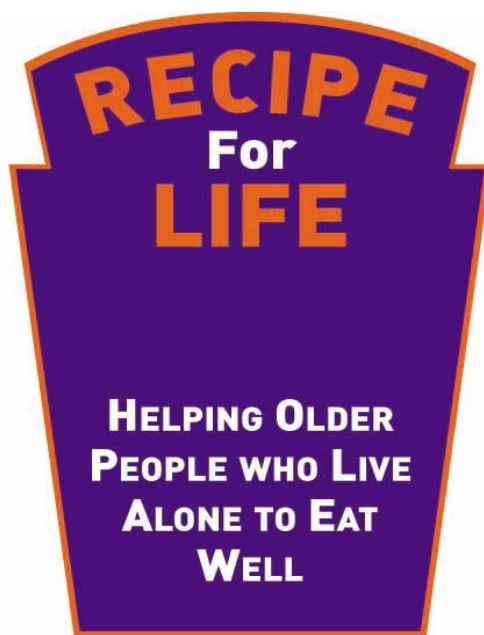

**THE ROYAL BANK OF SCOTLAND CENTRE
FOR THE OLDER PERSON'S AGENDA**



Queen Margaret University College



**EXECUTIVE SUMMARY OF FINAL REPORT OF RESEARCH
SEPTEMBER 2005**



**UNIVERSITY OF
STIRLING**



Dementia Services Development Centre

1 EXECUTIVE SUMMARY

1.1 INTRODUCTION

Recipe for Life is a three year project which aims to find better ways to support older people to eat well. The project is being undertaken by the Royal Bank of Scotland Centre for the Older Person's Agenda at Queen Margaret University College in partnership with the Dementia Services Development Centre at University of Stirling and Age Concern Scotland. It is funded by Zurich Financial Services Community Trust under their 'Zurich Cares Older People Programme'.

The project is being undertaken in two phases, a research phase and a practice development phase. This is the executive summary of the report of the research phase that ran from April 2003 to September 2005. In this period, the project has worked with two Scottish local authorities to gather data on people's views and experiences about factors that help and hinder older people's ability to eat well. Below is a summary of the aims and objectives of the project as a whole, the way we have approached the research element of the project and some key messages that have emerged from this research.

1.2 AIMS AND OBJECTIVES

The primary aim of the project is:

to identify action that can be taken to improve the physical and social well being of older people who live alone and have difficulty leaving home, in relation to their nutritional and food-related needs, from the perspective of older people, family members, friends and social work staff.

The objectives of the project are:

- to establish the nutritional status of older people participating in the project, obtain information about their food and drink intake and identify those at greatest risk of malnutrition;
- to explore the social, emotional, physical and practical factors that support or hinder good nutrition and eating well for older people who live alone and have difficulty leaving their home;

- to seek the views of this group of older people about their expectations of people providing services relating to food and nutrition;
- to explore the problems facing organisations when providing services for older people to ensure that food and nutrition are provided using person-centred principles;
- to explore issues facing front-line staff when providing food-related services and their needs for training support and development in this area of their work; and
- to develop and explore possible interventions to optimise the nutrition and food related social well-being of this group of people.

A number of interventions are being identified which can be implemented and evaluated in the final phase of the project. The final phase of the project will run from October 2005 to June 2006

1.3 OUR APPROACH

The research element of the project has adopted a qualitative approach to explore the views and experiences of older people, family members, friends and social work staff in order to better understand the factors that help or hinder older people's ability to eat well. Two local authorities participated in the study and within each local authority the following fieldwork was undertaken:

- multiple in-depth semi structured interviews with ten older people who live alone and have difficulty leaving home;
- collection of food and eating information from older participants using a food diary;
- a nutritional assessment of older participants;
- semi-structured interviews with family members or friends of older participants where these existed and older people consented to their involvement;
- a focus group with home care workers;
- a focus group with home care managers;
- a focus group with those responsible for the assessment of older people's community care needs;
- a semi structured interview with a senior manager with responsibility for food related services for older people.

Following data collection within each local authority a workshop was organised to feed back the main findings and to generate new data relating to possible solutions to the issues raised by participants.

The key findings from workshops, interviews, diaries and focus groups are summarised below.

1.4 KEY MESSAGES

Below is a short summary of the main findings that have emerged during the project.

