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ASCOT adult social care outcomes toolkit

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FOOD AND DRINK IN LATER LIFE: THE ROLE OF HOMECARE

A guide to key findings

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Authors Stacey Rand, Lavinia Bertini, Alan Dargan, Karin Webb, Della Onguleye, Monique Raats, Rebecca Sharp.

CONTENTS

Authors

Stacey Rand[1], Lavinia Bertini[2], Alan Dargan[1], Karin Webb*, Della Onguleye*, Monique Raats[3], Rebecca Sharp[4]

1 Personal Social Services Research Unit (PSSRU), University of Kent
2 Department of Primary Care and Public Health, Brighton and Sussex Medical School
3 Food, Consumer Behaviour and Health Research Centre, University of Surrey
4 Health Innovation Kent Surrey Sussex, UK
* Lay research advisors, University of Kent/NIHR Applied Research Collaboration (ARC) Kent Surrey and Sussex (KSS)

INTRODUCTION

This guide presents findings from a study of the food and drink-related needs and outcomes of people, aged 65 and over, who use homecare and other community social care services in England.

Most research about older people's food and drink-related needs focuses on people living in care homes. Less is known about people living at home who use homecare or other community services.

This is an important knowledge gap, especially as we know that this group of older people are at higher risk of malnutrition due to circumstances that are often present at the same time. These include changes in appetite and taste, reduced dexterity or mobility, cognitive issues, social isolation, inaccessibility of food outlets and the affordability of food. We wanted to understand the extent of this gap and why it exists and explore what it means for people working in the social care sector, older people and their families.

To address these aims, we first looked at all published reports and articles on the topic since 2000, so we could understand what was already known about the role of homecare in supporting older adult's food and drink needs and to identify gaps. We also analysed data collected in the Adult Social Care Survey (ASCS) between 2011 and 2021, to better understand the extent of food and drink needs of older people in England.

The ASCS is a survey of people who use publicly managed social care services in England and asks questions (known as the Adult Social Care Outcomes Toolkit (ASCOT), www.pssru.ac.uk/ascot) about the impact of social care services on their lives. One of the areas of everyday life that the ASCOT asks about is food and drink.

In part one, we will present findings on the food and drink needs of older people in England and the role of homecare in supporting these needs. In part two, we discuss barriers to addressing food and drink needs of older people living at home, and present some implications for policy and practice.

Food and drink needs refers to nutritional and hydration needs as well as personal preferences and dietary requirements.

Homecare refers to personal care and support with day-to-day living provided regularly by a paid and trained professional care worker in the person's home.

By community services we refer to a range of care and voluntary services that work with people in their own home and communal settings. These include homecare, lunch clubs, meal delivery, day centres.

PART ONE

In this section, we summarise the findings of the literature review and ASCS data analysis. We focus on what the research adds to what we already know about the food and drink needs of older people in England and the role of homecare in supporting people.

Food and drink needs of older people who use homecare

Homecare aims to support people to live well at home. This support can include care related to food and drink needs. Homecare workers may provide support to an older person by helping the person to choose what they want to eat or drink, preparing food or drink, reminding the person to eat or drink (especially for people with memory problems) or assisting with the action of eating/drinking.

The Adult Social Care Outcomes Toolkit (ASCOT) used in the Adult Social Care Survey (ASCS) is a measure of the impact of care on people's lives, in areas that are important to them. This includes eating and drinking – not only having enough to eat and drink, but also whether it is at the right time(s), the types of food/drink the person likes, and so on. The ASCOT question and answer options are shown on page 3. The dark blue text annotations show how the four response options relate to different outcome states (ie ideal state, no needs, some needs and high-level needs) and also whether the person's needs are, overall, met or not by care. We focused on the answers to the ASCOT question about food and drink completed by people, aged 65 or over, who used homecare and other community services.

Overall, self-reported unmet needs related to food and drink have increased from 4.3% of older people surveyed in 2011 to 8.1% in 2022. This increase has been reported both by older people who receive publicly managed support for food and drink and those who use homecare, but do not use it directly for support with eating and drinking. This indicates a problem with addressing known needs through care planning and delivery, as well as identifying unmet food and drink needs of older people who live at home and are already receiving some form of social care support.

