

# The Hidden Problem:

## Calls for Action on Older People and Malnutrition in Scotland

*Eat Well Age Well Impact & Learning  
2018 – 2020*



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# The Hidden Problem of Malnutrition Infographic

## The Hidden Problem of Malnutrition

#TimeForChangeScot



### Malnutrition (as undernutrition) is a significant public health issue

Over **1.3 million** in the UK **aged 65+**  
at risk or suffering from **malnutrition**



approx. **103,000**  
older people in **Scotland**

<sup>1</sup>\*This is prior to the COVID-19 pandemic



Scotland's ageing  
population  
and **COVID-19**

puts even greater numbers of older  
people at risk

Malnutrition is  
**preventable and treatable**

but despite this, the problem has been

**largely ignored**

Malnutrition regularly goes

**Undetected**

**Untreated**

**Unrecorded**

It's largely **overshadowed**  
by public health messages focusing on  
**obesity**

Those who are malnourished:



are **twice**  
as likely to visit their GP



have **3 times**  
the number of hospital  
admissions



Stay in hospital **longer**  
than well-nourished people<sup>2</sup>

Older people who are malnourished  
have...

- increased risk of infection and antibiotic use
- increased risk of pressure ulcers
- poor wound healing
- increased risk of falls

...which requires costly medical care<sup>3</sup>

The cost to  
the UK health  
service was

**£23.5  
billion**

at the last  
estimate<sup>4</sup>

Tackling malnutrition will support  
better outcomes for older people

'ensuring people are healthy,  
happy and secure in older age'<sup>5</sup>

**£ £ £**

and achieve very  
significant cost savings

1. National Records Scotland (2015) Infographic Report Guest

2. JF et al (2011). Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK.

3. Malnutrition Task Force (2017) State of the Nation

4. British Association for Parenteral and Enteral Nutrition (2018) Managing Malnutrition to Save Lives

5. Scottish Government (2019) A Fairer Scotland for Older People Framework for Action

## Executive Summary – progress and learning

This report shares Eat Well Age Well progress and learning over the last 2.5 years and outlines our 4 Calls to Action, for policymakers to consider towards action in this area.

### Key Findings

1. 1 in 10 older people in the UK today are at risk of, or living with malnutrition<sup>1</sup>. From our own prevalence data, we think this may be an underestimate, with as many as 30% of vulnerable older people living in the community at risk of malnourishment.
2. In total, 710 older people in the community have been screened for early identification of malnutrition with the [PaperWeight Armband](#) or the [Patient Association Nutrition Checklist](#) - 87 (12%) were found to be at risk or increased risk of malnutrition and were given brief nutritional advice and/or signposting.
3. Simple tools such as the PaperWeight Armband and the Patient Association Nutrition Checklist are quick to use to identify early malnutrition risk and to start conversations about nutrition with older people.
4. These tools can be used by people not traditionally screening. Befrienders, carers, volunteers, third sector and community staff – who can make an enormous contribution to the prevention of malnutrition. They spend a significant amount of time with frail and vulnerable older people, are well placed to spot symptoms, identify those in need and can start conversations about nutrition.
5. Our project findings and 93% of our stakeholders<sup>2</sup> suggest a strong correlation between social isolation and risk of malnutrition. These social risks are poorly understood and can be remediable with appropriate support.
6. There is a need for greater public and professional awareness of the hidden problem of malnutrition. Education and training are key. There is a need for increased uptake of malnutrition training in community settings. To date, we have trained 467 carers, volunteers and health and social care staff working with older people. There is also more work needed with older people and their families to dispel common myths and raise general awareness about eating in later life messages.
7. Data from a 12-month project with one large home care provider, found 75 older people living at home were screened for malnutrition, of which 24 (32%) were at risk. There is a need for more support and guidance for Home Care

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<sup>1</sup> Malnutrition Task Force (2013) A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions <https://www.malnutritiontaskforce.org.uk/wp-content/uploads/2014/11/A-review-and-summary-of-the-impact-of-malnutrition-in-older-people-and-the-reported-costs-and-benefits-of-interventions.pdf>

<sup>2</sup> Community Enterprise (2020) Report in preparation.

organisations to accelerate education and training of staff to support the vital role these staff have in early identification of malnutrition.

8. Across our *Small Ideas, Big Impact* (SIBI) national grants program, we directly funded 47 community projects and 10 emergency grants were given out during the Covid-19 crisis. The financial support has been used to extend and enhance existing provision to support older people to eat well, age well and live well.
9. Our 12-month research study in partnership with the University of Glasgow and Food Train revealed [6 key findings](#)<sup>3</sup>. The research revealed a complex picture of food insecurity and malnutrition risk being associated with worse psychological outcomes for well-being and loneliness and reduced social support. However, food support emerged as a valuable source of empowerment of the older adults' life.
10. This major study along with our project findings has triggered 4 Calls to Action, that, if implemented would make a big positive difference to older peoples' lives and save money. These include a requirement for all agencies working with older people to carry out screening for malnutrition, the need for more training, more and better social care investment and policy, research and practice to take account that food insecurity and food poverty are not the same for vulnerable older people.

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<sup>3</sup> <https://www.eatwellagewell.org.uk/gustudy>



## A few of our key achievements in the last 2.5 years...

- Our work has been used to inform **1** new Government strategy to take action on identifying and tackling malnutrition.
- **26,383** people have been engaged about Eat Well Age Well, issuing **684** toolkits and **19,100** information resources across Scotland.
- **467** carers, volunteers and staff working with older people have been trained to identify and raise awareness of malnutrition.
- **710** older people screened for early identification of malnutrition using the Patient Association Nutrition Checklist or the Paperweight armband in the community.
- We regularly reach **446** network members who receive monthly project updates and are engaged in supporting older people to eat well, age well and live well.
- **9** innovative projects in partnership with others have been delivered in the community.
- We have delivered information sessions at **31** events involving **636** older people.
- More than **49.8k** Twitter impressions and 89 new followers from 14<sup>th</sup> to 20<sup>th</sup> October for UK Malnutrition Awareness Week 2019 using the hashtag #MAW2019
- Funded **47** local grants and **10** much needed covid-19 emergency grants which have supported over **600** older people, delivered **2854** hot meals and **140** cooking workshops in the community.



