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European Network in
Nutritional Education
for Acquired Disabilities

Guidelines on training and educational methodologies and practices in favour of professionals ordinarily working with people with acquired disability



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1. Introduction

ENNEADI project was born with the final and **broad objective** of promoting wellbeing and quality of life among people with acquired disabilities. These disabilities mainly include traumatic brain injury (TBI) and spinal cord injury (SCI), currently recognised as global health priorities in view of the complex and expensive medical care they necessitate.

The **specific objective** of the project is the design of new educational paths aimed at transferring to professionals those contents that are crucial for improving quality-of-life practices, in particular through correct dietary choices aimed at improving quality of life and preventing the aggravation of health conditions. New educational methodologies and tools will result in e-learning-based modules to be included in personal curricula for a large span of professionals ordinarily working with people with acquired disability.

Therefore, this document, as the first intellectual output of ENNEADI project, intends to define common **guidelines on training professionals** involved in assisting people with acquired disabilities. These guidelines are based on a previous work that allowed us to define the specific training needs of these professionals consisting on:

- Most recent scientific research
- A preliminary curricula research conducted by the partners in Lithuania, Italy, and Spain
- Identification of good practices at European level
- An analysis of the occupational profiles in the European classification of Skills, Competences, Qualifications and Occupations (ESCO)
- A self-assessment test and a questionnaire filled by professionals working with people with acquired disabilities
- Focus groups developed in the three participant countries

This document includes a first part related to the **definition of the training needs** and a second part consisting on some **guidelines** based on the previous work performed during the implementation of ENNEADI project.

Within ENNEADI project, physiotherapists, speech therapists, occupational therapists, nurses, dieticians, nutritionists, specialists in preventive and adapted physical activities, psychologists, social assistants, social educators, and health assistants are the **professional profiles working with people with acquired disabilities** that would be the main beneficiaries of the guidelines and the training course.



2. Definition of the training needs

The definition of the training needs has been based on the desk research on most recent scientific literature, the analysis of curricula at local level, the analysis of good practices, and the results of the ESCO analysis on the one hand; and on the self-assessment test, the questionnaire, and focus groups on the other hand.

Focus groups with professionals collecting information from partners' organizations and associated partners.

2.1. Results of the preliminary analysis

A preliminary research on academic curricula of professionals working with acquired disabilities was performed in Italy, Lithuania, and Spain as a previous step of the beginning of the project. This preliminary analysis focused on training curricula diffused in the three partner countries, generally earned by professionals chosen as final targets of the project. The aim of this research was to verify how much the aforementioned training curricula include issues such as dietary and quality-of-life good practices, resulting in what follows. While on health prevention in a general sense and on benefits of a healthy diet there are already many experiences and a vast scientific literature, the same cannot be said on the specific themes of promotion of healthy lifestyles and correct diets for people with acquired disabilities.

In this way, 779 universities were analysed in Spain (399), Italy (317), and Lithuania (63), as stated in Table 1. 42% of them offer subjects related to nutrition in their curricula, 31% include training on disabilities, and only 1% include training about nutrition in people with disabilities. This last figure is 2% in Spain, 0% in Lithuania, and 0.003% in Italy. Thus, this analysis evidences the lack of training about nutritional needs of people with disabilities in the official curricula of professionals working with this target.

For the latter, it is possible to say that there is a void, with no literature both on the operational and the scientific domain. The consequence is that even in training and education curricula of professionals that generally assist people with acquired disability, there is a general absence of training modules on nutritional recommendations for people with acquired disabilities.

Table 1. Results on the preliminary analysis

	SPAIN				LITHUANIA				ITALY			
	Universities analysed	Findings			Universities analysed	Findings			Universities analysed	Findings		
		Nutrition	Disability	Nutrition + Disability		Nutrition	Disability	Nutrition + Disability		Nutrition	Disability	Nutrition + Disability
Physiotherapy	51	17	29	0	7	0	7	0	35	0	1	0
Medicine	44	32	1	0	9	5	4	0	60	40	7	0
Speech Therapy	14	0	9	0	6	2	4	0	27	0	4	0
Occupational Therapy	19	3	12	0	1	1	1	0	8	0	8	0
Nursing	56	48	14	0	1	0	1	0	34	6	0	0
Dietetics	-	-	-	-	3	3	2	0	23	23	0	1
Nutrition	30	30	0	6	10	6	4	0	16	16	0	0
Professional/Social Education	38	0	24	0	4	0	4	0	11	0	7	0
Physical Activity	45	33	24	0	14	9	5	0	61	50	26	0
Psychology	64	4	11	0	2	0	2	0	27	1	1	0
Social Work	38	0	19	0	3	0	3	0	15	0	9	0
Public Health	-	-	-	-	3	2	1	0	-	-	-	-



2.2. Good practices at European level

A research on good practices about nutritional initiatives with people with acquired disabilities at European level was carried on in each country (Annex 1). This search of good practices revealed that there are not many strong initiatives addressing the specific nutritional needs of people with acquired disabilities.

2.3. Occupational profiles in the European classification of Skills, Competences, Qualifications and Occupations (ESCO)

ESCO (European Skills, Competences and Occupations) is the European multilingual classification of Skills, Competences and Occupations. It works as a dictionary, describing, identifying and classifying professional occupations and skills relevant for the EU labour market and education and training.

The European Commission, in order to respond to the disruptive changes of the labour market and the current and future skills gaps, is helping people to discover reskilling and upskilling pathways. The European classification of Skills, Competences, Qualifications and Occupations is one concrete implementation of the digital labour market policies put in place by the Commission at European level.

ESCO is meant to be a reference language for employment and education, to create a shared understanding about skills, learning and occupations across borders and languages. It helps to connect people with jobs, education with employment and to analyse information on skills demand.

Through ESCO, the Commission focuses on:

- Ensuring transparency and comparability of skills and occupations in Europe,
- Strengthening mobility within the EU,
- Bridging the gap between education and training systems and the labour market, and
- Enhancing the cooperation of Public Employment Services (PES).

The European Commission also gives emphasis to enhanced skills intelligence in Europe through regular analysis of skills supply (skills possessed by the labour force), skills demand (skills demanded by employers), skills mismatch and skills development. This allows education and training systems to see more clearly what are the skills demanded by the labour market and how they could adapt their curricula to meet those needs.

Occupational profiles in ESCO

Within ENNEADI project, ESCO has been used as a common tool in order to analyse clusters of occupations ordinarily working with people with acquired disability, in particular neurological acquired disability due to a traumatic event (after brain or spinal cord injury). Specifically, the occupations of interest within ENNEADI project include Physicians, Physiotherapists, Speech

Therapists, Occupational Therapists, Nurses, Dieticians, Nutritionists, Specialists in preventive and adapted physical activities, Psychologists, Social Workers, and Social Educators.

The intention is to analyse **knowledge, skills and competences** described in the ESCO common framework for the aforementioned occupations in order to verify whether in the ESCO repository some knowledge (such as dietary good habits or quality-of-life practices) are mentioned in the professional curricula in the occupations chosen in the analysis.

In Annex2, the information for each occupational according to ESCO is provided, including a description of the analysed profiles, alternative labels for each occupation, essential skills and competences, Essential knowledge, optional skills and competences, and Optional knowledge, as well as the link with the occupational profile in ESCO.

Some of the occupations have not the precise naming in ESCO, so both naming is provided. On the other hand, for some profiles there is a description in ESCO including narrower occupations, so in these situations both profiles have been analysed, the general and the narrower one. In the following table, the correspondence of selected occupational profiles within ENNEADI project and the naming in ESCO are linked.

OCCUPATIONAL PROFILES	
ENNEADI PROJECT	ESCO CLASSIFICATION
Physician	Medical doctors. General practitioner has been included too.
Physiotherapist	Physiotherapist
Speech therapist	Speech and language therapist
Occupational therapist	Occupational therapist
Nurse	Nurse responsible for general care, within the category of Nursing and midwifery professionals.
Dietician	Dietician
Nutritionist	Prepared meals nutritionist, within the category of Dietitian.
Specialist in preventive and adapted physical activities	Sport therapist. Physical education vocational teacher and Physical education teacher secondary school have been also included.



Psychologist	Psychologist. Health psychologist has been also included.
Social worker	Social worker. Rehabilitation support worker has been included too.
Social educator	Social pedagogue

Conclusions

ENNEADI project started analysing eleven occupational profiles usually working with people with acquired disabilities, in particular neurological acquired disability due to a traumatic event (after brain or spinal cord injury). In this way, Physicians, Physiotherapists, Speech Therapists, Occupational Therapists, Nurses, Dieticians, Nutritionists, Specialists in preventive and adapted physical activities, Psychologists, Social Workers, and Social Educators were the selected profiles.

ESCO includes some narrower professions within a general one, and specifically two of them have been considered of interest within ENNEADI project. In particular, Health psychologist and Rehabilitation support worker have been included in the analysis. Furthermore, Physical education vocational teacher and Physical education teacher secondary school have been also included to complement the analysis of specialists in preventive and adapted physical activities, as professionals of physical activity working with people with acquired disabilities do not usually have such specific training.

Therefore, the initial eleven occupations have turned into fifteen analysed profiles in order to adapt them to the ESCO classification. Only three of them include nutrition or dietetics as elements desirable for these occupational profiles. Thus, for nurse, **dietetics** is considered an essential knowledge, and for physical education vocational teacher and physical education teacher secondary school, **sports nutrition** is reported as optional knowledge. On the other hand, **rehabilitation** is an essential knowledge for dieticians, even though there is not a definition or characteristics of the mentioned rehabilitation.

Before the analysis profiles in ESCO, a preliminary research on training curricula of these occupational profiles usually working with people with acquired disabilities was carried out in the three countries involved in ENNEADI project (Italy, Lithuania, and Spain). The results showed that only **nutritionists** (Spain) and **dietetics** (Italy) have some knowledge integrating both nutrition and disabilities in their training curricula. On the other hand, nutrition was found as a subject in the study plan of some Universities for **Physiotherapy, Medicine, Occupational Therapy, Nursing, Physical Activity, and Psychology**.

In this way, it is remarkable that ESCO does not include nutrition in their description of knowledge, skills and competences in the professional curricula for most of the aforementioned occupations even though it is included in the training curricula of these professionals in some universities.



As a conclusion, the results of the analysis of occupational profiles in ESCO classification are in line with the results of the preliminary national research, and even evidence in an increase degree the absence of knowledge integrating nutrition and disabilities in the common basis of these professionals. These results reinforce the need of develop a training programme on the nutritional needs of people with acquired disabilities addressed to professionals working with this population.

2.4. Self-assessment test

The self-assessment test (Annex 3) was created in the core of ENNEADI project and it was addressed to professionals ordinarily working with people with acquired disability, in particular neurological acquired disability due to a traumatic event (after brain or spinal cord injury). Specifically, the occupations of interest within ENNEADI project include physicians, physiotherapists, speech therapists, occupational therapists, nurses, dieticians, nutritionists, specialists in preventive and adapted physical activities, psychologists, social workers, and social educators.

The test included 21 questions and it was divided in four main sections:

- Sociodemographic data
- General knowledge about nutrition
- General knowledge about food
- General knowledge about acquired disabilities

The first agreed version of this assessment tool was tested with a group of professionals attending the first short-term learning activity in the early stage of ENNEADI project. A few small working groups were organised, and the opinions and feedback of the participants were used to apply some changes and to obtain the final version of the self-assessment test. This final version was translated from English to Spanish, Lithuanian, and Italian, and it was distributed to professionals related to people with acquired disabilities by each partner organisation.

The obtained results were analysed using the statistical software R¹.

The self-assessment test was answered by **61 professionals**, with a well-balanced participation between countries. The most of the respondents were women (82%) and the average age was 32 years old (between 21 and 62 years old). Regarding the occupational profiles, even though a wide range of professionals was reached, occupational therapists was the largest group, followed by physiotherapists and social workers. 70.5% of the professionals responding the test work with people with acquired disabilities.

There were differences between the three participant countries regarding the previous contact of the participants with the project. Some of the professionals had watched the videos (at least some of them) uploaded to **ENNEADI channel in YouTube** about nutrition in the previous stage of the

¹ R Core Team (2021). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL <https://www.R-project.org/>.



project, while others had no previous knowledge about the project. There have not been differences regarding this issue, even though the professionals watching all the videos might be expected to obtain better results as they had received some training in nutrition before. This result might be explained through the fact that, on the one hand, the self-assessment test had not a high level of difficulty, precisely due to the wide range of professionals participating, and, on the other hand, due to all the respondents are guessed to be highly motivated with the project and very interested in nutrition.

No differences were found between the professionals that watched the videos before answering the questionnaire and those ones who did not watch any of them, so their attitudes towards nutrition were not influenced by their previous involvement in the project.

In general terms, the participants provided a high number of correct answers to the questions included in the self-assessment test measuring basic knowledge about nutrition, food, and acquired disabilities. Regarding the **total score**, the social integrator (only one was participating) was the one with the best score, followed by dietitians, specialists in preventive and adapted physical activities, physiotherapists, other professionals, speech therapists, nurses, occupational therapists, neuropsychologists, physicians, and social workers.

Concerning the section of **general knowledge about nutrition**, dietitians obtained the highest score, as expected, and the social integrator, the physiotherapists, and the group of other professionals answered a high number of correct answers too. The neuropsychologist, physicians, social workers, and occupational therapists obtained the lowest score. Even though in general lines, a high number of questions were answered right, it is interesting that some nutrition myths seem to be spread, and there is a lack of some basic knowledge as, for example, the body mass index cut-off according to the World Health Organisation or the basal metabolic rate.

Regarding the **general knowledge about food**, the highest number of right questions was reached by the group of nurses, followed by the social integrator, the neuropsychologist, and the specialist in preventive and adapted physical activities. The lowest score was achieved by physicians. Surprisingly, dietitians are not included in the occupation group with the highest score. This result might be due to, in an attempt of not making the self-assessment test too difficult for the professionals not related with the nutrition field, the questions about food were probably excessively simplified, so the dietitians might find appropriate to qualify some of the answer options.

