Evaluation Support Scotland

Older People Eat Well – Literature Review

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Contents

	Page
1. Introduction	1
2. The current situation	3
3. How does the third sector support older people to eat well?	10
4. How does the design of third sector initiatives impact on outcomes?	16
5. How does the third sector influence other support services ?	20
6. In summary	23
Bibliography	26
Appendix One. Older People Eat Well: Nested Model	31

1. Introduction

1.1 Background

Scotland's population is ageing and understanding how the third sector contributes to supporting older people to remain healthy, active and independent in the community is highly relevant to the implementation of the Scottish Government's Reshaping Care for Older People (RCOP) agenda.
Evaluation Support Scotland is delivering the programme called '***A Stitch in Time?'*** which focuses on supporting the third sector to collect and present evidence to explain, measure and prove how it contributes to the RCOP agenda. This programme of work coincides with the development by the Scottish Government and NHS Health Scotland of its 'Older people's outcomes framework', which includes a 'nested model' entitled '***Older People Eat Well'***. As part of this joint programme of work a literature review of formal evidence has been undertaken to support the outcomes framework 'logic' i.e. assumptions about why certain outcomes follow certain inputs and activities.

The focus of this literature review is on providing examples of evidence that illustrate how the support provided by the third sector results in the desired outcome of Older People Eat Well – "*that more older people are well nourished and flourishing (i.e. motivated to eat and eat well, feeling positive and in control)*".

It sets out some of the barriers that older people face in 'eating well' , the different ways in which the third sector intervenes to address malnutrition among older people, and the added value that the third sector brings to such interventions including influencing delivery of support by other service providers.

1.2 How to use this paper

This desk review identifies research evidence from the last 10 years that backs up the nested model (see Appendix One). The evidence is largely from the UK but also includes other materials where there are gaps in evidence or there is particularly relevant research from the EU, USA, Canada or Australia. The type of literature varies from key documents which refer to and summarise evidence from primary research into malnutrition, guidance on best practice, and case studies.

This is not a comprehensive or exhaustive review of the formal research evidence. It's intended as a starter for further development of the evidence

base in Scotland by the third sector in conjunction with public and private sector partners. The reference details are set out in the Bibliography (see pages 21-25), and include links (where available) to on-line versions of either summary or full reports.

2. The current situation

This section will set out the current situation with reference to The Context for The Older People Eat Well nested model (see Appendix One):

- Malnutrition and under-nutrition is an important risk factor for older people becoming vulnerable and their independence becoming compromised.
- Food and eating with others has wider social and cultural significance, and reduced social isolation can help stimulate motivation and appetite.
- Some of the main barriers to eating well are: the affordability and accessibility of food, limited food services, decreasing mobility, and lack of cooking skills.

The risks associated with malnutrition and under-nutrition

2.1 Research by The Malnutrition Task Force into malnutrition among older people in the community estimates that 1 in 10 people over 65 are malnourished or at risk of malnutrition. Whether malnutrition takes the form of being underweight or obese, older people can as a result become vulnerable and their independence can become compromised. There are direct costs therefore of malnutrition to the public purse and cost savings that could be made through preventive action (Wilson, 2013).

The Malnutrition Task Force is an independent group of experts across Health, Social Care and Local Government at a UK level who are attempting to address the problem of avoidable and preventable malnutrition in older people. Their report summarises external research into the direct costs of malnutrition to the public purse and cost savings that could be made through preventive action (an estimated potential saving of £45.5 million per year to the UK) using screening, monitoring, training and appropriate treatment for malnutrition (page 17); plus indirect costs to the older person themselves which impacts on affordability of essential items such as food (page 15).

It's estimated that malnourished patients incur an additional health care cost of approximately £1,500 per patient per year, because:

- *they see their GP twice as often*
- *have three times the number of hospital admissions*
- *stay in hospital more than 3 days longer than those who are well nourished*

30% of those identified as malnourished by their GP remained malnourished for a further 6 months after diagnosis. Malnourished older people will experience increased risk of infection and greater antibiotic use, larger recovery time from illness and increased risk of mortality. Research has also found that a loss of independence is a direct consequence of malnutrition, and that this in turn will increase the level of dependency on family members and unpaid carers who in turn may become malnourished.

Source: Wilson, 2013

The meaning of food and food satisfaction

2.2 Food matters to older people, and older people are aware of ways that their ability to eat and enjoy their food can be affected by a combination of circumstances. One study found that of the 'food resources' that older people rated to achieve their health goals the key ones were: good dental and overall health, mobility, ability to taste and smell, good storage facilities and family support. These added to the individual's satisfaction with food-related life. Satisfaction could also be predicted by income, health measures and living circumstances (Dean et al, 2003).

2.3 Research into older people who **are** healthy, active and independent, suggests that this may be related to a combination of factors such as, personal skills, physical health, income and access to personal transport. This combination enables older people to develop adaptive strategies to overcome what might otherwise be 'nutritional vulnerabilities' related to age or illness, and helps them to feel independent and self reliant (Vesnaver et al, 2012).

> *Some older people manage to eat well despite dietary obstacles of old age. How do these individuals manage this? Four key themes of dietary resilience emerged: Prioritising eating well, doing whatever it takes to keep eating well, being able to do it yourself, and getting help when you need it. Personal food resources such as food and nutrition knowledge, cooking skills, good physical health, financial adequacy, and independent transport facilitated the development of adaptive strategies among participants to overcome their nutritional vulnerabilities. The importance of relying on oneself was mentioned frequently: "I am independent! I don't want to impose myself on anyone" Participants became aware of services through their social network. For example, "if ever I was sick and couldn't cook anymore, I would call Meals on Wheels. Apparently, the meals are very good, nutritious, I don't know, but others that have used it talk about it".*
>
> Source: Vesnaver et al, 2012

2.4 Food needs of older people can change over time as a result of changes in diet and taste. Researchers have found that ageing, as well as medication, can bring physiological changes that may affect appetite, the sense of taste, or even the ability to chew and swallow foods. With these changes, new approaches to food presentation and preparation are needed to stimulate appetite and interest in food medication (Jones et al, 2009).

