep lists. Additionally, a webinar will be developed to help homes tailor the menu to better meet the specific needs of their residents.

Conclusions

This section outlines the overall program considerations and conclusions

Program considerations

These considerations aim to support program improvement. We have split the considerations into categories including **coming Financial Year (in 2025/2026)**, **future funding** and **strategic considerations**.

Technology accessibility and integration

- **In 2025/2026 – Enhance digital access:** Develop mobile-friendly, simplified digital platforms with robust technology support, ensuring resources are accessible to all levels of IT literacy.
- **In 2025/2026 – Unify platforms:** Complete integration of program portals for ease of access and improved user experience for all stakeholders (aged care chefs and cooks, provider leadership/management and Foundation staff).

"We attempted to access the online learning modules but experienced technical difficulties and were unable to complete them" – External stakeholder

Leadership and Management Engagement

- **In 2025/2026 – Embed executive endorsement:** Require enhanced clear support and accountability from executive leadership and management at each participating RACH to ensure adequate staff time and resources are available.
- For example, for providers with multiple homes applying, looking for evidence of where applications have been tailored to show the individual and unique aspects of each home.
- Another suggestion could include formal check-ins with senior leadership from the home/service provider as part of the TMP.
- **Future Funding – Content for Senior Leaders:** Develop an Online Learning Module (OLM) or a dedicated resource hub on the PC that offers targeted materials, tools, and support documents specifically designed to enhance the leadership, change management, decision-making, and operational capabilities of service provider leaders, fostering improved communication, strategic planning, and professional growth.

"The kitchen and the management both need buy-in." – Foundation Stakeholder

"If management buy-in is not there, it's a waste of our resources." – Foundation Stakeholder

Provider Exclusive Hubs

- **In 2025/2026 – Continue to grow sector reach through provider engagement:** Expand successful Provider Exclusive Hub model to embed whole-organisation change, not just individual home transformation. Some suggestions include proactively targeting service provider groups and providing additional resources and support targeted at provider/service leadership. This could even include tailored Hubs for individuals responsible for provider level food and dining policies (e.g., catering manager).

"Accelerating program reach depends on building relationships with the top 30-40 providers and supporting major group rollouts." – Foundation Stakeholder

Program considerations

These considerations aim to support program improvement. We have split the considerations into categories including **coming Financial Year (in 2025/2026)**, **future funding** and **strategic considerations**.

Marketing and communication	• Future Funding – Strengthen sector-wide promotion: Invest in targeted marketing to raise awareness in the aged care sector broadly of the overall program and impact using social media, sector conferences and peer-reviewed publications. • In 2025/2026– Targeted marketing: Further raise awareness of the Hubs, OLMs and the Professional Community, for example proactively targeting service providers for the Hubs. • Future Funding– Communication Templates: Develop standardised templates for service provider management to report progress to leadership, board members, and staff.	<i>"We need to be at aged care events, in journals, and talking to industry. You have to be where the industry is." – Foundation Stakeholder</i>
Standards alignment	• Future Funding – Align all program components with the new Standards: Update all training and resources with the requirements of the new Aged Care Standards—especially Standard 6— Food and Nutrition, positioning the program as sector-leading support to meet the Standards.	<i>"We've definitely seen an increase in calls seeking information or advice around the strengthened aged care standards, particularly Standard 6" – External Stakeholder</i>
Certification and professional pathways	• Strategic Considerations – Pursue industry recognition: Establish aged care kitchen roles as recognised positions with defined career pathways and mandatory qualifications, thereby building workforce retention and elevating sector status. • Strategic Considerations – Define skillsets: Support SaCSA to define the required culinary skills for a variety of aged care roles and ensure vocational training is available and accessible to meet those needs • Strategic Considerations – Formal training qualifications: TAFE and other Registered Training Organisations (RTO) should collaborate with organisations like the Foundation to create formal qualifications for aged care cooks/chefs.	<i>"There is a recognition that there's a massive gap. The first step is getting our TAFEs involved and creating some courses." – Foundation Stakeholder</i> <i>"Everything that gives profile and credibility to what the chefs do is really important. Certification would be an amazing recognition of those that go through the program. ." – Foundation Stakeholder</i>

Conclusions

In summary, the program is making progress in building sector capability, and improving food quality and resident outcomes in residential aged care, evidenced by:

- Reported (by participating RACHs) reductions in resident weight loss and falls, and reduced supplement use following participation in TMP
- Improved flavour, nutrition, and presentation of food as reported by RACHs participating in the Hubs and TMP
- Over 90% of survey respondents agreed or strongly agreed that they had improved skills in preparing flavourful and nutritious food and had ability to apply these newly learned skills.

Across all components, ongoing refinement, better integration, and stronger IT and data systems are priorities for the coming year.

Appendices

Total program data

Total participation data since program commencement by component is presented.

Hubs

	FY23-24	FY24-25	Total
No. of Hubs completed	25	14	39
No. of attendees^a	228	187	415
No. of participants completed^b	179	165	344

^a Attended at least 1 session

^b Participants complete a Hub if they attend at least 2 sessions

OLMs

	FY23-24	FY24-25	Total
Texture Modification	154	481	635
Regeneration	112	435	547
Hydration	161	922	1,083
Community Cooking	NA	317	317
Dining with Dementia	NA	1,034	1,034
Total	427	3,189	3,616

Trainer Mentor Program

	FY23-24	FY24-25	Total
No. applications^c	141	168	309
No. RACHs commenced	21	87	108
No. RACHs completed	-	10	10

^c Counts only unique applications (i.e., does not count if a RACH is automatically resubmitted for a subsequent wave but counts a new submission from a previously unsuccessful RACH)



Hubs

Participants

Participant Demographics

- There was a range of aged care **organisation types** that registered for Hubs including charities, not-for-profits, private, religious, and government (Figure 2).
- The participant demographics are not representative of the sector. Most Hub participants were in Victoria, NSW and South Australia (Figure 3) and were from Metropolitan areas (Figure 4). This highlights that there is room for targeted marketing or service provider push towards QLD, and WA, NT, Tasmania and ACT.

Figure 2: Hub Participant Organisation Type (Source: MBF Hub Registration data)

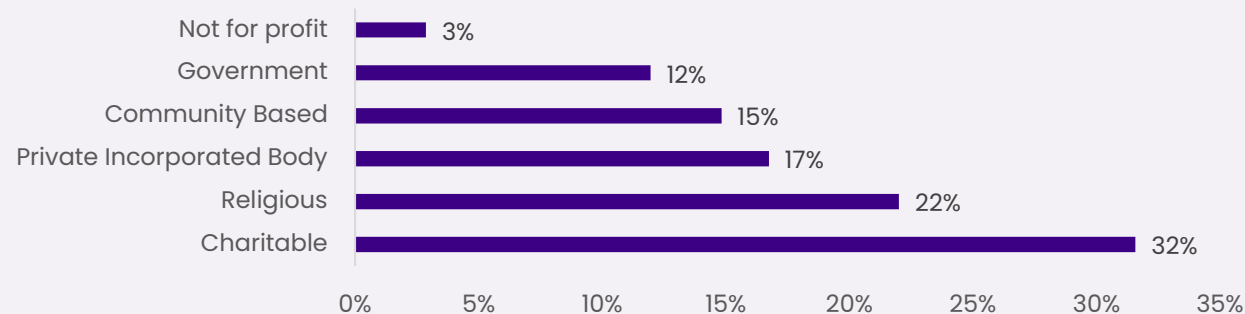


Figure 4: Hub Participant MMM(Source: MBF Hub Registration data)

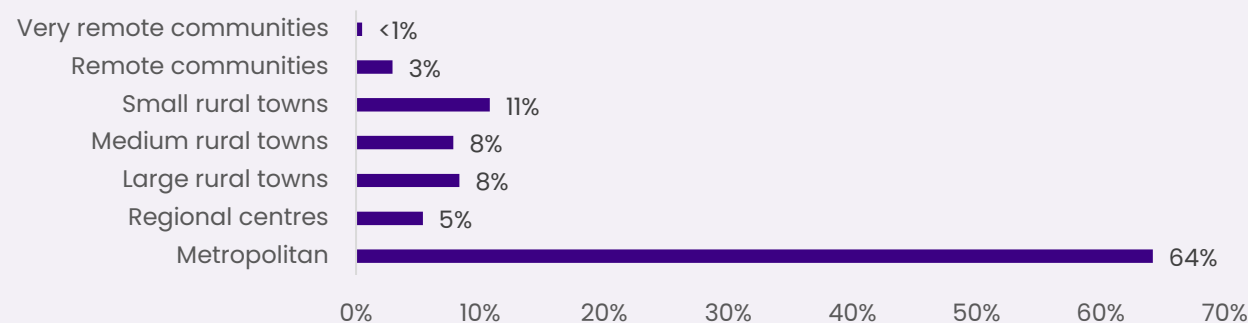


Figure 3: Hub participants by Jurisdiction (Source: MBF Hub data)

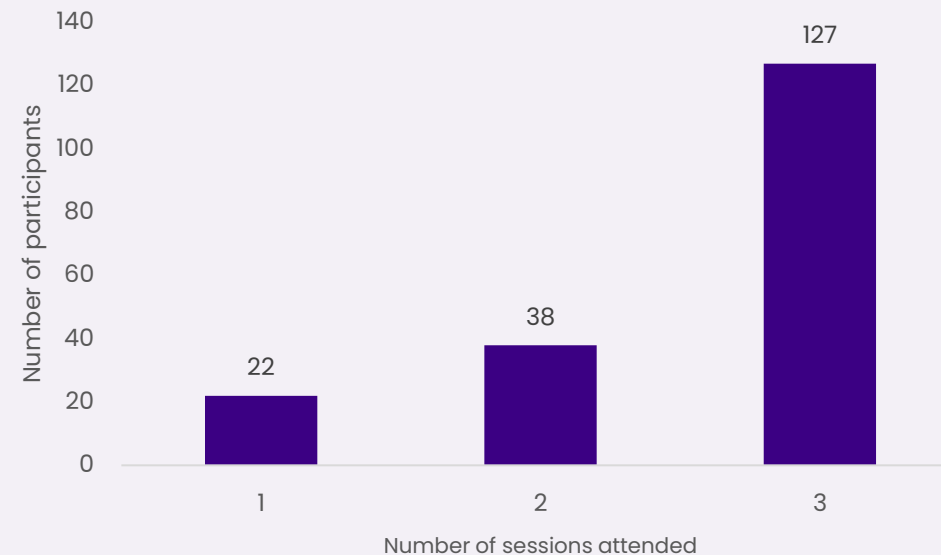


Engagement

The Hubs component has shown improved per session engagement. Stronger engagement was seen in Provider Exclusive Hubs, but overall impact remains constrained by the limited engagement.

Figure 5: Number of Hub Sessions Attended per Participant (Source: MBF Hub data)

- In the past 12 months, **14 Hubs were delivered** (including 6 provider-exclusive Hubs) with **187 participants** (averaging 13 participants per Hub), demonstrating increased effectiveness and engagement compared to the previous year (25 Hubs, 228 participants, average 9 per Hub).
- However, **34% of those registered did not attend any sessions** (n=97/284).
- Of those who attended, **68% attended all three sessions** — reflecting improved participation rates but highlighting ongoing challenges with overall attendance and engagement (see Figure 5).
- Those who attend 2 sessions are classified as having completed a hub (n=165, 88% of those who attended at least 1 session).



Engagement

Provider Exclusive Hubs achieved higher attendance rates than open Hubs, though completion rates of all three sessions was similar between both groups indicating that Provider Exclusive Hubs improve initial engagement but do not affect overall completion.

