

Going hungry at home

Dr. Helen Crawley of the Caroline Walker Trust considers whether current systems of home care for people over 65 are in a fit state.

Many people are keen to stay in their own homes in their 'old' age, but the reality can be far from rosy – with clear evidence of suffering, including people going hungry. Current Government policy aims to keep as many people over 65 as possible in their own homes, but forecasts show there will be a 54% increase in those with a high level of need over the next 20 years. At the same time, there is increasing evidence to suggest that the current home care system will struggle to support these changes.

Home care services provide both practical and personal care to older people in their homes, and include ensuring access to appropriate food and drink. Government policy to help people stay in their own homes as long as possible and support them to lead full and active lives in their communities is to be commended; but there are concerns that people continue to fall through the 'net' when care is needed.

Many older people who could benefit from home care do not receive it and some who cannot manage without home help, but who do not qualify for free care, may be forced to choose between sufficient home care services or spending money on food and fuel as prices rise. Older people are disproportionately affected by rising food prices,

as they spend a larger percentage of their budget on food and shopping. Where food is the only flexible part of the weekly budget this can lead to inadequate diets and poor nutrition.

There are now more people aged over 65 than under 16, and those over 85 are the fastest growing age group.

Home care provision

Home care is provided by both local authority and independent agencies and since the 1990s councils have increasingly purchased care from independent sector providers (2% in 1992 to 73% in 2005). Whilst the number of hours of home care funded by councils has doubled in the last decade to over 3.5 million hours per week, fewer people are actually receiving home care provided by their local council now than in the mid-1990s. The Council for Social Care Inspection (CSCI) in their first review of home care services in 2006 concluded that this sector is a fragile one, already struggling to provide services of sufficiently high quality for those who need them, with concerns that the sector may find it difficult to rise to the challenge to expand.

Since 1948, local authorities have been able to charge for care and support provided and under current legislation can recover such charges as they consider 'reasonable'. There have been a number of reports looking at charging issues and the variations between authorities, but in general councils have increasingly targeted their services to those who need more intensive support. The current tough eligibility thresholds exclude thousands of people

who would benefit hugely from a small amount of additional care and the very high prices of home care (which have risen more steeply than inflation and can be up to £15.50 an hour) put many off. A recent survey from the Coalition on Charging found that the cost of home care meant that some people were reducing the amount of care they had and for many their quality of life had been severely reduced.

Care not good enough

The CSCI review also reported that both carers and the cared-for complained of being rushed, demoralised and unable to form meaningful relationships due to high staff turn over and frequent changes in responsibilities. The '15 minute slot', in which a care worker is expected to visit a person, wash them, get them dressed, breakfasted and ready for the day for example, was identified as a symbol of a regime that will be unable to handle the growth of Britain's older population.

As a result of councils targeting their services to those most in need, preventative services that help keep older people independent and healthy for longer are being withdrawn. Little attention is paid to the importance of providing adequate and nutritious food to older people, and enabling them to eat well. The only statutory training related to food for home care workers is based on food hygiene practices and few home care workers are likely to understand the importance of good food and fluid for health in old age or be able to spot warning signs of malnutrition. Many are also unlikely to have the skills needed, or the time, to cook food for their clients or are unable to stay long enough to ensure that meals and snacks are eaten.

At least one in 10 people over the age of 65 years in the community are malnourished and a recent study among those aged over 80 entering hospital and care homes reported that about a third were malnourished or at serious risk of malnutrition.

The way ahead

Little research has been done on the role of home care workers in ensuring vulnerable older people are able to eat well, but the current system is unlikely to offer a healthy solution for many older people in the years to come. A thorough review of the role of home care in the 21st century, the charges that should be reasonably made and the training required to ensure a competent, health promoting workforce is urgently required.



Some older people need help at mealtimes to make sure they eat well. Home carers provide an essential service, but are limited by the time they have available.

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A reader's story

My 92 year old aunt lives alone in a residential complex in the Midlands. After being widowed and recently discharged from hospital after a fall, she was given a home care package to support her living independently at home. As she is immobile, has failing hearing and shows some mild confusion, she was allocated a care package of four visits a day. Wake up, lunch time, tea time and bedtime. The times of the visits were however quite variable, and my aunt quickly complained that she was not helped to get up until too late in the morning and the consequence of a late breakfast and early lunch meant that she ate inadequately at those two crucial times.

