

Food Waste Reduction Implementation Plan

This tool is designed to support your aged care organisation as you prepare to implement food waste reduction initiatives. It is intended for use after you have selected your interventions, but before putting them into practice. By working through this tool, you will:

- Develop a clear plan for how your intervention and intervention components will be implemented,
- Identify key individuals responsible for various aspects of the process, and
- Determine where additional support, education, or training may be needed to ensure success.

This tool is guided by the COM-B model, a behaviour change framework that highlights three essential conditions for change: Capability, Opportunity, and Motivation. As you progress through the tool, you will reflect on each of these interventions, identify potential barriers, and explore strategies to overcome them - helping to create a strong foundation for lasting change.

Intervention: Implementation Specifications

What is the Food Waste Reduction intervention you are going to implement?

Who, within your facility, needs to be involved in implementing and actioning this intervention component? (specify name(s) and role(s))

What do you want them to do to implement the intervention component?

How will they do this?

Where will they do this?

When will they do this?

Once you have answered the questions above, you should have a clear understanding of what the intervention component is, who will be doing it, and where.

The objective of the Food Waste Reduction intervention component is for:

(target audience)
to

(behaviour)
by

(how/when/where)

COM-B: Capability

Capability refers to an individual's psychological and physical capacity to engage in behaviour. This typically refers to the awareness, knowledge and skills of individuals that are required to enact the desired Food Waste Reduction intervention(s), and their physical and mental ability to do so. Capability barriers occur when a person cannot enact a behaviour as a result of not possessing the necessary awareness, knowledge or skills.

Do the staff/residents involved understand what is required of them to implement the intervention component?

- Yes
- No: How will this be communicated to them?

Do the staff/residents involved have the ability (both physically and mentally) to implement the intervention component?

- Yes
- No: What do they need to gain the ability, and how will this be provided?

Do the staff/residents involved know how to implement the intervention component?

- Yes
- No: How will this be communicated to them?

How will the staff/residents involved be prompted to remember to implement the intervention component?

What might prevent staff/residents involved from implementing the intervention component?

COM-B: Opportunity

Opportunity refers to the external factors that make it possible to engage in a certain behaviour, or prompt it to occur. In practice, this refers to things like having the time, resources, tools, and money to enact the desired behaviour (or intervention). Opportunity barriers occur when an individual cannot or does not implement a behaviour change as a result of something outside their control within their physical or social environment.

What resources might staff/residents involved in the intervention component need in order to implement it?

Do they have access to these?

- Yes
- No: How will they gain access to these?

What are potential opportunity barriers for staff/residents that may hinder or prevent them from implementing the intervention component?

How could these barriers be reduced or removed?

What could be changed or added to the environment to help prompt the staff/residents to remember to implement the intervention component?

COM-B: Motivation

Motivation refers to the thoughts that direct behaviour, including habitual processes, emotional responses, and decision making. It is the beliefs and attitudes of individuals that drive enthusiasm, or lack of it, to enact a given behaviour. A motivation barrier occurs when a person does not enact a behaviour due to not wanting to do it or not believing that they should do it.

What is the motivation/incentive for the staff/residents involved in the intervention to implement the intervention component?

How confident are the staff/residents involved in implementing the intervention component about their ability to do so?

What would make them more confident?

Do the staff/residents identified believe they should be implementing the intervention component?

- Yes
- No: How can they be encouraged to take ownership?

What are the staff/residents' attitudes towards intervention?

Are there existing habits/routines that will need to be adapted/disrupted to implement the intervention?

- Yes
- No: How can staff/residents be prompted to engage in the new habit?