Finally, speech therapists, social integrators, physiotherapists, and occupational therapists were the professionals with the highest **knowledge about acquired disability**. On the other hand, nurses and social workers obtained the lowest score.

2.5. Questionnaire

A questionnaire (Annex 4) was performed addressed to professionals ordinarily working with people with acquired disability, in particular neurological acquired disability due to a traumatic event (after brain or spinal cord injury). The main objective was to assess the attitudes towards nutrition of professionals ordinarily working with people with acquired disability in order to define



common guidelines on training and educational methodologies and practices in favour of those professionals.

The questionnaire was divided in two main sections:

- Sociodemographic data
- 12 questions about nutrition attitudes

The questionnaire was answered by **78 professionals**, and the participation was well balanced between countries (25 were from Italy, 27 from Lithuania, and 26 from Spain). Regarding the **sociodemographic data**, there were huge differences regarding the gender of the participants, and most of the respondents were women (83.3%). The age of the professionals was between 21 and 61 (average 32 years old). Regarding the professional profiles, there was a huge number of social workers, physiotherapists, and occupational therapists, and 74.4% of the respondents work with people with acquired disabilities.

There were differences between the countries regarding the previous contact of the participants with the project. Some of the professionals had watched the videos (at least some of them) uploaded to ENNEADI channel in YouTube about nutrition in the previous stage of the project. In this way, each country took a different strategy regarding the recruitment of the participants. While almost all the respondents from Lithuania had watched at least some of the videos, in Italy this figure was less than a half, and Spain chose professionals that had not watched any video and had not heard anything about the project before. This wide range approach has allowed analysing if there are differences between participants previously involved in the project and the new ones in their attitudes towards nutrition. No differences were found between the professionals that watched the videos before answering the questionnaire and those ones who did not watch any of them, so their attitudes towards nutrition were not influenced by their previous involvement in the project.

Regarding the questions directly related to the **attitudes towards nutrition**, almost all of the participants considered that feeding is an *influencing factor in health*. In the same way, more than 80% of the professionals working with people with acquired disabilities considered important or extremely important to have a *basic knowledge* about nutrition in their daily work and thought that this population have *special nutritional needs*. In addition, they stated as important to incorporate *food education in the rehabilitation programmes*. Regarding *physical activity*, most of the respondents thought that it is very important but *together with nutrition*, and *mental disorders* such as depression or anxiety were seen by most of the professionals as an influential factor on feeding habits.

As for the person who must *take care on the quality of nutrition* of people with acquired disabilities, a few people answered that it is the own person who should be responsible, and some professionals added that the own person with support of the family, caregivers, and or other professionals, such as a nutritionist or dietitian or a multidisciplinary team. Anyway, the most preferred choice was the dietitian as the most suitable person to take care of the nutrition plan. In addition, most of the respondents agreed with the *family and caregivers* must participate and support following the dietary instructions.

On the other hand, according to the participants, all the professionals proposed should receive training in nutrition adapted for people with disabilities. Dietitians and nutritionists were the

professionals considered as extremely recommended for having this training, followed by the general practitioners, physiotherapists, nurses, specialists in preventive and adapted physical activities, and public health specialist, social educators, occupational therapists, speech therapists, social assistants, social workers, and neurologists. The psychologists were put in the last place, event that the participants agree with that they also should be trained in nutrition for people with acquired disabilities

Finally, concerning the search of information about nutrition on people with disabilities, the preferred options were making the research on the internet followed by obtaining this knowledge from the scientific literature. When asking about the training modality that they would prefer, the most preferred way is an online course followed by face-to-face training and interactive resources, even though the answers were not uniform among the countries.

2.6. Focus Groups

Participants

33 professionals from Spain, Lithuania, and Italy participated as specialists in the Focus Groups organised in the three mentioned countries. Due to the COVID restrictions, two online sessions were organised in each country with four/five specialists per session.

As for the professional profiles, as stated in Table 2, Nutritionists/Dietitians and Physiotherapists were the groups with more specialists participating in the Focus Groups.

Table 2: Professional profiles of the participants

Educator	1
Neurologist	1
Neuropsychologist	3
Nursing assistant	1
Nutritionist/Dietitian	5
Occupational therapist	2
Personal trainer	1
Physiotherapist	5
Family doctor	1
Specializing in Physical and Rehabilitation Medicine	3



Social educator	1
Special educator	2
Social worker	2
Specialist in Preventive and Adopted Physical Activities	1
Speech therapist	3
Teacher - Expert in preventive and adapted physical activity	1

The focus groups consisted on seven questions to be discussed between the professionals and a SWOT analysis.

Questions for discussion

1. Do you consider it important to have a basic knowledge about nutrition in the performance of your daily work?

All the answers were affirmative and the professionals highlighted the importance of this basic knowledge in nutrition towards the care of people with acquired disabilities. Specialists understand the importance of nutrition as a significant factor in overall health, as well as the importance of nutrition as a means of disease prevention and treatment, and emphasise reduced physical activity as a health risk. It is noted that healthy lifestyle and balanced nutrition is one of the most important factors for general health.

The participants suggested that people with acquired disabilities have specific needs regarding nutrition and that the multidisciplinary team must have a basic knowledge of the subject in order to carry out their work satisfactorily. Furthermore, it is considered important for all participants to study nutrition from any professional area in order to individualise treatments and recognise possible nutritional complications.

Specifically, as professionals who work with people with acquired disabilities, the acquisition of basic knowledge is considered as necessary for the following reasons:

- To be able to answer the doubts that arise to patients and their families.
- To redirect a case to a nutrition professional when necessary.
- To know how to use consultation tools on food or how and where to find information.



2. Besides nutritionists and dietitians, which professionals, working with acquired disability, need to know about nutrition and feeding?

It is concluded in a unified way that all professionals dealing directly with people with acquired disabilities should have some basic knowledge about nutrition and food in order to develop appropriate dietary guidelines and reinforce them from any area involved in the rehabilitation / treatment of the patient.

On the one hand, the importance of acquiring this knowledge is focused on those professionals who actively participate in the patient's feeding process (working directly on the person's diet, at the time of ingestion, during cooking workshops or other activities), such as occupational therapists, auxiliary personnel, physiotherapists, and psychologists.

However, all professionals defined as recipients of the project (doctors, nurses, physiotherapists, occupational therapists, speech therapists, psychologists, educators, adapted sports experts, social workers) are believed to be important to involve. The professionals who should have the most information on nutrition are family doctors, psychiatrists, but all professionals could benefit from common knowledge, perhaps even the SDGs should be included. The importance of involving family members / caregivers also emerged.

In addition, the participants who have a food catering service in their centres, pointed out that the professionals who form the catering must also be trained in nutrition and acquired disabilities.

The idea of the multidisciplinary team is supported, and the importance of having basic notions about food is highlighted for the reasons mentioned in the previous question.

3. Would you incorporate food/acquired disability education as part of your training programmes and continuous education? And why?

The responses agreed on the need to include dietetics and nutrition as aspects to be addressed from childhood education to adulthood. In this way, all participants would include food education in relation to people with acquired disabilities (in particular serious acquired disability), since they agree that food must be adapted to their needs, as well as being pleasant and safe. In addition, the exchange of information between professionals is fundamental (e.g. having the details of the disability and how the patient's history evolves would allow better study diet plans).

It is suggested that including eating as one more subject in your professional career would make it easier to control the patient's health: correct unhealthy habits, understand and correctly interpret medical reports, or detect signs of malnutrition.

Specifically, the need to acquire basic knowledge on the subject is manifested by professionals working with people with acquired disabilities for the following reasons:



- They consider that malnutrition influences the rehabilitation process and that both professionals and families could quickly identify nutrition problems.
- Possible interactions between drugs and foods, as well as textural adaptations and others that promote personal autonomy must be taken into account.

4. Have you ever searched for information about nutrition/ acquired disability? Where do you search for it? Alternatively, whom do you ask?

Informants indicated that they search for information related to healthy nutrition in a virtual environment, analyse scientific publications and state legislation and documents, and consult with specialists.

In this way, most searches are carried out mainly on the internet, preferably relying on accredited websites (WHO, government websites, etc.) but also through Google. Scientific dissemination channels on Instagram and publications (books) are used as sources too, although some professionals prefer to make use of scientific articles or journals of interest in databases such as PubMed.

In addition, professionals who have the possibility, interface directly with the specialist colleague (dietician and physiatrist in hospital) and usually, a nutritionist or speech therapist is consulted, if possible, although the search for articles and the use of the Internet predominate. In addition, specialists participate in seminars and training courses.

However, it is noted that there is a lot of unreliable and ambiguous information. Information is sought when doctors are faced with certain medical conditions of the people with disability.

5. What needs or training gaps do you find in your working place regarding nutrition/ acquired disabilities?

Nutrition and disability seem like separate worlds to connect: dieticians need more information on disability and others on nutrition. In addition, the lack of seminars, consultations, video lectures and any other kind of training for family members who care for people with disabilities was highlighted.

However, some training gaps were detected around the following topics:

- Adaptation of textures and personalization of diets by the catering or kitchen staff.
- Knowledge about the energy balance and energy value of food.
- Supervision during the ingestions: control the amount ingested, the duration of the ingestions or the chewing among others.
- Malnutrition: obesity and other alterations in body composition
- Dysphagia and adaptation of textures: Problems when texturing food or using thickeners
- Relation between psychology and diet: changes in mood due to diet, drowsiness.
- Discrimination between healthy and unhealthy products.



- Quantify the adequate food ration.

6. What contents do you think should be included in a training addressed to these professionals?

- Basic concepts about nutrition
- Basic concepts about biochemistry
- Food composition
- Energy balance / caloric value of food
- Specific needs for people with acquired disabilities
- Adaptation of textures
- Food hygiene
- Drug-food interaction
- Nutritional myths
- Alterations in chewing and swallowing
- Drug-food interactions
- Quantity of food ration
- Hydric / caloric requirements
- Food groups and textures
- Pathological diseases
- Healthy culinary techniques
- Possible feeding routes and postural changes
- Influence of medication on metabolism
- Tools to understand disability, not simply in terms of classification, but more practical: what a certain patient can/cannot do;
- Different phases of the acquired disability - diversified nutrition / adapted to the different phases;
- In-depth study on dysphagia;
- Provide guidance on weight management;
- Tools to provide guidance on how to counteract inflammation also through the diet (e.g.: anti-inflammatory effect of some foods);
- Suggestions on how to correctly communicate the theme of lifestyle to patients and families to create awareness;
- How to raise awareness on the importance of healthy eating in people with acquired disabilities and their family members / caregivers; the importance of a life plan that includes not only physiotherapy, but healthy nutrition and movement. The importance to increase the awareness that these aspects really affect and avoid worsening the situation, indeed they improve the quality of life.
- How to deal with the resistance of the person with disability and of the family / caregiver;
- Contents such as “to create a background of shared knowledge to speak the same language”;



- The pros of a correct diet, the cons of an incorrect diet, in relation to the acquired disability;
- Psychological aspects related to food (food as consolation, etc.). Food is linked to relationships, sociability and pleasure.
- Cognitive skills and nutrition;
- Screening both in clinical terms (e.g. prevention of ulcers... clinical risk) and in nutritional terms - which are the alarm bells to pay more attention to;
- Some elements of nutrition with respect to the fundamental questions: obesity prevention, malnutrition, dysphagia.
- Promotion of physical activity
- Prevention of harmful habits
- Quality of sleeping
- Allergy prevention

7. How would you like to learn more about nutrition/acquired disability? How would you like to learn more about nutrition/acquired disability? What do you think would be the most appropriate format of implementing this training?

They would like to be back in a classroom! Some of the professionals recognise that training in this area would be better online, while others suggest "blended" forms, but all recognise the usefulness of carrying out very practical examples through the discussion of specific clinical cases (to analyse the history of some patients and study their evolution, what could we do / not do from the point of life of nutrition?).

The importance of a group of attendants that includes different professionals emerged.

The suggestions of the professionals participating in the focus groups regarding how to learn more about nutrition and acquired disabilities can be summarised as follows:

- Theoretical and practical seminars
- Consultations with specialists in other fields
- Face to face training
- Professional training courses
- Periodic on-site workshops
- Cooking workshops
- Theoretical online courses
- Clinical cases study
- Books or manuals with theoretical information
- Cooperation between specialists

Specialists would also like specialised programs for family members, joint training for all members of the rehabilitation team. It is indicated that information can be included by integrating knowledge into general education and social skills development programmes (in educational institutions). The



participants indicate that pedagogues lack competencies in the field of nutrition. Rehabilitation programmes for the people with disabilities should have more hours to healthy nutrition.

SWOT analysis

<p>WEAKNESSES (-)</p> <p>NEGATIVE/INTERNAL ASPECTS THEY ARE IN OUR HANDS WE MAY INFLUENCE THEM</p> <p>Which obstacles do you see in attending a training on this topic by professionals?</p>	<p>STRENGTHS (+)</p> <p>POSITIVE/INTERNAL ASPECTS THEY ARE IN OUR HANDS WE MAY INFLUENCE THEM</p> <p>What benefits do you think that the implementation of a specific nutrition/acquired disability training would have on professionals working with people with acquired disability? And on people with acquired disabilities themselves?</p>
<p>THREATS (-)</p> <p>NEGATIVE/EXTERNAL, CONTEXT CIRCUMSTANCES THEY ARE OUT OF OUR HANDS THEY ARE OUT OF OUR CONTROL (family, publicity, education)</p> <p>Which external obstacles do you think you must face?</p>	<p>OPPORTUNITIES (+)</p> <p>POSITIVE/EXTERNAL, CONTEXT CIRCUMSTANCES THEY ARE OUT OF OUR HANDS THEY ARE OUT OF OUR CONTROL</p> <p>Which positive external aspects might help in the training of professionals on nutrition and disability? Which circumstances of the context can we use?</p>



WEAKNESSES

- Lack of means
- Financial resources to hire a nutritionist
- Lack of time / professionals who do not have time in their workday
- Lack of priority
- Lack of interest from professionals
- Fear of putting into practice the theoretical knowledge acquired
- Lack of security if the DN figure is not present
- Lack of coordination between professionals
- Lack of knowledge about information search tools
- Lack of coordination with catering
- Digital divide
- In the hospital setting, the acquired disability represents a small proportion of cases, further study in this field would be important but not effective for the totality of cases (e.g.: an hospital dietitian is following at the same time many cases from different pathologies)
- Professionals lack targeted individualized, specialised, and differentiated knowledge about nutrition, and it is desirable to include more subjects related to healthy nutrition in training.
- It is necessary to pay more attention to the promotion of physical activity, prevention of harmful skills and quality of sleep.
- Relatives need knowledge about the nutrition of people with disabilities and knowledge about the motivation of the people with disabilities to lead a healthy lifestyle.

