



Eat Well Age Well Evaluation  
May 2021



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# 1. Introduction and Background

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## 1.1 Background

[Eat Well Age Well](#) (EWAW) is a Scottish national project, funded by the National Lottery Community Fund. Project development began in October 2017, and it launched formally in May 2018. It is part of the Scottish Charity 'The Food Train'. The overall aim of EWAW is to contribute to the prevention, detection and treatment of underweight malnutrition and dehydration among older people living at home in Scotland. Unlike many health conditions, malnutrition is not an inevitable part of ageing, and is preventable.

EWAW seeks to bridge the gap between clinical and social support; and to support and test change interventions, with the lived experience of older people informing the project throughout.

EWAW works in collaboration across all sectors, to develop initiatives that make a difference to older people. It provides funding, training, and resources for anyone working with older people; carries out research, gathers evidence and influences policy; and argues the case for more resources and focus on underweight malnutrition and dehydration among older people living at home.

## 1.2 Programme Context

[Food Train](#) is an award-winning, grassroots-led, and community-based charity, founded in 1995 in Dumfries, by older people seeking to support their less able friends and neighbours through the provision of a grocery delivery service. The grocery shopping service remains its core activity, with services such as befriending, and [Meal Makers](#) subsequently coming on stream as the need, and related resources and opportunities, have been identified. Eat Well Age Well is one of these projects.

The Food Train expanded nationally in 2010 and quickly began to influence national policy, as well as providing vital direct services to those older people no longer able to manage independently, through age, ill health, frailty, or disability. 3000 older people in receipt of services are also the Food Train's members, and remain at the heart of the organisation's governance, providing a voice for older people through annual surveys and other consultation.

In parallel to the evolution of The Food Train, the wider health and social care context in Scotland has evolved significantly over time. As the Scottish population ages and the number of older people living at home increases<sup>1</sup>, this will put pressure on available statutory resources to meet these needs. Food Train identified a related and growing gap between the experience of older people who live at home with malnutrition, or who may be at risk of malnutrition; and the community care and support available. Staff and volunteers with concerns about the nutritional wellbeing of older members have no platform to raise those concerns, other than an emergency social work referral.

As an organisation that is driven by the lived experience of its older members, Food Train has since 2013 been at the forefront of nutrition and hydration advocacy, alongside the larger national associations and charities. The EWAW project came into being as a result of this work, supported by learning from the [Scottish Government Malnutrition Summit](#) (2015) and meetings of the [Cross-Party Group on Food](#) (2016), both driven by The Food Train.

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<sup>1</sup> [Scottish population demographics - ScotPHO](#)

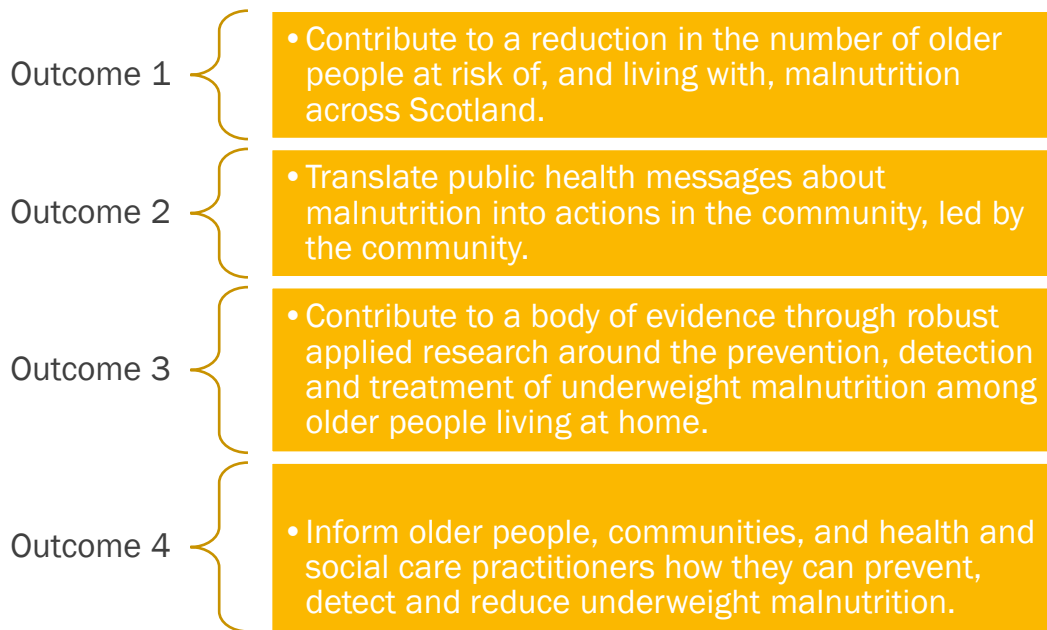


Food Train was therefore well placed to lead a submission to the National Lottery Community Fund, with the support of partners, to develop and deliver EWAW, a project focused on preventing, detecting, and reducing malnutrition.

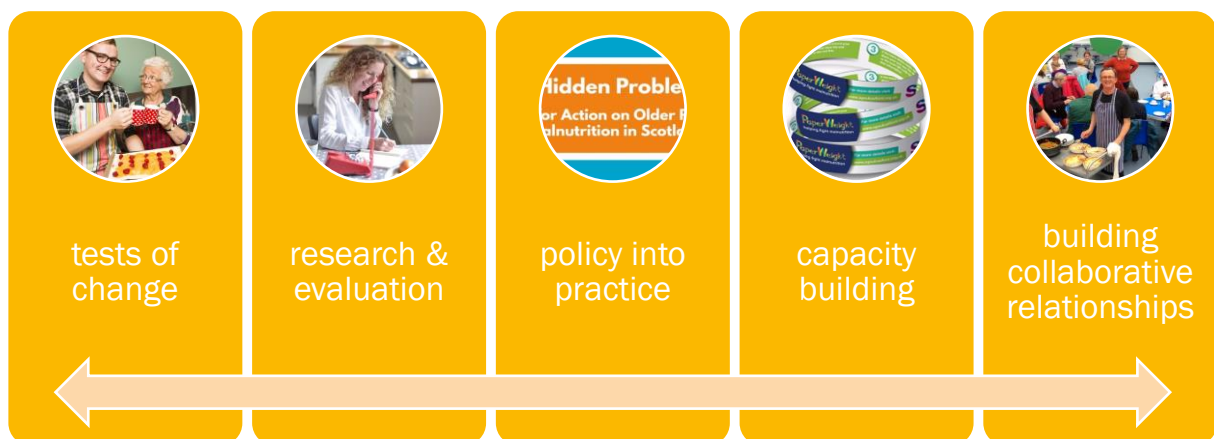
EWAW provided funders with an opportunity to test a unique and innovative approach, funding a grassroots organisation both tackling a public health issue and taking a lead role in facilitating and collaborating across all sectors.

### 1.3 Project Outcomes

The project outcomes agreed with the National Lottery are below:

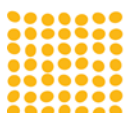


These outcomes were delivered through the following five themes :



In turn, the themes were contained within three core work strands:

- Identifying and addressing malnutrition
- Healthy eating in older age



- Social isolation and loneliness

## 1.4 Evaluation

Food Train recognised the pioneering and innovative nature of Eat Well Age Well from the outset, and the need to evidence what works. It therefore incorporated a robust and long-term external independent evaluation of Eat Well Age Well into its planning. The evaluation objectives were as follows:

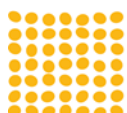
- To evaluate what has worked, and what has not worked so well, and why?
- To obtain the views, perspectives and experiences of staff, volunteers and older people who have been involved in or engaged with Eat Well Age Well: for example, those involved in 'tests of change', Small Ideas, Big Impact grant recipients, and joint working.
- To evaluate the impact of, and learning from, the Small Ideas, Big Impact grant scheme, which provides funding to organisations who can support older people to eat well and to detect, prevent and tackle underweight malnutrition.
- To evaluate the impact of, and learning from, the test of change projects, including the effectiveness of the Salford Paperweight Armband as a tool to detect malnutrition
- To evaluate the impact of partnership working and engagement with stakeholders
- To evaluate the impact of, and learning from, the Capacity Building training, including understanding how the malnutrition tools (including the Salford Paperweight Armband, Patients Association Malnutrition Checklist, and MUST) have been implemented across local settings
- To evaluate the quality and impact of all research that has been commissioned externally by EAWW
- To assess how the EAWW initiative has been planned, managed including financial management
- To make recommendations for ways of sustaining and continuing Eat Well Age Well work

Community Enterprise was commissioned to carry out this evaluation and this was done between July 2019 – March 2021.

As part of its Research & Evaluation project strand, EAWW separately commissioned a major research project, undertaken by the University of Glasgow. EAWW also undertook its own internal evaluation activity throughout, interviewing older people and other stakeholders, and producing case studies.

As the scope of, and outputs from, this parallel work became clearer, we adapted our original proposed methodology in order to complement rather than duplicate. As a result, we did not deliver initially planned activity around:

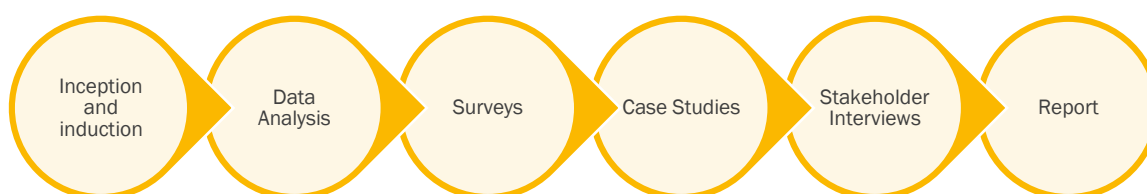
- Research into the wider causes of malnutrition and dehydration, or gather research evidence
- Interviews, case studies and focus groups with older people directly



## 1.5 Cross-strand working

Although we looked at each project strand individually, it is important to note that they are strongly inter-linked, with beneficiaries often engaging with more than one strand, and related cross-strand working within the relatively small EAWW staff team. Importantly all strands and themes are backed by a highly effective communications strategy that has developed a strong online presence, created YouTube content and podcasts alongside extensive use of Twitter. This enabled greater combined impact than would have been achieved with a single strand-specific focus. In Section 2.9 we have included a number of case studies that highlight examples of cross strand working.

Our approach is shown below:



We used a number of evaluation approaches across the themes. The main ones used for each theme are highlighted below:

| Evaluation method \ Theme        | Survey | Desk Research | EAWW internal documents | Interviews | Review of external documents |
|----------------------------------|--------|---------------|-------------------------|------------|------------------------------|
| Tests of Change (including SIBI) | x      | x             | x                       | x          |                              |
| Capacity Building                | x      |               | x                       | x          |                              |
| Research and evaluation          |        |               | x                       |            | x                            |
| Policy into practice             |        | x             | x                       | x          | x                            |
| Collaborative relationships      | x      |               | x                       | x          |                              |

- We produced two surveys, one in February 2020 (58 responses) and one in February 2021 (62 responses). The survey was emailed to 244 people in February 2020 and 450 in February 2021 representing a return rate of 24% for survey 1 and 14% for survey 2. The lower response rate in 2021 is likely due to it taking a lower priority as people were still responding to Covid. In addition to capturing the views of stakeholders and beneficiaries of Eat Well Age Well, the timing of the surveys meant that we were able to do some analysis of the impact of Covid.
- We carried out 17 interviews with a range of stakeholders, including SIBI grant holders, partners in Test of Change projects, and training participants. These were drawn from people who had agreed to follow-up interviews from the survey and through a request



from EAWW. We also interviewed 4 members of the external project Stakeholder Group and all 6 members of the EAWW team.

- Interviews were carried out between June 2020 and February 2021 and allowed us to capture the impact of Covid 19, particularly on the SIBI funded projects.
- We drew extensively on quantitative data within EAWW documentation to assess the reach and extent of the project in meeting the Lottery outcomes.
- The evaluation process was supported by regular meetings with EAWW staff. We held regular (monthly/bi-monthly) project liaison meetings throughout, enabling a constructive relationship based on ongoing mutual feedback, and enabling both parties to make helpful improvements to each other's approach.
- An initial draft report was developed in late 2020, earlier than required in the initial evaluation brief. This helped provide an early sense of findings and the opportunity for refinement of the approach to this final report.

## **1.6 Impact of Covid-19**

Of particular note has been the Covid-19 pandemic, the related lockdown in March 2020, and ongoing context (at the time of writing) of responding to this crisis at all levels of society.

The pandemic had a significant negative impact on older people and their family friends and carers; EAWW's own project delivery plans; and on our own planned evaluation methodology.

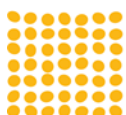
All Eat Well Age Well staff were re-deployed to work alongside core Food Train colleagues to assist with their increased workload, in particular provision of frontline phone support and food delivery to older people. While this caused some disruption to Eat Well Age Well's own project activity, the team worked hard to ensure that communication through blogs, newsletters and social media messaging continued. External (SIBI) funded projects, which were already providing frontline services, largely continued and some received additional emergency Covid-related funding. Materials were developed to allow training to move online from summer 2020. Tests of Change projects were impacted by Covid and several planned projects, which largely involved in-person activity with external partners in communities, had to either terminated early or could not proceed at all.

Our interviews with stakeholders and projects were carried out remotely and allowed us to capture some of the impacts of the pandemic on older people and community responses.

## **1.7 The Organisation**

The EAWW staff team was recruited in the Spring of 2018 with the following roles:

- Project Manager
- Project Support Officer
- Innovations Officer
- Digital Communications Officer
- Impact and Policy Officer
- Project Dietitian





It is notable that members of the team, regardless of role, have been recruited with a strong background and interest in food and nutrition and their commitment to older age malnutrition, both individually and collectively, is a particular strength that has fed through to their relationships with stakeholders and beneficiaries.

Covid 19 has had an impact on the team. Working from home has become the norm and communication has moved online. While the team has adapted to a 'new normal', all recognise that given the integrated nature of the project, communication is a key issue. Looking ahead, a mixed approach, combining working from home with some time in an office environment, is likely to be their preferred option.

In carrying out our evaluation, we worked collaboratively and flexibly alongside EAW and Food Train. We delivered some additional activities and outputs, beyond the scope of the original evaluation brief outlined above.

These included:

- Review and refinement of the EAW outcomes and indicators.
- Production of related logic models underpinning the core EAW work strands. These are included as Appendix 1
- Drafting of initial 'policy asks', supporting the later development of 4 Calls to Action
- Provision of training and guidance to the EAW team around evaluation approaches and methodology
- Producing information on accreditation process for training programmes.
- Provision of evidence to support increased recognition by EAW of the role of social isolation as a cause or risk factor in malnutrition in older people.

## 2. Tests of Change

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This project strand comprised two key elements:

- Tests of Change projects, delivered by EAW itself, in partnership with others.
- Small Ideas Big Impact (SIBI) a grant-making scheme, funding a range of small-scale grassroots activity by other individuals and organisations

In both cases, the intention was to enable frontline practitioners to access resources and support, and test out what interventions work, and which do not.

