

Practice-based strategies to reduce food waste in aged care: promoting sustainability and person-centred care in institutional settings

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ABSTRACT

Food is central to the dignity, well-being, and quality of life of older adults living in residential aged care. Yet in many facilities, food waste remains widespread and under-addressed, often viewed as inevitable in institutional settings. This study offers a reflective, practice-based exploration of food waste in aged care, grounded in the author's work as a catering assistant and support worker across multiple facilities in South Australia.

Drawing on structured fieldnotes and direct observations, the paper identifies three main categories of food waste—plate waste, kitchen overproduction, and expired stock—and explores the operational, cultural, and behavioural factors driving these inefficiencies. Key causes include inaccurate meal ordering, overproduction habits, limited staff feedback mechanisms, and poor interdepartmental communication.

The study proposes a set of low-cost, staff-informed strategies to reduce waste while enhancing care quality. These include personalised portioning, consistent ordering protocols, resident feedback loops, and systems for safe food repurposing. It also underscores the importance of supportive leadership, workplace culture, and valuing catering roles as central to person-centred care.

By centring frontline staff experiences, this paper reframes food waste as not merely a logistical issue, but a matter of care quality, communication, and organisational sustainability. Findings suggest that food waste reduction can reinforce—not compete with—person-centred approaches by respecting resident preferences and improving mealtime satisfaction.

This study contributes to the broader conversation on aged care reform by offering insights from daily practice. It highlights how simple, context-sensitive changes can advance both environmental and social goals in residential care.

Keywords: aged care, food waste, person-centred care, sustainable food systems, staff collaboration, practice-based reflection, organisational culture

1. Introduction

Food is more than sustenance for older adults living in residential aged care—it is a vital source of comfort, dignity, and daily structure ([Aged Care Quality and Safety Commission, 2023](#); [Roos et al., 2022](#)). Mealtimes offer opportunities for enjoyment, social interaction, and personal choice ([Andersson et al., 2025](#); [Barnes et al., 2013](#)). However, ensuring high-quality, person-centred food services in institutional care settings remains a persistent challenge. These challenges are shaped by diverse resident needs, staffing constraints, interdepartmental communication gaps, and systemic operational pressures ([Berkovic et al., 2024](#); [Nigg et al., 2025](#); [Watkinson-Powell et al., 2014](#)). Within this complexity, food waste is an under-recognised issue that intersects with both care quality and organisational efficiency.

Aged care facilities routinely generate food waste through three main pathways: uneaten meals (plate waste), kitchen overproduction, and expired ingredients. Beyond environmental and economic concerns, such waste often signals missed opportunities for improving care responsiveness and respecting resident preferences. Waste may also reflect broader structural and cultural barriers within aged care systems—including rushed mealtime practices, communication breakdowns, and insufficient engagement with frontline staff.

While much research has explored nutrition, malnutrition, menu design, service expectations, and leisure activities in aged care ([Bartrim et al., 2024](#); [Gill & Cameron, 2022](#); [Mellow et al., 2024](#); [Rosa Hernandez et al., 2022](#)), less attention has been given to the everyday work practices and interprofessional dynamics that contribute to food waste. In particular, few studies have explored how catering staff, carers, and kitchen teams interpret and navigate food-related decisions on the ground ([Watkinson-Powell et al., 2014](#)). These staff members often hold valuable yet overlooked insights into how food services could be improved to better align with resident needs and reduce avoidable waste.

This study addresses that gap by adopting a reflective, practice-based approach grounded in the author's direct experience working in catering and support roles across multiple aged care facilities in South Australia. Drawing on structured fieldnotes and firsthand observations, it identifies key organisational, behavioural, and cultural drivers of food waste—such as rushed or inaccurate meal ordering, inconsistent portioning, limited feedback uptake, and weak coordination between staff roles.

