



# Respect for religious and philosophical beliefs while eating in care

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# About the APPG

The All-Party Parliamentary Group on Vegetarianism and Veganism (VegAPPG) was formed in December 2016. The VegAPPG is chaired by Christina Rees MP and brings together MPs, Peers, and third sector organisations from across the political spectrum to debate, discuss, and campaign on the key issues that vegetarians and vegans face.

## Membership of the APPG

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Vice Chair: Baroness Anita Gale

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Vice Chair: Kerry McCarthy MP

Vice Chair: Henry Smith MP

Secretariat: The Vegan Society

## ALL-PARTY PARLIAMENTARY GROUP ON VEGETARIANISM AND VEGANISM



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# Executive summary

We hear about the social care crisis faced by local authorities on an almost daily basis. We read about the increasing awareness of the importance of equality and social justice for all. We know that meat and dairy reduction is common-place, and that the numbers of vegetarians, vegans and flexitarians are growing exponentially. Alongside this, our population is ageing, and dementia is rising. Yet still, this Inquiry by the APPG on Vegetarianism and Veganism reveals examples of the most basic failings in care homes and hospitals when it comes to protecting the human rights of those receiving care.

The right to be fed in line with religious or philosophical beliefs is fundamental and is enshrined in law. The adoption of this report's recommendations of improving clarity and strength of legislation, regulatory policy, and educational requirements for working in care settings is crucial. Unless the Governments, Administrations and Regulators across the devolved nations act now, these issues will simply amplify in frequency and magnitude.

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You can learn more about a variety of support mechanisms available for care services, including care caterer training, recipes, information booklets, the Vegetarian for Life Memory Care Pledge, and a variety of useful templates and documents at:

<https://vegetarianforlife.org.uk> and in Appendix 6.

Also see The Vegan Society's Catering for Everyone campaign at:

<https://www.vegansociety.com/take-action/campaigns/catering-everyone>

# About this Inquiry

This Inquiry was sparked by several reports of people being served foodstuffs that disregarded their religious or philosophical beliefs while they were receiving care in the United Kingdom.

This seemingly common and ongoing issue is one that is deeply distressing – both for those being given food that didn't align to their belief systems, and also for their families and loved ones. It is also a breach of the legislation and regulations in place to protect the rights of individuals.

The Inquiry launched on 1 October 2019 and collected evidence until January 2020. The VegAPPG heard oral evidence on 28 January 2020. The call for evidence was made widely, including across Vegetarian for Life's and The Vegan Society's social media channels, a full-page advert in The Vegan magazine, a variety of blogs in care/dementia forums, talks at relevant stakeholder events, and distribution of flyers. The publication and associated launch of this Inquiry Report was held back because of the COVID-19 pandemic.

Evidence came in from those personally affected, their families, and loved ones. In some cases, evidence came directly from care workers. These harrowing stories, shared anonymously as evidence, have been used to shape the recommendations of this Inquiry, and offer a deep understanding of, and insight into, the daily challenges faced by older vegetarians and vegans in care settings.

The concerns raised as evidence for this Inquiry, as well as those collated formally and anecdotally by Vegetarian for Life over many years, affect a large, diverse group of people. If all of the reports are true, which there is no reason or evidence to suggest is not the case, the concerns raised would be in breach of various Acts in place to protect basic human rights.

This Inquiry aims to raise awareness of the issues, to develop our understanding of the situation, and outline what might be done to better protect individual philosophical or religious beliefs in care settings.

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**For the purpose of uniformity and accuracy we have used the following definitions of vegetarian, ethical vegan, and plant based.**

**Vegetarian:** "A vegetarian diet does not include meat or poultry, fish or seafood, insects, gelatine or animal rennet, stock or fat from animals."<sup>1</sup>

**Ethical vegan:** "One thing all vegans have in common is a plant-based diet avoiding all animal foods such as meat (including fish, shellfish and insects), dairy, eggs and honey as well as avoiding animal-derived materials, products tested on animals and places that use animals for entertainment."<sup>2</sup>

**Plant based:** "A plant-based diet is based on foods derived from plants, including vegetables, wholegrains, legumes, nuts, seeds, and fruits, with few or no animal products."<sup>3</sup>

Note: The main difference between a plant-based diet and ethical veganism is the willingness of those following a plant-based diet to use products that contain animal derivatives, have been tested on animals, or use animals for entertainment, without having a moral or ethical opposition to them. According to a significant preliminary hearing judgement in 2020, ethical veganism is viewed to be a philosophical belief that qualifies as a protected belief within the meaning of Section 10 of the Equality Act 2010<sup>4</sup>.

A care home for the purpose of this inquiry report has been defined by Age UK a place that: “Provide[s] accommodation and personal care for people who need extra support in their daily lives. Personal care might include help with eating, washing, dressing, going to the toilet or taking medication. Some care homes also offer social activities such as day trips or outings.”<sup>5</sup>

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- 1 The Vegetarian Society (2021) *What is a Vegetarian?*, <<https://vegsoc.org/info-hub/definition/>> (Accessed 2 November 2021.)
  - 2 The Vegan Society (2021) *Key Facts*, <<https://www.vegansociety.com/about-us/further-information/key-facts>> (Accessed 2 November 2021.)
  - 3 British Dietetic Association (2017–20) *Food Fact Sheet: Plant-based diet*, <<https://www.bda.uk.com/uploads/assets/3f9e2928-ca7a-4c1e-95b87c839d2ee8a1/Plant-based-diet-food-fact-sheet.pdf>> (Accessed 2 November 2021.)
  - 4 *Casamitjana Costa v The League Against Cruel Sports* (2020) UKET 3331129/2018, BAILII, <[http://www.bailii.org/uk/cases/UKET/2020/3331129\\_2018.html](http://www.bailii.org/uk/cases/UKET/2020/3331129_2018.html)> (Accessed 2 November 2021.)
  - 5 Age UK (2019) *Care Homes*, <<https://www.ageuk.org.uk/information-advice/care/arranging-care/care-homes/>> (Accessed 2 November 2021.)

# Existing protection

A wealth of legislation already exists to protect the individual beliefs of those living in care in the UK. These include the Human Rights Act 1998 and the Equality Act 2010. In the devolved nations there are various health and social care related Acts that are also aimed at protecting these beliefs, for example the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. England and Wales, Scotland and Northern Ireland each have legislation regulating how individuals with limited capacity should be treated. Their focus is on protecting individuals' 'best interests' when making decisions on their behalf. Under the Equality Act, the public sector is also bound by the Public Sector Equality Duty<sup>6</sup>. It must ensure that policies and practices are not discriminatory, publish compliance data, and set objectives to further these aims. The public sector must work to ensure that people are not discriminated against based on their protected characteristics, such as religious or philosophical beliefs.

However, although these protections exist, individuals who are experiencing cognitive loss or loss of capacity (particularly when in care homes) may be especially vulnerable to being given food or drink that does not align with their beliefs.

So, what's going wrong and what do we need to do?

## Laws that protect individual beliefs

- 1 Human Rights Act 1998.
- 2 The Equality Act 2010.
- 3 The requirement to consider the 'best interests' of individuals under Mental Capacity law.
- 4 Devolved Health and Social Care Acts – for example, the Health and Social Care Act 2008 (regulated Activities 2014).

# Our recommendations

It is crucial that more is done to ensure that protected philosophical beliefs are increasingly recognised, adapted to, and enshrined into care legislation, regulations, and protocols. By doing this, service providers and regulators could better meet the needs, and better protect the rights, of their service users.

The All-Party Parliamentary Group on Vegetarianism and Veganism recommends the following:

## Recommendation one:

To better protect the rights and needs of service users in care settings, wording of relevant health and social care legislation should be amended, where required, to formally include the legally recognised concept of philosophical beliefs.

**ENGLAND:** We recommend a change to the wording of the Health and Social Care Act 2008 (Regulated Activities) 2014: Regulation 14, Part 4c to include the word 'philosophical' alongside religious beliefs and cultural background:

**From:** 'the meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious or cultural background.'

**To:** 'the meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious **or philosophical** beliefs or cultural background.'