STRENGTHS

- Gain job security by having more knowledge
- Have a more complete vocational training
- To be able to solve the doubts of users and family members
- Being able to detect nutritional problems in users (nutritional deficiencies)
- Improving the quality of life of people with acquired disabilities by improving their habits and promoting their autonomy
- Increase physical autonomy (regulate weight)
- Provide users with tools to identify which foods to choose
- Efficacy in feeding (safe feeding)
- Control risk factors (prevent new pathologies)
- Improve sports performance, mobility and physical well-being
- Easier to manage body posture (Family, caregivers)



- Awareness of healthy lifestyle habits
- Interaction between different professionals
- Increases the set of personal knowledge
- Contribution to the management of complex situations
- Awareness raising (for the professional)
- The training will provide new knowledge about the formation of a healthy lifestyle and the importance of nutrition for the general state of health, which is relevant for both people with acquired disabilities and their relatives as well as professionals.
- The training will enable professionals to apply the promotion of healthy nutrition as a means of disease prevention and treatment.
- The training will be available to different groups of people (specialists, family members, students, NVO members, stakeholders), as it will take place on-line.
- The content of healthy lifestyle education could be applied in social skills development programmes.

THREATS

- Lack of interest from professionals
- Lack of professional coordination
- Lack of investment in food education
- Previous (cultural) habits
- Disinformation and fashions
- Lack of specialization of nutritionists in disability
- Professional intrusion
- Centralized catering service
- Difficulty of approaching a person with a disability
- Difficulty finding nutrition professionals specialized in people with acquired disabilities
- Difficulty keeping track of health status (analytics, medical visits, etc.)
- Industry interference with practitioners' guidelines / knowledge
- Economic problems
- Lack of coordination with family / caregivers (Lack of collaboration, knowledge or medical reports)
- Not giving importance to nutrition and food
- Impoverished monitoring by the health system
- Nutritional myths and misleading advertising
- Lack of coordination between professionals
- Lack of development of medical guidelines



- Professional intrusion
- Difficulty in understanding family members and users
- The limit of being online
- Prejudices
- Many proposals for training courses
- Sometimes in the different cases of disabilities there is an unbalanced nutrition
- Ambiguity and unreliability of the information on nutrition that specialists received searching for the information on-line
- Lack of information for family members on the issues of healthy nutrition
- There are not enough specialists working on nutrition issues for people with disabilities
- Due to the financial problems of institutions, unbalanced and incomplete food (hospitals, educational institutions) is often provided
- There is no feedback between a person with a disability, family members and nutritionists.

OPPORTUNITIES

- Creation of a network of professionals interested in nutrition / training courses
- Creation of a DCA committee in the department to promote the training of professionals
- Lean on the industry and extract what benefits people with acquired disabilities
- Social networks (to give training)
- Social / political campaigns
- Training sessions
- Political measures and involvement of institutions in training
- That the training can reach family members and caregivers
- Demonstrate the positive effect of nutritional intervention
- Making visible the importance of nutrition and healthy eating
- Use of the online format to achieve greater attendance at training
- Motivation for investment in the study of nutrition
- Professionals who believe in the project
- It would be helpful to organise family consultations with specialists on-line about healthy eating members; to organize professional cooperation sessions in an on-line environment. To create opportunities for specialists to improve their qualification. To organize training for teams working with people with disabilities. Integrate healthy nutrition courses into university and college programs, involve NGOs working with people with disabilities in healthy nutrition promotion and disease prevention activities, offer mass media to organize programs, discussions, forums on healthy nutrition issues, and organize seminars for food care professionals.



3. Guidelines

Based on the results drawn by all the previous work, the next step consisted on the definition of guidelines on most important themes, methodologies and tools to be put at the centre of training paths on good dietary and quality-of-life practices for professionals working with people with acquired disability.

3.1. Specific target groups to be involved

The initial professional profiles defined within ENNEADI project core were Physiotherapists, Physicians, Speech Therapists, Occupational therapists, Nurses, Dieticians, Nutritionists, Professionals/Social educators, Specialists in preventive and adapted physical activities, Psychologists, Social workers/assistants, and other professionals ordinarily working with people with acquired disability, in particular neurological acquired disability due to a traumatic event (after brain or spinal cord injury).

However, one more professional profile emerged during the implementation of the focus groups. In this way, this professional figure is not homogeneous among countries, but it consists on an assistant that do not have an university degree but a shorter training and they usually work with people with disabilities or medical needs.

3.2. Specific training contexts

The training path developed and tested as part of the ENNEADI project will be proposed for the implementation of university degree courses aimed at the project's target professionals (Physicians, Physiotherapists, Speech Therapists, Occupational Therapists, Nurses, Dieticians, Nutritionists, Specialists in preventive and adapted physical activities, Psychologists, Social Workers, and Social Educators) and made available to the degree courses themselves, so that they can include the contents in their training plan.

In each country there are national regulations of specialist training, according to which the content of study program is drawn up. If in this regulation there is no hours (ECTS) for such trainings, we could suggest for teachers to integrate knowledge in their subjects, that are related to the topic. And at the same time to start looking for opportunities to plan actions for the changes in the regulations of specialist training.

Due to the longtime of modules approval at the institutional level, as a part of study programme's content, it is already possible to include several tasks in student placements related to the nutritional characteristics of people with acquired disabilities.

Since this process, inevitably, requires a long time to implement and is subject to the reform of the curricula, the training course may initially be proposed as a "Post-graduate vocational training programmes" at university level, as a "Continuing Medical Education course" promoted by various professional orders or training bodies and as a "refresher course" promoted by sector associations or as a module within one of these training paths.



The training module may also be offered as part of training courses for “Social health workers” - professional figure dedicated to basic assistance activities (provided exclusively by accredited training bodies) or in training courses for family assistants.

Some universities have a unit (for example, Long Life Learning Institutes), that perform retraining courses for people who are going to change profession or just need some approval of their qualification. So, such units could include and offer the course related to the nutrition of people with acquired disabilities.

Moreover, as an information and dissemination activity of this project and / or thanks to new future projects, without giving a certificate of education the courses and sessions could be organized in different activities.

It is possible to offer for NGO's that work with people with acquired disabilities to organize special training sessions to the family members, to the people with acquired disabilities conducted by specialists (for example, during the summer camps, some time to share for the improvement of participant's skills and knowledge, in some thematic weeks, and one of such a week could be devoted to the nutrition of people with acquired disabilities).

During the months that are devoted to specific topic (month of elderlies, month of family, month of sports, ext.) for the townspeople the training sessions, conducted by specialists, could be offered for the local municipalities, as well.

3.3. Short and long-term objectives

As stated in the proposal, the project intends:

- 1) To let involved professionals and stakeholders improve their knowledge on good practices (at European level), related to quality of life, wellbeing and nutritional practices in favour of people with acquired disability;
- 2) To start up a methodological review of new training paths aimed at teaching in innovative, flexible and open ways, the aforementioned subjects in favour of professionals with very different educational and professional background;
- 3) To raise awareness among partner's entities, local stakeholders, institutions and European networks on the importance of practices on quality of life and dietary good standards for assuring wellbeing of disadvantaged people such as persons with acquired disability.

In the same way, the aim of O1 is to define common guidelines on training and educational methodologies and practices in favour of professionals ordinarily working with people with acquired disability, taking stock of:



- 1) Most recent scientific research in the field of life sciences, health, life quality, etc.;
- 2) Results coming from the preliminary analysis that partners conducted prior to the presentation of the project proposal.

In this context, a training course addressed to professionals usually working with people with acquired disabilities will be developed during the performance of Intellectual Output 2, with the following objectives:

Short-term objectives:

- To provide the professionals general knowledge about acquired disabilities
- To provide the professionals basic knowledge about nutrition
- To provide the professionals knowledge on nutrition for people with acquired disabilities
- To provide the professionals preventive dietary habits for people with acquired disabilities

Long-term objectives:

- To implement the training course created within ENNEADI project among associations and entities addressed to people with acquired disabilities
- To include the training course in the curricula of VET organisations
- To include the training course in High Education curricula
- To improve the quality of life of people with acquired disabilities



3.4. Main contents to be treated

Based on the previous work, consisting on the preliminary analysis on curricula carried on in the three countries, the results of the questionnaire, self-assessment test and, overall, the conclusions of the focus groups, an exhaustive list of training contents has been developed with the aim to meet the training needs exposed by the professionals working with people with acquired disabilities participating in the project activities. These contents are out of reach of the ENNEADI project scope, but they can be useful to be a starting point to choose which contents are the most suitable according to the needs of the trainees.

1. General knowledge about acquired disabilities

- 1.1. Introduction
- 1.2. Pathological diseases
- 1.3. Tools to understand disability
- 1.4. Acquired disabilities
 - 1.4.1. Brain injury
 - 1.4.1.1 Causes
 - 1.4.1.2. Sequelae
 - 1.4.2. Spinal cord injury
 - 1.4.2.1. Causes
 - 1.4.2.2. Sequelae
- 1.5. Different phases of the acquired disability
- 1.6. Major pathologies associated in people with disabilities
 - 1.6.1. Sarcopenia
 - 1.6.2. Mellitus Diabetes
 - 1.6.3. Osteoporosis
- 1.7. Dysphagia

2. General knowledge about nutrition

- 2.1. Biochemistry of nutrition: basic concepts
- 2.2. Food composition
 - 2.2.1. Nutritional value of food: Energy balance/caloric value of food



2.3. Malnutrition: obesity and other alterations in body composition

2.4. Basic knowledge about healthy food

2.4.1. Discrimination between healthy and unhealthy products

2.4.2. Healthy culinary techniques

2.4.3. Guidance on weight management

2.4.4. How to counteract inflammation through the diet

2.5. Food groups and textures

2.6. Nutritional myths

3. Nutrition and acquired disabilities

3.1. Official recommendations

3.2. Metabolic diseases

3.3. Specific needs for people with acquired disabilities regarding nutritional aspects

3.3.1. Pros of a correct diet

3.3.2. Cons of an incorrect diet

3.3.3. Food hygiene

3.3.4. Adaptation of textures and personalization of diets by the catering or kitchen staff

3.4. Psychological aspects of feeding

3.4.1. Cognitive skills and nutrition

3.4.2. Changes in mood due to diet

3.4.3. Food as consolation/ neural reward systems

3.4.4. Food linked to relationships, sociability and pleasure

3.4.5. Drowsiness

3.5. Influence of medication on metabolism

3.5.1. Interaction between feeding and medication

3.6. Alterations in chewing and swallowing

3.6.1. Adaptation of textures, and swallowing in Dysphagia

3.6.2. Problems when texturing food or using thickeners

3.7. Supervision during the ingestions



- 3.7.1. Feeding ways for people with acquired disabilities
- 3.7.2. Possible feeding routes and postural changes
- 3.7.3. Control the amount ingested: choosing the adequate food ration
- 3.7.4. Duration of the ingestions
- 3.7.5. Chewing
- 3.8. Screening in clinical and nutritional terms
- 3.9. Family and caregivers
 - 3.9.1. Suggestions on how to transmit nutritional education to patients and families in addition to raising awareness about a healthy lifestyle.
 - 3.9.2. How to raise awareness on the importance of healthy eating in people with acquired disabilities and their family members / caregivers

4. Preventive dietary habits

- 4.1. How to elaborate a balanced diet
- 4.2. Promote autonomy to handle food
- 4.3. Amount of food according to the physical activity
- 4.4. Basic nutritional recommendations for people with acquired disabilities

3.5. Educational methodologies

Educational methodologies

The contents, developed during the project, will be proposed through different educational methodologies, with the aim to adapt itself to different contexts.

Overall, the educational methodologies will consist of a blended training course composed of synchronous and asynchronous (on-line) activities. These two educational modalities will allow to adapt the training contents to the different contexts described in the “Specific training contexts”.

On-line training activities

An **asynchronous on-line** training course will be developed, organized in training modules with increasing insights, which will allow all professional categories, target of the project, to acquire information on the relationship between nutrition and acquired disability. These asynchronous



online activities will aim to provide a common background of notions to all participants. These on-line asynchronous activities will also include sections dedicated to **self-evaluation** of learning.

Synchronous training activities

This part of the course, composed of **synchronous activities**, will mainly address professionals such as Speech Therapists, Physiotherapists, Occupational Therapists, Nurses, Dietitians / Nutritionists, Professional educators, Psychologists, Experts in adapted physical activity and Physicians. The synchronous activities, which can be organized both online and in person, will give the opportunity to develop thematic insights on specific details of nutrition for people with acquired disabilities and will allow to present and discuss together with the multidisciplinary group "**real cases studies**", in order to foster the development of a multidisciplinary approach to the management of food-related problems for this type of patients. Then, through a **peer education** approach, participants will be asked to investigate further case studies and then describe and comment on them with the other participants in the training course.