- There was a higher proportion of Provider Exclusive attendance (70%) compared to open Hubs which had a 63% attendance rate (i.e., attended at least one session after registering) (See Figure 6).
- However, had similar rates of participants attending all three sessions (66% for Provider Exclusive Hubs and 69% for open Hubs) (See Figure 7).

Figure 6: Hub Registration vs. Actual Attendance
(Source: MBF Hub data)

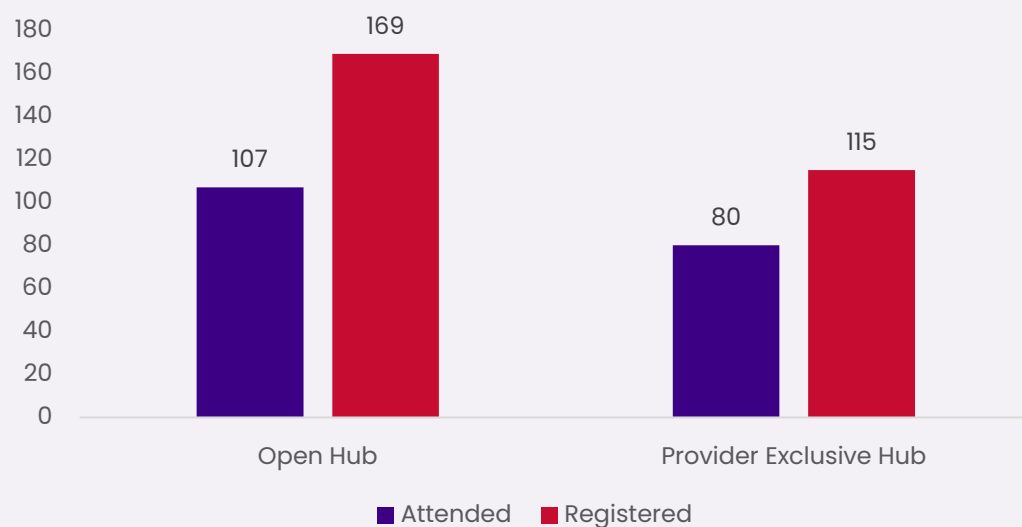
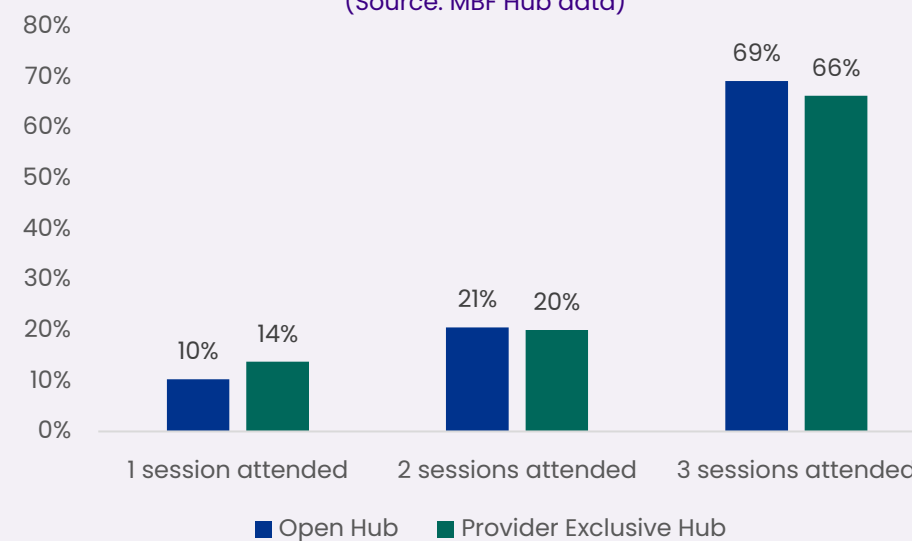


Figure 7: Number of Hub Sessions Attended by Hub Type
(Source: MBF Hub data)



Survey Results

Hub participants reported high satisfaction, with 99% satisfied and 91% willing to recommend the Hubs, highlighting strong perceived benefits and a positive experience with the program.

- Hub participant feedback has been **overwhelmingly positive: 88% of attendees were very satisfied** and a further 11% were satisfied..

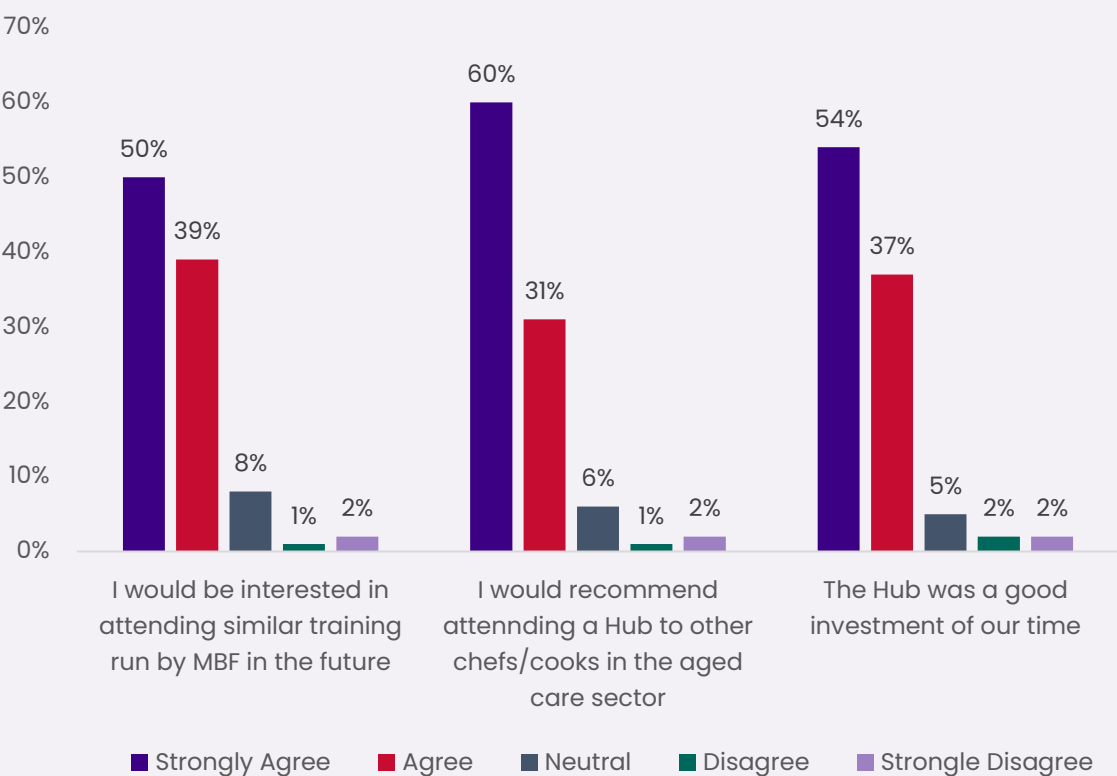
‘I have really enjoyed all aspects of the course and couldn’t say enough how great the Chef Trainers were ’ –Hub Attendee (Source: Hub Attendee Evaluation Survey)

- Further, 91% of Hub attendees said they would **recommend attending a Hub** to other residential aged care cooks and chefs (Figure 8).

‘Fabulous hosts. Very engaging and knowledgeable. Safe space to share and learn from each other. I would thoroughly recommend this program for anyone working in Aged care especially working around food. Well done’ –Hub Attendee (Source: Hub Attendee Evaluation Survey)

- The Hubs supported a **positive perception** of Foundation training, with 89% of Hub attendees stating they would be interested in taking part in other Foundation training activities in the future.

Figure 8: Participants Perceived Benefit of Hub
(Source: Hub Participant Survey, n=185)



Survey Results

Hub participants showed strong confidence in applying new skills & making lasting changes, with 96% able to apply learnings & 93% confident in sustaining improvements, while 89% of Chef Trainers believed attendees could implement changes in their workplaces.

- Hub participants had **confidence** they would be able to implement the learnings and make changes in their current workplace, with 61% being very confident and 35% being somewhat confident (Figure 9). Similarly, 89% of the Chef Trainers believed that attendees would have the ability to make changes in their RACHs following participation in the Hub. (Source: Hub Chef Trainers Survey, n=56)

'I feel like our final Hub with this group was a real "aha moment" I felt as though it came together and everyone wanted to share how they had made improvements following the Hubs. It was so lovely to see!' Hub Chef Trainer (Source: Hub Chef Trainers Survey)

- Participants also mostly agreed that they had the **ability to apply new skills** (96%), make **sustained changes** in their residential aged care home (93% agreed), had **increased skills and confidence to overcome challenges** (93% agreed) and **increased skills in the preparation of food to make it flavourful and nutritious meals** (95%) (Figure 10).

Figure 9: Confidence to Implement Hub learnings
(Source: Hub Participant Survey, n=185)

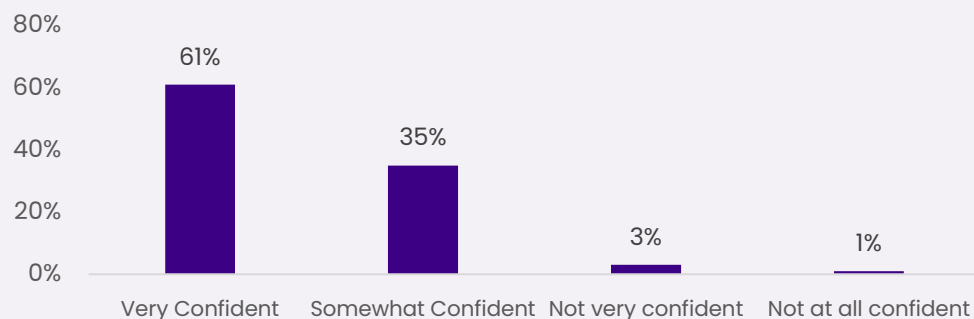
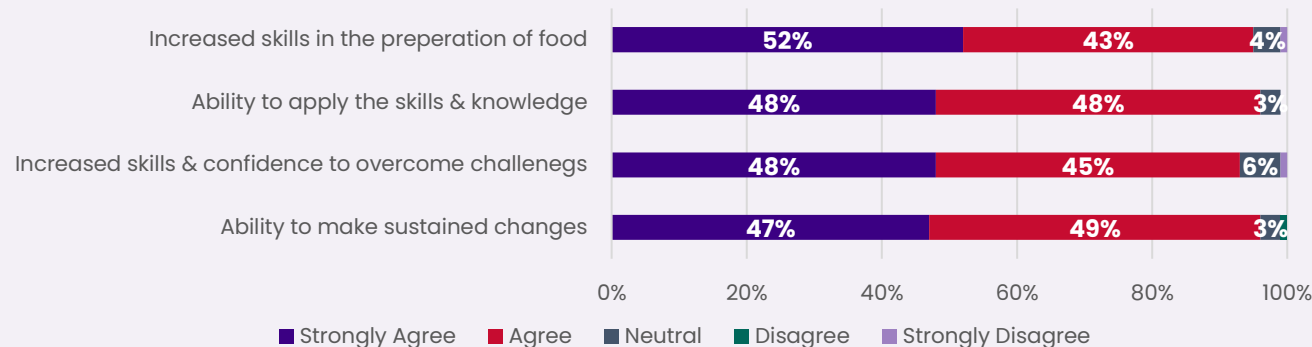


Figure 10: Achievement of Hub Outcomes
(Source: Hub Participant Survey, n=185)



Survey Results

19% of Hub attendees faced technical issues, though most found the online format effective; main barriers to applying learnings were limited time, staffing, and resources, with many expressing a preference for in-person practical training.

