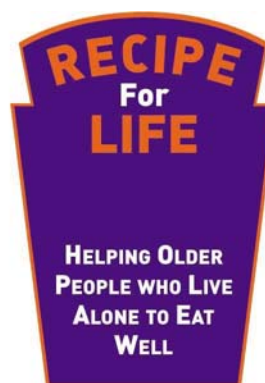


## RECIPE FOR LIFE



### PRACTICE DEVELOPMENT PROJECTS:

1. **NUTRITION IN LATER LIFE  
EDUCATION COURSE FOR  
HOME CARE STAFF**
2. **INTERGENERATIONAL KITCHEN**

**REPORT**

**OCTOBER 2008**

Authors: Yvonne Coull, Caroline Donaldson,  
Dr Maresa Duffy and Ann Paget



**Queen Margaret University**  
EDINBURGH

**The Royal Bank of Scotland Centre for the Older Person's Agenda**  
Queen Margaret University, Edinburgh, Musselburgh EH21 6UU  
t. 0131 474 0000 f. 0131 474 0001 e. [copa@qmu.ac.uk](mailto:copa@qmu.ac.uk) [www.qmu.ac.uk/copa](http://www.qmu.ac.uk/copa)

COPA IS A SPONSORED PARTNERSHIP BETWEEN  
QUEEN MARGARET UNIVERSITY AND THE ROYAL BANK OF SCOTLAND

# RECIPE FOR LIFE

Authors: Yvonne Coull, Caroline Donaldson, Dr Maresa Duffy and Ann Paget



OCTOBER 2008

## ACKNOWLEDGEMENTS

The research team at The RBS Centre for the Older Person's Agenda (COPA), Queen Margaret University, Edinburgh would like to say a big thank you to everyone who participated and made these projects possible.

### **Nutrition in Later Life Education Course for Home Care Staff (Home Carers)**

Thank you to all the team involved from South Lanarkshire Council and NHS Lanarkshire, and the Home Care Staff (Home Carers) who participated from the Rutherglen and Cambuslang areas of South Lanarkshire.

***“The training got rid of some preconceptions – everyone needed the same amount or type of foods – to be an individual was good and should be encouraged.”***

***“Had not realised that physical changes, tongue and chewing muscles could make such a difference.”***

***“Allowed home carers to see their clients as individuals. “***

## **Intergenerational Kitchen**

Thank you to all the participants from The Hollies, Fa'side, Ross High School and Musselburgh Grammar School.

***“Youth today are often all classified as the same. The group of children we met were polite, interesting, interested in us, able to converse well, a credit to their school and parents. Thank you to them from us all.”***

***“It made me think that in these days we do nothing for ourselves and when they were young they cooked, washed and cleaned.”***

***“Excellent opportunity. Links were made for us and arrangements not left for the teacher to do, which usually is the case. Encouraged that got opportunity to work with other professionals in this way and community.”***

## **THE RESEARCH AND DEVELOPMENT TEAM**

Yvonne Coull, Co-Director, RBS COPA, Dip HE, Post Qual in HE, Diploma in Marketing (CIM), MBA, PG Cert in Professional Education

Dr Maresa Duffy, Research Fellow, RBS COPA, PhD

Caroline Donaldson, Research Assistant, RBS COPA, BSc (Hons)

Ann Paget, Project Consultant

Linda Garcia, COPA HUB Associate<sup>1</sup>

Dr Michele Dowling, Planning Manager, Health, South Lanarkshire Council

Karen McGuigan, Senior Health Promotion Officer, NHS Lanarkshire

Mary Hood, Community Dietician, NHS Lanarkshire

Shirley Mitchell, Health Improvement Coordinator, Changing Places

Morag Hearty, Team Leader, Community Older Peoples Team, Cambuslang and Rutherglen

---

<sup>1</sup> A key element of the work of COPA is the involvement of older people. To this end COPA has developed a HUB Network comprising of a mix of people with an interest in older people's issues. HUB Associates are members of this network, older people who work in partnership with COPA and are involved in COPA activities, such as research.

## CONTENTS

ACKNOWLEDGEMENTS	2
SECTION 1: EXECUTIVE SUMMARY	5
SECTION 2: RECIPE FOR LIFE	10
SECTION 3: NILL EDUCATION COURSE	11
3.1 Background	11
3.2 NILL project 2008	11
3.3 Methodology	12
3.4 Evaluation	13
3.5 Findings	14
3.6 Conclusion	17
3.7 Further work	18
3.8 Recommendations	18
SECTION 4: INTERGENERATIONAL KITCHEN	19
4.1 Background	19
4.2 Intergenerational Kitchen Project 2008	20
4.3 Method	21
4.4 Evaluation	24
4.5 Meeting the Intergenerational Kitchen Aims	28
4.6 Discussion	31
4.7 Conclusion	32
4.8 Recommendations	32
SECTION 5: THE NILL PROJECTS – In conclusion	33
APPENDICES	34
Appendix 1 Multiple Choice Questionnaire	34
Appendix 2 Evaluation Questionnaire – Home Care Staff	36
Appendix 3 Graphs	37
Appendix 4 Afternoon Tea Table Card Questions	43
Appendix 5 Evaluation Questions – High School Pupils	43
Appendix 6 Evaluation Questionnaire - Teachers	44

## **SECTION 1**

### **EXECUTIVE SUMMARY**

#### **BACKGROUND – RECIPE FOR LIFE**

Recipe for Life was a three research and practice development project. The project aimed to find ways to support older people who live alone and have difficulty leaving home to eat well. To address the research findings, three initiatives were designed and piloted during the practice development phase in 2006. In light of this phase, two of the pilot initiatives – Nutrition in Later Life Education Course for Home Care Staff (Home Carers), and an Intergenerational Kitchen have since been further developed and piloted in 2008. This report is concerned with these 2008 pilot projects.

#### **NUTRITION IN LATER LIFE EDUCATION COURSE FOR HOME CARE STAFF (Home Carers)**

Nutrition is important throughout life for physical, mental and social wellbeing. It is particularly important for older people living at home. The Nutrition in Later Life (NILL) Education Course for Home Care Staff (Home Carers) was designed to address a need for more training around nutrition for older people. The course was intended to provide Home Carers the opportunity to further develop their skills in providing the best nutritional care to older people to enable them to live independently in their own homes for as long as possible.

Following the initial 2006 piloting the NILL package was further developed with a course outline, PowerPoint slides and nutrition facts sheets, by NHS Lanarkshire, and South Lanarkshire Council in partnership with COPA, Queen Margaret University (QMU) and delivered to a group of 150 Home Carers in areas of South Lanarkshire.

All participants were provided with a course pack and copies of the PowerPoint slides. The pack comprised of:

- a student booklet/manual “Eating Well and Getting Older”;
- a NILL information leaflet “Eating Well and Getting Older” aimed at clients, carers or members of the general public;

- an A4 size copy of the [“Eat Well Plate”](#)<sup>2</sup>;
- a poster summarising key issues from the day; and
- an information leaflet on food fortification entitled ‘Get More In’.

Learning outcomes upon completion of the NILL education course were for Home Carers to be able to:

- Have an appreciation of current eating practices;
- Have an increased awareness and knowledge of the nutritional needs of the older person living at home;
- Consider and identify factors which may influence or limit an individual’s food choice;
- Identify and develop skills necessary to assist the older person to meet their nutritional needs.

The project sought to explore the impact of the NILL Education Course through addressing the following evaluation questions:

- a) Does the NILL course increase Home Carers’ knowledge base about nutrition in later life?
- b) What were the Home Carers’ perceptions of the course content and delivery style?
- c) Did the Home Carers feel they could implement theory into practice?

The findings indicated that:

- Learning significantly increased by 10% in response to the NILL Education Course;
- 87% rated the course as highly relevant for their needs;
- 76% rated the course content and delivery to be high quality;
- 43% reported that they found all aspects of the day particularly positive;
- 66% felt the course had empowered them with new skills which they could implement;
- Interviews with Home Carers revealed feelings of isolation and lack of power to implement changes; and
- Managers and agencies should be encouraged to complete NILL Education Course

---

<sup>2</sup> Foods Standards Agency (2007) <http://www.eatwell.gov.uk/healthydiet/eatwellplate>

In conclusion:

- The training appears to significantly improve learning about nutrition in later life;
- Observatory discussions and interviews with Home Carers appear to indicate a strong air of interest and enthusiasm for the NILL course; and
- There is a need for a wider and more in-depth evaluation of the NILL course to establish the impact on Home Carers practice within the service delivery context.

Recommendations:

- This course is delivered to Home Carers employed by local authorities throughout Scotland; and
- A broader application of the NILL Education Course to a diversity of Home Carers' agencies across Scotland.

## **DEVELOPING AN INTERGENERATIONAL KITCHEN**

The Intergenerational Kitchen was a further development from the original Community Kitchen initiative piloted in 2006.

The intergenerational kitchen aimed to:

- Increase knowledge and awareness of nutrition in later life for high school pupils;
- Break down barriers between generations;
- Expand the Food for Thought booklet with a snack section.

Nutrition In Later Life lessons (NILL) were developed and delivered to two groups of high school pupils. The school pupils participated in a practical cookery session to prepare food for an afternoon tea event. The older people met with the school pupils at the event and shared afternoon tea together.

The findings indicated that the Intergenerational Kitchen had successfully met with the aims outlined above. Evaluations indicated:

- Older people enjoyed participating in the afternoon tea event, meeting and spending time with the school pupils and contributing their ideas of snacks to expand the recipe booklet;
- Pupils enjoyed learning about the changes that take place and the challenges to nutrition in later life, learning about the impact of conditions related to ageing and most of all enjoyed meeting and spending time with the older people at the afternoon tea event; and
- Both older and younger groups indicated that they would have liked to have spent more time working together.