In response, the study proposes practical, staff-informed strategies for waste reduction, including personalised meal service, improved communication systems, safe food repurposing, and leadership-supported initiatives. These insights are consolidated into a practice-based framework that links types of waste with their causes and maps them to feasible interventions across three domains: prevention, staff empowerment, and organisational enablers. The framework aims to improve food service outcomes while supporting resident satisfaction and workplace sustainability.

By centring the perspectives of frontline staff, this study positions food waste in aged care not merely as a logistical issue, but as a systemic and cultural challenge requiring collaborative solutions. It contributes to international policy and practice debates on aged care reform and sustainability, with relevance to the Sustainable Development Goals (particularly SDG 12 – Responsible Consumption and Production).

2. Methods

2.1. *Study design*

This study adopts a reflective, practice-based qualitative approach grounded in the author's lived experience working in food service roles across multiple residential aged care facilities in South Australia. Instead of formal data collection methods such as interviews or surveys, the analysis draws on systematic observations and structured reflections recorded after catering shifts.

The design is informed by principles of autoethnography and practitioner inquiry, which recognise experiential knowledge as a valuable lens—particularly within institutional settings where the researcher is embedded as a practitioner. The aim is not statistical generalisation, but the identification of recurrent operational patterns, cultural norms, and actionable strategies emerging across diverse aged care settings.

2.2. *Setting and context*

Between late 2022 to mid-2025, the author worked in a mix of part-time, casual, and agency-based roles across multiple residential aged care facilities in South Australia. This included regular shifts at two sites and one-off agency shifts at others. Key tasks included:

- Supporting food delivery and mealtime assistance.
- Preparing breakfast and modified meals.
- Collecting and documenting meal orders.
- Coordinating with kitchen staff, carers, and facility managers.

Although core food service routines were similar, the facilities varied in staffing models, cultures, and operational workflows. This diversity provided a rich vantage point to observe how food waste arose under different conditions.

2.3. *Data collection and analysis*

Data were generated through structured journaling and reflective notetaking, completed only after shifts where food waste issues or patterns were observed. Reflections focused on the types of food wasted, how waste occurred, and contributing factors—such as communication breakdowns, team coordination, and workflow design.

Inductive thematic analysis was used to identify common patterns and challenges. Themes were then synthesised into a grounded narrative highlighting institutional and cultural drivers of food waste. Rather than formal coding software, the analysis relied on practitioner insight and systems thinking to frame food waste as a sustainability challenge shaped by routine practice and organisational dynamics.

2.4. Ethical statement

This study is based on self-reflective practice and did not involve participant recruitment, interviews, or the collection of identifiable personal data. All observations are derived from the author's professional experience and are presented in an aggregated, de-identified manner. No individuals, staff, or aged care facilities are named or identifiable. As no human subjects were directly involved and no personal data were collected, the study is exempt from formal ethics approval. Nonetheless, the author approached the work with care and ethical sensitivity, particularly given the vulnerable nature of aged care settings. Reflections are shared constructively and respectfully to support person-centred care and sustainability in aged care.

3. Results

Food waste in aged care facilities typically arises from three main sources: (1) plate waste—uneaten food left on residents' plates; (2) kitchen waste—overproduced meals or discarded pre-prepared items (often referred to as back-of-house waste); and (3) expired stock—ingredients discarded due to spoilage or expiry. [Table 1](#) summarises these types of food waste along with common underlying causes identified through practice-based observation.

Table 1: Types of food waste in aged care facilities and their contributing factors

Type of waste	Common causes
Plate waste after meals	<ul style="list-style-type: none"> • Over-serving by catering staff • Unappetising or poorly prepared meals • Incorrect meal orders • Residents' fluctuating health conditions
Waste in the kitchen (back of house waste)	<ul style="list-style-type: none"> • Inaccurate portion estimation • Overproduction to avoid complaints • Negligent food service by carers • Unexpected resident absences
Expired stocks	<ul style="list-style-type: none"> • Failure to implement stock rotation practices • Overordering without a clear usage plan

3.1. Plate waste after meals

Plate waste was one of the most frequently observed forms of food waste in aged care settings. Several contributing factors were identified through frontline

experience. The most common cause was over-serving by catering staff. Residents were often given larger portions than they could realistically consume, leading to consistent leftovers. Unappetizing or poorly prepared meals also contributed significantly; when food was not well-cooked or appealing in flavour and presentation, residents were less inclined to eat it.