3.6. Dissemination method

Introduction

The dissemination method for training in favor of professionals ordinarily working with people with acquired disability is closely correlated with the defined training contexts and largely corresponds with the dissemination methods of the ENNEADI project. The course is in fact the main product of ENNEADI itself, therefore it will be exploited through all the project dissemination actions. For this reason, the ENNEADI dissemination plan and ENNEADI dissemination outline documents are to be referred to

Target group/recipients of the training

All PROFESSIONALS who deal with PEOPLE WITH ACQUIRED DISABILITIES (in particular neurological disability due to a traumatic event)

- in public organisations
- in private organisations
- as independent professionals (freelance)

In particular, the following variety of professionals:

- Physicians
- Physiotherapists



- Speech Therapists
- Occupational therapists
- Nurses
- Dieticians
- Nutritionists
- Professional educators
- Experts of preventive and adapted physical activities
- Psychologists
- Social workers
- Social educators
- Operators who take care of basic assistance for people with disabilities, even at home, qualified or unskilled, but in any case, who carry out this task for work

To reach these professionals, the course will therefore be presented / proposed to the following organizations:

- Representatives of PUBLIC and private INSTITUTIONS/organizations/association, that have in charge the provision of social and sanitary services in favour of these target groups
- VET Centres - Higher Education Institutions that deal with training courses aimed at the mentioned professionals.

In more detail, the course should therefore be presented to:

At the regional and national level:

- Universities and Research Centres, vocational training institutions, working on the field of Quality of Life, Dietary Practices, Well Being standards, interested to share knowledge on these themes, in order to improve their research and educational programmes.
- public institutions at the regional/national level, intervening in the possible regulation of policies for social inclusion, promotion of quality of life, together with recognition of new qualifications as well as in the definition of common and minimal standards in the provision of health and social services in favor of disabled people
- Networks of not-for-profit organizations working on the advocacy of needs and rights of people with the aforementioned disabilities;
- professional organizations (in particular those that involve the aforementioned professions) that are most willing at the national level, to endorse and promote the upskilling of these professions on the specific theme of wellbeing and good dietary practices.



At the **European and international level**:

- public institutions, such as the European Commission, that may envisage the final results of the project as a best practice to be disseminated and valorized as basis for new initiatives on quality-of-life and good dietary practices as a means for improving policies for social inclusion of disadvantaged people and in particular people with acquired disability;
- Umbrella networks of not-for-profit organizations working on the advocacy of need and rights of people with the aforementioned disabilities;
- European technical agencies, such as the Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA), that may evaluate this initiative as a best practice to be considered when implementing objective of specific programmes at the European level, such as the Health programme;
- other public agencies, operating at world level, such as the World Health Organisation, which may envisage this project as part of best practices on the aforementioned objectives on social inclusion and quality of life among disadvantaged population.

Each partner has identified a **list of recipients** of the dissemination actions, the complete list will be used to disseminate the ENNEADI course.

Dissemination tools/channels

To reach these recipients, we will first use the tools/channels designed for the project itself, this same type of tools can also be used at the end of the project to advertise the course, also by other interested parties

1. Websites:

- Project website: www.enneadi.eu
- Project's partners and associated partners websites

2. Social media:

- Project Facebook and Twitter page
- Project's partners and associated partners social pages

Promotional materials:

- Course flyer, with all the necessary information

3. Newsletter/mailling list

4. General media

5. European dissemination channels



- Erasmus plus project results <https://ec.europa.eu/programmes/erasmus-plus/projects/>
- EPALE: <https://ec.europa.eu/programmes/erasmus-plus/projects/>

Dissemination activities

In addition to the above listed tools, the training will be presented through targeted dissemination activities:

6. Public events at local, national and European level, starting from the event already planned in the project, during which the course will be presented as a key ENNEADI result. Dissemination events will mainly be organized as part of the European Day of Awakenings.
7. Specific tables on issues related to acquired disability and / or nutrition in which the partners already participate at the local level, within which they will be able to present the training, even after the end of the project.
8. The key moments related to research, already carried out within the project, also had a dissemination function. The professionals involved in the first training session and in the subsequent focus groups were able to understand the value of the training course. The engagement of the possible recipients of the training, so that they can understand its importance and then be interested in participating, is therefore considered an important dissemination method. The same professionals who will be involved in the experimentation of the training course during the development of the project will be disseminators towards their peers and colleagues.



Annex 1 - Good practices at European level

BP1 - Planning Manual of socio-sanitary centres diets

Original title in Spanish: Manual de planificación de dietas en centros sociosanitarios

Country

Spain

Name of association/institution which organizes/carries on it

Generalitat Valenciana: Conselleria de Benestar Social

Target group

Professionals in social and health centres

Brief description of the best practice

A manual is drawn up that includes a series of guidelines for managing the diet of users of social and health centres such as a residence for the elderly or assistance centers for people with functional diversity.

The manual aims to train and guide the team of professionals who are involved in the planning and management of food resources: dietitians-nutritionists, medical-pharmaceutical team, and hospitality service. In this way, it aims for professionals to be able to identify nutritional deficiencies or dissatisfaction with the diet in addition to offering a detailed intervention plan.

Specifically, the following points are addressed:

- Basic concepts about the nutritional requirements of the geriatric population.
- Planning of individualized diets.
- Food hygiene standards in collective catering.
- Elaboration of diets with modified texture and other therapeutic menus
- Examples of weekly menus
- Recipe book

Finally, it offers an acceptance survey of the proposed menus.

The manual was published in 2004 and an update is not in sight.

Status of the best practice

It is a project with no apparent continuity since its first and only publication in 2004.

[Link](#)



BP2 - How to guarantee respect for dignity, privacy and autonomy in personal care

Original title in Spanish: Cómo garantizar el respeto a la dignidad, la intimidad y la autonomía en la atención personal

Country

Spain

Name of association/institution which organizes/carries on it

Centro de Documentación y Estudios SIIS Dokumentazio eta Ikerketa Zentroa Fundación Eguía-Careaga Fundazioa

Target group

Professionals who work with people with functional diversity.

Brief description of the best practice

Consensus of the opinions of different professional areas, a guide of good practices oriented to the assistance support to people with functional diversity has been elaborated with the aim of providing autonomy and improving the quality of life.

The guide is focused on direct contact work with the user, encompassing food, personal hygiene tasks, movement and travel, impact of personal care on support professionals, action in the event of choking and postural changes, among other aspects.

With regard to eating, the guide offers practical guidance on choosing menus and how to provide support for eating, with a special section for managing dysphagia and the consequent adaptation of textures. As annexes, the guide deals with other influential topics in the feeding process, such as choking action, oral hygiene management, postural changes and tube feeding.

This guide, together with other technical guides of good practices, forms the Manual "How we conceive residential care. Basic guidelines for quality care for people with disabilities". This manual is part of the project "Living Better" of the Department of Social Services of the Provincial Council of Álava, launched in 2008 and as a result of which participatory initiatives have been developed to develop specific action protocols.

Status of the best practice

The good practices guide was published in 2012. Despite the unknown current status of the original project, this has been the instigator of new projects aimed at improving care for people with functional diversity.

[Link](#)



BP3 - NUTRI+

Country

Spain

Name of association/institution which organizes/carries on it

CNTA (Research & Technology for the Competitiveness of the Food Industry)

Target group

People over 70 years old, people with intellectual functional diversity/mental disorder and people who have suffered acquired brain damage and/or para/tetraplegia.

Brief description of the best practice

NUTRI + project was launched in 2020, thanks to the coordinated work of different companies in the food industry, social health centres and private companies, all of them with a common objective: "to develop nutritionally balanced ingredients, foods and diets and/or with a healthy functional profile, with textures adapted to chewing and swallowing problems, and visually attractive".

The main objective is to adapt food to the desired texture, improving swallowing and quality of life for users. For this, the use of new technologies such as laser-injection 3D printing, high pressures and novel texturing has been proposed, in addition to proposing analysis methods such as rheology. On the other hand, it is intended to study the functionality of the main nutrients in order to improve the food for people with swallowing difficulties.

As secondary objectives, the project proposes:

- To know the nutritional requirements of the study populations
- Develop food preparation technologies with modified textures
- Identify functional nutrients that have a preventive effect on certain pathologies (e.g. obesity, metabolic syndrome.)
- Design new products that are attractive regardless of their texture, that can be distributed through health care entities and hospitals, in addition to subsequently checking the acceptance of the diets by the consumer.

Unlike other projects, this one relies on the opinion of consumers to develop and continue the research.

Status of the best practice

It is a currently active project, started in 2020, in force until 2022.

[Link](#)



BP4 - Curricular practices of Human Nutrition and Dietetics of the University of Valencia

Country

Spain

Name of association/institution which organizes/carries on it

Nueva Opción

Target group

Persons with acquired brain injury

Brief description of the best practice

It is an autopacticum carried out during the 2019/2020 academic year, with a duration of four months. The project was carried out by a fourth-year student on her own initiative due to the incessant need for nutritional advice found in volunteering with people with functional diversity.

The objective of the project was to verify if the users of the day centre could benefit from nutritional assistance services, in addition to including food education as part of the rehabilitation process. The activities that were carried out were the following:

- Nutritional monitoring using the anthropometric measurement marked by the ISAK.
- Assessment of nutritional status based on the location of brain damage.
- Training workshops in food education for the professionals of the centre.
- Training workshops for family members / caregivers.
- Support and assistance with feeding during mealtimes to identify possible new needs to adapt the texture of the diet.
- Planning of leisure activities that include food handling.
- Supervision of the quality of the menu and active communication with its suppliers.
- Control of intakes and individualization of diets in terms of quantity, nutritional density, texture and personal preferences.
- Evaluation and intervention proposal in cases of anosmia / ageusia with subsequent research in Final Degree Project.
- Nutritional consultation with several families, oriented to weight loss and nutritional diet quality.
- Planning of food products used in congresses, parties or other events / celebrations.

Secondary objective of the internship: It was intended to show the importance and influence of the figure of the nutritionist in the centres of social and health care.



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enneadi

European Network in
Nutritional Education
for Acquired Disabilities

Status of the best practice

The project was carried out during the 2019-2020 academic year, with a duration of 4 months. Is an ongoing project today, the association has the figure of dietitian-nutritionist in the multidisciplinary team.

[Link](#)



BP5 - Creation of a kitchen / dining room service in the ADACEA Day Centre

Country

Spain

Name of association/institution which organizes/carries on it

ADACEA (Association of Acquired Brain Injury of Alicante)

Target group

Users with acquired brain damage

Brief description of the best practice

The project consists of the creation of a kitchen and dining room within a day centre, available to users.

For this, a person with a double profile, cook and dietician-nutritionist, was hired at 30.5 hours / week. The main tasks of the position are:

- Creation of a balanced monthly menu, and its derivations (adapted textures, religious beliefs, allergies, etc.). In addition, the menu includes recommendations on healthy eating (recommendations on takings outside the home, a reminder of the importance of hydration, physical activity, etc.)
- Supplying the kitchen commissary by choosing the best quality-price suppliers.
- Prepare the daily menus and their adaptations, for an average of 23 users with acquired brain damage.
- Monitor and record all HACCP measures as recommended by the code of good food hygiene practices.
- Quarterly checks of weight and nutritional status of day centre users.
- Guideline (participating in a multidisciplinary team) of specific actions (diet, change of habits, etc.), if necessary.

Status of the best practice

Continuous project that was put into operation in October 2016

[Link](#)



BP6 - SPRINTT project

Country

European project

Name of association/institution which organizes/carries on it

Target group

Physically frail, sarcopenic older persons and to ameliorate their quality of life.

Brief description of the best practice

The SPRINTT project has two major objectives. First, it will aim at providing a clear, objective, scientifically sound, and clinically-relevant operational definition of Physical Frailty & Sarcopenia (PF&S), to allow the identification of older individuals affected by this condition. Then, it will conduct a large-scale randomized clinical trial aimed at testing the effects of a multicomponent intervention (based on physical activity, nutritional counselling, and innovative technologies) vs. a health educational program in the prevention of mobility disability in community-dwelling older persons with PF&S living in different European countries. The SPRINTT clinical development program will include a randomized Phase III study involving nearly 1500 patients, undergoing a clinical follow-up of two years, within 13 European countries. Applied methodologies and clinical results will be presented to the European Medicines Agency for regulatory advice.

Status of the best practice

Ongoing

[Link](#)



BP7 - EIT FOOD&HEALTH

Country

European project

Name of association/institution which organizes/carries on it

Target group

Cancer patients and healthcare professionals.

Brief description of the best practice

Malnutrition is common in patients suffering from cancer. A combination of various factors, such as stress and pain, may diminish their nutrient intake during the illness. Moreover, in addition to the troubles caused by the disease, those associated with the treatments – more troublesome in terms of diet – must be taken into account. Taste and smell alterations, nausea, vomiting and, consequently, loss of appetite, result in lower energy intake with accelerated weight loss, generally, from muscle mass loss. This loss worsens the prognosis for patients. To be optimally fit to sustain treatment, patients need to be well-nourished. The Food4Health project MuscleCancer looks to define different solutions for muscle mass preservation, involving aspects such as physical activity, eating habits and the development of mobile applications that respond to patients' information, physical and nutrition monitoring needs. Specific interventions through tailor-made nutrition or physical activity programs may prevent cancer-related muscle loss. Yet, nutritional and physical interventions are not routinely prescribed or start too late. When muscle loss is already ongoing, the window of benefit may have passed. Demonstrating the benefit of such interventions and the best conditions to implement them creates the opportunity to integrate them in standard cancer treatment. This project will address the need for knowledge, service and validation of solutions for muscle mass preservation. This will be achieved via:

- Tools to dynamically measure muscle mass
- Tailor-made medical nutritional solutions
- Tailor-made activity/exercise programs
- Digital tools/services to enable and empower patients and healthcare professionals

Status of the best practice

Ongoing

[Link](#)



BP8 - APIAFCO

Country

Italy

Name of association/institution which organizes/carries on it

Fondazione Corazza

Target group

Psoriasis patients and families and caregivers

Brief description of the best practice

A project focused on nutrition for people with inflammatory diseases such as psoriasis. At the heart of it all is the idea of eating healthy and above all aware of what we eat, but without losing taste.

This is why we have developed the idea of publishing 8 ebooks with different themes:

n.1 "Face to face with what we eat. Do you want to meet him? " in which there will be my introduction and various insights including the pantry to have at home;

n.2 "Getting started"

n.3 "The temptations of carbohydrates"

n.4 "Intermezzi" or the middle plates, the so-called "mezzè"

n.5 "Fish Taste"

n.6 "The Meat"

n.7 "Sweets, what a passion"

n.8 "Superfoods"

In each volume there will be scientific in-depth articles on foods and the processes that link them to the kitchen and the table, written by professionals.