### 2.1 Findings

Our key findings around impact across both strands were:

- The Covid-19 Pandemic and related lockdowns had a significant adverse impact on all Tests of Change and SIBI projects, which largely involved community-based projects and partners providing face to face services to older people. The timing of SIBI funding rounds meant that some projects funded in round two were not completed on time and had to adapt their activity in response to Covid. Using savings that were being made across the project due to lockdown, a Covid Emergency Grant Fund was created. However, Test of





Change projects could not be adapted so readily and no new projects were able to begin after March 2020.

- Social isolation is a highly significant factor in creating the circumstances in which malnutrition can arise (such as low mood leading to low motivation to cook and eat, loss of appetite). Many projects addressed social isolation, sometimes unintentionally, with positive impacts for older peoples' wider wellbeing. Related, social interactions around food have an important role to play in preventing malnutrition.
- Voluntary and community-led interventions can demonstrate great creativity and responsiveness to older peoples' needs and have many additional benefits beyond tackling malnutrition (for example tackling social isolation or increasing benefits uptake).
- Interventions involving a 'befriender' (anyone who spends time with an older person and takes a positive interest in them) appear more successful in identifying, tackling, and preventing malnutrition than those that do not. This appears to apply regardless of the overt purpose of the intervention, and a significant outcome appears to be that the older person highly values the social contact as a standalone benefit.
- Correlated to the above, older people often present as initially resistant to any intervention around malnutrition and rarely self-refer or accurately self-diagnose. Achieving an older person's 'buy-in' can be challenging, yet success depends on it. Offering the right kind of support in the right way appears important. For example we found low uptake of a Dundee based Test of Change, in which 10 out of 150 older people contacted went on to self-refer to a third party Health Improvement Worker. This contrasts with high uptake of the Food Train West Lothian Eat Well Buddy service, based around contact with people already known to the older person and building on existing relationships. Although a small number (10 older people were targeted), all of them engaged with the support on offer.
- Where a successful personal relationship has been, or can be, established with an older person's supporter (who can be anyone), that person is well placed to help the older person with a wide range of other aspects impacting their health and well-being, such as benefits, housing, social prescribing and general assistance with navigating often complex local and national resource landscapes. This is evidenced through reported impacts of many of the Test of Change projects.
- Successful interventions do not need to be costly. For example, the intergenerational milkshake project funded by SIBI (outlined below) needed just £75.
- Key personnel in partner agencies were vital to the success of projects. Some Test of Change projects could not be delivered as planned because of extended vacancies, staff sickness or other issues outwith EAWW's control.

***In the 2020 survey 93% of respondents cited social isolation as a challenge faced by older people. In the 2021 survey, this had increased to 97%.***

Stakeholder surveys – 2020 and 2021



## 2.2 Innovation projects and Tests of Change

### Overview and reach

Tests of Change projects (also called Innovation projects) were developed and delivered by EAWW itself, in partnership with others. Nine projects were identified, eight of which completed or have continued beyond the initial test period. Projects varied considerably in scale, with some running for a few weeks with relatively small groups of older people and others running for 12-18 months and reaching much larger numbers of older people.

Projects were identified in a range of ways by EAWW, with the aim of testing specific tools and interventions in community settings, as follows:

- Screening using the Patients Association Nutrition Checklist (PANC)
- Screening using the Paperweight Armband (PA)
- Prevention of malnutrition, testing a variety of types of intervention.

While the primary purpose was to test tools and interventions, some of these projects also sought to engage more closely with the public sector by breaking down barriers and encouraging cooperation and collaboration between community and statutory health interventions.

### Overview of Tests of Change/Innovation Projects

| Location and partner  | Title/ Focus  | Overview  | Timescales       | Status   |
|---|---|---|------------------|--|
| Food Train & Health and Social Care Partnership Under-Nutrition Project, Dundee | Welcome Visit and PANC  | To compare the efficacy of the PANC via 3 approaches: self-assessment; helper assessment and via a group workshop.  | May 19 – Jun 20  | Completed  |
| Food Train & The Sunlite Community Café, Stirling                               | Eat Well To Go: Prevention, via delivery of homemade soup and ready meals                         | Support isolated older people to access food and increase partnerships with community organisations, engaging older people in co-production and co-design models. Case study including video <a href="#">here</a> | Jan 19 - Sept 20 | Completed  |
| Food Train, West Lothian  | Eat Well Buddy Service: prevention via awareness-raising and practical support with food ordering | Training volunteers to support customers, family, and volunteers to complete Food Train shopping orders.  | May 19- Oct 19   | In progress – continued beyond initial Tests of Change |
| Food Train Borders – Meals and Messages   | Shopping support, meal planning and nutrition advice to help address risk factors of malnutrition | Trained volunteers accompanied older people on weekly supermarket trips in Kelso. This included free group lunch from   | June 19 – Sep 19 | In progress – continued beyond initial Tests of Change |



|                               |  |  |                   |  |
|-------------------------------|--|--|-------------------|--|
|                               |  | Sainsburys to boost social interaction   |                   |  |
| NHS Lothian (Midlothian)      | Malnutrition & Dietetics Trailblazer 1   | EWAW provided information and guidance to people referred to the Nutrition and Dietetic Service who did not meet the service referral criteria. They were identified as likely to benefit from support with diet.                                    | Aug 19 – Dec 19   | Completed  |
| Red Cross, Midlothian         | Patients Association Nutrition Checklist   | Training neighbourhood link and buddy staff to integrate the Nutrition Checklist within home visits across Midlothian  | Jan 19 – ongoing  | In progress – continued beyond initial Tests of Change |
| Hanover Housing, Renfrewshire | Boost Box: Workshops, screening (PANC) and prevention, via a simple snack box containing high calorie, high protein foods to promote appetite and weight gain. | Information sessions on eating well in older life provided for sheltered housing residents. Used a combination of games, quizzes, discussion, and the Nutrition Checklist to identify those at risk. Case study including video <a href="#">here</a> | Sep 19 – Oct 19   | Completed  |
| Edinburgh, Glasgow & Stirling | Patients Association Nutrition Checklist with Independent Age  | Training befriending staff and integrating checklist into existing and new befriending visits  | Jan 20 – March 20 | In progress – continued beyond initial Tests of Change |

### 2.3 Collaborative approaches - Tests of Change

A major focus of Tests of Change projects was to try out new collaborations, seeking to significantly increase the reach of the EWAW programme by working with a range of partners. Some of these approaches are outlined in the case studies below.

#### Independent Age

Independent Age (IA) provides advice and support for older people which includes work on isolation and loneliness. Service users tend to be the ‘older old’ and are referred from several sources, including self-referral, GPs, and social workers.

Malnutrition had not traditionally been part of IA’s initial assessment with older people and this Test of Change sought to engage with IA teams in Edinburgh, Glasgow, and Stirling. With training and support from EWAW, the aim was to trial incorporating the Patients Association Nutrition Checklist into assessments, and related ongoing support plans.



The project trialled in the West of Scotland. From an overall client base of 150 people, prevalence of malnutrition was screened to be around 10%, but IA indicates that a further 30% or 40% report warning signs.

The West of Scotland Co-ordinator indicated the use of the checklist opened up helpful conversations on diet and hydration with older people. In follow up, she has recommended that all Independent Age's staff and volunteers receive Raising the Issue of Malnutrition (RIM) training and that PANC be incorporated into assessments across the whole organisation.

### **Hanover Housing**

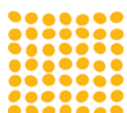
Hanover Housing provide and manage a wide range of housing and services, mainly for older people, with over 5,000 properties across Scotland. The Boost Box project (which combined a befriending programme with regular healthy snack boxes) was developed in partnership with Hanover Housing to help with early identification of older adults at risk of undernutrition in two supported housing complexes in East Renfrewshire. Alongside improved nutrition, an additional important outcome of this short pilot was the collaborative aspect, with good links and relationships established with this housing provider, and a tested delivery model that can be easily replicated within other sheltered housing complexes across Scotland.



### **Food Train**

Five Tests of Change were carried out in partnership with Food Train branches, which operate semi-autonomously in different local authorities across Scotland. Four of these projects completed during 2019/20 and one was withdrawn.

As with other Test of Change projects, an important aim of these projects, alongside reaching older people, was to test new collaborations between Food Train branches and other local organisations. The Dundee project was undertaken in collaboration with the Health and Social Care Partnership, which had developed its own Under-Nutrition Project and had a dedicated worker. The project provided an opportunity for the Under-nutrition worker to test out different approaches to screening. The Stirling project partnered with the Sunlite Café and trialled delivering nutritious soups and hot meals as part of Food Train's delivery service. The Eat Well Buddy service in West Lothian (see below) provides practical support with food ordering and as a result of the positive outcomes, the project has continued with funding from West Lothian Development Trust for a further 12 months.



## Food Train West Lothian Buddy Service

Food Train West Lothian had identified that many of its customers required additional support to complete their shopping orders (for example because of physical issues such as sensory loss or dementia) and to understand what a healthy, nutritional shopping order and meal preparation plan could or should contain. The service decided to pilot a Buddy Service, offering help with meal planning, writing shopping lists and general nutrition.

Four Food Train volunteers were recruited and trained by EAWW to identify malnutrition, the causes of malnutrition, how to use the 'Raising the issue of malnutrition' toolkit, and measures to improve nutrition in the elderly. As far as possible, buddies were matched with customers they already knew.

### Case study

One customer, Mrs K (93), was referred via Social Work as her daughter-in-law lived at some distance and was no longer able to help with meals and shopping due to other carer commitments. Mrs K is fiercely independent and was somewhat reluctant initially to accept support. However, after one visit Mrs K was extremely happy with her buddy assisting her with her shopping order, discussing her likes and dislikes over a cuppa, and introducing her to high calorie snacks. Mrs K also increased her fluid intake, which was previously low and had led to urine infections. The buddy also provided weekly updates to Mrs K's daughter-in-law who was extremely relieved to know this support was being provided.

Ten potential pilot project participants were approached through an introductory telephone conversation, which was followed up with a home visit. During the visit, the Buddy completed an

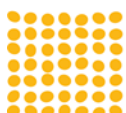


initial questionnaire, to understand the customers eating habits and what the Buddy could do to help. They also offered follow up weekly support with meal planning and writing shopping lists, and provided 150 hours of buddy visits, 40 buddy phone calls, and 45 calls with families and carers.

Outcomes reported by participants included a decrease in social isolation; positive acceptance from customers who were initially unsure how the project would help them; an increase in fresh produce, fruit and vegetables ordered by the customer; an increased number and variety of home cooked meals; improved general nutrition and increased fluid intake. Of particular note was the 38% increase in the number of lunches customers ate, where previously they might have skipped this meal. This correlated with the Buddy's help to order easy to prepare snacks, grazing foods, and fresh fruit.

## Malnutrition and Dietetics Trailblazers

Two further test of change projects, Eat Well Visit Midlothian and Eat Well Visit Edinburgh City were proposed and aimed to run in different areas with support of NHS Lothian Dietetics and 3 GP practices in Midlothian. Both aimed to provide a service to people considered at risk but who did not meet the referral criteria for NHS Dietitians. Following screening using MUST, those considered at risk would be able to opt into a new service, Eat Well Visit, which would be provided





by EAW staff. These projects have been disrupted by Covid 19 and it was decided that they should be discontinued. This does not remove the need for an early intervention service.

To overcome restrictions around home visits, EAW has launched a telephone Malnutrition Advice Line that provides advice to older people who have concerns around malnutrition and their diet. This was piloted in Lothian in December 2020 and was launched nationally across Scotland from 1 March 2021.

## 2.4 Preventing malnutrition – a strategic approach

EAW has recently submitted a proposal to pilot a strategic approach to detecting and preventing malnutrition across Scottish Borders Council. This proposal has been accepted and EAW is engaging with a range of forums and groups to take forward this work. The priority is to identify and work with those who have routine contact with older people. By supporting them to undertake conversations about malnutrition using the Patients Association Nutrition Checklist the aim is to embed this practice across older people's services. Alongside this EAW will explore with senior officials from Scottish Borders Council opportunities to provide their expertise within other strategic priorities. This might include the Anti-Poverty strategy, which has a focus on access to food, and to which EAW could provide input to address longer term action in relation to older age malnutrition.

If successful, this will create a model that will be transferable across other local authority areas and provide opportunities to engage with other Local Authorities and Health and Social Care Partnerships across Scotland.

## 2.5 Small Ideas Big Impact projects (SIBI)

### Overview

- The Small Ideas, Big Impact (SIBI) grant-making fund was set up to encourage anyone to create and develop projects around the theme of older people living well via food; and to test out or extend initiatives which might help prevent, detect and/or treat malnutrition. These were mini Tests of Change, building on the strong relationships that existed between grassroots projects and the more vulnerable members of the community.
- The fund was specifically designed by EAW to be open to all, and applications were welcomed from a wide range of individuals, community groups, social enterprises, charities, and public-sector agencies.
- Grants between £50 and £5000 were made available, over two funding rounds. £74,518 was distributed in October 2018 to 23 projects, and £92,457 in May 2019 to 24 projects.
- Full details of all funded projects are provided [here](#)

Funded 47 local grants and 10 much-needed covid-19 emergency grants which have supported over 600 older people, delivered 2854 hot meals and 140 cooking workshops in the community

## 2.6 SIBI Application process and decision-making

Applications were invited through a simple form, with accompanying guidance notes, and support was offered by EAW to any applicant requiring assistance to complete it. Decisions were made by a panel, which included independent external stakeholders. A shortlisting process with a scoring sheet was followed, facilitating a robust and objective process.



## Reach

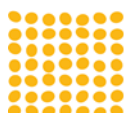
There are 14 Health Boards in Scotland and SIBI reached every area except for Shetland. In Round 1 projects were funded from 11 health board areas and from 13 in Round 2 as can be seen from the following table.