**NORTHERN IRELAND:** We recommend a change to the wording of the Residential Care Homes Regulations (Northern Ireland) 2005: 12.5.c to specify that needs should include religious or philosophical beliefs or cultural background:

**From:** 'The registered person shall ensure that food and drink... are suitable for the needs of residents.'

**To:** 'The registered person shall ensure that food and drink... are suitable for the needs of residents, **including the needs arising from their religious or philosophical beliefs or cultural background.**'

**WALES<sup>7</sup>:** *No amendments required.*

**SCOTLAND<sup>8</sup>:** *No amendments required.*

## Recommendation two:

To ensure that inspectors from care regulatory bodies and care service providers themselves receive clear and easy-to-follow guidance regarding dietary and nutritional needs relating to beliefs.

The wording of this guidance should afford consideration and respect for religious or philosophical beliefs.

**ENGLAND:** We recommend that regulatory guidance is adjusted to include the word philosophical to relevant Key Line of Enquiries (KLOE), namely CQC E3.1 relating to service user decision making for nutritional and hydrational needs.

**From:** 'How are people involved in decisions and how are their cultural and religious preferences met?'

**To:** 'How are people involved in decisions and how are their cultural, **religious or philosophical** preferences met?'

Additionally, we recommend that relevant provider guidance relating to the care inspection areas of nutrition and hydration is updated to include the word 'philosophical', namely CQC Provider Guidance 14(4)c relating to service user decision making for nutritional and hydrational needs.

**From:** 'The meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious or cultural background.'

**To:** 'The meeting of any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious **or philosophical** beliefs or cultural background.'

**NORTHERN IRELAND:** We recommend that regulatory guidance is adjusted to include the word philosophical to relevant Indicators, namely Indicator E1 in both Regulation and Quality Improvement Authority (RQIA) Provider Guidance 2019–20 Adult Residential Care Homes and RQIA Provider Guidance 2019–20 Nursing Homes – Nutrition relating to dietary needs.

**From:** 'A nutritious and varied diet is provided which meets each resident's needs and preferences.'

**To:** 'A nutritious and varied diet is provided which meets each resident's needs and preferences, **including their religious or philosophical beliefs or cultural background**'.

*NOTE: RQIA outlines, in Indicator C1 of Provider Guidance for Residential Care Homes, that homes should promote and meet residents' values, choices, and spiritual needs.*

**WALES:** We recommend that regulatory guidance is adjusted to include the words philosophical and cultural background to relevant inspection frameworks, namely 'Care home services, secure accommodation services, residential family centre services, and domiciliary support services: Statutory Guidance – Regulation 18 – Provider Assessment'.

**From:** 'The provider assessment identifies: their personal preferences (taking into account any religious beliefs) in how these can be achieved'.

**To:** 'The provider assessment identifies: their personal preferences (taking into account any religious **or philosophical** beliefs **or cultural background**) in how these can be achieved'.

**SCOTLAND:** We recommend that regulatory guidance is adjusted to include the words religious and philosophical to relevant indicators, namely Quality Indicator 1.3: People's health benefits from their care and support (Very Good Category) in the Quality Framework for Care Homes for Adults 2020, Care Inspectorate (Scotland).

**From:** 'People can prepare healthy meals, snacks and drinks which reflect their cultural and dietary needs and preferences, including fresh fruit and vegetables'.

**To:** 'People can prepare healthy meals, snacks and drinks which reflect their cultural, **religious, philosophical**, and dietary needs and preferences, including fresh fruit and vegetables'.

## Recommendation three:

That mandatory qualifications (NVQ in Health and Social Care or equivalent) are required for all staff with direct care duties within care establishments, and that these qualifications include within their curricula overview explanations of what vegetarians, vegans and those following certain religions can and cannot eat, and the relevant Acts that protect their rights under law.

Evidence from this Inquiry suggests that many staff members do not have adequate knowledge of catering for religious and philosophical beliefs, and as thus expecting a care home to train its staff on dietary restrictions owing to beliefs leaves too much room for error.

At present the requirements vary between the devolved nations. In summary, these are as follows:

**ENGLAND:** There are no mandatory qualification requirements to becoming a care worker although regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 stipulates that care providers must employ 'suitably qualified people.' It is recommended that those entering the

role have an NVQ in Health and Social Care, Levels 2 and 3<sup>9</sup>. It is recommended that guidance for regulation 18(2)(a) advises that induction training should include training on protected characteristics.

**NORTHERN IRELAND:** There are no formal entry requirements to becoming a care worker. The mandatory requirements are that they must have a local induction from their employer within six months of employment. Registered managers in regulated services are the only group of social care staff where there is a mandatory requirement for a qualification. Qualifications of Level 2 Diploma in Health & Social Care (Adults) (Northern Ireland) or Level 2 Diploma in Health & Social Care (Adults) Wales and Northern Ireland are recommended<sup>10</sup>.

**WALES:** There are no mandatory qualifications requirements to becoming a care worker<sup>11</sup>. New health and social care workers will be required to complete the *All Wales induction framework for health and social care (AWIF)* if they do not have a relevant qualification<sup>12</sup>.

**SCOTLAND:** Registration with the Scottish Social Services Council (SSSC) is mandatory for anyone working in social care. Registration requires a qualification, but you can register without this qualification if you agree to complete a qualification in an agreed time<sup>13</sup>. The recommended SVQs for workers in social services are SVQ Social Services and Healthcare at SCQF levels 6, 7, and 9<sup>14</sup>.

## Recommendation four:

That to avoid misunderstandings relating to what constitutes vegetarian or vegan food, we recommend that the Care Quality Commission, Care Inspectorate (Scotland), Care Inspectorate (Wales) and the Regulation and Quality Improvement Authority (Northern Ireland) make formal a recommendation that all care establishments place in their meal preparation areas a poster outlining the basic rules of what can and cannot be eaten or used in food or drinks prepared for people following a vegetarian or vegan diet.

An example of what this should include can be found in Appendix 1 (p29).

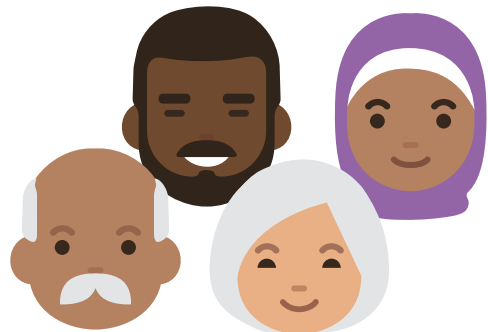
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- 6 *Equality Act 2010*, c.1, sec.149, <<https://www.legislation.gov.uk/ukpga/2010/15/section/149>> (Accessed 2 November 2021.)
  - 7 *Social Services and Well-being (Wales) Act 2014 Part 2*, <<https://www.legislation.gov.uk/anaw/2014/4/part/2/crossheading/overarching-duties>> (Accessed 2 November 2021.)
  - 8 *Health and Social Care Standards (Scotland)*, sec.1.33–1.39, <<https://www.gov.scot/publications/health-social-care-standards-support-life/pages/4/>> (Accessed 2 November 2021.)
  - 9 NCC Home Learning (2021) *Health & Social Care, Career insights: Become a Care Worker*, <<https://www.ncchomelearning.co.uk/how-to-become-a-care-worker>> (Accessed 2 November 2021.)
  - 10 Northern Ireland Social Care Council (2020) *Qualification Guide for Social Care*, <<https://learningzone.niscc.info/storage/adapt/5f61e7d4661da/course/assets/5f52551bb8c61b542d137401.pdf>> (Accessed 2 November 2021.)
  - 11 Gyrfa Cymru/Careers Wales (2019) *Job Information>Care Assistant>How to become*, <<https://careerswales.gov.wales/job-information/care-assistant/how-to-become#qualifications>> (Accessed 2 November 2021.)
  - 12 Gofal Cymdeithasol Cymru/Social Care Wales (2020) *Induction framework for health and social care: Guidance for managers and employers*, <<https://socialcare.wales/learning-and-development/guidance-for-managers-and-employers>> (Accessed 2 November 2021.)
  - 13 Scottish Social Services Council (2021) *Find out more about studying for a qualification and the different routes you can take*, <<https://www.sssc.uk.com/careers-and-education/qualifications/>> (Accessed 2 November 2021.)
  - 14 Scottish Social Services Council (2021) *Scottish Vocational Qualifications (SVQs)*, <<https://www.sssc.uk.com/knowledgebase/article/KA-02467/en-us>> (Accessed 2 November 2021.)