Living a healthy lifestyle is fundamental for well-being; physically, emotionally, and mentally there are benefits to be gained for everyone. But scientific evidence tells us also that lifestyle habits become even more important when you live with physical impairments, such as a mobility disability. We know for certain from many years of clinical practice conducting lifestyle programs in rehabilitation settings, that through modified food choices, adapted regular physical activity, and the cultivation of a positive mindset, increased well-being is possible.

Therefore, this guide to an active and healthy lifestyle is written primarily for you, those of you who live with a physical impairment and want more information, who are keen to get in better shape, and who have a desire for a healthy lifestyle and its positive effects. But it is also intended for family and friends, personal assistants, rehabilitation professionals, and primary health providers who want to advance their understanding.

Status of the best practice

Erasmus+ Programme - Strategic Partnership - VET

Project Nr: 2020-1-IT01-KA202-008557

Project title: European Network in Nutritional
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Ongoing

[Link](#)

BP9 - Sport adattato per le persone con disabilità acquisita

Country

Italy

Name of association/institution which organizes/carries on it

UNIBO

Target group

Experts in sport and exercise science, physiotherapists, nurses.

Brief description of the best practice

The need that leads to propose this CAF arises from direct confrontation with some stakeholders such as the Paralympic Committee of the Emilia Region- Romagna which underlines the difficulty in identifying professional figures specifically trained in this sector also capable of addressing the people with acquired disabilities towards the most suitable and effective paths for them. The course therefore aims to train professionals specialized in the sector adapted motor and sports activities capable of approaching and following people with acquired disabilities to movement and sport. The course aims, in addition, to make these professionals aware of the network of health and social structures dedicated to people with acquired disabilities.

Status of the best practice

Start 2022

[Link](#)



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Annex 2 - Occupational profiles in the European classification of Skills, Competences, Qualifications and Occupations (ESCO)

Physician (medical doctors according to ESCO)

Code 221

Description

Medical doctors (physicians) study, diagnose, treat and prevent illness, disease, injury and other physical and mental impairments in humans through the application of the principles and procedures of modern medicine. They plan, supervise and evaluate the implementation of care and treatment plans by other health care providers, and conduct medical education and research activities.

Tasks

- conducting physical examinations of patients and interviewing them and their families to determine their health status
- ordering diagnostic tests and analysing findings
- prescribing and administering curative treatments and preventive measures
- performing surgery and other clinical procedures
- monitoring patients' progress and response to treatment
- advising on health, nutrition and lifestyle behaviours which aid prevention or treatment of disease and disorders
- identifying and managing complications before, during and after childbirth
- planning, managing and implementing referral plans for patients in need of specialized, long-term or other types of health care services
- exchanging medical information with other health professionals to ensure continuing and comprehensive care

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- reporting births, deaths and notifiable diseases to government authorities
- conducting research into human disorders and illnesses and preventive or curative methods

Alternative label

–

–

Essential skills and competences

–

Essential knowledge

–

–

Optional skills and competences

–

Optional knowledge

–

<http://data.europa.eu/esco/isco/C221>

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General practitioner		Code 2211.1
Description		
General practitioners promote health, prevent, identify ill health, diagnose and treat diseases and promote recovery of physical and mental illness and health disorders of all kinds for all persons regardless of their age, sex or type of health problem.		
Alternative label		
–		
Essential skills and competences		
– provide healthcare services to patients in general medical practice		
Essential knowledge		
–		
Optional skills and competences	Optional knowledge	
– conduct health related research	–	
– contribute to education in medicine		
– employ foreign languages for health-related research		
– employ foreign languages in care		
– manage a healthcare unit budget		
– manage a multidisciplinary team involved in patient care		

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- provide care for a patient group with specific characteristics

<http://data.europa.eu/esco/occupation/71f09c8b-a172-408c-b9e7-32e580e39ff6>

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Specialised doctor

Code 2212.1

Description

Specialised doctors prevent, diagnose and treat diseases depending on their medical or surgical specialty.

Alternative label

–

–

Essential skills and competences

- provide healthcare services to patients in specialised medicine

Essential knowledge

–

–

Optional skills and competences

- | | |
|--|--|
| – advise on pregnancies at risk | – employ foreign languages in care |
| – conduct health related research | – manage a healthcare unit budget |
| – contribute to education in medicine | – manage a multidisciplinary team involved in patient care |
| – employ foreign languages for health-related research | – provide care for a patient group with specific characteristics |

Optional knowledge

- | | |
|--------------------------|------------------------------|
| – allergology | – neurology |
| – anaesthetics | – neuropsychiatry |
| – biological chemistry | – nuclear medicine |
| – biological haematology | – obstetrics and gynaecology |
| – cardiology | – occupational medicine |

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- child psychiatry
- clinical biology
- clinical neurophysiology
- communicable diseases
- community medicine
- dermato-venereology
- dermatology
- diagnostic radiology
- emergency medicine
- endocrinology
- gastroenterological surgery
- gastroenterology
- general haematology
- general medicine
- general surgery
- geriatrics
- immunology
- maxillo-facial, oral, and dental surgery
- maxillofacial surgery
- microbiology-bacteriology
- neurological surgery
- ophthalmology
- orthopaedics
- otorhinolaryngology
- paediatric surgery
- paediatrics
- pathological anatomy
- pharmacology
- physiotherapy
- plastic surgery
- psychiatry
- radiology
- radiotherapy
- renal diseases
- respiratory medicine
- rheumatology
- stomatology
- thoracic surgery
- tropical medicine
- urology
- vascular surgery
- venereology

<http://data.europa.eu/esco/occupation/9b889f07-c39c-464d-b9d9-b2daa650f9ac>

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Physiotherapist

Code 2264.3

Description

Physiotherapists are autonomous health professionals who are responsible for developing, maintaining or restoring motor function and movement throughout the lifespan using evidence-based practice. They relieve pain and treat or prevent physical conditions associated with injury, disease or other impairments. Physiotherapists empower patients and their carers to manage the condition outside clinical settings. They work within their scope of practice and their professional Code of Conduct.

Alternative label

- neuromuscular physiotherapist
- hydrotherapist
- chiropractic therapist
- respiratory therapist
- occupational physiotherapist
- osteopath
- respiratory physiotherapist
- eurythmy therapist
- bobath physiotherapist
- physiotherapist manager
- cardiovascular physiotherapist
- neurological physiotherapist
- occupational therapist
- business physiotherapist
- masseuse
- physical therapist
- health and well-being therapist
- chiropractor
- remedial physiotherapist
- sports physiotherapist
- health promotion worker
- neuromusculoskeletal physiotherapist
- neurodevelopmental physiotherapist
- manipulative physiotherapist
- rehabilitation therapist

Essential skills and competences

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- accept own accountability
- adhere to health well-being and safety
- adhere to organisational guidelines
- adjust physiotherapy interventions
- advise on healthcare users' informed consent
- advocate health
- apply clinical physiotherapy skills
- apply context specific clinical competences
- apply health sciences
- apply organisational techniques
- collect healthcare user's general data
- communicate effectively in healthcare
- comply with legislation related to health care
- comply with quality standards related to healthcare practice
- conduct health related research
- conduct physiotherapy assessment
- contribute to continuity of health care
- contribute to quality physiotherapy services
- contribute to the rehabilitation process
- create solutions to problems
- deal with emergency care situations
- develop a collaborative therapeutic relationship
- develop physiotherapy services
- develop plans related to client discharge
- follow clinical guidelines
- formulate a treatment plan
- inform policy makers on health-related challenges
- interact with healthcare users
- interpret medical results
- listen actively
- maintain physiotherapy equipment
- manage a healthcare unit budget
- manage clinical risk
- manage healthcare users' data
- manage physiotherapy staff
- measure effectiveness of the service provided
- prescribe healthcare products
- promote health and safety policies in health services
- promote inclusion
- provide health education
- provide information on the effects of physiotherapy
- provide leadership
- provide learning support in healthcare
- provide physiotherapy diagnosis
- provide self-management support
- provide treatment strategies for challenges to human health
- record healthcare users' progress related to treatment
- refer healthcare users
- respond to changing situations in health care

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- develop plans related to the transfer of care
- develop strategic plans for physiotherapy services
- develop therapeutic relationships
- educate on the prevention of illness
- empathise with the healthcare user
- employ cognitive behaviour treatment techniques
- engage in physiotherapy research
- ensure safety of healthcare users
- supervise physiotherapist assistants
- supervise physiotherapy students
- triage clients for physiotherapy
- use different communication channels
- use e-health and mobile health technologies
- work in a multicultural environment in health care
- work in multidisciplinary health teams

Essential knowledge

- biomechanics
- emergency surgery
- first aid
- general medicine
- geriatrics
- human anatomy
- human physiology
- intensive care medicine
- kinetics
- manage healthcare staff
- medical informatics
- medical terminology
- neurology
- obstetrics and gynaecology
- orthopaedic manual physiotherapy
- orthopaedics
- paediatrics
- pharmacology
- physics
- psychiatry
- psychology
- rehabilitation
- respiratory therapy
- sociology
- surgery
- therapeutic massage

Optional skills and competences

Optional knowledge

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- apply acupuncture
- apply massage therapy
- employ foreign languages for health-related research
- employ foreign languages in care
- prescribe medication
- hydrotherapy
- sport and exercise medicine

<http://data.europa.eu/esco/occupation/006cc1f9-2841-41c3-991a-dc3f2f3bd533>

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Speech therapist (speech and language therapist according to ESCO)

Code 2266.2

Description

Speech and language therapists focus on the aetiology, assessment, diagnosis, treatment, and prevention of communication and swallowing disorders in people of all ages in order to help them maintain, promote, improve, initiate, or recover the ability to communicate both verbally and nonverbally. They address the development of language, speech, vocal and hearing functions, and disorders and disabilities in the cranial, facial, and oral area.

Alternative label

- | | |
|---|--|
| – speech pathologist | – paediatric speech and language therapist |
| – practitioner in speech and language therapy | – psychomotor specialist |
| – speech therapy practitioner | – speech therapist |
| – paediatric speech therapist | – language therapist |
| – logopaedist | – specialist speech and language therapist |
| – speech-language pathologist | – language therapy practitioner |
| – logopaedics therapist | |

Essential skills and competences

- | | |
|--|--|
| – motivate patients | – exercise patience |
| – accept own accountability | – follow clinical guidelines |
| – adhere to organisational guidelines | – formulate a case conceptualisation model for therapy |
| – advise on healthcare users' informed consent | – inform policy makers on health-related challenges |
| – apply context specific clinical competences | – interact with healthcare users |
| – apply health sciences | – listen actively |

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- apply organisational techniques
- communicate effectively in healthcare
- comply with legislation related to health care
- comply with quality standards related to healthcare practice
- conduct research on speech-related topics
- contribute to continuity of health care
- counsel on communication disorders
- counsel patients on improving speech
- deal with emergency care situations
- develop a collaborative therapeutic relationship
- diagnose speech disorders
- educate on the prevention of illness
- empathise with the healthcare user
- encourage healthcare user's self-monitoring
- ensure safety of healthcare users
- evaluate the psychological impact of speech problems

- manage healthcare users' data
- monitor patients' progress related to treatment
- organise relapse prevention
- perform therapy sessions
- promote good habits to avoid communication disorders
- promote inclusion
- provide health education
- record healthcare users' progress related to treatment
- respond to changing situations in health care
- teach communication methods
- treat speech disorders
- treat swallowing disorders
- use e-health and mobile health technologies
- work in a multicultural environment in health care
- work in multidisciplinary health teams

Essential knowledge

- audiology
- audiometry
- behavioural neurology
- facial gymnastics
- first aid
- health care legislation
- medical terminology
- movement techniques
- neurology
- neuropsychology
- otorhinolaryngologic conditions
- paediatrics

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- health care occupation-specific ethics
- hearing loss
- human anatomy
- human physiology
- hygiene in a health care setting
- linguistics
- lip reading
- logopaedics
- medical informatics

- pathology
- phonetics
- phoniatrics
- professional documentation in health care
- psychiatry
- psychology
- sign language
- special needs education
- speech techniques

Optional skills and competences

- employ foreign languages for health-related research
- employ foreign languages in care
- ensure proper appointment administration
- refer healthcare users
- supervise speech and language team
- undertake clinical audit

Optional knowledge

- autism
- bobath therapy
- cued speech
- pedagogy
- psychoacoustics

<http://data.europa.eu/esco/occupation/8021f3a2-e3de-43c0-b366-075da74dc5b7>

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Occupational therapist

Code 2269.4

Description

Occupational therapists assist individuals or groups who have occupational limitations due to diseases, physical disorders, and temporary or permanent mental disabilities, in regaining their ability to perform daily activities. They provide treatment and rehabilitation to enable them to actively participate in society, to live their lives according to their wishes and to perform those activities that are meaningful to them.