# 1. Introduction

In May 2018, [Eat Well Age Well](#), was officially launched in Edinburgh. [Food Train](#) secured a grant from the [National Lottery Community Fund](#) to deliver a 3.5 year project focused on tackling malnutrition (as under-nutrition) in older people living at home in Scotland. We lead and support work across Scotland to tackle malnutrition and to raise awareness about this hidden public health problem. This report shares our progress and learning over the last 2.5 years and outlines our 4 Calls to Action, for policymakers to consider towards action in this area.

## 1.2 Our vision and our work areas

Our vision is to support older people to eat well, age well and live well. As most malnutrition occurs in the community (93%)<sup>4</sup> our focus is on prevention in the community. To do this, we collect data on the prevalence of malnutrition in the community, we raise awareness and educate about the interaction between risk factors for malnutrition which may span across physical, psychological and social risks<sup>5</sup>. Our work is focused and spread across five work strands, as shown below. We work together on this challenge with the voluntary sector, local and national government, health & social care professionals and communities to develop initiatives that will make a difference to older people. Eat Well Age Well work strands:

1. Tests of change in the community
2. Research and evaluation
3. Capacity building
4. Collaborative relationships
5. Policy into Practice

Our work is focused on influencing and promoting national action on the commitment made to tackling malnutrition in [A Fairer Scotland for Older People](#)<sup>6</sup>. This recognised malnutrition as a risk to healthy ageing and committed to action around identifying and treating malnutrition. The Framework said: *“We will work with health and social care partnerships and other stakeholders on practical actions to ensure malnutrition is identified and managed quickly and effectively, learning from experience in Scotland and further afield” (page 23)*. Work on progressing the development of a Malnutrition Framework for Scotland in response to this commitment has been disrupted by Covid-19.

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<sup>4</sup> BAPEN (2020) Introduction to Malnutrition. Retrieved from <https://www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition?start=4>

<sup>5</sup> Wilson L (2011) A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions, London: Malnutrition Task Force.

<sup>6</sup> Scottish Government (2019) A Fairer Scotland for Older People: A Framework for Action <https://www.gov.scot/publications/fairer-scotland-older-people-framework-action/>

## 2. Preventing Malnutrition in the Community

### Screening Tools

Malnutrition is largely preventable and treatable with early intervention and screening<sup>78</sup>. In recent years, new tools have been developed for early identification of preventable malnutrition in the community. These tools are intended to be used in community settings, across a wide variety of roles and for non-clinical staff who would not traditionally screen. The tools include the *PaperWeight Armband*<sup>9</sup>, which was developed in Salford in 2015 and the *Nutrition Checklist*<sup>10</sup> launched by the Patients Association in December 2018. Both tools are well-evidenced<sup>111213</sup> and the Malnutrition Task Force<sup>14</sup> has widely promoted these and other new tools (e.g. Nutrition Wheel<sup>15</sup>) across the UK.

The Paperweight Armband and the Nutrition Checklist are both quick, simple and non-medical tools that can support the public and professionals to help identify potential malnutrition risk in over 65's living in the community, encourage conversations and raise awareness of potential risk of malnutrition.

#### **The Paperweight Armband**

- provides a visual cue
- does not require any measurements
- needs to be used with key weight loss questions (key question card<sup>16</sup>)



#### **The Patient Association Nutrition Checklist**

- is a paper-based tool
- does not require any measurements
- can be used remotely, free to download
- section A contains 4 key questions (validated against MUST<sup>17</sup>) covering weight, unintentional weight loss and loss of appetite. Section B assess social factors and reasons for risk of malnutrition and provides guidance and signposting
- two versions are available, 'patient' version for patients to complete themselves and a 'staff' version for completion by staff, volunteers, carers and professionals.



<sup>7</sup> NICE (2012) Quality Standard for Nutrition Support in Adults, NICE Quality Standard 24 Retrieved from <https://www.nice.org.uk/guidance/qs24>

<sup>8</sup> 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>

<sup>9</sup> Age UK Salford (2020) The Paperweight Armband. Retrieved from <https://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/the-paperweight-armband/>

<sup>10</sup> Patient Association (2018) Nutrition Checklist. Retrieved from <https://www.patients-association.org.uk/patients-association-nutrition-checklist-toolkit>

<sup>11</sup> Murphy et al (2020) Identifying Older People at Risk of Malnutrition and Treatment in the Community: Prevalence and Concurrent Validation of the Patient Association Nutrition Checklist with MUST. Journal of Human Nutrition and Dietetics. 33 (1) 31-37. Retrieved from <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jhn.12710>

<sup>12</sup> The Patients Association (2018) Pilot projects to develop and evaluate the Patients Association Nutrition Checklist. Retrieved from <https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=fd611c91-6ebb-4159-8444-e3f4fd5d7356>

<sup>13</sup> (Edwards 2020) Final report of the Evaluation of the Greater Manchester Nutrition and Hydration Program <https://www.ageuk.org.uk/bp-assets/globalassets/salford/images/nutrition-and-hydration/nutrition-and-hydration-programme-final-report-4th-june-2020.pdf>

<sup>14</sup> Malnutrition Task Force (2020) <https://www.malnutritiontaskforce.org.uk/>

<sup>15</sup> Malnutrition Task Force (2020) The Nutrition Wheel. Retrieved from <https://www.malnutritiontaskforce.org.uk/nutrition-wheel>

<sup>16</sup> EAWW have produced a key question card as a reminder to use these alongside the paperweight armband. <https://www.eatwellagewell.org.uk/images/KeyQuestions.pdf>

<sup>17</sup> See reference 11.



## What did we do?

Since January 2019, we have focused on increasing awareness and uptake of the screening tools in community settings. We made the Paperweight Armband free to access (there is a charge for the resource out-with Salford) and this is a key feature of our [Toolkit](#), capacity building training programme and public and social media awareness raising. In July 2019, we introduced the Nutrition Checklist as a further tool that can be used, to offer options to meet differing preferences and needs to identify early malnutrition risk in the community.