Barriers to eating well

2.5 Evidence from studies of malnutrition among older people suggests that there are a number of specific factors that increase the risk of malnutrition among older people and act as barriers to 'older people eat well'. The evidence in this

paper suggests that the third sector may be contributing to addressing these barriers and thereby addressing the medium term outcomes of The Older People Eat Well nested model, namely:

- Barriers in the physical and social environment
- Lack of financial and material security
- Absence of social connectedness i.e. social isolation
- Systems not working for older people

2.6 *Physical barriers – access to shops*

Equitable access to food may be restricted by, for example, distance from the nearest shops as a result of geography e.g. living in a sparsely populated rural community. The survey by Community First Moray found that 73% of older people across Moray identified problems with shopping for food (Community First Moray, 2010). It quotes research by the Welsh Consumer Council which found that the accessibility characteristics related to food poverty included:

- Proximity and ease of travelling to supermarkets
- Smaller retailers offering a limited range of healthy foods
- Poor and high cost of transport
- Lack of home delivery services

For those who are housebound or with limited mobility and without access to personal transport, home shopping delivery services are essential. The alternative option of doing food shopping online can be a challenge for those lacking computer skills and dexterity (Age UK, 2012). Even for those able to get to shops there are still physical barriers including the lay-out of shops especially for someone with poor vision (Age UK, 2012) or if someone has a problem with the weight of shopping to be transported home (Community First Moray, 2010).

2.7 *Socio-economic barriers - Lack of financial and material security*

Poverty and the ability to budget within a limited income have been found to be a major barrier to healthy eating (Jones, 2009). A longitudinal study in Canada found that financial adequacy permitted individuals to purchase desired foods and helped participants overcome obstacles by buying more expensive meal solutions such as higher quality prepared meals. The study found that lack of money could hinder an individual's ability to resolve obstacles that would affect food quality, potentially leading to poorer diet resilience. Cost was therefore part of the decision making process when considering different solutions to dietary challenges (Vesnaver et al, 2012).

> "*When I can no longer prepare my own meals, there are prepared meals. It's not always what you want and it's true that they cost more than to do it yourself, but there are specials too.'*
>
> Source: Vesnaver et al, 2012

The cost of food on a limited budget may mean older people going without fresh fruit and vegetables and more costly nutritious foodstuffs. Community First Moray's survey of older people in 2009 identified careful budgeting. If cooking for one this may mean sourcing smaller quantities which will inevitably be more costly (Pilmeny Development Project, 2011).

One man commented on how he makes savings: "I have to pay what is asked and then cut back on something so it's budgeted…(I)use the local supermarket but go at the end of the day to look for bargains e.g. get a loaf for 6p, family pie for 8p".
Source: Community First Moray, 2009

The most important factors in relation to food services for older people in the area included cost – "being able to buy small amounts is very important - but small quantities are more expensive."
Source: Pilmeny Development Project, 2011

2.8 *Physical barriers – physical fitness*

Lack of physical activity may increase stress levels and as a result impact on appetite and eating habits (Hawkins et al, 2013). Gardening and growing one's own food in particular has been found to not only increase the level of physical activity of older people but has also intrinsic meaning to older people and proven therapeutic properties (Heliker et al, 2001). For many older people having a vegetable patch in their gardens or being able to look after an allotment is important to meeting their nutritional needs in an affordable way. A change in physical circumstances such as moving into sheltered housing may mean that gardening is no longer an option (Bhatti, 2006) unless with external support such as through volunteer help (Milligan et al, 2004).

Research in Wales as part of the 'Growing a Healthy Older Population in Wales' (GHOP) found a link between allotment gardening activity, reduced stress levels and increased levels of self-esteem in older adults: "Definitely eating stuff that you've grown. The satisfaction of putting it in the ground, nurturing it in the ground, harvesting it, putting it on the table and eating it. There is nothing to equal that benefit."
Source: Hawkins at al, 2013

Research has found that domestic gardens are important to the lives of older people. Based on a study of allotments the sense of achievement, satisfaction and aesthetic pleasure that older people can gain from their gardening activity is illustrated. However, while older people continue to enjoy the pursuit of gardening, the physical shortcomings attached to the aging process means they may increasingly require support to do so.
Source: Milligan et al, 2004

2.9 *Social barriers - skills and knowledge base*

Personal skills and knowledge of older people may also affect their ability to cope with feeding themselves a balanced and health diet. For example older men who may be recently widowed may lack cooking skills or knowledge of food preparation, as was found by Pilmeny Development Project in Edinburgh (Lacey, 2012). This may require specially tailored training programmes such as the 'Cooking for one or two' cookery skills programme organised by the Department of Veterans' Affairs in Australia (Byles, 2006).

> *There appeared to be a generation of widowed men who do not know the basics of cooking, as they have been used to their wives cooking for them.*
> Source: Pilmeny Development Project, 2011

> *The 'Cooking for One or Two' programme was designed to build confidence and food safety and preparation skills in older adults. Research showed that 37% of participants were classified as 'high risk' of malnutrition. Most were male (75%), and the average age of participants was 71 years. Participants showed improvements in the following: Ability to shop, cook and feed ones self; the proportion eating fruits and vegetables, and the numbers of serves of fruit and vegetables plus meat eaten each day; nutritional knowledge; kitchen competencies; as well as minimal changes in physical and mental health after six months.* Source: Byles, 2006

2.10 *Absence of social connectedness i.e. social isolation*

Social isolation is recognised by service providers as well as by older people themselves as 'unhealthy' because of its impact on general wellbeing (Jones et al, 2009). A background report to the Wanless Social Care Review in 2005 reported that two of the nine key domains that are important to older people are social participation and involvement along with meals and nutrition (Age UK, 2011). The importance of social meals in terms of social interaction and its affect on appetite is vital and often overlooked (Wilson, 2010; Dean et al, 2008).