1.4.1 Difficulties experienced by frail older people

It is evident that very frail older people with significant impairments and health problems are being supported to remain at home. This group of older people appear to experience multiple difficulties, which can impact on their day-to-day ability to eat well. These include difficulties such as sensory, physical and cognitive impairment, long term medical conditions and polypharmacy as well as psychological and social barriers to eating well. These individuals may, in the past, have been expected to enter residential care. They provide a challenge to home care services, which are continuing to shift from a domestic support model to a personal care role. Because of the increasing complexity of the needs of frail older people, it is likely that an increasingly complex assessment process and range of solutions will be needed to identify and meet their needs.

Key points

- very frail older people with significant impairments and health problems are being supported to remain at home
- very frail older people may have psychological and social barriers to eating well
- because of the increasing complexity of the needs of frail older people, it is likely that an increasingly complex assessment process and range of solutions will be needed to identify and meet their needs

1.4.2 Assessing older people's food related needs

It became apparent when talking to assessors and home care managers that the assessment of older people's needs generally, and in relation to food and eating more specifically, is a highly complex task requiring consideration of a wide range of factors and considerable skill on the part of the person carrying out the assessment.

In both areas, there did not appear to be a satisfactory assessment tool that could provide some structure to any investigation of food and nutrition related problems to ensure that issues are assessed thoroughly and at the same time ensure that the process is not overburdensome. Three main purposes of assessment emerged. These were:

- to ensure that a good match is made between services put in place and the needs of the individual;
- to identify those who are not eating well and may be at risk of malnutrition who require their situation to be monitored; and,
- to decide whether a person should be referred on to specialist services such as a community dietician.

It is possible that different assessment tools will be needed for these different purposes.

As stated in the previous section, the factors requiring consideration during the assessment process include physical, psychological, social and cultural issues. It is important that workers have specific knowledge of the nutrition needs of frail older people as well as skills in eliciting the preferences of older people and the social, psychological and cultural meaning of food in older people's lives. It was felt that all staff members could benefit from having more knowledge and skills in the area of food and nutrition. There is a need for specialist courses for all workers to enable them to identify risk factors and helpful interventions for older people who have problems with food and nutrition. There is also a need for an established induction programme and training course for home care workers to address these issues. This will become even more important as the level of frailty and impairment of older people living in the community, and therefore the level of specialist knowledge needed, increases. There may be scope to develop opportunities for older people to contribute to some food-related training. There would also be value in providing information to 'well' older people and family members about the nutritional needs of frail older people so that they are empowered to take responsibility for their own health before the need for intervention arises.

There is a danger that, if all of these factors are not taken into account, those at risk will go undetected, unsuitable services will be provided and appropriate referrals to specialist services will not be made. There is also clearly a need for close co-operation between health and social work colleagues about the food and nutrition of older people. The Joint Futures Agenda (Scottish Executive 2000) may provide opportunities to improve co-operation between health and social work services on this specific issue. The initiative aims to promote better joint working between local authorities, NHSScotland and other organisations through new

arrangements for local joint management and resourcing of relevant health, social work and housing services and for 'single shared assessments' of individual needs (<http://www.scotland.gov.uk/Topics/Health/care/17673/9471>). More joint work specifically on food and nutrition issues at a local level would be welcomed by home care services.

Key points

- assessment of older people's needs generally, and in relation to food and eating more specifically, is a highly complex task requiring consideration of a wide range of factors and considerable skill on the part of the person carrying out the assessment
- there did not appear to be a satisfactory assessment tool in either area which could provide some structure to any investigation of food and nutrition related problems
- it is important that workers have specific knowledge of the nutritional needs of frail older people, as well as skills in eliciting the preferences of older people and the social, psychological and cultural meaning of food in older people's lives
- all staff members could benefit from having more knowledge and skills in the area of food and nutrition
- there may be scope to develop opportunities for older people to contribute to some food-related training
- there would also be value in providing information to 'well' older people and family members about the nutritional needs of frail older people so that they are empowered to take responsibility for their own health before the need for intervention arises
- there is a need for close co-operation between health and social work colleagues about the food and nutrition of older people, and more joint work specifically on food and nutrition issues at a local level would be welcomed by home care services

1.4.3 The meaning of 'eating well'

Emphasis was placed on older people having a 'proper meal' once a day. This was defined as a hot meal, a cooked meal or a meal of meat, potatoes and vegetables. These definitions of a 'proper meal' are consistent with earlier work undertaken with older women (Howarth 1993).