Another major source of plate waste was incorrect meal orders. Residents' preferences were frequently not followed, often due to communication failures between catering staff and residents during the ordering process. In some cases, communication breakdowns occurred within the system itself. For example, a resident had requested to stop receiving yogurt for breakfast. Although a catering staff member was aware of this request, they failed to notify the manager. As a result, the central breakfast list was not updated, and yogurt continued to be served and discarded each day, leaving the resident dissatisfied and food wasted.

Additionally, residents' fluctuating health conditions played an unavoidable role in food waste. This was particularly evident among residents on modified diets who were non-ambulant or non-verbal and required full feeding assistance. On days when their health declined or they were unable to eat, meals were still prepared and served but ultimately left untouched and discarded due to the residents' inability to communicate their needs.

3.2. *Waste in the kitchen (back-of-house waste)*

Back-of-house food waste was commonly linked to poor portion estimation, particularly by chefs. While some permanent chefs occasionally overestimated meal quantities, this issue was more prominent among chefs from agency companies, especially the new chefs that unfamiliar with aged care settings. One notable example involved an agency chef who had previously worked in the mining sector. On one shift, I worked alongside a chef who had previously cooked for mine workers and was accustomed to preparing large portions. He prepared meals for 90 aged care residents as though they were miners, resulting in approximately two-thirds of the food being discarded on that shift. Overproduction driven by fear of complaints also contributed to kitchen waste. Some chefs preferred to overproduce rather than risk being reprimanded for insufficient food. As one cook explained, "If it's too much, we just throw it out—easy. But if it's not enough, that's a big problem."

Inaccurate breakfast preparation was another recurring issue. In one facility, a single cook prepared porridge in bulk for all household wings without knowing the exact number of residents requiring it. This often led to overproduction, as the cook defaulted to preparing more than necessary to avoid perceived shortages. In contrast, another facility allowed catering staff within each wing to prepare porridge in small batches using microwaves. After a few shifts, these staff members developed a precise understanding of their residents' breakfast preferences, resulting in significantly reduced waste.

Negligent food service by carers was another contributing factor. For example, when fortified high-protein milk was prescribed in resident care plans to be served at lunch and evening tea, carers sometimes failed to deliver it. In several cases, catering staff discovered up to three litres of leftover fortified milk from the previous day in fridges—discarded without ever being offered to residents and without incident reports, resulting in both missed nutritional intake and unnecessary waste. In some facilities, the milkshake distribution process was poorly monitored, causing both overstocking and under-delivery at the same time. A similar issue occurred with supper sandwiches prepared for residents at evening tea. These were sometimes left untouched because carers did not serve them, and the next day's catering staff routinely disposed of the untouched trays without notifying supervisors, perpetuating the cycle of waste.

Unexpected resident absences also contributed to kitchen waste. When residents went out for meals with their families without prior notice—or when catering staff failed to take accurate orders and simply selected a default option—meals were still prepared and subsequently discarded.

3.3. *Expired stocks*

Although less frequent than plate waste or kitchen overproduction, food waste due to expired stock was still evident and largely avoidable. This issue stemmed primarily from inadequate inventory management and poor stock rotation practices, both at central kitchens and unit-level kitchenettes. In several instances, poor communication between kitchen staff and a lack of clear tracking protocols contributed to the accumulation of expired items.

For example, at one facility, fruit juices and dairy products were regularly discarded after nearing or exceeding their expiry dates—often due to overordering and the failure to use older stock first. In other cases, catering staff inadvertently retrieved newly delivered items instead of those already in storage, compounding the problem. While relatively minor in volume, this form of waste reflects broader systemic inefficiencies and highlights the need for more disciplined stock management and training.

