

Food and drink-related needs/outcomes of older people who use community-based social care

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Becky Sharp, Karin Webb & Della Ogunleye

Meet the Project team



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Karin Webb

Research Advisor (PPIE)

Former Carer and Applied Research Collaboration Kent Surrey Sussex (ARC KSS) Living well with Dementia Theme Public Advisor.



Rebecca Sharp

Implementation advisor

ARC KSS Implementation Manager for Social Care. Kent Surrey Sussex Academic Health Science Network.

Overview of the Project

Background

- An estimated 1.3 million UK older adults, aged 65+, are undernourished
 - Malnutrition and dehydration are major causes of health deterioration
- Older people using adult social care services are at higher risk
 - Complex inter-related risk factors
- How do we understand food and drink-related needs/outcomes...?
 - Thinking beyond (risk of) malnutrition and dehydration to also consider *quality of life*
- Community-based adult social care services play a vital role
 - In England, ASC includes homecare, meals services, day activities/centres...
 - Role of these services is relatively underexplored, especially **homecare**

Aims and Objectives

- What is already known about food and drink-related needs and outcomes* of older adults using homecare?
- What is the profile of and factors related to the food and drink-related needs and outcomes* in England?

* Defined broadly, to include **‘food and drink care-related quality of life’**



Methods

1. Scoping literature review
2. Analysis of the English Adult Social Care Survey (ASCS)
3. Developing a guide to key findings and implications



Any questions?

WP1. Scoping Literature Review

WP1. Scoping Literature Review

Objectives

- Conduct a **systematic search** of **published works and grey literature**
- To gain an overview of the international literature on **food and drink-related needs & outcomes of older adults using homecare**
- Find out what is already known about how homecare supports older adults' food and drink related outcomes and where the gaps are.

WP1. Scoping Literature Review

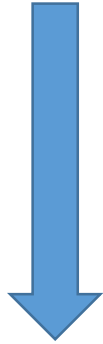
Eligibility criteria

- Published reports of research studies in English published after 2000
- Relates to: Older adults, aged 65 or over, using homecare.
 - Food and drink-related needs or outcomes
 - Including: (mal)nutrition, (de)hydration and/or quality of life

Strengths and Limitations

- Strengths of the review included the broad inclusion criteria and breadth of coverage but also identified literature from many different regions.
- Limitations included how we defined homecare and considered differences in funding, regulation, policy and practice guidelines internationally.

Database searches (= 1,877 records)