Fig 2: Number of applications and grants awarded by Health Board

| Health Board              | ROUND 1                |                    |                       | ROUND 2                |                    |                       |
|---------------------------|------------------------|--------------------|-----------------------|------------------------|--------------------|-----------------------|
|                           | Number of applications | Numbers successful | Percentage successful | Number of applications | Numbers successful | Percentage successful |
| Grampian                  | 7                      | 3                  | 43%                   | 5                      | 1                  | 20%                   |
| Forth Valley              | 5                      | 2                  | 40%                   | 4                      | 2                  | 50%                   |
| Greater Glasgow and Clyde | 20                     | 4                  | 20%                   | 24                     | 5                  | 21%                   |
| Ayrshire and Arran        | 2                      | 1                  | 50%                   | 3                      | 1                  | 33%                   |
| Dumfries and Galloway     | 3                      | 1                  | 33%                   | 3                      | 1                  | 33%                   |
| Highland                  | 5                      | 2                  | 40%                   | 10                     | 4                  | 40%                   |
| Tayside                   | 9                      | 1                  | 11%                   | 4                      | 1                  | 25%                   |
| Fife                      | 6                      | 3                  | 50%                   | 1                      | 1                  | 100%                  |
| Lothian                   | 19                     | 4                  | 21%                   | 6                      | 2                  | 33%                   |
| Lanarkshire               | 7                      | 1                  | 14%                   | 8                      | 3                  | 38%                   |
| Borders                   | 5                      | 1                  | 20%                   | 4                      | 1                  | 25%                   |
| Orkney                    | 0                      | 0                  | 0                     | 1                      | 1                  | 100%                  |
| Shetland                  | 0                      | 0                  | 0                     | 1                      | 0                  | 0%                    |
| Western Isles             | 0                      | 0                  | 0                     | 2                      | 1                  | 50%                   |
| <b>Total</b>              | <b>88</b>              | <b>23</b>          | <b>26%</b>            | <b>77</b>              | <b>24</b>          | <b>31%</b>            |

## 2.7 SIBI – Projects funded

- Over both rounds, 41 projects were delivered by community based voluntary organisations, such as Church groups, neighbourhood support or development initiatives, and lunch clubs. Overall, just 4 statutory projects were funded, 2 in each of the rounds and 2 individuals, one in each round.
- It is unclear why this relatively low statutory uptake was the case, although anecdotal experience indicates this is linked to historic patterns of internally-focussed working in that sector, and a stronger tradition in the voluntary and community sector of seeking and applying for funding.





- Round 1 funded activity focused primarily on 5 main areas: lunch clubs, cooking workshops/meal deliveries, mental health and wellbeing, dementia awareness and staff and volunteer training.
- Round 2 activities focused on training of staff, volunteers and older people, cooking skills or cooking tuition, and lunch clubs.

## 2.8 Evaluating SIBI impact: methodology and approach

EAWW intentionally set very wide parameters for SIBI from the outset and took a non-prescriptive approach to the funding criteria, to allow for creative, 'bottom up' ideas to emerge and be tried out.

Each project was well supported through a dedicated Innovations Officer and grant holders were offered an opportunity to attend evaluation workshops. While this level of personalisation supported the innovation that EAWW sought to achieve, it made it more challenging to assess the combined impact of the projects to the overall outcomes of EAWW. This was largely addressed in Round 2 with a more focused evaluation strategy linked more closely to EAWW project outcomes.

We worked with EAWW to produce a new evaluation framework for SIBI in Round 2, linked to the logic model and introducing broad outcome/activity categories into which all SIBI projects could be grouped. These were:

- Reducing Isolation and Loneliness
- Identifying and Addressing Underweight Malnutrition
- Encouraging Healthy Eating for Older Age

We also retrospectively grouped Round 1 projects into these categories for the purposes of evaluation, as can be seen in the table below.

### Evaluating SIBI impact: findings

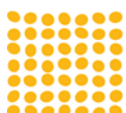
Evidence to support our evaluation has been gathered from several sources:

1. Completed evaluation forms and EAWW's own case studies
2. SIBI specific responses to our stakeholder survey
3. In-depth interviews held with nine recipients of grant funding, four from Round 1 and five from Round 2

We found strong anecdotal and reported evidence that the majority of SIBI funding was used wisely and well, in particular around the general theme/aim of support for older people to live well via food. Many projects also reported good outcomes around the more specific theme/aim: to test out or extend initiatives which might help prevent, detect and/or treat malnutrition.

However, the majority of SIBI projects did not identify underweight malnutrition as their primary concern. Unhealthy eating, obesity and diabetes were mentioned more frequently and some respondents were concerned a focus on underweight malnutrition may detract from these issues.

EAWW's light touch, flexible approach to SIBI funding and monitoring was appreciated. Recipients mentioned being 'trusted', 'treated as partners', and EAWW being receptive to amendments to applications.



Most SIBI projects used the funding to enhance or extend existing provision, leading to good integration into the overall work of the grant recipient. In some cases, however, it was difficult to distinguish between what was SIBI funded and what was routine activity. Although this integration is arguably an overall strength, it made assessing the impact of SIBI as a discrete activity challenging.

The table below provides summary examples of impact for each project and is drawn from two primary sources: copies of completed evaluation forms and case studies prepared by EAW. In addition, where a grant holder responded positively to a request for follow up, we interviewed them.

These have been grouped under four headings, the three themes of interest we recommended to EAW, and an 'other' heading to pick up additional outcomes of the work.

**Fig 3 Summary of impact of SIBI by project and theme**

| Project  | Identifying and addressing underweight malnutrition  | Healthy Eating in Older Age  | Social isolation and loneliness  | Other  |
|--|--|--|--|--|
| <p>Greener Kirkcaldy</p> <p>£5,000 for Elderberries Cook Club: a weekly cookery club for older people</p> <p>Video case study <a href="#">here</a></p> | <p>When participants first started coming to sessions some of the group had talked about health conditions and illnesses that they felt were a barrier to eating well.</p> <p>Input from Fife Health and Social Care partnership helped to inform participants about food groups; portion sizes; food fortification and adapting recipes for diet and health.</p> <p>Participants now regularly suggest or bring recipes that they would like to adapt and cook.</p> <p>They also reported that if they were ill and losing weight, they would be more aware of the symptoms both in</p> | <p>Some of the participants reported that, as they lived alone, they were not motivated to eat or cook regularly. Some were recently widowed and found it hard to cook due to lack of knowledge, skills, and company.</p> <p>13 of the 15 regular participants reported that they were trying out the recipes at home and for other people to share.</p> | <p>All participants are either living on their own, widowed, or feel isolated due to age and mobility. Participants are very supportive of each other and look forward to their time together. They like cooking in pairs and swap cooking partners. They all really value the opportunity to cook and eat with other people. They rated this as being just as important an impact as improving what they eat.</p> | <p><b>Increased opportunities to take part in community life</b></p> <p>Greener Kirkcaldy serves community meals on a regular basis and some participants have started to attend. It is an additional opportunity to access a two course, tasty and hot meal with other people in a friendly and warm setting.</p> <p><b>Increased access to no or low-cost food</b></p> <p>Greener Kirkcaldy has a community fridge, which enables perishable food that would normally be wasted, to be shared with local people. Donations</p> |



| Project   | Identifying and addressing underweight malnutrition  | Healthy Eating in Older Age  | Social isolation and loneliness  | Other  |
|---|--|--|--|--|
|   | themselves and others.   |  |  | come from local businesses and individuals. Some of the participants are on a low-income; most live on their own and find it hard to shop for small amounts of fresh food. Participants value access to the fridge and regularly take food home. |
| <p>Mearns Kirk Helping Hands (Greater Glasgow and Clyde)</p> <p>£790 for Breakfast Buddies, a fortnightly breakfast club for older men</p> <p>Watch video case study <a href="#">here</a></p> | <p>The project did not seek to specifically target those with malnutrition, though in targeting older men in the community, the project anticipated some attendees who might be experiencing malnutrition.</p> <p>All those who attended however reported prior awareness of the importance of eating well, particularly in older age.</p> | <p>The group raised awareness of the variety of dishes which can be prepared and eaten for breakfast.</p> <p>It increased the confidence of three group members in cooking breakfast foods</p> <p>It increased awareness of how to “balance” a meal by including fresh fruit and vegetables in simple ways, whilst still including the things the older men enjoy as part of a meal,</p> | <p>This was the main focus, and the group members reported the helpfulness to them of meeting new people, enjoying the company and conversation, and making new friends.</p> <p>Several were open about finding it difficult to find activities where they can spend time with other men, talking about subjects which interest them.</p> <p>Many responded to the informal opportunity to open up about their personal circumstances and receive support around</p> | <p>The funding allowed the group to get started by offering the breakfast for free for the first 12 weeks. It plans to continue on a self-funded basis.</p>  |



| Project  | Identifying and addressing underweight malnutrition   | Healthy Eating in Older Age   | Social isolation and loneliness  | Other   |
|--|---|---|--|---|
|  |   | <p>particularly a cooked breakfast.</p> <p>The project also offered less traditional breakfasts including kedgeree, “cowboy” breakfast of bourbon beans and bacon and a frittata style omelette with fresh peppers.</p>                             | <p>bereavement, living alone, and finding difficulties in terms of reduced social circles as they have got older</p>   |   |
| <p>Mackenzie Centre (Highland)</p> <p>£2,000.00 for new cooking equipment for Mac’s Snacks, an affordable snack service for older people and unpaid carers</p> <p>See image Gallery <a href="#">here</a></p> | <p>The main project aim is to tackle food poverty among older people by providing affordable light meals, but also to raise awareness of the importance of nutrition and hydration through workshops and social interactions.</p> <p>The project reported:</p> <ul style="list-style-type: none"> <li>• Increased knowledge of diet and nutrition for older people</li> <li>• Increased understanding of metabolism and calorie intake</li> </ul> | <p>Members attended an information session to learn about fortifying foods. The new equipment increased access to nutritious meals</p> <p>The biggest reported impact was rediscovering confidence in old skills or maintaining current skills.</p> | <p>While most older people were well nourished and well looked after by family and exhibited no signs of malnutrition, loneliness was an issue.</p> <p>Social stimulation and brain activity from the workshop (planning and thinking ahead, recalling favourite recipes etc)- a connection over food, realisation that many things are still possible and the joy of communal eating.</p> | <p>The amount of reminiscence and connection with the past played a bigger part in well-being than the project had anticipated.</p> <p>Access to benefits advice</p> <p>Staff knowledge and skill-set in facilitating workshops has improved and they are now more aware of what matters for older people around good food and maintaining independence</p> |



| Project  | Identifying and addressing underweight malnutrition   | Healthy Eating in Older Age | Social isolation and loneliness  | Other   |
|--|---|-----------------------------|--|---|
|  |   |                             | Connections were made between members who might not normally interact.   |   |
| <p>Dementia Friendly Communities (Highland)</p> <p>£4,417 for staff, food, packaging and fuel costs for preparation and delivery of Grab 'n Go Bags- dementia friendly snack bags for the weekend.</p> <p>See Image Gallery <a href="#">here</a></p> | <p>The delivery driver gained better knowledge of the signs and symptoms of malnutrition from liaising with a local NHS Dietitian. The driver was able to build up rapport with the customers, and signpost if concerned.</p> |                             | <p>Helmsdale is a remote and rural area, causing greater social isolation for older people living at home.</p> <p>The driver was able to share additional information about activities and clubs in the local area to help combat social isolation</p> | <p>The service also provides a hot meal 'Dinner at Your Door' and other services and found that the popularity of Grab and Go Bags increased the take up of other services, which meant more older people were reached across the rural area.</p> <p>Additionally, the project is now sustainable and continuing to provide nutritious meals to older people over the weekends.</p> |
| <p>New Deer Community Association (Grampian)</p> <p>£475 for ingredients and transport for The Big Lunch: a community lunch for older people</p> <p>See image gallery <a href="#">here</a></p>   |   |                             | <p>This was the primary focus of the project. An article in the press and journal 'Tackling rural social isolation' helped to increase awareness of the event.</p>   | <p>The funding enabled increased engagement with older people, and new partnership work between local business. E.g., Mustard Seed café and Foodie Favourites cookery demonstrations.</p> <p>The project also enabled five volunteers to</p>  |



| Project   | Identifying and addressing underweight malnutrition   | Healthy Eating in Older Age   | Social isolation and loneliness   | Other   |
|---|---|---|---|---|
|   |   |   |   | <p>increase their skills in running a community project.</p> <p>A project underspend gave the New Deer disabled and seniors club financial assistance for their annual Christmas lunch.</p>   |
| <p>Annan Day Centre (Dumfries &amp; Galloway)</p> <p>£3,300 for social meals at the centre and delivery of meals at home.</p> <p>See image gallery <a href="#">here</a></p> | <p>The project increased staff knowledge and understanding on nutrition for example, meeting different dietary requirements.</p> <p>No one was found to be at risk of malnutrition; however, staff are more aware of the signs and symptoms and where to refer if anyone was at risk.</p> | <p>The funding enabled extra portions of food and meal deliveries, which have given the older people more choice.</p>   | <p>Keeping the meals at a low cost encouraged older people to come along and helped reduce social isolation as well as giving them a chance to see what other services are available.</p>     | <p>The day centre is going to continue to offer low-cost nutritious meals as well as extending the meals and wheels service to four days to target more rural areas.</p> <p>Also, the project has attracted new service users, who started to use other aspects of the day centre services for example, footcare.</p> |
| <p>Joanna Teece (Lothian)</p> <p>£70 for equipment and ingredients for Fantastic Food First Milkshakes and Tea Party</p>  | <p>Joanna is a dietitian and also a parent. She piloted an intergenerational project on a voluntary basis, using the <a href="#">Food First</a> approach, to educate children at Queensferry Primary School and staff and volunteers at nearby day centre The Haven, about</p>            | <p>Although not specifically the focus of the project the workshops covered general nutrition, e.g., the difference between using refined sugar and fruit to sweeten drinks. This</p> | <p>The Haven staff noted how popular the interaction with the children was with the older people and had a noticeable positive impact on their wellbeing.</p> <p>The project provided the</p> | <p>There are significant potential long term positive outcomes from the children's' increased knowledge of malnutrition in older age.</p> <p>This was an easy, affordable project that could be</p>   |





| Project                                   | Identifying and addressing underweight malnutrition  | Healthy Eating in Older Age                                 | Social isolation and loneliness   | Other   |
|---|--|---|---|---|
| See video case study <a href="#">here</a> | malnutrition in older age and ways to prevent it; support them to prepare simple enriched milkshakes; and then take 9 children into a neighbouring day centre, The Haven, for an intergenerational 'tea party' with the older people. A workshop was also held with the day centre volunteers. | also tied in with healthy eating aspects of the curriculum. | school with equipment to make the smoothie drinks which will allow the school to repeat the activity and maintain links with the Haven. Plans to mainstream this activity into the school curriculum and repeat the tea party in 2020 were postponed due to Covid-19. | scaled up and ideally become part of the school curriculum at various levels.<br><br>This is something that uniformed organisations might also want to become involved in, as part of their community service |

## 2.9 SIBI and capacity building – cross strand working

Every SIBI project was invited to participate in RIM and REHIS training to build capacity within communities to identify risk factors and signs associated with underweight malnutrition, including use of malnutrition tools. The table below on Page 24 shows projects funded and the uptake of training across SIBI projects in Rounds 1 and 2. In total 36 people undertook RIM training and 9 REHIS.

From the survey, in 2021 6, (39%) of SIBI respondents have used malnutrition tools, with slightly more use of the armband than the checklist (5 compared with 3). This is comparable with 2020 when 8 (40%) have used the tools.



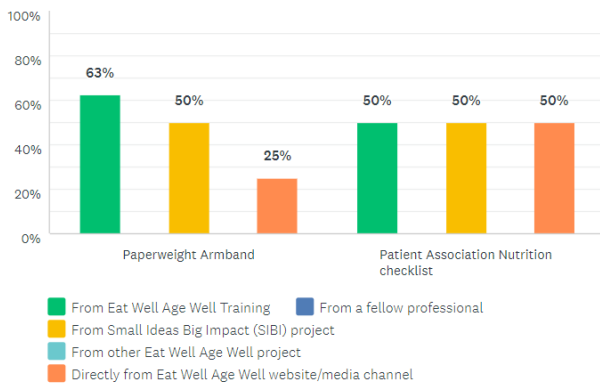
The majority of SIBI participants on RIM courses (>90%) were community project workers and as can be seen from the case study below, these skills and knowledge are being integrated into their everyday practice.