4. Discussions

4.1. Strategies to reduce food waste

Drawing on my practical experiences and small-scale initiatives trialled during shifts in aged care facilities, this section outlines targeted strategies to minimise food waste. These approaches are structured around the three main sources of waste identified earlier—plate waste, kitchen (back-of-house) waste, and expired stock—and offer specific, actionable practices for prevention and repurposing. [Table 2](#) presents a summary of practical strategies applicable across different operational contexts.

Table 2. Practice-based strategies to reduce food waste in aged care facilities

Type of waste	Strategies for reduction or prevention
Plate waste after meals	<ul style="list-style-type: none">• Use personalised portioning tailored to residents' appetites and preferences.• Enhance meal quality and presentation to improve palatability.• Implement accurate and respectful meal ordering processes.
Kitchen waste (back-of-house)	<ul style="list-style-type: none">• Base portion planning on confirmed meal orders.• Move away from the “better too much than too little” culture; maintain a modest buffer (e.g., 5%).• Prioritise permanent kitchen staff who know resident needs; minimise reliance on unfamiliar agency chefs.• Embed food waste reduction into staff training and performance expectations.• Safely repurpose unserved food where appropriate (e.g., within staff food-sharing systems).• Update records of resident absences in real time to avoid unnecessary preparation.
Expired stocks	<ul style="list-style-type: none">• Apply consistent stock rotation practices (first-in, first-out) among all kitchen staff.• Improve forecasting and stock management to reduce overordering.

4.1.1. Reducing plate waste: person-centred strategies

Because plate waste cannot be reused due to food safety regulations, prevention is the most effective strategy. Based on observed causes from day-to-day practice, the following measures are recommended to minimise plate waste in residential aged care settings:

- Personalised portion control

Catering staff should aim to understand and respect each resident's preferred portion sizes. This can be achieved through regular communication with residents and collaboration with carers. Tailoring meal portions not only reduces waste but also enhances resident satisfaction by aligning food provision with individual needs and comfort levels.

- Improving meal quality and aligning with preferences

Chefs should receive regular, structured feedback from residents to better tailor meals to individual tastes. In one facility, chefs personally delivered modified meals

to household kitchens and spent 10–15 minutes gathering feedback (e.g., “the steak last week was too tough” or “the curry was too spicy for me”). This hands-on engagement helped chefs make immediate adjustments.

Facilities that offered varied menu options—such as Western meals, Asian dishes, sandwiches, and protein-rich salads—and updated their offerings regularly were more successful in reducing plate waste. In contrast, repetitive or culturally misaligned menus often led to rejection and dissatisfaction.

- Accurate and respectful meal ordering

Ensuring accuracy in meal ordering plays a critical role in reducing waste. In some cases, staff—due to time pressures or disengagement—selected meals for residents without consultation, resulting in meals being refused and discarded. To address this, order collection processes should be routinely monitored, and random checks by carers or supervisors can reinforce accountability.

For example, one facility achieved a notable reduction in ordering errors by extending the meal ordering window from 30 to 60 minutes. This change allowed catering staff more time to engage meaningfully with residents, particularly during less busy afternoon shifts, which were typically responsible for dinner service only.

Attempts to introduce printed self-selection menus proved largely ineffective. Many residents faced cognitive or physical impairments that limited their ability to complete paper forms, and the process added unnecessary paper waste. In contrast, direct interactions between catering staff and residents were far more effective. These face-to-face conversations helped clarify preferences and fostered trust and rapport. Such interpersonal exchanges support a more person-centred, responsive food service model that ultimately contributes to both resident wellbeing and reduced food waste.

4.1.2. Reducing and managing kitchen waste

Kitchen waste in aged care settings can be significantly reduced through more accurate portion planning, stronger staff coordination, and feasible reuse practices—where permitted under food safety guidelines and facility policy.