# Why is this important?



of local authority budgets are spent on adult social care<sup>15</sup>

There are around



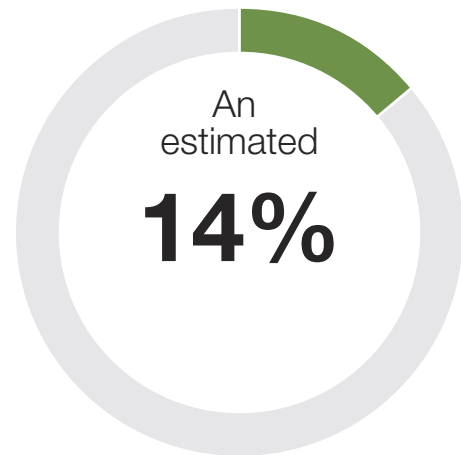
**12 million**

people aged 65 and over in the UK as of 2018<sup>16</sup>



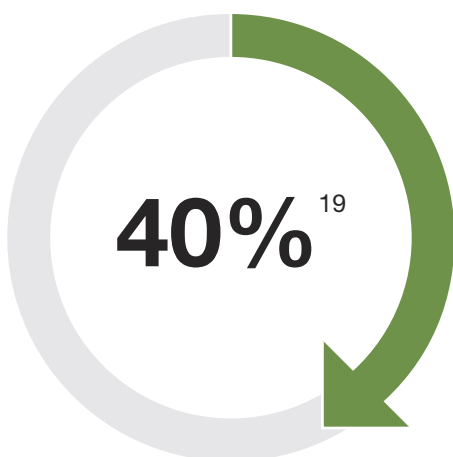
Over **21,000**

people in the UK are forecast to reach the age of 100 by 2030<sup>17</sup>



of vegetarians and vegans in Great Britain are aged 65 or older<sup>18</sup>

Since Feb 2020 the number of vegans in the UK has grown by



In the UK...

**405,000**  
identify as Sikh



**1 million**  
identify as Hindu

**260,000**  
identify as Buddhist



**335,000**  
identify as Jewish<sup>20</sup>

**4.4 million**  
identify as Muslim

## Religious, philosophical and cultural dietary requirements

Dietary choices extend beyond just vegetarianism and veganism. Around 10% of the total UK population may have special dietary requirements because of the beliefs that they hold<sup>21</sup>.

In addition, around one third of the UK population will develop an allergy at some point in their lives. A significant proportion of these – around a million people – experience severe symptoms.

There has been an increased focus on allergen awareness in the last decade. Current regulations state that all packed and non-packed foods must provide information on 14 specified allergens. Restaurants, caterers, food manufacturers and more need to have a process in place to ensure that all staff know how to keep customers safe. This process often includes allergen awareness training for all employees.

In contrast, this knowledge and regulation does not extend to dietary requirements arising through philosophical or religious beliefs.

When catering for an unfamiliar philosophical or religious belief, care staff may experience some confusion. Case reports from Vegetarian for Life suggest a common but incorrect assumption that vegetarian and vegan diets can be differentiated by vegetarians eating fish, and vegans not.

Furthermore, there may be little knowledge of what a halal diet would exclude, such as gelatine and alcohol.

Should a dietary assumption be incorrect then it would be down to a resident themselves or a loved one to notify the care establishment. Yet, it is unlikely that an individual entering full-time care living with dementia would be able to fully articulate their dietary requirements or beliefs. Furthermore, not all residents have supportive families with the time to visit regularly and advocate for them.

This lack of understanding can lead to inadequate meals being served. Unsatisfactory offerings observed by charity Vegetarian for Life include the serving of a side dish of vegetables as a main course through to offering nothing that they can guarantee is vegan. It means that individuals either eat food they would have not otherwise eaten (such as meat or dairy), eat an abundance of unhealthy snacks or treats to fill up, or wait for family to visit before they receive nutritious meals.

Research undertaken by the Association for Nutrition found that 89% of health and social care workers were responsible for giving advice on food choice – however, only 50% had ever received nutrition training<sup>22</sup>. This suggests that at least half of the health and social care workforce is not adequately equipped to meet the dietary needs of those with alternative diets.



of the total UK population may have special dietary requirements because of the beliefs that they hold<sup>20</sup>

*Note: Not all individuals who self-identify as belonging to a religious group will follow all the dietary rules of their religion, but many do, so it is important that these beliefs can be accommodated in care settings.*

Evidence received during this Inquiry suggests that family members may be left to educate care staff on which meals are suitable for their loved ones. Rose Elliot (see below), was fortunately able to offer insight and simple recipes that she knew her husband would eat, as well as having a care home willing to provide for him. It is however important to consider what his food or drink would have looked like if his wife had not been a professional cookery writer.

Additional training and education in this area could prevent these issues from occurring. It would increase care home chefs' confidence in providing a varied and nutritious diet for a diverse range of residents and enable other care workers to understand what the diet means and how they can help prevent mistakes from being made.

## CASE STUDY: Rose Elliot MBE, cookery writer

Rose Elliot is a vegetarian and has authored over 50 vegetarian and vegan cookbooks. However, she also shares concerns around proper nutrition and food in a care setting. Rose's husband, Robert, was diagnosed with Lewy Body dementia. Having been a vegetarian since he was 14, vegetarianism was very important to them both and was reflected in their meals during their marriage. When Robert needed to enter a full-time care facility, Rose made sure to ask any home that she visited if they could cater for his vegetarian diet. The care home that Robert eventually entered had a chef keen to provide vegetarian food for him. Although the chef did ensure that Robert had vegetarian food, it was often quite unexciting and bland: meals such as macaroni cheese, mashed potatoes, overcooked and soggy vegetables. This meant Rose visited nearly every day to bring him home-cooked meals and snacks. He was unable to recognise what he was eating, so fortunately the care home was respectful of his beliefs to abstain from meat, eggs, and milk. Rose also knows that because of her status as a known cookery writer, she was able to influence his diet more than others may have been able to.

Belief systems go beyond religion. Ethical veganism, for instance, is receiving increased interest and attention.

Ethical veganism, as a protected belief, hit the headlines recently in the landmark public preliminary hearing judgement of Mr J Casamitjana Costa v The League Against Cruel Sports, 2020<sup>23</sup>.

This hearing ruled that 'Ethical veganism is a philosophical belief which qualifies as a protected belief within the meaning of Section 10 of the Equality Act 2010'. The ruling followed on from a separate court case 10 years prior, Grainger plc v Nicholson<sup>24</sup>, which set out what constituted a philosophical belief to be protected under the Act. Namely, that:

- It must be genuinely held;
- It must be a belief and not an opinion or viewpoint based on the present state of information available;
- It must be a belief as to a weighty and substantial aspect of human life and behaviour;
- It must attain a certain level of cogency, seriousness, cohesion and importance; and finally

*The convictions of vegans are sincere, cogent, life directing, character forming and are, therefore, central to the lives of individual vegans. Vegans meet the legal test for protection under both human rights and equality law and subsequently have the right to practice their vegan convictions free from unlawful interference and discrimination.*

Source: *H v UK*(1993) 16 EHRR CD 44<sup>25</sup>

- It must be worthy of respect in a democratic society, not incompatible with human dignity and not conflict with the fundamental rights of others.