> *The report on a round table discussion in England on personalisation, nutrition and the role of community meals concluded that "the solution is not always giving older people a budget to buy their meals (as personalisation suggests). The regular delivery of meals to the home is key, providing contact and a chance to catch up with drivers and ensuring that older people have regular contact with others".*
> Source: Wilson, 2010

> *For older people food-related goals are not only linked with health matters but also relate to the enjoyment of food in terms of variety, social networks and surroundings.* Source: Dean et al, 2008

Social networks are therefore integral to achieving food related goals and the reduction of social isolation can positively impact on nutritional wellbeing. As a

result changes in life circumstances may impact on eating well, such as the absence of other folk to eat with affecting appetite and the motivation to eat. Eating alone may also result in loss of interest in cooking hot meals for oneself (Pilmeny Development Project, 2011; Orellana, 2011).

Everyone agreed the 'Social thing' was hugely important when going out to eat. Comments from a local older men's group included: "There's nothing more soul destroying than one knife and fork, one cup - setting a table just for one…I'm on my own; it's not worth it, going to all the bother of cooking a meal for myself".
Source: Pilmeny Development Project, 2011

'*Day service users appreciate that hot meals are on offer at day centres and lunch clubs. Many say that they would not bother to cook similar meals for themselves; and that it is the only time they eat in the company of others, which improves their appetite.*' Source: Orellana, 2011

2.11 *Community isolation*

Food also may have cultural significance – what one shares with other older people from one's own religious or ethnic community. For older people from different cultures the type of food and the way it's cultivated and cooked can be very important. Sharing with others from different cultures may be particularly important to older immigrants and refugees (US EPA, 2011)

A centre for elders in Philadelphia attended by older adults from Vietnam, China, Cambodia, Laos, Indonesia, Korea, Iraq, Eastern Europe, as well as U.S. born African American and Caucasian seniors identified the importance of social activities – "I want to be able to grow more food so that I can cook and share my cultural foods with others." Source: US EPA, 2011

2.12 *Systems not working for older people*

There may also be barriers related to the way support services and in particular meals support services are delivered. Research into changing the way that meals on wheels are served has an impact on older people. In Scotland many local authorities are replacing meals on wheels with the supply of frozen meals. Though designed to give older people choice, feedback from some older people suggest that they may not welcome the replacement of meals on wheels with frozen meals services. The following comments are based on qualitative research into the views on this subject of some older people.

There is a Council frozen meals service. This was felt to be a standby and not suitable for the longer term as they "all taste the same". .. The frozen meals service only delivers readymade frozen microwave meals once every few months.

(It's) difficult for those with Dementia/ memory problems, BME older people and older people with diabetes or other health conditions requiring specialised diet.

Source: Pilmeny Development Project, 2011

One consumer (of frozen meals) stated that he is not able to eat certain things for health reasons, but he has not mentioned this to his service provider.

Source: CFHS, 2011b

3. How does the third sector support older people to eat well?

Third sector as campaigner and creator of innovative solutions

3.1 There has been a long history of third sector engagement with the issues of malnutrition. Some examples include the work of Community Food and Health (Scotland), as exemplified in the study tour to London, *'Approaches to improving food* ***access/addressing food poverty with older people'*** **(NHS Health Scotland, 2014); and through the** development of case studies (CFHS: 2011b; 2011a; 2013) and the work around Theory of Change (Lacey, 2012).

3.2 Age UK has worked closely with Caroline Walker Trust in highlighting good practice and campaigning for further expansion of community food initiatives (Wilson, 2009), by setting out the benefits of day centres and day services (Age UK, 2011; Orellana, 2011) and shopping services (Age UK , 2012).

The shopping report recommends:

- ***Making stores fully accessible****: Review store designs to make them easier to get around and reduce the risk of slips and trips; Out-of-town stores should consider offering transport to their stores; Train staff about the needs of older customers – for example, helping them to read labels, getting items from top and bottom shelves and from deep freezers; Provide more rest areas and toilets, and ask customers where they would find them most helpful.*
- ***Helping older people to buy online****: Offer internet training for older people in the local area; When delivering orders, offer to help older people put shopping away; Structure minimum spends and delivery charges so that they do not deter older people who may not spend large amounts at one time.*
- ***Using retailers' buying power to meet older people's needs****: Consider special offers targeted at older people (and others) who cannot benefit from multi-buy discounts; Offer smaller packages of perishable food to suit single households; Changes to food packaging could make it easier to open; Important information such as cooking instructions and 'use by' dates should be in a font and colour contrast that make it easily readable.* Source: Age UK, 2012

3.3 The British Dietetics Association (BDA) is an example of a professional association which has campaigned on this issue in conjunction with Age UK. Age UK's Henderson Court Resource Centre for the elderly provides meals for local older people, and in conjunction with a private nutrition clinic in Hampstead and The Rotary Club of Hampstead as part of the BDA Mind the Hunger Gap national campaign runs regular nutrition clinics (BDA, Mind the Hunger Gap).

Third sector as innovator

As a result of awareness of issues around malnutrition and food access issues the sector has sought innovative ways of addressing these. The following are some examples of these creative approaches.