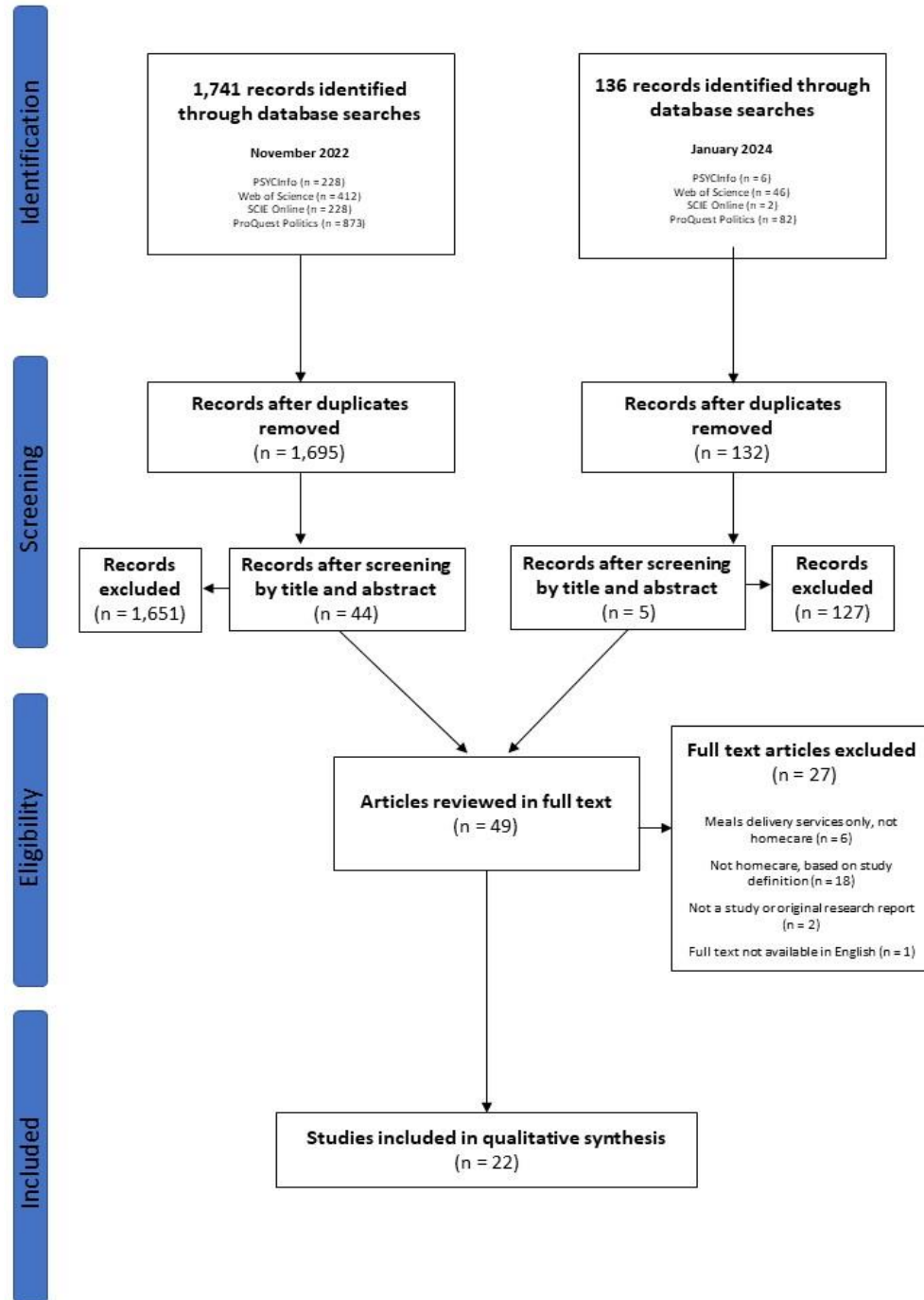
Title/abstract review (= 1,827 articles)



Full-text review & charting
(= 49 articles)



Qualitative analysis and interpretation
(= 22 articles)



WP1. Scoping Literature Review

- Understandings of food and drink needs/outcomes
 - Narratives around (mal)nutrition → health deterioration → hospitalization
 - Person-centred care for food/eating and drink/drinking
- What is the role of homecare in supporting older adults?
 - In most studies, the role of homecare was not explicitly considered
 - Some studies explore person-centred care *and* the challenges to delivery
- Innovations
 - Combination with other services or assistive technology
 - Improving or supporting communication between family/unpaid carers, healthcare professionals, homecare and/or other services

Any questions?

WP2. Analysis of Adult Social Care Survey

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- Annual survey of adults using publicly-managed social care in England
 - **Adult Social Care Outcomes Toolkit (ASCOT)**



food & drink care-related quality of life

Based on **capability approach**
(i.e. the ability to **do** and **be**, as you wish...)

3. Thinking about the **food and drink** you get, which of the following statements best describes your situation?

Please tick (☑) one box

I get all the food and drink I like when I want

= Ideal state

} Needs met

I get adequate food and drink at OK times

= No needs

I don't always get adequate or timely food and drink

= Some needs

I don't always get adequate or timely food and drink,
and I think there is a risk to my health