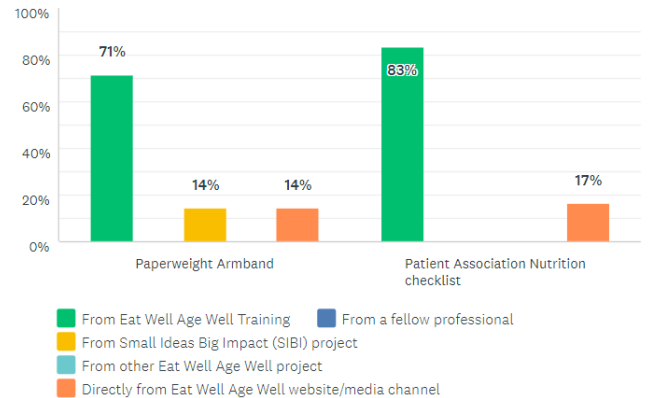
## Awareness of Armband and PANC 2020

SIBI respondents n =8



## Awareness of Armband and PANC 2021

SIBI respondents n=6



The comparison between 2020 and 2021 shows that increasingly people connected with SIBI projects are more likely to find out about malnutrition tools from training than any other source.

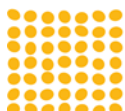
### Kennoway Community Shed

Kennoway Community Shed is open two days/week. It was set up to provide a place where people could come and chat and take part in social activities. Around 60, mostly older, people use the Shed. It offers a range of activities including woodworking, knitting, sewing and upholstery and has allotments with beehives and a sensory garden. They host 'The Wells' on a Thursday taking referrals from GPs of people who need advice and support with health and wellbeing.

With funding from EAWW, the Community Shed provided community meals as part of their social activities. During lockdown, they have introduced a take-away service and have maintained social contact and purchased a range of games and activities including jigsaws, dominoes, and cards to encourage people to stay active at home.

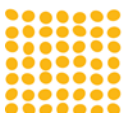
Through their strong relationships with older people and the community, they can identify when everything is not well. For example, if older people become withdrawn and disengaged, particularly if they have been recently bereaved, they now use the nutrition checklist alongside other interventions to support their wellbeing. ***This awareness and understanding of causes of malnutrition has been a direct result of attendance on RIM training course.***

Staff and volunteers are also much more aware of the importance of eating well and have given more thought to nutrition when planning their meals and takeaways, particularly taking advantage of fresh produce from their allotments. These interventions will help to create better health outcomes in the whole community.



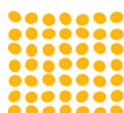
**ROUND 1 – projects on rolling start from January 19**

| Recipient  | Purpose of grant   | RIM training |     |                  | REHIS training |     |               |
|--|--|--------------|-----|------------------|----------------|-----|---------------|
|  |  | Date         | No. | Role             | Date           | No. | Role          |
| Glendoune Community Association                                      | Weekly lunch club  | 2020         | 1   | Project staff    | 2020           | 1   | Project staff |
| Hawick Men's Shed  | Men's kitchen and cookery skills   |              |     |                  |                |     |               |
| Annan Day Centre   | Social meals and delivery of meals at home   |              |     |                  |                |     |               |
| Cupar YMCA/YWCA  | Men's Cookery Skills and Lunches   |              |     |                  |                |     |               |
| The Ecology Centre   | Dementia friendly equipment and eating   |              |     |                  |                |     |               |
| Greener Kirkcaldy  | Weekly cookery club for older people   | Aug 19       | 2   | 2x project staff |                |     |               |
| Sunlite Community Café   | Dementia awareness and capacity building – dementia friendly café                          |              |     |                  | Feb 20         | 1   | Project staff |
| Falkirk and Clackmannanshire Carers Centre                           | Men's group with cooking skills and food sharing   |              |     |                  |                |     |               |
| Aberdeen Multicultural Centre  | Weekly themed multicultural meals for older people   | Apr 19       | 2   | 2x project staff | 2020           | 1   | Project staff |
| Bon Accord Support Services  | Weekly themed multicultural meals for older people (Wellbeing and Healthy Eating Roadshow) | 2020         | 2   | Project staff    |                |     |               |
| New Deer Community Association                                       | Community lunch for older people - held on 28 July 2019                                    | Apr 19       | 1   | Volunteer        |                |     |               |
| Neilston Development Trust   | Cooking skills classes for carers and older people   | Mar 19       | 2   |                  |                |     |               |
| Springburn Park Men's Shed   | Weekly hot meals lunch club  |              |     |                  |                |     |               |
| Cairnmhor Resource Centre – Older Adult Community Mental Health Team | Nutritional meal planning activities (older people and mental health)                      | Mar 19       | 1   | Project staff    |                |     |               |
| Mearns Kirk Helping Hands  | Fortnightly breakfast club for older men   |              |     |                  | Feb 19         | 1   | Volunteer     |
| MacKenzie Centre   | Hot evening snack for older people and unpaid carers                                       |              |     |                  |                |     |               |
| Dementia Friendly Communities Ltd                                    | Provision of dementia friendly snack bags for the weekend                                  |              |     |                  |                |     |               |
| NHS Lanarkshire  | Meal planning for older people getting care at home  |              |     |                  |                |     |               |
| Stoneyburn and Bents Future Vision Group                             | Lunch club and daily contact calls   |              |     |                  |                |     |               |
| Dunbar Grammar School  | Intergenerational evening dinner with activities held at school                            |              |     |                  |                |     |               |



|                            |  |  |           |               |  |          |  |
|----------------------------|--|--|-----------|---------------|--|----------|--|
| Joanna Treece              | Intergenerational tea party with food first approach (one-off event) |  |           |               |  |          |  |
| Edinburgh Community Food   | Sheltered housing cookery and food group partnership                 |  | 3         | Project staff |  |          |  |
| St Mary's Community Church | Fortnightly evening community meal                                   |  |           |               |  |          |  |
| <b>TOTAL</b>               |  |  | <b>14</b> |               |  | <b>4</b> |  |

| Round 2 – projects on rolling start from September 19              |   |              |     |                                   |                |     |               |
|--|---|--------------|-----|-----------------------------------|----------------|-----|---------------|
| Recipient  | Purpose of grant  | RIM Training |     |                                   | REHIS Training |     |               |
|  |   | Date         | No. | Role                              | Date           | No. | Role          |
| Volunteer Centre<br>East Ayrshire                                  | Hot meals with intergenerational aspect   | Oct 19       | 1   | Project staff                     |                |     |               |
| Abundant Borders<br>(Coldstream Soup Kitchen)                      | Weekly lunch club in Coldstream with expansion into two other areas   | ?            | 1   | Project staff                     | 2020           | 1   | Project staff |
| Stranraer and District<br>Old People's Welfare<br>Organisation Ltd | Replacement equipment for delivery of meals from day centre's extended home delivery service  |              |     |                                   |                |     |               |
| Kennoway<br>Community Shed   | Community Shed providing hot meals/takeaway meals in partnership with college and council   | Feb 20       | 1   | Volunteer                         |                |     |               |
| Allan Park South<br>Church   | Cookery classes with socialising and eating together and take home meals for older men  |              |     |                                   | Feb 19         | 2   | Project staff |
| Slow Shopping  | Part of national movement. Support older people to take time shopping making it pleasurable experience                              |              |     |                                   |                |     |               |
| Jarvis Court   | Food moulds for textured modified diets   | Feb 20       | 2   | Project staff                     |                |     |               |
| Glasgow's Golden<br>Generation                                     | Intergenerational group project – interaction with hens and cooking with eggs   | Jan 20       | 8   | 4x project staff<br>3x volunteers |                |     |               |
| Karen Alford<br>(Individual)                                       | Dinner club in sheltered housing complex. It is volunteer led and is trialling slow cookers   |              |     |                                   |                |     |               |
| Belville Community<br>Garden                                       | Pop-up Soup and Blether project. Intergenerational, targeted at isolated housebound people and linked back to primary care.         |              |     |                                   | Feb 20         | 1   | Project staff |
| Glasgow North East<br>Older People's<br>Mental Health<br>Service   | OT led providing assistive aids and guidance packs. Will run small pilot of bespoke interventions including use of screening tools. |              |     |                                   |                |     |               |
| Cadder Housing<br>Association                                      | Adds lunch club to older person's club. Patient Association Nutrition Checklist will be incorporated                                |              |     |                                   |                |     |               |



|   |  |                  |            |   |         |          |                       |
|---|--|------------------|------------|---|---------|----------|-----------------------|
| Portland Hall                                     | Two lunch function events (summer and Christmas) – takeaway soup included  |                  |            |   |         |          |                       |
| Dunbeath and District Centre                      | Meal and food provision for identified vulnerable older adults during winter   |                  |            |   |         |          |                       |
| NHS Highland                                      | Intervention tool and resources for use by local dietetic service  | Mar 20           | 1          | Clinical Practitioner                         |         |          |                       |
| Multiple Sclerosis Centre Mid Argyll              | Volunteering, cooking meal provision and delivery. Runs alongside gentle exercise classes  | Oct 19           | 1          | Project staff                                 |         |          |                       |
| Glenboig Development Trust                        | Malnutrition specific link worker providing referrals and nutrition care pathways for most at risk older people                                      |                  |            |   |         |          |                       |
| Lanarkshire Community Food and Health Partnership | Provision of nutrition and cookery courses for older people in the community   | Feb 20<br>Oct 19 | 2          | 1x project staff<br>1 x clinical practitioner | Feb 19* | 1        | Clinical practitioner |
| Healthy Valleys                                   | Monthly Nourish and Natter – social/food club investigating and influencing eating habits in later life.   | Mar 20           | 2          | 1 X project staff<br>1X not known             |         |          |                       |
| Cyrenians   | Provide take away food to lunch club attendees targeting those who are malnourished using screening tools.   |                  |            |   |         |          |                       |
| Roseberry Centre                                  | Bi-monthly support café lunch for dementia sufferers and their carers including awareness raising and wellbeing screening                            |                  |            |   |         |          |                       |
| Stromsay Development Trust                        | Hosted evening meals and delivery of weekly food boxes containing fresh produce to isolated older people.  | Jun 20           | 1          | Project staff                                 |         |          |                       |
| Elder Voice                                       | Shopping and delivery service for older people in rural areas. Volunteers trained on malnutrition screening tools used to spot signs of malnutrition |                  |            |   |         |          |                       |
| Horshader Community Development                   | Monthly lunches for older people – local produce and wellbeing activities included with malnutrition screening.                                      |                  |            |   |         |          |                       |
| <b>TOTAL</b>                                      |  |                  | <b>22*</b> |   |         | <b>5</b> |                       |

\*total includes 2 from Moray Food Plus

## 2.10 Covid-19 Emergency Fund

- A third funding round took place in 2020, focussed specifically on providing Covid-19 Emergency Grants.
- This version of the fund was only open to individuals and organisations that had previously applied to SIBI. Projects could apply for grants up to £1,000 in support of immediate community responses to Covid-19.
- Funded projects had a focus on providing food access and addressing social risk factors that can contribute to malnutrition. 10 projects were funded, receiving a combined total of £13,105.09.



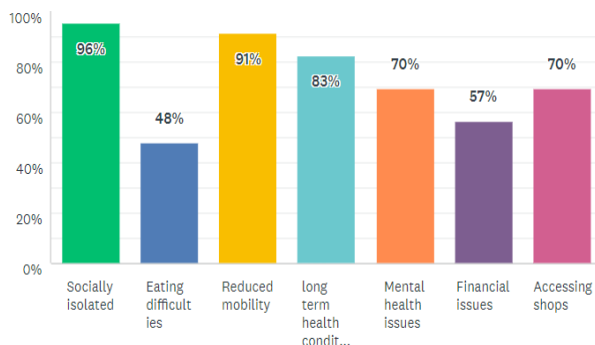
Evaluation of the Covid fund was out with our remit. However, as most of our work was done during Covid, we are able to offer some general observations drawn from our interviews and survey results.

### Impact of Covid in communities

Surveys were carried out in Feb 2020 and again in Feb 2021. Although we cannot directly link changes over time with Covid, we can assume that the pandemic will have had some influence on survey responses. In 2020, there were 58 responses to the survey, of whom 23 were SIBI grant holders. In 2021, there were 62 responses of whom 19 were SIBI grant holders.

We asked people working on SIBI projects to describe the challenges that the older people they worked with face, asking them to tick all that applied.

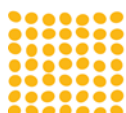
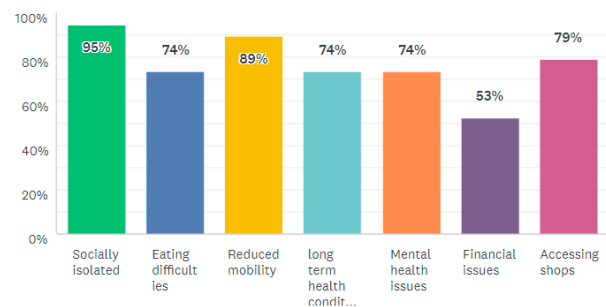
#### Responses 2020



In 2020 Social isolation is considered to be the biggest challenge faced by older people (96%), followed by reduced mobility (91%) and long-term health conditions (83%)

When we asked the same question in 2021, responses were broadly similar with the exception of eating difficulties which had risen by 26% from 48% to 74%. The next largest rise is in accessing shops (up 9%)

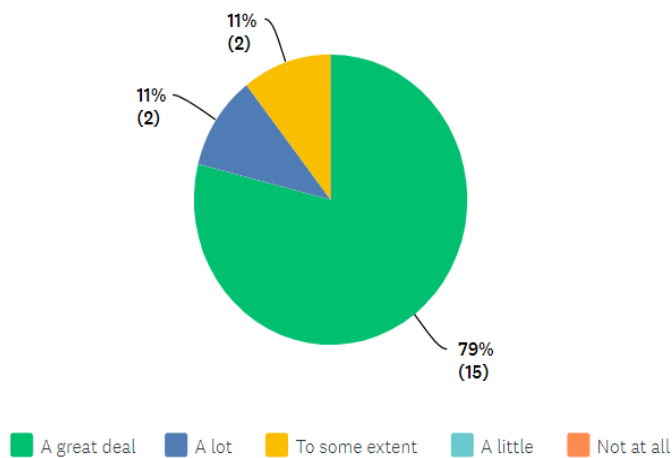
#### Responses 2021



We also asked the extent to which people’s work had changed because of Covid

79% of SIBI respondents stated that their work had changed a great deal with a further 11% saying it had changed a lot. This compares with 61% of total respondents who said their work

had changed a great deal and 20% who stated it had changed a lot.