## Key results: screening prevalence

- 710 older people have been screened for malnutrition, either using the Nutrition Checklist or the Paperweight Armband, 12% (n=81) of people screened were found to be at risk or increased risk of malnutrition and were given advice and/or signposting (see table 1)
- 293 older people have been screened using the Paperweight Armband
- 417 people have been screened using the Nutrition Checklist
- Prevalence of malnutrition ranged from setting (e.g. 32% in a domiciliary setting to 10%-14% in community settings (see table 1 & 2)
- From our prevalence data we can estimate up to 30% of older people living in the community, were at risk or increased risk of malnourishment, this is higher than the current statistic of 10% of older people over the age of 65.
- The majority screened were screened by staff, volunteers or other community groups not screening or trained to screen, or those where screening was not previously part of their role
- Feedback on the tools has been overwhelmingly positive with staff and carers commenting on the simplicity and ease of use

*Table 1. Results from screening from January 2019 – September 2020*

Total number of Paperweight armband and Nutrition Checklist assessments across EAWW partners	Paperweight armband	% at risk of malnutrition	Nutrition checklist	% at risk of malnutrition
710	293	42 (14%)	417	45 (11%)

*Table 2. Results on the types and number of people screened and at risk and the approach*

Types of people screened	No of people screened	No of people at risk	Screening tool used
Older people identified by domiciliary care	75	24 (32%)	Paperweight armband
Older people identified by voluntary sector, community groups/vents	635	63 (10%)	Paperweight armband & Nutrition checklist

## 2.1 Project work using the Patients Association Nutrition Checklist

The Patients Association Nutrition Checklist has been used with four partners: a housing provider and three voluntary sector organisations for periods of approximately 3 months (see table 3 below). Two pilot partners (British Red Cross Midlothian and Independent Age) have agreed to continue to keep using the checklist on an ongoing basis. We had planned work with volunteers aligned with a GP Practice, but this project has been disrupted with Covid-19.

Table 3. Patients Association Nutrition Checklist Partners

Name of Organisation	Background of Organisation
1. British Red Cross Midlothian	Registered charity which provides assessment, support and onward referral
2. Independent Age	Charity providing advice and support for older people
3. Hanover Scotland Housing Association (two sheltered housing complexes)	Provide and manage a wide range of housing and services, for older people
4. Food Train Dundee & Dundee Health and Social Care Partnership	Charity and social enterprise, providing vital services to those no longer able to manage independently, through age, ill health, frailty or disability.

### 1. Patients Association Checklist with British Red Cross Midlothian

**Focus:** Training Neighbourhood Links and Buddy Staff and integrating the Nutrition Checklist within home visits across the region of Midlothian.



**What:** All staff were informed about the checklist at staff meetings and training took place in January 2019. Management agreed that all older people over the age of 65 would be screened using the checklist and by the end of the pilot they were screening those who were also under 65 years. The pilot found 16 people who were identified as having benefited from basic advice and signposting who would not have otherwise been identified. Anyone identified as being at risk of undernutrition were given nutrition advice and signposting.

**Key results and next steps:** 233 older people have been screened over an 11 month period, 29 at risk (12%) and who were provided with basic advice and signposting. The checklist was perceived as having substantial positive benefits for their clients in

their service and was continued after the initial pilot. This work has been disrupted and delayed by Covid-19, but positively it is still continuing.

## 2. Independent Age



**Focus:** Training befriending staff and integrating the checklist within existing and new befriending visits across Edinburgh and the West of Scotland.

**What:** This project was triggered from the learning from a small internal project with Food Train which identified the potential of befrienders initiating conversations around nutrition. Independent Age agreed for staff to use the checklist with new and existing members. Staff and volunteers were trained in *Raising the Issue of Malnutrition* training and staff were briefed on the how to use the checklist. Process and pathway documents were produced to support staff.

**Key results and next steps:** 47 older people have been screened over a 3 month period, 7 were found to be at risk (15%) and provided with basic advice and signposting. The checklist was perceived as an enhancement to the service allowing them to address nutrition and related issues and which has now been embedded into routine assessments. This work has been disrupted and delayed by Covid-19, but positively it is still continuing.

## 3. Boost Box



**Focus:** Health and wellbeing information sessions and wellbeing checks for residents incorporating the Nutrition Checklist & Boost Boxes in East Renfrewshire.

**What:** Project staff worked with Hanover Housing in two sheltered housing complexes. Information sessions for residents were delivered during coffee mornings which included information on eating well in later life, taster session, a quiz, games, discussion and the use of the checklist to identify those needing further support. Trained Eating Well volunteers provided Food First advice and signposting to anyone at risk. Anyone who was identified at risk were also offered a wellbeing check and a weekly *Boost Box* (simple snack box which contains high calorie, high protein snack foods to promote appetite and weight gain). Follow up befriending visits with volunteers were offered providing further information and signposting opportunities.

**Key results:** 22 residents (ranging in ages 68-95) attended the information session and completed a checklist, 2 were at risk (9%) (resident A and B). 5 nutritional boost boxes which overall included 70 snacks were given out in the project. Resident A opted out of the project after week one and resident B took part in follow up befriending visits. Resident B enjoyed the volunteer visits and her snack intake increased during the project.

**Further information:** Angus Council received funding to implement screening and use of the Boost Boxes to those on the shielding list as part of a Covid-19 response. See [spotlight brief](#) for more project information and a [film](#) clip

Figure 1. Image of Boost box and example contents



#### 4. Welcome Visit



**Partners:** Food Train Dundee & Dundee Health and Social Care Partnership.

**What:** Project staff worked with the NHS Undernutrition worker. Project focused on testing both the staff and patient versions of the checklist in a welcome home visit to new Food Train customers joining the service delivered by an NHS Undernutrition worker at home and in the community via Food Train befriending group.