The Intergenerational Kitchen offers a vehicle to share nutrition in later life knowledge more widely in the community by trickling information from participants to family, friends and other younger and older people's groups.

Future recommendations for the Intergenerational Kitchen are:

- Design future work with more opportunities for younger and older adults to meet and work together;
- Further develop Nutrition in Later Life lessons and materials in partnership with older people and teachers; and
- Develop a more rigorous evaluation plan to measure impact.

### **THE NUTRITION IN LATER LIFE PROJECTS ... in conclusion**

The experience from these projects shows that the nutritional needs, particularly of frailer older adults living in the community is, in many cases, not being met and should be given a higher priority both in research policy and practice.

Both projects aimed to increase knowledge and awareness of nutrition in later life. The NILL training for Home Carers and information for older people and families addresses a suggested knowledge gap present for the professions responsible for supporting older people. The Intergenerational Kitchen widens knowledge sharing

and raises awareness of nutrition in later life by making links into the community with older and younger people working together.

Further research is required to establish the impact and power of this combined approach. In addition, further development of the involvement strand of this work, a key feature, needs to be considered.

## **SECTION 2**

### **RECIPE FOR LIFE**

#### **BACKGROUND**

In 2006 the Royal Bank of Scotland Centre for the Older Person's Agenda (COPA), Queen Margaret University (QMU), Edinburgh completed a three year research and practice development project, Recipe for Life. Recipe for Life was funded by Zurich Financial Services Community Fund and took place during 2003 - 2006. The project aimed to find out ways of helping older people who live alone and who are unable to leave their homes to eat well.

The project took place in two phases – a two year research phase and a one year practice development phase. The reports of both phases, along with the executive summaries and the project outputs (Food for Thought booklet, Good Practice booklet and Nutrition in Later Life leaflet) are available from the [COPA website](#)<sup>3</sup>

#### **PRACTICE DEVELOPMENT PHASE**

During the practice development phase of Recipe for Life three initiatives were piloted. These initiatives were identified by the research phase as action that had potential to support older people who live alone and were unable to leave their homes to eat well. Piloting would provide the opportunity to explore the power and potential of these initiatives. The initiatives were as follows:

- 1) The Nutrition in Later Life (NILL) Education Course for Home Carers;
- 2) The development of a booklet of Good Practice examples from and for Home Careers; and
- 3) Developing a Community Kitchen

This report concerns the further development of two of the above initiatives –

- 1) NILL Education Course for Home Carers and,
- 2) Developing an Intergenerational (Community) Kitchen

---

<sup>3</sup> COPA Website [http://www.qmu.ac.uk/copa/publications/research\\_reports.htm](http://www.qmu.ac.uk/copa/publications/research_reports.htm)

## **SECTION 3**

### **NUTRITION IN LATER LIFE EDUCATION COURSE FOR HOME CARE STAFF**

#### **3.1 BACKGROUND**

Nutrition is important throughout life for physical, mental and social well-being. It is particularly important for the older person living at home. Poor nutrition is associated with increased morbidity and mortality, poor wound healing, reduced immunity, increased use of prescription medication, reduced mortality and increased length of hospital stay should admission become necessary.

The Nutrition in Later Life (NILL) Education Course for Home Carers was developed as a result of research designed to address a need expressed by those who support older people at home, specifically Home Carers, for more training around nutrition for older people. The course recognises the vital contribution that Home Carers make in supporting older adults. This course was intended to provide Home Carers the opportunity to further develop their skills in providing the best nutritional care to older people to enable them to live independently in their own homes for as long as possible.

The NILL education course was piloted between January – September, 2006 with Home Carers based in South Lanarkshire. The course was designed to meet the findings from phase one of Recipe for Life which identified a desire by older people, families and Home Carers for more knowledge around food and eating for frail older people who live alone. Materials to accompany the course were also developed and piloted during this phase and resulted in a complete NILL course package. The materials accompanying the course comprised of: 1. a resource manual for Home Carers, and 2. a Nutrition in Later Life (NILL) information leaflet about food and eating for frail older people.

#### **3.2 NUTRITION IN LATER LIFE PROJECT 2008**

Following the initial 2006 piloting the NILL package was further developed, and materials revised with a course outline, PowerPoint slides and nutrition facts sheets,

by NHS Lanarkshire, and South Lanarkshire Council in partnership with COPA, Queen Margaret University (QMU) and delivered to a group of Home Carers in the Rutherglen and Cambuslang areas of South Lanarkshire.

It is Important to note that NHS Lanarkshire and South Lanarkshire Council worked closely with the Better Government for Older People and South Lanarkshire Carers' Network in revising the materials and making sure that they were accessible and appropriate to carers and older people. This included consultation on content, text, format and colour schemes.

### **3.3 METHODOLOGY**

#### **a) Course Delivery**

The course was delivered in ten, one and a half hour sessions to over 150 professional Home Carers from the Rutherglen and Cambuslang area during June and July, 2008. An average of 14 attendees were present at each session, however, the actual groups varied between 6 and 19.

#### **b) Materials Supplied**

All participants were provided with a pack which included copies of the PowerPoint slides. The slides used changed during the first two weeks as trainers adjusted materials to better suit the needs of the group. It was agreed to keep the original slides in the student packs. They were more detailed than the adjusted slides and it was felt by the group that the extra information enhanced the total learning value of the pack.

Summary of course pack:

- Student manual/booklet – “Eating Well and Getting Older”;
- NILL information leaflet, “Eating Well and Getting Older”, aimed at clients, carers or member of the general public;
- A4 size copy of the “[Eat well Plate](http://www.eatwell.gov.uk/healthydiet/eatwellplate)”<sup>4</sup>

---

<sup>4</sup> Foods Standards Agency (2007) <http://www.eatwell.gov.uk/healthydiet/eatwellplate>

In addition, participants received a poster which summarised the key issues from the day, and an information leaflet on food fortification entitled – “Get More In”. This accompanying leaflet contained dietary advice on food fortification with the view to increasing overall energy intake from foods. These materials were produced by NHS Lanarkshire and South Lanarkshire Community Health Partnership.

### **c) Learning outcomes of the course**

Successful completion of the course will enable Home Carers to:

- Have an appreciation of current eating guidelines;
- Have an increased awareness and knowledge of the nutritional needs of the older person living at home;
- Consider and identify factors which may influence and limit an individual’s food choice so encouraging a flexible approach in helping the individual to meet their nutritional needs;
- Identify and develop skills necessary to assist the older person to meet their nutritional needs.

## **3.4 EVALUATION**

This project sought to explore the impact of the NILL course through addressing the following evaluation questions:

- Does the NILL course increase Home Carers’ knowledge base about nutrition in later life?
- What were Home Carers’ perceptions of the course content and delivery style?
- Did the Home Carers feel they can implement theory into practice?

In order to answer the above research questions, quantitative and qualitative methods were employed as follows:

### **(i) Knowledge Transfer**

Firstly, to establish if the course increased Home Carers theoretical knowledge on nutrition, it was necessary to assess what their knowledge base was prior

to the course. Accordingly, a pre (baseline) and post multiple choice questionnaire (MCQ), the NILL MCQ, was developed (see Appendix 1) and administered to Home Carers (learners) prior to the commencement of the course and upon completion.

### **(ii) Home Carers' perception of the course**

Secondly, to gauge the Home Carers perceptions of the course content and delivery style, participants completed an evaluation questionnaire (South Lanarkshire Health and Care Partnership Training Evaluation Form, Appendix 2) at the end of each session. Further to this supplementary information was gathered by two co researchers who were present at several training days to document any thoughts and opinions expressed by the care home workers during discussion sessions.

### **(iii) Implementation: theory into practice**

Thirdly, three weeks following training, face to face interviews with 11 of the Home Carers' participants were conducted to establish if they felt they were able to put their knowledge into practice.

## **3.5 FINDINGS**

### **(i) Knowledge Transfer**

Statistical analysis of pre and post questionnaires

Pre and post multiple choice questionnaires (NILL MCQ) were analysed using quantitative statistical analyses, the Statistical Package for the Social Sciences (SPSS). To determine if there was a change in scores post intervention compared to baseline, a Paired T-test was employed to determine the impact of Home Carers knowledge in response to the NILL course. The following P values were considered significant \*\*  $P < 0.001$  and \* $p < 0.05$ .

Interpretation of statistical analysis

The findings indicated that Home Carers acquired a 10% increase in nutritional knowledge post course compared to baseline. Therefore, time 2

scores (i.e. post-course) (Mean=84, SD=18.8) increased significantly compared to time one scores (i.e. pre-course) (Mean=74, SD=21.8),  $t(97)= 4.09, P=0.0001$ , (See Fig 1).

