



## Notes of the **Older People Eating Well Meeting** held on Wednesday 16 June at Perth Concert Hall

**Present:** Jane Cotton, Jackie Doe, Rhea Dryden, Ian Shankland, Ed Garret, Neeru Bhatnagar, Anthony Li Chu, Donna McLean, Ann Glennon, Michelle McCrindle, Twimukye Mushaka, Mary Lawton, Sue Rawcliffe.

**Apologies:** Dave Simmers, Anne Munro, Dorothy Morrison, Sue Gregory, Tommy Murphy, Pamela McKinlay

### 1. Welcome and Introductions

**1.1** Sue welcomed everyone to the first networking event for community food initiatives that support older people to eat well. She briefly outlined the work that CFHS has been doing and Mary spoke about the planned work that Consumer Focus Scotland will be taking forward to map the range and scope of food services available to older people across Scotland.

**1.2.** Everyone introduced themselves and gave a short outline of their work with older people.

### 2. Sharing practice – how community food initiatives currently support older people to eat well.

**2.1.** Those present highlighted the wide range of community food initiatives across Scotland that support older people to eat well. These include:

- Community cafes and lunch clubs – some of which also include community signposting, access to IT, physical activity/ home delivery service.
- Shopping services that either deliver or take older people out to the shops
- Cooking courses – increase in those targeted at older men living alone
- Growing projects/ community gardens/ allotments
- Food co-ops including access points in supported housing schemes
- Fruit Barras - some with attached taste it/ eat it/ buy it events and lunches
- Research into older people, food access and the food cycle
- Talks and education provision on issues such as food labelling, food hygiene.

**2.2.** These initiatives support older people to eat well through all or some of the following:

- Direct provision of meals and healthy food.
- Access to supplies of fresh, healthy affordable food. Can sell small portions and prepare vegetables if required.
- Recipes, information and guidance on healthy eating.
- Developing skills in cooking, and food handling, often linked to new life stages.
- Opportunities to meet with others socialise and break down isolation.
- An early warning system that can identify other needs that people may have and signposting to other services.
- Volunteering opportunities tailored to particular capabilities that increase self worth.

**2.3.** What makes the work different to that of other agencies is:

- It can be tailored to the needs of particular communities – in terms of geography, income, particular cultures.
- Groups are good at filling gaps providing local services for local people.
- They are rooted in local communities and easy and quick to access for people who want to use them. They often also have a wider reach and are able to engage with those that others find hard to reach.
- Organisations provide opportunities for older people to design and control the services that are offered.
- They provide value for money– and often provide added value in terms of the volunteer time and expertise.
- They provide silent monitoring for older people in their communities and are able to direct people on to other services as they need them.
- Much of the work is based on good partnership working which means people get access to the best information/ advice available.
- Organisations are able to attract staff / volunteers with appropriate language skills and cultural knowledge to work with different BME communities.
- They are flexible and can be ‘nifty on their feet’ able to quickly react to fill gaps in current provision. People can also opt in and out as their circumstances change.
- Services offered usually include a social element that is highly valued by older people.

**2.4.** Community initiatives are particularly good at being reactive and pro active. They bring high levels of motivation to the work, good local knowledge, clear social values and financial awareness. Services are well tailored to local needs, reach and involve people and build social inclusion. A key element is that of co-production and the ability to involve older people in planning, developing and delivering services. All of the services represented at the meeting recognised that they wouldn’t exist without the commitment of older people.

**2.5** Groups and organisations support older people to eat healthy food of their choice in three key ways:

- They improve access to healthy food.
- They support people to develop food skills e.g. cooking classes.
- They build knowledge and awareness in areas such as nutrition, food labelling, food hygiene, and understanding of local, seasonal and organic food.

**2.6** It is important to recognise the growing evidence base for the effectiveness of community food initiatives working in this area. Groups and organisations currently evaluate their work using a range of methods including SROI, economic evaluation, personal stories, anecdotal evidence, surveys, statistics and service user feedback. Some organisations also collate quarterly reports on feedback, run focus groups and commission freelance/ external evaluations. There was a concern that there is too much reliance on numbers and on funder requirements rather than on organisations sharing and learning from models of good practice.

### **3. An eye to the future – areas for development/ mapping of opportunities**

**3.1.** Those present identified the following gaps in current support for older people to eat well:

- A reduction in services from local authorities and lack of clarity about what can be expected.
- Reaching people considered ‘harder to reach’ who may have multiple barriers to using services.
- Local gaps in different parts of the country and particularly in rural areas.
- Particular issues in relation to older men who are growing in number and often lack food knowledge and food skills.