= High-level needs

} Unmet needs

ASCS wave/year	Invited Sample N	Respondent Sample N	Response Rate %	Unmet need N (%)
1. 2010/11	67,890	29,650	43.7%	1,273 (4.3%)
2. 2011/12	63,947	28,204	44.1%	1,246 (4.4%)
3. 2012/13	68,213	28,618	42.0%	1,311 (4.6%)
4. 2013/14	71,253	29,255	41.1%	1,390 (4.8%)
5. 2014/15	72,739	28,449	39.1%	1,665 (5.9%)
6. 2015/16	73,534	28,584	38.9%	1,714 (6.0%)
7. 2016/17	73,342	27,902	38.0%	1,726 (6.2%)
8. 2017/18	70,536	23,582	33.4%	1,506 (6.4%)
9. 2018/19	76,052	25,206	33.1%	1,616 (6.4%)
10. 2019/20	77,592	23,598	30.4%	1,561 (6.6%)
11. 2020/21	9,126	2,535	27.8%	147 (5.8%)
12. 2021/22	81,474	23,193	28.5%	1,879 (8.1%)
TOTAL	805,698	298,776	37.1%	17,034 (5.7%)

An increase in % with unmet needs from 4.3% to 8.1%

Voluntary survey due to pandemic

Decreasing response rate to ASCS

WP2. Analysis of Adult Social Care Survey

- What are the **factors*** related to **unmet need**?
 - Ethnicity
 - Sex/gender
 - Health and care needs (difficulty with everyday activities, anxiety & depression)
 - Informal help from family & friends
 - Suitability of home design
 - Financial contribution towards cost of care
 - By the person, their family or person & family (combined)
 - Survey year
 - Type of local authority

**These are limited by data available in the ASCS dataset or linked data.*

	B	SE	OR
Gender: male	-.115***	.021	.891
Ethnicity: categories other than white	.148***	.030	1.160
Local authority †			
Unitary	-.014	.026	.986
Shire county	-.052	.027	.949
Inner London	.202***	.034	1.224
Outer London	.082**	.030	1.085
I/ADLs with difficulty	.121***	.005	1.128
Eating and drinking with difficulty	.498***	.025	1.646
Suitability of home †			
Meets most needs	.657***	.024	1.929
Meets some needs	1.429***	.026	4.176
Totally inappropriate	1.842***	.040	6.310
Informal care / Practical help			
Outside home	1.347***	.027	3.845
Inside and outside home †	.286***	.047	1.332
None	1.665***	.033	5.283
Privately purchased care ('top up') †			
Yes, family money	-.047	.038	.954
Yes, own & family money	.078	.058	1.081
None	-.164***	.020	.849
Response by proxy report	.096**	.030	1.101

Preliminary analysis

Under review

† Base category

Local authority - metropolitan
 Suitability of home - meets all needs
 Informal care - inside home
 Privately purchased care - own money

** p<0.01

*** p<0.001

	B	SE	OR
Survey year †			
2012	.008	.047	1.008
2013	.025	.046	1.025
2014	.036	.046	1.037
2015	.136**	.044	1.146
2016	.179***	.044	1.196
2017	.199***	.044	1.221
2018	.179***	.046	1.196
2019	.213***	.045	1.238
2020	.230***	.046	1.259
2021	.080	.107	1.084
2022	.449***	.044	1.567
Constant	-5.300***	.053	.005
McFadden's pseudo r ²			12.0%
χ^2			12,366, df = 29, p<.001

† **Base category**
Survey year (2011)

** p<0.01

*** p<0.001

WP2 - Analysis of Adult Social Care Survey Dataset

Food and drink care-related QoL ('outcome') = care intensity + care quality + functional care needs + individual characteristics

- ASCS dataset does not include **individual-level care intensity**
- Estimate of average care intensity per older person using services per LA
 - From 2015 to 2022 only, due to data availability
- Results are similar except....
 - **Ethnicity** – no longer significant
 - **Privately purchased care** - with own and family money – significant (higher likelihood of unmet need)
 - **Survey year, 2021** – significant (lower likelihood of unmet need) *
 - **Survey year, 2022** – significant (higher likelihood of unmet need)
 - **Average care intensity per person, by LA** - significant (lower likelihood of unmet need)

* *Survey conducted on a voluntary basis vs mandatory, due to the pandemic.*

Summary and Conclusions

- Estimated **4% to 8%** of **older adults living at home** using social care have unmet food and drink care-related needs
 - % increased between 2011 and 2022
- Factors related to unmet need....
 - **Survey year** (i.e. an increase over time)
 - Does this reflect wider sector impacts (e.g. workforce shortages, chronic underfunding) or context (e.g. pandemic, cost of living increases)?
 - **Average intensity of homecare per older person in each local authority**
 - This indicates that social care investment 'works' overall...
 - But we are limited by what we can consider in the dataset, so it is hard to say more
- Further analysis...
 - Data linkage – but a challenge with current data collection and reporting
 - New possibilities based on changes to adult social care data collection in England...?