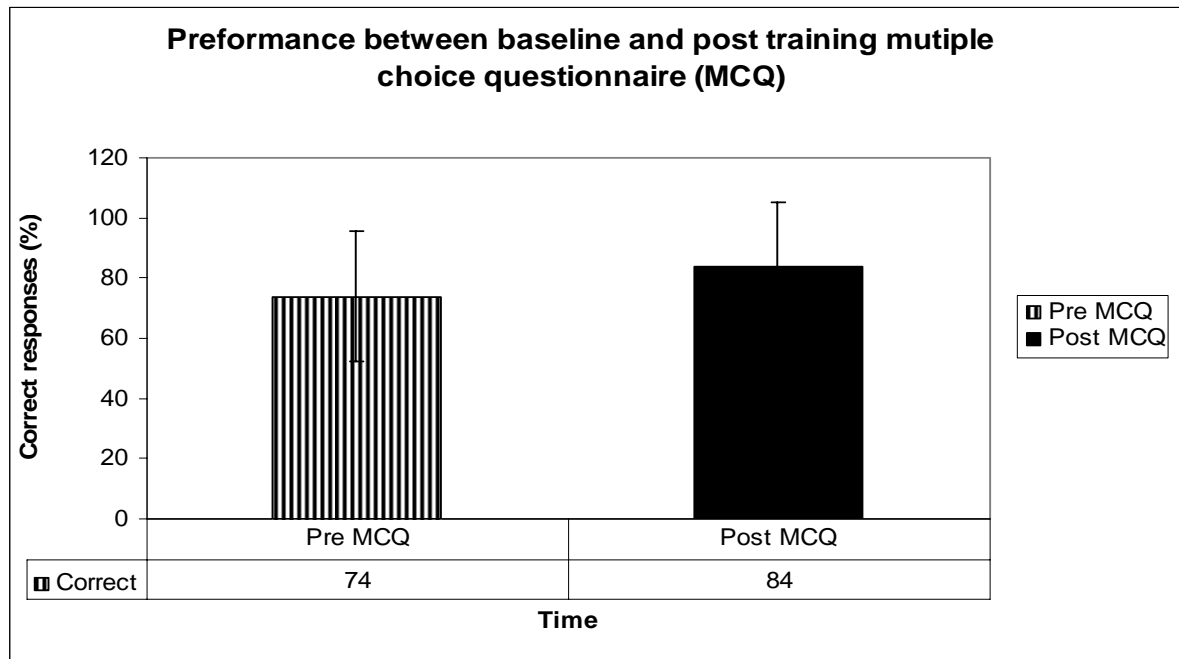


Fig.1 Learning gains made by course participants

A key finding in terms of knowledge transfer is that Home Carers 'learning' significantly improved (i.e. increased by 10%) in response to the NILL course.

### (ii) Home Carers' perception of the course

A total of 110 participants completed the post course evaluation questionnaire used to establish the Home Carers' perception of the course content and delivery style. Key findings are outlined below. The total number may not always add up to 110 as some participants did not answer all questions.

- 110 felt the objectives of the course were clearly identified.
- 104 felt that the time allowed for each section was correct, 5 felt it was too short.
- 102 felt that the time for discussion was correct, with 8 feeling it was too short.
- Participants varied in how relevant they felt the course to be for them. On a scale of 1-6 where (6 = high and 1 = low) 87 % anchored on the high end of the scale.

- Participants were also asked to evaluate the quality of visual aids, handouts and presentations. On a scale of 1-6 (6 = high and 1=low) participants stated that:

	High 6	5	4	3	2	Low1
<b>The use of visual aids</b>	33	40	26	9	1	0
<b>Handouts</b>	47	36	21	6	1	0
<b>Quality of presentations</b>	59	37	11	0	1	0

- Participants were asked which aspects of the day had they found most positive. 88 participants answered this question. The responses can be broken into the following categories:
  - All aspects positive (38);
  - Changes due to ageing (23),
  - Issues relating to illness or conditions (11);
  - Sharing ideas/discussion (5);
  - Flexibility/choice (3);
  - Other (8).
- Participants were asked how they would implement what they had learned into practice. From the 78 responses who answered this question, the following categories were established:
  - More awareness/being more observant (21);
  - General application of learning(16);
  - Speak with Clients (9);
  - Use for clients with specific conditions (3);
  - Speaking with families (2);
  - Other (26).
- Participants views on the possible barriers which prevent older clients meeting their nutritional needs including the following key issues:
  - The role of families - resistant to change;
  - Changing role of Home Carers resulting in:
    - Time constraints;
    - More task orientated; and
    - No time for social aspects of caring

## **Key findings in terms of Home Carers' perception of the course content and delivery style**

- 87% of the participants felt that the course was highly relevant to their needs.
- A average of 76% rated the content and delivery of the course to be of high quality.
- 43% of participants reported that they found all aspects of the day particularly positive. These included, the ability to have discussions and debates about the physiological changes during ageing and the issues relating to specific conditions which older people are vulnerable.
- 66% felt that the course had empowered them with new skills which they could implement throughout their caring role. However, Home Carers felt that there were still certain barriers which challenged their ability to make changes. Such barriers included: the family; lack of time to provide extra services to vulnerable individuals and management issues.

## **Interviews with Home Carers regarding their capacity to implement training into practice**

Three weeks post course, Home Carers (n=11) who had participated in the 2006 pilot scheme, were asked to take part in a brief meeting to discuss the course. The key findings from the meeting are summarised below.

Generally, Home Carers felt that an evaluation of this course would be beneficial. They expressed feelings of isolation and lack of power to implement changes. Given that there are management issues regarding the allocation of their time, they felt that managers and agencies should be encouraged to complete this course. Accordingly, it was viewed that communication and supervision would, therefore, enable isolated supervisors to feel supported.

### **3.6 CONCLUSION**

The overall findings from this education course are particularly positive and appear to meet the original aims and objectives. In essence, the course improves knowledge. Observatory discussions and interviews with Home Carers appears to indicate a strong air of interest and enthusiasm for the NILL course.

### **3.7 FURTHER WORK**

These findings justify the need for further research to conduct a more practical evaluation of the NILL education course. A second phase is obviously dependent on successfully securing additional funding. With this intention in mind, the 2008 phase described here in this report will act as a pilot for a more in-depth evaluation. The suggested second phase will potentially incorporate a wider evaluation that will strive to establish the impact on Home Carers practice within the service delivery context by gathering the views and experiences of Home Carers, older people/clients and families.

### **3.8 RECOMMENDATIONS**

In the first instance it is recommended that this course is delivered to Home Carers employed by local authorities throughout Scotland. Secondly, a broader application of the NILL course is delivered to a diversity of home care agencies across Scotland. These recommended actions have the potential to dramatically improve Scotland's current provision of care.

## **SECTION 4**

### **DEVELOPING AN INTERGENERATIONAL KITCHEN**

#### **4.1 BACKGROUND**

The Community Kitchen initiative arose from project findings which suggested that older people did not always feel they eat the foods that they wanted; that many older people enjoyed traditional cooking such as home made soups, porridge, mince and 'tatties'. Many of these older people relied on services to meet their food requirements, for example meals on wheels, or Home Carers to cook meals and do the shopping. Sometimes services were unable to provide meals preferred by their older clients. The Recipe for Life research findings suggested that older people who face challenges to enjoying food and participating in preparing and cooking food were seen as at risk of potentially becoming disconnected from food. This 'disconnection' was suggested as having a negative impact on an older person's appetite which ultimately can have serious consequences for health and well being.

The Community Kitchen was a suggestion which arose from a feedback session with Recipe for Life project participants. The idea was put forward by an older participant as a solution for older people who are facing challenges to eating and preparing food. The Community Kitchen was suggested as a way to 'reconnect' older people with food; as a way to support people to participate in conversations and discussions about food, cooking and eating; and furthermore had the potential to engage and support people to participate in food preparation and cooking, supporting them to eat foods they would like and enjoy.

The Community Kitchen was piloted in 2006 during the practice development phase of the Recipe for Life project. This initiative has now been further developed and evolved as the Intergenerational Kitchen which ran in 2008.

## **4.2 INTERGENERATIONAL KITCHEN 2008**

### ***Intergenerational approach***

The Intergenerational Kitchen provides a platform for social interaction between the older and younger generations. An intergenerational approach provides opportunities to challenge stereotypes and attitudes regarding older and younger people and in doing so, acts as a vehicle to promote a greater understanding and respect between the generations.

### ***Maintaining core aims***

The Intergenerational Kitchen maintains the main elements from the previous Community Kitchen of reconnecting older people with food and eating and supporting older people to eat the foods they would like. The Intergenerational Kitchen focused on snacks.

### ***Why snacks?***

For older people who are experiencing challenges in maintaining a balanced diet, smaller meals, more often are recommended and therefore the research team opted to gather snack suggestions and recipes with the participants. These recipes and ideas will be utilised to expand the Food for Thought recipe booklet which arose from the 2006 Community Kitchen pilot project.

### ***Aims***

The aims of the Intergenerational Kitchen were as follows:

- Increase the knowledge of high school pupils around nutrition requirements of older adults through education on the topic of nutrition in later life.
- Breaking down barriers between old and young through the experience of learning and sharing information together about differing nutritional needs, more specifically nutrition in later life, and through an opportunity to socialise together at the afternoon tea event.
- To further the development of the recipe booklet, Food for Thought, with the addition of a snack section with suggestions provided by older people. The booklet aims to support older adults to eat well.

### **4.3 METHOD**

The Intergenerational Kitchen broadly aimed to engage younger and older adults in the discussions about nutrition in later life/the impact of ageing on nutrition. The Intergenerational Kitchen had a four step design:

1. Partnerships and recruitment - recruiting younger and older participants through building partnerships with two East Lothian High schools, an East Lothian Day Centre Lunch Club, and Care Home;
2. Nutrition in Later Life (NILL) Lessons – flexible high school based delivery of nutrition in later life education to high school pupils in combination with practical cookery sessions (two different approaches taken by high schools);
3. Intergenerational Event - an afternoon tea event, designed to bring all groups together with the purpose of sharing information and experiences of food in later life.
4. Evaluation – evaluation questionnaires designed for remote feedback from high schools and a feedback meeting arranged with older people.

#### **Step 1: Partnerships and recruitment**

A Care Home and a Day Centre Lunch Club and two high Schools from the East Lothian area worked as partners with the research team in the Intergenerational Kitchen project.

#### ***The participants - older people***

A total of twenty older people participated from the Care Home and Lunch Club and four members of Care Home staff attended the afternoon tea event.