Barriers

- 19% of Hub Attendees reported experiencing technical difficulties (n=35/185, data source: Hub Attendees Survey). Common technical difficulties included issues with their computers, using Microsoft Teams particularly logging in, accessing/ watching the presentations and sound.

- Chef trainers also noted technology and electronic literacy as a regular barrier:

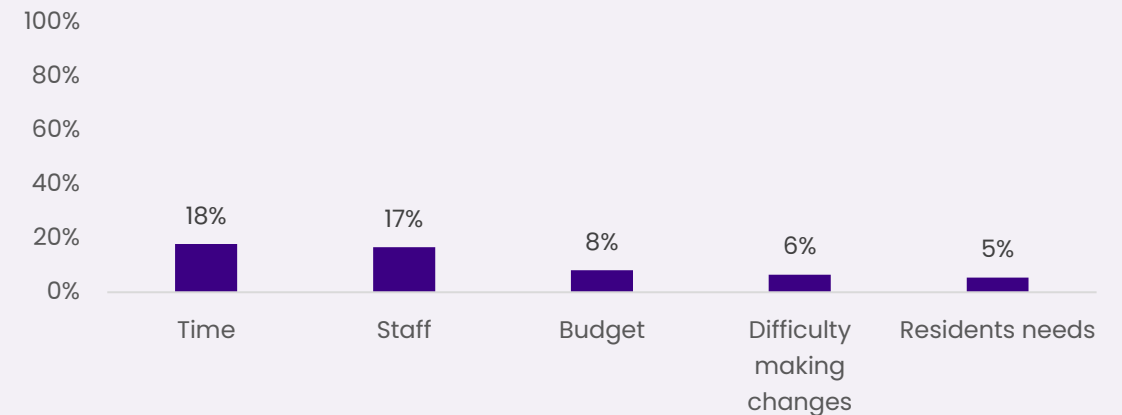
‘Tech ability/ systems capability for participants varies widely with some streaming issues in Teams and familiarity with webinars / online participation. Viewing videos in particular was problematic for 30–50% of attendees due to memory or buffering issues. Hub Chef Trainer (Source: Hub Chef Trainer Evaluation Survey)’

- Despite these challenges, 97% of attendees found the online format appropriate and effective. However, 69% of Hub participants also believed they would gain additional benefit from an in-person practical training with a Chef Trainer (data source: Hub Attendees Survey).

‘Just to watch and see how its done, it always helps watching someone do something first then getting a better aspect of what you need to achieve’. – Hub Attendee (Source: Hub Attendee Evaluation Survey)’

- Text analysis (n=185, data source: Hub Attendees Survey) showed that the most common barriers to making changes included time (18%), staff (17%), budget (8%), difficulty with change management (6%) and residents needs (5%). (Figure 11).

Figure 11: Foreseeable Barriers to Making Changes:
(Source: Hub Participant Survey, n=185)



Case Study – Large multi-home provider



The service operates over 20 residential aged care homes across Western Australia, supporting a diverse mix of residents, including veterans, people with disability, and Indigenous Australians, with centralised menu planning and procurement. So far, 20 staff—mainly chefs and cooks—have completed Hub training, with the aim to have at least 50 out of 70 kitchen staff participate. Both weekday and weekend staff have taken part to ensure broad coverage.

The service provider had staff attend across the Open Hubs that were delivered over the past two years (i.e., they did not attend a Provider Exclusive Hub).

Hub training is driven by a dedicated Learning and Development team, managing enrolments and coordinating with rostering to secure staff attendance. Key challenges included training session times clashing with lunch service in WA, administrative inefficiencies around enrolling staff from multiple sites and a lack of automated reporting for course completion.

Impact:

- Reported a reduction in resident weight loss, improved meal presentation, stronger texture modification practices, and more meaningful engagement with residents about their food choices.
- Service quality also improved, with better dining ambience, effective fortification practices, enhanced flavours, and standardised quality across all locations.

Feedback:

- Staff found the training user-friendly, particularly valuing opportunities to network and upskill.
- The online 3 x 2.5-hour session format was generally well received, though some suggested shorter or more hands-on options.
- Some technical issues were experienced.

Observations

Based on observations conducted across two Hub training sessions, several important findings emerged regarding participant experiences, perceived value, and implementation challenges.

- **High Overall Satisfaction:** The majority of participants indicated broad satisfaction with the program content and delivery.
- **Professional Networking:** As both observed Hubs were Provider Exclusive Hubs, it gave the staff an opportunity to engage with other staff members at different homes but within the same service provider and that was clearly enjoyed by all participants, many of whom had never met before.
- **Minor Content Overlap:** Some participants noted that certain content repeated information already covered in OLMs, suggesting potential redundancy in the curriculum. Currently, the Foundation cannot track which Hub participants have completed the recommended OLM training before attending. Ideally, the Foundation would be able to see all participants' completion status and treat the OLM as assumed knowledge. However, repeating key content is still valuable, as it reinforces its importance.
- **Role-Specific Relevance Gaps:** Limited instances were observed where content was less applicable to specific operational contexts of these homes.
- **Delivery Format Concerns:** Fatigue and diminishing engagement was noticeable from the second hour of the two and a half hour modules, indicating some discomfort with extended computer-based sessions, suggesting room for improvement in session format and duration.
- **Technology Implementation Challenges:** It was observable that technology was a significant barrier, primarily related to Microsoft Teams platform instability. Participants experienced frequent session disconnections, presentation failures, and difficulties accessing multimedia content embedded in slides. Multiple participants struggled with initial session access, requiring repeated login attempts. These issues were particularly pronounced during early program sessions and appeared to impact overall engagement. Further, recurring difficulties with uploading required materials were noted, often requiring multiple attempts and creating frustration among participants.

Trainer Mentor Program

Applications & Participants

The TMP program engaged 2,178 participants across all states and territories except the ACT, mostly from metropolitan and non-profit homes; participants included cooks/chefs (28%), other kitchen staff (39%), and a portion (33%) in other roles.

TMP Applications (See Figure 12)

- **309 applications** (to 30 June 2025) received since the start of the program.
- If homes are not accepted in the wave they apply for, the TMP selection committee can flag a home to be resubmitted for the next wave.
- **135 residential aged care homes accepted** to take part in the TMP.
- 7 homes withdrew after starting the program.

TMP Participants (See Figure 13)

- **2,178 registered participants** to date (Wave 1-6)
- **28%** of registered TMP participants were either chefs or cooks
- **39%** were other kitchen staff
- **33%** of TMP participants were other staff

Figure 12: TMP Applications and Accepted Homes (Source: MBF TMP Data)

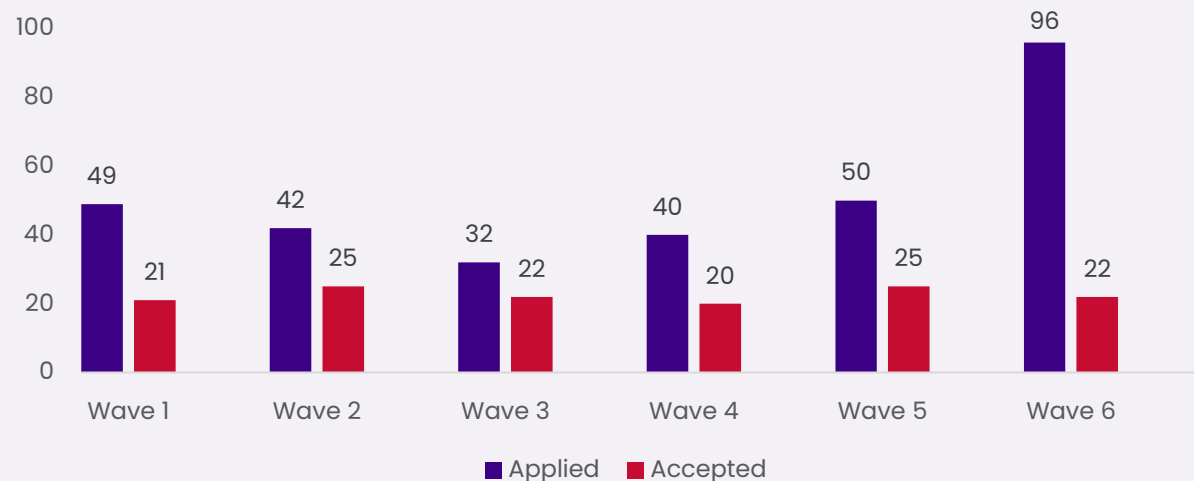
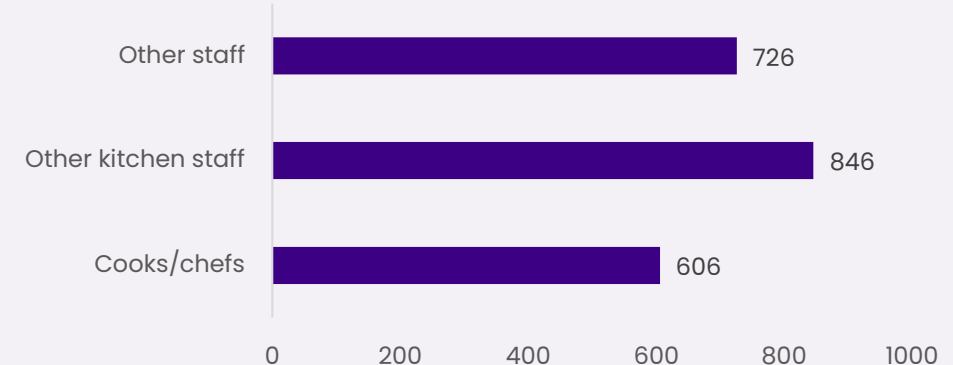


Figure 13: TMP Participant Roles (Source: MBF TMP Data)



Home Characteristics

For Waves 1-5 (for those commenced to 30 June 2025), the TMP program included a majority of metropolitan (64%) and non-profit homes, with geographic spread across all states (no homes in the ACT and NT) – most in NSW (41%) and Victoria (26%).

- More than half of homes in Waves 1 – 5 (64%) were in metropolitan locations, with a further 34% in regional areas. Only a small number of homes are in remote and very remote regions (see Figure 14).
- Homes commenced in the TMP program were spread across different states and territories in Australia with the most homes in NSW (41%) and Victoria (26%) (see Figure 15).