**Key results and next steps:** During March – May 2019 10 Food Train customers completed the 'staff' version of the nutrition checklist, 8 were at risk, 4 were identified as diabetic and all were provided with appropriate advice and signposting. 3 customers out of 26 opted for a welcome home visit. The welcome visit would include support with menu planning, opportunity to ask questions, support with shopping ordering and a nutrition and wellbeing check using the 'staff' version of the checklist. Out of the 3 customers, 1 was not at risk and 2 at risk were given appropriate advice by the NHS Undernutrition worker. 7 older people completed the 'patient' version of the checklist in a befriending group and 0 were identified as being at risk. We learned that the checklist does help with the identification of older adults at risk living in the community and is useful as an early intervention tool with regards to Food First. It is the recommendation that the welcome visits should be offered across other Food Train Scotland branches, utilising the support and guidance from Eat Well Age Well and trained volunteers and to test the checklist further in other locations such as GP practices and community pharmacy.

#### Quotes from staff

**"An excellent tool to support older people with nutrition needs"**  
Gregg Quin 14<sup>th</sup> July 2020 @Quin2966

**"Frontline staff should incorporate these assessments into any assessments they are doing"**

## 2.2 Project work using the Paperweight Armband

Paperweight armband testing has been carried out with one large domiciliary care provider which we have supported for the last 2 years. The Paperweight armband has also been used by 13 different community events/organisations, some of whom we have given small grant funding to. We are further understanding its usability with Community Rehabilitation staff which is ongoing.



### 1. Domiciliary Care

**Partners:** Constance Care<sup>18</sup>

**Focus:** Training home care staff on *Raising the Issue of Malnutrition* training and integrating the Paperweight armband into service delivery.

**What:** Since 2018 we have been working closely with Constance Care to support embedding nutritional screening into their care services in a way that could ultimately improve their care. We have provided training to staff and managers on how to identify those who are at risk of malnutrition and using the Paperweight Armband in home visit assessments and next steps. To do this we have worked with management to understand processes and care pathways to develop tailored training, procedures and briefings for staff.

**Key results & next steps:** Trained 114 carers, 75 assessments were made using the Paperweight Armband with 24 at risk given brief advice and signposting. As a result of this work we have made very small steps on practice and service improvements. There have been significant challenges to this work including: management changes, inadequate staffing to cover staff attendance at training, high turnovers of carers, expectations that carers attend training in their own time and competing priorities. The service has experienced significant pressures with Covid-19 and our work has faced significant disruptions. We will continue to collaborate and provide ongoing support including tailored resources for staff. We want to understand more about this sector so other interested home care organisations have been identified who we will engage with.

### 2. Malnutrition Trailblazer 1

**Partners:** NHS Lothian Dietetics<sup>19</sup>

**Focus:** Project staff worked with NHS Lothian Dietetics to agree where EAWW could add value to prevention efforts. It was agreed EAWW would pick up patients who are referred to the Nutrition & Dietetic service from their GP who do not meet the service

<sup>18</sup> Constance Care is a home care provider providing personal care, domestic assistance and specialist care based in the West and East of Scotland.

<sup>19</sup> Dietetic Service covering NHS Lothian with a team of 160+ Dieticians and support staff providing compassionate, specialist nutritional care in hospital and at home.



referral criteria based on their current weight and weight loss. This meant they would not have been seen by a Dietitian but would be receiving information and advice from EAWW.

**What:** Dietitians from the Midlothian Dietetic service were to identify from rejected inappropriate referrals to the department (those with a MUST score 0, 1 or 2 (low BMI only) those individuals who would likely to benefit from support from their diet. Those identified would be provided with the details for EAWW along with written advice and would be asked to opt in to receive support from a trained volunteer in the form of an “Wellbeing Visit”. The visit which would include a short evaluation assessment, nutritional screening using the Paperweight armband, first line advice and signposting to relevant local services. Participants would then receive two follow up visits over the next 12 weeks.

**Key results and next steps:** 5 older people were identified as meeting the criteria to be included in the project. None of the older people opted in for a wellbeing visit therefore no visits or further evaluation was carried out. It was reported that the low number of referrals was likely due to work carried out by the Dietetic Department to improve the quality and appropriateness of referrals. The process of this project was considered to be worthwhile approach for further testing, but consideration needed to be given to the low referral numbers in the initial project. As the low numbers were likely the result of reduced numbers of inappropriate referrals to Dietetics it was agreed that a new project (Eat Well Visit) would be trialled with the same process and criteria but would partner with GP practices to identify referrals. Partnerships with community dietetics remain to ensure that all relevant referrals will be directed to the project. The Eat Well Visit has been planned and set up but has been delayed starting as a result of Covid-19.

## Nutrition advice and signposting

We do not know as much as we would like about the journeys people take after screening. From our project work with the Paperweight armband and the Nutrition checklist all partners are trained in basic Food First advice and are provided with copies of written resources to reinforce verbal advice given out after screening. These include

- Our more general [Eat Well Guide for Older People](#) for those not at risk;
- Our tailored resource [Understanding Malnutrition and What You Can Do](#) for those identified as needing more guidance, providing advice on small changes they can make to increase the amount they are eating.

Our findings from a stakeholder survey<sup>20</sup> facilitated by Community Enterprise with 58 respondents found support and signposting after screening have been made to more than one agency. This has included: GP, Dietetics, Social Care, other third sector organisations (e.g. Food Train and/or [Meal Makers](#) (neighborhood meal-sharing)) service, family and carers.

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<sup>20</sup> Community Enterprise (2020) report in preparation

## 2.3 Discussion and learning on preventing malnutrition in the community

- **Identifying at risk individuals** and obtaining data to show the use and impact of the tools in the community is a challenge and we have gaps in our data.
- **Malnutrition prevalence data collection:**
  - We have trialled different versions of both paper based and digital tools to record screening completion and results from individuals and organisations working with us, to improve rates of submission including a freepost postcard. Our current strategy is to use a personalised and tailored approach with each organisation.
  - Regular reminders to projects and stakeholders who are undertaking screening and provide data and evidence is necessary to ensure continued commitment and to gather more evidence to support arguments for action and change in this area.
- **Malnutrition tools** in particular the Nutrition Checklist have been welcomed by staff and projects and there are positive examples of ease of embedding this into ongoing health assessments/services.
- The **Nutrition Checklist** seems to be emerging as more successful and may be used more frequently than the Paperweight armband in the community with volunteers, carers and others in the third sector and we have found this to be an easier 'sell' to partners. There is great potential for the nutrition checklist to be used more widespread in the community.
- Our findings also suggest, the **Paperweight armband** tool is more suited to clinical health professionals who are used to asking nutritional questions as part of a wider clinical intervention.
- Across all our project work we have found **social isolation** is a highly significant factor in the risk of malnutrition. There is a critical need to continue to invest in wider community based supports and services to ensure these are continued in the longer term.
- **We have tested the role of trained Eating Well volunteers** who were able to engage positively with older people helping them socialise and reduce feelings of loneliness and isolation, building up trust and confidence to have conversations about nutrition and health issues.
- Our work with **statutory services** has been time-consuming and slow to establish. This work requires significant commitment not only from staff carrying out nutritional screening and intervention but also from managers and directors to enable changes to current processes and practices. This requires significant lead in time and flexibility.