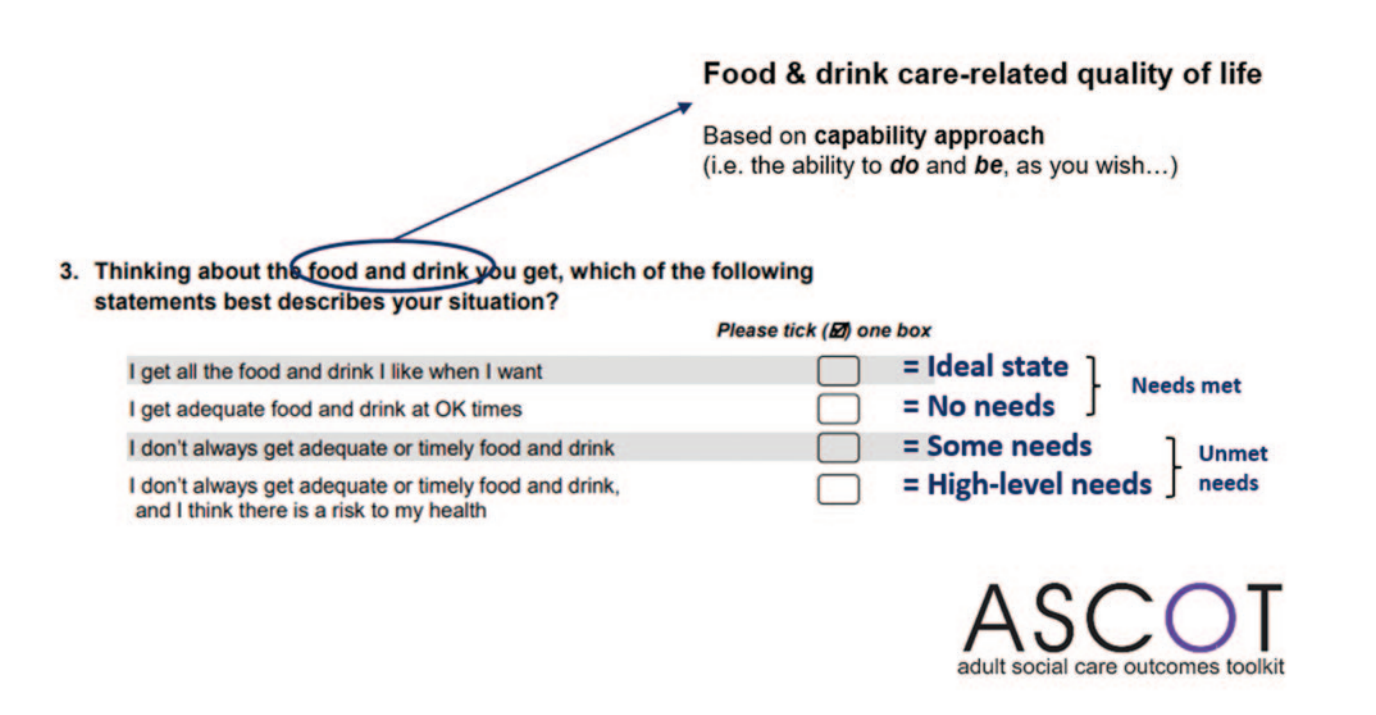

Image 1. ASCOT Food and drink care-related quality of life question and response options