In the first few weeks it became obvious she was losing weight and had lost her previous enjoyment of food. Although her poor eating was recorded in her home care notes, no action was taken to address it. I am a dietitian, so when I visited

I spoke to several carers and none had any training in helping an older person to eat well, although all the carers were keen for suggestions for them to follow. Most of the issues I tackled with the home care team were practical ones, such as making sure meals were served at the dining table and not in front of the television and that carers should sit with my aunt at meals and offer encouragement to eat.

The carers had no ideas for nutritious snacks or quick meals to offer if my aunt was hungry or had missed a meal, but once a list of ideas was compiled the carers all followed it carefully and they were stunned to see how quickly my aunt responded. Had her poor eating not been addressed she would have been back in hospital, and ultimately in residential care, a much more expensive option for social services and a move my aunt did not want.

Whilst she has done well to date, we have just been informed that the home care contract in her area is changing to a new private contractor and



Most older people want to live independent, healthy lives, but may need support to do so.

this will mean new carers and a loss of shopping provision. I do wonder how other older people fare if they don't have advocacy to ensure they get the care they deserve.

Poor meat hygiene

Poor hygiene practices in abattoirs could be jeopardising public health, according to meat hygiene inspectors. A survey by the trade union UNISON, which represents the inspectors, reveals that dirty animals coming into abattoirs is leading to high levels of faecal contamination (literally, poo on meat) of animal carcasses. More concerningly, the situation is no better than two years ago.

Meat hygiene inspectors are a little known group of public servants, standing at the front line of public health and safety in the production of meat. Before chickens, steaks, or pork chops arrive at the butchers or on the supermarket

shelf, the meat hygiene inspector ensures the animal is healthy before slaughter, and that the meat produced is safe to eat.

But the European Union is about to review its regulations amid pressure for more 'self-regulation' of abattoirs. Already poultry plants can employ their own inspectors (PIAs) rather than use independent government ones. In 2006 the UK Food Standards Agency (FSA) introduced a 'clean livestock' procedure which gave abattoirs responsibility for ensuring animals were clean before they were killed, instead of Inspectors doing it.

However a survey of meat inspectors reveals that only 6% of inspectors thought that the 'self-regulation' of livestock was making any improvements, and that over 40% said that most of the carcasses presented for inspection were faecally contaminated. This is almost unchanged from a similar 2006 survey. A BBC Wales 'Week In, Week Out' programme recently exposed these problems.

But the FSA, along with sister agencies in France, Denmark and Holland are pressing ahead by looking at pilots for this 'risk-based' approach. A seminar in July in Lyon on 'modernising' meat hygiene proposed that the role of abattoirs and official inspectorates be revised, and the balance of giving advice rather than enforcement should be reviewed.

The EU regulations come up for review in 2009, and look set to be amended. At a conference at the recent EU veterinary week, Robert Madelin, the Director-General for Health and Consumers at the European Commission, spoke of the breadth of EU food safety legislation

"from farm to fork", yet also of the "proportionate response" of giving more responsibility to food operators.

High standards were introduced in Britain following the outbreak of *E.coli* in Wishaw, Scotland in 1996 which killed 17 people. Bad practices such as cleaning carcasses with hoses, which hid contamination rather than removing it were banned. However the 'risk-based' approach may open the way for similar bad practices to recur.

This is a vital health issue. The respected Professor Hugh Pennington is completing an enquiry into the 2005 outbreak of *E.coli* in Wales, and another inquiry is about to start in Scotland. Yet, partly due to cost pressures the FSA is supporting incremental moves to 'self-regulation'.

We have just seen what happened to the economy and city of London after years of self-regulation. Could we be putting our health at similar risk?

■ Simon Watson, UNISON



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New strain of *E.coli*

An antibiotic resistant strain of *E.coli* 26 has been discovered for the first time in the UK. Although this strain could trigger life-threatening infections in people, no restrictions have been placed on the animals at the dairy farm where the outbreak occurred. This means they can be sold in the UK and abroad, making campaigners worry that the *E.coli* 26 will spread to other animals.