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- 15 The Association of Directors of Adult Social Services (2018) *ADASS Budget Survey 2018*, <<https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf>> (Accessed 2 November 2021.)
- 16 Coates, S., Tanna, P., Scott-Allen, E. (2019) *Overview of the UK population: August 2019*, Office for National Statistics, <<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/august2019>> (Accessed 2 November 2021.)
- 17 Nash, A (2019) *National population projections: 2018-based*, Office for National Statistics, <<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018based>> (Accessed 2 November 2021.)
- 18 The Vegan Society (2016) *Find out how many vegans there are in Great Britain*, <<https://www.vegansociety.com/whats-new/news/find-out-how-many-vegans-there-are-great-britain>> (Accessed 2 November 2021.)
- 19 Johnson, G. (2021) *UK diet trends 2021: 13.7 million Brits will be meat-free by the end of the year*, Finder.com, <<https://www.finder.com/uk/uk-diet-trends>> (Accessed 2 November 2021.)
- 20 Office for National Statistics (2018) *Muslim population in the UK*, <<https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/muslimpopulationintheuk>> (Accessed 2 November 2021.)
- 21 As above.
- 22 Milliner, L., (2017) *Institutional catering for vegetarians and vegans*, Presentation 1 Mar 2017, Houses of Parliament; Committee Room 17, <<https://vegappg.org.uk/wp-content/uploads/2016/12/VegAPPG-Minutes-Institutional-Catering.pdf>> (Accessed 2 November 2021.)
- 23 *Casamitjana v The League Against Cruel Sports, Public Preliminary Hearing* (2020) UKET 3331129/2018, UK Government, <[https://assets.publishing.service.gov.uk/media/5e3419ece5274a08dc828fdd/Mr\\_J\\_Casamitjana\\_Costa\\_v\\_The\\_League\\_Against\\_Cruel\\_Sports\\_-\\_3331129-18\\_-\\_Open\\_Preliminary\\_Hearing\\_Judgment\\_Reasons.pdf](https://assets.publishing.service.gov.uk/media/5e3419ece5274a08dc828fdd/Mr_J_Casamitjana_Costa_v_The_League_Against_Cruel_Sports_-_3331129-18_-_Open_Preliminary_Hearing_Judgment_Reasons.pdf)> (Accessed 2 November 2021.)
- 24 Redmans Employment Team (2017) *Grainger plc & ors v Nicholson – the Employment Appeal Tribunal clarifies what constitutes a ‘philosophical belief’*, Redmans Solicitors, <<https://www.redmans.co.uk/granger-plc-ors-v-nicholson-the-employment-appeal-tribunal-clarifies-what-constitutes-a-philosophical-belief/>> (Accessed 2 November 2021.)
- 25 *C.W. v the United Kingdom* (1993) ECHR 18187/91, HUDOC European Court of Human Rights, <<https://hudoc.echr.coe.int/eng#%7B%22fulltext%22:%5B%2218187/91%22%5D%22itemid%22:%5B%22001-1503%22%5D%7D>> (Accessed 2 November 2021.)

# Dementia and diet

## Challenges to dietary identity in those with religious, philosophical and cultural dietary beliefs

Self-identity is significant to how we live our lives. How we perceive ourselves determines the groups that we belong to, what our priorities are, and the beliefs and ethics that we hold. Dietary practices are often central to how an individual identifies.

When there is a capacity or cognitive loss from dementia, there is a threat to identity and self-perception. Individuals with religious, philosophical or cultural dietary beliefs may lose their knowledge of this identity, although it has been a significant belief to them in the past.

This can then lead to complicated mealtimes in a care setting. A vegetarian may ask for meat because they see others eating it, or it is otherwise promoted in the care setting. They may eat food off the plates of others who are meat-eaters; or may be served meat at mealtimes by care staff. Further, it may leave family and friends who know the individual distressed, because they know that the individual would have never previously eaten these food items.

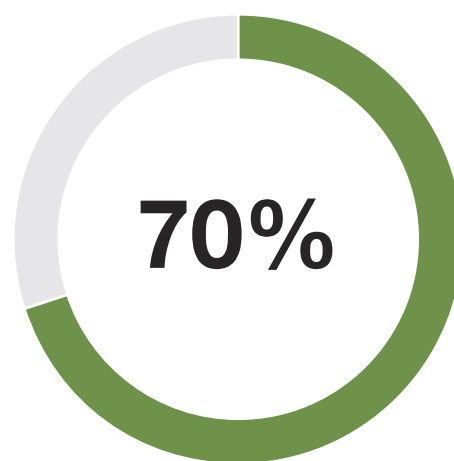
Dementia and loss of capacity affect over 7.1% of people aged 65 and older in the UK, with dementia now the leading cause of death for women, and second leading cause of death in men<sup>27</sup>.

The incidence of dementia within a care home is greater still. According to Alzheimer's Society, 70% of people in care homes are living with dementia or other severe memory problems<sup>28</sup>. These numbers are expected to rise.

By 2051, the number of individuals in the UK living with dementia is expected to rise to over 2 million<sup>29</sup>. This growth raises concern in relation to how care homes will continue to care for aging individuals in a person-centred way.

Identity is a crucial part to how people live, why they make the decisions they make, and how they view themselves and want others to view them. Losing a sense of identity can result in depression and lack of overall well-being<sup>30</sup>.

Identity can be many things, ranging from gender and role in relationships through to religious or philosophical beliefs. Identity can also be made up of other things like the clothes we choose to wear, the sports teams we support, or the hobbies we have. As Rabbi Jonathan Wittenberg asserts on page 16: "Food is central to our identity... I feel at least as passionate, or more passionate, about being Kosher and about being vegetarian. Those things are the rhythm and meaning of my life."



of people in UK care homes are living with dementia<sup>26</sup>

Owing to the massive numbers of people that dementia now affects, and will further affect in the near future, initiatives are already being put into place to pre-empt and tackle this issue.

One such government initiative is 'Dementia 2020' – introduced by then Prime Minister David Cameron in 2016. Its aim and action plan is to make the UK the most accessible region to individuals with dementia, their families and carers. Dementia 2020 also aims to ensure that the UK invests heavily in dementia research and in improving the lives of those living with dementia.

There has been some work on the Dementia 2020 framework from various organisations and businesses, such as Alzheimer's Society, Home Instead Senior Care UK, and Public Health England.

It is crucial to those living with dementia and their families that the framework remains a priority and addresses ways to allow people to keep their *identity, personhood, and dignity* – regardless of any cognitive loss.

## CASE STUDY: Jonathan Wittenberg, Senior Rabbi, Masorti Judaism UK

"Food is central to our identity and I would hope that stays with us for however long we live. I know this as a Jew and as a Rabbi and I am aware that is the same for my Muslim colleagues, and Hindu colleagues, and people of different religions. And then within that I am a passionate vegetarian with vegan leanings, and for the last year I have also been diabetic so I am conscious of the importance of what we eat. It's at the core of identity. Now, were it the case I was at some point living with dementia and had to move out of the family and community setting that has supported me and protected me and be dependent on the care of a home, I would deeply want all of those aspects of my identity to be respected. I'm sure nobody would think of giving me loads and loads of sugar, because medically it would be dangerous. But I feel at least as passionate, or more passionate, about being Kosher and about being vegetarian. Those things are the rhythm and meaning of my life. It's protected under the Human Rights Act to support people in their diet and their choices. But it's also a part of honouring someone's dignity and personhood. I would hope that personhood stays with us for however long we live."

## CASE STUDY: Sue

Beth's mother, Sue, had a stroke and was living in a nursing home. Beth had told the care home that her mother would eat a vegetarian diet with minimal dairy and eggs. Nearly every meal Sue was served had included fish, eggs, and/or cheese. They also had accidentally given her meals with meat, that fortunately Beth was able to intercept. As she became more confused in her early 90s, Sue began demanding the same food that everyone around her had, generally meaning that she wanted meals with meat in them. Eventually, Beth had to authorise the home giving her mother whatever she asked for. Beth said the care home was very nice, but it did not understand what a healthy vegetarian diet was. Aside from the ethical aspects, Beth felt that giving her mother lots of dairy after a stroke would have not been beneficial to her overall health.

## CASE STUDY: Douglas

Douglas Grant was a Chemistry professor who had been a vegetarian for approximately 60 years. At 85, Douglas was diagnosed with dementia and entered care. It was noted that Douglas was a vegetarian and his daughter, Karen, said being a vegetarian was a large part of his identity. When Karen was visiting him one day, she asked what he had for lunch and he said he had a ham sandwich. Karen was devastated – she found the pure lack of respect for his identity distressing: “Seeing a loved-one, especially a parent who you have looked up to all your life, with dementia is difficult enough”. Karen simply wanted her dad to have dignity and be respected while he was living in care. She didn’t feel she could speak to the care home about this issue because he lived in a home far enough away that she couldn’t be there daily. She was concerned that if she complained he would be treated differently or unfairly. Sadly, Douglas passed away in 2017 aged 87. Karen made herself an Advanced Directive, in the hope that her own vegan diet is respected if she ever has to live in a care home.

