

4 Calls to Action from Eat Well Age Well

Eat Well Age Well (EWA) and its stakeholders have identified 4 simple calls to action that, if implemented, would make a big positive difference to older people's lives and will save money. We need **#TimeForChangeScot**

Call to Action 1

Screening for malnutrition should be mandatory for all statutory agencies with a role in supporting older people

Why?

- There is clear evidence we can prevent malnutrition through early identification and screening^{1,2}.
- Current data on rates of malnutrition comes from hospital contexts and there is no routine recording and screening being carried in community settings, consistently across Scotland.
- Reporting and recording data on malnutrition and unintentional weight loss in the community will provide a true picture of the reality of the problem and enable more efficient planning and targeting of resources.

Who and how?

- Statutory health organisations are already screening older people for a range of other risk factors (e.g. diabetes, dementia, oral health, podiatry).
- It would be straightforward to incorporate simple malnutrition screening tools into existing health and other needs assessments.
- The **Malnutrition Universal Screening Tool (MUST)**³ is a validated tool and we recommend the wider use of community-based tools such as the **Patients Association Nutrition Checklist**⁴ and the **PaperWeight Armband**⁵.
- These are well evidenced^{6,7} and can be used by non-clinical staff, carers and volunteers to identify risk earlier.



¹ NICE (2012) Quality Standard for Nutrition Support in Adults, NICE Quality Standard 24 Retrieved from <https://www.nice.org.uk/guidance/qs24>

² NICE (2006) Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition (clinical guideline 32). London: National Institute for Health and Clinical Excellence (NICE) Retrieved from <https://www.nice.org.uk/guidance/cg32/evidence/full-guideline-194889853>

³ British Association for Parenteral and Enteral Nutrition (BAPEN) Malnutrition Advisory Group MAG. (2020) Malnutrition Universal Screening Tool. Retrieved from https://www.bapen.org.uk/pdfs/must/must_full.pdf

⁴ Patients Association (2018) Patients Association Nutrition Checklist. Retrieved from <https://www.patients-association.org.uk/patients-association-nutrition-checklist-toolkit>

⁵ Age UK (2020) The Paperweight armband. Retrieved from <https://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/the-paperweight-armband/>

⁶ Edwards (2020) Final Report of the Evaluation of the Greater Manchester Nutrition & Hydration Program. Retrieved from <https://www.ageuk.org.uk/wp-assets/globalassets/salford/images/nutrition-and-hydration/nutrition-and-hydration-programme-final-report-4th-june-2020.pdf>

⁷ Murphy et al (2019) Identifying Older People at risk of malnutrition and treatment in the community: prevalence and concurrent validation with the Patient Association Nutrition Checklist with 'MUST'. Retrieved from <https://onlinelibrary.wiley.com/doi/full/10.1111/jhn.12710>

Call to Action 2

Training on malnutrition, unintentional weight loss and health communication about household food insecurity should be embedded into basic training for all health & social care professionals

Why?

- EAWW experience of working with **467** health & social care staff is that they are often unaware that malnutrition is a significant health problem in the older population.
- Mainstreaming the issue into **standard basic training** for health and social care professionals will enable significant increases in prevention, detection and intervention.



Who and how?

- There is existing accredited training provided by [REHIS](#) and EAWW [Raising the Issue of Malnutrition](#) is in the process of being accredited.
- All statutory health and social care organisations that have a role in supporting older people should include malnutrition training in their existing mandatory training plans.

Call to Action 3

More and better investment should be made in community initiatives that address social isolation in communities by providing befriending and opportunities for people to eat, shop or cook with others

Why

- Our project findings and our academic research⁸ suggest a **strong correlation between social isolation and malnutrition**.
- Statutory services are even more **overstretched and under resourced**. Third sector providers are best placed to provide social support to older people.
- Our research study⁹ evidences the vital work the third sector organisations do to protect the most vulnerable and support them to flourish and live independently at home. Food support services, like Food Train help **break the negative cycle of food insecurity** and malnutrition risk through empowerment and greater sense of control.



Who and how?

- All Health and Social Care Partnerships working with third sector organisations should create and **provide opportunities for older people to eat, shop or cook with others**.
- This means both more funding and a more strategic approach to community food initiatives; as well as a **culture change** around increased and improved partnership working with third sector providers in communities

⁸ Reid et al (2020) The Relationship of Food Security and Malnutrition Risk with Psychosocial Indicators of Healthy Ageing in Place: The Food Train – Eat Well Age Well Partnership Project.

⁹ See reference 8

Call to Action 4

Food Poverty and Food Insecurity are not the same for vulnerable older people. Policy, practice & research needs to take account for this

Why?

- Food poverty does not wholly explain why older adults face food insecurity. It is **more multi-dimensional** than this.
- For instance, our research found **food access must be paired with social interaction**. In the sample, this was often facilitated by going to lunch clubs, enlisting food delivery and meal making help (e.g. Meal Makers¹⁰)¹¹
- Other dimensions of older peoples' food security include **choice, control and decision making**, which support feelings of empowerment to access and utilise food support services.



Who and how?

- In research (e.g. Scottish Health Survey¹²) there needs consideration on how we **best survey household food insecurity for older adults**. The food insecurity questions in the United Nations Food Insecurity Experience Scale¹³ (FIES) focus on financial resources and may under-represent the psychosocial and social barriers which older people face.
- There needs to be **greater public and professional understanding** of what food insecurity is for older people.
- Policy and practice initiatives need to recognise the social and wellbeing dimensions of food and continue to **invest in local services in the community**, (e.g. local shops), social care support and volunteers which have important impacts for older people.

¹⁰ Meal Makers (2019) Retrieved from <http://www.mealmakers.org.uk/>

¹¹ See reference 8

¹² Scottish Health Survey (2018) Scottish Health Survey 2018 key findings. Retrieved from <https://www.gov.scot/publications/scottish-health-survey-2018-summary-key-findings/>

¹³ Food and Agriculture Organisation (2014) Food Insecurity Experience Scale (FIES) IND



Who wants #TimeForChangeScot



Eat Well Age Well Stakeholder Group supporters

- Michelle Carruthers, MBE and CEO Food Train
- Bill Gray, Community Food and Health Scotland
- Andrew Strong, Director of Integrated Services, Health and Social Care Alliance
- Fiona Cross, Charity Director Age Scotland
- British Dietetic Association Scotland Board





- Dr. Kate Reid, Health Psychologist and Senior Lecturer, University of Glasgow
- Prof. Catherine Lido, Social Psychologist and Senior Lecturer, University of Glasgow
- Gerry Kiernan, National Wellbeing Manager, Independent Age
- Leigh Deas, Caring for Smiles

Other supporters

- Community Enterprise
- Scottish Older People Assembly
- Scottish Food Coalition
- Nourish Scotland
- Generations Working Together
- Scottish Care
- Edinburgh Community Food
- Soil Association Scotland
- UK Malnutrition Awareness & Prevention Network (University of Hertfordshire, British Dietetic Association, BDA Older People Specialist Group (BDA-OPSG), National Association of Care Caterers, National Chair Sustain, Meals on Wheels Campaign Coordinator, Food Train/Eat Well Age Well Scotland (EWAWS), Hertfordshire Independent Living Services (HILS), Age UK Salford, Bournemouth University (BU), Nutrition Diet Resources UK (NDR-UK))