*“Increased video/telephone calls, increased isolation/lack of adequate support limiting vulnerable adults’ intakes resulting in more referrals to dietetics”*

From our conversations with SIBI projects we know that the majority had to adapt very quickly to Covid and. The comments below are from the 2021 survey.

*“Hugely increased food deliveries to isolating households; increased crisis food aid; move to online development working/REHIS training; increase in workload; streamlining of processes and improved capacity”.*

*“We have had to adapt to new ways of engaging with older, isolated and vulnerable. Having to drop items at older people’s doors when they live alone in isolation when before we were going into their homes and spending some time with them. We are engaging in different ways with the wider community”*

### Community response

The majority of SIBI projects providing community-based meals quickly adapted their model to deliver food to older and vulnerable people. Through EWAW’s Covid emergency fund, 10 SIBI projects received funding to support their Covid work.

Details of the projects are [here](#)

Projects quickly adapted their operational model to some form of outreach service. In most cases, social interaction was offered alongside nutritious food as it quickly became apparent that social isolation and loneliness were having a significant negative impact on older people’s mental health, raising concerns about the impact this might have on their ability to eat.



At the same time, there were some positives reported. In many instances, lockdown has created a stronger sense of community with more people looking out for the vulnerable and frail within their neighbourhoods. This, alongside more community outreach activity, increases the likelihood that older people in need of support were able to be identified and receive support and help. There are opportunities to use the learning gained from Covid to redesign some services to build on this work to reach more of the traditionally hard to reach groups.

When asked in the survey if they were likely to maintain changed working practices post Covid, 30% of respondents said they would with a further 35% not sure.

#### **Multiple Sclerosis Centre, Mid Argyll – Doorstep Deliveries and a Check in Chat**

Since March 2020, around 50 people have received soup and baking delivered to their doorstep twice weekly.

Older people have benefited from access to nutritious food, company and the wider community has benefited from greater engagement. Increasingly they have found that older people deliver food to neighbours who are in need and are more likely to be aware of those who might be missed. One older lady told of a younger man who had lived with his parents until they died and now took all his meals in the pub. Since lockdown she had been worried that he wasn't eating and asked for soup to take to him.

## **3. Capacity Building**

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### **3.1 Overview**

This project strand was aimed increasing knowledge and skills in organisations, groups, carers, volunteers and others, to spot the signs of malnutrition and take early action.

The primary activity was the development and delivery of two training courses:

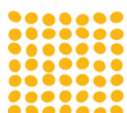
- Raising the Issue of Malnutrition and
- REHIS Eating Well for Older People.

Both courses were designed to be delivered face to face but have been adapted for on-line delivery since July 2020, in response to Covid-19.

Both courses were delivered in two main ways:

- Open courses i.e., open to anyone supporting older people, and with Eat Well Age Well organising venues, undertaking bookings, promotion etc
- Bespoke courses i.e., with single partner agencies and generally open only to that agency's staff and/or volunteers.

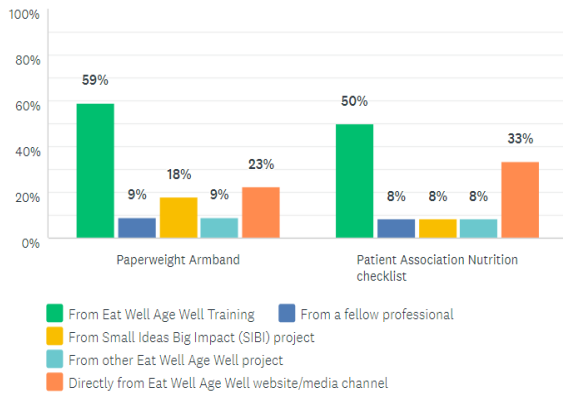
Raising the Issue of Malnutrition introduced participants to the two malnutrition measures promoted by Eat Well, Age Well. These are the Patient Association Nutrition Checklist (PANC) and the Paperweight Armband.





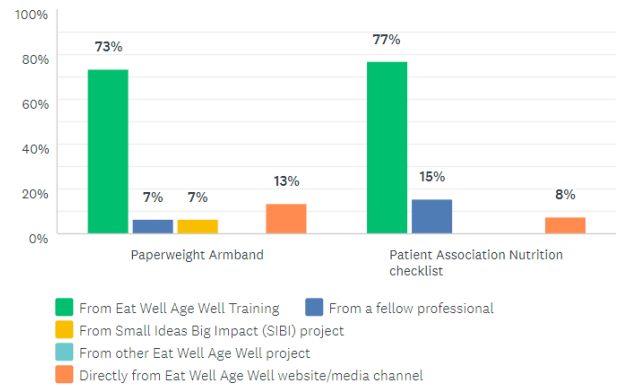
2020

Awareness of Armband and PANC n=23



2021

Awareness of Armband and PANC n=15



The charts above taken from the surveys 2020 and 2021 show that increasingly training is the way most people become aware of the PANC and Armband, confirming the key role training has in raising awareness of underweight malnutrition and the tools that can be used to detect and prevent it.

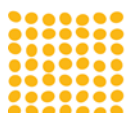
### 3.2 Raising the Issue of Malnutrition (RIM)

#### Overview

This short 3hr (half day) training course aims to increase practitioners' knowledge and confidence around identifying and supporting older people at home in the community who are at risk or are suffering from malnutrition.

The course was devised from materials from Greater Manchester Nutrition and Hydration programme which EWAU adapted for use in Scotland. It was designed in-house by Eat Well Age Well's nutritionist and incorporates information on:

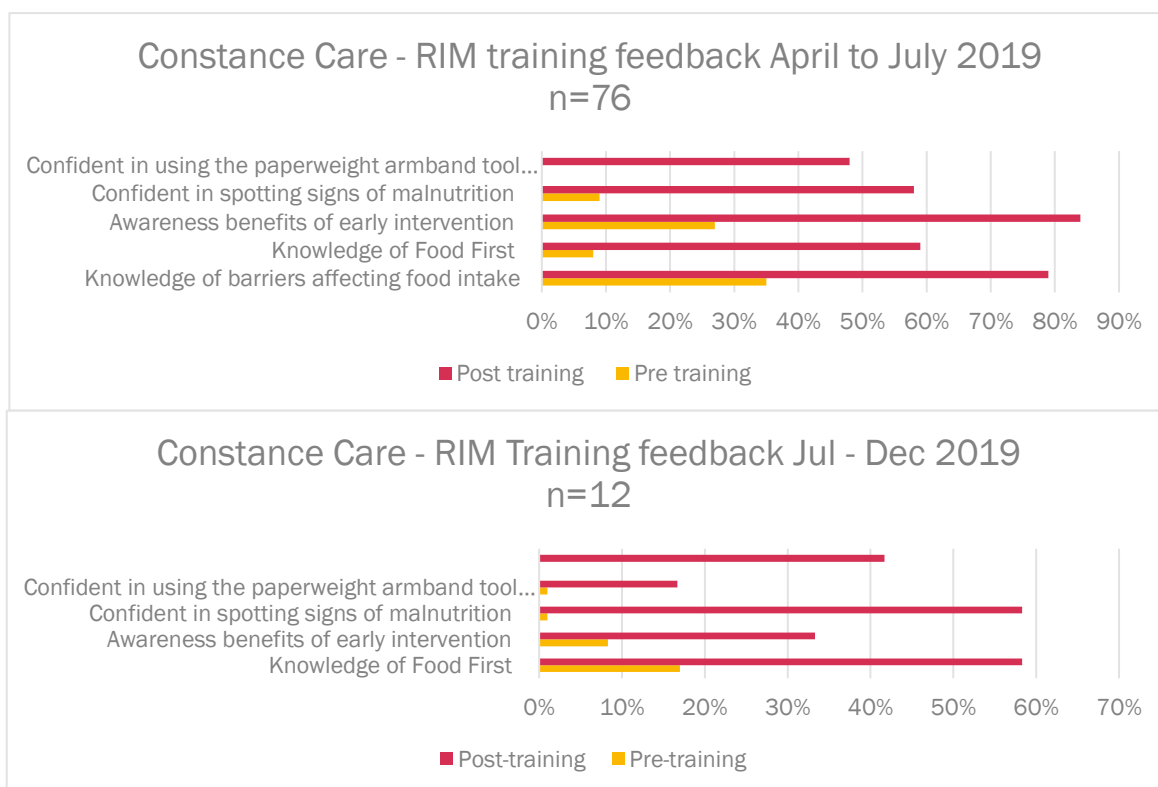
- Common signs and symptoms of malnutrition.
- Guidance around supporting individuals using Food First advice.
- Utilising simple screening tools such as Paperweight Armbands and the Patient Association Nutrition Checklist to identify at risk individuals.
- Gaining awareness of promoting good nutrition and hydration in older adults.



### 3.3 Bespoke training: Constance Care

Home care staff were identified early on as a valuable potential resource given their access to older people living at home, particularly the most frail and vulnerable. EWAW worked with Constance Care, a large home care provider employing around 600 care staff, to provide in-house RIM training to its staff.

114 staff were trained in 2019. Evaluations were carried out with participants asked to rate their levels of confidence and awareness of factors affecting nutrition and underweight malnutrition in older people. The charts below show changes in percentages rating themselves as 'very confident' 'very aware' and with good levels of knowledge pre and post training.



These changes clearly show the benefits of carer training in detecting and preventing malnutrition.

However, from the beginning of 2020, demand for training tailed off and courses were cancelled. Prior to offering more courses, a review was carried out with Constance Care and a short survey was sent out to assess the extent to which the training was being put into practice. The review noted that the fall-off in numbers was consistent with normal training patterns and not exclusive to Constance Care (or indeed the care industry).

Reported barriers included:

- No great incentive for companies to release carers for training
- Carers are often not paid for training time



- Places additional pressure on low paid staff and they don't necessarily see identifying malnutrition as part of their job
- Problems with buy-in from team managers

The survey identified a need for training to further raise awareness of malnutrition and upskill carers to intervene when required. New training materials have been developed and a new carer training course will be introduced in 2021. Discussions are taking place with SCQF to explore accreditation for the training which may give it more standing with employers and encourage greater uptake from carers.

The EAW team have learned a lot about how home care works and how to deliver training to home carers through the experience of working with Constance Care and will use this new expertise to engage with more home care organisations.



### 3.4 REHIS Eating Well for Older People

#### Overview

The development of this course came about following the Scottish Government's Malnutrition Summit of 2015. Subsequent follow up meetings led to a commitment from the Royal Environmental Health Institute of Scotland (REHIS) to develop training. This was collaboratively developed with Edinburgh Community Food and NHS Tayside.

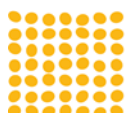
The course aims to provide participants with the knowledge and appreciation of the importance of good nutrition for older people and how to support them to eat well. The course is non-clinical and suitable for anyone working with older people in the community or for older people themselves.

#### 3.5 Online delivery – REHIS and RIM

All delivery moved online from June 2020. The feedback from EAW's pre-training questionnaire and the post-training evaluation and feedback form showed that sessions continue to align closely with the general training overview in relation to who the training is for, the aims and the learning outcomes outlined.

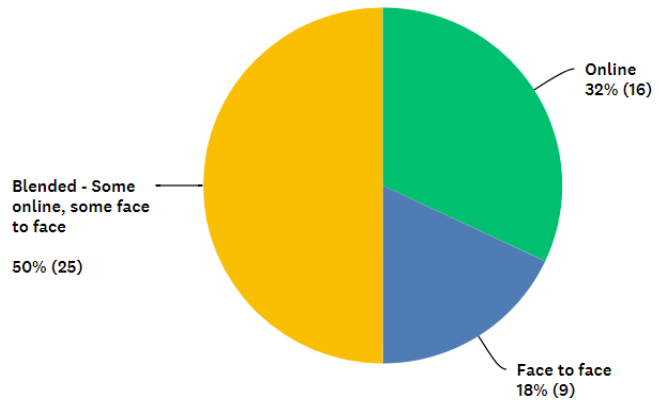
The change to a virtual delivery of the training has been overall a very positive development for participants and EAW.

- There have been cost and time savings for EAW and participants.
- For EAW the average cost for a face-to-face training session was £347 compared with £280 for a virtual session (for 20 participants). This is mainly due to staff no longer having to travel long distances to venues
- Participants also save time and money in travel time and costs
- The online format has facilitated greater geographical reach for the project



- There has been positive feedback from the awarding body (REHIS) about the course changes needed for virtual delivery

The 2021 survey asked how people would prefer training to be delivered and as can be seen from the chart 50% would prefer some form of blended learning. A number of people commented that online delivery saved time and money and for many made it possible for them to participate, Others thought that face to face delivery gave greater opportunity for interaction and sharing learning. A blended learning approach will provide a balance between access to training and the quality of the learning experience.



### 3.6 Reach of training by participant roles

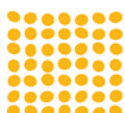
Breakdown of participant roles -January 2019 – Dec 2020

| Role  | RIM          | REHIS        | TOTAL      | SIBI projects (Included in total) |
|---|--------------|--------------|------------|-----------------------------------|
| Clinical Practitioner                               | 89           | 4            | 93         | 2                                 |
| Community Health Worker                             | 59           | 14           | 73         | 8                                 |
| Community Project Staff                             | 117          | 28           | 145        | 28                                |
| Community Project Volunteers                        | 34           | 12           | 46         | 5                                 |
| Paid Carers   | 200*         | 6            | 206        | 1                                 |
| Other (includes students, volunteers, chefs, cooks) | 69           | 25           | 94         | 5                                 |
| <b>TOTAL</b>  | <b>568**</b> | <b>89***</b> | <b>657</b> | <b>49</b>                         |

\* Includes 114 paid carers from Constance Care, 48 paid carers from Good Care Group & 14 paid carers from Home Instead

\*\*includes 40 people from 20 SIBI projects

\*\*\* includes 9 people from 8 SIBI projects



### 3.7 Impact of training

Comparison of participant evaluation form responses Pre and Post REHIS training January 2019 to March 2021

| Learning Outcome   | Pre-Training  | Post Training                                      |
|--|---|--|
| How aware are you of the impact of diet on health?   | 57 % - very aware<br>42% - moderately aware   | 94% - very aware<br>6% - moderately aware          |
| How would you rate your understanding of why good nutrition and health are important for older people?                       | 60% - good<br>38% - average   | 99% - good<br>1% - average                         |
| How would you rate your understanding of the influences and barriers which affect the food and fluid intake of older people? | 45% - good<br>47% - average   | 90% - good<br>10% - average                        |
| How would you rate your understanding of the causes, signs, symptoms and health risks of malnutrition and dehydration?       | 42% - good<br>56% - average   | 89% - good<br>11% - average                        |
| How confident and knowledgeable do you feel to be able to advise and support older people to eat well?                       | 16% - very confident<br>65% - moderately confident<br>19% - a little or not confident | 65% - very confident<br>35% - Moderately confident |

Comparison of participant evaluation form responses Pre and Post RIM training January 2019 to March 2021

| Learning Outcome  | Pre-Training  | Post Training                           |
|---|---|---|
| How would you describe your knowledge about the barriers that can affect someone's food intake? | 33% - good<br>58%- average                                    | 91% - good<br>9% - average              |
| How confident do you feel about spotting the signs of malnutrition in older people?             | 8% - very confident<br>52% - confident<br>40% - not confident | 51.5% - very confident<br>48% confident |
| How aware are you of what the benefits of early intervention with malnutrition are?             | 26% - very aware  | 85% - very aware                        |



|   |   |   |
|---|---|---|
|   | 61% - moderately aware<br>13% - not aware | 14% - moderately aware                                      |
| Do you know what Food First Advice Is?  | 23% - Yes<br>77% - No                     | 98% - Yes<br>2% - No  |
| Are you aware of any malnutrition screening tools?  | 38% - Yes<br>62% - No                     | 98% - Yes<br>2% - No  |
| Are you confident that you can use the paperweight armband tool to identify malnutrition?                 | N/A                                       | 54% - very confident<br>42% - confident<br>4% not confident |
| Are you confident that you can use the Patients Association Nutrition Checklist to identify malnutrition? | N/A                                       | 54% - very confident<br>42% - confident<br>4% not confident |

The tables above summarise EAW's pre and post course evaluations for REHIS and RIM training. They show changes in knowledge understanding and awareness of the factors that impact on healthy eating and malnutrition in older people. Across all learning outcomes, participants reported increases in knowledge, understanding, and awareness.