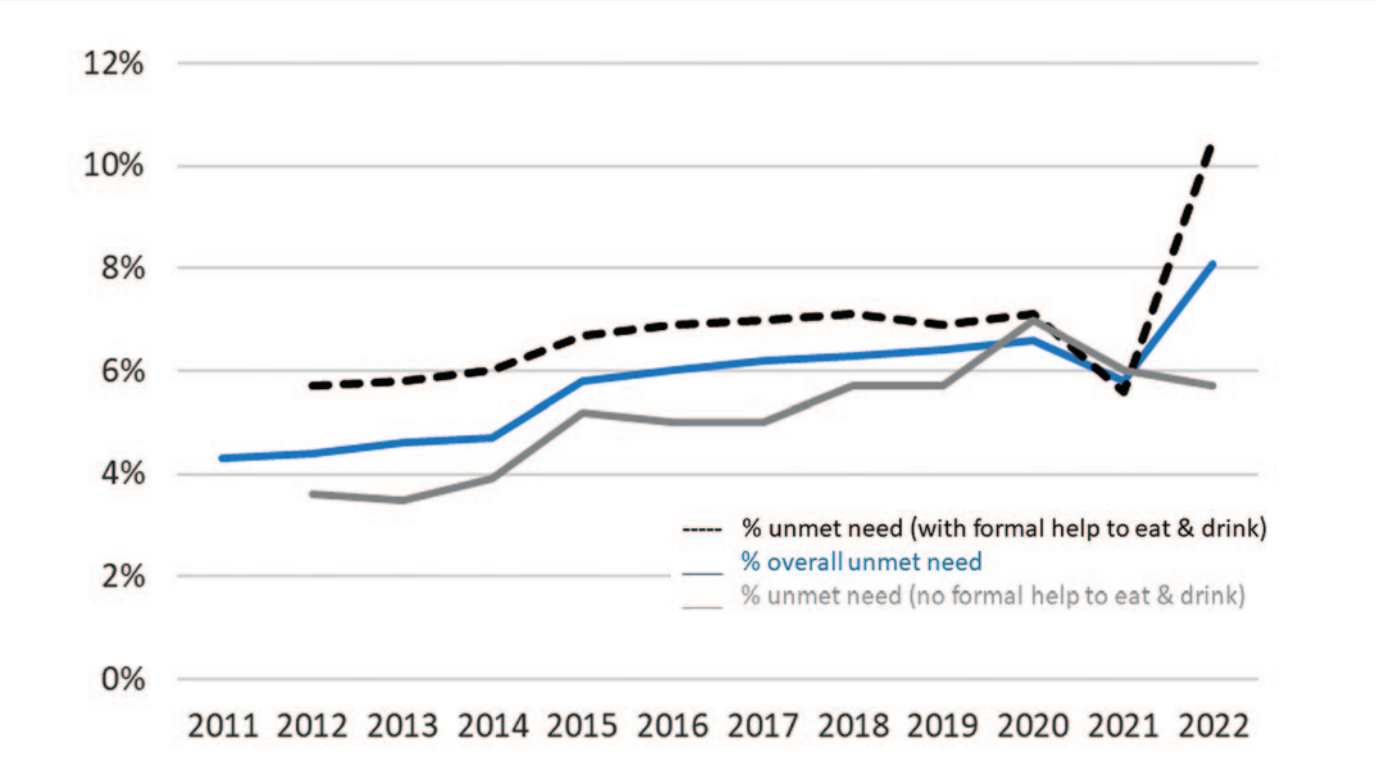

Image 2. Increase of food and drink related unmet needs from 2011 to 2022

The role of homecare in supporting older people's food and drink needs

ASCS data show that around 65% of older people using publicly funded community-based social care receive support for food and drink needs. Although the ASCS dataset does not break down the type of care received, it is likely (based on other similar data collections that include such a breakdown of type of support) that the majority used homecare services. Other types of service would include, for example, day care or activities, lunch clubs, personal assistance, or meals services.

Homecare activities related to food and drink are varied and include preparing meals, assistance with eating or drinking, food hygiene and storing food safely. Homecare workers also play a role in monitoring whether a person eats and drinks enough, noticing changes in weight and ability to carry out everyday activities, including those related to food/eating and drink/drinking.

In the literature review, we found evidence from studies of homecare of the impact of care on people's lives. Homecare positively contributes to supporting older people's food and drink needs by person-centred care. This approach places the person, and their family where appropriate, as an equal partner alongside professionals in planning their care and support and takes into account a person's values, goals, preferences,

and desired outcomes. However, there are challenges and limitations to delivering person-centred care. We discuss them in the section two, alongside implications.

Homecare workers are often familiar with a person's preferences, housing environment and social network as they spend more time with older people living at home than most other health and care professionals. Thanks to this familiarity and knowledge of a person's preferences, habits, routines, environment, and informal support around food and drink, homecare workers are in a unique position to tailor day-to-day support to the person's needs. Care is improved when homecare services are able to work well with other health and care professionals, such as dietitians, and those unpaid helpers who may be family or friends.

Support with social engagement, maintaining independence and dignity are also important aspects of person-centred care. Homecare can support older people's independence and their dignity by ensuring care is delivered with regard for the person, their preferences, and social engagement; for example, involving a person in choosing ingredients or preparing food according to their strengths and needs, and supporting socialisation around food, such as eating together.

These activities not only help older people to maintain adequate nutrition and hydration, but also enable them to express themselves (eg through food and drink associated to festivities and life events or that evoke personal memories) and nurture social relationships through social interactions. These aspects are particularly valued by older people with cognitive impairment (eg dementia) and their families.

The ASCS analysis also provided evidence that publicly funded care (including homecare) makes a positive difference to people's lives. Overall, higher average investment for older adults' care by the local authority corresponds to lower likelihood of unmet needs reported by older adults.

PART TWO

In this section, we discuss findings on the challenges and limitations to the framing and delivering of food and drink person-centred care. We also present implications for policy and practice.

Framing the issue

In previous research, older people's needs related to food and drink have been mostly understood medically, in terms of malnutrition and dehydration.

Most studies focused on nutritional status of older people. In the international literature we reviewed, the Mini Nutritional Assessment[1] (MNA) was the most-commonly used measure to screen and assess the nutritional status of older people. Other measures used were: weight, daily consumption of calories and nutrients, and Body Mass Index. Outcomes related to quality of life, such as participation in daily activities, social interaction, emotional and psychosocial wellbeing, and sensorial, personal or cultural preferences, were less frequent.

1 Please note that this refers specifically to published research and not to care practice, where different types of nutritional screening tools are used.