Any questions?

WP3. Developing a Guide to Key Findings and Implications

FOOD AND DRINK IN LATER LIFE: THE ROLE OF HOMECARE

A guide to key findings

FEBRUARY 2024

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



1. Studying a topic of interest - whose interest matters?

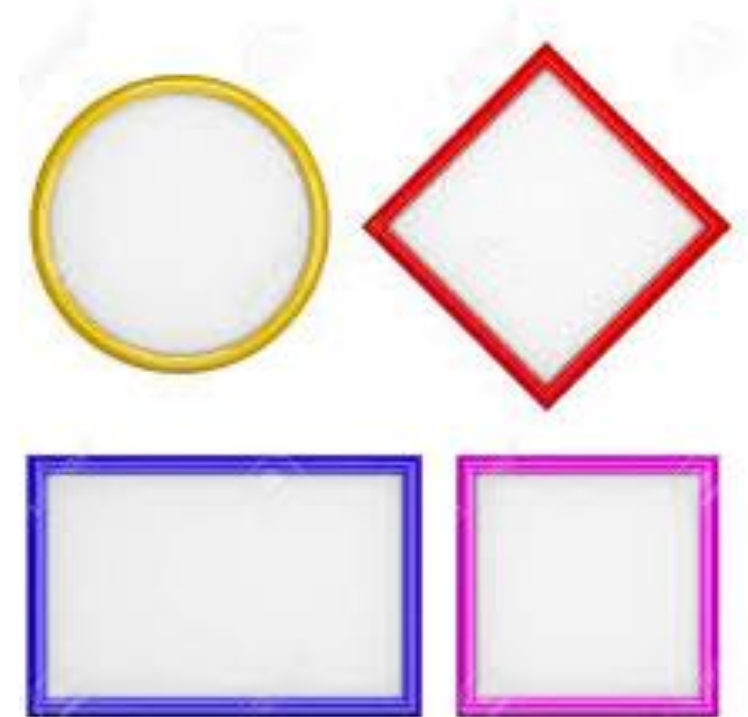
Identified as a priority by Applied Research Collaboration Kent, Surrey, Sussex (ARC KSS) Homecare Community of Practice...

= **adult social care lens** (older adults, carers, care providers, local authorities)

... with focus on supporting people's wellbeing/QoL.

But topic is also relevant to, e.g.

- Healthcare professionals
- Public health
- Voluntary and community sector, e.g. food banks
- Wider public ('healthy ageing')

