

Wellbeing through Food in Care Homes

Evaluation of the Food for Life Better Care Programme Summary and Synthesis Report

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Key points

1. Food for Life Better Care has been a two year programme to promote good food for older people and has included a focus on care homes and intergenerational work in Edinburgh, Calderdale, Kirklees, Leicester, Leicestershire and Rutland. The team used innovative techniques, based on ethnography and co-design, to identify opportunities for change.

2. The evaluation found that Food for Life Better Care activities (for example, therapeutic food activities, improving mealtimes) were linked to promising evidence of benefits for care home residents in terms of positive social interactions, mood and mental wellbeing, evoking positive memories, improved diet, and enjoyment of mealtimes and dining experience.

3. Care home managers, care staff, and kitchen staff identified benefits for standards of catering and the quality of social activities.

Intergenerational activities matched principles and priorities for staff in care home and educational settings, and were reported to break down social and intergenerational divides.

4. In a context where adult social care faces multiple challenges, Food for Life Better Care showed new routes to promote public health, education and community engagement that were also practical and realistic.

Introduction: Food for Life Better Care in care homes



Over a 24-month period, the Food for Life Better Care team collaborated with staff and residents from care homes in Edinburgh, Calderdale, Kirklees, Leicester City, Leicestershire and Rutland to focus on food and food related activities as a social experience and as a bridge to connect with the surrounding community.

Food for Life Better Care sought to be both *comprehensive* – with a whole settings approach to multiple aspects of food – and *developmental* – to test out and reflect on what worked and what might be enhanced. The whole settings approach reflects World Health Organisation’s widely adopted guidance on effective health promotion work with organisations (WHO, 2017). The programme

used ethnographic exploration with the lives of older people and a co-design approach to change food culture in care homes. This included connecting residents and younger generations through therapeutic food growing, cooking and sharing activities to create intergenerational bonds.

While each area shared a common overarching framework and approach towards engaging partners, it was anticipated from the outset that the team would adapt the delivery of the intervention to fit local circumstances. The programme has consisted of networking, training, support, development and delivery for a wide range of care homes.

This has included creating opportunities to partner with nurseries and schools, some of which are active in the Food for Life schools and Early Years national programmes. Food for Life Served Here, an accreditation from the Soil Association that awards sustainable catering, was used as a platform for promoting nutrition, hydration and sustainability standards in care homes. Key goals of the Food for Life Better Care programme were to prevent malnutrition and loneliness, to enhance the wellbeing of people in later life, to build capacity within the care sector around food, and to bring communities together through food.

Context: Food – an important issue in care homes



Malnutrition presents a significant health threat to care home residents. In the UK, over one-third of care home residents have been found to be malnourished and require treatment (BAPEN, 2015).

Malnutrition is also linked to social isolation and loneliness: so food is an important matter of wellbeing and quality of life for older people in care homes. With an ageing population, a growing body of research points towards food in later life as a major public health issue both in community and care settings.

There has been extensive research on interventions with a focus on specific nutritional outcomes, however there are fewer reports on the role of holistic food initiatives in care home settings. A whole setting approach to food has the potential to prevent the wider social and nutritional consequences of malnutrition in care homes.

Although they are spatially located ‘within’ communities, care homes are often isolated from the life of their neighbourhoods. Care home residents can lack opportunities to engage with people and in social activities in their local area. This disconnect can breed misconceptions about older people in residential care amongst younger generations. Lack of regular contact between older and younger generations is a significant driver of age-based discrimination which, in turn, leads to damaging consequences for public health and wellbeing (Royal Society for Public Health, 2018).

Intergenerational links between younger generations and care home residents have been found to have reciprocal positive social and wellbeing benefits (Knight *et al.*, 2014). However, there is little focus on food-related activities as bridges for intergenerational exchange. There is emerging, but relatively little, research on community food activities to improve the well-being of older people in care home settings (Ismail & Jones, 2017).

Evaluation Methods

The aim of the evaluation was to examine the implementation, context and perceived effects of the Food for Life Better Care programme. The programme was evaluated in its ‘real-life’ context using a case-study approach with care homes in Calderdale and Edinburgh. For Leicester/shire, the evaluation focused on system change across a range of care homes in the area.

All localities involved research with partner agencies, in particular the nurseries and schools taking part in intergenerational work. A total of 83 interviews were conducted with 65 staff in care homes, nurseries, schools and wider organisations. A care home activities observation tool was adapted to understand changes for residents.

Findings: case studies in Edinburgh and Calderdale

The case studies focused on a 60 room local authority run care home in Edinburgh and a 107 room privately run home in Calderdale.