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- 26 Thraves, L. (2016) *Fix Dementia Care: NHS and care homes*, Alzheimer’s Society, <[https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/fix\\_dementia\\_care\\_nhs\\_and\\_care\\_homes\\_report.pdf](https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/fix_dementia_care_nhs_and_care_homes_report.pdf)> (Accessed 2 November 2021.)
- 27 Alzheimer’s Society (2014) *Dementia UK Report*, <<https://www.alzheimers.org.uk/about-us/policy-and-influencing/dementia-uk-report>> (Accessed 2 November 2021.)
- 28 Thraves, L. (2016) *Fix Dementia Care: NHS and care homes*, Alzheimer’s Society, <[https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/fix\\_dementia\\_care\\_nhs\\_and\\_care\\_homes\\_report.pdf](https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/fix_dementia_care_nhs_and_care_homes_report.pdf)> (Accessed 2 November 2021.)
- 29 Alzheimer’s Society (2014) *Dementia UK Report*, <<https://www.alzheimers.org.uk/about-us/policy-and-influencing/dementia-uk-report>> (Accessed 2 November 2021.)
- 30 Tester, S., Hubbard, G., Downs, M., MacDonald, C., & Murphy, J. (2004) *What does quality of life mean for frail residents?* *Nursing and Residential Care*, 6, 89–92, <<https://doi.org/10.12968/nrec.2004.6.2.12052>> (Accessed 2 November 2021.)

# Dietary choices in hospitals

The food that we eat plays a large part in how we feel. It is important for individuals who are recovering in hospital to have healthy, nutritious, and varied meals.

Unfortunately, during this Inquiry some individuals reported unsatisfactory meal experiences in hospital settings. This is an ongoing issue for many patients and has been the source of much discussion for many years, yet the issue remains. Meals in hospitals, particularly for vegetarians and vegans, are often nutritionally inadequate, do not promote good health, and can be unappetising.

A Facebook page has been set up called 'Vegan Hospital Food Network', which is a group for vegetarians and vegans who need support with access to food when in hospital. This Facebook group has over 2,300 members and in a one-month period between 1 January 2020 and 1 February 2020, 71% of posts were requesting food to be brought to various hospitals<sup>31</sup>. Most commonly, individuals who do not eat meat, dairy, or other animal by-products were served a dry jacket potato with beans for two of their main meals per day. Many hospitals did not have plant-based milks, non-dairy butter, or other plant-based products, leaving individuals feeling hungry, unsatisfied, or uncomfortable. This is surprising considering the growing availability of plant-based products, the rise of veganism in the UK, and increased numbers of those who consider themselves flexitarian, actively reducing their meat intake for ethical, health or environmental reasons.

On a Twitter post discussing the Inquiry, one individual commented that when they identified as vegetarian in a hospital, they were brought a chicken curry for their main meal<sup>32</sup>. This then leaves the patient waiting for a new meal, if one is available, and obviously can cause upset.

Patients should never have to give up their beliefs to receive adequate, well-rounded care. Being made to do so would be a violation of their human rights and unfortunately, some patients do end up temporarily rescinding on their beliefs because of the inadequate food that they are receiving.

## CASE STUDY: John

John's parents were both vegetarian for over 30 years. His father was in hospital with dementia and he had a 'vegetarian' label above his bed. He was regularly being given meat and John kept raising issues until one day at lunch his father requested a ham sandwich. John felt that he was put in a very difficult ethical position. He didn't have a conversation with his father before the dementia about what he would do in such circumstances, so John let his father eat what he requested. Many years later, John's mother was also diagnosed with dementia. However, she was very clear that she would never want to eat meat, even if she was no longer able to make decisions for herself. In hospital, John's mother was served meat on multiple occasions. When John questioned this, the ward manager said John's mother couldn't explain why she was vegetarian, so she wouldn't be given vegetarian meals. Unfortunately, John's mother was unable to make any choices or decisions when she was hospitalised with dementia, and he found when he completed her meal request sheets, they would disappear when he wasn't there. Finally, his mother moved into a care home that seemed to cater well for vegetarians. Unfortunately, it later came to light that the chef thought vegetarians ate fish, so she was often being served meals containing fish until John was able to correct that with them. He feels that he cannot trust institutions to cater appropriately for vegetarian and vegans because of misunderstanding of the belief. John and his parents both had not been treated with the dignity and respect they would have expected. The hospital failed to let John's parents eat in a way that allowed them to hold onto their beliefs, although they were vulnerable and unable to make any decisions for themselves by the time they were admitted. This then highlights the need for catering staff to be involved in the multidisciplinary team for patients. When working with integrated teams and multidisciplinary teams it is important that food and health are spoken about together. Individuals may lack essential nutrients if they are not given a well-balanced and healthy diet.

Individuals without dementia also experience the frustration of not having their dietary beliefs respected. Many policies in mental health wards reference patients' behaviours around food and drink. An individual's refusal of certain foods may incorrectly be classified as an eating disorder, although their refusal may be simply because of their beliefs.

These situations can make individuals feel that their beliefs are not valid, or that they must choose between their beliefs and their health care. If individuals feel that they have to sacrifice their beliefs at the expense of their care, some may decide not to seek medical attention at all. This could have serious consequences. Individuals should feel that their doctors, pharmacists, and other health care providers respect their beliefs and look for solutions as and when issues are raised.

## CASE STUDY: David

David was in a mental health ward after having a psychotic depressive breakdown. In order to be discharged, David was told he had to be able to cook himself a traditional English breakfast. David and his wife live together, where she does most of the cooking, and they eat a vegan diet. Unfortunately, they would not accept this from David as a reason to forego cooking the breakfast, and said if he wanted to be released, this is what he must do. David had to cook eggs, bacon, sausage, etc to be able to leave the ward.

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31 Vegan Hospital Food Network (2020) Facebook, <<https://www.facebook.com/groups/141595326426123>> (Retrieved 2 March 2020.)

32 Day, M. (2019) *I said I was vegetarian in hospital and was given chicken curry*, 1 Oct 2019, Twitter, <[https://twitter.com/magical\\_day/status/1178976793778442240](https://twitter.com/magical_day/status/1178976793778442240)> (Accessed 2 November 2021.)

# Whistleblowing and fear of eviction (Notice to Quit)

Many people working in care establishments will have some understanding of dietary needs arising from religious, philosophical and cultural beliefs. This may be a result of their own beliefs or experiences, or those of their friends or families. With this in mind, it would be expected that if they witnessed acts that were going against the care receiver's belief systems, they would complain or speak out. This is known as whistleblowing.

Research suggests that when whistleblowers raise a complaint, they are often ignored and the concerns are not investigated<sup>33 34</sup>. Unfortunately, the Inquiry has heard evidence of some care homes systematically disguising poor treatment of their residents. Mr Smith's (see p21) care home was able to disguise its ongoing disregard for his dietary choices. In his case, the care home chose to stop recording his food and drink intake, thus making it more difficult for his wife or any other outside visitor to keep track of what he was eating for each meal and whether it was noted correctly. Minimal information in writing can mean that mistakes are easily covered up or go entirely undiscovered.

Research conducted by Protect, a charity aimed at supporting and advising whistleblowers, found that of the estimated 2,500 annual calls made to its advice line, one in three care home staff felt unsupported by their employer, even when it came to concerns around safeguarding or patient safety<sup>35</sup>.

Care staff may feel uncomfortable performing certain jobs or tasks because they know it is not in the best interest of the resident.

But, 23% of care staff whistleblowers claim that they have been dismissed from employment after raising concerns<sup>36</sup>. This leaves some employees reluctant to report issues because they do not feel confident that reporting concerns will result in improvements being made, and may feel that they risk dismissal simply by speaking out.

The difficulties for individuals to whistleblow and report concerns may mean that certain behaviours become normalised, with new staff continuing the same poor practices.

In 2019, the European Union passed a directive to further protect whistleblowers<sup>37</sup>. This new policy would afford protection to additional categories of individuals, including volunteers, job applicants, and self-employed contractors. The directive further requires infrastructure to handle whistleblowing, encouraging new regulators to handle whistleblowing reports, and protect whistleblowers legally from laws such as data protection if it is relevant to the report being made. Finally, this directive would extend legal aid to whistleblowers, who may lack legal representation. The EU requires member-states to implement this directive by 17 December 2021, however, the UK left the EU prior to that date. In the UK, protection for whistleblowers is provided under the Public Interest Disclosure Act 1998 (PIDA), which amends the Employment Rights Act 1996<sup>38</sup>.