- There is a need to **target** people really at risk (e.g. older old 75+, people coming out of hospital, frailty)
- Front line health and social care staff are ideally placed to carry out nutritional screening and provide first line interventions aimed at preventing the progression of malnutrition.
- **Eat Well Buddy & Boost Box projects were** simple, effective and low cost projects which has great potential to be rolled out further. Further learning will become available with the continuation of this projects.

## 2.4 Other Innovations

Eat Well Age Well has also supported a further three projects, two using volunteers to support increased awareness of identification of people at risk of malnutrition and supporting meal planning and social support around food. The third project, EatWell2 Go focused on food access and food security.

### 1. Meals and Messages

**Partners:** Food Train Borders, Borders Council, Sainsburys supermarket and Kelso Day Centre

**Focus:** A weekly shopping trip for older people who cannot get out to the shops on their own, including a social lunch with key nutrition and hydration messages. EWAW trained volunteers in *Raising the Issue of Malnutrition* training to spot signs of malnutrition and provide key messages during the project. The older people were offered support and advice making up their shopping lists and were then assisted around the supermarket to get their shopping.

**Key results and next steps:** There were 10 regular older people who were referred to the project by Kelso Day Centre/local sheltered housing complexes and attended weekly. Most of the older people had not visited the supermarket in a long time and they would be unable to do so without this service. There were also 8 others who have benefitted from the service. There are on-going referrals from Health & Social Care partners and a system is in place for referring and assessing suitability and to continue on an ongoing basis.

For more information: <https://www.eatwellagewell.org.uk/mealsmessages>

## 2. Eat Well Buddy

**Partners:** Food Train West Lothian

**Focus:** Training volunteers who acted as Eat Well Buddy's to support customers, family and volunteers to complete Food Train shopping orders. EAWW trained volunteers in *Raising the Issue of Malnutrition* training and provided simple Food First advice. 10 home visits have taken place, 25 buddy sessions, 4 follow up phone calls and 6 follow up phone calls to family/carers.

**Key results and next steps:** Initial evaluation has found shopping orders are easier to read, customers dietary needs have improved and there has been a positive acceptance from customers who would not normally receive support with shopping requirements from a known and trusted volunteer. The service has been found to be successful and a positive support to the older people and has subsequently been funded by the West Lothian Development Trust for a further 12 months.

## 3. EatWell2Go

**Partners:** Food Train Stirling & The Sunlite Community Café

**Focus:** Food access and delivery project to Food Train Stirling customers. The project aimed to support prevention of isolated community member from risk of malnutrition through provision of food access and delivery project to Food Train Stirling customers. This focused on freshly prepared, nutritionally balanced meals at an affordable cost. Phase 1 involved fresh home-made soup and phase 2 of the project moved to ready meals.

**Key results and next steps:** Phase 1 of the project achieved 5 main outcomes, increased variety of foods eaten by customers, increased access to healthy affordable food, increased partnership working with community organisations already engaged with older people and co-production and co-design of project with older people through market research and focus groups. 12 participants continued with the soups over 8 weeks (91 soup orders). For phase 2 of the project 10-12 participants received regular ready meals over 16 weeks (113 ready meals were delivered). A business model is in place for the partnership work to continue with Food Train and The Sunlite Café, as well as giving other areas a model to replicate.

**For more information:** See [film](#) clip.

### 3.0 Spotlight: Project Resources

**Toolkit** - to support the use of the malnutrition tools we have produced a *Raising the Issue of Malnutrition toolkit*, which is a major output from our project. The toolkit includes the screening tools (copies of Paperweight armband and Nutrition checklist) and additional resources including reference copies of resources.



**Eat Well Guide for Older People** – this universal [resource](#) (No 1 below) intended for the general public providing general information about eating and drinking well in later life. The resource was developed in partnership with Age Scotland and has been revised again in 2020. The British Dietetic Association (BDA) have endorsed this resource and include their logo in the 2020 edition.

**Understanding Malnutrition and What You Can Do** – this key [resource](#) (No 2 below) provides tailored information for those who may be at risk of malnutrition.

**Malnutrition infographic** – we have created this infographic (see page 2 at beginning) to raise awareness and communicate key messages on the hidden problem of malnutrition and why change is needed.

**Website** - our project [website](#) has recently been updated and refreshed and contains all our resources including videos, image [gallery](#), examples of projects, innovations and practice to support the public and professionals working with older people.

**Training videos** – 4 training [videos](#) have been produced to raise awareness of key messages and to support staff to improve knowledge and awareness including. The videos are: Signs and Symptoms of Malnutrition, Food First, Using the Paperweight Armband Tool (demonstration video) and How to Use the Patients Association Nutrition Checklist (demonstration video)

Figure 2 Key project resources



(1)



(2)



## 4.0 Small Ideas, Big Impact Grant Scheme (SIBI)

Our SIBI grant scheme aims to create a culture for change, for trying new ideas, for scaling up, for taking risks and for leading a movement towards tackling malnutrition in our communities and supporting older people to eat well, age well and live well.