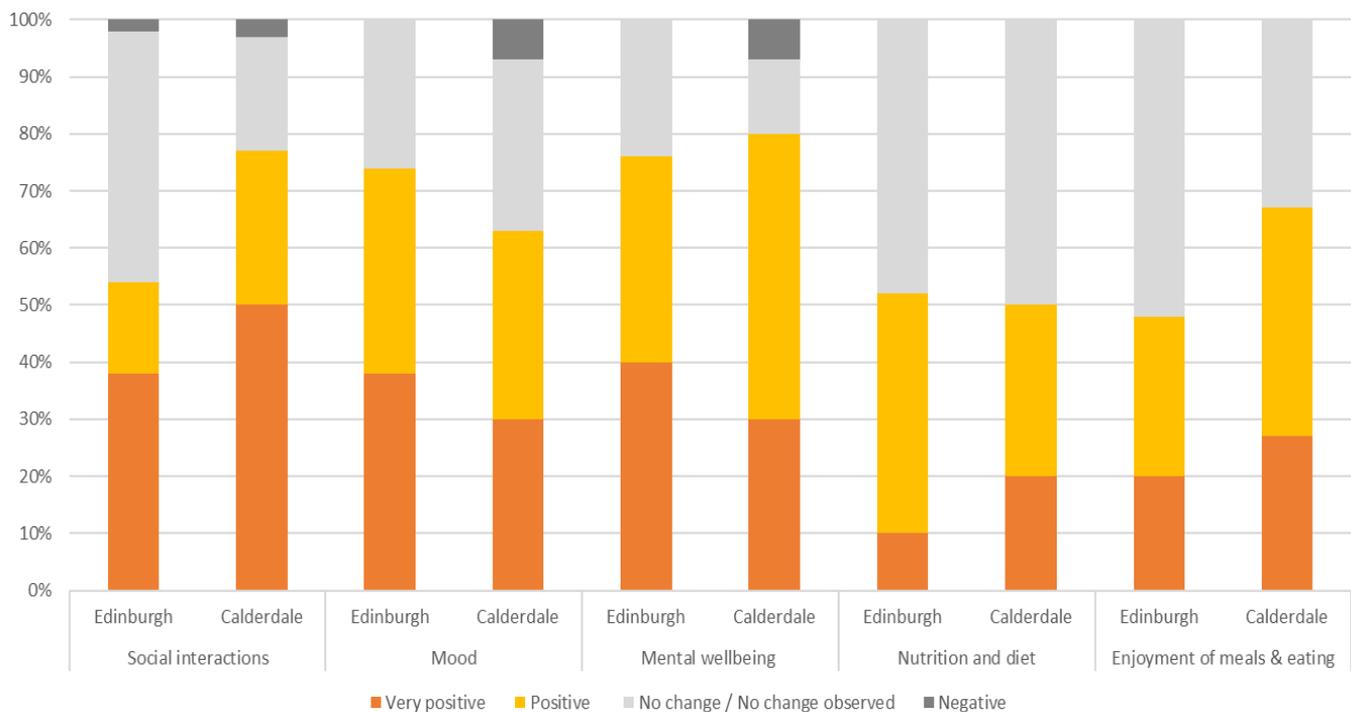
In Edinburgh, the Food for Life Better Care team built upon their connections with the local authority catering team to support the home to obtain a Silver Served Here catering award. They organised the creation of garden areas, an orchard, community visits, intergenerational activities and offered food activity training for care home staff.

In Calderdale, the programme team took a similar approach to Edinburgh's, with the addition of planned courses of gardening and cooking activities led by staff from Food for Life and a local partner agency. Care and catering staff took part in resident dining experience training and the cooks in a borough-wide care home cooks network. The kitchen team at the care achieved Food for Life Served Here (FFLSH) Bronze Award.

Care home staff reported a range of benefits for **residents** arising from participation in programme activities. The chart below summarises staff observations in outcomes for improved social interactions, mood, mental wellbeing, diet and nutrition, and enjoyment of meals and eating.

The combined results from staff from both care homes (n=80) showed that outcomes were respectively 'positive' / 'very positive' for: improved social interactions (63/42%); mood (69/35%); mental wellbeing (77/36%); nutrition and diet (51/14%); enjoyment of meals and eating (55/19%).

Chart 1: Percentage of residents benefitting from at least one FFLBC activity, as reported by staff
Calderdale n=30; Edinburgh n=50



These outcomes were supported by accounts of residents about recalling and making rich memories; novel, fun and exciting experiences; connections to people in new ways; and engaging in meaningful activities, adopting purposeful roles and making links to the local area.

“Sheila found it difficult- coming to a [new] home. She has mood swings and can be very unsettled. She took part in fruit tree planting activity and the naming of the trees. She saw it taking place then wanted to get out and take part. It’s little things like that that help her feel more settled here” [Care Assistant R2]

“Martin helped plant out and look after the potatoes with the children’s visits. His family were thrilled to see him involved in something social that helped him remember his Irish culture.” [Care Assistant R4]

“Helen is eating better as a result being involved in activities such as baking” [Care Assistant C4].

There were positive impacts of the activities on the quality of life at work for **staff**. Staff who engaged in the Better Care activities felt supported, valued and experienced a boost in their morale around food in the care home.