3.4 ***Lunch Clubs and Community Cafes***. Community Food and Health (Scotland) has documented the learning from Scotland's community-based lunch clubs and cafes catering for older people, for example: Lossiemouth Senior Citizens Luncheon Club, Alyth Senior Citizen's Lunch and Socialising Club, Mearns and Coastal Healthy Living Network, Castlemilk Pensioners Action Centre, The Dixon Community Minority Ethnic Day Care Activity catering for the food needs of minority ethnic groups in the south side of Glasgow, and The Sunlite Café in Stirling catering for the residents from a nearby residential home (CFHS, 2011a).

These clubs and community cafes are sometimes tailored to the needs of specific groups, for example:

- Carers – a food project in Debenham runs a Carers Club and Information Café which offers carers a fortnightly friendly and social atmosphere where people can meet with other carers and can talk with a professional support worker (Robertson, 2012).
- People with dementia - Age UK Oldham runs a fortnightly dementia café attended by a clinical psychologist who offers advice and support to people affected by dementia and their carers (Orellana, 2009).
- Housebound elderly living in sparse rural communities – a 'village service' in England combines lunch clubs with delivery of mobile hand, foot and health care (Dwyer et al, 2011).

3.5 How such social opportunities are advertised can be critical to take-up, for example, men may regard lunch clubs as for women only (Dwyer et al, 2011). One way that Orbiston Neighbourhood Centre addressed this issue was by training volunteers to deliver basic food preparation sessions through home visits to men living alone (CFHS, 2013).

It is clear, however, that the overwhelming majority of users of village services are female, that older men are often reluctant to engage with the services on offer, and that the providers of village services need to find new and innovative ways of engaging with older men in rural areas. Source: Dwyer et al, 2011

The overwhelming majority of users of village service (including lunch clubs in rural areas) were female, and older men are often reluctant to engage with the services on offer…(they) value opportunities for social interaction as much as women, but

tend to prefer interest-based clubs rather than older people's clubs. Source: Age UK, 2011

3.6 Calling them 'Healthy eating seminar lunches' is one way to avoid stigma (Orellana, 2009). Another way is to make them 'private' social get-togethers partnering small groups of older people who go out to tea together with the help of volunteer drivers (Contact the Elderly, 2008). Another variation on this is 'Casserole Clubs' which partner people who like to cook with older neighbours living close by who could benefit from a hot cooked meal. The meal is provided free to the older neighbour (the 'diner') who has previously provided details of their food preferences (CFHS, 2014). These provide alternatives to traditional meals on wheels services, which though valuable in addressing nutritional risk can fail to provide the much sought after social elements. A study in America found that daily telephone calls by older adult volunteers even if combined with only weekly delivery of frozen meals sufficiently met the social needs of housebound elderly (Kretser et al, 2003).

3.7 ***Community Gardening.*** The value of gardening and growing your own food whether at the home of an older person, with the support of volunteers (Jackson et al, Age UK), or at community-based allotments (Hawkins et al, 2013) has been found to impact not only on physical well being but also on mental wellbeing. The gardening and harvesting of varied garden-fresh food and herbs (spices like fennel, basil, spicy peppers or cumin) may also help to create new enthusiasm for eating among older people and can help them adapt to changes in taste and a changing palate (U.S. EPA, 2011). Age UK in Eltham runs a 'men in sheds' initiative, which brings older men together to share activities such as building planters and carrying out renovations in the local park, which is combined with a shared lunch (CFHS, 2014). Greenwich Co-operative Development runs Growing Greenwich which develops community growing spaces in areas such as sheltered housing complexes (CFHS, 2014). The third sector has been active in supporting older people to continue to access such opportunities, in some areas with financial support from the public sector such as the London Food Board's Capital Growth fund (CFHS, 2014).

Communal gardening on allotment sites, create inclusive spaces in which older people benefit from gardening activity in a mutually supportive environment. Source: Milligan et al, 2004

The programme partnered volunteers with older people who wish to cultivate their own gardens. "They changed my life. Now I get up at 5am just to look at the garden. I sit there with a coffee and enjoy it. Without Garden Partners, the garden will disintegrate and so will I.' The main achievements included growing produce –

"Gardens are not only kept tidy but are used for growing vegetables and fruit, thus encouraging healthy eating and reducing food bills." Source:Jackson et al (Age UK)

3.8 ***Home shopping services*** are particularly relevant to housebound older people or people with mobility or transport issues. One of the most researched examples of such a service in Scotland is The Food Train (Leven, 2011; Lacey, 2010 quoted in Wilson, 2013; CFHS, 2011b). Age UK has also documented how home shopping services delivered by member groups contribute to the wider prevention agenda for older people. Age Concern Oldham acts as the order and delivery agent for housebound older people and works in partnership, like The Food Train, with local supermarkets (Orellana, 2009).

An escorted shopping service delivered by volunteer drivers might be required for older people who are not housebound but who require support with food shopping, combined with social activities such as meeting with other users of the service in the supermarket cafe (Age UK, 2012). Third Sector community transport providers are key to escorted provision. Tagsa Uibhist is an example in the Western Isles of a door-to-door, flexible and accessible shopping support service (CFHS, 2011b).