Figure 14: TMP Homes by MMM Region
(Source: MBF TMP Data)

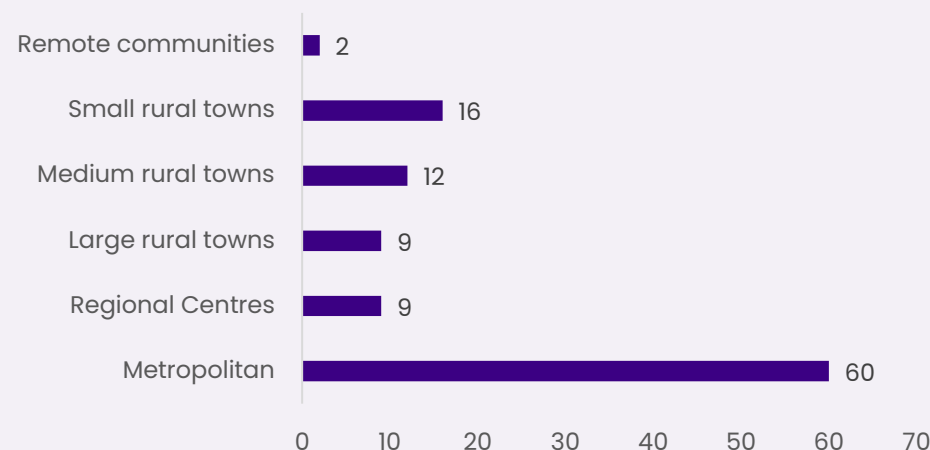
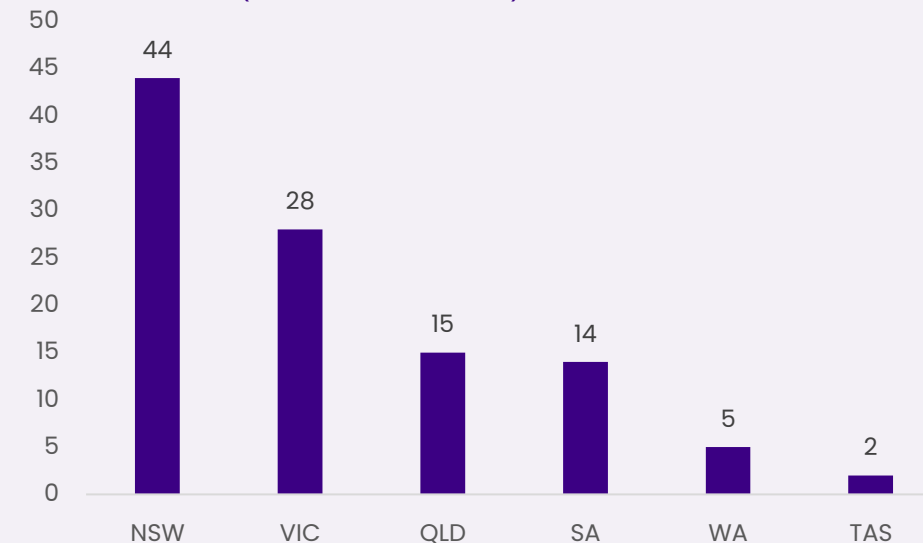


Figure 15: TMP Homes by Jurisdiction
(Source: MBF TMP Data)



Activity v. Targets (waves 1-6)

TMP selection targets were largely achieved, with slight underrepresentation of metropolitan homes.

Targets for Modified Monash Model (MMM) region, jurisdiction, and service type were established at the outset of the TMP to ensure a representative sample of aged care homes participated in the program. While these targets were nearly achieved, accepted homes across waves 1-6 included fewer metropolitan homes than planned (see Figure 16). Jurisdictional targets were broadly met, with over representation in NSW and SA and under representation in WA and Queensland (Figure 17). A lower number of homes in WA was largely due to not having a Chef Trainer based in WA and therefore would require long travel times.

Figure 16: TMP Accepted and Target % Homes by MMM Region (Source: MBF TMP Data)

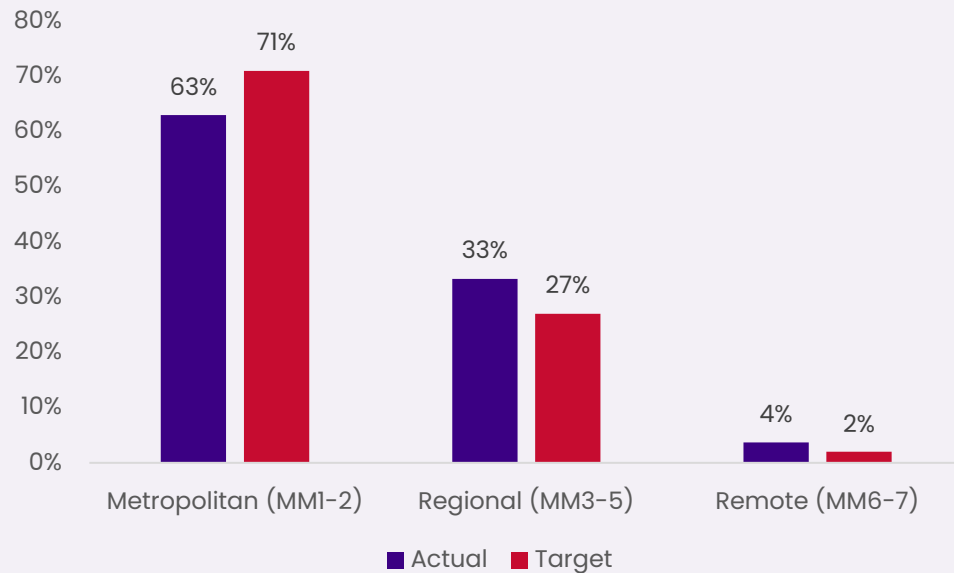
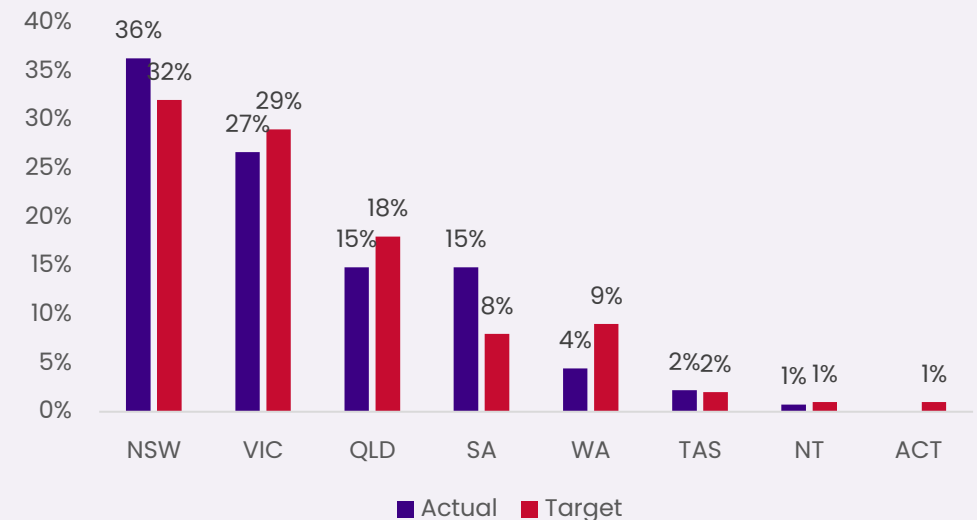


Figure 17: TMP Accepted and Target % of Homes by Jurisdiction (Source: MBF TMP Data)



Withdrawals



Seven homes have withdrawn from the TMP to date post commencement of the program, representing **5.19%** of the selected TMP homes. There were a further 28 homes which withdrew immediately after acceptance or before commencing the program.



Overall, there were no notable difference in the characteristics of homes (e.g., home size, MM, jurisdiction) that withdrew after application compared to homes that continued in the TMP.



Reasons cited to the Foundation for withdrawing included staff changes, limited time to complete the TMP, shifts in service delivery (such as moving to an external catering company), feeling the TMP was no longer needed, and a lack of capacity to participate fully (e.g., not able to provide additional staff on training days).

Program Topics

The spread of topics across TMP homes highlights the importance of providing a broad scope of topics to ensure the TMP can be tailored to each home's needs.

TMP topics covered in homes (see Table 1 and Figure 18)

A broad scope of topics is available for each participating home. Each home is given a program that includes as many topics as required based on identified needs.

The most covered topics include:

- Cooking Techniques (69%)
- Workflow (67%)
- Fortification (67%)
- Recipe development (66%).

In addition to cooking-related content, chef trainers also placed emphasis on:

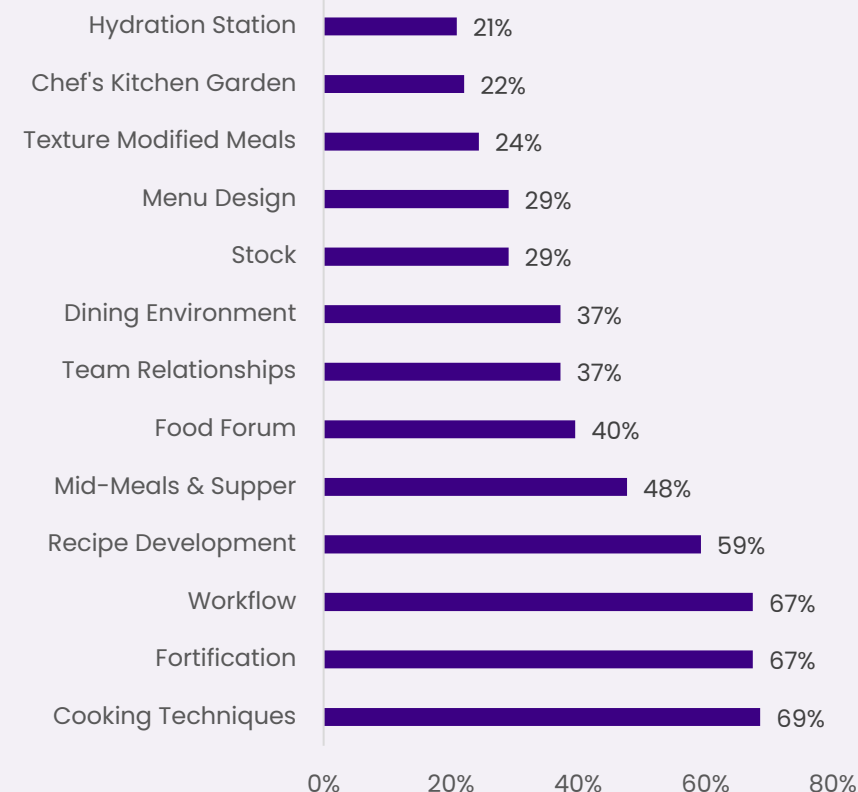
- Team relationships (37%)
- Dining environment (37%).

This demonstrates that RACHs need support across the spectrum of the food and dining experience and that the TMP can respond to the varying needs of homes.

Table 1: Number of homes undertaking each topic
(Source: MBF TMP Data)

Topic	Count of Topic
Cooking Techniques	59
Fortification	58
Workflow	58
Recipe Development	51
Mid-Meals & Supper	41
Food Forum	34
Team Relationships	32
Dining Environment	32
Stock	25
Menu Design	25
Texture Modified Meals	21
Chef's Kitchen Garden	19
Hydration Station	18
Sandwiches and Salads	15
Breakfast	15
Involving Residents	15
Staffing	14
Drinks	6
Gravy	6
Kitchen Equipment	6
Mashed Potato	6
Eggs	3
Staff Turnover	3
Regeneration	3
Ordering and Processing	2

Figure 18: % of TMP homes undertaking each topic
(Source: MBF TMP Data)



Survey Results

Feedback from TMP participants was overwhelming positive about the program, the learnings, and applicability. Chef Trainers were also positive about the impacts of the program.

TMP Participant responses (n=61)

- 96% of TMP participants were very or somewhat satisfied with the program, with satisfaction rising from 91% in the first quarter to 100% in the final quarter.
- 91% would recommend the Trainer Mentor Program to other aged care homes, increasing from 84% in the first quarter to 100% in the final quarter.
- 88% agreed or strongly agreed they would be interested in future Foundation training, with interest growing from 84% at the start to 92% in the final quarter. Importantly, 96% of participants felt they would be able to make changes in their homes
- The TMP participants rated the Chef Trainers very highly: rated excellent or very good at answering questions (95%), providing the opportunity to ask questions (93%), enthusiasm and passion (97%), knowledge of subject matter (93%), explanation of material (93%) and interaction and engagement (93%)
- Survey feedback suggested additional topics, including 'nutrition on a budget', 'a deeper dive into malnutrition in aged care' and 'hydration strategies'. Some survey respondents also suggested that training on more culturally inclusive menu planning and more culturally diverse recipes would be beneficial

"The 5-day induction was where we learnt the most. The fact the program got Management interested and involved in the food and catering teams was invaluable in providing this very important resource."
- TMP Participant

"I think the whole program brought us closer together as a team and has vastly improved the food for our residents. I am so proud to be a part of the catering team"
- TMP Participant

"Love the interactions with consumers during the intensive. It gave everyone a skip in their step."
- TMP participant

Survey Results

The TMP participants and Chef Trainers reported participants had improved skills and knowledge because of the TMP.