- Transport, community transport, and access to shops are big issues in rural and remote rural areas.
- Opportunities for social eating are limited across a large number of communities in Scotland.
- Eating for one - help and ideas for older people and ways of supporting people to prepare food.

It was felt that community food initiatives could have a role to play in all of these areas and have expertise, enterprise and innovation that they can bring to these challenges.

**3.2** Looking to the future, the group considered other issues on the horizon that may affect how older people eat. There will be more older people and more of them will be from BME communities. Older people may have fewer food skills and possibly higher levels of underlying health issues. They are likely to have good IT skills, and use them to access information and produce, but could be more socially isolated. Care services will be transformed with more people staying at home and a move to more personalised services. It will be important that nutrition and food is seen as integral to assessment and commissioning processes.

These changes will happen in the context of economic and climate change with fewer resources and issues in relation to sustainability and food security. Budgets are likely to reduce, fuel costs will rise and older people are facing a reduction in income from either benefit or private sources. This may well result in them making the choice between heating and eating.

**3.3** This scenario is likely to create opportunities for community food initiatives as demand and need increase. There are opportunities to develop more equal partnership working joined up services and sharing costs.

At the same time there may be gaps in capacity, skills and connectivity/ knowledge of who can help. Another key issue will be the ability to continue to attract volunteers given the current lack of volunteers of working age. This may require changes to benefit rules. More funding and funding for longer will be crucial to organisations being able to make the most of these opportunities as will building knowledge about what community food initiatives can do among decision makers.

**3.4** All of this is likely to need new ways of working. It will be vital to get rid of what is not working and involve the public sector in this. It will be important not to reinvent wheels and support what has impact. There may be a need to scale up what is working well although this may fly in the face of locally co-produced services. All of this will need greater connectivity across and within sectors.

## **4. Focus on support – what's on the agenda**

**4.1.** The final session was used to start to think about the kind of support that would be needed to ensure that community food initiatives are able to play a full role in supporting older people to eat well. Areas identified included -

### **• Building the picture**

We currently have a limited picture of the range of initiatives that exist. More work is needed to build a more detailed picture of what is happening at both a national and local level.

### **• Policy into action**

Despite being covered in all major policy documents, there has been limited action in relation to older people and food. There is a need to see the work of community food initiatives reflected in policy and followed through into action at a local level.

A document that recognises the value of community food initiatives to this agenda from government would be invaluable in making the case with local partners. A study tour for policy makers was suggested as a way of raising the profile and building support for this.

### **• Support passion**

Dedicated people are needed to focus on this agenda. It cannot rely solely on voluntary sector action. Resources are required to support the work and funding and other support should go to those who are passionate about making a difference.

- **Build a broader inclusion focus**

Support to focus on the needs of BME communities. This should include further mapping of needs. Organisations may want to move on from an exclusive focus on older people to adopt a broader focus on isolated/ marginalised communities. It is important to recognise that many older people care for younger people with mental health issues and that there is a wide diversity of people who experience similar issues in terms of eating well.

- **Develop resources**

It would be useful to collate and circulate information about resources available to support this work. An innovation fund would also be important to support organisations to explore new ideas, make mistakes and find out what works.

- **Build links and partnerships**

Particular mention was made of the links with schools which could offer community, rather than, school lunches and intergenerational kitchens. Also care homes/ supported housing schemes which increasingly are looking to be seen as part of local communities.

- **Support for volunteering**

All of this work depends on input from volunteers. In the light of fewer younger people coming forward, there is a need to build support for volunteering within employability organisations and also workplaces.

- **Ongoing learning/networking opportunities**

In the current uncertain climate, organisations may find it difficult to commit to ongoing face to face networking meetings. It is important however for organisations to keep up to date with developments and gaps. Also to have opportunities to make new connections to organisations working in other areas and support in locating work in the local, regional and national policy agendas. Suggestions for an e mail network and also workshops, networking meetings linked to other events e.g. CFHS national conference.

## 5. Final thoughts

5.1. Sue thanked everyone for their input during the session. Those present felt that it had been a useful opportunity to meet others involved in the same area of work.

Sue agreed to circulate notes of the meeting with a contact list and to consider how to take the work forward. CFHS and CFS will also be working jointly to take forward the work on the national survey and Mary will keep everyone informed of progress.