- Improved portion estimation and staffing continuity

Overproduction often results from chefs preparing meals with excessive safety margins, driven by the mindset of “better too much than too little.” Instead, chefs should base production on confirmed resident orders, with only a small buffer (e.g., 5%) to allow for late changes or unforeseen needs. This requires timely and accurate communication between catering staff and kitchen teams.

Facilities should prioritise continuity by rostering permanent kitchen staff who are familiar with residents’ dietary requirements, preferences, and portion sizes. Frequent reliance on agency chefs—many of whom lack experience with aged care protocols—can increase the risk of overproduction. One practical strategy is to offer casual pay rates to permanent staff who agree to fill last-minute gaps, creating

incentives for internal coverage and reducing reliance on unfamiliar agency staff. When agency chefs are engaged, at least one regular kitchen staff member should be rostered alongside them to maintain consistency and oversight.

- Accountability and training for waste reduction

Integrating waste minimisation into performance evaluations and routine training can promote a more waste-conscious kitchen culture. By embedding this expectation into daily practice, facilities can shift staff behaviour toward sustainability goals and empower teams to take proactive responsibility for reducing waste.

- Safe reuse of unserved kitchen food

Where regulations allow, unserved food that has been properly stored can be repurposed—for instance, into puréed or minced meals for residents requiring modified textures. However, this strategy often fails in practice due to logistical barriers. Catering staff are sometimes expected to return leftover food to the central kitchen, but under time pressure, they may discard it instead. In other settings, kitchen supervisors may discourage repurposing due to workflow concerns.

To address these breakdowns, facilities should establish clear and realistic protocols for identifying, storing, and safely repurposing unserved food, supported by training and clear lines of accountability across catering and care teams.

- Controlled staff food-sharing systems

Although many aged care providers prohibit staff from accessing leftovers due to hygiene and policy concerns, controlled food-sharing systems can be a viable solution. One proposed model involves a designated “food sharing fridge” placed in a non-resident area. Staff could access safe leftovers or near-expiry ingredients outside work hours—such as after shifts or during breaks—using staff ID access. This approach minimises hygiene risks and workflow disruptions while improving food use and potentially supporting staff wellbeing. While such a system requires modest upfront investment in storage and monitoring, it may be offset by broader environmental benefits, improved staff morale, and reduced household food expenses for workers.

- Real-time updates on resident absences

Waste also occurs when meals are prepared for residents who are unexpectedly absent, such as when taken out by family. Facilities should incorporate checks on residents’ schedules during the order collection process, ensuring updates are passed to the kitchen in time to adjust meal production accordingly.

- Delegated, household-based preparation

Delegating food preparation tasks—such as breakfast porridge—to staff within each household wing can also reduce waste. In one facility, centralised porridge preparation frequently led to overproduction. In another, allowing wing-based

catering staff to prepare smaller portions using microwaves led to better alignment with resident preferences and reduced excess.

Together, these strategies reflect a shift toward more coordinated, and person-centred food service practices that not only reduce waste but also improve operational efficiency and staff engagement.

4.1.3. Preventing ingredient waste from expiry

Ingredient waste due to expiry is largely avoidable and can be addressed through simple but disciplined stock management practices. Observations across multiple aged care facilities revealed that low-cost interventions—when consistently enforced—can significantly reduce waste.

- Stock rotation and labelling

Effective stock rotation begins with clear visual cues. Facilities that labelled older stock using A4 “Use First” signs or coloured “Use First” stickers showed noticeable improvements in usage order. These visual prompts, when paired with shelf arrangements that place older items at the front, help ensure that perishable goods are used before expiry.

However, time-constrained staff occasionally bypass these protocols—retrieving newer stock for convenience or speed. This behaviour directly contributes to unnecessary waste. Facilities must therefore embed accountability measures into stock management, making rotation adherence part of routine performance expectations. Reinforcing the importance of these practices through training and supervision can further support compliance.