One visit was made to each group of older people by the university research team to discuss food and snack ideas. A second visit was made to gather feedback from attending the afternoon tea event. Older people provided input into the development of the snack ideas.

#### ***Participants – high school pupils***

Twenty pupils from two 4/5<sup>th</sup> year high school classes participated in the project. Both class teachers were Heads of the Home Economics/Food Technology Department in each school.

Different approaches to the overall project were adopted by each teacher due to timetabling demands. One class received an 'in house' delivery and the other class electing for the university team to deliver the NILL lessons.

### **Step 2: Nutrition in later life lessons**

Each teacher agreed to run three project dedicated class sessions with their pupils.

The sessions covered:

1. Dignity and respect;
2. Nutritional requirements in later life and where healthy eating messages fit in;
3. Snack recipe development.

### ***Different Approaches***

In order to distinguish between the different approaches the high schools will be identified as high school A and high school B.

### ***High School A***

High School A elected to have the research team deliver the NILL lessons. Pupils were currently midway through the Higher Home Economics course with the next stage focusing on a specific group. The Intergenerational Kitchen was seen as an opportunity for pupils to begin this process. The teacher hoped that the topic, 'older adults' would be listed as a choice for the pupils to pick as a focus for part their Higher studies after the summer break.

Pupils had a good grounding in general nutritional knowledge to participate in the project and this represented an opportunity for them to gain additional specialist knowledge of older adults. The research team were invited to speak to the pupils during a timetabled one hour class to deliver the lessons.

### ***The Nutrition in Later Life Lessons***

The NILL lessons were designed to be suitable for delivery to 5<sup>th</sup> year high school pupils. The teaching materials consisted of a lecture based talk, a practical demonstration and an open table discussion and covered the following topics:

- the physiological changes in ageing (taste, smell- affects on appetite)
- social exclusion
- living alone and how this may also affect what older people eat

Emphasis was given to the message that sometimes older people cannot eat what they would like.

#### *Teacher focus*

The focus of participation from the teacher's perspective was to give her pupils the experience of working with an external agency, the university team, building their confidence to work with different groups of people, and making links to get involved and work with the local community.

#### **High School B**

High school B opted for an "in house" approach. The pupils had recently moved into a 5<sup>th</sup> year Intermediate Food Technology course.

#### *'In house' approach*

The 'in house' approach entailed the teacher developing and delivering her own NILL lessons from background materials provided by the research team.

#### *Worksheets*

The NILL lessons covered the same three topics as High School A with the addition of accompanying work sheets. Work sheet tasks involved; cooking recipes suitable for older adults, shopping and completing a food diary together with an older person and an end of unit assessment sheet.

#### *Teacher focus*

The focus of participation from the teacher's perspective was for her pupils to gain an awareness and understanding of the needs of another group of people in contrast to their own needs i.e. the differences in nutritional needs of older and younger people and the challenges that ageing poses to nutrition and eating well.

Unfortunately, due the curriculum commitments and the timetabling of the project, High School B were unable to attend the Afternoon Tea Event.

### **Step 3 – Afternoon Tea Event**

#### *Catering*

The Intergenerational Kitchen culminated in Afternoon Tea which took place at Queen Margaret University. The two high school groups prepared all the catering. The menu consisted of cakes, sandwiches and fruit which were made by the teachers and pupils.

#### *Participants of Afternoon Tea Event*

Eighteen older people (ten people from the Day Centre Lunch Club, and eight people from the Care Home), four members of staff from the Care Home and nine pupils and the class teacher from high school A participated in the event. The different parties were mixed between five tables and encouraged to discuss the questions presented on table cards.

#### *Table cards*

The afternoon tea event was facilitated by the research team. Table cards with questions about food dislikes and likes were placed at each table (Appendix 4). The cards served a dual purpose: firstly as an ice breaker to help initiate conversation for discussions around food likes and dislikes and nutrition more widely, and secondly as a method for gathering snack suggestions for developing the 'Snack' section which will expand the recipe booklet, Food for Thought.

## **4.4 EVALUATION**

### **Older participants - feedback meetings**

Feedback meetings were held with older participants to gather their thoughts and feelings about participation. The responses gathered from the older participants' suggested that the experience of being part of the Intergenerational Kitchen project and participating in the afternoon tea was a positive one. Overall the older people seem to have enjoyed meeting with the pupils and sharing an afternoon of discussion and refreshments. Some older people expressed concerns that the age gap may have had an impact on conversation and discussion. However, the feedback gathered from the meeting indicated that the older people did not find this to be the case.

***“I thought I would find it awkward chatting to the school kids - because of the age gap. Then once the conversation started it was fine”***

***“Found chatting with the children really easy”***

Evidence of sharing information illustrates the value of generations working together and sharing knowledge. Older people have a life times experience and knowledge to share with the younger generation. The afternoon tea enabled the pupils and older people to share their knowledge with each other. This worked both ways.

***“One girl was telling me that she wanted to be a chef, but that she doesn’t like a lot of foods so she was unsure as to how she would complete the training since she would have to taste a lot of different foods - as chefs do. As my husband was a master chef I told her about what the standards were back then and what they are now. I felt good about been able to convey useful information to her. I felt like I taught someone else something - It works both ways.”***

Some of the older participants reflected that they would have liked to have discussed healthy eating options and meals for one. These ideas have potential for future work.

### **Pupils’ evaluations**

A short evaluation questionnaire was designed and administered via post to the high school pupils (Appendix 5) and the participating teachers (Appendix 6). The pupils’ responses reflected that both groups enjoyed participating in the project. Variation in responses stem from the different approaches of each school to the project.

#### ***Pupils in High School A***

This group all stated that they had enjoyed meeting with the older people at the afternoon tea event but would have liked to have had more contact with them prior to this.

***“I would arrange to meet the older people before hand so we could get to know them before the day visit.”***

They seemed to all share an appreciation of the differences regarding skills between themselves as young people and older people when they were young.

***“The older people could do a lot of things when they were younger such as cooking, washing and ironing but nowadays younger people aren’t being passed on these skills.”***

When asked about something they had learned and would put into practice from the experience there was a sense of a gain in understanding and respect for older people on the part of the pupils.

***“I will now respect old people more now that I have learned about their lives and how they lived then and now.”***

Teacher A saw the project as an opportunity for her pupils to gain experience of working with people out with the school environment. The project offered the prospect of building the pupils’ confidence. There was indication of some success with this aim.

***“Being able to be more confident and relaxed when talking to older people, and have exciting conversations with them.”***

In terms of the project creating community links, participation appears to have generated an interest in the local community.

***“I would like to become more involved in the community.”***

### ***Pupils in High School B***

This group of pupils were unable to participate in the afternoon tea. When asked about what they had enjoyed most about the project this group all responded that they had enjoyed cooking for the older people.

***“I enjoyed cooking different kinds of food for older people.”***

As this group did not meet with the older people they all expressed an uncertainty of whether the older people would like or be able to eat the food they made.

***“If older adults would like it and what I could change.”***

With regards something they had learned from the experience and put into practice, some pupils stated they would try and give their grandparents more suitable food such as eating less bran and eating more wholemeal products.

***“Try making foods more suitable for the elderly.”***

The pupils all stated that they would have liked to have met with the older people.

***“I would like to have met the people I was cooking for.”***

This group also stated that they would have liked to have more practical cookery time.

### **Teacher's evaluations**

#### ***High School A – teacher comments***

The teacher of High School A saw the project as an opportunity for her pupils to gain experience of working with people beyond the immediate school environment and forge links into the local community. The educational experience was seen as more meaningful to the pupils and to have a greater impact being delivered by the research team. The teacher also appreciated working as part of a team with the university and the support this offered with tasks which were usually the teacher's

responsibility, such as making links with the community and organising project activities.

***“This was an excellent project for my pupils to experience. The feedback from them is encouraging. We have all learned so much from it.”***

#### ***High School B – teacher comments***

The school curricula timetable made it a challenge to meet with this group of pupils, hence the teacher opted for an in-house approach. The nutrition in later life information supplied to support the teacher presented a further challenge as it was felt the materials required further adapting to meet the needs of the pupils. This entailed additional, time consuming work by the teacher. However, this has resulted in the production of additional teaching materials, including work sheets and an end of project assessment. Combining nutrition in later life education with practical activities, offered a complete and more meaningful experience for her pupils.

***“The experience was useful in that the students appreciated the needs of a group other than themselves, could put into practice what they had learned by baking a variety of goods and could appreciate the needs of an older relative more effectively.”***

#### **4.5 MEETING THE INTERGENERATIONAL KITCHEN AIMS**

Evidence to suggest that the intergenerational kitchen had met its aims was gathered from observations and field notes and evaluation feedback from all participants involved.

##### **Aim 1: The project aimed to increase awareness and knowledge of nutrition in later life.**

In order to gain an indication of the value of participation for pupils, the high school evaluation feedback form contained broad questions that aimed to gather responses that would give some indication of impact in terms of knowledge and awareness of nutrition in later life.

### ***Current pupil knowledge***

A broad evaluation question was asked regarding 'something you already knew'. This question generated responses indicating that the pupils had some knowledge of nutrition for example a knowledge of the five food groups and awareness of issues, such as calorific intake for men and women per day and an understanding that the number of calories consumed is dependent on levels of activity.

***“That older adults need less energy than younger people as older adults are relative inactive.”***

### ***Impact of NILL education on pupils current knowledge***

Responses to the evaluation question; 'something that made me think' gave an indication that some gains were achieved in terms of nutritional intake and the impact of long term conditions in later life.