## CASE STUDY: Tuesday

Tuesday had been a care worker, working in various care homes across the UK for over 14 years. As a vegan herself, Tuesday was very aware of what vegetarians and vegans do and do not consume, and was happy to follow individual care plans. However, Tuesday found that many care homes did not seem to care about an individual's beliefs, even when they were outlined in the care plan. One particularly difficult situation was when Tuesday discovered a resident who was 85 and needed full care because she was non-verbal and could not move her limbs without assistance. The resident was given the same three meals every day (porridge for breakfast and mashed potatoes with minced meat and peas for the other two main meals), but often tried to refuse the food. Labelled as 'aggressive' or 'bite risk', Tuesday looked at the resident's care plan and recognised that this resident was labelled a vegetarian. The caregivers had been mixing all of her food together in a bowl and feeding it to her. She couldn't taste different flavours or textures and, most importantly, she wasn't able to refuse the meat. When Tuesday realised this resident was a vegetarian, she brought it to the attention of the care management and chefs. Tuesday was told to feed meat to the resident anyway, claiming she needed it for nutrition, and she wouldn't feel full enough without it. Sadly, this resident passed away and no solution was found for her. "When I first discovered our resident PL was vegetarian and being fed meat I was horrified. Horrified that her care plan either hadn't been read or was blatantly being disregarded."

## CASE STUDY: Mr Smith

Mr Smith entered care in 2016 after his dementia had continued to progress and he needed additional care. Mrs Smith visited her husband every evening, although he now had no memory of who she was. Mrs Smith had concerns about what Mr Smith was eating, because his food chart had listed meals such as 'salmon with vegetables'. Care workers often reassured Mrs Smith that Mr Smith wasn't fed that – it was a mistake on the food chart. After 3 years in care, one care worker confirmed that Mr Smith had indeed eaten salmon and "he enjoyed it". Mrs Smith was upset and hurt: "My husband's vegetarian diet was one of the last remaining parts of his identity. Knowing that he ate meat and the care worker said that he enjoyed it hurt me; my husband would have never eaten that." Mr Smith unfortunately cannot recognise food, nor can he feed himself. Having discovered that the care worker had fed her husband fish, when his care plan outlines that he does not eat meat or fish because of philosophical beliefs, Mrs Smith lost faith in the care home's ability to care for her husband's needs. She is still pushing for her husband's beliefs to be respected: "I can't make it a big deal; if I go on about it too much, they could give him a 'notice to quit'. They won't want him to stay at that home and I don't have anywhere else to take him." A major concern for Mrs Smith is what would happen if the care home presented her with a 'notice to quit'. This is a particularly difficult situation for residents who live in isolated areas that do not have an abundance of choice for alternative care homes. They may feel forced to put their loved ones in inadequate care homes, care homes that they cannot afford, or those that would require a lengthy commute. This can be an additional source of stress to the family as well as the resident. Many professionals do not recommend moving individuals with cognitive losses, because it may cause upset, further confusion, and can cause a decline in their health.

## CASE STUDY: Mark

Margaret's father, Mark, had been vegetarian for many decades before his dementia diagnosis. In his care home, he was repeatedly fed meat, although his vegetarian diet was noted in his care plan. When Margaret approached the care staff with concerns over his beliefs not being respected, the care home said they must give him a healthy diet. Margaret tried to speak to an advocate mental health nurse, who she felt just shrugged off the complaint. Margaret has concerns that if she enters care, they would also serve her meat regardless of what her care plan states.

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- 34 Holohan, T. (2014) *HSE Midland Regional Hospital, Portlaoise Perinatal Deaths (2006-date)*, ROI Government, <<https://assets.gov.ie/11681/166af0f62cee4ec5a979d05519f5e5e3.pdf>> (Accessed 2 November 2021.)
- 35 Pepper-Parsons, A. (2018) *Social care needs a strong whistleblowing culture*, The Guardian, 17 Apr 2018, <[https://www.theguardian.com/social-care-network/social-life-blog/2018/apr/17/social-care-whistleblowing-survey?CMP=share\\_btn\\_tw](https://www.theguardian.com/social-care-network/social-life-blog/2018/apr/17/social-care-whistleblowing-survey?CMP=share_btn_tw)> (Accessed 2 November 2021.)
- 36 As above.
- 37 *Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 on the protection of persons who report breaches of Union law* (2019) The European Parliament and the Council of the European Union, EUR-Lex, <<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019L1937>> (Accessed 2 November 2021.)
- 38 Collins, R., Culver, M., Paul Hastings Janofsky & Walker (2006) *Rights and protections for whistleblowers*, <<https://uk.practicallaw.thomsonreuters.com/2-203-2258?transitionType=Default&firstPage=true&contextData=%28sc.Default%29>> (Accessed 2 November 2021.)

# Getting it right and where to find help

While this Inquiry outlines the necessary changes required to better protect the rights of those with religious, philosophical and cultural beliefs while eating in care, many UK care establishments and regulators are already taking good initiatives to improve the situation. In addition to the crucial recommendations brought by the APPG on Vegetarianism and Veganism, these simple steps can be replicated and adopted by service providers and regulators to massively enhance the wellbeing of people in their care.

## CASE STUDY: Vegetarian for Life Memory Care and Inclusivity Pledge

Vegetarian for Life is a charity that supports and represents older vegetarians and vegans. Its Memory Care and Inclusivity Pledge (Appendix 2) consists of five simple good practice points that care establishments can follow to ensure that vegetarian and vegan residents experiencing capacity issues or cognitive losses will be offered a choice of meals, drinks and snacks that uphold their ethical beliefs.

Good practice recommendations include offering a resident the opportunity to eat at a vegetarian-only, or vegan-only table when possible, and in the event of an 'accidental' choice to eat meat, offering an alternative that upholds their philosophical beliefs. These recommendations are suggested because Vegetarian for Life is aware of vegetarian residents experiencing issues with capacity or cognition, who may otherwise pick meat from others' plates.

The Pledge has been met positively by a number of UK care establishments that have committed to its terms in a bid to make their care more person-centred.

## CASE STUDY: Nick Dutton, Operations Manager at Primrose Bank Care Home and Deputy Chair of the National Association of Care Catering

“Perception has definitely changed when it comes to nutrition. People are changing, and there are more and more vegetarians, vegans and those with dietary needs such as coeliacs, which means the care industry needs organisations like Vegetarian for Life. Care homes in the past typically haven’t been associated with great food but that is also changing. We need care homes to stand up, be more organised and change with the times and we want to be part of the narrative that care homes can provide amazing food.

“We joined the Vegetarian for Life UK List in 2018, because we noticed a lot more vegetarians and vegans coming into our care home. We’ve also taken the Vegetarian for Life Memory Care Pledge, to help people maintain their ethical beliefs, especially around vegetarianism and veganism as they get older, even if they suffer any memory issues.

“We’ve created a vegetarian champion from one of our vegetarian members of staff, who will help keep the conversation going around the care home, on the benefits and beliefs of a vegetarian or vegan lifestyle.

“We’ve also pledged to keep reviewing our menus, especially around our vegan and vegetarian options to keep them fresh and exciting.

“As a Vegetarian for Life UK List member, we know that the support is there. Not only that, but we’ve had the opportunity to enter the Vegetarian for Life Awards for Excellence in Vegetarian Care Catering. In 2020, our chef Gary McGurk won ‘Most Innovative Veggie Dish’ for his pan-seared watermelon.

“We regularly share content online, but being a member of the UK List has really helped us gain more publicity in the local area. Our social media posts around our membership have the most ‘shares’ and ‘likes’ out of all our content.”

## CASE STUDY: Vegetarian for Life Vegetarian Care Home Menu Book, Vegetarian Menu Cards, and Talking Mats

Vegetarian for Life is developing three innovative new resources for use in the care sector.

### **VEGETARIAN CARE HOME MENU BOOK**

The care home menu book is designed to allow residents to express their menu preferences if communication is a challenge. By being able to point at dishes, residents can make clear choices about their meal selection and have control over what they are eating.

With the rise in those following vegan and vegetarian diets, Vegetarian for Life feels there is a need for a specific vegan- and vegetarian-only guide. Those following special diets who may struggle to express their food preferences should be given just as much choice as those following a 'regular' diet.

Vegetarian for Life is thrilled, therefore, to be developing an exclusively vegan and vegetarian version of this original guide. The guide has six sections, covering Drinks, Breakfast, Lunch, Snacks/Afternoon Tea, Dinner, and Puddings.

### **VEGETARIAN MENU CARDS**

Menu cards give residents an opportunity to prepare their own meals/snacks, with support from care staff if needed. Their creation was inspired by Health and Social Care Standard 1.38 (Scotland): 'If appropriate, I can choose to make my own meals, snacks and drink, with support if I need it, and can choose to grow, cook and eat my own food where possible'.

Offering residents the opportunity to make themselves a meal or snack provides more than just an 'activity', such as a baking activity or soup Sunday.