There was agreement that freshly prepared food is preferable to ready prepared meals. The latter can have a positive role to play in helping someone maintain some independence and introducing people to new meal ideas other than their generally favoured traditional meals. However, many participants would like there to be less reliance on these in older people's diets. Many older people are eating bland and unexciting diets. This may be because of a lack of motivation on the part of the older person, a lack of imagination on their part or that of the service provider, or maybe because changes in older people's tastes and digestion have led them to reduce the range of foods that they are willing to eat and find acceptable.

It appears that there would be value in providing:

- guidance for both older people and workers about what constitutes an adequate meal or a good diet for a frail older person to support older people to make good nutrition choices;
- meal ideas which suit an older person's needs and tastes; and
- signposts to better identify when a client's diet may be putting them at risk of malnutrition.

Older people and workers could valuably work together to develop ways that older people can be better supported to eat well that are acceptable to older people and achievable within service limitations.

There may also be a role for older people to teach younger home care workers about traditional meals and perhaps to develop recipe cards for quick and easy hot meals made from fresh ingredients, or traditional foods such as porridge.

Key points

- emphasis was placed on older people having a 'proper meal' once a day: a hot meal, a cooked meal or a meal of meat, potatoes and vegetables
- freshly prepared food is preferable to ready prepared meals, however, the latter can have a positive role to play in helping someone maintain some independence and introducing people to new meal ideas other than their generally favoured traditional meals
- many older people were eating bland and unexciting diets, perhaps because of a lack of motivation on the part of the older person, a lack of imagination on their part or that of the service provider or may be because changes in older people's tastes and digestion have led them reduce the range of foods that they are willing to eat and find acceptable

- older people and workers could valuably work together to develop ways that older people can be better supported to eat well that are acceptable to older people and achievable within service limitations

1.4.4 The importance of appetite or motivation to eat

Low appetite was common among frail older participants, putting them at risk of malnutrition. The effects of the ageing process on older people's appetite are well known, and the need to provide nutritionally balanced meals is recognised by service providers. However, less attention has been paid to the social and psychological factors that need to be addressed in order to support older people to eat well. The main social and psychological factors that emerged from this study were:

- eating with others,
- cooking for others,
- having a good quality meal cooked by someone else,
- eating food that looks appetising,
- smelling food as it is being cooked,
- getting out of the house,
- being active,
- having exposure to foods and food ideas,
- having a varied and suitable diet,
- being supported to be spontaneous with food, and
- support to address losses, low mood or depression.

It appears that while services may at present be well set up to provide for people's basic needs for food and cooking, they are less well set up to address some of the social and psychological components that contribute to older people's ability to eat well and to quality of life. As there is a large psychological and social component to appetite and ability to eat well, it is particularly important that these issues are addressed wherever possible. Where these issues are not addressed they can provide significant barriers to older people's ability to eat well.

Further work needs to be undertaken to explore the role that services and communities can take to address these social and psychological factors more systematically. For example, research has shown that eating with familiar others can increase food intake by 60% in healthy older adults (McAlpine et al 2003), however, opportunities for social eating often

decrease with age. The current mindset that physical needs are of primary importance and social and psychological needs are of secondary importance does not appear to be helpful, and may lead to inappropriate targeting of resources with little positive benefit. The neglect of social and psychological needs in home care services has been noted in work undertaken by University of York (see Patmore and McNulty 2005). It appears to be just as essential to older people's ability to eat and, therefore, to their health and survival, that social and psychological aspects of food and eating are given attention.

One area that appears to be particularly lacking attention in services for older people is the provision of support to deal with the multiple losses experienced as we age. Howarth (1993) has written about the way bereavement in later life necessitates a reappraisal of behaviour, meaning and social identity. She quotes Marris (1986, p.33) who suggested the "fundamental crisis of bereavement arises not from loss of others, but the loss of self". This requires further attention if the wellbeing of older people is to be addressed adequately.

Key points

- low appetite was common among frail older participants, putting them at risk of malnutrition
- the effects of the ageing process on older people's appetite is well known and the need to provide nutritionally balanced meals is recognised by service providers
- it appears that while services may at present be well set up to provide for people's basic needs for food and cooking, they are less well set up to address some of the social and psychological components that contribute to older people's ability to eat well and quality of life
- the main social and psychological factors which emerged from this study were: eating with others, cooking for others, having a good quality meal cooked by someone else, eating food that looks appetising, smelling food as it is being cooked, getting out of the house, being active, having exposure to foods and food ideas, having a varied and suitable diet, being supported to be spontaneous with food, and support to address losses, low mood or depression.
- further work needs to be undertaken to explore the role that services and communities can take to address these social and psychological factors more systematically