Table 4. Overview of SIBI grant funding 2019-2020

	Round 1	Round 2	Covid-19 emergency	Total
	Jan 2019	Sep 2020	May/June 2020	
Number of grants	23	24	10	57
Funding	£74,621	£92,457	£7,490	£174,568

### Key results:

- We have administered two national SIBI grant schemes in January 2019 and September 2019, which have allocated 47 grants to community projects totalling over 167k to support innovations in the community (see table 4). In June 2020 we issued an additional 10 [covid-19 emergency funding grants](#) to existing projects or to projects who had previously applied but were unsuccessful.
- Round 1 activities focused on 5 main areas: lunch clubs, cooking workshops/meal deliveries, mental health and wellbeing, dementia awareness and staff and volunteer training.
- Round 2 activities focused on: using volunteers, training of staff volunteers and older people, cooking skills or cooking tuition and lunch clubs. Round 2 projects are ongoing and will complete in January 2021.

### Round 1 funding results:

- Supported over 600 older people across Scotland
- Over 30 staff and volunteers have been trained in *Raising the Issue of Malnutrition*
- Over 2854 hot meals were provided to older people and 140 cooking workshops took place in grant funded projects to support older people
- The grants impacted on older people in 5 main ways: reduced social isolation and/or loneliness, increased food access, increased knowledge and skills in relation to healthy food preparation or cooking, increased awareness of healthy eating and importance of eating well in later life and increased access to community dementia friendly support groups to meet their needs. The grants impacted on organisations in 2 ways: increased partnership working & awareness of community services to support older people's health and wellbeing and increased staff and volunteer knowledge and awareness of promotion of good nutrition and malnutrition.
- A round 1 learning report is in preparation which provides examples of successful grants, good practice case studies and discusses the impact of the grants. A [gallery](#) of films and images have also been created.

## Covid-19 emergency grants

It was clear that Covid-19 has disrupted vital community support and services, including lunch clubs and day centers which are a lifeline for older people and support social connections and socializing through food. Our covid-19 grant funding provided vital funding which was much needed at a time when individuals, organisations and charities were in a very unstable position and their future was in a question. The funding supported positive impacts and we will continue to bring grant holders together in peer support forums to share learning and advice as projects adapt to new ways of working. Our first showcase learning event is planned for October.

For more information:

- Healthy Valleys [case study](#) on the set up of 'Nourish & Natter' a social food club for older adults during Covid-19.
- Edinburgh Community Food [case study](#) on the partnership project with Pilmeny Development Project to create a new dementia friendly health and wellbeing newsletter called 'Leithers Together' during the Covid-19

## SIBI grant quotes and feedback

**"The grant funding we received was really useful in enabling us to develop our project"**

**"Its Friday which means delivery day for us. Home-made lentil soup, a scone and a little sweet treat. Happy Friday  
@EatWellScot MSArgyll 17 July 2020 [@msargyll](#)"**

**"The 3<sup>rd</sup> of our Nourish and Natter boxes were delivered this week to our older people. They're followed up with a friendly phone call to help ease loneliness chatting about eating well and looking after ourselves during this time" Healthy Valleys 16 July  
@HealthyValleys**

## 5.0 Research & Evaluation

In November 2018, we commissioned the University of Glasgow working in partnership with Food Train to complete a [research study](#) on current issues facing older adults around health and wellbeing. We have increased the visibility of food insecurity, malnutrition and health and wellbeing of older people through collaborating on this study which you can read more about below. This study

- was a mixed methods study to understand the problem of malnutrition (as undernutrition);
- scoped the extent of malnutrition and risk factors;
- explored the differences that existed between those who receive food support services from Food Train and those who do not receive food support services;
- trialled different measures and obtained qualitative perceptions around food access, nutrition and the role of food services in their lives.

### Key results

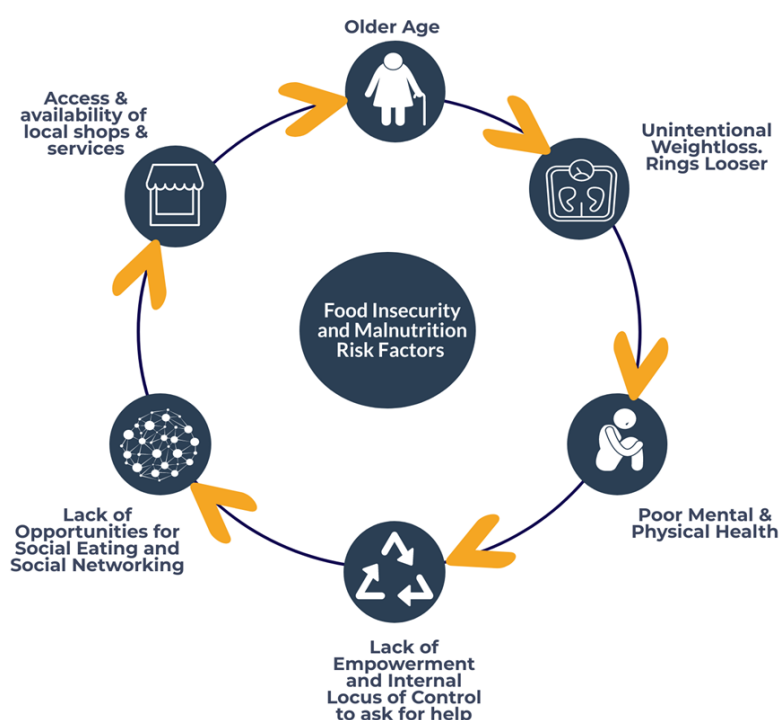
- In October 2019 we launched 6 key preliminary [findings](#) with 169 Scottish older people which found new links between food insecurity and older Scots becoming malnourished;
- In November 2019 we co-launched our preliminary findings at a national dissemination event called [Healthy Ageing in Place](#) with 65 delegates and facilitated a community event for 20 older people, held during Malnutrition Awareness Week 2019;
- In May 2020 we co-launched a policy [article](#) with University of Glasgow and Food Train on the impact of Covid-19 on vulnerable older people at home;
- In October 2020, we co-launched the [final report](#) at a virtual event bringing MSPs, policy makers and other decision makers together.

### Cycle of Risk Factors for Undernutrition and Household Food Insecurity

The research set out a complex picture of risk factors for undernutrition and household food insecurity for older people known as 'cycle of risk factors for undernutrition and household food insecurity' (see figure 3 overleaf).