***“That raw bran is not a good source of fibre for older people because it interferes with the absorption of minerals.”***

***“Something that made me think was that older adults suffering from dementia need more energy.”***

### **Aim 2: Breaking down of barriers between old and young**

This aim was achieved through the shared experience of the afternoon tea event which gave rise to the opportunity to socialise and share information about nutrition in later life. Evidence of the achievement of this aim stems from participative observations made during the event and from the evaluation questionnaires and feedback meetings with the pupils and older people.

#### ***Afternoon Tea***

The afternoon tea was the only time that the two groups of older and younger people met. From participatory observations made during this event it was apparent that both groups interacted well. The table cards with questions acted as an ice breaker

and got discussions underway with the groups appearing to get along well. There was much discussion and chat around the tables. The older people commented;

***“I thought it would be difficult but they were very chatty.”***

When asked what they enjoyed most about the event, all pupils stated,

***“meeting the older people.”***

***“Meeting the older people and having them tell me about their past.”***

The intergenerational kitchen worked well as a vehicle for social interaction between the older and younger generations. The topic, nutrition in later life, gave a platform, a common ground for the younger and older people to share conversations and discussions about food and eating.

***“The girl sitting beside me was explaining how she made the scones”***

***“The young people did very well, sometimes we find it difficult to have anything in common but they were very good.”***

### **Aim 3: Further development of the recipe booklet, Food for Thought, with the addition of a snack section**

#### *Table cards*

In addition to acting as an ice breaker, the table cards were designed to gather snack information, for example, likes and dislikes. There were many snack suggestions made and discussed on the day (see Appendix 3 for illustrative graphs), a testament to the amount of conversation and discussion that the questions generated around the tables. These snack suggestions will be used to expand the Food for Thought recipe booklet with the addition of a snack section.

## 4.6 DISCUSSION

***“I will now try to persuade my gran to swap her raw bran for wholemeal products”***

### ***Vehicle to share NILL information more widely in the community***

Intergenerational Kitchen offers a vehicle to share NILL information more widely by a potential ‘trickle down’ mechanism. The participating groups (high schools, care home and lunch club) may share their learning and knowledge of nutrition in later life with family, friends, and potentially, more widely with other educational organisations/secondary school groups and groups responsible or connected in some way to supporting older people. In this way information is ‘trickled down’ beyond the immediate intergenerational kitchen participants.

### ***NILL knowledge - powerful tool - supports health wellbeing and independence***

An understanding and knowledge of nutrition in later life is a powerful and valuable tool for not only health and social care professionals, such as Home Care Staff and social work staff, but also for older people and their families. This ‘tool’ of nutritional knowledge in later life equips those supporting older people and older people themselves, with information to make better judgements and more informed decisions regarding nutritional needs. Equipping people with a knowledge and understanding of nutrition in later life potentially empowers individuals to understand physiological changes that occur through ageing, the impact medication has on nutrition and further empowers those in a supporting role, such as families/relatives and supporting professionals.

### ***Lessons for younger generation***

The younger generation can also benefit from a knowledge and understanding of nutrition in later life and more widely of nutrition and food and eating in general. Younger people will benefit by having a better understanding of the part that nutrition plays in their own well being, both now and in the future.

## **4.7 CONCLUSION**

The Intergenerational Kitchen was an excellent project from which to learn and develop further. The findings indicate that the project successfully achieved the original aims of; increasing awareness and knowledge of nutrition in later life; breaking down barriers between young and old; and gathering snack suggestions to further develop the Food for Thought recipe booklet.

It must be emphasised however that this project offers a snap shot; an insight into what can be achieved when a research team dips their toes into intergenerational research. This work demands further development with an eye to evaluation that will firmly establish the project's achievements.

Involvement of older people is a central and key element of the way COPA conducts its activities. With this in mind, there is a need for more consideration to be given regarding ways to further develop and enhance the involvement strand of this pilot work. More work needs to be done involving participants in discussions and planning ways in which to develop and take this work forward. There is also a need to explore how to make sustainable links that will forge a future for the Intergenerational Kitchen.

## **4.8 RECOMMENDATIONS**

- Design future work with more opportunities for younger and older adults to meet and work together, for example, a practical cookery component for older people and younger people to work together. Older people could take the role of mentor in the kitchen context
- Further development and piloting of the Nutrition in Later Life lessons and materials in partnership with older adults and teachers
- Development of a more rigorous evaluation approach - consider designing formal assessment for the pupils into the project plans, such as a pre/baseline and post test design to explore learning gains for high school pupils and, in addition, ensure adequate time for reflection and feedback with participants.

## SECTION 5

### THE NUTRITION IN LATER LIFE PROJECTS – in conclusion...

There have been considerable efforts by the NHS, QIS and other bodies to address nutritional problems in the acute sector with the introduction of a number of policies and procedures e.g. [Food Fluid and Nutritional Care in Hospitals](#)<sup>5</sup> and more recently [Food in Hospitals](#)<sup>6</sup>. Care Homes are covered by both the NSF for Older People<sup>(6)</sup> and the [Care Home Standards for Scotland](#)<sup>7</sup>. These along with the National Food and [Nutrition Strategy](#)<sup>8</sup> being developed for Scotland mean that nutrition is high on the policy agenda.

However, experience from within this project shows that the nutritional needs, particularly of frailer older adults living in the community are, in many cases, not being met and should be given a higher priority both in research, policy and practice.

Both pilot projects aim to increase awareness and knowledge of nutrition in later life. The NILL training for Home Carers and information for older people and families addresses a suggested knowledge gap present for the professions responsible for supporting older people. The Intergenerational Kitchen widens knowledge sharing and awareness raising of nutrition in later life by making links into the community with older and younger people working together.

Further research is required to establish the impact and power of this combined approach. In addition, further development of the involvement strand of this work, a key feature, needs to be considered.

---

<sup>5</sup> NHS QIS <http://www.nhshealthquality.org/nhsqis/1015.html>

<sup>6</sup> NSF for older people URL link - [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4003066](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003066)

<sup>7</sup> Care home standards URL link - <http://www.scotland.gov.uk/Publications/2002/09/15395/10815>

<sup>8</sup> National food and nutrition strategy URL to FSA strategy steering group - <http://www.food.gov.uk/healthiereating/nutcomms/nutritionstrategy/nssgminute070123>

# APPENDICES

## APPENDIX 1

### NILL MCQ (Post MCQ varies from baseline by question order only)

**Baseline: Multiple Choice questionnaire**

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2008

**Instructions.** There are 8 questions. Please read the questions carefully before answering. There is only one correct answer for each question. Please select which answer you feel is correct by ticking the appropriate box. You have 5 minutes to complete this test.

**Q1. Your client says ‘The bread tastes like cotton wool in my mouth’. What do think may be the matter?**

- A) They just don't like bread
- B) They just need to drink more tea and water with their bread to help lubricate it
- C) Their appetite is not as good as it used to be
- D) Their sense of smell/taste is reduced and they lack sufficient saliva to help digest the bread

**Q2. When we put food into our mouths, digestion begins in which of the following areas:**

- A) Stomach
- B) Small Intestine
- C) Mouth
- D) Large Intestine

**Q3. Your client complains that their gammon steak tastes really tough. What would do?**

- A) Start introducing them to other meats like chicken, liver or beef
- B) Add some pineapple to the gammon steak to give it a sweeter flavour
- C) Appreciate that they no longer have the physical ability to chew and consider a nutritious alternative meal
- D) Make sure the gammon steak is not over cooked in future

**Q4. Fruit and vegetables are rich sources of which of the following?**

- A) Fibre and vitamins
- B) Carbohydrate, Protein and fat
- C) Energy (i.e. Calories)
- D) Salt and sugar

**Q5 If your client is underweight/malnourished which snack would be most nutritionally beneficial?**

- A) Small carton of diet yogurt
- B) Bunch of grapes
- C) A cup of milky tea
- D) A glass of full fat milk

**Q6 If your client has dementia what are the signs to look out for which may indicate that they are an ‘at risk’ group for malnutrition?**

- A) Reduced appetite
- B) Swallowing difficulties
- C) Depression
- D) All of the above

**Q7. Which of the following has the least affect on appetite/food intake?**

- A) Low mood/Loneliness
- B) Decline in sense of taste/smell
- C) Poor fitting dentures
- D) Changes in the weather

**Q8. If you client has diabetes you should pay special attention in relation to their dietary intake to:**

- A) Ensure that they eat and drink regularly
- B) Ensure sufficient energy is consumed
- C) Monitor food and drink intake/keep a diary
- D) All of the above

**THANK YOU FOR YOUR TIME AND CO-OPERATION**

## APPENDIX 2

### South Lanarkshire Health and social Care Partnership evaluation form



#### Training Evaluation

Name:		Event:	
Organisation:		Job title:	
Date:			
1.	Were the objectives of the training course clearly identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	How relevant were the areas covered today for you? (please tick to score)	High 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	Low
3.	Was the time allowed for each section sufficient? (Please tick)	Too long <input type="checkbox"/>	Correct <input type="checkbox"/> Too short <input type="checkbox"/>
4.	Was the time allowed for discussion sufficient? (Please tick)	Too long <input type="checkbox"/>	Correct <input type="checkbox"/> Too short <input type="checkbox"/>
5.	What is your opinion of:	High	Low
	(a) Use of visual aids (Please tick)	6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	
	(b) Handouts (Please tick)	6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	
	(c) Quality of presentations (Please tick)	6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>	
6.	What aspects of the day did you find most positive and why?		
7.	What part of the day did you feel was least positive and why?		
8.	How will you implement what you have learned in your practice?		
9.	We want to hear your views so please add any suggestions for improvement for future training events.		

Thank you for taking the time to fill in this form. We will use the information to inform our planning of future events.