- **TMP Participants:** 61 TMP participants took part in the TMP Participant Evaluation Survey (following 5 day intensive). The feedback was very positive about the participants perceived growth in skills and confidence. (See Figure 19)
- **TMP Chef Trainers:** 121 Chef Trainer Evaluation Surveys were undertaken with similar positivity about the skills and knowledge the participants had gained. (See Figure 20)

Figure 19: TMP Participants – Skills and Confidence Gained
(Source: MBF TMP Data)

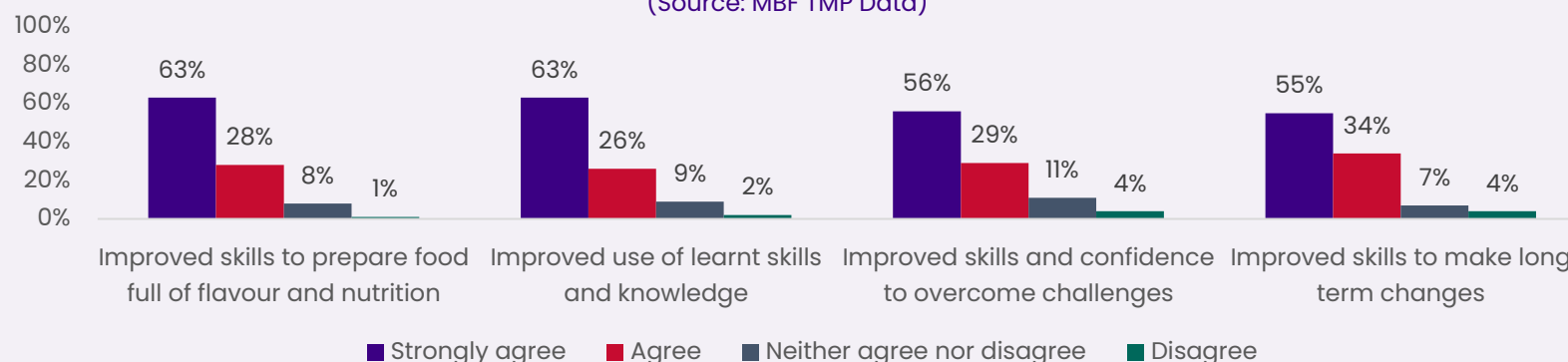
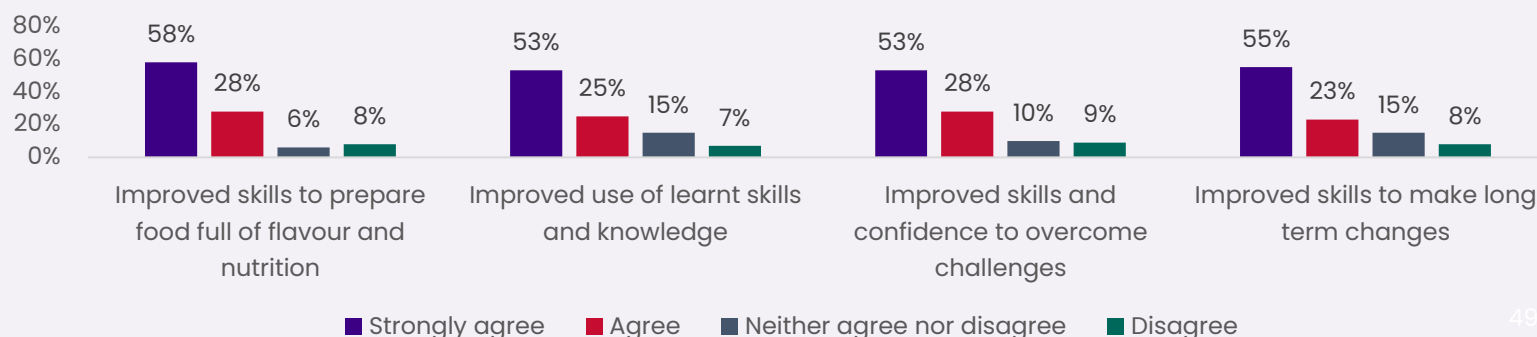


Figure 20: TMP Chef Trainers – Participants Skills and Confidence Gained
(Source: MBF TMP Data)



Survey Results

Analysis shows that by Q4, TMP participants feel more confident in their skills and knowledge and are making more changes in their homes, compared to immediately after the initial 5-day intensive.

Figure 21: TMP Participants– Improved skills to prepare food that is full of flavour and nutrition (Source: MBF TMP Data)

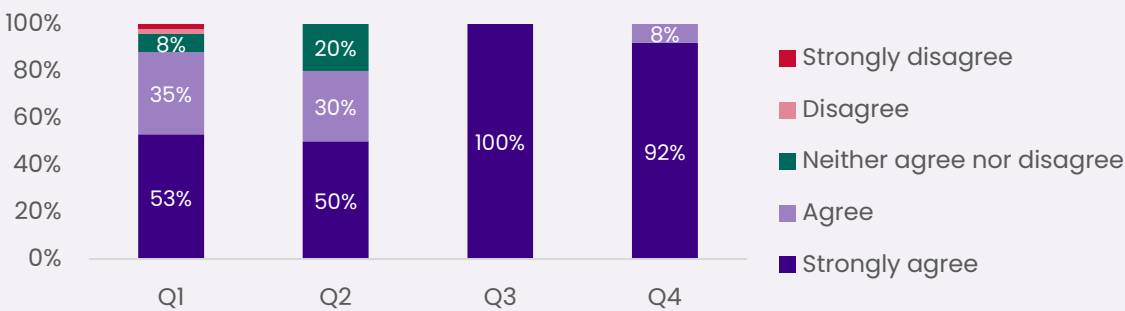


Figure 23: TMP Participants– Improved skills and confidence to overcome challenges and barriers when making changes to food (Source: MBF TMP Data)

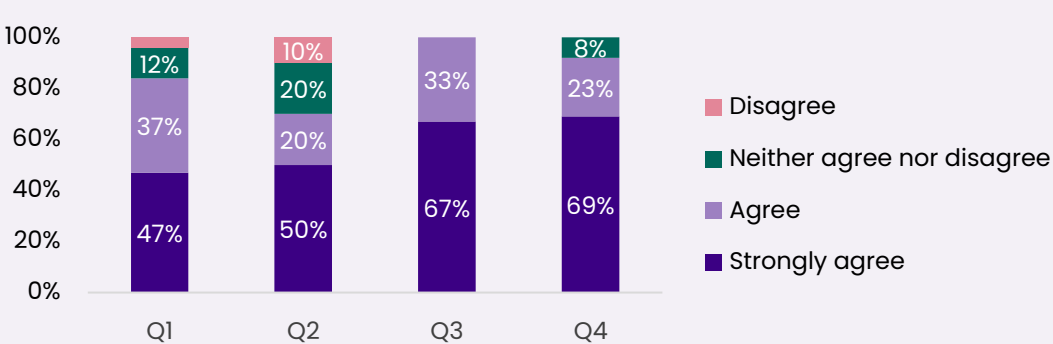


Figure 22: TMP Participants– Improved use of learnt skills and knowledge (Source: MBF TMP Data)

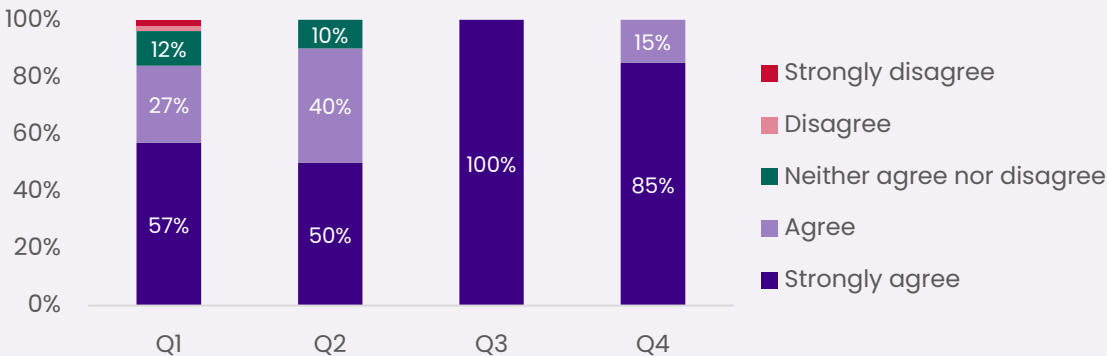
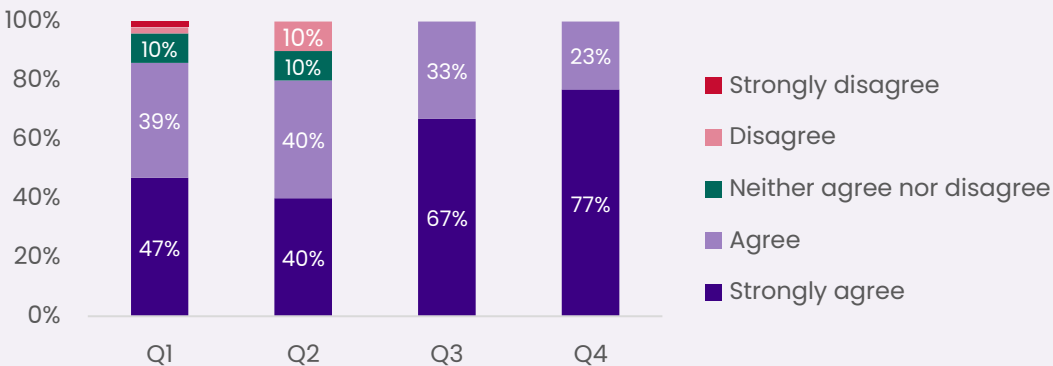


Figure 24: TMP Participants– Improved skills to make long term changes (Source: MBF TMP Data)



Case Study Sites

Overview of Case Studies

- Ten sites were chosen to be representative of the TMP homes with a range of jurisdictions, MMM and size of home.
- Three case studies withdrew from the program after their initial visit was completed. Two of these were replaced.
- Initial case study visits were conducted at twelve residential aged care homes within the month before or after their five-day intensive.
- A follow up visit to each site is to be conducted at the completion of the TMP. These follow up visits have occurred at two sites.

Initial visits aimed to understand existing strengths, processes, challenges, and goals.



Follow up visits aim to understand outcomes and assess the sustainability of changes.

Case Study Status	State/ Territory	Remoteness	Size
2 nd Visit	VIC	Small rural towns	40-59 residents
2 nd Visit	NSW	Small rural towns	40-59 residents
1 st Visit	NSW	Metropolitan	60-79 residents
1 st Visit	SA	Metropolitan	100 or more residents
1 st Visit	SA	Large rural towns	40-59 residents
1 st Visit	QLD	Metropolitan	No data available
1 st Visit	QLD	Regional centres	60-79 residents
1 st Visit	SA	Metropolitan	80-99 residents
1 st Visit	NSW	Metropolitan	100+ residents
Withdrawn	VIC	Metropolitan	60-79 residents
Withdrawn	TAS	Metropolitan	60-79 residents
Withdrawn	NSW	Medium rural towns	60-79 residents

Case Studies – Reasons for Applying

The following themes demonstrate that while the core motivation centres on improving resident outcomes through food, the reasons for applying are also shaped by internal goals, new Standards, and the drive for continuous improvement.