All the recipes are vegetarian/vegan but could be used by other residents. There is also a growing card with a related recipe, to facilitate both a gardening/growing activity and the opportunity to eat the grown product.

Vegetarian for Life anticipates that the cards are most likely to be used around mid-afternoon, when care homes may be less busy. A residents' kitchen/kitchenette would be a likely place for residents to make themselves their small meal/snack.

The recipe cards will be lightly laminated, easy to read and follow, with recipes that are feasible in terms of ease of use, time, ingredients, and equipment.

### **TALKING MATS: VEGETARIANS AND VEGANS LIVING IN CARE SETTINGS**

Talking Mats is an innovative, award-winning communication tool, based on extensive research and designed by Speech and Language Therapists.

Talking Mats is a powerful framework for supporting people with a range of conditions, such as dementia and stroke. It supports people to think through issues and express their views in a visual way.

This vegetarian/vegan resource has been developed for use with people living in residential or nursing care. There are four food-related topics with specially designed symbols: Values, Lifestyle, My Dietary Choice, My Eating Experience.

## CASE STUDY: Quality Indicators (Vegetarian for Life and Care Inspectorate Scotland)

Quality Indicators (QIs) are under development by Vegetarian for Life in conjunction with the Care Inspectorate (Scotland). The QIs will support care home services to self-evaluate their practice, values, and culture when caring for someone who is vegetarian/vegan. It may also help to inform thinking and approach as carers assess the care and support they provide to people who are vegetarian/vegan against the Health and Social Care Standards: my support, my life, standard 1: 'I experience high quality care and support that is right for me' as well as elements of the Care Inspectorate's Care Home Quality Framework; Key question 1: 'How well do we support people's wellbeing'.

The QIs are reproduced in Appendices 3 and 4.

## Social media

### CASE STUDY: Liz

*"This really is a hot topic... As a strict vegan, I would hope that my choices would be respected if I were in care, but I have serious doubts!" Via Twitter*

### CASE STUDY: Lynn

*"Hospital was far worse because although it clearly said vegetarian above his bed it was largely ignored in my view. They said I didn't fill meal requests in but also admitted that they were taken round outside visiting times! I obtained some but it made little difference. Not good." Via Twitter*

### CASE STUDY: Magical Day

*"I said I was vegetarian in hospital and was given chicken curry." Via Twitter*

### CASE STUDY: Sharon

*"When I say I am vegetarian I am usually offered fish." Via Twitter*

### CASE STUDY: Sue

*"I have experienced hospitals not respecting my choices so I would have serious concerns about Care Homes in Ireland too what do we have in place here in Ireland to ensure peoples choices are respected." Via Twitter*

*CASE STUDY: Lynn*

*“My husband’s care home have accommodated his vegetarianism well but he doesn’t realise & does pick up corned beef sandwiches & pork pie from others & the kitchen. It’s a difficult call because I don’t want him upset if they take it off him but he wouldn’t want to eat it by choice.” Via Twitter*

*CASE STUDY: Kathleen*

*[Response to another user]. “I think this is a tricky one but as long as it is thought through and planned around the individual that is OK. It’s the assumption that it doesn’t matter because the person has forgotten they are veggie that’s not OK.” Via Twitter*

*CASE STUDY: Mairi*

*“A friend of mine cares for her mother who has dementia and has been vegetarian for many years. She forgot her vegetarianism and insisted she wanted meat. My friend felt quite perplexed as to what to do. Respect her mother’s current wishes or her previous, long held beliefs.” Via Twitter*

*CASE STUDY: Lewis*

*“Very important to raise awareness on this issue. Making sure a person’s identity stays with them even if they live in care is something everyone should get behind.” Via Facebook*

# Summary

We hear about the social care crisis faced by local authorities on an almost daily basis. We read about the increasing awareness of the importance of equality and social justice for all. We know that meat and dairy reduction is common-place, and that the numbers of vegetarians, vegans and flexitarians are growing exponentially. Alongside this, our population is ageing, and dementia is rising. Yet still, this Inquiry by the APPG on Vegetarianism and Veganism reveals examples of the most basic failings in care homes and hospitals when it comes to protecting the human rights of those receiving care.

The right to be fed in line with religious or philosophical beliefs is fundamental, and is enshrined in law. The adoption of this report's recommendations of improving clarity and strength of legislation, regulatory policy, and educational requirements for working in care settings is crucial. Unless the Governments, Administrations and Regulators across the devolved nations act now, these issues will simply amplify in frequency and magnitude.

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You can learn more about a variety of support mechanisms available for care services, including care caterer training, recipes, information booklets, the Vegetarian for Life Memory Care Pledge and a variety of useful templates and documents at [vegetarianforlife.org.uk](https://vegetarianforlife.org.uk) and in Appendix 6.

Also see The Vegan Society's Catering for Everyone campaign at: <https://www.vegansociety.com/take-action/campaigns/catering-everyone>

# Appendices

## Appendix 1

Poster outlining the basic rules of what can and cannot be eaten or used in food or drinks prepared for people following a vegetarian or vegan diet

Pop-out these magnets and use them to decorate the fridge door. They'll make catering for older vegetarians and vegans a doddle.



**Vegetarians don't eat**  
Meat, fish, shellfish, products derived from dead animals, (e.g. gelatine, suet and aspic)

**Vegans don't eat**  
Everything on the vegetarian list or anything else from an animal source including: milk, cheese and other dairy products. Eggs and honey.

**Vegetarian for Life**

Recipes | Meal plans | Nutrition advice  
[www.vegetarianforlife.org.uk](http://www.vegetarianforlife.org.uk)

Catering for vegetarians is easy with a little know how

For inspirational meal plans, visit  
[www.vegetarianforlife.org.uk](http://www.vegetarianforlife.org.uk)

In a typical week's menu try to include a good mixture of:

- Root vegetables
- Pulses peas, beans, lentils
- Green vegetables
- Meat substitutes Quorn,\* soya, tofu
- Salads
- Nuts and seeds
- Fruit fresh or dried
- Dairy\* and eggs\* or vegan versions
- Bread
- Rice and pasta

\*Not for vegans  
[www.vegetarianforlife.org.uk](http://www.vegetarianforlife.org.uk)

[www.vegetarianforlife.org.uk](http://www.vegetarianforlife.org.uk)

## Appendix 2

### The Vegetarian for Life Memory Care and Inclusivity Pledge



ENSURING THE VERY BEST CARE FOR YOUR RESIDENTS



Like you, we want to ensure that everybody who is living in care is able to live comfortably, and eat the way they choose for the rest of their lives — even if there is a loss of capacity.

The Memory Care Pledge has been taken by many care homes across the UK that are committed to providing the very best care for each and every one of their residents by championing the following:

### THE FIVE FUNDAMENTALS

- 1) At mealtimes, I am provided with a choice of vegetarian and vegan meal options. My opinions on meals are solicited and considered.
- 2) I am supported in my vegetarian or vegan beliefs and have the opportunity to explore and engage with vegetarian and vegan resources and services.
- 3) I am catered for during celebrations. If I am vegan, I am provided with vegan alternatives to birthday cake, barbecues and festive meals. If I am vegetarian, I am provided with vegetarian alternatives to birthday cake, barbecues and festive meals.
- 4) If it is my preference to do so, I am given the opportunity to eat at a vegetarian-only, or vegan-only table when possible, unless doing so would cause me distress. This involves having a table where people who selected the vegetarian and vegan option dine together.
- 5) If I am experiencing issues with capacity or cognition, and accidentally choose a meat-based dish, or appear to ask for meat I will instead be offered an alternative dish that upholds my philosophical beliefs. The alternative dish might make use of alternatives to meat and/or dairy, with my caterers providing appropriate vegetarian or vegan fortification of dishes when needed.

Vegetarian for Life Registered Charity Number: 1120687  
Company Number: 6294709  
Patrons: Rose Elliot MBE, A.C. Grayling MA, DPhil, FRSL, FRSA

## Appendix 3

Vegetarian and vegan good practice guidelines, referencing relevant Health and Social Care Standards (Scotland)

### **1: I experience high quality care and support that is right for me**

1.2 My human rights are protected and promoted and I experience no discrimination.

- My care team is aware of laws protecting vegetarian and vegan beliefs.
- If clothing, soap, shampoo and similar products are provided for me, I am consulted about whether I wish these to be animal-free and not tested on animals.
- At mealtimes, I am provided with a choice of vegetarian or vegan meal options. My opinions on meals are solicited and considered.
- I am catered for during celebrations. If I am vegan, I am provided with vegan alternatives to birthday cake, barbecues, and festive meals. If I am vegetarian, I am provided with vegetarian alternatives to birthday cake, barbecues, and festive meals.
- When biscuits, sweets and communal snacks are offered to residents, I am similarly provided with a choice of vegetarian or vegan snack options.