Our findings have evidenced the links between physical health and these social factors such as feeling of control, social connectedness, opportunities for social eating and access and availability of local shops. The findings revealed a complex picture of food insecurity and malnutrition risk being associated with worse psychological outcomes for well-being and loneliness and reduced social support. However, mitigators of malnutrition risk include empowerment through food support access as well as the social aspects of food access, cooking and social eating.

Figure 3. Cycle of Risk for Undernutrition and Household Food Insecurity for Older Community Dwelling Older Adults



***“The Physical need for food must be paired in the context of meaningful social interactions in order to reduce the risk of isolation and loneliness which create a vicious cycle of under-eating, poor self-care and low mood” (Reid et al, 2020)***

## 5.1 Evaluation

Along with our own self-evaluation processes to discover what has worked and what has not worked in our work we have commissioned an external evaluation of EWAU. Community Enterprise, a social enterprise which has been working in communities over Scotland for 30 years, have been commissioned for 18 months to assess the impact of the project as it develops. This timescale has allowed the project to develop and build a long-term relationship with Community Enterprise. A final report is due in early 2021 which will help inform and shape planning for phase two of the project.

## 6.0 Capacity Building

Raising awareness, education and training for those who have routine contact with older people is an important step in our approach to prevention of malnutrition in the community. We do this through delivering the Royal Environmental Health Institute of Scotland [REHIS Eating Well for Older People](#) accredited course (3 hours) and our own [Raising the Issue of Malnutrition](#) (RIM) course. Our training has been repurposed and is now delivered online as a result of Covid-19. Both courses aim to provide participants with the knowledge and appreciation of the importance of nutrition and health for older people. Our own RIM course also covers the background and how to use the *PaperWeight Armband* and the *Nutrition Checklist*. Training is targeted at a variety of groups: SIBI grant holders, adult social care, voluntary sector organisations, NHS and local authority staff, home care agencies, housing providers, food banks, day care centres, community Connectors/Link workers, volunteers and others.

### Key results:

- We have delivered 60 courses and have trained 467 carers, volunteers and staff across Scotland between January 2019 to September 2020.
- We have trained 114 carers from one large care at home organisation.
- 90.9% of participants rate the RIM course as excellent and 83.8% for the REHIS course.
- Training outcomes (January – May 2020):
  - 28% of participants pre-training were aware of the **barriers to food intake** increasing to 98% post evaluation;
  - 11% pre-training felt very confident about **spotting signs of malnutrition** compared with 100% post training;
  - 26% were very aware of the benefits of **early intervention** compared to 89% post training;
  - 12% aware of **Food First advice** pre-training raising to 100% post training.

### Quotes from staff and others

“Excellent training Raising the Issue of Malnutrition from @EatWellScot. Thanks go to Dietitian @JenGranRd, whose knowledgeable and personable approach made this session so engaging and interactive.

“Would really recommend this training with @EatWellScot I took part in today's session and feel ready to have conversations with people about Food First #makeslinks #EWAATraining



## 7.0 Spotlight: UK Malnutrition Awareness Week

UK Malnutrition Awareness Week was founded by BAPEN and the Malnutrition Task Force in 2018 to raise awareness of undernutrition and dehydration in the UK<sup>21</sup>. We have delivered two campaigns in 2018 and 2019 to raise knowledge and awareness across Scotland and planning is well underway for our October 2020 campaign.

Our key focus for the 2019 campaign was to raise awareness of the vital support lunch clubs play in helping older people to eat well and age well and encouraging everyone to use screening tools in the community to help start conversations about nutrition and hydration. A key output of the campaign was a lunch club campaign pack. 54 packs were disseminated to 43 organisations/lunch clubs across Scotland.

Figure 2. Malnutrition Awareness Week 2019 lunch club campaign



"Thanks for providing this resource, helping us help our community."

"I have found all the training and resources extremely useful."



"Malnutrition week started some very valuable and interesting conversations and we all learned from the pack."

<sup>21</sup> Malnutrition Task Force (2020) Malnutrition Awareness Week. Retrieved from <https://www.malnutritiontaskforce.org.uk/get-involved/uk-malnutrition-awareness-week>

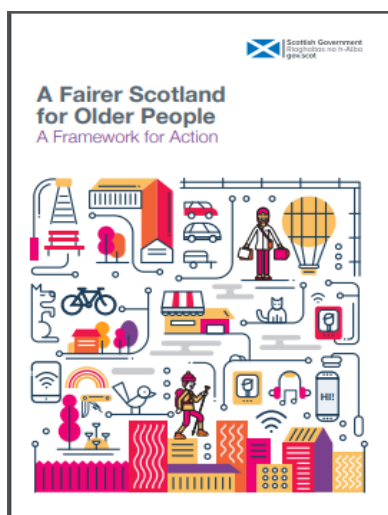
## 8.0 Policy & Influencing

Over the last 2.5 years have engaged with a significant number of national, local/regional and community stakeholders and partners through a range of events and face-to-face engagements. We have established strong working relationships with stakeholders including Public Health Scotland and Scottish Government policy officials.

### Key results:

- We have set up a supportive stakeholder group providing advice and guidance to the project.
- We took a lead role in setting up a UK wide *Malnutrition Awareness and Prevention Network* (MAPN) sharing good practice together with a view to influence policy and service delivery. During Covid-19 MAPN produced a [joint letter](#) to Jeane Freeman MSP, Cabinet Secretary for Health & Sport along with other Scottish and UK Ministers and officials calling for change and action prevent malnutrition.
- We have raised awareness of the problem of the malnutrition through a variety of face-to-face engagements, presentations and motions to Parliament (we are members of the Cross Party Group for Older People, Joint Cross Party Group on Food and in 2019 attended a meeting along with Food Train with the Public Health Minister Joe Fitzpatrick);
- We have submitted three responses to national consultations and written a series of [blogs](#) to raise awareness of food insecurity, food access and the problem of malnutrition among older people;
- We have commenced initial work with Public Health Scotland to inform content of the development of a Malnutrition Framework for Scotland;
- We have sat as a panelist at a roundtable discussion with Mr. Michael Fakhri - Special Rapporteur on the Right to Food;
- We have developed Calls to Action which have been triggered by our project findings and our collaboration with University of Glasgow to generate discussion on commitments made on malnutrition in a *Fairer Scotland for Older People* (see figure 4).