Enhancing resident dining and wellbeing: Most homes aimed to improve meal quality, nutrition, and residents' enjoyment.



Pursuing continuous improvement: Many sought to raise standards and embrace innovation in food service.



Upskilling and empowering staff: Providers wanted to build staff capabilities and encourage engagement.



Meeting new standards: Alignment with updated aged care regulations and food standards was a key motivator (especially Standard 6).



Responding to feedback: Homes acted on resident and family input regarding meal quality and the overall dining experience.



Adopting resident-centred models: Some linked the program to broader shifts towards more personalised care.



Seeking external expertise: Providers valued guidance and mentoring from sector leaders and independent experts.



Ensuring equitable training access: Regional and culturally diverse homes sought fair access to training and resources.



Supporting culture change: Many viewed the program as a way to boost staff morale and drive positive organisational change.

Case study baseline themes

While case study sites varied in their baseline levels of knowledge, skills and engagement with resident food and dining experiences, common themes emerged:

All-Staff engagement

- Kitchen staff (particularly those being mentored) were particularly engaged in resident food and dining experience.
- Some homes reported opportunity for engagement to extend to care staff, who were often responsible for serving food and/or communicating with residents about food availability and options.

Enthusiasm for food and health

- Most catering managers, cooks and chefs were excited about the benefits they believed could flow from improving resident food, and how participating in TMP could bring these.
- Some saw food itself as healing or highlighted its role in providing positive care for residents, such as by enabling them to exercise choice, to experience food aligned with their cultural background and preferences, and to enjoy and take pleasure in the dining experience.

Positive training experiences, despite workload

- Overall, staff reported that they had learnt a lot at the 5-day intensive.
- Many felt it was difficult to balance participating in the training experience and continue normal operations and service.
- Some homes were able to resource additional staff (for the intensive) meaning their core teams could be more immersed in training, which was seen as having positive impacts.
- Some staff were unsure whether they would be resourced adequately for training and online work.

Alignment with systems and infrastructure

- Several sites anticipated challenges integrating TMP recipes into their IT systems, which commonly included ingredients, nutritional information, and recipes.
- Some sites expected that their infrastructure (e.g. kitchen located far from dining area limiting smells throughout eating space) may pose barriers to achieving some of their goals related to TMP participation
- Staff highlighted the importance of management support for such changes.

Balancing resident choice with practical operations

- All case study sites understood the importance of resident choice, however there were several reported barriers (e.g. it was not always possible to have an alternate hot meal available) due to the busyness of kitchen operations.
- Some sites highlighted that their TMP participation was linked to their aim to improve opportunity for resident choice and thereby adhere to the strengthened Aged Care Standards.

Case study 1: Medium inner regional

Description: This medium sized RACH is in inner regional Victoria (MM 5). It is a government-run home, co-located with the local health service.

Baseline

Operations

- Recently installed new kitchen
- Has a four-week menu cycle
- Resident feedback on food sought through resident meeting
- Majority of residents on texture modified diets. However, purchasing in texture modified meals
- Spend around \$14 per resident per day

Skills and knowledge

- Knowledge and skill of kitchen staff varies
- Basic food training and hygiene
- Training for kitchen staff not generally available

Current challenges

- Time constraints
- Food costs increasing
- Kitchen also serves the hospital, presenting its own regulations and challenges
- Food is self reported as nutritious but focus is not on flavour

Goals

- Maximise flavour
- Provide greater choice
- Improve texture modified meals
- Improved meal presentation
- Increase resident engagement in menu planning
- Improve kitchen processes

End of TMP

Changes made

- Purchased additional equipment (prep trolley and appliances) recommended by Chef Trainer
- Most texture modified meals now prepared in-house. Hot breakfast served once/week
- Considerable menu changes and integration of protein through fortification and reduced supplement use.
- Afternoon workflow includes preparation for next day, increasing food made in-house
- Average spend \$15-17 per person, though food costs have increased across the board. Have been allocated an additional \$10 daily (from baseline) per resident in budget
- Engagement of whole-organisation (e.g. CEO, Board of Directors, staff in and outside the kitchen) and broader community in program goals and impacts.

Skills and knowledge

- Skills and confidence of kitchen staff (flavour, cooking techniques, fortification, and texture modification) have improved considerably
- Knowledge and facilitation of the dining experience has improved, with staff making effort to enhance dining area appearances and atmosphere, and ensure smells reach the area, immersing residents in the experience.

Outcomes

- Residents' engagement with food has improved, the kitchen are receiving compliments (flavour and variety), including from hospital patients and broader community
- Workflow has been streamlined for efficiency. Changes were seen as sustainable.

Having the Board and our CEO support the program made a huge difference. We brought food to their meetings to taste.

- Catering Manager

"Some people thought it may have been more work, but when they get the flow, it's just working differently.

Theres been time and resource changes and savings. Workflow is more efficient. Workflow is also now documented so new staff can step in."

- Catering Manager

Case study 2: Medium outer regional

Description: This medium sized RACH is in outer regional NSW (MM 5). It is an independent not-for profit RACH.

Baseline

Operations

- Recently installed a new kitchen
- Create their own texture modified meals
- Use nutritional supplements
- Meal choice process varies by area of the home
- Menu driven by resident feedback and survey

Skills and knowledge

- Knowledge and skill of kitchen staff varies
- Supervisor is qualified chef; other kitchen staff have no formal qualifications
- Basic food handling training
- Use standard recipes

Current challenges

- Kitchen staff have limited training
- Adequately being able to meet resident preferences and dietary requirements
- Some habits in the dining room do not promote a pleasant dining experience
- Limited menu flexibility

Goals

- Maximise flavour
- Improve menu options
- Improved meal presentation and dining experience
- Increase resident engagement in menu planning

End of TMP

Changes made

- Cooking all food in-house now from scratch, including stocks and gravy
- Now serve hot breakfast
- Workflow adapted; preparation tasks daily; additional preparation shifts added (2 x 4 hours)
- Food is now high-protein. Fortification in mains and desserts has increased daily protein
- Investment in appliances (especially for texture modification) and crockery (\$8-10K total) based on Chef Trainer recommendations.

Skills and knowledge

- Knowledge related to protein and fortification has improved
- Skills have been built in flavour and ensuring this is in each component of a meal (e.g. through use of compound herb butters to cook vegetables)
- Care staff knowledge and skills on dining experience and explaining meal offerings has improved, though they could benefit from further training on presentation as they often plate meals in evenings

Outcomes

- Considerable reduction in weight loss, and overall weight gain (several residents who were originally underweight had gained 20-40% of their bodyweight).
- Reductions in supplement usage (particularly Sustagen).
- Positive feedback from residents and community about food.
- The home's reputation in the community has improved.

We have spent more money on food. Supplement usage has decreased though, and our cost on supplements has reduced.
- Clinical Manager

Families have seen differences in residents. The whole community has been excited about it. We have been sharing Facebook photos. The Board are very proud of what the staff have done. It's been good for community visibility, and for prospective residents to see the food too.
- Service Manager

I do not remember when we last had food complaints like we used to. They seem really happy.
- Head Chef

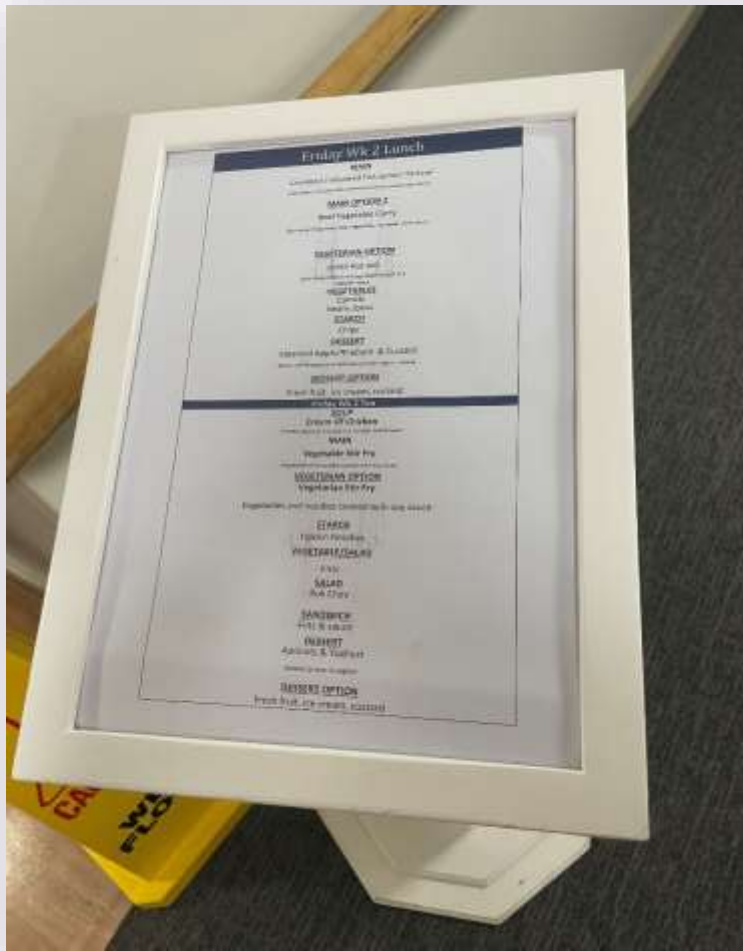
TMP – Kitchens



TMP – Dining Experience



TMP – Menus



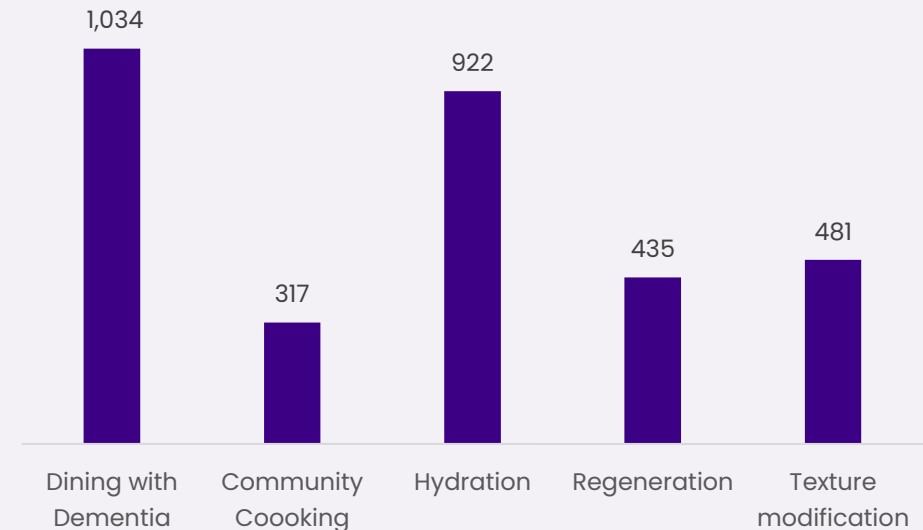
Online Learning Modules

Activity Data

Five out of six planned new online learning modules have been developed. In total, the modules have been accessed over 3,100 times. A co-designed First Nations module is currently in development.

- Five of the six expected online learning modules (OLMs) have been developed:
 - ✓ **Texture modification (Level 6: Soft & Bite-Sized and Level 5: Minced & Moist)**
 - ✓ **Regeneration**
 - ✓ **Hydration**
 - ✓ **Community cooking**
 - ✓ **Dining with Dementia**
- The Dining with Dementia module was developed in the last financial year and launched August 2024.
- As outlined in Figure 25, there were 3,189 online learning modules completed in the last twelve months.
- There is one more module currently in production focusing on First Nation's residents. Substantial thought and work has gone into this module including co-design with a First Nation's advisor.