Alternative label

- | | |
|---|--------------------------------------|
| – vocational rehabilitation counsellor | – rehabilitation therapist |
| – expert occupational therapist | – ergotherapist |
| – practitioner of occupational therapy | – specialist in occupational therapy |
| – rehabilitation counsellor | – activity therapist |
| – expert practitioner of occupational therapy | – specialist occupational therapist |

Essential skills and competences

- | | |
|--|---|
| – motivate patients | – exercise patience |
| – accept own accountability | – facilitate healthcare user's engagement in occupations |
| – adhere to organisational guidelines | – follow clinical guidelines |
| – advise on environmental alterations | – identify the healthcare user's personal capacity |
| – advise on healthcare users' informed consent | – inform policy makers on health-related challenges |
| – apply context specific clinical competences | – instruct on the use of special equipment for daily activities |
| – apply health sciences | – interact with healthcare users |
| – apply organisational techniques | – listen actively |
| – apply techniques of occupational therapy | – manage healthcare users' data |

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- assess risks for the elderly
- assist healthcare users achieve autonomy in everyday activities
- communicate effectively in healthcare
- comply with legislation related to health care
- comply with quality standards related to healthcare practice
- contribute to continuity of health care
- create individual treatment programmes
- deal with emergency care situations
- develop a collaborative therapeutic relationship
- develop a rehabilitation programme
- educate on the prevention of illness
- educate patient's relations on care
- empathise with the healthcare user
- encourage healthcare user's self-monitoring
- ensure safety of healthcare users

- monitor patients' progress related to treatment
- perform occupation analyses
- perform patient activity analyses
- promote inclusion
- provide assistive technology
- provide health education
- record healthcare users' progress related to treatment
- remediate healthcare user's occupational performance
- respond to changing situations in health care
- undertake healthcare examination
- use computer programs to improve patients' skills
- use e-health and mobile health technologies
- work in a multicultural environment in health care
- work in multidisciplinary health teams

Essential knowledge

- community-based rehabilitation
- ergonomics
- general medicine
- geriatrics
- health care legislation
- health care occupation-specific ethics
- occupational physiology
- occupational science
- occupational therapy theories
- orthopaedics
- paediatrics
- pathology

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- human anatomy
- human physiology
- hygiene in a health care setting
- medical informatics
- medical terminology
- movement techniques
- neurology

- physical medicine
- professional documentation in health care
- psychiatry
- psychology
- sociology
- supervision of persons
- vocational rehabilitation

Optional skills and competences

- assist children with special needs in education settings
- assist in performing physical exercises
- employ foreign languages for health-related research
- employ foreign languages in care
- ensure proper appointment administration
- manage occupational therapy students
- provide early intervention therapy to infants

Optional knowledge

- bobath therapy
- disorders affecting self-awareness
- first aid
- mechanotherapy
- osteopathy
- pedagogy

<http://data.europa.eu/esco/occupation/33da5532-8c4e-4d1b-b52e-c201ee1bc7ab>

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Nurse (nurse responsible for general care according to ESCO)

Code 2221.2

Description

Nurses responsible for general care are in charge of promoting and restoring patients' health by providing physical and psychological support to patients, friends, and families. They also supervise assigned team members.

Alternative label

- | | |
|-----------------------------|------------------------------|
| – district nurse | – children's community nurse |
| – healthcare nurse | – practice nurse |
| – learning disability nurse | – ward sister |
| – community staff nurse | – mental health nurse |
| – adult nurse | – ward nurse |
| – children's nurse | – health carer |

Essential skills and competences

- | | |
|--|--|
| – accept own accountability | – follow clinical guidelines |
| – adapt leadership styles in healthcare | – have computer literacy |
| – address problems critically | – implement fundamentals of nursing |
| – adhere to organisational guidelines | – implement nursing care |
| – advise on healthcare users' informed consent | – implement scientific decision making in healthcare |
| – advise on healthy lifestyles | – inform policy makers on health-related challenges |
| – analyse the care quality | – initiate life preserving measures |
| – apply context specific clinical competences | – interact with healthcare users |
| – apply health sciences | – listen actively |

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- apply nursing care in long-term care
- apply organisational techniques
- apply person-centred care
- apply sustainability principles in health care
- communicate effectively in healthcare
- comply with legislation related to health care
- comply with quality standards related to healthcare practice
- contribute to continuity of health care
- coordinate care
- deal with emergency care situations
- delegate activities
- develop a collaborative therapeutic relationship
- diagnose nursing care
- educate on the prevention of illness
- empathise with the healthcare user
- empower individuals, families and groups
- ensure safety of healthcare users
- evaluate nursing care
- manage information in health care
- manage personal professional development
- participate in health personnel training
- plan nursing care
- promote a positive image of nursing
- promote human rights
- promote inclusion
- provide health education
- provide nursing advice on healthcare
- provide professional care in nursing
- provide treatment strategies for challenges to human health
- respond to changing situations in health care
- solve problems in healthcare
- use e-health and mobile health technologies
- use electronic health records in nursing
- work in a multicultural environment in health care
- work in multidisciplinary health teams

Essential knowledge

- acute care
- adolescence medicine
- nursing principles
- nursing science

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- biological chemistry
- citizen involvement in healthcare
- dietetics
- disability care
- evidence-based nursing care
- first aid
- general medicine
- geriatrics
- health care legislation
- human anatomy
- human physiology
- hygiene in a health care setting
- impact of social contexts on health
- infection control
- innovation in nursing
- leadership in nursing
- newborn care

- paediatrics
- palliative care
- pathology
- patient autonomy
- pedagogy
- person centred care
- pharmacology
- primary care
- psychiatry
- psychology
- public health
- resuscitation
- safe management of medicines
- scientific research methodology
- sociology
- surgery

Optional skills and competences

- carry out nurse-led discharge
- employ foreign languages for health-related research
- employ foreign languages in care
- prescribe medication

Optional knowledge

–

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- show entrepreneurial spirit

<http://data.europa.eu/esco/occupation/8d3e8aaa-791b-4c75-a465-f3f827028f50>

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Dietician

Code 2265.1

Description

Dietitians assess specific nutritional requirements of populations or individuals throughout their lives and translate this into advice which will maintain, reduce risk to, or restore people's health. Using evidence-based approaches, dietitians work to empower individuals, families and groups to provide or select food which is nutritionally adequate, safe, tasty and sustainable. Beyond healthcare, dietitians improve the nutritional environment for all through governments, industry, academia and research

Alternative label

- dietician
- public health nutritionist
- specialist dietician

Essential skills and competences

- | | |
|--|---|
| <ul style="list-style-type: none"> – accept own accountability – adhere to organisational guidelines – advise food industry – advise on healthcare users' informed consent – advise on preparation of diet food – apply context specific clinical competences – apply health sciences – apply organisational techniques – communicate effectively in healthcare – comply with legislation related to health care | <ul style="list-style-type: none"> – identify the dietetic professional quality of care – identify the health benefits of nutritional changes – inform policy makers on health-related challenges – interact with healthcare users – intervene to reduce sub-optimal nutritional status of individuals – listen actively – manage healthcare users' data – measure nutritional health status using appropriate tools – monitor the nutrition status of the individual – offer advice on diet-related concerns |
|--|---|

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- comply with quality standards related to healthcare practice
- conduct nutrition research
- contribute to continuity of health care
- deal with emergency care situations
- deliver group sessions on nutrition
- develop policies for nutritional programs
- educate healthcare users on nutrition
- educate on the prevention of illness
- empathise with the healthcare user
- ensure safety of healthcare users
- follow clinical guidelines
- follow up nutrition care plan
- formulate dietetic intervention
- identify cause of nutritional imbalance

- perform nutrition analysis
- prepare promotional materials on nutrition
- promote inclusion
- provide dietetic diagnosis
- provide health education
- provide treatment strategies for challenges to human health
- respond to changing situations in health care
- supervise food in healthcare
- support individuals on nutrition changes
- train medical staff on nutrition
- use e-health and mobile health technologies
- work in a multicultural environment in health care
- work in multidisciplinary health teams

Essential knowledge

- biological chemistry
- calculation of food energy
- chemistry
- clinical examinations in dietetics
- composition of diets
- counselling methods
- dietetics
- eating disorders
- human anatomy
- human physiology
- hygiene in a health care setting
- medical informatics
- medical terminology
- nutrition of healthy persons
- nutritional adequacy of food intake
- obesity

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- epidemiology
- food allergies
- food hygiene rules
- food labels
- food legislation
- food science
- health care legislation
- health care occupation-specific ethics

- paediatrics
- pathology
- pharmacology
- professional documentation in health care
- psychology
- rehabilitation
- sociology
- supervision of persons

Optional skills and competences

- address public health issues
- advise sportspersons on diet
- carry out bibliographic work
- communicate with media
- employ foreign languages for health-related research
- employ foreign languages in care
- maintain medical devices
- make recommendation on nutrition to public policy makers
- manage clinical risk
- prescribe medication
- record healthcare users' billing information
- refer healthcare users

Optional knowledge

- business management principles
- children's physical development
- first aid
- general medicine
- geriatrics
- intensive care medicine
- pedagogy
- psychiatry
- public health

<http://data.europa.eu/esco/occupation/8a53f8d3-d995-4c7b-a70d-d79f76bdcb3f>

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Nutritionist (prepared meals nutritionist according to ESCO)

Code 2265.1.1

Description

Prepared meals nutritionists value ingredients, manufacturing processes, and foodstuffs in order to assure nutritional quality and suitability of prepared meals and dishes. They study nutritional value of foodstuffs and dishes and advise on the composition of different meals or dishes for human feed (allergenic items, macro and micronutrients, etc.)

Alternative label

–

–

Essential skills and competences

- | | |
|--|--|
| <ul style="list-style-type: none"> – analyse trends in the food and beverage industries – apply GMP – apply HACCP – apply requirements concerning manufacturing of food and beverages – assess nutritional characteristics of food – check quality of products on the production line – ensure correct goods labelling – ensure sanitation | <ul style="list-style-type: none"> – examine production samples – follow hygienic procedures during food processing – identify nutritional properties of food – manage the use of additives in food manufacturing – research new cooking methods – research new food ingredients – strive for nutritional improvement of food manufacturing – supervise food in healthcare |
|--|--|

Essential knowledge

- | | |
|---|--|
| <ul style="list-style-type: none"> – combination of flavours – combination of textures – dietetics | <ul style="list-style-type: none"> – food storage – functional properties of foods – prepared meals |
|---|--|

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- food science

Optional skills and competences

- collect samples for analysis
- conduct nutrition research
- create new recipes
- develop new food products
- develop policies for nutritional programs
- identify suppliers
- label foodstuffs
- participate in the development of new food products
- perform food risk analysis
- perform market research
- prepare dietary meals

Optional knowledge

- composition of diets
- dietary regimes
- traceability in food industry

<http://data.europa.eu/esco/occupation/c37d0026-989b-4705-9bcb-30cccd8308fa>

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Specialist in preventive and adapted physical activities (sport therapist according to ESCO)

Code 3423.2.4

Description

Sport therapists program and supervise rehabilitation exercises for individuals and groups. They work with individuals that have chronic health conditions or are at high risk of developing them. They communicate with medical and healthcare professionals about participants' conditions using correct medical terminology, and with an understanding of the standard treatment options for an individual's condition. Sport therapists take a holistic approach to the wellness of their clients that includes advising on lifestyle, food or time management. They do not have a medical background and do not require medical qualifications.

Alternative label

- | | |
|------------------------------|--------------------------------|
| – health exercise specialist | – exercise therapist |
| – sport & exercise therapist | – sport and exercise therapist |
| – exercise specialist | – exercise consultant |

Essential skills and competences

- | | |
|--|---|
| – adapt fitness exercises | – integrate exercise science to the design of the programme |
| – attend to fitness clients under controlled health conditions | – integrate principles of training |
| – collect client fitness information | – manage fitness communication |
| – conduct fitness risk assessment | – motivate fitness clients |
| – demonstrate professional attitude to clients | – prepare exercise session |
| – ensure safety of exercise environment | – prescribe exercises |
| – identify health objectives | – prescribe exercises for controlled health conditions |
| – inform clients of healthy lifestyle benefits | – show professional responsibility |

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Essential knowledge

–

–

Optional skills and competences

–

Optional knowledge

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<http://data.europa.eu/esco/occupation/394bdd9b-3ee8-43a9-b943-442ce146bb21>

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Physical education vocational teacher

Code 2320.1.21

Description

Physical education vocational teachers instruct students in their specialised field of study, physical education, which is predominantly practical in nature. They provide theoretical instruction in service of the practical skills and techniques the students must subsequently master for a physical education-related profession, such as health specialist or outdoor activities organiser. They induce students in the convenient social frameworks of their field of study and teach the appropriate attitudes and values. Physical education vocational teachers monitor the students' progress, assist individually when necessary, and evaluate their knowledge and performance on the subject of physical education through assignments, tests and examinations.

Alternative label

- vocational teacher in physical education
- vocational PE instructor
- instructor in physical education
- vocational instructor in physical education
- vocational teacher of PE
- vocational teacher of physical education
- teacher of vocational physical education
- vocational PE teacher

Essential skills and competences

- adapt instruction to labour market
- apply intercultural teaching strategies
- apply teaching strategies
- assess students
- assign homework
- assist students in their learning
- guarantee students' safety
- instruct in sport
- maintain students' discipline
- manage student relationships
- motivate in sports
- observe student's progress

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- assist students with equipment
- develop course outline
- facilitate teamwork between students
- give constructive feedback

- personalise sports programme
- prepare lesson content
- work in vocational school

Essential knowledge

- assessment processes
- curriculum objectives
- learning difficulties
- sport games rules
- sporting equipment usage
- sports competition information
- teamwork principles

Optional skills and competences

- apply latest sport science findings
- apply risk management in sports
- assess sportive performance
- develop competitive strategies in sport
- follow trends in sporting equipment
- identify talent in sport
- manage resources for educational purposes
- perform classroom management
- promote balance between rest and activity
- provide lesson materials
- support athletes with the maintenance of their condition

Optional knowledge

- biomechanics of sport performance
- children's physical development
- disability types
- features of sporting equipment
- human anatomy
- sport and exercise medicine
- sport history
- sporting events
- sports nutrition

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- support the development of sport activities in education
- work with different target groups
- work with virtual learning environments

<http://data.europa.eu/esco/occupation/e777fb61-16f5-476b-8262-578edfdb4d9d>

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Physical education teacher secondary school

Code 2330.1.15

Description

Physical education teachers at secondary schools provide education to students, commonly children and young adults, in a secondary school setting. They are usually subject teachers, specialised and instructing in their own field of study, physical education. They prepare lesson plans and materials, monitor the students' progress, assist individually when necessary, and evaluate the students' knowledge and performance on the subject of physical education through practical, usually physical, tests and examinations.