- Responsible for ordering and forecasting

Another common source of ingredient waste is overordering—particularly when bulk quantities are purchased without a clear usage plan. Accurate forecasting, led by head chefs or designated ordering staff, is critical to preventing expiry-related losses. This includes estimating realistic ingredient needs based on upcoming menus, resident numbers, and consumption trends, rather than defaulting to excess for convenience.

By fostering a culture of thoughtful stock management and reinforcing shared responsibility among kitchen teams, aged care providers can minimise expired stock waste. These operational improvements not only reduce financial and environmental costs but also support more sustainable and responsive care systems.

4.2. Organisational culture and leadership commitment: foundational drivers of food waste reduction

While practical interventions are critical, sustainable food waste reduction in aged care ultimately depends on the organisational culture and leadership commitment that underpin daily practices. Without a shared ethos of responsibility

and respect for resources, individual strategies may not be consistently applied or maintained.

In the author's experience, leadership attitudes significantly influence food waste outcomes. In one facility, catering staff repeatedly relayed residents' concerns about unappetising meals to both the head chef and the facility manager. However, these concerns were dismissed. As a result, not only did food waste persist, but staff also became discouraged from reporting issues. Over time, some conscientious team members left the workplace, expressing moral discomfort at serving food they knew would not be consumed.

By contrast, in another facility, leadership fostered a culture of openness and responsiveness. Resident feedback was actively solicited, staff were encouraged to suggest improvements, and team communication was strong across catering, care, and management. This collaborative environment was consistently linked to lower food waste and higher resident satisfaction. Cultivating a "culture of listening" emerged as a key enabler of sustainable service delivery.

Frontline food service staff—both chefs and catering assistants—are particularly well positioned to propose waste-reduction initiatives. Their direct engagement with food preparation and service allows them to identify practical, context-specific solutions. Facilities should empower these staff members to speak up, trial new approaches, and feel confident that their suggestions will be seriously considered. Recognition of these contributions can further strengthen staff morale and commitment.

One example illustrates the value of such empowerment. At a facility where the author worked regularly, fortified high-protein milk was routinely discarded because carers failed to deliver it as prescribed. After observing this recurring issue, the author proposed repurposing the safely stored leftover milk (under 24 hours old) into porridge the next morning. Management approved the initiative, with the condition that unused portions be documented to support resident care monitoring. The change had multiple benefits: waste was reduced, ingredients such as fresh milk and honey were saved, and residents appreciated the variety brought by flavoured milk (e.g., chocolate, banana, strawberry) in their breakfast routine.

Residents themselves also contributed to waste reduction in subtle but important ways. Several residents declined items they knew they would not eat or requested smaller portions out of a desire not to waste food. These behaviours exemplify the potential for residents to be active participants in sustainable care practices, reinforcing the idea that food waste reduction is a shared responsibility across all members of the aged care community.

4.3. A new framework for food waste reduction in the aged care sector

Food waste is often seen as an inevitable consequence of aged care operations (Hoefnagels et al., 2023; McAdams et al., 2023). However, the practice-based insights in this study suggest that meaningful reductions are achievable—

particularly when food services are reoriented toward responsiveness, collaboration, and person-centred care. Improvements in sustainability can go hand-in-hand with enhanced resident satisfaction and service quality.

A practice-based framework for reducing food waste and improving person-centred care in aged care facilities