Figure 25: OLM Participation Numbers
(Source: MBF OLM Data)



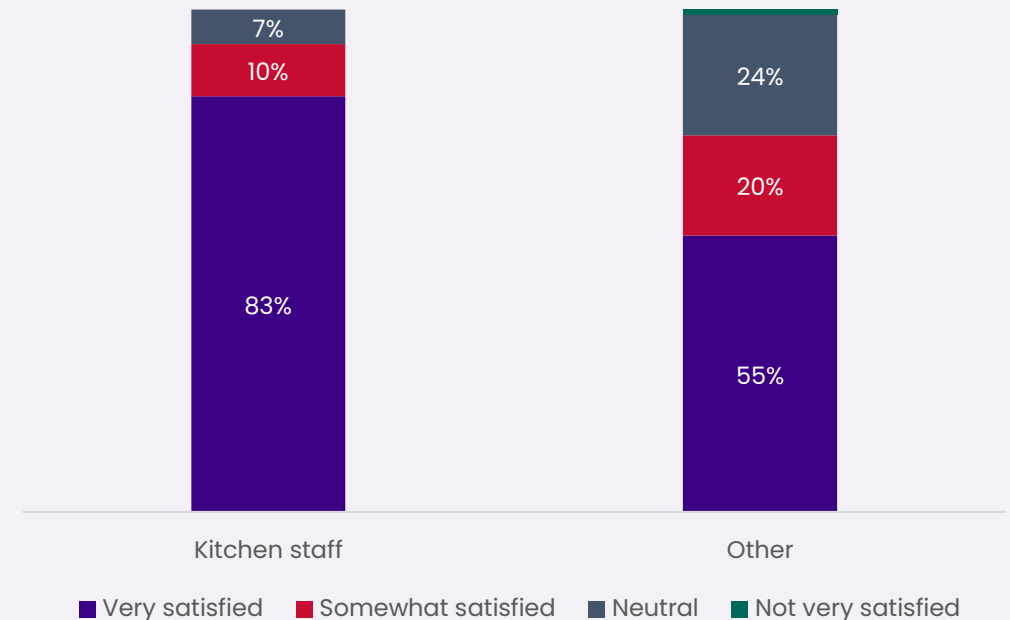
Survey Responses

Participant feedback on the OLMs was highly positive, with 91% satisfied overall, 93% likely to recommend them, and strong interest in future Maggie Beer Foundation training.

Participant Feedback

- 123 OLMs Evaluation surveys were completed.
- Overall satisfaction with OLMs completed was very high with 71% very satisfied and a further 20% were somewhat satisfied.
- Satisfaction was highest amongst kitchen staff (83% very satisfied) compared to other staff (See Figure 26).
- OLM participants were confident they could **apply the skills and knowledge learned (91%)**, had the ability to **make sustained changes (88%)** in their workplace in line with what they had learned, increased confidence to **overcome challenges (88%)** and increased skills to **prepare food full of nutrition and flavour (91%)** (see Figures 27–30 for a breakdown by role).
- Further positive feedback about their increased confidence and ability included that they **found the recipes useful, liked the links** to tools and resources and **appreciated the further information** provided.
- **Survey respondents** were very positive about the modules, with respondents stating that they either agree or strongly agree that it was **a good use of their time (90%)**, they **would recommend an OLM (93%)** to other chefs/cooks in aged care homes, they are also interested in completing **other similar Maggie Beer Foundation OLMs (90%)** or **other training (86%)** in the future (See Figures 31–34 for a breakdown by role).

Figure 26: Overall Satisfaction by Role (Source: HealthConsult OLM Survey)



Survey Responses

Overall, participants agreed that the OLMs increased their skills in preparing food that is full of flavour and nutrition, increased their confidence and have an ability to apply their skills and knowledge.

Figure 27: Increased skills in the preparation of food that is full of flavour and nutrition
(Source: HealthConsult OLM Survey)

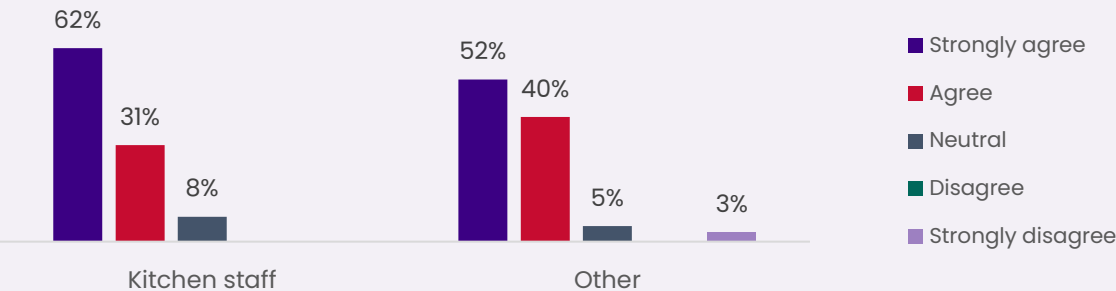


Figure 29: Ability to apply the skills and knowledge in aged care homes
(Source: HealthConsult OLM Survey)

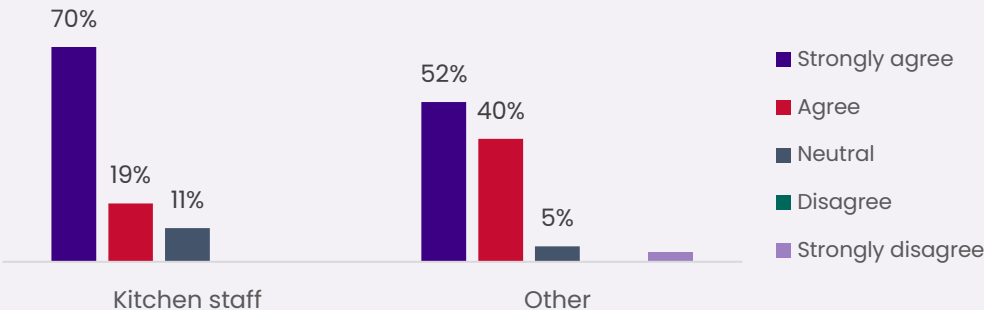


Figure 28: Ability to make sustained changes in food prepared for aged care residents
(Source: HealthConsult OLM Survey)

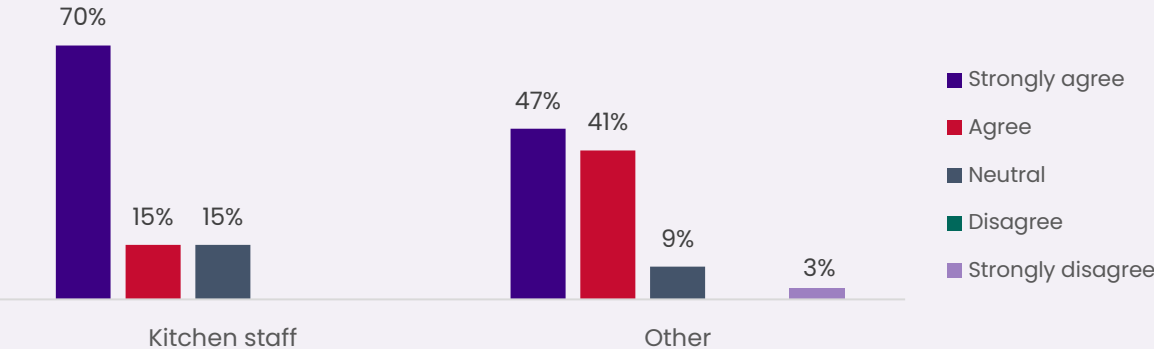
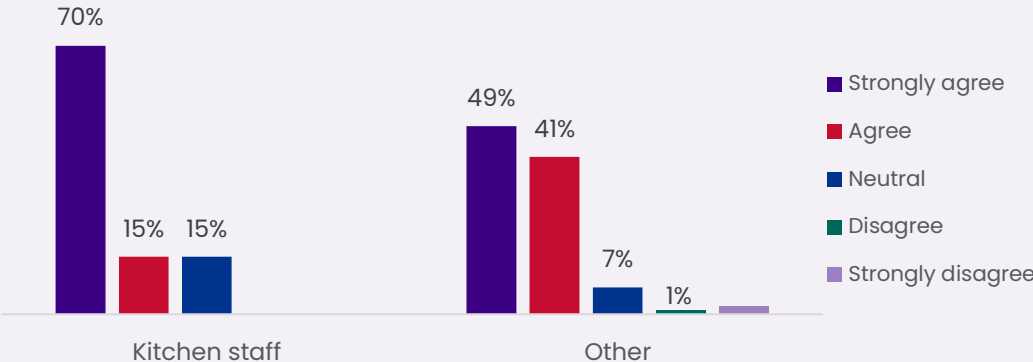


Figure 30: Increased skills and confidence to overcome challenges and barriers to implementing changes to food
(Source: HealthConsult OLM Survey)



Survey Responses

Overall, participants agreed that the OLMs were a good use of their time and would recommend them to others.

Figure 31: The Online Learning Module was a good investment of time
(Source: HealthConsult OLM Survey)

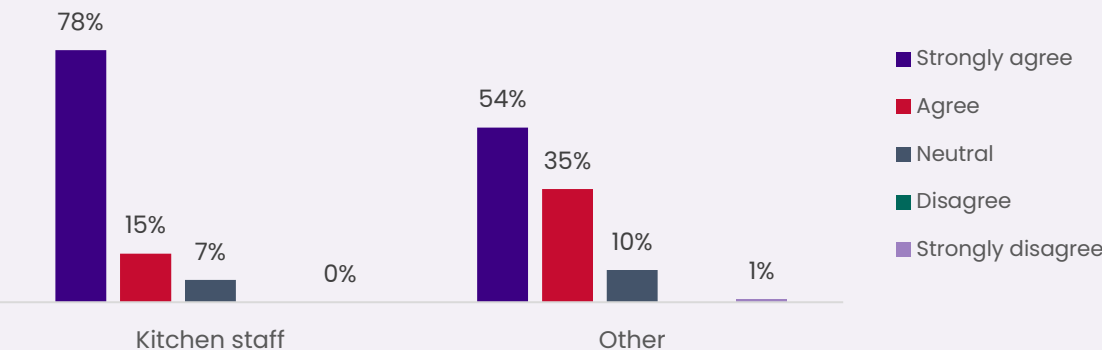


Figure 33: Interested in completing other similar MBF OLMs in the future
(Source: HealthConsult OLM Survey)

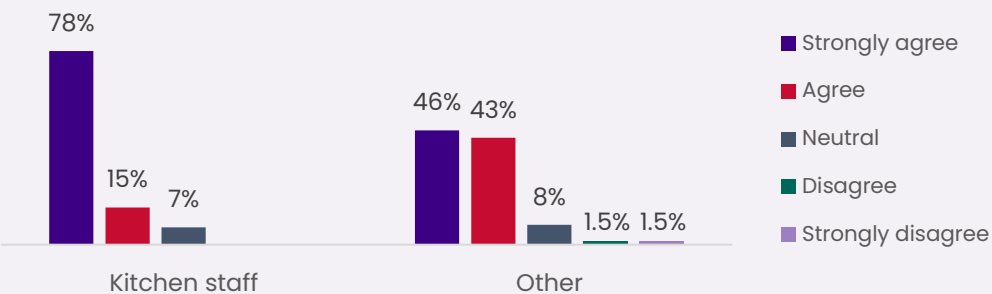


Figure 32: Would recommend an Online Learning Module to other chefs/cooks in aged care homes
(Source: HealthConsult OLM Survey)