Tagsa Uibhist provides door-to-door transport provision, befriending services and shopping support. Third Sector Hebrides Dial a Bus Service and Befriending enables users to get their own shopping, and support is given when getting on and off the minibus with this shopping. The befriending service is where trained volunteers offer assistance to over 65s to do their shopping, or visit for a social relationship to those who are otherwise housebound. Source: CFHS, 2011b

3.9 ***Cooking classes***. These can be tailored to needs of specific groups of older people, for example:

- Men who are widowed may find it difficult to develop such skills without the support of their peers (Pilmeny Development Project, 2011)
- Older people with dementia may benefit from reminiscence sessions focused on recipes and cooking together, as exemplified by The Beacon Club (CFHS, 2013)
- Older people with special needs may require activities that combine cookery with a range of activities, such as practical horticulture (planting and weeding vegetable beds), and herbal medicine (Neal et al, 2013)

The Beacon Club offers day care to older people living with dementia. An introduction to healthy eating and discussion around memories of cooking and favourite recipes involved telling the story of 'stone soup' and then preparing all the

ingredients to make a pot of soup together. This involved discussion around the tastes, textures and smells of the food and how that influences food choices and tastes. Another session looked at the importance of sweets and cakes to celebrations. Members talked about how rationing had made having a treat difficult during the war years. The group then decorated biscuits and cakes.
Source: CFHS, 2013

3.10 ***Food Coops***. These are often linked to healthy eating initiatives within local communities, and address both poverty and access issues. In Scotland, Pilmeny Development Agency like a number of other community based organisations runs a food co-op (CFHS, 2011b). Age Concern Greenwich runs a fruit and vegetable co-op stall at their day centre supported by the local economic development agency (Wilson, 2009), and Greenwich Community Food Co-op provides a box scheme to promote food access (CFHS, 2014). Another example is the New Horizons Centre Community Café in Kensington which runs a fruit and vegetable co-op linked to a cook and taste course (Wilson, 2009).

3.11 ***Linked offerings***. Responses by third sector organisations can also include linking food-based services with practical support in the home, for example handyman services, an example of which in Scotland is The Food Train (Lacy, 2010) and in England Age Concern Torbay (Orella, 2009). Or linking learning about food preparation to other skills such as computer literacy skills, as provided by the Silver Age centre in Slovenia (Robertson, 2012, page 100); or linking healthy eating messages with physical activities (Age UK, Fit as a Fiddle).

The Silver Age Centre Butterfly is a joint initiative of the Municipality of Slovenska Bistrica, social care organisations and older citizens to provide space and opportunity for active ageing in the local community with an emphasis on lifelong learning. A weekly programme was offered which included promotion of healthy living (healthy eating) with consolidation of existing competences and learning of new skills (baking, knitting, gardening, creative workshops, computer literacy, etc.).
Source: Robertson, 2012 (page 100)

3.12 The third sector includes active older people as service providers

The third sector itself is made up of older people who sit on its governance structures and who volunteer or are 'employed' to deliver services to older people (CFHS, 2011b; Orellana, 2011). Lunch clubs and meals on wheels (Frontier Economics, 2011) are examples of services where active older volunteers provide nutritional food to other more vulnerable peers in the community. They are motivated among other things by wanting to give back to others in the community (Scott et al, 2003). Other examples of where older people volunteer include:

- home food delivery services often involve active older people supporting housebound folk (Lacey 2010)
- gardening volunteers may act as gardening instructors or cooking instructors to peers (U.S. EPA, 2011)

Older people are therefore both providers of community based initiatives and beneficiaries of food related services.

4. How does the design of third sector initiatives impact on outcomes?

Quite apart from the intrinsic value of the service provided the way that services are delivered can affect the impact they have.

4.1 Volunteer-led delivery

The third sector promotes volunteering opportunities for members. Having the opportunity to volunteer itself promotes emotional resilience which is critical to wellbeing as it enables older people to stay in touch with their peers and maintain social connections. A study into volunteering by The EU provides innovative examples of volunteer-led food initiatives (Robertson, 2012). Older people report on the positive effects of volunteer-led services, many of them delivered by active older people themselves. They comment on the personal touch that volunteers bring to, for example, home shopping services (Orellana, 2009; Lacey, 2012). They may also involve providing opportunities for intergenerational outcomes as has been found by Campbeltown Community Orchard and Garden which involves older as well as young volunteers in growing vegetables, herbs and harvesting fruit (CFHS, 2013). Where volunteer gardeners are partnered with older people who are physically unable to look after their own gardens it has been found that, as well as improving the older person's physical wellbeing, their mental wellbeing improved from the resulting inter-generational friendships with the volunteers (Jackson et al, Age UK).

4.2 Co-production

Older people report that they want to feel positive and in control. Research has shown that involvement of older people in planning and implementing services and support increases its effectiveness. Projects that provide opportunities for older people to be providers as well as users of services are important to older people's sense of self worth. The Food Train is one such example of a volunteer-led service where older people determine the policy and direction of services. Another example is Castlemilk Pensioners Action Centre where its volunteers, nearly all of whom are over 70, serve in its café as well as its committee (CFHS, 2011a). Age UK is made up of member organisations whose volunteers are active older people. Its services such as shopping services are therefore designed by older people with older people in mind (Age UK, 2012). New Horizons is one such example of a member-led organisation run by a consortium of Age UK Kensington and Chelsea, Open Age, and the Guinness Trust, which involves older people in determining its programme and food related activities (CFHS, 2014). The concept of 'generativity' that older people are encouraged to

make a contribution is critical to delivery of third sector projects - "Need to be needed or have a personal legacy" (Scott et al, 2003) or to be able to give something back to their own communities and to its older people (Walsh et al, 2008).

A survey of elderly meals on wheels volunteers found a high level of 'generativity' a concept developed by Erikson as "primarily the concern in establishing and guiding the next generation" Adults may express generativity while generating life products and outcomes that aim to benefit the social system and promote its continuity from one generation to the next. Source: Scott et al, 2003

Members (of the Third Age Foundation in Ireland) wanted to give something back to the community and referred to the Foundation's volunteering ethos as a way of doing this. They assist in service development; reaching out to marginalised people by encouraging isolated older individuals to participate in (centre) activities; lobbying for Improved service provision for socially isolated groups; partaking in intercultural projects with members of the Traveller community and immigrant populations; and 'representing older people' which incorporates letter campaigns, and meetings.

