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

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PSSRU University of Kent | brighton and sussex medical school | NIHR | School for Social Care Research | ASCOT adult social care outcomes toolkit | UNIVERSITY OF SURREY

Meet the Project team

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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.
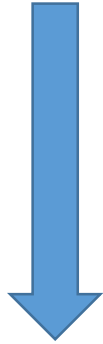
WP1. Scoping Literature Review

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.
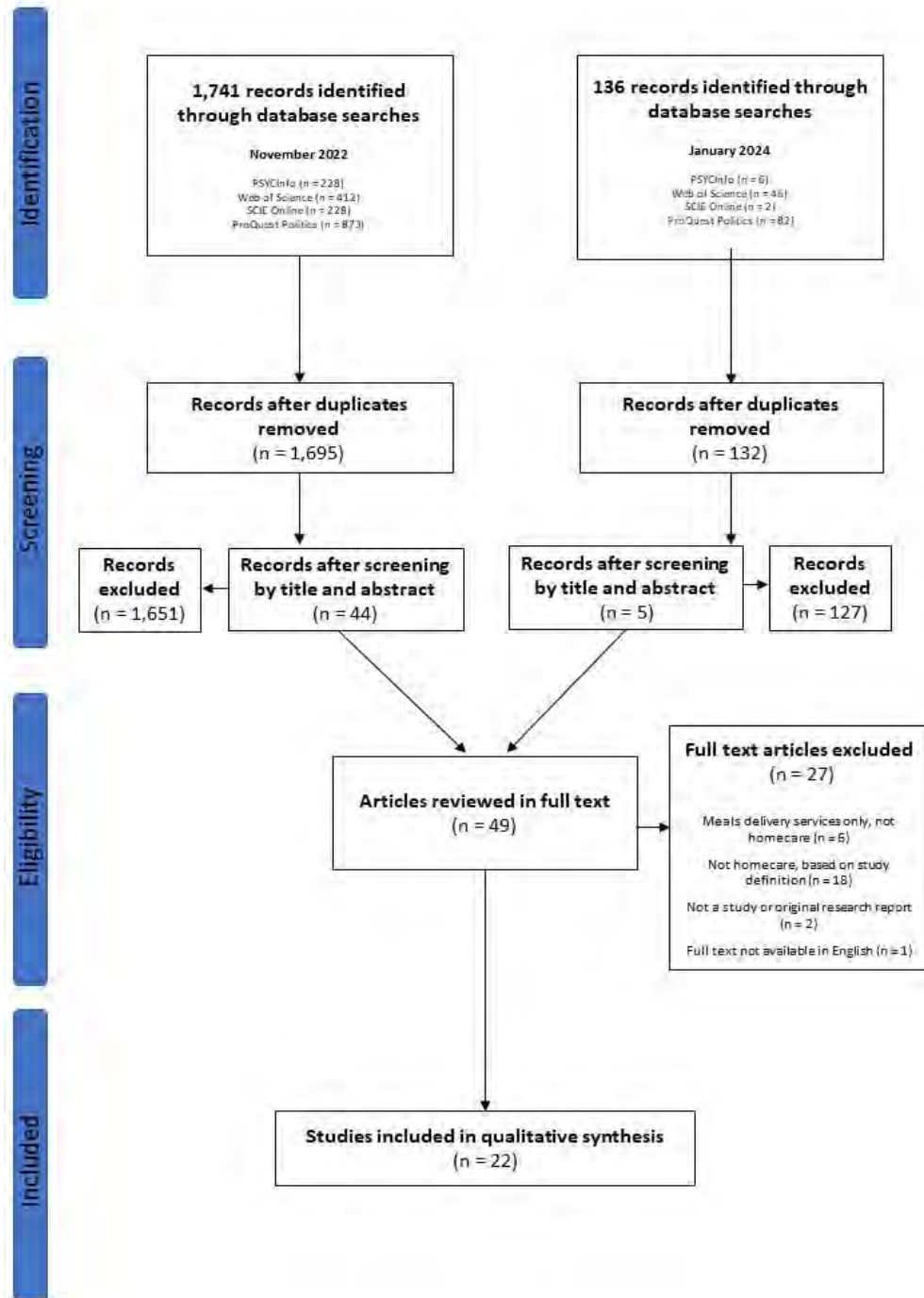
Database searches (= 1,877 records)

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
  - **A**dult **S**ocial **C**are **O**utcomes **T**oolkit (**ASCOT**)

ASCOT
adult social care outcomes toolkit

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**
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**

Needs met

Unmet needs

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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.

ASCOT
adult social care outcomes toolkit

	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%
χ²			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.
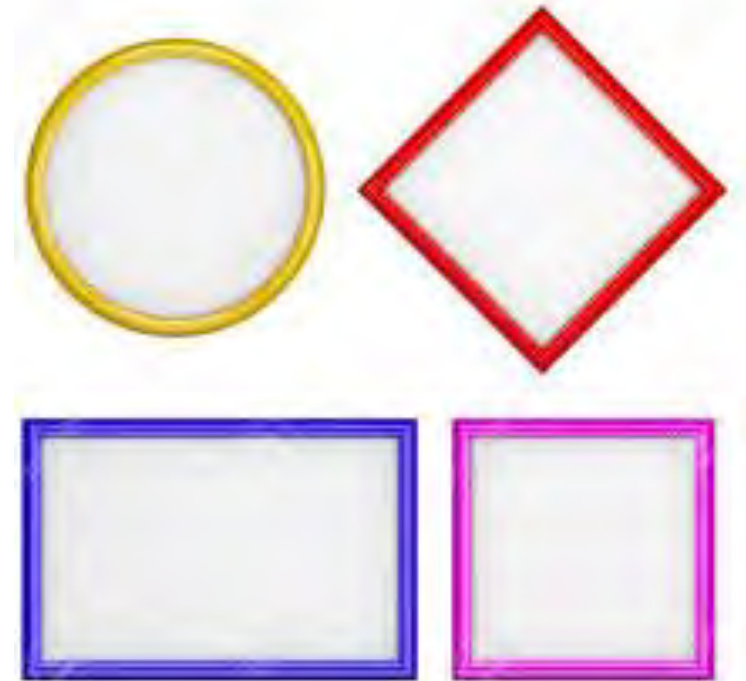
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Images are from the Centre for Better Ageing's library of age-positive images.

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

Any questions?

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