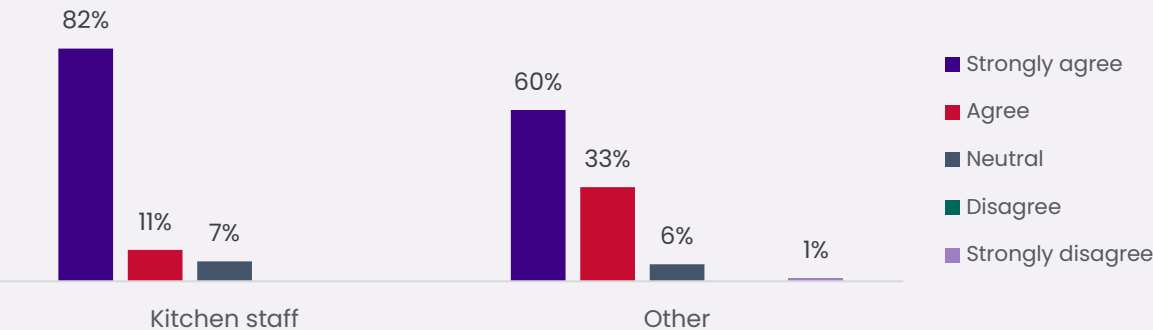
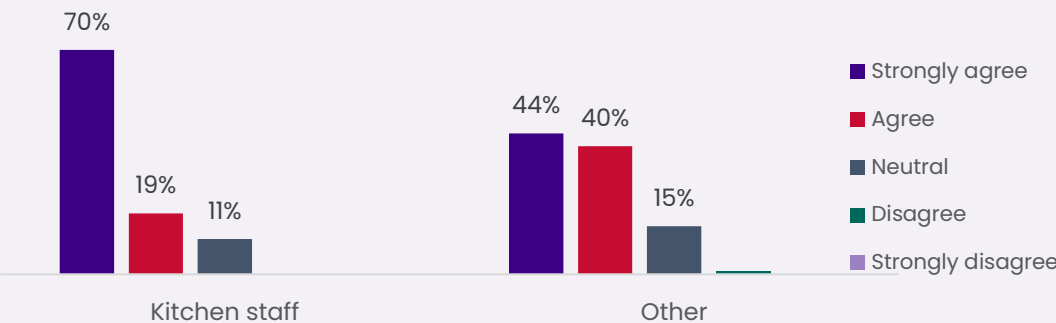


Figure 34: Interested in attending other training run by Maggie Beer Foundation in the future
(Source: HealthConsult OLM Survey)



Professional Community

Activity

While access to the online portal and Professional Community was granted to 2,817 new users over 12 months and newsletter engagement rates showed significant improvement, current monitoring systems lack the ability to track ongoing user activity, highlighting the need for planned IT upgrades and continued analytics to better assess participant engagement.

Access Provision

- TMP, Hubs and OLM participants, who say they work in aged care, receive automatic access to the Professional Community. During the 12-month period, 2,817 new login credentials were distributed.

Current Monitoring Limitations

- No tracking system exists for user activity or visit frequency following login activation. An IT improvements project has been planned to implement analytics capabilities for these metrics.

Newsletter Engagement Data

- The Professional Community newsletter is distributed monthly. Open rates increased from 29% in April 2024 to 47% in March 2025 (see Figure 32).

Future Monitoring Plans

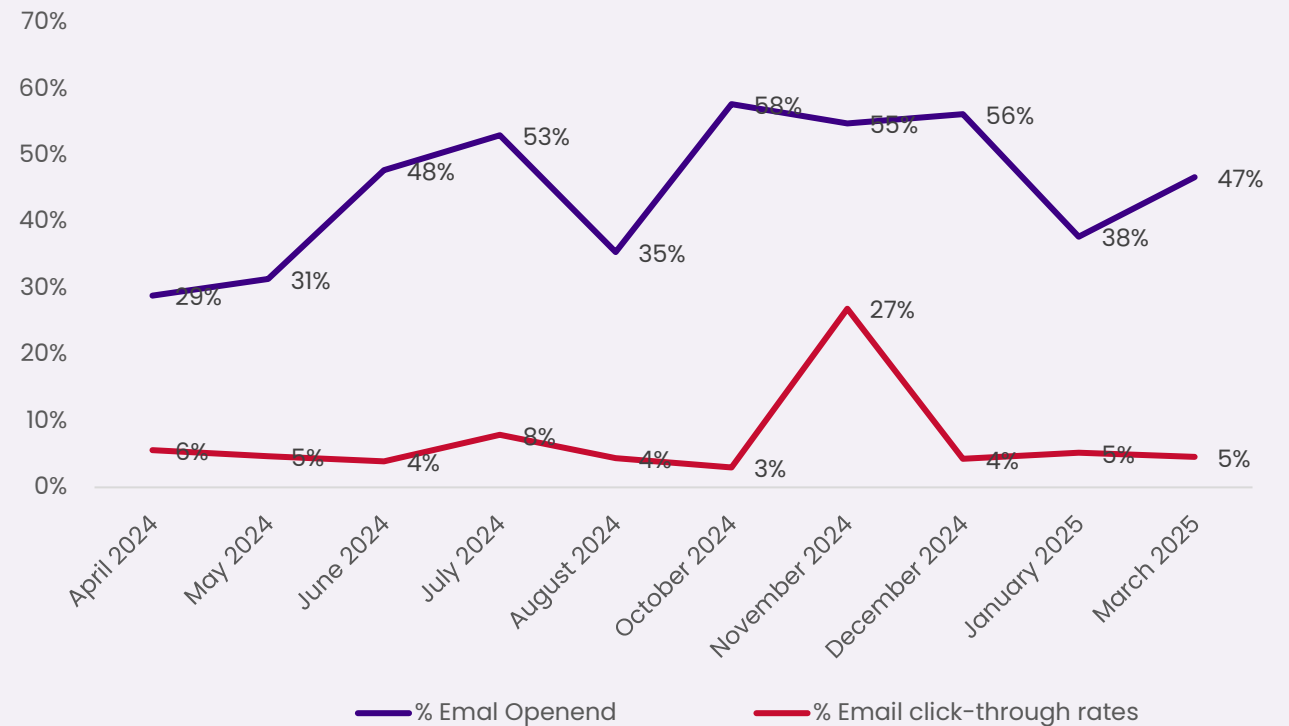
- Newsletter performance tracking will continue alongside planned portal analytics implementation to assess participant engagement across digital platforms.

Interactivity

- In the last financial year there were 105 posts on the PC by the Foundation and 25 posts by users.

Figure 35: Professional Community Emailed Newsletter Survey – Open Rates

(Source: MBF Social Media Data)



Survey Results

- There were 28 responses to the PC survey (See Figures 36 and 37).
- 75% (n=21) worked in residential aged care, 7% (n=2) worked in the community or home care, and (18%) worked elsewhere (unspecified).
 - Over a third (36%, n=10) reported that they engage with the PC daily. A quarter (25%, n=7) said they engage once a week.
 - As shown in Figure 37, most respondents either agreed or strongly agreed that the PC provided them best practices and research, and opportunity for support from the Foundation and peers.
 - Some respondents were neutral or disagreed that the PC provided them recipes applicable to their home, or a discussion forum for knowledge sharing.

Figure 36: Professional Community – engagement frequency
(Source: HealthConsult PC Survey)

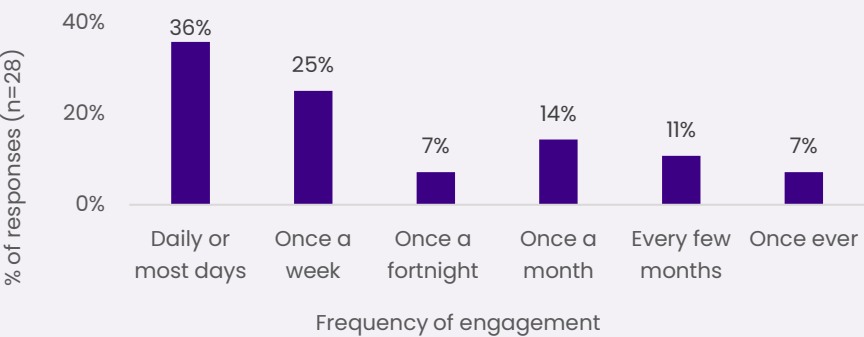
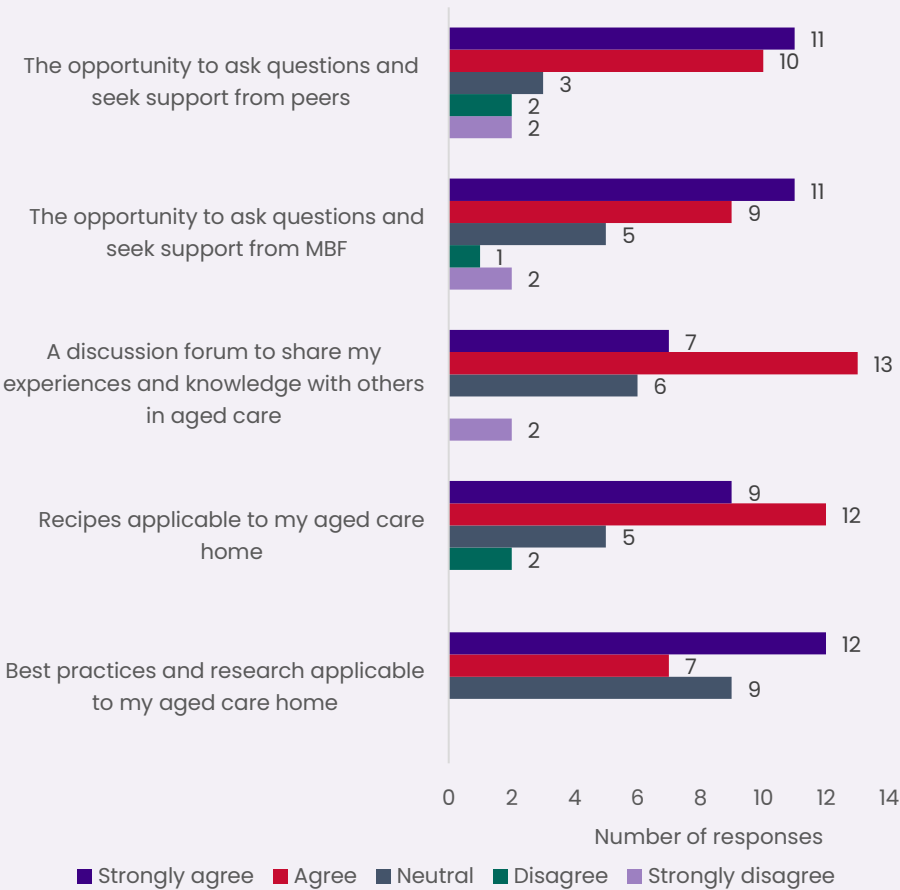


Figure 37: Extent of agreement on what the PC has provided
(Source: HealthConsult PC Survey)



Survey Results

- As shown in Figure 38, most respondents agreed or strongly agreed that the PC had increased their skills in food preparation, ability to apply these, confidence to overcome implementation challenges, and ability to make sustainable change.
- When asked what was most useful about the PC, respondents highlighted the recipes (especially texture modified), learning and getting inspiration, and feeling part of a community.
- 15 respondents thought the PC would be more useful if it included job vacancies, and 14 thought it should include Foundation news.

Figure 38: Extent of agreement on outcomes of the PC
(Source: HealthConsult PC Survey)

