

Social Policy and Ageing Research Centre

# Meals-on-Wheels for Older People in Ireland:

#### **Overview and Operational Issues**

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## **Overview of presentation**

- Short introduction to the study
- How we conducted the study
- Central characteristics of MOW clients
- Key findings on operational issues
- Conclusions

## Short introduction to the study

- 1. Very limited knowledge of meals-on-wheels
- 2. Importance of food for both health and quality of life

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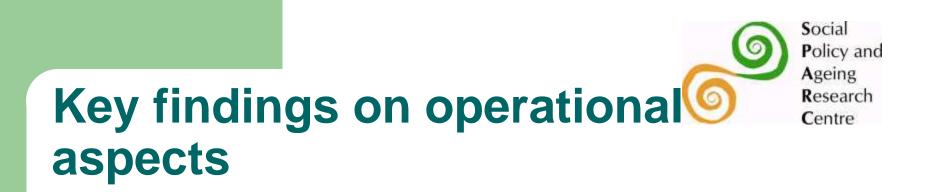
- 3. MOW as central component of home and community care
- 4. Set out to map out and explore operational, social and nutritional aspects of MOW



Phase One	Postal Survey of all known Meals on Wheels Services (RR = 69%, N = 280)	
Phase Two	Interviews with Providers:	
	Co-ordinators (n=15)	
	Paid staff (n=6)	
	Volunteers (n=9)	
	Analysis of nutrient content of sample meals from 8 organisations	
Phase Three	Interviews and Nutritional Assessments with 63 Meals-on-Wheels Recipients	



- 2.4 % of older people use MOW (10,000 12,000 individuals)
- 60 % aged 75 +
- 2/3 female
- 70 % live alone



- Legal status
- Staffing
- Perceived central aim
- Service days per week
- Choice, communication channels
- Training, advice
- Eligibility criteria
- Funding
- Perceived challenges

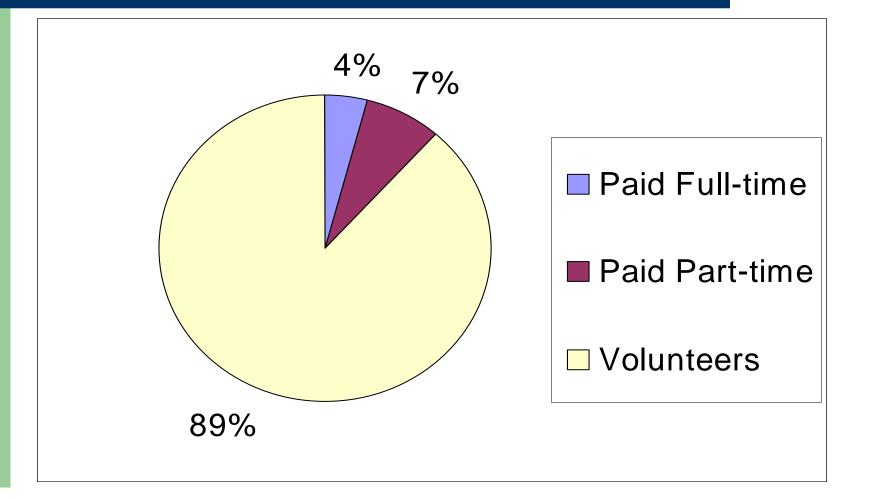


## Legal status, %

Registered charity	43
HSE	16
Limited company	7
No formal status	18
Mixed status	16



## Staffing





## **Key characteristics**

- Highly localised
- Characterised by volunteerism
- Organic, rather than planned growth to date
- Uneven coverage across country



## **Perceived central aim, %**

Provide meals for those unable to cook for themselves	60
Provide meals AND social contact	17
Caring for older people and people with disabilities	11
Enabling people to live in their own homes	8
Combat social isolation	2
Develop the organisation	2



#### Service days per week

1 - 2 days	19 %
3 – 4 days	37 %
5 days	29 %
6 – 7 days	14 %



## **Choice, communication**

- 97 % provide hot meals
- 39 % provide choice of meals
- 71 % use menu rotation
- 68 % cater for special dietary requirements
- 74 % have a feedback / complaints mechanism

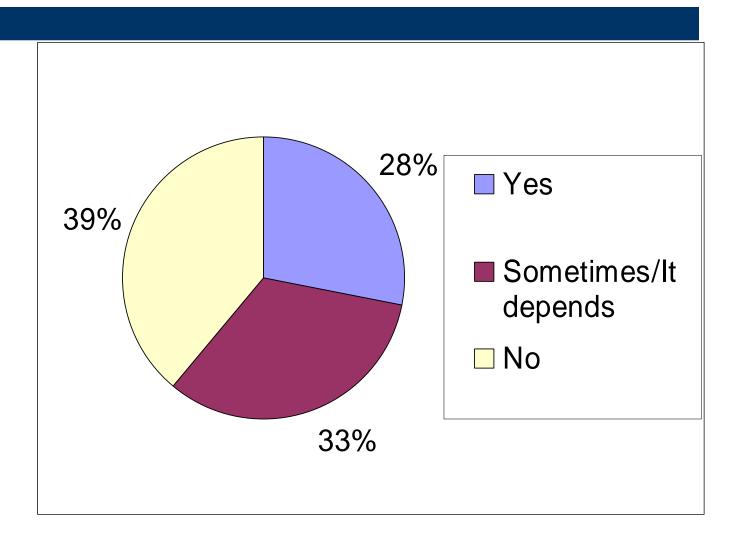


## Training, advice

- 68 % had sent at least one staff member trained in food safety
- 25 % had at least one staff member trained in nutritional requirements of older people
- 26 % had received input into menu planning from a dietitian



## Use of eligibility criteria





## Funding

Significant multiplier effect:

Average HSE subsidy	€ 1.28
(Incl. capital funding)	€ 2.94
Average client charge	€ 2.69
(Variance in client charge	€ 0.76 - 6.50)
Other funding	
TOTAL average cost	€6.33



# % of organisations stating { their greatest challenge is...

Recruiting new volunteers	48
Sourcing funding	
	23
Meeting increased	
demand	10



## Conclusions

- Central to ensuring older people can continue living at home
- Need for a clear policy framework
- More support for providers
- Clarify basis of entitlement
- Introduce nutritional guidelines
- Focus on *both* social *and* nutritional aspects of service