Source: Walsh et al, 2008

4.3 Community-based activity

It's very common for a food initiative to be linked to a range of other initiatives within the same community. This holistic person-centred approach is flexible to changing needs of older people leading to providing better access to appropriate and timely support. The report on 'Micro funding for work around older people, health and wellbeing' reported that one key success element was "a responsive community-led service" (CFHS, 2013). Both Orbiston Neighbourhood Centre and Pilmeny Development Project are examples of projects which in response to needs identified by their communities have focused on older people and community food initiatives (Lacey, 2012).

Another aspect of community-based activities is that they are often inter-generational, which is more easily organised at a community level providing opportunities for new interests and mental stimulation among older people. An example of this is the healthy eating seminar lunches project run by Age Concern Kingston upon Thames (Orellana, 2009).

Age Concern Kingston upon Thames worked in partnership with local primary and secondary schools, and with a group for young carers to bring together younger and older people, with everyone eating a healthy lunch at its Bradbury Centre based in Kingston. The lunch was preceded by a short seminar exploring the benefits of healthy eating and good nutrition. The project aim was to help prevent obesity in young people, teach them about the importance of eating healthy food,

and to encourage active ageing, lifelong learning and healthy eating habits for the older volunteers. Source: Orellana, 2009

4.4 Equality-based

The third sector is made up of organisations who represent, and volunteers who actively respond to, the needs of specific minority or interest groups. The following are examples, some of which have been referred to in previous sections:

- Older people as carers: a food project in Debenham organises a carers club and information café to enable carers to meet with other carers and with a professional support worker (Robertson, 20125).
- Older people with dementia: Alzheimer Scotland runs a café for people with dementia and their carers alongside a community allotment programme (CFHS, 2013). In England, Age Concern Oldham runs a similar type of café for people with dementia and their carers which is attended by a clinical psychologist (Orellana, 2009).
- Older people with visual impairment: Transport is provided to enable visually impaired older people attend outings to community restaurants with other vulnerable elders (Richard et al, 2000).
- Older people with special needs: A holistic project for older people with special needs encompasses practical horticulture, art and craft projects derived from nature, cookery and herbal medicine (Neal et al, 2013).
- Isolated older people from minority ethnic communities, with specific diet and nutritional needs, are catered for in lunch clubs at the Dixon Centre in Glasgow (CFHS, 2011b), or the travelling community is targeted by the Third Age Centre Foundation in Ireland (Walsh et al, 2008), and 'new arrivals'/refugees through provision of an elder accessible gardening project in Philadelphia (U.S. EPA, 2011).
- Isolated residents in homeless accommodation: Although based on research dating back to 1985 the Tenderloin Senior Outreach Project in San Francisco is an example of how food can be used to build supportive ties and sense of community among older people living in temporary accommodation for the homeless. What started as a university-sponsored volunteer nutrition project, using empowerment tools developed by Freire (education for critical consciousness) to older single homeless men, developed into a food based social enterprise and campaigning organisation (Minkler, 1985).

A third sector project in Philadelphia serves older adults from Vietnam, China, Cambodia, Laos, Indonesia, Korea, Iraq, Eastern Europe, as well as U.S. born African American and Caucasian seniors. Many were agricultural workers in their countries of origin. Since moving to the United States, many sought out the

opportunity of growing food and using the skills and expertise developed from agrarian work in their countries of origin. Source: U.S. EPA, 2011

The study maps the transition from a voluntary project, which was addressing interrelated problems of food supply and empowerment of socially isolated older people living in homeless accommodation, to establishment of a community-based social enterprise which delivered a bulk food buying club, preparation by residents in one hotel of a weekly community breakfast, and outreach to the more frail residents by means of a buddy shopping system, and, on a broader institutional level, hotel living space redesign, and the initiation of advocacy efforts to improve food access (e.g., cooking and refrigerator facilities) within the hotels.

Source: Minkler, 1985

5. How does the third sector influence other support services for older people?

5.1 Campaigning

The use of case studies can be quite powerful. Age UK's campaign about malnutrition within hospital settings alerted the public sector to related issues in the community. Age UK has also campaigned around shopping services and improvements that can be made by the retail sector (Age UK 2012). There are also examples from Scotland of community based projects that have successfully campaigned around food access issues such as The Food Train, Community First Moray, and Pilmeny Development Project (Wilson, 2013; Community First Moray, 2009; Pilmeny Development Project, 2011). Community Food and Health (Scotland) in conjunction with Consumer Focus has played a key role in sharing learning from community based food projects which has helped to inform public sector policy development. One exemplar of this was the study tour to London in 2013 which included representatives from Drink & Rural Communities Division in the Directorate for Agriculture & Rural Communities of the Scottish Government, a member of the Reshaping Care for Older People team in the Scottish Government, and NHS Health Scotland (CFHS, 2014).

The issues of food poverty and food access present real potential to join the policy objectives of Recipe for Success, our National Food and Drink Policy, with the principles underpinning the Reshaping Care Programme (RCOP) and the integration of health and social care agenda. A contribution towards many of the outcomes in RCOP in relation to reducing isolation and improving wellbeing can be addressed through food initiatives and better coordination of services and partnership working. Food is also an important theme for preventative services, reablement services and care at home services but is not fully recognised. Source: CFHS, 2013

5.2 Promoting good practice

In Scotland the research sponsored by Consumer Focus in conjunction with Community Food and Health Scotland and the publications involving the community and food sector have provided useful tools for promoting best practice. Examples include, *Meals and Messages* (CFHS, 2011b), lessons from *Microfunding for work around older people* (CFHS, 2013), and *A Bite and Blether Case Studies from Scotland's Lunch Clubs* (CFHS, 2011a). Projects in Scotland have been keen to set out learning from their experiences in order to promote good practice - for example The Food Train commissioned evaluations of its programmes (Leven, 2011; Lacey, 2010). In England, local Age UK members have come together to provide case studies of learning based on interviews with older people and project coordinators (Wilson, 2009), while Contact-the-Elderly

groups have produced case studies setting out learning around challenges/observations (Contact the Elderly, 2008).