Signed:

Date

**APPENDIX 3**

**Graphs illustrating participant responses to the questions on the table cards at the Afternoon Tea Event**

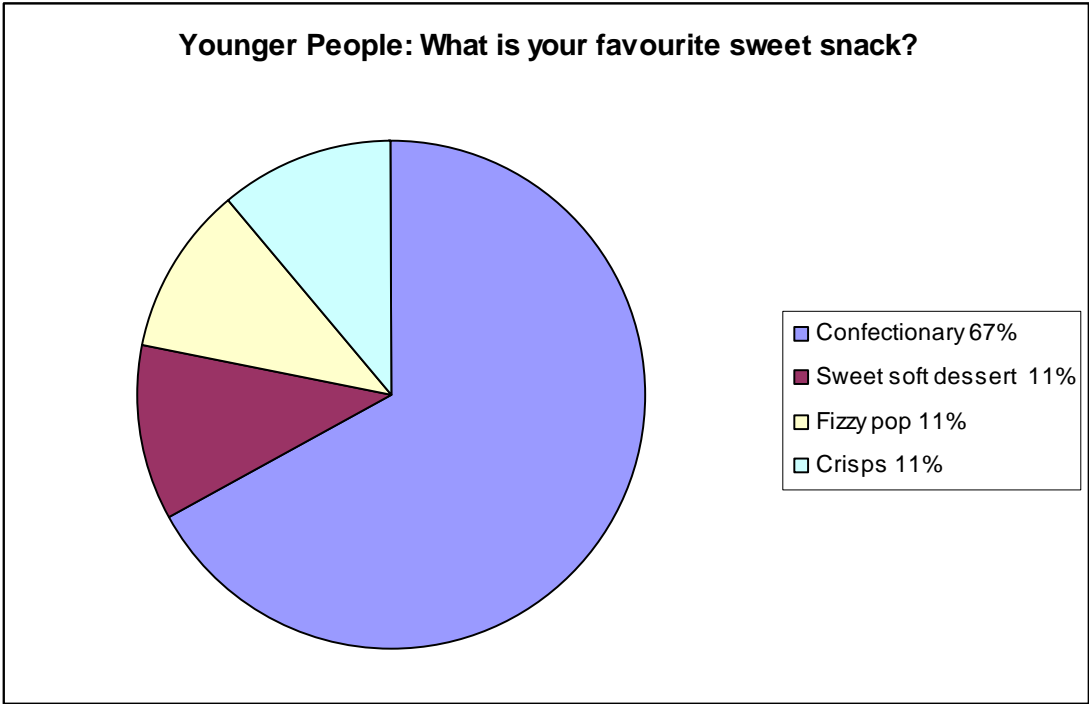
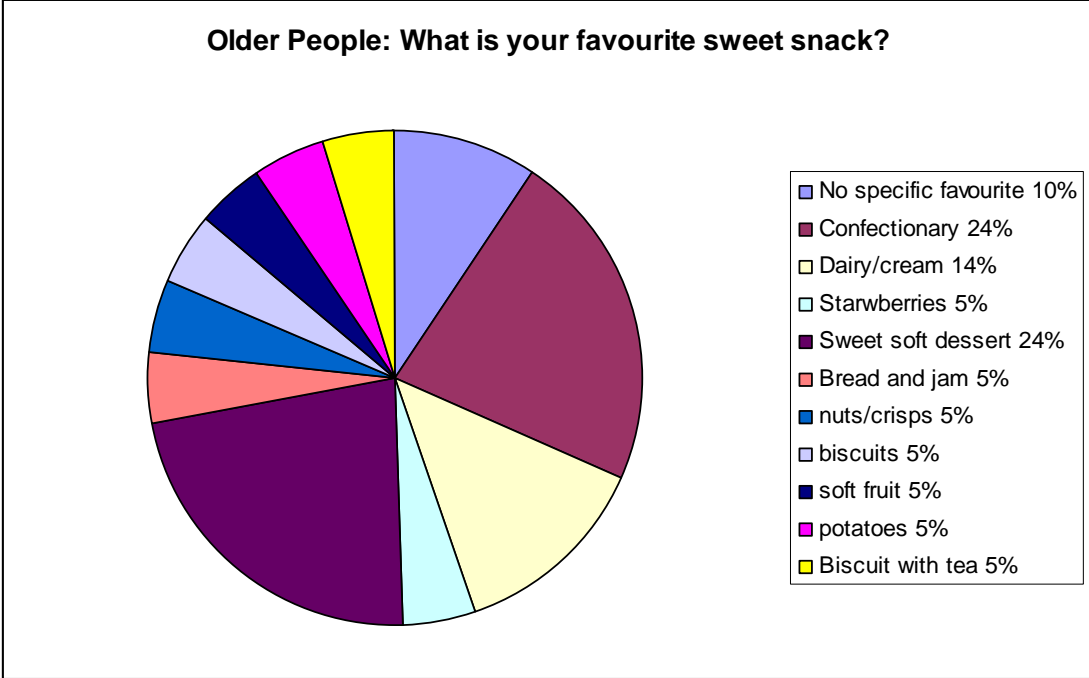


Fig.1 and Fig 2 show responses for table card question 1. What is your favourite sweet snack?

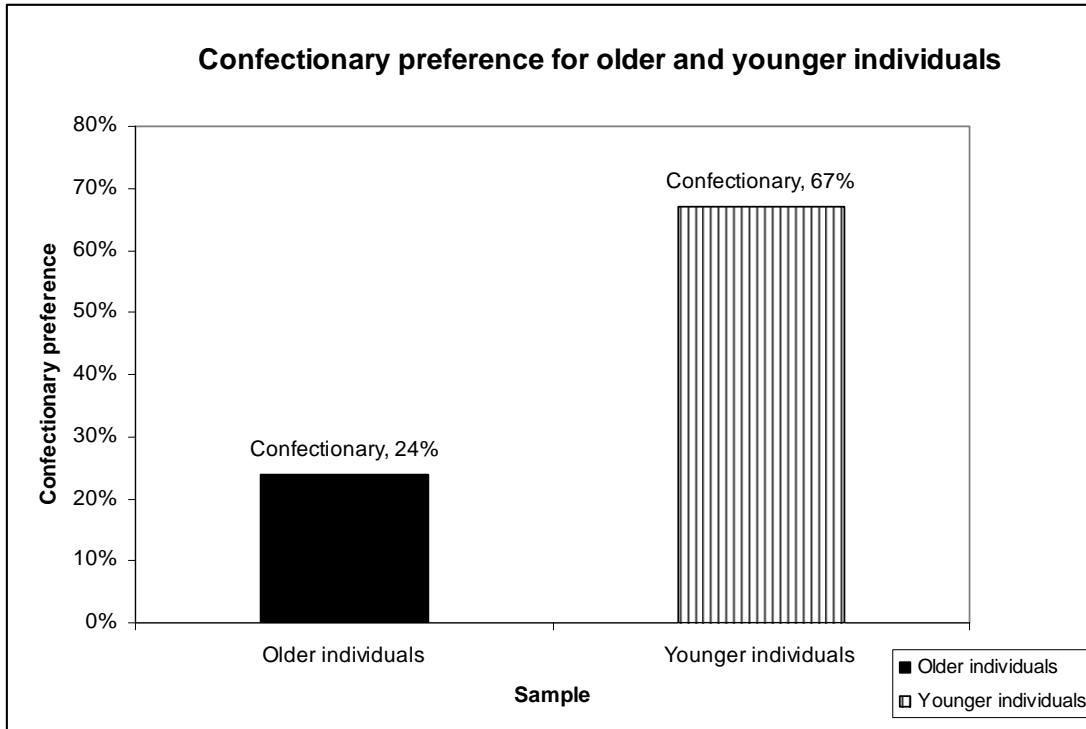


Fig. 3 shows the comparison between younger people and older peoples like of confectionary.