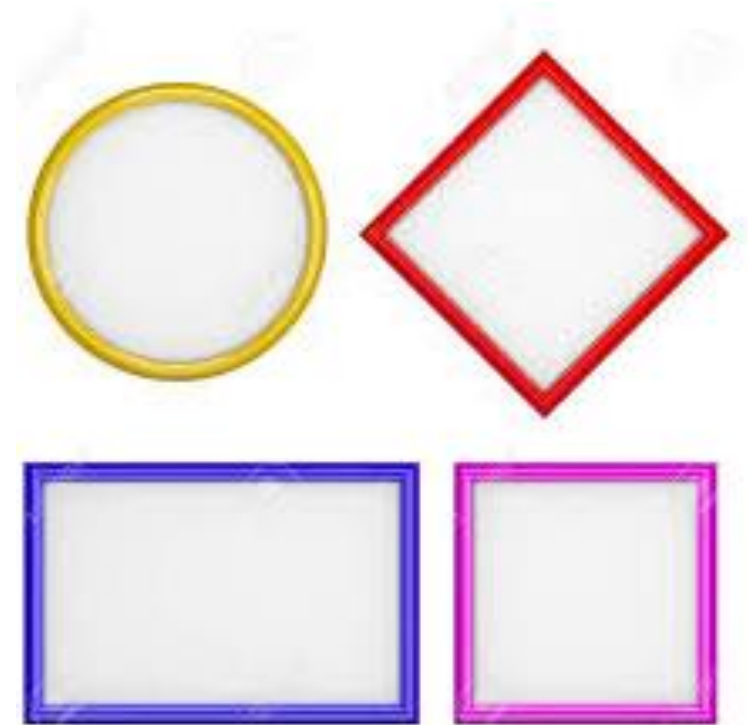


2. Framing the topic - public, professional and policy lenses

Public Health – a focus on ‘healthy eating’; eating and drinking are framed as individual ‘choices’; impact of food poverty... but what about care poverty?

Medicine – ‘Nutrition’ and ‘illness’; eating and drinking are framed as ‘natural processes’.

Social Care – ‘Quality of life’ or supporting a person to live well, i.e., person-centred care; eating and drinking are framed as a ‘task’, i.e., ‘caring’: *“wilful and responsive, creative and adaptive, infused by desire and attuned to the circumstances”* (Mol, 2021,p.88).



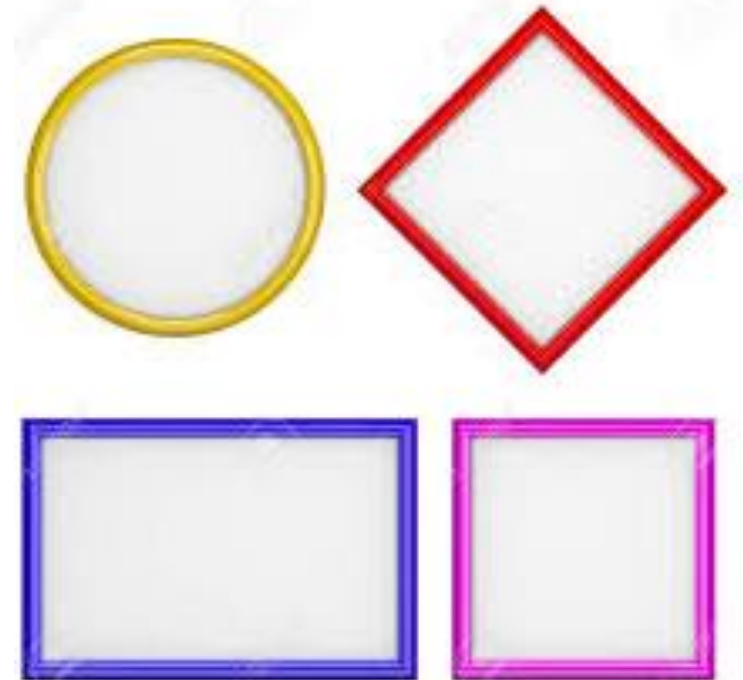
3. Identifying key findings & implications - considering complexity

The food and drink needs of older adults are complex

- Inability to purchase or access food (**food poverty**)
- Individual needs (e.g. health needs, mobility)
- Local environment (e.g. transport, accessibility of shops)
- Wider economic context and food systems
- Inability to access sufficient, effective or high-quality care (**care poverty**)

Therefore, a **system-level perspective** is needed...

And **reframing the discourse** = not only to avoid healthcare costs due to hospitalization as a result of malnutrition, but also social/societal benefit to older people and carers.



Acknowledgements

This presentation summarises independent research funded by the National Institute for Health and Care Research School for Social Care Research (NIHR SSCR). The views expressed are those of the authors and not necessarily those of the NIHR SSCR, the NIHR or the Department of Health and Social Care.

Images are from the Centre for Better Ageing's [library of age-positive images](#).

Further information about ASCOT is available here: www.pssru.ac.uk/ascot

Any questions?

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www.pssru.ac.uk/foodanddrink/

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ASCOT
adult social care outcomes toolkit

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