*Figure 4. A Fairer Scotland for Older People*



**“Excellent blog  
@TRobinsonMiles about the  
importance of food in older  
people’s lives #malnutrition  
#prevention” Wendy Wills  
@Wendy\_J\_Wills**

## 9.0 Our Calls to Action

We have identified 4 simple calls to action that, if implemented, would make a big positive difference to the lives of older people and will save money.

### 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<sup>22, 23</sup>.
- Current data on rates of malnutrition come 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)**<sup>24</sup> is a validated tool and we recommend the wider use of community-based tools such as the **Patients Association Nutrition Checklist**<sup>25</sup> and the **Paperweight Armband**<sup>26</sup>. These are well evidenced<sup>27, 28</sup> and can be used by non-clinical staff, carers and volunteers to identify risk earlier.



<sup>22</sup> NICE (2012) Quality Standard for Nutrition Support in Adults, NICE Quality Standard 24 Retrieved from <https://www.nice.org.uk/guidance/qs24>

<sup>23</sup> 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>

<sup>24</sup> 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](https://www.bapen.org.uk/pdfs/must/must_full.pdf)

<sup>25</sup> Patients Association (2018) Patients Association Nutrition Checklist. Retrieved from <https://www.patients-association.org.uk/patients-association-nutrition-checklist-toolkit>

<sup>26</sup> Age UK (2020) The Paperweight armband. Retrieved from <https://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/the-paperweight-armband/>

<sup>27</sup> Edwards (2020) Final Report of the Evaluation of the Greater Manchester Nutrition & Hydration Program. Retrieved from <https://www.ageuk.org.uk/bp-assets/globalassets/salford/images/nutrition-and-hydration/nutrition-and-hydration-programme-final-report-4th-june-2020.pdf>

<sup>28</sup> 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?

- EWAW's 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 EWAW [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 research<sup>29</sup> 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 study<sup>30</sup> 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

<sup>29</sup> 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. Retrieved from <https://osf.io/preprints/socarxiv/6fwm8/>

<sup>30</sup> 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 Makers<sup>31</sup>)<sup>32</sup>
- 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 Survey<sup>33</sup>) there needs to be consideration on how we **best survey household food insecurity for older adults**. The food insecurity questions in the United Nations Food Insecurity Experience Scale<sup>34</sup> (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.

<sup>31</sup> Meal Makers (2019) Retrieved from <http://www.mealmakers.org.uk/>

<sup>32</sup> See reference 8

<sup>33</sup> Scottish Health Survey (2018) Scottish Health Survey 2018 key findings. Retrieved from <https://www.gov.scot/publications/scottish-health-survey-2018-summary-key-findings/>

<sup>34</sup> Food and Agriculture Organisation (2014) Food Insecurity Experience Scale (FIES) IND

## 10.0 Final conclusions & in the wake of Covid-19

Eat Well Age Well have built up strong and well developed relationships with the public, private and voluntary sector and a range of national partners. We are hopeful for continued funding to strengthen these close working relationships and to develop our crucial leadership role working on this area. The proposed Scottish Government Framework for Malnutrition is an important opportunity so that our Calls to Action are integrated with other actions designed to support improvement in the prevention and treatment of malnutrition, ultimately supporting improvement to older peoples' lives. We are well placed to provide this delivery support and resource to Scottish Government and Public Health Scotland to turn this ambition into reality.

Our major study with the University of Glasgow has provided important Scottish primary data with 169 community dwelling older people. The findings revealed the *Cycle of Risk for Undernutrition and Household Food Insecurity*, which recognised a complex picture of food insecurity and malnutrition risk being associated with poorer wellbeing. Food support services such as Food Train help to mitigate and break the cycle of malnutrition risk and poorer wellbeing. The research recognised the broader social and wellbeing aspects of food and this offers a timely contribution to the current Right to Food<sup>35</sup> as a human right protected with Scots law proposals.

Our commissioned research also found tools such as the Patient Association Nutrition Checklist to have great potential to support early identification of malnutrition and greater public awareness. We consider it imperative that these community-based tools are used by a wide range of health and social care providers.

During the Coronavirus pandemic we have seen the adverse impacts on older age adults. We have seen during lockdown over 500,000 older people were told to shield and stay at home. We have seen concerns about food insecurity, alarming rates of social isolation, loneliness and malnutrition<sup>36</sup>. As we move into the winter and with ongoing concerns and restrictions we will continue to prioritise older peoples' health and wellbeing.

A key and consistent message from our project is malnutrition has profound impacts on older people and is responsible for UK health and social care costs of around £23.5 billion, half of which is due to older people<sup>3738</sup>. We can no longer afford to ignore this hidden public health crisis, there is a massive opportunity to get this right for our older people, our communities and society.

This challenge is a collaborative endeavour. As a national project we have a key role in facilitating collaboration nationally and locally. We will continue to work with the UK Malnutrition Awareness and Prevention Network (MAPN) and the work being led by Malnutrition Task Force and other organisations around the UK to strengthen our voice and to work together so older people can live long and healthy lives.

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<sup>35</sup> Scottish Parliament (2020) Proposed Right to Food Scotland Bill. Retrieved from <https://www.parliament.scot/parliamentarybusiness/Bills/115201.aspx>

<sup>36</sup> Age UK (2020) Sounding the alarm about the rising risk of malnutrition among older people during lock down <https://www.ageuk.org.uk/latest-press/articles/2020/05/sounding-the-alarm-about-the-rising-risk-of-malnutrition-among-older-people-during-lock-down/>

<sup>37</sup> British Association for Parenteral and Enteral Nutrition. Retrieved from <https://www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf>

<sup>38</sup> BDA (2020) Government action is urgently required to prevent malnutrition amongst older adults due to Covid-19 <https://www.bda.uk.com/resource/government-action-is-urgently-required-to-prevent-malnutrition-amongst-older-adults-due-to-covid-19.html>

## For more information

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