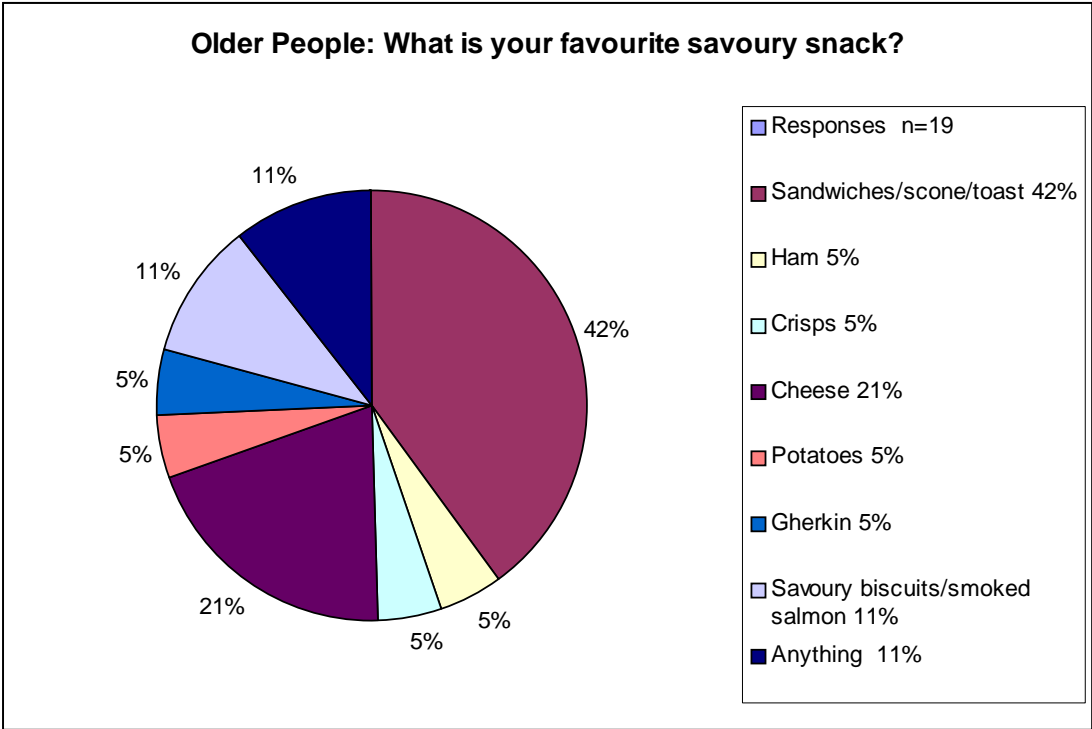
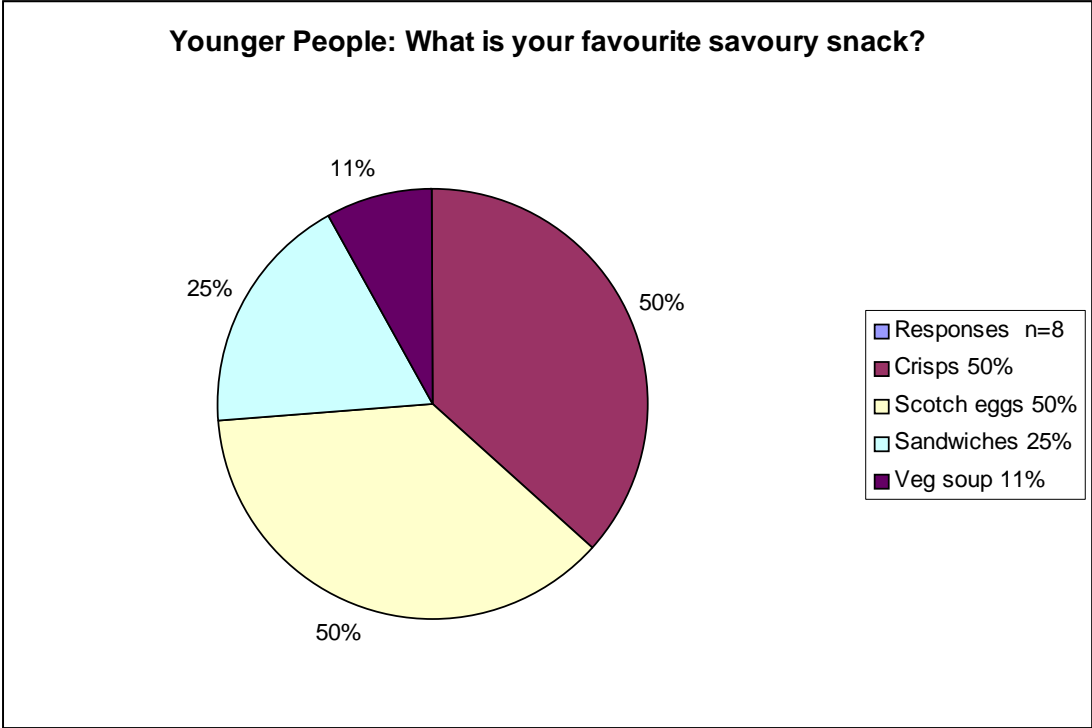


Fig. 4 & 5 show responses for table card question 1. What is your favourite savoury snack?

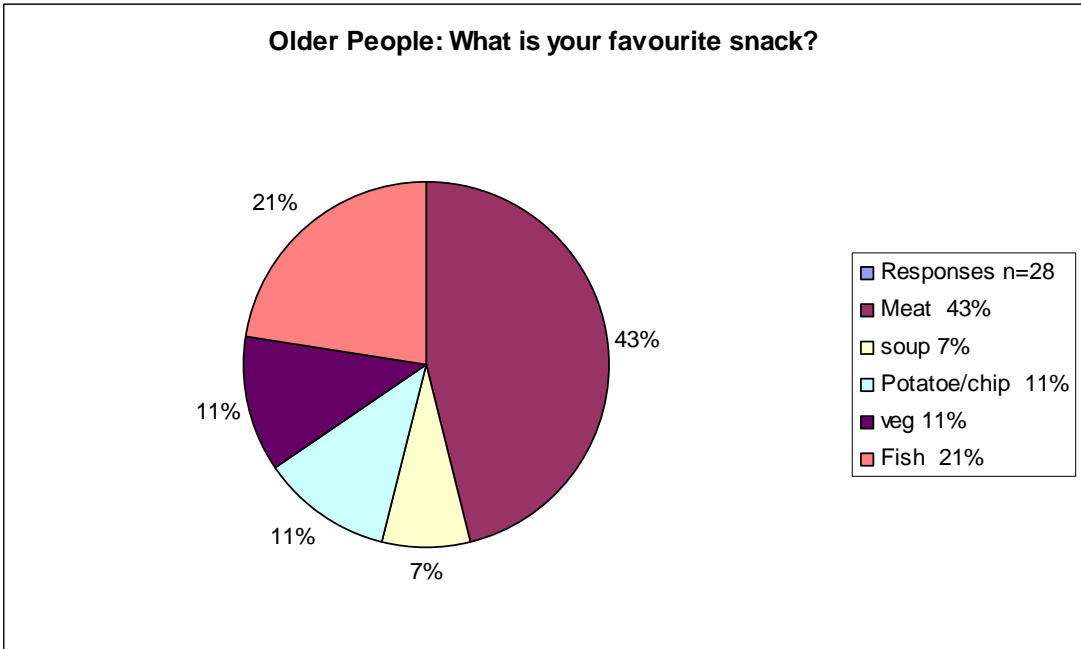
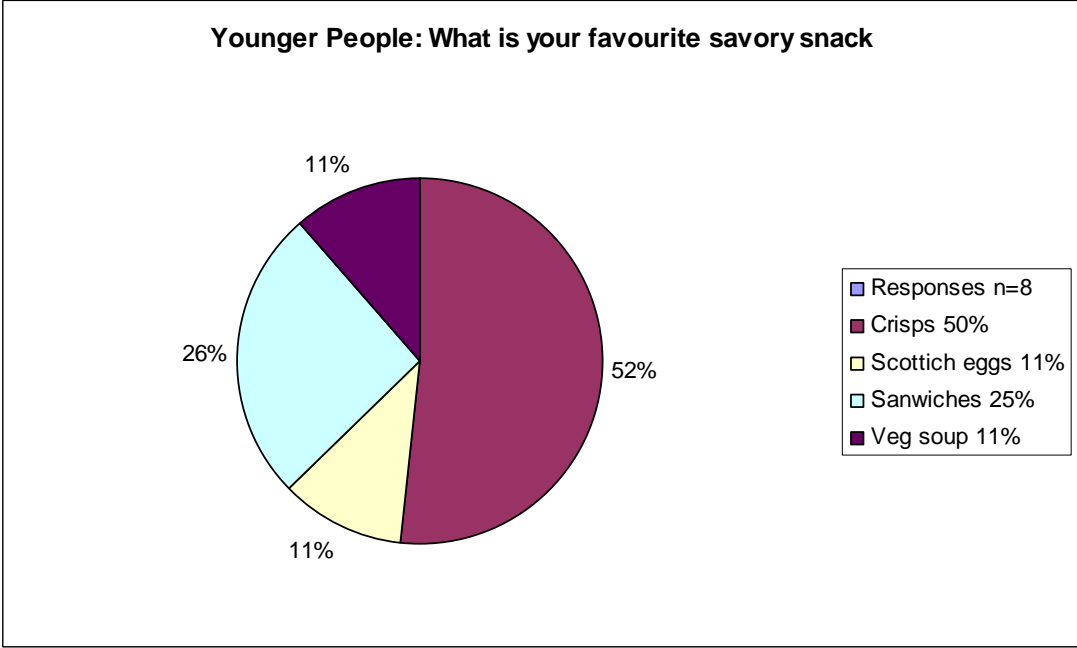


Fig . 6 & 7 show responses for table card question 2. What is your favourite (savoury) snack?