Alternative label

- | | |
|--|----------------------------------|
| – high school physical education teacher | – PE teacher in secondary school |
| – secondary school physical education tutor | – PE teacher |
| – secondary school teacher of physical education | – physical education teacher |
| – teacher of physical education in secondary schools | – high school PE teacher |
| – physical education tutor secondary school | |

Essential skills and competences

- | | |
|--|--|
| – adapt teaching to student's capabilities | – liaise with educational support staff |
| – apply intercultural teaching strategies | – maintain students' discipline |
| – apply risk management in sports | – manage student relationships |
| – apply teaching strategies | – monitor developments in field of expertise |
| – assess students | – monitor student's behaviour |
| – assign homework | – motivate in sports |
| – assist students in their learning | – observe student's progress |
| – compile course material | – organise training |
| – demonstrate when teaching | – perform classroom management |

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- develop course outline
- give constructive feedback
- guarantee students' safety
- instruct in sport
- liaise with educational staff

- personalise sports programme
- plan sports instruction programme
- prepare lesson content
- secondary school procedures

Essential knowledge

- curriculum objectives
- learning difficulties
- post-secondary school procedures

- sport games rules
- sporting equipment usage
- sports competition information

Optional skills and competences

- arrange parent teacher conference
- assist in the organisation of school events
- assist students with equipment
- consult student's support system
- develop competitive strategies in sport
- escort students on a field trip
- facilitate teamwork between students
- follow trends in sporting equipment
- identify cross-curricular links with other subject areas
- identify learning disorders
- identify talent in sport
- keep records of attendance
- manage resources for educational purposes
- monitor educational developments

Optional knowledge

- adolescent socialisation behaviour
- biomechanics of sport performance
- children's physical development
- disability types
- features of sporting equipment
- human anatomy
- sport and exercise medicine
- sport history
- sporting events
- sports nutrition

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- oversee extra-curricular activities
- perform playground surveillance
- prepare youths for adulthood
- promote balance between rest and activity
- provide health education
- provide lesson materials
- recognise indicators of gifted student
- work with virtual learning environments

<http://data.europa.eu/esco/occupation/a10849c1-f0d8-4600-bca6-9549c2517650>

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Psychologist

Code 2634.2

Description

Psychologists study the behaviour and mental processes in humans. They provide services to clients who deal with mental health issues and life issues such as bereavement, relationship difficulties, domestic violence, and sexual abuse. They also provide counselling for mental health issues such as eating disorders, post-traumatic stress disorders, and psychosis in order to help the clients rehabilitate and reach a healthy behaviour.

Alternative label

- expert counselling psychologist
- practitioner of counselling psychology
- practitioner of sport and exercise psychology
- practitioner of occupational psychology
- sport and exercise psychologist
- expert in counselling psychology
- counselling psychology practitioner
- occupational psychologist
- specialist counselling psychologist

Essential skills and competences

- comply with legislation related to health care
- conduct psychological assessment
- counsel clients
- ensure safety of healthcare users
- follow clinical guidelines
- identify mental health issues
- interact with healthcare users
- interpret psychological tests
- monitor therapeutic progress
- prescribe medication
- refer healthcare users
- respond to healthcare users' extreme emotions
- test for behavioural patterns
- test for emotional patterns
- use clinical assessment techniques
- work in a multicultural environment in health care

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- listen actively

- work with patterns of psychological behaviour

Essential knowledge

- | | |
|--|---|
| <ul style="list-style-type: none"> – behavioural disorders – client-centred counselling – consultation – counselling methods – health care occupation-specific ethics | <ul style="list-style-type: none"> – psychological counselling methods – psychological diagnostics – psychological interventions – psychology |
|--|---|

Optional skills and competences

- apply caseload management
- apply systemic therapy
- assess healthcare users' risk for harm
- diagnose mental disorders
- empathise with the healthcare user
- ensure proper appointment administration
- facilitate the psychological development of the healthcare user
- promote mental health
- provide health education
- work on the effects of abuse
- work with healthcare users' social network

Optional knowledge

- clinical psychological treatment
- clinical reports
- crisis intervention
- first aid
- neurology
- psychiatric diagnostics
- psychiatric disorders
- psychiatry

<http://data.europa.eu/esco/occupation/52ded7d7-11df-42e3-b90a-d7f4b70fb4b9>

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Health psychologist

Code 2634.2.3

Description

Health psychologists deal with the various aspects of health related behaviour of individuals and groups, by helping individuals or groups prevent illness and promote healthy behaviours by also providing counselling services. They perform tasks for the development of health promotion activities and projects on the basis of psychological science, research findings, theories, methods and techniques. They also engage in research about health related issues to influence public policy on health care issues.

Alternative label

- research health psychologist
- consultant in health psychology
- expert healthcare psychologist
- health psychology researcher
- healthcare psychologist
- consultant health psychologist
- specialist healthcare psychologist
- practitioner of healthcare psychology

Essential skills and competences

- motivate patients
- accept own accountability
- adhere to organisational guidelines
- advise on healthcare users' informed consent
- advise on mental health
- advise policy makers in healthcare
- analyse health damaging behaviours
- analyse large-scale data in healthcare
- analyse processes influencing health care delivery
- follow clinical guidelines
- formulate a case conceptualisation model for therapy
- help healthcare users to develop social perceptiveness
- inform policy makers on health-related challenges
- interact with healthcare users
- interpret psychological tests
- listen actively
- manage health promotion activities
- manage healthcare users' data

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- analyse psychological aspects of illness
- apply conceptual thinking
- apply context specific clinical competences
- apply health psychological measures
- apply health sciences
- apply organisational techniques
- assess healthcare users' risk for harm
- comply with legislation related to health care
- comply with quality standards related to healthcare practice
- conduct psychological assessment
- contribute to continuity of health care
- counsel clients
- deal with emergency care situations
- develop a collaborative therapeutic relationship
- educate on the prevention of illness
- empathise with the healthcare user
- employ cognitive behaviour treatment techniques
- encourage healthy behaviours
- ensure safety of healthcare users
- facilitate the psychological development of the healthcare user
- perform therapy sessions
- promote inclusion
- promote psycho-social education
- provide health counselling
- provide health education
- provide health psychological advice
- provide health psychological analysis
- provide health psychological concepts
- provide health psychological diagnosis
- provide health psychological treatment advice
- provide psychological health assessment strategies
- respond to changing situations in health care
- respond to healthcare users' extreme emotions
- test for behavioural patterns
- test for emotional patterns
- use clinical assessment techniques
- use e-health and mobile health technologies
- work in a multicultural environment in health care
- work in multidisciplinary health teams
- work with patterns of psychological behaviour
- evaluate psychological health measures

Essential knowledge

- clinical reports
- psychological concepts

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- | | |
|---|---|
| <ul style="list-style-type: none"> – conditions for professional practice of health psychology – consultation – counselling methods – crisis intervention – emergency psychology – evaluation of psychological performance – first aid – health care occupation-specific ethics – health psychology – neurology – psychiatry | <ul style="list-style-type: none"> – psychological counselling methods – psychological diagnostics – psychological healthcare services – psychological interventions – psychological measures in working with other health care professionals – psychological treatment measures – psychology – psychopathology – psychopharmacology – therapy in health care |
|---|---|

Optional skills and competences

- apply a holistic approach in care
- apply caseload management
- diagnose mental disorders
- employ foreign languages for health-related research
- employ foreign languages in care
- ensure proper appointment administration
- provide treatment strategies for challenges to human health
- work on the effects of abuse

Optional knowledge

- psychosomatics

<http://data.europa.eu/esco/occupation/976c7f50-7f9e-4347-bbb9-f0dc842046a3>

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Social worker

Code 2635.3

Description

Social workers are practice-based professionals who promote social change and development, social cohesion, and the empowerment and liberation of people. They interact with individuals, families, groups, organisations and communities in order to provide various forms of therapy and counselling, group work, and community work. Social workers guide people to use services to claim benefits, access community resources, find jobs and training, obtain legal advice or deal with other local authority departments.

Alternative label

- child and youth worker
- community worker
- social outreach worker
- assistant, social services
- community liaison worker
- community development worker
- community rehabilitation worker
- community services officer
- community centre worker
- social services worker
- community counsellor
- community service worker
- community and social services worker
- cultural mediator
- welfare worker
- social services worker
- social services assistant
- social and community services worker

Essential skills and competences

- accept own accountability
- address problems critically
- adhere to organisational guidelines
- advocate for social service users
- have computer literacy
- involve service users and carers in care planning
- listen actively
- maintain records of work with service users

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- apply anti-oppressive practices
- apply case management
- apply crisis intervention
- apply decision making within social work
- apply holistic approach within social services
- apply organisational techniques
- apply person-centred care
- apply problem solving in social service
- apply quality standards in social services
- apply socially just working principles
- assess social service users' situation
- build helping relationship with social service users
- communicate professionally with colleagues in other fields
- communicate with social service users
- conduct interview in social service
- consider social impact of actions on service users
- contribute to protecting individuals from harm
- cooperate at inter-professional level
- delegate activities
- deliver social services in diverse cultural communities
- demonstrate leadership in social service cases
- develop professional identity in social work
- develop professional network
- empower social service users

- make legislation transparent for users of social services
- manage ethical issues within social services
- manage social crisis
- manage stress in organisation
- meet standards of practice in social services
- negotiate with social service stakeholders
- negotiate with social service users
- organise social work packages
- plan social service process
- prevent social problems
- promote inclusion
- promote service users' rights
- promote social change
- protect vulnerable social service users
- provide social counselling
- refer social service users
- reflect on practice
- relate empathetically
- report on social development
- review social service plan
- tolerate stress
- undertake continuous professional development in social work
- work in a multicultural environment in health care
- work in partnership with social services users

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- follow health and safety precautions in social care practices
- handle conflicts

- work within communities

Essential knowledge

- company policies
- legal requirements in the social sector
- social justice

- social sciences
- social work theory

Optional skills and competences

- act discreetly
- adapt teaching to target group
- address public health issues
- advise on conflict management
- advise on mental health
- advise on social enterprise
- advise on social security benefits
- advise on training courses
- advocate for healthcare users' needs
- analyse call performance trends
- apply foreign languages in social services
- apply intercultural teaching strategies
- apply knowledge of human behaviour
- apply scientific methods

- maintain privacy of service users
- maintain records of phone calls
- maintain telephony system
- manage a social work unit
- manage resources for educational purposes
- manage volunteers
- monitor developments in field of expertise
- monitor educational developments
- monitor student's behaviour
- oversee extra-curricular activities
- participate in scientific colloquia
- perform classroom management
- perform educational testing
- perform fundraising activities

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- apply teaching strategies
- arrange in-home services for patients
- assess clients' drug and alcohol addictions
- assess offenders' risk behaviour
- assess social work students
- assess students
- assess the development of youth
- assist children with special needs in education settings
- assist families in crisis situations
- assist in the organisation of school events
- assist students in their learning
- assist students with equipment
- assist students with their dissertation
- assist the homeless
- assist with funeral planning
- build community relations
- carry out social work research
- communicate by telephone
- communicate by use of interpretation in social services
- communicate on the youth's well-being
- communicate with youth
- compile course material
- comply with legislation related to health care
- conduct field work
- conduct qualitative research
- perform playground surveillance
- perform street interventions in social work
- plan learning curriculum
- prepare lesson content
- prepare youths for adulthood
- present reports
- promote human rights
- promote mental health
- promote social security programmes
- promote the safeguarding of young people
- promote youth work in the local community
- provide career counselling
- provide community development services
- provide domestic care
- provide immigration advice
- provide information on school services
- provide lesson materials
- provide social guidance over the phone
- provide technical expertise
- provide testimony in court hearings
- provide victim assistance
- publish academic research
- raise awareness on issues important for the local community
- secondary school procedures
- serve on academic committee

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- conduct quantitative research
- conduct scholarly research
- consult student's support system
- cooperate with education professionals
- counsel on end-of-life care
- counsel students
- demonstrate when teaching
- develop a collaborative therapeutic relationship
- develop course outline
- develop curriculum
- develop social security programmes
- discuss research proposals
- empower individuals, families and groups
- engage with offenders
- establish collaborative relations
- evaluate older adults' ability to take care of themselves
- facilitate teamwork between students
- give constructive feedback
- guarantee students' safety
- handle humanitarian response programs
- help clients cope with grief
- identify mental health issues
- identify skills gaps
- implement scientific decision making in healthcare
- inform on the risks of substance and alcohol abuse
- show consideration for student's situation
- supervise doctoral students
- supervise educational staff
- supervise staff
- supervise students in social services
- support children who have experienced trauma
- support children's wellbeing
- support individuals to adjust to physical disability
- support juvenile victims
- support migrants to integrate in the receiving country
- support social service users at the end of life
- support social service users to live at home
- support social service users to manage their financial affairs
- support the positiveness of youths
- support victims of human rights violations
- support volunteers
- tackle issues that block academic progress
- teach principles of social work
- use clinical assessment techniques
- use computer telephony integration
- work in multidisciplinary health teams
- work on the effects of abuse
- work with healthcare users' social network
- work with patterns of psychological behaviour
- work with social service users in a group

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- keep records of attendance
- liaise with educational staff
- liaise with educational support staff

- work with virtual learning environments
- write work-related reports

Optional knowledge

- adolescent psychological development
- adult education
- assessment processes
- behavioural disorders
- child protection
- client-centred counselling
- communication
- community education
- consultation
- counselling methods
- court procedures
- crime victims' needs
- crime victims' rights
- criminal law
- crisis intervention
- curriculum objectives
- dependency on drugs
- developmental psychology
- diagnosis of mental health issues
- disability care
- job market offers
- learning difficulties
- learning needs analysis
- legal compensation for victims of crime
- migration
- older adults' needs
- palliative care
- pedagogy
- personal development
- personality development theories
- primary school procedures
- psychological counselling methods
- psychological effects of war
- public housing legislation
- rehabilitation
- restorative justice
- school psychology
- scientific research methodology
- social enterprise
- social mediation

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Project title: European Network in Nutritional
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- disability types
- education law
- employment law
- family law
- funding methods
- geriatrics
- government social security programmes
- health care system
- humanitarian aid actors
- illegal substances
- immigration law
- social pedagogy
- social security law
- special needs education
- stages of bereavement
- strategies for handling cases of elder abuse
- strategies for handling cases of sexual assault
- supervision of persons
- teamwork principles
- therapy in health care
- university procedures

<http://data.europa.eu/esco/occupation/4b05bef2-ded4-4b09-ab94-f4c6a555a775>

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Rehabilitation support worker

Code 2635.3.22

Description

Rehabilitation support workers provide counselling to individuals dealing with birth defects or with major consequences caused by diseases, accidents, and burnouts. They help them to cope with personal, social and vocational issues. They assess the personal needs of clients, develop rehabilitation plans, get involved in the training, and help people undergoing a rehabilitation plan with job placement.