The need to address malnutrition and dehydration for older people who live at home is important. This is because malnutrition and dehydration are major and preventable causes of health deterioration and can have serious consequences for older people's health and wellbeing. They can also lead to hospitalisation and use of other care services, which not only can have negative effects on the older person and their support network and family's wellbeing but can also increase public expenditure on health and care services.

However, it is also important to consider and support the person's quality of life related to food and drink, including personal, social and cultural and religious preferences, through person-centred care approaches. These are better suited to support older people's choices, habits, preferences and circumstances around their eating and drinking.

Implications for policy

It is important to better understand, recognise and integrate quality of life as a valuable approach to understand food and drink needs in policy, alongside medical and public health frames.

A shared language and understanding of food and drink-related quality of life would promote better collaboration among health and care professionals (eg dietitians and care workers), ultimately improving the lives of older people who live at home.

Recognising the role of homecare workers

The contribution of homecare in supporting older people with food and drink needs and preventing these from getting worse is often overlooked and undervalued. The tasks, expertise, interpersonal and communication skills and knowledge needed to support people with eating and drinking are often considered 'common sense', despite being complex and highly skilled.

Whilst qualitative studies on effective care practice have produced some evidence of how homecare supports older people, there is a lack of evidence on the cost effectiveness of homecare services related to food and drink. Such evidence is also needed to inform policy and practice, especially to guide investment into the sector and to raise the profile of its value and contribution.

Implications for policy

The role and value of homecare in supporting food and drink needs of older people and improving their quality of life needs to be more widely recognised and understood.

The positive effect on people's quality of life should be recognised as a valuable and important outcome in its own right, rather than only as a means of reduce pressure on healthcare services or health and care expenditure.

Barriers to deliver person-centred care

Underinvestment in social care, which is associated with undervaluing its contribution, represents a key barrier to high-quality person-centred care. The existing evidence indicates that short visits do not always allow enough time for care workers to support older people in a person-centred way.

Findings from the international literature advise that limited opportunities for care workers to develop, enhance and update their nutritional knowledge is another barrier. Whilst training on nutrition and hydration may be a way of addressing this gap, it is important to consider how new skills and knowledge can be used in practice. For example, even in contexts like the UK[2] where induction programmes for care workers include training on food and drink, the limited length of visits represents a major challenge to adequate person-centred care.

Collaboration with other healthcare professionals (eg community dietitians) and family and friends would also improve the person-centred care received by older people living at home. However, we found that cooperation across services and professionals was often challenged by limited investment and/or time. Moreover, the lack of recognition of the role of homecare in supporting older people with their food and drink needs resulted in homecare workers not being included in studies and interventions that evaluated or developed cross-professional collaborations.

Implications for policy

Homecare should be recognised and included in policies that address issues related to food and drink of the ageing population.

The views of homecare providers, managers, and care workers on the feasibility of training programmes and models of collaboration should be included in policy development.

Implications for practice

Underfunding remains a major barrier to food and drink-related person-centred care. Commissioners should consider adequate funding for community-based care services that support the food and drink needs of older people.

2 In the UK, the Care Certificate is an induction programme based on a set of 15 agreed standards that define expected knowledge, skills, and behaviours for different job roles in health and social care, including homecare workers. Food and fluids (eg understanding the importance of good nutrition, and supporting eating and drinking in line with a person's care plan), and food hygiene are part of the 15 standards.

Capturing changes in food consumption and personal preferences of older people

Despite the importance of personal, social, cultural or religious preferences to quality of life and care delivery, our literature review indicates that these are not properly captured or understood in policy and research. The analysis of ASCS data also suggests that food and drink needs are captured in care planning but there may be limitations in how these are supported in practice, given the rise in unmet needs.

The characteristics of the older population change over time, in terms of patterns and preferences for food consumption, digital skills (eg online shopping) and personal preferences. Family support and composition also changes over time. For example, there is a growing number of older people who live alone or far from family.

It is important to be aware of these changes, both at a social and individual level, and act to improve the design, planning and delivery of services and policy related to the food and drink needs of the older population. It is also important that homecare services are not isolated from other community-based services.

The commissioning, planning and delivery of homecare would benefit from collaboration and integration with the local community and other food and drink-related services. This could be fostered by funding models and commissioning that bridge across sectors, and encourage collaborative partnership working, rather than competition for limited resources.

Implications for policy

It is necessary to fully consider the needs and voices of older people in public policy and service planning, design, and delivery.

Older people, including those who use homecare or other community-based support, and their families and support networks, should be represented in policies and public messages related to food insecurity, malnutrition, and food systems.

Implications for practice

Providers should ensure that care plans are adequately and timely updated to capture changes and fluctuations in food and drink needs over time. This is of particular importance for people with long-term needs and those affected by progressive conditions, such as dementia.

Awareness of and collaboration with the local community and other community services related to food and drink would support and improve the commissioning and planning of homecare services.

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