Prior to REHIS training, participants generally had some understanding of the impact of food and nutrition on good health with 60% stating that they had a good understanding of why good nutrition and health are important for older people. However, only 16% were confident they would be able to advise and support older people to eat well. Following REHIS training, 99% felt they had a good understanding with 65% very confident that they could offer advice and support.

RIM training was designed to identify the factors that impacted on underweight malnutrition in older people. Prior to training 60% reported that they were confident or very confident that they could detect signs of malnutrition in older people. Following training this rose to 99.5%. The training introduced participants to malnutrition screening tools with only 38% of participants prior to training being aware of these. Following training, 96% of participants were confident or very confident that they could use both the paperweight armband and Patients Association Nutrition Checklist.

From EAW's own evaluation, 98% of participants rated the training as either excellent or good on the day. Our survey sought to find out how helpful people had found the training in practice. In 2020, of those who had used the resources/training, 82% (27) had found RIM and 85% (17) had found REHIS extremely or very helpful. In 2021, we asked the same question in the survey and similar numbers, RIM (26) and REHIS (14) had found them extremely or very helpful. However, this is a lower percentage (67% and 64% respectively). Given that EAW's own pre and post training evaluations have remained consistently high, it is possible that Covid may have had





some impact on putting training into practice. The majority of those attending training in 2021 (22 for RIM and 10 for REHIS) were community workers and volunteers. With less face-to-face contact with older people, they may well have found it more challenging to apply the learning in practice.

## 4. Research

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### 4.1 Overview

This project strand comprised the following main elements:

- A research project, carried out by the University of Glasgow
- Research activity carried out by Eat Well Age Well itself.
- Evaluation (internal and external)

### 4.2 University of Glasgow – research

#### Overview

Research was commissioned by Food Train to assist the Eat Well Age Well project. The University of Glasgow carried out a major independent research project, over the period February 2019-February 2020. Interim and final findings were publicised as follows:

- October 2019: [6 key preliminary findings](#) with 169 Scottish older people which found new links between food insecurity and older Scots becoming malnourished.
- November 2019: preliminary findings co-launched at a national dissemination event *Healthy Ageing in Place*, attended by 65 delegates.
- May 2020: publication of a co-written [policy article](#) on the impact of Covid-19 on vulnerable older people at home;
- October 2020, co-launched of [the final report](#) at a virtual event bringing MSPs, policy makers and other decision makers together.

#### Impact

It was agreed with EAWW at the outset that it was beyond the scope of our work to evaluate the University of Glasgow's research work. We were however invited to offer any headline observations or feedback from our experience of working alongside the researchers and EAWW, as well as any indications we observed of the impact of the research in the context of wider EAWW project delivery and outcomes.

The research was intended to establish a Scottish prevalence rate for underweight malnutrition. 169 older people took part in a survey. Alongside this, a qualitative study was carried out with 15 people taking part in semi-structured interviews which focused on preferred food preparation and access methods, perceived enjoyment of food, perceived barriers to food access and meaning of food.

The research has provided robust, independent, and academically validated and (ultimately) peer-reviewed evidence underpinning many of the emerging findings from other strands of EAWW work and lent significant weight to its policy work in particular.





Specifically, it has given EAW some primary data that just under 5% (1 in 20) had underweight malnutrition. This is quite a significant difference from the 10% (1 in 10) figure from work by the International Longevity Centre in 2013 (A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions) However, while high levels of underweight were not found, nearly half (44.6%) were found to be at risk of malnutrition using the Patient Association Nutrition Checklist which was correlated to lower levels of psychological wellbeing (lower wellbeing, loneliness and social connections) This is a high percentage for a community sample. EAW's own work has found that 17% of older people in community settings are at risk of malnutrition and this rises to 31% in care (domiciliary) settings

There will likely also be significant long-term positive impact, with the research continuing to influence change beyond the life span of EAW as a funded project. The full report is available [here](#)

While the UoG research largely supports EAW's own findings, the disparity between this and other published information has identified that further research is required. EAW have recognised that there is more work to do in this area.

### **4.3 Research carried out by Eat Well Age Well**

Eat Well Age Well has carried out its own research throughout the project.

#### **Malnutrition Prevalence in the Community**

Of significant note is a longitudinal study into prevalence of malnutrition in the community. Over the life of the project, data has been gathered to assess prevalence of malnutrition in the community. The final [report](#) was published in February 2021 and the main findings are highlighted below:

- From January 2019 to February 2021, 1494 older people have been screened and 268 (18%) have been found to be at risk or at increased risk of malnutrition and have been given resources, advice, and signposting to help.
- This number increased from 13% (73 of 566) in 2019 to 23% (148 of 654) in 2020
- Prevalence of malnutrition ranges from 17% in community settings to 31% in domiciliary care. Older people in domiciliary care will have care packages and therefore are likely to be frailer and more vulnerable.
- 1075 people were screened using the checklist compared with 419 using the armband. Use of checklists increased twofold in 2019 and is the preferred method of screening.

This data has shown that people who would traditionally not be involved in screening (volunteers, carers, and community project staff) have with training and support been able to reach greater numbers of older people identifying prevalence of malnutrition in community settings higher than the published national statistic of 10%.

#### **Other research**

Through ongoing engagement with stakeholders alongside project findings, EAW has built up a significant body of evidence that has fed into the Policy into Practice strand and is covered in more detail in Section 6.



## 4.4 Internal and external evaluation

EWAW has put systems in place to evaluate training and grant funded projects. A comprehensive system of recording participation in training has been set up with pre and post training questionnaires used to evaluate training activity. Alongside this, EWAW provided support to grant funded projects to help them evaluate their activity. The main purpose of evaluation was to provide information and share learning. We worked with the team to help them refine their evaluation strategy and link it with the core work strands and outcomes through the development of new logic models.

We have drawn extensively on EWAW's internal evaluation in preparing this external evaluation report.

## 5. Building Collaborative Relationships

Collaboration exists across all themes and at all levels of engagement. In particular, in Tests of Change and SIBI, we found evidence of collaborative working and new partnerships emerging which created openings to build malnutrition awareness into multiple community activities:

- community organisations working together in a local area
- holistic approaches involving local institutions and community groups
- statutory organisations and community groups working strategically in local authority/health board areas

We have illustrated these through the case studies below:

### Building on existing strategic relationships between the voluntary sector and local institutions

The Red Cross is an organisation that is a well-known and highly trusted independent advocate for older people. It is also strongly located within the institutional structures of the local authority and health services. These factors created ideal conditions to develop a partnership using EWAW's expertise in malnutrition alongside the Red Cross's strategic and trusted presence in a local authority area.

#### Case study - British Red Cross Midlothian

The Red Cross in Midlothian provides an over 65's assessment service in conjunction with Midlothian Council. During assessment it was increasingly being noted that nutrition was an issue. EWAW worked with them to provide training in use of Patient Association Nutrition Checklist with all Co-ordinators trained by January 2019. They also received EWAW resources and recipe booklets. During 2019, 233 people were screened with 29 (12%) identified at risk and referred to GPs or Social Work.

During the pandemic, home visits ceased and the service moved to telephone based. The nutrition checklist was easy to incorporate into support plans and worked well in a telephone setting. At the same time GPs in Midlothian asked the Red Cross to phone elderly people who were moderate or above in their frailty category, providing another opportunity to use the nutrition checklist.



## Community Organisations working together alongside statutory and health services

### Case Study Come Dine with Us – St Mary’s Dundee

St Marys is situated in Ardler which is an area of high deprivation on the outskirts of Dundee. For older people, access to shopping and services are significant barriers with public transport to the city centre requiring two bus journeys. There is little social activity for older people in the evenings and many are afraid to leave their homes after dark.

Come Dine with Us was developed to respond to this need and was funded through Eat Well Age Well’s SIBI grants. It provides an evening meal every two weeks with transport provided by Dundee Voluntary Centre. The meal is hosted by St Mary’s Community Church.

While Come Dine with Us addresses social isolation and loneliness by bringing older people together to make new friends and new connections, its principal aim is to encourage healthy eating in older age and address underweight malnutrition. Collaboration with a local health practitioner is key to this and with their assistance, nutritiously balanced menus are created, those at risk of malnutrition can be identified and meals adjusted to suit specific needs in a sensitive manner.

With Covid restrictions, Come Dine with Us has been replaced with a home delivered meal which has allowed the project to keep in touch with regular attendees and reach additional people who have been referred, either by professionals or by people in the community. Social contact is maintained through doorstep chats and a monthly newsletter.

Come Dine with Us is a grassroots development in response to community need and so is flexible and responsive and not subject to high levels of bureaucracy.

A strong collaborative approach ensures that everything needed to make the project work is provided. The project is built on a strong local understanding of the community and those likely to need support. Other partners provide accommodation for meals, transport and, critically, nutritional expertise.

Having a community health worker as an integral part of the project is key to identifying and addressing underweight malnutrition.

The level of collaboration and co-operation creates confidence in the project, encouraging professionals and statutory organisations to refer clients.

## Holistic approaches to food production, healthy eating, and community wellbeing

Abundant Borders is developing a holistic approach to access to food across a local authority area. By integrating the learning from EWAW into their ongoing work, as community gardens and associated food projects become part of planned infrastructure, so too will awareness and recognition of the nutritional challenges facing older people in the community.



### **Case study – Abundant Borders**

Abundant Borders has been created to help those experiencing food insecurity in The Scottish Borders through a network of local food production sites across the region. Their vision is of ‘a world where everyone, regardless of personal circumstances, has access to healthy, nutritious food’.

The community gardens provide a hub from which people can learn how to grow food and how to prepare and cook it. Alongside this holistic approach to healthy eating, the gardens provide a space and activities for the whole community, creating volunteering and training opportunities and helping to address social isolation.

Recognising that older people are a group at risk of food insecurity and particularly vulnerable to social isolation, Abundant Borders received a grant from Eat Well Age Well’s SIBI funding in November 2019 to develop new and existing lunch clubs in the area. They have also attended both REHIS and RIM training. The funding has allowed them to:

- Use produce from the community gardens and other local food producers to provide healthy lunches and promote the use of fresh ingredients.
- To promote healthy eating and increase the social aspects of the lunch clubs
- Provide a social space for older volunteers, many of whom have caring responsibilities for vulnerable family members. They benefit from access to healthy food and reconnection with the wider community.
- Identify older people who may be at risk of malnutrition and work with community workers to make appropriate referrals

Although lunch clubs have been impacted by Covid, the gardens continue to operate providing access to food for the community.

They work strategically across the region, situating community gardens close to need. For example, in Hawick the garden is behind the Salvation Army charity shop. Borders Housing Association are keen to use the Abundant Borders model in all their new build housing developments. They have good relationships with the Council, particularly in relation to Community Food Growing and with the mental health and learning disability teams.

## **6. Policy into Practice**

### **6.1 Overview**

This area of work has been particularly successful. Eat Well Age Well carried out its own research throughout, led in large part by a dedicated Impact & Policy Officer, and primarily focussed on underpinning the Policy into Practice strand of EWAW’s work.

### **6.2 Calls to Action**

In 2019, to focus its campaigning and advocacy work, EWAW identified four calls to action that have underpinned all subsequent work. These developed from Food Train’s experience over many years, supplemented by the evidence and learning from EWAW. The calls to action have been identified as simple actions, that if implemented will impact positively on the lives of older people while making savings from the public purse.



### Call to Action #1

**SCREENING** for malnutrition should be mandatory for all statutory agencies with a role in supporting older people

| Why?   | Who & How?  |
|--|---|
| <ul style="list-style-type: none"> <li>Malnutrition is preventable through early screening</li> <li>There is currently no routine screening in community settings</li> <li>Recording data will give a true picture of the problem</li> </ul> | <ul style="list-style-type: none"> <li>Simple screening tools can be incorporated into existing health checks:               <ul style="list-style-type: none"> <li>PaperWeight Armband</li> <li>Patients Association Nutrition Checklist</li> <li>nutrition checklist</li> <li>Malnutrition Universal Screening Tool (MUST)</li> </ul> </li> </ul> |

### Call to Action #2

**TRAINING** on malnutrition and unintentional weight loss should be embedded into basic training for all health and social care professionals

| Why?   | Who & How?  |
|--|---|
| <ul style="list-style-type: none"> <li>Low awareness that malnutrition is a significant health problem in the older population</li> <li>Standard basic training will increase:               <ul style="list-style-type: none"> <li>Detection</li> <li>Prevention</li> <li>Intervention</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Existing accredited training provided by REHIS</li> <li>Training provided by EAWW 'Raising the Issue of Malnutrition'</li> <li>All statutory health and social care organisations should include mandatory training</li> </ul> |

### Call to Action #3

**MORE & BETTER INVESTMENT** in community initiatives that address social isolation and provide opportunities for older people to eat, shop or cook with others.

| Why?   | Who & How?  |
|--|---|
| <ul style="list-style-type: none"> <li>Strong link between social isolation and malnutrition</li> <li>Statutory services are overstretched and under resourced</li> <li>Third sector providers are best placed to provide social support to older people.</li> </ul> | <ul style="list-style-type: none"> <li>Health &amp; Social Care Partnerships and the Third Sector working together</li> <li>More funding and a more strategic approach to community food initiatives</li> <li>Culture change around increased and improved partnership working</li> </ul> |

### Call to Action #4

**FOOD POVERTY & FOOD INSECURITY** are not the same for vulnerable older people. Policy, practice & research needs to take account for this

| Why?  | Who & How?   |
|---|--|
| <ul style="list-style-type: none"> <li>Food insecurity is multi-dimensional</li> <li>Food access must be paired with social interaction in policy and practice</li> <li>CHOICE, CONTROL &amp; DECISION MAKING = feelings of empowerment for older people</li> </ul> | <ul style="list-style-type: none"> <li>Consideration needed on how to best survey household food insecurity for older adults</li> <li>Greater public and professional understanding of food insecurity</li> <li>Recognise the social and well-being dimensions of food &amp; invest in local services</li> </ul> |

## 6.3 Campaigning and Advocacy

EWAW has actively engaged with policy and has made submissions to various national consultations and given oral evidence to various committees. By using the evidence gathered through its project activities and research, EWAW has successfully placed malnutrition within multiple policy priorities such as right to food, health and nutrition, social care, and social isolation. In this way they have been able to highlight the hidden problem of malnutrition and increase its visibility across government, the wider public sector and civil society. This work has included making presentations and raising awareness to parliamentary committees including Falls, SNAP 2 Human Rights, Right to Food, and oral evidence to the Adult Social Care Review; motions and questions on malnutrition to Parliament; statement on policy on food and ongoing work on the Good Food Nation Bill. In addition to raising visibility and awareness of malnutrition, this approach has advocated the need for a cross policy approach to addressing underweight malnutrition in older people.