A leading benefit of the Food for Life Served Here Award was for the recognition it gave to **kitchen staff**. Following the Food for Life Served Here (FFLSH) Award, kitchen staff reported an improvement in the quality of food prepared, and reductions of plate waste.

“We looked at our food practices including food and plate waste. Food for Life support in this area and on portion sizes means we have cut down on food waste and in (turn) saved money” [Caterer C1]

Through the visits of schools to the care home, **school children** were observed to engage and empathise with the lives of residents. The feedback from children was very positive, and repeat visits were popular. The activities were new to the care homes and local schools. They matched the core values of both institutions. They included residents with a wide range of abilities and interests.

Although the case studies could not obtain a comprehensive picture, some **relatives**

expressed satisfaction in the care of their relatives in the care home as a result of Better Care activities taking place.

The care homes shared many similarities, although different contexts had an influence. In Scotland, the rights-based framework for Health and Social Care Standards (2018) lends strong support for residents to grow, cook and eat with independence. Service integration led to an emphasis on transfer of learning, especially for the public catering sector. In England, reputational benefits for care home providers were important in the context of a more market driven sector.

Findings: care homes across Leicestershire and Leicester



The work of the Food for Life Better Care team in Leicester/shire and Rutland took a strategic approach to work with 15 care homes and, for each home, a local nursery or school partner. The team brought together experience of the Soil Association Food for Life schools and early years work, a clinical commissioning group’s patient experience project, and the Public Health team’s strategic approach to food and dietary improvement.

There were a similar themes to the case study findings above, but evident at sector scale. The Food for Life Better Care initiative was recognised as important, timely and credible in the context of local priorities for health, social care, education and wellbeing.

Care home staff valued the Food for Life Better Care training and networking events, particularly as an opportunity to get an insight into good practice and to share learning. These linked to the professional development of staff (at all grades), staff wellbeing, and staff recognition. Staff generally liked the collaborative ‘test and learn’ approach of the programme and the opportunity to engage with wider community life.

I think it's helped us break down those barriers between care homes and everyone else out there. [Care Home Deputy Manager L23]

The ‘active’ nature of activities in care homes were contrasted with more passive forms of entertainment activities. These matched well to specific needs of residents with mild or advanced dementia, or with limited mobility.

With respect to meal quality and the dining environment interviewees reported benefits such as improved nutritional intake, varied diets, satisfaction with meals, and sociability around mealtimes. The Food for Life Served Here scheme complemented the aspirations of catering staff to improve standards.

For nurseries and primary schools, interviewees reported a wide range of effects of intergenerational activities for children taking part. These included developing new and sometimes in-depth relationships with older people, the development of greater empathy towards older people, and overcoming preconceptions and stigma. Food-based activities enabled all parties to express caring, nurturing and comfort in direct and tangible ways that did not always need to be verbalised.

I was quite surprised by some of the children and how willing they were to speak to [the residents] and to interact. I thought they'd be quite timid and wouldn't know what to talk about, but they were chatting away whilst the spring rolls were cooking. (Primary school teacher L36)

Efforts to improve the lives of older people in care homes are rarely straightforward. This is particularly the case in the context of the growing older population, financial pressures, and constraints for the care workforce. Interviewees reported that it was difficult to

work on complex issues within a short period. This is particularly an issue in the care sector where events, such as staff or resident illness, can lead to the suspension of programmed activities.

Although interviewees all reported having to work within tight financial, staffing and infrastructural constraints, the Food for Life Better Care activities were not reported to be unduly resource intensive. The programme avoided setting up unsustainable expectations and succeeded in mobilising the interests and skills of care home staff.

The Food for Life Better Care programme in Leicester/shire and Rutland (and as demonstrated through the case studies in Calderdale and Edinburgh) showed that it is feasible to create innovative practices in the care home sector through building upon the interests that surround intergenerational work and the role that food can have in people's lives.

Conclusions



The Food for Life Better Care work with care homes in England and Scotland scheme embodied ambitions to improve the place of food for older people in care settings. This is a highly challenging sector to work in, but with better recognition of the voice of older people and ageing better, the goals have been timely and supportive of care inspection frameworks.

The Food for Life Better Care programme co-design approach was a marked contrast to top-down and externally expert driven approaches. The initiative helped develop greater partnership working between care homes, nurseries, schools, families and visitors to care homes, social enterprises, and community and voluntary sector

agencies. The programme introduced individuals and organisations to the methods and benefits of co-design and whole settings approaches. Greater collaboration helped move beyond the fragmented and isolating working practices that often feature in adult social care.

The programme therefore illustrated an approach that holds the prospect of being transferable and scale-able. Overall, the Food for Life Better Care activities were linked to promising evidence of benefits for care home residents in terms of positive social interactions, mood and mental wellbeing, improved diet and enjoyment of meals and eating.

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For the full reports and further details

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