The Food Train started rolling in Dumfries & Galloway in 1995. The founders realised that a regular delivery of groceries would help the elderly stay independent and welcome social contact and friendship, while reducing the burden on carers. Local shops and volunteers came together and teams began to deliver vital fresh groceries every week to frail and elderly people across the region. Today, The Food Train continues to provide a vital service in Dumfries and Galloway and is now expanding their service across Scotland. A unique relationship with grocery retailers has been a key factor in its success.

Source:The Scottish Government Scotland's National Food and Drink Policy,2010

5.3 Joint delivery of services by public and third sectors

There are a number of examples of food services jointly delivered by volunteers from the third sector along with the public sector, for example volunteers who:

- support public sector day centres (Orellana, 2011) or lunch clubs (Orellana, 2009)
- support residents of sheltered housing by laying on volunteer transport to allow residents to mix with other older people from the community (Walsh, 2008; Moynihan et al, 2006).

As noted previously, Age Concern Oldham works closely with an NHS clinical psychologist in providing support for people with dementia and their carers (Orellana, 2009).

The project involved a 20 week Food Club that was based on practical food preparation and healthier eating that could be delivered by 'peer leaders' to older adults living in sheltered housing accommodation. The effects of the club on dietary knowledge, attitude and practice, including addressing perceived barriers to 'eating well' were assessed. Source: Moynihan et al, 2006

5.4 Exploiting the cost benefits of the third sector

A study exploring the economic value of the shopping service by the Food Train compared the costs of delivery to the cost of alternative options including institutional care (Lacey, 2010). Another looked at the social return on investment of services delivered by the WRVS (Frontier Economics, 2011). A further study as part of The Partnership for Older People Projects (POPP) was funded by the Department of Health to develop services for older people, and aimed at promoting their health, well-being and independence and preventing or delaying their need for higher intensity or institutional care. It looked at

preventive measures from lunch clubs to NHS interventions. Though the savings from lunch clubs were marginal compared to massive injection of resources from the NHS hospital sector, the contribution of such clubs was acknowledged as a necessary part of the overall strategy and cost benefits (Windle et al, 2009).

6. In summary

6.1 Evidence on the contribution of the third sector to supporting older people to eat well

Malnutrition and under-nutrition is a serious problem for a substantial number of older people and has health impacts for the individual and can compromise their independence. This can result in extra cost to the public purse because of additional health care costs. Food matters to older people and eating with others is important because it reduces the sense of social isolation. Older people may need help in order in order to continue to eat well as their needs change and as they encounter barriers to accessing food and to preparing meals. Some of the main barriers are: the affordability and accessibility of food, limited food services, decreasing mobility, and lack of cooking skills.

The third sector has a long history of engagement with older people who might be at risk of malnutrition. The sector has developed initiatives and approaches which address issues around barriers caused by physical and social environments, lack of financial and material security, social isolation, and limitations in support systems. As the sector also includes older people themselves as providers, is volunteer-led, and often community-based, it has been able to evidence outcomes directly as a result of its interventions, sometimes in conjunction with the public sector, demonstrating cost benefits that the sector can offer, and also through promoting best practice.

6.2 Gaps in third sector evidence

'The Older People Eat Well Nested Model' sets out some of the contributions that the third sector and the public sector along with the private sector are making to the 'Older people's outcomes framework' and in particular to the 'Older People Eat Well' nested model. While this literature review attempts to set out some of the research evidence to support the contribution that the third sector plays in addressing malnutrition among older people, the evidence is partial. This is primarily because third sector organisations are focused on delivery across a number of agendas, of which malnutrition among older people is in the main only one aspect. Even where this may be a prime concern the evidence is not always collected by organisations to demonstrate the intervening connections between the services delivered and specific outcomes. The following types of data might strengthen this evidence base and strengthen the implied assumptions:

- Information on the older person catered for or accessing services e.g. age, whether living alone in supported or unsupported accommodation,

whether any long term condition affects mobility, whether a member of a social network such as other organisations, whether requiring specific types of foodstuffs because of health, religious or other reasons. This type of information could be collected on a sample of service users who could then be followed up on a regular basis to see if there are changes in circumstances and whether the third sector initiative has contributed to addressing their ability to 'eat well'. The study by Community First Moray is an example of the range of information that could be collected.

- Providing more opportunities for 'the voices' of older people to be heard through qualitative research studies into views on specific aspects of services being accessed, whether from the public or third sector, in order to develop more in-depth evidence on what differences these services are making and why. For example the voices of older people are insufficiently included in longitudinal case studies and other qualitative evidence focusing on 'older people eat well'. Such evidence is important in refining the short and medium term expected outcomes of third sector interventions.

- Volunteer input is core to how the third sector works. However the evidence derived from volunteers who deliver food related services on what they observe, for example, in changes over time in the health and wellbeing of older people they work with, is not sufficiently reflected in research evidence. This may be because such data is not always routinely collected and reported on within monitoring systems. The ability for third sector organisations to include this data in service monitoring may require additional research input and financial support.

- Research suggests that many older people are carers of family members or neighbours but also may themselves be at risk of malnutrition. One limitation of this study is that it did not include a review of such literature. Further information on what food issues are being addressed by third sector 'carer organisations', and the approaches that are proving effective, would be important to developing a better picture of third sector involvement on this issue.

- While there is evidence that third sector organisations work in partnership with the public sector, and in some cases also with the private sector such as food retailers, there is insufficient evidence collected from these partners on the outcomes that arise from third sector interventions, and how these differ from what the public or private sector might achieve.