A particular success has been EWAW's contribution to Malnutrition Awareness Week (MAW), an initiative established by the Malnutrition Task Force and BAPEN in 2018 to raise awareness of undernutrition and dehydration in the UK. The annual campaign seeks to increase understanding of this important issue amongst health and social care workers, community groups and the public, and mobilise people to take action to identify and prevent malnutrition. EWAW led the establishment of this annual programme of events in Scotland in October 2018. The key focus of the 2019 campaign was to raise awareness

"In 2019 there was a 140% increase in impressions from EWAW's Twitter account during MAW2019. During MAW2020 Twitter impressions increased by 327%, with a 33% increase in activity across the EWAW website".





of the role of lunch clubs in encouraging older people to eat well. The campaign also encouraged the use of screening tools as a means of triggering conversations around nutrition and hydration. The key output of the campaign was a lunch club pack with 54 packs disseminated to 43 organisations across Scotland.

In 2020, MAW ran from 5-12 October and was hosted online. In addition to launching EAWW's own research report and the Glasgow University research, the #TimeforChangeScot campaign focused on the Calls to Action which was launched on social media. A webinar was held with Clare Adamson, MSP, and 51 stakeholders on the subject of supporting older people to eat well, age well and live well in the wake of Covid.

|                  |  |  |
|------------------|--|--|
| Mon<br>5th Oct   | <b>CAMPAIGN LAUNCH</b><br><b>#TimeforChangeScot</b>                      | Launch of 'The Hidden Problem' report and calls to action<br>Launch of the final findings from our research study<br>Special e-newsletter    |
| Tues<br>6th Oct  | It's time for:<br><b>Increased Screening</b>                             | <b>Order a Malnutrition Toolkit</b><br><b>Launch of the EAWW Podcast</b>   |
| Wed<br>7th Oct   | It's time for:<br><b>Training</b>  | Small Ideas, Big Impact Fund Online Showcase<br>Book an EAWW training session<br>Read our EAWW Blog  |
| Thurs<br>8th Oct | It's time for:<br><b>More Investment</b>                                 | <b>Watch our webinar</b><br><b>Read our Guest Blog</b>   |
| Fri<br>9th Oct   | It's time for:<br><b>Better Awareness</b><br><b>Signs &amp; Symptoms</b> | <b>Malnutrition Twitter Quiz</b>   |
| Sat<br>10th Oct  | It's time for:<br><b>Prevention</b>                                      | <b>Food First advice</b><br><b>Recipes</b>   |
| Sun<br>11th Oct  | It's time for:<br><b>More Conversations</b>                              | Download our resources on<br>'Starting the Conversation'  |

The effort that has been placed on campaigning and advocacy, backed by the Calls to Action and evidence-based research from EAWW has increased awareness and visibility of underweight malnutrition as an issue in Scotland. Covid has placed access to food in the spotlight and this has created more opportunities to raise the issues of older people and malnutrition and present the Calls to Action as a way forward beyond the pandemic. At the time of writing the Scottish Parliamentary election campaign is underway. EAWW has been involved in contributing to the Food Train's election manifesto on support for older people living at home. The Impact and Policy Officer was a member of the organising team for the super hustings on food which took place early in April, co-ordinating the video on health.

Using the evidence generated by internal and external activity and research, EAWW has presented a funding request to the Scottish Government to continue its work and funding for a Phase 2 of EAWW has been agreed from June 2021.

#### 6.4 Eat Well Age Well Stakeholder Group

EAWW's work has been supported by a Stakeholder Group that was set up early in the project. This includes representatives from academia, health, voluntary and community sectors.

Initially its role was to provide advice and guidance to support EAWW as it developed and implemented its strategy. The group has provided a valuable sounding board and input throughout the project and, in addition to its continuing advisory role, now constitutes a group of organisations and individuals with diverse interests coming together to support EAWW in its Calls to Action.

We interviewed four members of this group and their feedback is summarised below:

- All were highly supportive of the multi strand approach that EAWW had taken, referring to the organisation as 'a national catalyst for action' and 'good at identifying holistic approaches'.



- EAWW was able to develop a multi-factorial project that brought together a wide range of interests in relation to older people's health and wellbeing while remaining extremely focused on its main vision of addressing underweight malnutrition.
- They were supportive of funding community activity to reach further into communities and felt the team had shown particular strengths in community capacity building and building partnerships at both local and national level.
- Through the diverse interests of the Steering group, EAWW has been able to drive awareness and help to shape policy of meetings that it owns or attends. By looking at the food system in the round, the group has benefitted from different views and experiences and has been open to engagement across a range of policies creating broader perspectives that have fed into its campaigning and advocacy work. An example of this is the Impact and Policy Officer taking learning from the Scottish Food Coalition to develop the EAWW Twitter Chats #EAWWChat
- The Steering Group was highly valued with members describing it as '*fantastic*' '*open and very receptive*' and carrying out '*very effective advocacy*'.
- There were suggestions that EAWW could become less involved in lobbying, moving to a more advisory role acting as a critical friend to Government. The cross-cutting nature of malnutrition means that it sits across several policy areas, which in turn means that EAWW has a crucial role to play in keeping everyone's minds focused on it and ensure it does not move down the agenda amidst other health crises.
- It was suggested that further community research could be carried out in relation to the Calls to Action, particularly 3 and 4 to ensure that grassroots opinion continued to be reflected in EAWW's work and campaigning.

## 7. Awareness raising, communications and resources

### 7.1 Communications

EAWW has developed a strong communications function, with a dedicated Digital Communications Officer. Extensive use is made of its website, an e-newsletter with 768 subscribers, Facebook, Twitter, and Instagram to raise awareness and promote its work. The Digital Communications Officer has created innovative ways of communicating and engaging with a wide audience, including use of infographics and other visual materials such as video case studies.

Prior to Covid, staff visited projects, chatting with groups and older people to develop case studies and digital content for the website. As lockdown took effect and project visits were no longer allowed, new communication methods were required. A particular success has been the launch of a podcast, sharing and discussing how older people in Scotland can be supported to eat well, age well and live well. Topics include feedback from research, interviews with SIBI projects and information on malnutrition and its causes.





## 7.2 Resources

Underpinning all EAW's work was the production and dissemination of a wide range of print and electronic resources. In the past 2.5 years, EAW has engaged with 31,978 people distributing 959 toolkits and 21,462 other information resources across Scotland. The most significant examples include:

- Understanding malnutrition and what you can do, an A4 tri-fold leaflet with
- Eat Well- A guide for older people in Scotland, a comprehensive (40 page) booklet produced and distributed in partnership with Age Scotland and endorsed by the British Dietetic Association.
- A series of A3 posters, designed for display in community settings, with simple, colourful information and graphics communicating key messages on a range of topics including staying hydrated, staying nourished and how to spot if someone is underweight.
- A suite of resources specifically developed for Lunch Clubs, distributed during MAW 2019.
- A Raising the Issue of Malnutrition Toolkit
- A range of screening tools, for community use, with the most promoted being the [Patients Association Nutrition Checklist](#) and the [PaperWeight Armband](#), leading to 1494 older people in the community being screened using one of these methods by February 2021.



## 8. Our conclusions

We have set out our conclusions as follows:

- Evidence drawn from our findings and EAW's own evaluation to show the extent to which the Lottery Outcomes have been met
- Our observations based on interviews and discussions with a range of staff, stakeholders and grant recipients

### 8.1 Meeting the Lottery Outcomes

In our summary below we have captured some examples where the five themes and three core strands of work have contributed to meeting the lottery outcomes. This reflects the cross-cutting nature of the project and highlights the complexity and multi-faceted nature of malnutrition. This does not attempt to provide quantitative measures but to highlight the extent of the cross-cutting nature of the work.



The Lottery Outcomes are:

1. Contribute to a reduction in the number of older people at risk of, and living with, malnutrition across Scotland.
2. Translate public health messages about malnutrition into actions in the community, led by the community.
3. Contribute to a body of evidence through robust applied research around the prevention, detection and treatment of underweight malnutrition among older people living at home.
4. Inform older people, communities, and health and social care practitioners how they can prevent, detect and reduce underweight malnutrition.

| Core strands  | Examples of findings from EWAW work  | Lottery Outcomes |   |   |   | Cross cutting activity |   |   |
|---|--|------------------|---|---|---|------------------------|---|---|
|   |  | 1                | 2 | 3 | 4 | A                      | B | C |
| A.<br>Identifying and addressing underweight malnutrition | Glasgow University Research concluded that prevalence of underweight malnutrition was 5% (1 in 20 older people) in Scotland.   | x                |   | x |   | x                      |   |   |
|   | EWAW's prevalence data estimates up to 30% of older people living in the community were at risk or increased risk of malnourishment, this is higher than the current statistic of 10% of older people at risk. | x                |   | x |   | x                      |   |   |
|   | Partnerships have been developed with a range of organisations including the British Dietetics Association and the Malnutrition Task Force (MTF) to deliver Malnutrition Awareness Week (MAW) in Scotland)     | x                | x |   | x | x                      | x |   |
|   | Nutrition checks made available through Age Scotland Helpline using PANC, Food first and signposting data  | x                | x |   | x |                        | x |   |
|   | 568 carers, volunteers and staff have been trained to identify and raise awareness of malnutrition – this includes 40 people from 20 SIBI projects   | x                | x |   | x | x                      | x |   |
|   | Partnerships have been developed with national organisations, including one with Red Cross in Midlothian, where staff received training and introduced PANC into screening programme for older people          | x                | x |   | x | x                      | x |   |
|   |  |                  |   |   |   |                        |   |   |



|  |   |   |   |  |   |   |   |
|--|---|---|---|--|---|---|---|
| <b>B</b><br><b>Healthy Eating in Older Age</b>     |   |   |   |  |   |   |   |
|  | At least 9 SIBI projects have included cooking classes where older people have been encouraged to cook and eat nutritious food.   | x | x |  | x | x | x |
|  | Intergenerational projects such as Fantastic Milkshakes and Dinner at Dunbar had multiple benefits including access to good meals in social setting and raised awareness of young people of the importance of healthy eating in older age | x | x |  | x | x | x |
|  | There are some examples of SIBI projects that have linked growing projects with meals or cooking classes making explicit link between locally grown food and healthy eating.  |   | x |  | x | x | x |
| <b>C</b><br><b>Social isolation and loneliness</b> |   |   |   |  |   |   |   |
|  | SIBI projects identified loneliness and isolation as key factor in older people's ability to eat well, and created opportunities for older people to eat and receive nutrition advice in a social setting                                 | x | x |  | x | x | x |
|  | Covid responses went beyond food delivery incorporating doorstep chats, regular telephone contact, online social activities including quizzes and chats and newsletters.  | x | x |  |   | x | x |
|  | Independent Age supports older people suffering from loneliness and isolation and has introduced the PANC into its assessments to help detect and prevent malnutrition.   | x | x |  | x | x | x |

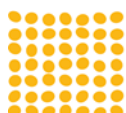
## 8.2 SWOT Analysis

Our detailed observations are presented in the form of a SWOT analysis.

### 8.2.1 Strengths

EWAW in general, and staff in particular, were very highly regarded and valued by stakeholders. All stakeholders we interviewed were asked whether anything could have been done better and none indicated any issues with EWAW delivery- all were positive.

Over the life of the project, from a challenging start, the team has developed to function strongly through a combination of shared skills and knowledge and significant individual commitment. They have adapted well to Covid and different ways of working and while strong management and strategic direction will be even more important as this becomes the new normal, they have a good foundation to build on to take forward the next stage of EWAW development.



Where there was partnership working, third/community sector providers (especially Food Train, Red Cross etc) were very highly rated by frontline statutory professionals. In some cases, this was new engagement with the 3<sup>rd</sup> sector (as a result of EAW) and the quality of provision was a surprise in those instances.

EAW training and resources were highly rated by those who used them.

Support and advice from EAW were highly rated and the light touch, flexible approach to SIBI funding and monitoring was also appreciated. Recipients mentioned being 'trusted', 'treated as partners', and EAW being receptive to amendments to applications

There were several examples of collaborative good practice, where EAW helped stakeholders pool expertise with other agencies to ensure projects met their outcomes. Examples included working locally with a dietitian to ensure snacks have correct nutritional balance; partnerships with other organisations to provide volunteers (mainly drivers); and close working relationships with community development workers and local area co-ordinators for different agencies.

The multi-strand approach where wide-ranging and diverse grassroots experiences supported by a programme of capacity building is brought together with academic research further informed by input from experts on the stakeholder group has created a powerful and credible evidence base to feed into advocacy and campaign work. The Impact and Policy Officer has had a critical role in providing the 'glue' to bring this work together.

EAW's policy work began to have visible positive impact, despite the relatively short term of the Lottery funded project. It is unlikely that without EAW's awareness raising and influencing work, for example Malnutrition Awareness Week and giving evidence to the UN Rapporteur on the Right to Food in 2020, that the Scottish Government would have engaged as it has on tackling malnutrition.

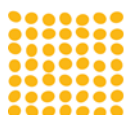
### **8.2.2 Weaknesses**

Some frontline stakeholders we interviewed did not access information from EAW that may have enhanced their onward support to older people. This arose from individual stakeholders' own circumstances rather than being EAW's responsibility- some were not very engaged with EAW (for a range of reasons including lack of time, confusion with other older people's organisations and resources) and were not entirely clear about what else was available to them.

The PANC was introduced later than the armband which may have led to what appeared to be undue emphasis on the armband as a screening tool. Few stakeholders working in community settings used the armband (419), preferring the PA nutrition checklist (1075) as it was felt to be less invasive. A couple of people interviewed were quite apologetic about this and appeared to either have been told they 'should' be using it and/or had an impression they should.

Most Tests of Change projects (incorporating SIBI funded projects) were delivered through a wide range of existing community organisations with a focus on health and wellbeing. Their work frequently was concerned with unhealthy eating, obesity and diabetes and learning about underweight malnutrition was a new experience for them. While the learning was valued, some respondents were concerned a focus on underweight malnutrition may detract from these issues.