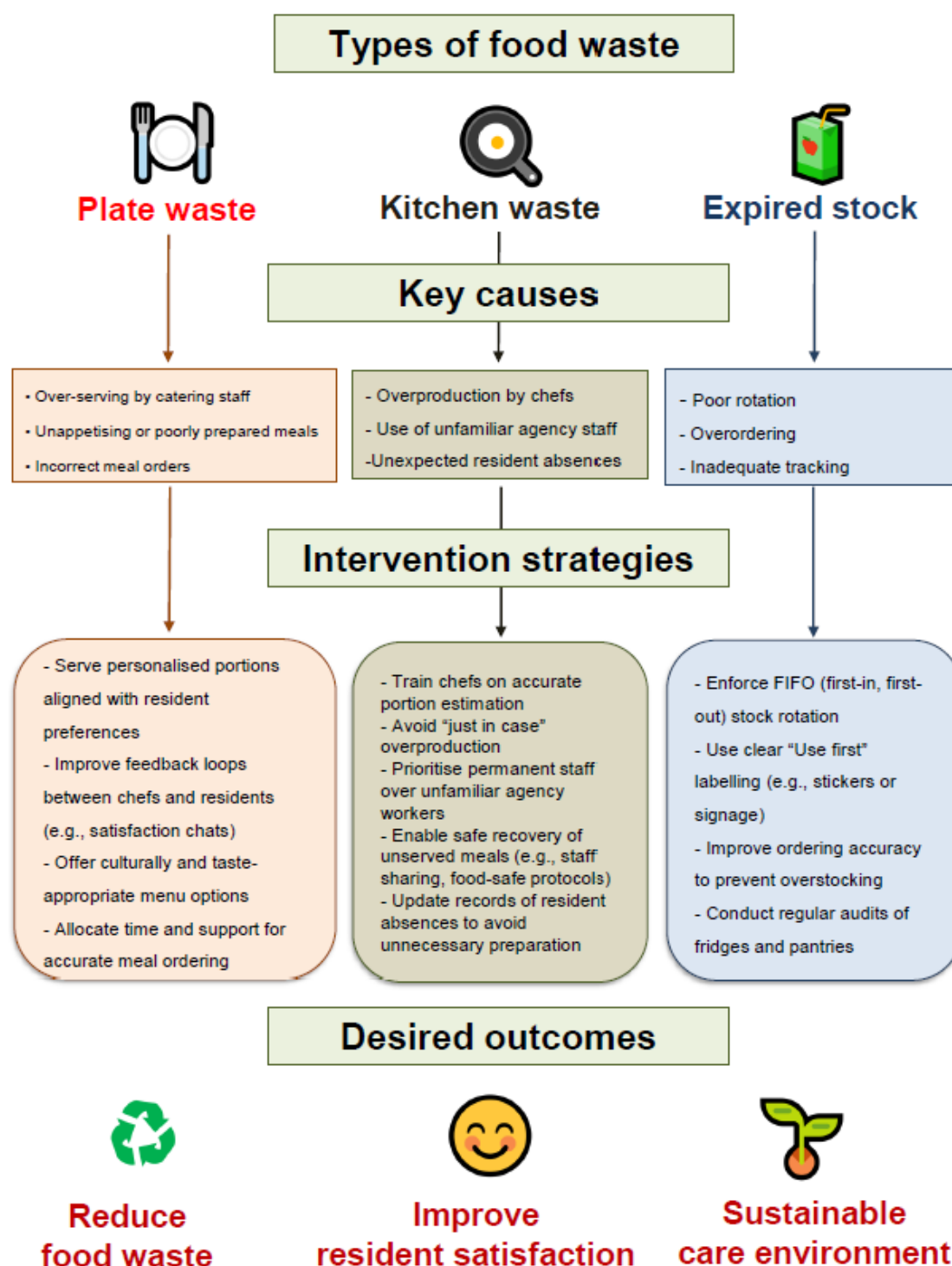


Figure 1: A practice-based framework for reducing food waste and improve person-centered care in aged care facilities

Drawing from recurring observations and staff-led initiatives, this section introduces a practical framework designed to help aged care providers, frontline staff, and policymakers embed food waste reduction into everyday operations. The framework ([Figure 1](#)) distils key insights into three interconnected layers:

1. Types of food waste: The most common sources—plate waste, back-of-house (kitchen) waste, and expired stock—reflect different stages in the food service process.
2. Underlying drivers: Each waste type is shaped by specific organisational and behavioural factors, such as portioning practices, miscommunication, overproduction, and weak inventory control.
3. Targeted strategies: These include personalised portioning, improved order collection processes, structured stock rotation, and staff empowerment initiatives.