6.3 Gaps in public sector evidence

- The public sector both funds research into malnutrition among older people and works in partnership with the third sector to support programmes addressing malnutrition among older people. In both capacities there is scope for developing more detailed evidence based on the nested model and in particular exploring how interventions by the third sector are critical in reducing or counteracting negative outcomes. This may require more in-depth longitudinal studies involving following up specific groups of older people or through the use of oral history research techniques, which could involve either public sector or academic research expertise.

- People living in the community with medium to high support needs may require input by health services, social work, private carers, and/or third sector organisations. Increasingly through Self Directed Support the boundaries will be even further blurred. In assessing interventions to address the risk of malnutrition it may be important to be able to distinguish between interventions and the key players involved. In a lot of the evidence reviewed relating to public sector food programmes it was not clear whether there was third sector involvement in for example managing and supporting volunteers delivering services or whether the volunteers were recruited directly. This lack of visibility of the specific contribution that third sector agencies make where partnership working is involved means that it's sometimes difficult to build this evidence base.

6.4 In conclusion, there is a developing evidence base on the role of the third sector in addressing malnutrition among older people in Scotland. However this requires ongoing funding and support to further develop a critical body of evidence on what works and why within the context of the number of older people now living longer and requiring support as required to continue to 'eat well'.

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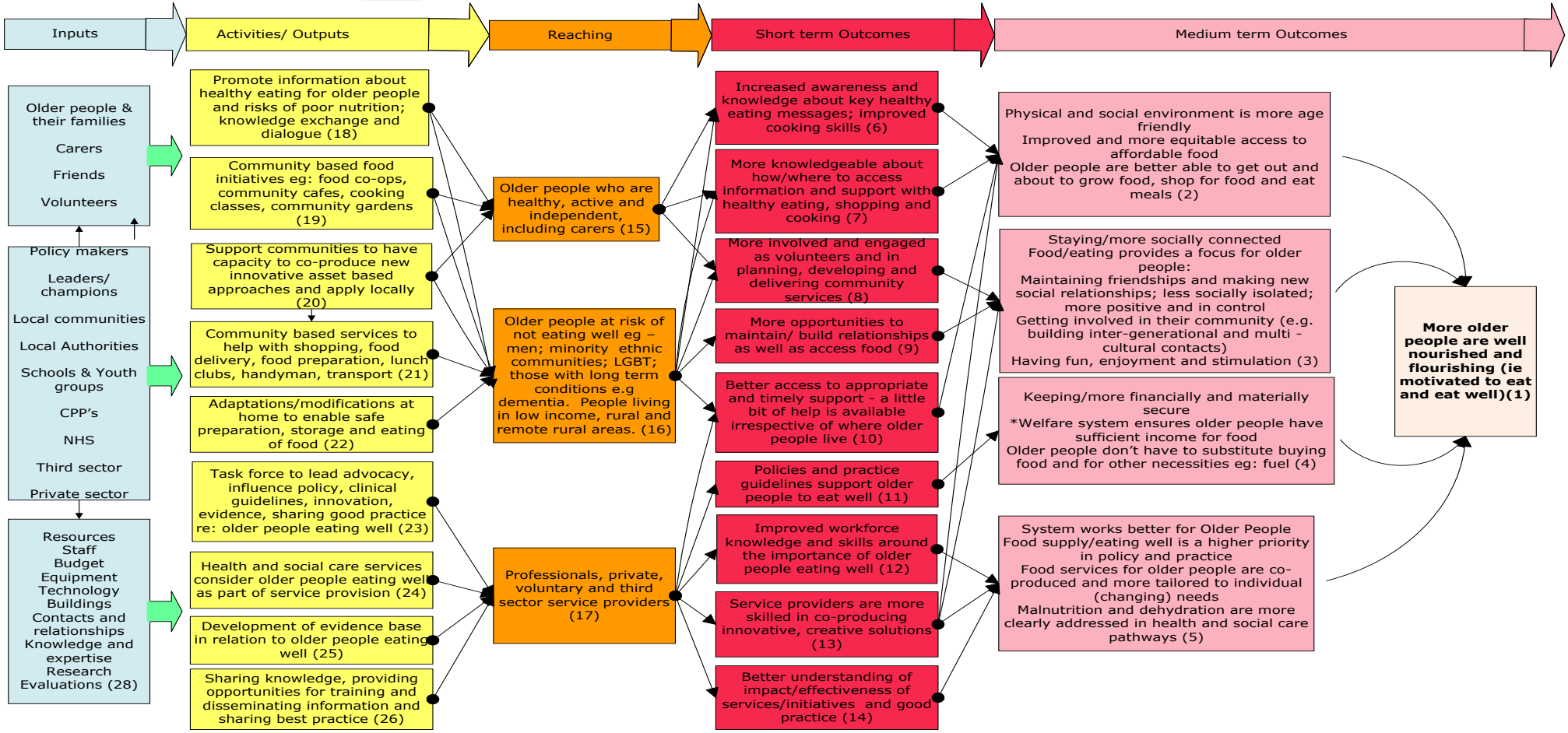
Appendix One

Older People Eat Well - Nested Model

CURRENT SITUATION: Malnutrition and under-nutrition is an important risk factor for older people becoming vulnerable and their independence becoming compromised. Food and eating with others has wider social and cultural significance and eating with others can help stimulate motivation, appetite and reduce social isolation. Preventive interventions build on many positive social aspects of food/eating as well as addressing some of the main barriers to eating well: the affordability and accessibility of food, decreasing mobility, lack of cooking skills and motivation to eat well, and the impact of major transitions (eg breavement, ill-health).



ASSUMPTIONS: Partnership working is effective in developing integrated services for older people; There is a shared set of values that underpin service development. Older people are not an homogenous group and so services may not be equally appropriate or accessible to all.; Communities have the capacity, resources and assets to engage in these activities.; The resources, political will and leadership is available to drive the necessary 'shift in the balance of care'.

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