- one area which appears to be particularly lacking attention in services for older people is the provision of support to deal with the multiple losses experienced as we age

1.4.5 Ways in which older people are supported to eat well

Older people expressed high levels of satisfaction with the service they receive and gratitude to those providing support. Home care workers play an important role in encouraging older people to eat well. They fulfil this role by developing trusting relationships with clients, suggesting new foods or recipes to them, bringing new or favourite foods into the person's home, cooking foods in their own home and bringing them to the older person, providing opportunities for social eating with the home care worker or others. Some of these activities, such as cooking at home and shopping, are done on a voluntary basis outwith the home care workers normal role or hours.

The quality of the relationship between the older person and the home care workers is very important and can have an impact on the ability of older people to eat well. This relies on continuity and the worker and client feeling they develop an understanding over time. There may be a case for more careful matching of clients and workers to ensure that relationships are positive where this is possible. MacDonald (2004) highlights the lack of research exploring the impact of recruitment and retention policies on the quality and person-centred nature of service provision.

Creative individual arrangements to support older people to eat well have been successful, particularly for people with dementia. Further work is needed to explore opportunities for further funding of these individual arrangements through programmes such as 'Supporting People'.

Families and friends also play a very important role in supporting older people to eat well. Often they have an overview of the person's service and take on a co-ordination and monitoring role. This is consistent with findings of a recent study of intensive domiciliary support in Scotland (Curtice et al. 2002). However, the stress of caring results in these 'informal carers' setting boundaries around what they can and cannot do in order to make caring manageable. Older people are very aware of this

stress and often try to minimise it if possible. This may lead to needs going unmet. Where families and friends are involved, there is a need to consider their support needs as well as the older person's support and their rights under the Carers (Recognition and Services) Act (1995). Where families and services both have a role in supporting the person to eat well, it is important that their efforts are co-ordinated and complementary.

Finally, local community facilities have an important role to play in supporting older people to eat well and maintain independence for as long as possible. Older people appreciated local shops and cafes that offer a personalised service and accessible and older person friendly shopping facilities.

Key points

- home care workers play an important role in encouraging older people to eat well
- home care workers are in a position to develop trusting relationships with clients, suggesting new foods or recipes to them, bringing new or favourite foods into the person's home, cooking foods in their own home and bringing them to the older person, providing opportunities for social eating with the home care worker or others
- creative individual arrangements to support older people to eat well have been successful, particularly for people with dementia
- families and friends also play a very important role in supporting older people to eat well, often having an overview of the person's service and taking on a co-ordination and monitoring role
- local community facilities have an important role to play in supporting older people to eat well and maintain independence for as long as possible

1.4.6 Barriers to older people eating well

A number of factors emerged which older people, family members and workers associated with quality when supporting older people to eat well. These included: recognising individuality, providing choice, accommodating personal tastes and preferences, appropriate timing of support, addressing cultural issues, supporting people to feel connected to food, allocating adequate time for support, helping people stay in control, providing continuity, co-ordination and good communication, proactive monitoring and reviewing of services and ensuring workers have appropriate knowledge and skills to meet older people's food related needs. Some of these issues have been raised in previous studies of

home care (Henwood et al 1998, Accounts Commission for Scotland 2001, Raynes et al 2001). What has not been explored previously is the impact on older people's ability to eat well and their related physical, psychological and social wellbeing if these quality indicators are not addressed.

From the data gathered it has emerged that the consequences of not addressing these aspects of quality could include:

- older people feeling a lack of interest or motivation in relation to food and eating;
- older people not expressing their food related needs or preferences;
- food related needs going unmet or being poorly met;
- older people not being aware of their rights and not feeling able to make a complaint;
- an over-reliance on pre-prepared meals;
- workers providing support with food outwith their hours and job description;
- no-one having an overview of the older person's diet and any risk of malnutrition;
- the wellbeing of older people being negatively affected.

There is a need to re-examine the aims of food related services and for there to be a shift away from services providing 'food as fuel' to 'food as a route to wellbeing'. Monitoring and review systems are also needed which place less emphasis on assessing the time given and tasks undertaken and instead, the outcomes of home care interventions should be the focus. The scope for increased independent advocacy should also be explored. The recognition of individuality when providing service emerged as a key consideration. Research by the Social Policy Research Unit at York University is investigating the ways that home care services can become more flexible and person-centred through, for example smaller support teams and arrangements similar to Direct Payments but without the burden of the employer role (Patmore and McNulty 2005). Direct Payments have the potential to change the relationship between older people and service providers and create innovative solutions to older people's care needs but remain relatively new and under-researched.