Together, these layers inform three overarching goals: (1) reducing food waste, (2) enhancing resident experience, and (3) fostering a more sustainable aged care environment. The framework takes a systems-thinking approach, highlighting the interdependence of care, catering, and leadership functions. It emphasises that sustained change is most likely when food service improvements are supported by a culture of listening, shared responsibility, and adaptive teamwork.

This model offers an accessible tool for aged care organisations aiming to embed sustainability into daily routines, while also strengthening care outcomes and staff engagement.

4.4. Implications and limitations

This practice-based reflection complements recent knowledge on sustainability in aged care by highlighting the often-overlooked environmental dimension of food service. While studies such as Wang and Ke (2024) have advanced understanding of social sustainability and governance in the sector ([Wang & Ke, 2024](#)), this study adds a grounded, operational lens—showing how food waste, particularly from kitchens and resident plates, offers a tangible entry point for sustainability reform. It also aligns with emerging contributions such as Phan (2024), which position food waste reduction as a core pathway to sustainable food consumption ([Phan, 2024](#)).

Drawing from observations across multiple aged care settings and roles, the study demonstrates that routine catering practices—when informed by staff insights—can generate low-cost, scalable solutions that benefit both environmental outcomes and person-centred care. Strategies like tailored portioning, more accurate ordering, and safe repurposing are not only feasible but already effective in some facilities. These align well with Australia’s national aged care reform priorities.

A distinct contribution of this study is its methodological stance. Rather than relying on interviews or surveys, it reflects sustained, embodied engagement in food service roles—offering dual insights from both researcher and practitioner

perspectives. This embedded approach lends credibility and authenticity to the observations. However, it also introduces limitations. The analysis is interpretive and context-bound, lacking formal qualitative coding or external triangulation. As such, findings may have limited generalisability without further empirical testing.

Future research could expand this foundation by involving care staff, catering teams, and residents in co-reflective or participatory action research. Institutional support for such practice-based inquiry would help bridge the gap between policy aspirations and frontline realities.

Ultimately, food waste reduction in aged care should not be seen only as an economic or environmental concern—it is also a matter of care quality, resident dignity, and sustainable system design.

5. Conclusion

This study has examined food waste in aged care through a reflective, practice-based lens grounded in firsthand experience across multiple South Australian facilities. Rather than treating food waste as an unavoidable byproduct of institutional care, the findings show that meaningful reductions are possible through context-sensitive, operational changes rooted in everyday routines.

By identifying three key types of waste—plate waste, kitchen waste, and expired stock—and linking them to organisational and behavioural drivers, the study illustrates how practical strategies such as personalised portioning, improved ordering, stock rotation, and safe food repurposing can improve both sustainability and resident satisfaction. These interventions are most effective when supported by a culture of collaboration, open communication, and respect for staff insights.

The proposed framework offers a simple yet adaptable tool for embedding sustainability into aged care food services. It underscores that reducing food waste is not just about operational efficiency, but also about enhancing care quality, dignity, and environmental responsibility.

As aged care systems face growing demographic and resource pressures, food service practices offer a valuable site for innovation. This study encourages aged care providers, policymakers, and practitioners to view food waste reduction as an integrated part of delivering high-quality, person-centred, and sustainable care.

Conflicts of interest

The author declares no conflict of interest regarding the publication of this article. The reflective insights presented in this study are based solely on the author's own professional experience as a part-time catering and support staff member in multiple aged care facilities in South Australia. The author was not commissioned, paid, or influenced by any employer or external organisation in the conception, analysis, or preparation of the manuscript. No third party had any role in the decision to publish this work.

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Data availability statement

No datasets were generated or analysed during the current study. This article is based on professional reflections and personal observations.

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