From the outset, EAW collected a significant amount of data. However, some of this was not entirely necessary, for example information on an older person's preferred menu choices or quality of lunches at training courses. With a clearer evaluation strategy that linked data collection more closely with project outcomes, more attention could have been given to collecting a smaller number of standard data across all projects.



EWAW responded positively to Community Enterprise's feedback and suggestions but we were not appointed until late 2019 when much of the project delivery was already well under way and difficult to 'retrofit'. There was evidence that the project worked to identify and capture the collective skills and knowledge of the team. Members of the team had significant autonomy and were encouraged to be innovative. While this paid dividends in the longer term, it allowed staff to prioritise activity that was of specific interest to them making it more difficult to directly link early activity to strategic outcomes or goals.

EWAW intentionally sought to try out a wide variety of approaches to preventing, detecting, and tackling malnutrition. The team was also highly responsive and reactive to circumstances and requests as they arose. Whilst this led to many strengths and opportunities, these approaches also meant the project appeared at times to find it difficult to prioritise its many activities.

### **8.2.3 Opportunities**

Increasing the reach of training, Raising the Issue of Malnutrition in particular. There is an opportunity for potential targeted follow-up with individuals who requested more training, including for their teams or projects, although these were also encouraged to contact EWAW themselves.

Several projects are carrying out some form of intergenerational work. There is an opportunity to further develop and build on this, to educate and train children and young people to recognize signs of malnutrition in older adults in their families and communities

The quality of the training was frequently commented on. There is an opportunity to develop similar high-quality training, covering more general healthy eating issues for older people.

Opportunities for learning across projects should be capitalized on in general, to create a strategic response across all geographies and all sectors.

There is a strong feeling, particularly among SIBI groups, that community groups working in partnership with statutory agencies are best placed to lead local responses to malnutrition in older people.

There is significant evidence of learning taking place across all the projects and information and learning has been shared widely through reports, case studies, newsletters, and social media. In March 2021, a webinar was held with SIBI grant holders to bring them together and a survey is being carried out to assess their interest in a more formal network to bring together those in communities with an interest in supporting older people around food. This provides an opportunity to embed this work more firmly in community work beyond the end of the funded project.

While Covid has had an enormous impact on community-based projects, particularly those that brought older people together in social settings, the very rapid adaptation to outreach work has been effective in reaching out to existing clients and older people in 'hard to reach' groups. Supporting and maintaining links with these new groups of older people, alongside place-based social activity, offers opportunities to increase the reach of malnutrition interventions in the community.

### **8.2.4 Challenges**

Older men appear to present particular challenges around engaging with services. Targeted single-sex groups appear to work well for men, particularly where there is a topic or focus not obviously associated with a 'negative' e.g., loneliness.



Lack of strategic engagement with EWAW and other 3rd sector providers by Integrated Joint Boards and similar mean that engagement of statutory professionals with EWAW has been at individual/grassroots level and ad hoc. This presented a challenge in terms of mainstreaming awareness and action on malnutrition in statutory provision.

Social isolation and the substantial benefits of using communal eating in addressing loneliness were frequently mentioned. However, Covid has disrupted this and given it may be some time before such activities can resume a lot of the excellent work that has been done may be lost. There will be challenges around how this can be addressed in the short to medium term.

Partners and EWAW both appear to be having a big impact on preventing malnutrition (as distinct from tackling existing malnutrition) through empowering/ increasing knowledge, but this is challenging to evidence, other than anecdotally.

EWAW experienced internal capacity challenges in its first 12 – 18 months as they worked to develop priorities and supporting systems, at the same time building the knowledge of, and communication across, the team. Staff changes within the first year had an effect on this, in particular around the development of evaluation systems and approaches. Finding the right person to fill the role of the Policy and Impact Officer has helped bring together all the project strands.

EWAW intentionally sought to try out a wide variety of approaches to preventing, detecting, and tackling malnutrition. The team was also highly responsive and reactive to circumstances and requests as they arose. Favouring such an innovative and flexible approach, particularly to SIBI grant funding, has undoubtedly paid dividends in the breadth of activity that EWAW has been able to engage with. However, this approach also presented challenges in creating a single evaluation structure that captured the richness of the data while also allowing consistent reporting against outcomes. Staff changes within the policy and impact role, with responsibility for internal evaluation, had a particular impact on this.

## 9. Recommendations

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Our recommendations, outlined below, are intended to support the ongoing work around the Calls to Action.

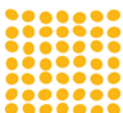
- Eat Well Age Well has the potential to become a national catalyst for action, and it should pursue this agenda with the Scottish Government. EWAW's considerable success in using its expertise and knowledge to engage with policy makers has created levels of trust that can be capitalised on as they continue to campaign and advocate for system change. This should continue to be a high priority in future work.
- We have found that the strategy pursued by Eat Well Age Well to raise awareness and develop capacity within community and grassroots organisations has been highly successful. It is clear that grassroots organisations have higher levels of trust within their communities and are generally well connected within local institutional structures.
- As EWAW moves away from direct grant funding to community groups, it should use the influence it has gained to seek to ensure that community work on the ground continues to be funded. This will ensure that a continuous cycle of good practice is available to feed into policy and macro funding decisions.
- Using the high levels of trust that have been built, we recommend that EWAW develops a model that creates a strategically co-ordinated approach to the detection and prevention





of malnutrition through co-operation and collaboration between and across community and voluntary groups, public sector, and statutory services with the aim of embedding their approach within both Health and Social Care Partnership plans and locality improvement plans. Work has already begun on this with a strategic proposal presented to Scottish Borders Council. We recommend that this work is used to create a model that can be rolled out across all local authorities through Community Planning Partnerships and Health and Social Care Partnerships.

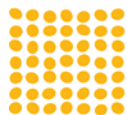
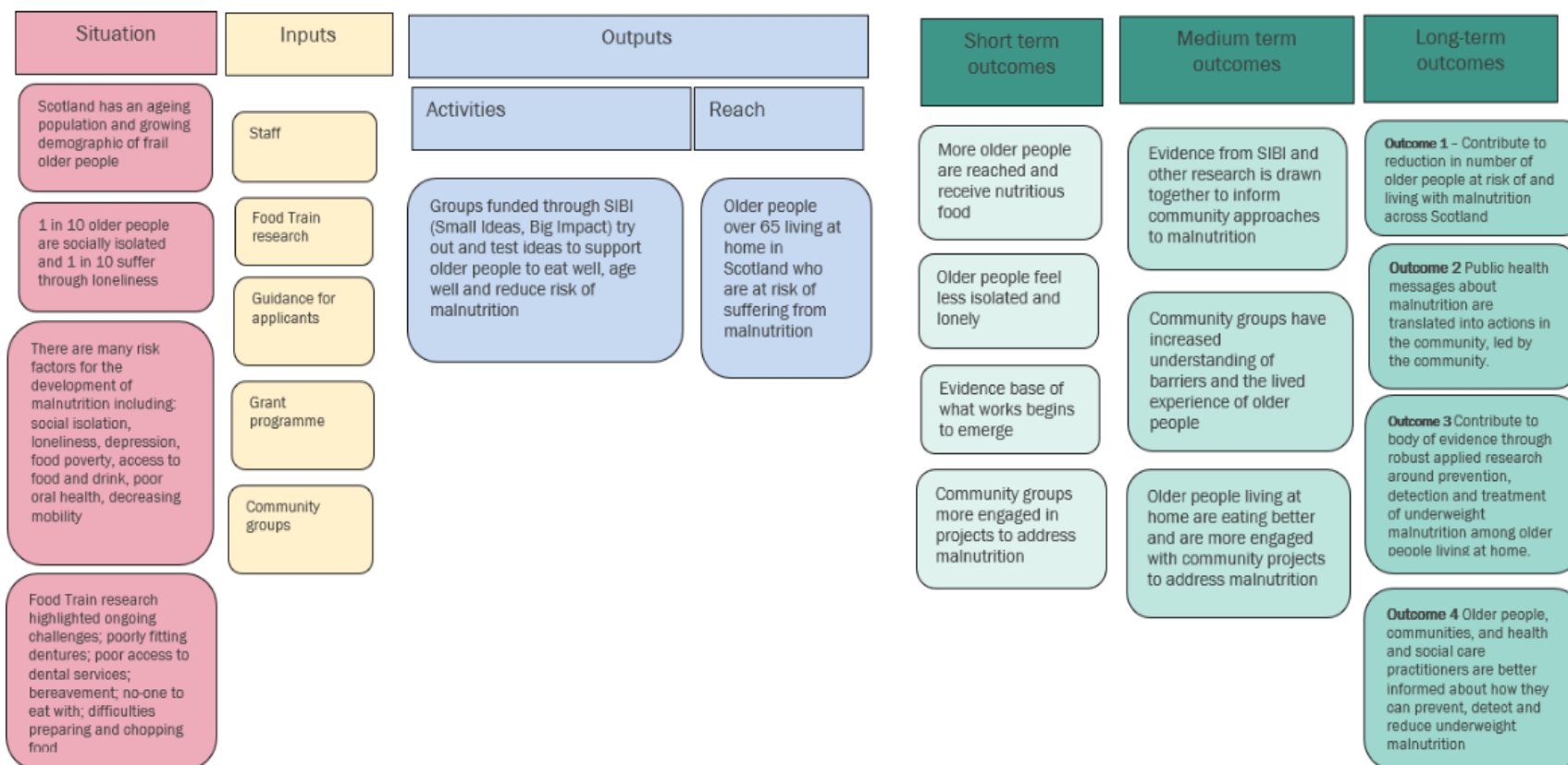
- We found evidence that where activity is embedded within existing structures, such as in the collaboration with the Red Cross in Midlothian, outcomes are improved. Such collaborations have an important part to play in expanding and extending the reach of malnutrition tools into communities and should be built into future plans.
- Training has increased awareness of malnutrition and food nutrition and healthy eating more generally. EAWW should continue to pursue accreditation for their training and work with SSSC to explore ways to incorporate it into vocational and other qualifications,
- At the same time, EAWW should consider how they can best continue to market RIM training beyond the end of the funded project to reach a wider community audience. One way of doing this may be through community health projects who regularly promote REHIS Food Hygiene to anyone who is involved in food or food production. The RIM course could be offered alongside this as a non-mandatory addition.
- While the project has produced evidence that underweight malnutrition is an issue in Scotland, there are variations in the findings between the Glasgow University research and EAWW's own prevalence and data gathering. This is likely to be due in part to differing sample sizes. However, we recommend that research should be continued in this area. This should include assessing the extent to which community-based interventions as a result of EAWW's work have contributed to detection and prevention of malnutrition in older adults living at home.
- At the same time, EAWW should continue to gather data on prevalence and risk of older age malnutrition and community-based approaches to detecting and preventing malnutrition. This will create a strong evidence base that will support its calls to action and feed into policy and practice change.
- From interviews and surveys, there is significant evidence that social isolation is highly correlated with malnutrition risk. Eat Well Age Well should continue to build on the good practice and learning that has emerged to further develop collaborative relationships with community groups, charities and statutory services that are working in this area.



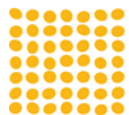
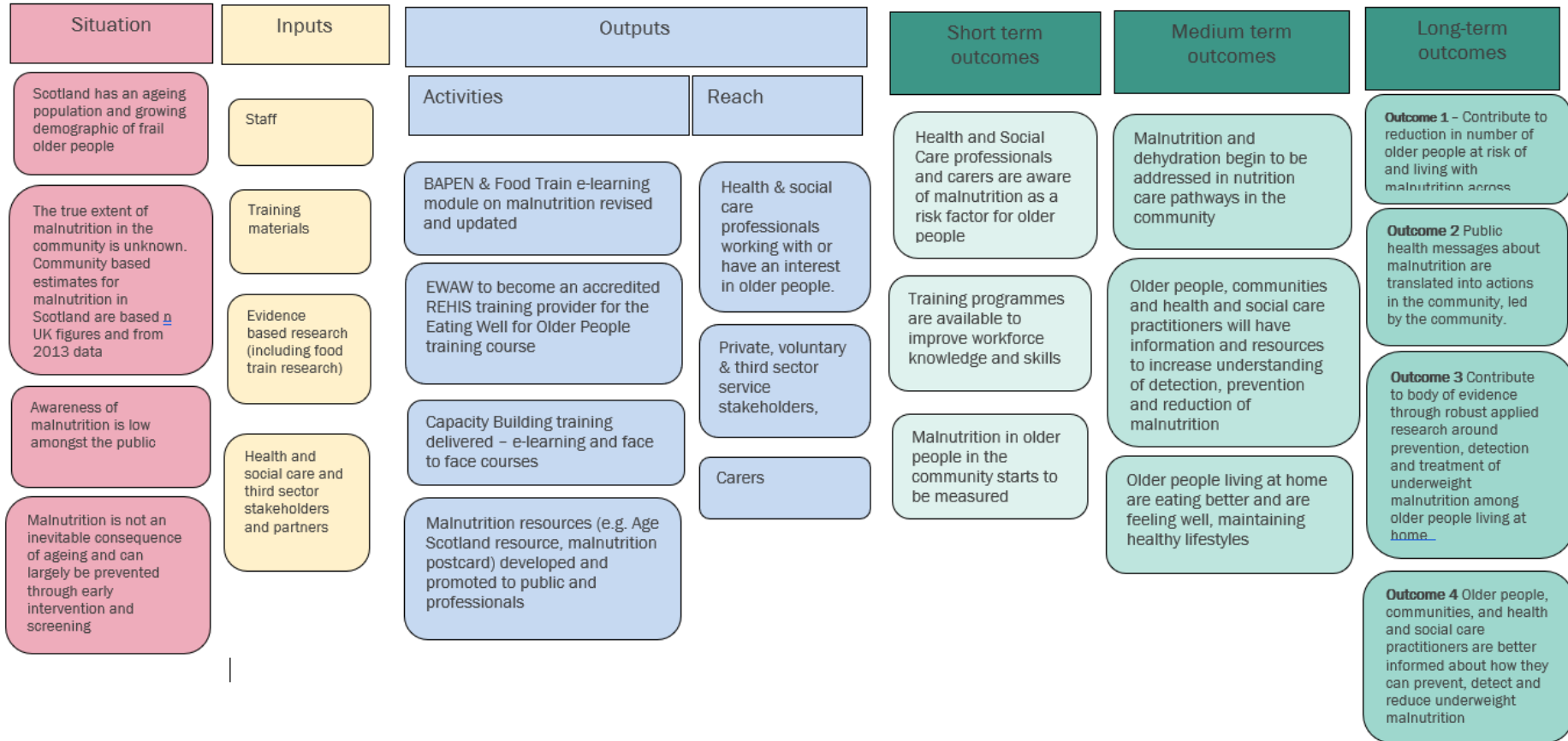


# Appendices

## Appendix 1 – Tests of Change - SIBI



## Appendix 2 – Capacity Building



### Appendix 3 - Logic Model – Policy into Practice