Finally, there is a need to ensure that communities and community facilities are inclusive, with the development of, for example, human scale

supermarkets and other community services that are older person friendly and cater for the needs of older people who live alone.

Key points

- a number of factors emerged which older people, family members and workers associated with quality when supporting older people to eat well. These included: recognising individuality, providing choice, accommodating personal tastes and preferences, appropriate timing of support, addressing cultural issues, supporting people to feel connected to food, allocating adequate time for support, helping people stay in control, providing continuity, co-ordination and good communication, proactive monitoring and reviewing of services and ensuring workers have appropriate knowledge and skills to meet older people's food related needs
- the impact on older people's ability to eat well, and their related physical, psychological and social wellbeing if these quality indicators are not addressed, has not been previously explored
- the consequences of not addressing these aspects of quality could include: older people feeling lack of interest or motivation in relation to food and eating; older people not expressing their food related needs or preferences; food related needs going unmet or poorly met; older people not being aware of their rights and not feeling able to make a complaint; an over-reliance on pre-prepared meals; workers providing support with food outwith their hours and job description; no-one having an overview of the older person's diet and any risk of malnutrition; and the wellbeing of older people being negatively affected
- there is a need to re-examine the aims of food related services and for there to be a shift away from services providing 'food as fuel' to 'food as a route to wellbeing'
- monitoring and review systems which place less emphasis on assessing the time given and tasks undertaken, and instead focus on the outcomes of home care interventions, are also needed
- the recognition of individuality when providing a service should be a key consideration

- Direct Payments have the potential to change the relationship between older people and service providers and create innovative solutions to older people's care needs but remain relatively new and under-researched
- there is a need to ensure that communities and community facilities are inclusive with the development of, for example, human scale supermarkets and other community services that are older person friendly and cater for the needs of older people who live alone

1.4.7 Future directions

A range of creative solutions and ideas were suggested by participants in order to improve the ability of older people to eat well. These included extending existing service to make them more accessible and appropriate for frail older people and making greater use of the potential for community facilities to meet the needs of frail older people, given the right guidance and support. There were very practical suggestions to improve the systems for communication within the service and between the service and older people and family members and to develop independent monitoring arrangements. Better procedures to identify risk and link with specialist services were identified. Finally, co-operative arrangements between older people in a neighbourhood, such as taking turns to cook for each other, were seen to have advantages for older people. These may also require some facilitation or support.

1.4.8 Conclusions

Many of the frail older people who participated in the study experienced reduced appetite or lack of motivation to eat. Food is essential to our wellbeing. The importance of food to our physical wellbeing is well recognised by services. Its importance to our psychological and social wellbeing is less widely acknowledged. Food can provide punctuation and structure to our day, our week and even our year. It can help to shape and reinforce our identity. It provides opportunities for social interaction and shared experiences and plays a role in celebrations. For older people who rely on services, some of these positive social and psychological benefits associated with food can be lost along with independence, unless services pay particular attention to maintaining these. The social and psychological factors that can improve or reduce appetite appear to be poorly understood or addressed within social work services.

There is a need to re-examine the aims of food related services and for there to be a shift away from services providing 'food as fuel' to 'food as a route to wellbeing'. Monitoring and review systems are needed which

place less emphasis on assessing the time given and tasks undertaken and instead the outcomes of home care interventions should be the focus.

There is also a need to recognise the important role that those outside of services can play and for there to be a co-operative effort between social work services, older people, their family members and friends as well as communities more broadly to work together to enable older people to eat well.

Key points

- existing service could be extended to make them more accessible and appropriate for frail older people
- community facilities could be better used to meet the needs of frail older people, given the right guidance and support
- systems for communication within the service, and between the service and older people and family members, could be improved
- independent monitoring could be implemented
- better procedures could be implemented to identify risk
- links with specialist services could be improved
- co-operative arrangements between older people in a neighbourhood, such as taking turns to cook for each other, were seen to have advantages for older people

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The full report is available from the Royal Bank of Scotland Centre for the Older Person's Agenda, Queen Margaret University College, Clerwood Terrace, Edinburgh, EH12 8TS. Telephone 0131 317 3770. E-mail: [opa@qmuc.ac.uk](mailto:opa@qmuc.ac.uk). Website: <http://www.qmuc.ac.uk/opa>