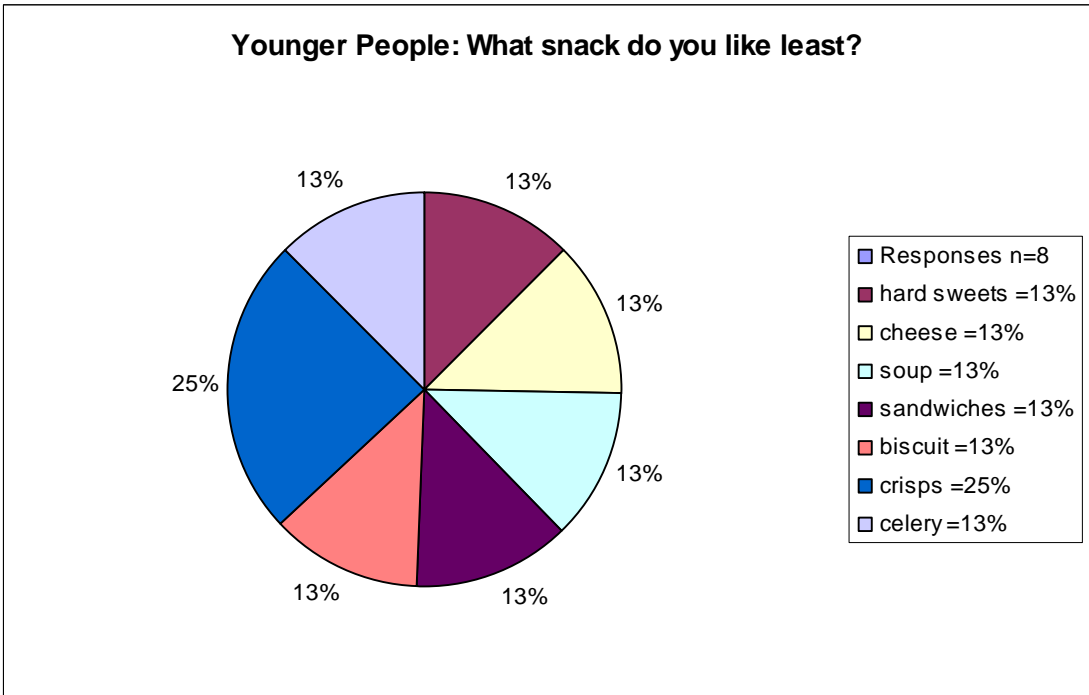
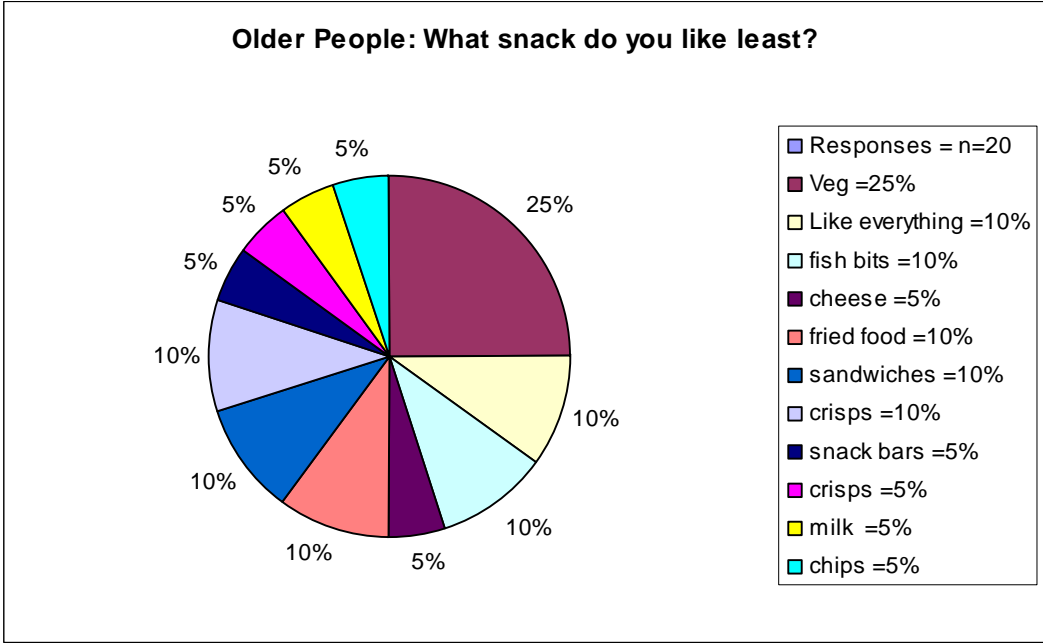


Fig.8 & 9 show responses to table card question 4. What snack do you like least?

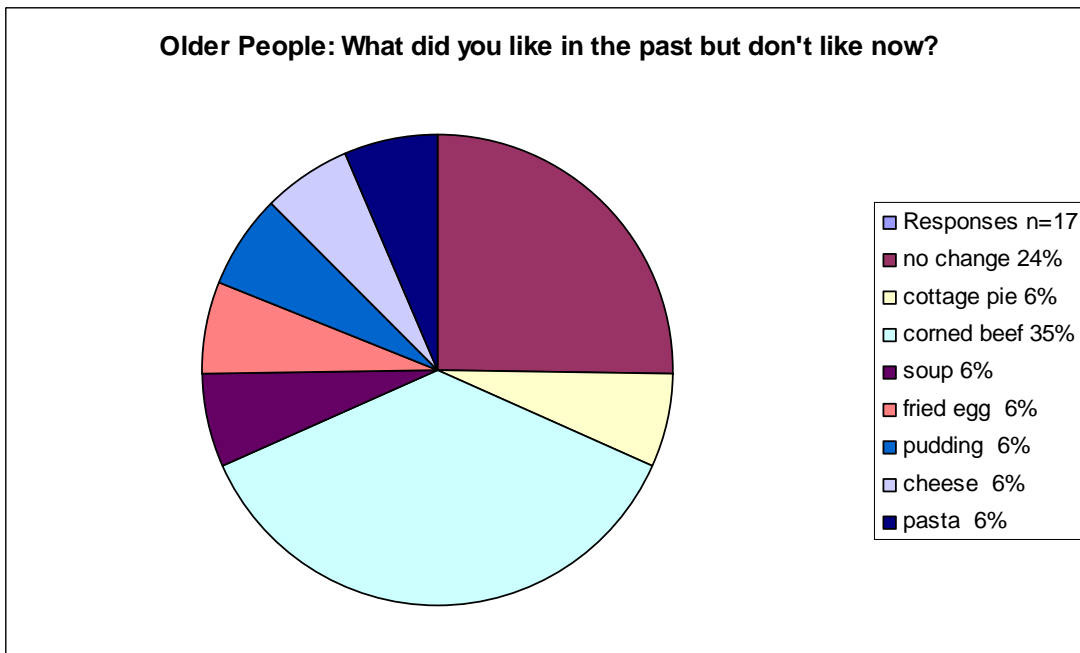
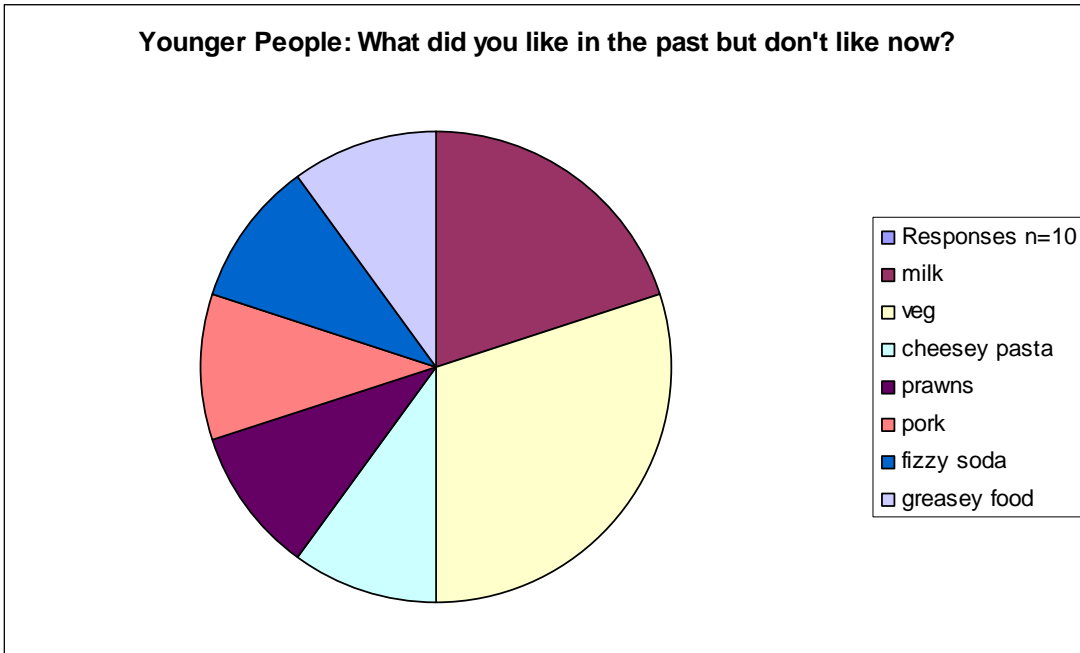


Fig. 10 & 11 shows the responses to table card question 5. What did you like in the past but don't like now?

## **APPENDIX 4**

### **AFTERNOON TEA EVENT – TABLE CARD QUESTIONS**

1. What is your favourite sweet snack?
2. What is your favourite savoury snack?
3. What is your favourite food?
4. What snack do you like least?
5. What did you like in the past but do not like now?

## **APPENDIX 5**

### **EVALUATION QUESTIONS - HIGH SCHOOL PUPILS**

1. Something I have enjoyed about this experience?
2. Something I already knew?
3. Something that made me think?
4. Something I would change?
5. Something That I have learned from this experience and would put into practice? Or something that I will do now?

## APPENDIX 6

### EVALUATION FORM FOR TEACHERS



#### Intergenerational Kitchen Initiative

We have really enjoyed working with you and would like to thank you for support and participation with the intergenerational kitchen Initiative. With this in mind we would really appreciate and welcome any thoughts, comments or suggestions that you may have about this experience from the perspective of your role **as a teacher**. To support this process we have suggested some questions below that may guide your thoughts to reflect on this experience.

- 1. Did you find this a useful experience for your students and in what ways?**
- 2. Did the Nutrition in Later Life educational resource/information for the students meet with your expectations or would you like to see changes made for future delivery?**
- 3. In what ways, if any, was this initiative useful in terms of building links with the local community?**
- 4. Did the experience of participating in the intergenerational kitchen meet with your expectations as a teacher and for your students? Can you tell us about these?**
- 5. Did you feel that you were supplied with enough support and information from Queen Margaret University or how we could better support and inform you?**
- 6. Please feel free to add any other comments or suggestions you would like to make about any other aspect of the intergeneration initiative.**

We really appreciate your help with evaluating this experience. The information that you have given is valuable and to and helps us to improve the intergenerational kitchen initiative for future delivery and the way we work together. We would like to reassure you that all information received will remain confidential and anonymous. Thank you for taking the time to share with us your reflections of participating in the Intergenerational Kitchen Initiative. Many thanks for your help and support.