Alternative label

- rehabilitation worker
- disability social worker
- rehabilitation social worker
- reablement officer
- rehabilitation outreach worker
- occupational therapy support worker
- rehabilitation support specialist

Essential skills and competences

- accept own accountability
- address problems critically
- adhere to organisational guidelines
- advocate for social service users
- apply anti-oppressive practices
- apply case management
- apply crisis intervention
- apply decision making within social work
- apply holistic approach within social services
- apply organisational techniques
- have computer literacy
- involve service users and carers in care planning
- listen actively
- maintain records of work with service users
- make legislation transparent for users of social services
- manage ethical issues within social services
- manage social crisis
- manage stress in organisation
- meet standards of practice in social services
- negotiate with social service stakeholders

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- apply person-centred care
- apply problem solving in social service
- apply quality standards in social services
- apply socially just working principles
- assess social service users' situation
- build helping relationship with social service users
- communicate professionally with colleagues in other fields
- communicate with social service users
- conduct interview in social service
- consider social impact of actions on service users
- contribute to protecting individuals from harm
- cooperate at inter-professional level
- delegate activities
- deliver social services in diverse cultural communities
- demonstrate leadership in social service cases
- develop professional identity in social work
- develop professional network
- empower social service users
- evaluate older adults' ability to take care of themselves
- follow health and safety precautions in social care practices
- handle conflicts

- negotiate with social service users
- organise social work packages
- plan social service process
- prevent social problems
- promote inclusion
- promote service users' rights
- promote social change
- protect vulnerable social service users
- provide social counselling
- refer social service users
- reflect on practice
- relate empathetically
- report on social development
- review social service plan
- support individuals to adjust to physical disability
- tolerate stress
- undertake continuous professional development in social work
- work in a multicultural environment in health care
- work in multidisciplinary health teams
- work in partnership with social services users
- work within communities

Essential knowledge

- company policies
- disability care
- rehabilitation
- social justice

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- disability types
- legal requirements in the social sector

- social sciences
- social work theory

Optional skills and competences

- assess the development of youth
- prepare youths for adulthood
- promote the safeguarding of young people
- support children who have experienced trauma
- support children's wellbeing
- support social service users to live at home
- support the positiveness of youths

Optional knowledge

- adolescent psychological development

<http://data.europa.eu/esco/occupation/dc69f2ed-ebe9-43da-bf9d-31aac874d4c2>

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Social educator (social pedagogue according to ESCO)

Code 2635.2

Description

Social pedagogues provide care, support, and education to children and young persons with different backgrounds or capabilities. They develop educational processes for young persons to be in charge of their own experiences, using a multi-disciplinary approach set to the learning experience. Social pedagogues contribute to the individuals' learning, welfare, and societal inclusion, and put an emphasis on building self-reliance.

Alternative label

- | | |
|-------------------------------|---------------------------------------|
| – socio-cultural animator | – social pedagogy practitioner |
| – community social pedagogue | – social educator |
| – community educator | – social work pedagogue |
| – social outreach worker | – practitioner in social pedagogy |
| – qualified social pedagogue | – social pedagogy project worker |
| – social pedagogy team worker | – social pedagogue cultural animation |
| – cultural animator | – community education practitioner |

Essential skills and competences

- | | |
|--|---|
| – accept own accountability | – follow health and safety precautions in social care practices |
| – apply holistic approach within social services | – listen actively |
| – apply person-centred care | – maintain records of work with service users |
| – apply quality standards in social services | – manage social crisis |
| – apply socially just working principles | – manage stress in organisation |
| – assess social service users' situation | – prepare youths for adulthood |

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- assess the development of youth
- communicate professionally with colleagues in other fields
- communicate with social service users
- communicate with youth
- conduct educational activities
- cooperate at inter-professional level
- deliver social services in diverse cultural communities
- demonstrate leadership in social service cases
- employ pedagogic strategies to facilitate creative engagement
- empower individuals, families and groups

- promote social change
- promote the safeguarding of young people
- relate empathetically
- report on social development
- support children who have experienced trauma
- support children's wellbeing
- support social service users to live at home
- support the positiveness of youths
- undertake continuous professional development in social work

Essential knowledge

- | | |
|--|--|
| <ul style="list-style-type: none"> – adolescent psychological development – counselling methods – health education – legal requirements in the social sector – pedagogy – psychological theories | <ul style="list-style-type: none"> – psychology – social justice – social pedagogy – social sciences – supervision of persons |
|--|--|

Optional skills and competences

- apply foreign languages in social services
- assist children with special needs in education settings

Optional knowledge

- children's physical development
- community education

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- communicate by use of interpretation in social services
- communicate on the youth's well-being
- handle conflicts
- support the development of sport activities in education
- disability care
- disability types
- social mediation
- special needs education
- theatre pedagogy

<http://data.europa.eu/esco/occupation/fa4a3b52-990c-44eb-a912-490f5d689400>

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Annex 3 – Self-Assessment Test

The main objective of this self-assessment test is to examine the previous knowledge of professionals ordinarily working with people with acquired disability about nutrition in order to define common guidelines on training and educational methodologies and practices in favour of those professionals.

In this context, acquired disabilities are considered as a chronic condition and people referred in the questions are not hospitalised.

The test is addressed to Physiotherapists, Physicians, Speech Therapists, Occupational therapists, Nurses, Dieticians, Nutritionists, Professionals/Social educators, Specialists in preventive and adapted physical activities, Psychologists, Social workers/assistants, and other professionals ordinarily working with people with acquired disability, in particular neurological acquired disability due to a traumatic event (after brain or spinal cord injury).

SOCIODEMOGRAPHIC DATA

Country

- ☐ Italy
- ☐ Lithuania
- ☐ Spain

Gender

- ☐ Female
- ☐ Male
- ☐ Other

Age

Job



Do you work with people with acquired disabilities?

- ☐ Yes
☐ No

Working place

GENERAL KNOWLEDGE ABOUT NUTRITION

1. Which macronutrient should be increased to a greater extent, due to its structural functions, in a situation that requires tissue regeneration? (For example, a burn or trauma):

- a) Carbohydrates
- b) Lipids
- c) Protein
- d) None of the above has any structural function

2. Genetically modified organism (GMOs) are foods

- a) Imported from foreign countries
- b) Which includes different DNA fragments of different organisms
- c) That do not contain germs potentially pathogenic
- d) That contain toxic substances

3. Which of the following statements is a nutrition myth?

- a) Omega-3 and omega-6 fatty acids have beneficial properties on cardiovascular health
- b) Vitamin B12 is only found in foods of animal origin
- c) Available vitamins on fresh fruit juice are functional for the next 14 days
- d) Elevated levels of LDL cholesterol in the blood are directly related to BMI

4. Which of following could be signs of malnutrition?

- a) Excessive hair loss
- b) White spots on the nails
- c) Jaundice
- d) All are correct



5. Which fatty acids has beneficial properties on cardiovascular health?

- a) Saturated fatty acids
- b) Monounsaturated fatty acids
- c) Polyunsaturated fatty acids
- d) Answers B and C are correct

Please, name some foods rich in those fatty acids

6. About the cut-off of the body mass index according to the World Health Organization, (choose the correct one):

- a) BMI > 30 kg/m² is considerate overweight
- b) BMI < 20 kg/m² is considerate underweight
- c) BMI > 30 kg/m² is considerate obese
- d) BMI 20-24 kg/m² is considerate normal

7. The total amount of energy your body uses daily (total energy expenditure) depends on

- a) Your Basal Metabolic Rate at rest (BMR)
- b) Thermic effect of your daily physical activities
- c) Your Basal Metabolic Rate at rest (BMR) and thermic effect of your daily physical activities
- d) Your Basal Metabolic Rate at rest (BMR), thermic effect of your daily physical activities and thermic effect of the foods you choose to eat

8. About Basal Metabolic Rate at rest:

- a) Accounts 40% of the energy your body uses
- b) Factors which can alter your BMR are: age, exercise, frequency of feeding, and duration
- c) Factors which can alter your BMR are: genes, muscle mass, illness, hot or cold environment
- d) It is independent of the height

9. Certain foods contain phytochemical compounds that, in addition to giving food colour, act as:

- a) Antioxidants
- b) Cell regulators
- c) Hormone modulators
- d) All the previous answers



10. Do you know any screening tool or scale to measure the nutritional status of a person?

- ☐ Yes
☐ No

Please, write down at least one:

GENERAL KNOWLEDGE ABOUT FOOD

11. Legumes such as lentils or chickpeas are mainly considered:

- a) Protein foods
- b) High-fat foods
- c) Foods rich in carbohydrates
- d) Foods that contain similar proportions of proteins, carbohydrates and fats

12. Select the healthiest breakfast for you:

- a) Whole grain crackers and fresh cheese
- b) Natural yogurt with rolled oats, a pear and a toast with olive oil
- c) Toast of sliced bread, chocolate croissant and orange juice
- d) A cup of coffee with pastries

13. Select the correct answer regarding the fruit:

- a) A serving of fruit juice is equivalent to a serving of fresh fruit
- b) Eating fruits and vegetables of different colors helps to maintain a balanced diet
- c) Eating fruit at night is not recommended
- d) The apple provides a high caloric content

14. What are the benefits of whole-grain foods?

- a) They are low calorie
- b) They are low sugar
- c) They are low salt
- d) They are rich in dietary fiber



15. What do we find at the top of the food pyramid?

- a) Alcoholic beverages
- b) Red meat
- c) Olive oil
- d) Sweets

16. Which is the food with the highest glycaemic index?

- a) Pasta
- b) White Rice
- c) White bread
- d) Beans

17. In a day, how much salt should you add to your foods?

- a) 1 to 3 g
- b) 3 to 4 g
- c) 2 g
- d) As less as possible

GENERAL KNOWLEDGE ABOUT ACQUIRED DISABILITIES

18. According to the classification of spinal cord injuries, please select the right answer:

- a) Based on level: Paraplegia if the paralysis affects the two upper extremities and the two lower ones
- b) Based on symptoms: Flaccid if the patient's muscles, below the injury, present a state of rigidity and difficult to mobilize
- c) Based on extension: Complete if it is a partial spinal injury and an undamaged spinal portion.
- d) Based on level: Quadriplegia if the paralysis affects the two upper extremities and the two lower ones

19. What is the main cause of acquired brain injury?

- a) Cerebral Stroke
- b) Traumatic Brain injury
- c) Brain tumours
- d) Infections



20. What are the consequences of lack of mobility after suffering acquired neurological disability?

- a) Decreased maximal aerobic capacity
- b) Loss of muscle mass
- c) Gastrointestinal disorders
- d) All the others are correct

21. After brain injury, which are the most frequent among the following disabilities?

- a) Cognitive disabilities
- b) Motor disabilities
- c) Behavioural disabilities
- d) a,b,c are all correct



Annex 4 – Questionnaire

The main objective of this questionnaire is to assess the attitudes towards nutrition of professionals ordinarily working with people with acquired disability in order to define common guidelines on training and educational methodologies and practices in favour of those professionals.

In this context, acquired disabilities are considered as a chronic condition and people referred in the questions are not hospitalised.

The questionnaire is addressed to Physiotherapists, Physicians, Speech Therapists, Occupational therapists, Nurses, Dieticians, Nutritionists, Professionals/Social educators, Specialists in preventive and adapted physical activities, Psychologists, Social workers/assistants, and other professionals ordinarily working with people with acquired disability, in particular neurological acquired disability due to a traumatic event (after brain or spinal cord injury).

SOCIODEMOGRAPHIC DATA

Country

- ☐ Italy
- ☐ Lithuania
- ☐ Spain

Gender

- ☐ Female
- ☐ Male
- ☐ Other

Age

Job

Do you work with people with acquired disabilities?

- ☐ Yes
- ☐ No



Working place

QUESTIONNAIRE

Question 1

How important do you think feeding is as an influencing factor in health?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Nothing at all | Slightly important | Moderately important | Important | Extremely important |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 2

Do you consider important to have basic knowledge about nutrition in the performance of your daily work?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Nothing at all | Slightly important | Moderately important | Important | Extremely important |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 3

Do you think people with acquired disabilities have special nutritional needs?

- | | | | | |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Question 4

Would you incorporate food education as part of rehabilitation programs after an acquired disability?

- ☐ Yes
- ☐ No



What professionals should be in charge of the food education area?

Question 5

How much influence do you think that mental disorders such as depression and anxiety have in feeding habits? (Mark the answer that works best for you)

Nothing at all

☐

Slightly influent

☐

Moderately
influent

☐

Influent

☐

Extremely influent

☐

Question 6

Where do you search the information if you feel a lack of certain knowledge concerning nutrition of people with disabilities?

- ☐ In the Internet
- ☐ In the scientific publications
- ☐ Gather information from friends
- ☐ Try to find in popular literature, brochures, leaflets...

Question 7

What do you think about the importance of nutrition and physical activity in the situation of acquired disability? (Mark the answer that works best for you)

- ☐ Both are very important
- ☐ Nutrition is more important
- ☐ Physical activity is more important
- ☐ Do not have any considerations

Question 8

Who must take care on the quality of nutrition of people with acquired disabilities? (Mark the answer that works best for you)

- ☐ The person himself must be responsible for his own diet
- ☐ The dietitian should make a diet plan
- ☐ A physiotherapist should make a diet plan
- ☐ There are no needs to follow a diet plan



Question 9

Family members and carers must participate and support following the dietary instructions of person with disability

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 10

How would you like to learn more about nutrition?

- ☐ Online training
- ☐ Face to face training
- ☐ Interactive resources

Question 11

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
General practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurologists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech Therapists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dieticians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritionists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists in preventive and adapted physical activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social assistants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Social educators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 12

If you know any best practice or initiative related to nutritional education and acquired disabilities, please tell us. You are also welcome to provide any suggestion or comment.