1.3 If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.

- If I am experiencing issues with capacity or cognition, I will still be offered a choice of meals, drinks and snacks that uphold my philosophical beliefs.
- My vegetarian or vegan food choices are maintained at all times. If I am experiencing issues with capacity or cognition, and accidentally choose a meat-based dish, or appear to ask for meat, I will instead be offered an alternative dish that upholds my philosophical beliefs. This alternative dish might make use of alternatives to meat and/or to dairy, with my caterers providing appropriate fortification of dishes when needed.

1.4 If I require intimate personal care, this is carried out in a dignified way, with my personal preferences respected.

- If clothing, soap, shampoo and similar products are provided for me, I am consulted about whether I wish these to be animal-free and not tested on animals.

1.7 I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.

- My care team encourages me to make an advance care plan, in case I experience cognitive losses or capacity issues in future. Formulation of the care plan includes a discussion of how I would wish my carers to handle future requests that seem to contradict my previous philosophical beliefs, for example, requests for meat.
- If I am experiencing issues with capacity or cognition, my carers will establish whether I have an advanced care plan. If I do not have a care plan, support will be enlisted by my relatives or friends to discuss what the best approach might be when catering for me.

1.11 I can be with my peers, including other people who use my service, unless this is unsafe and I have been involved in reaching this decision.

- If it is my preference to do so, I am given the opportunity to eat at a vegetarian-only, or vegan-only table when possible, unless doing so would cause me distress. This involves having a table where people who selected the vegetarian or vegan option dine together.
- I am supported in my vegetarian or vegan beliefs and have the opportunity to explore and engage with vegetarian and vegan resources and services.
- I can request vegetarian- and vegan-friendly publications, such as magazines to read, and recipe books to look at.

1.14 My future care and support needs are anticipated as part of my assessment.

- My care team encourages me to make an advance care plan, in case I experience cognitive losses or capacity issues in future. Formulation of the care plan includes a discussion of how I would wish my carers to handle future requests that seem to contradict my previous philosophical beliefs, for example, requests for meat.
- If I am experiencing issues with capacity or cognition, my carers will establish whether I have an advanced care plan. If I do not have a care plan, support will be enlisted by my relatives or friends to discuss what the best approach might be when catering for me.

1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

- Formulation of my care plan includes a discussion of how I would wish my carers to handle future requests that seem to contradict my previous philosophical beliefs, for example, requests for meat.

1.29 I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.

- I understand that if I experience issues that my caterers are unable to resolve, or require advice in relation to my vegetarian or vegan beliefs, I can contact organisations offering specialist support, including Vegetarian for Life.

1.33 I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.

- At mealtimes, I am provided with a choice of vegetarian or vegan meal options. My opinions on meals are solicited and considered.
- I am supported to choose vegetarian or vegan meals, snacks and drinks that I might make. I have access to simple vegetarian or vegan menu cards or talking mats to help facilitate this, if I need them.

1.37 My meals and snacks meet my cultural and dietary needs, beliefs and preferences.

- My caterers understand the terms vegetarian and vegan, and have received adequate training on how to cater for my diet.
- At mealtimes, I am provided with a choice of vegetarian or vegan meal options. My opinions on meals are solicited and considered.
- Vegetarian and vegan menu options are clearly marked, using logos or symbols where appropriate (for example, V for vegetarian, Vg for vegan).
- I am catered for during celebrations. If I am vegan, I am provided with vegan alternatives to birthday cake, barbecues, and festive meals. If I am vegetarian, I am provided with vegetarian alternatives to birthday cake, barbecues, and festive meals.
- I do not need to remind my caterers that I am vegetarian or vegan.

1.38 If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.

- I am supported to choose vegetarian or vegan meals, snacks and drinks that I might make. I have access to simple vegetarian or vegan menu cards or talking mats to help facilitate this, if I need them.

## **2: I am fully involved in all decisions about my care and support**

2.3 I am supported to understand and uphold my rights.

- I am supported to practice my vegetarian or vegan beliefs and values that influence what I choose to eat, use, and wear.
- I am treated with dignity and respect in the practice of my vegetarian or vegan beliefs.

- During the initial consultation in a new care setting, I will be explicitly asked about my dietary requirements. The person leading the consultation will ask if I express my vegetarian or vegan belief in any other ways, e.g. clothing or toiletries.
- My care team is aware of laws protecting vegetarian and vegan beliefs.
- I understand that if I experience issues that my caterers are unable to resolve, or require advice in relation to my vegetarian or vegan beliefs, I can contact organisations offering specialist support, including Vegetarian for Life.

2.5 If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.

- My care team encourages me to make an advance care plan, in case I experience cognitive losses or capacity issues in future. Formulation of the care plan includes a discussion of how I would wish my carers to handle future requests that seem to contradict my previous philosophical beliefs, for example, requests for meat.

2.6 I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.

- My care team encourages me to make an advance care plan, in case I experience cognitive losses or capacity issues in future. Formulation of the care plan includes a discussion of how I would wish my carers to handle future requests that seem to contradict my previous philosophical beliefs, for example, requests for meat.
- If I am experiencing issues with capacity or cognition, I will still be offered a choice of meals, drinks and snacks that uphold my philosophical beliefs.
- My vegetarian or vegan food choices are maintained at all times. If I am experiencing issues with capacity or cognition, and accidentally choose a meat-based dish, or appear to ask for meat, I will instead be offered an alternative dish that upholds my philosophical beliefs. The alternative dish might make use of alternatives to meat and/or dairy, with my caterers providing appropriate vegetarian or vegan fortification of dishes when needed.

2.9 I receive and understand information and advice in a format or language that is right for me.

- I am supported to choose vegetarian or vegan meals, snacks and drinks that I might make. I have access to simple vegetarian or vegan menu cards or talking mats to help facilitate this, if I need them.

2.10 I can access translation services and communication tools where necessary and I am supported to use these.

- I am supported to choose vegetarian or vegan meals, snacks and drinks that I might make. I have access to simple vegetarian or vegan menu cards or talking mats to help facilitate this, if I need them.

2.11 My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

- My care team encourages me to make an advance care plan, in case I experience cognitive losses or capacity issues in future. Formulation of the care plan includes a discussion of how I would wish my carers to handle future requests that seem to contradict my previous philosophical beliefs, for example, requests for meat.
- If I am experiencing issues with capacity or cognition, my carers will establish whether I have an advanced care plan. If I do not have a care plan, support will be enlisted by my relatives or friends to discuss what the best approach might be when catering for me.
- If I am experiencing issues with capacity or cognition, I will still be offered a choice of meals, drinks and snacks that uphold my philosophical beliefs.

- My vegetarian or vegan food choices are maintained at all times. If I am experiencing issues with capacity or cognition, and accidentally choose a meat-based dish, or appear to ask for meat, I will instead be offered an alternative dish that upholds my philosophical beliefs. The alternative dish might make use of alternatives to meat and/or dairy, with my caterers providing appropriate vegetarian or vegan fortification of dishes when needed.

2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.

- During the initial consultation in a new care setting, I will be explicitly asked about my dietary requirements. The person leading the consultation will ask if I express my vegetarian or vegan belief in any other ways, e.g. clothing or toiletries.
- I am supported in my vegetarian or vegan beliefs and have the opportunity to explore and engage with vegetarian and vegan resources and services.
- I can request vegetarian- and vegan-friendly publications, such as magazines to read, and recipe books to look at.

2.26 I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish.

- I am supported in my vegetarian or vegan beliefs and have the opportunity to explore and engage with vegetarian and vegan resources and services.
- I understand that if I experience issues that my caterers are unable to resolve, or require advice in relation to my vegetarian or vegan beliefs, I can contact organisations offering specialist support, including Vegetarian for Life.

### **3: I have confidence in the people who support and care for me**

3.4 I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.

- My care team encourages me to make an advance care plan, in case I experience cognitive losses or capacity issues in future. Formulation of the care plan includes a discussion of how I would wish my carers to handle future requests that seem to contradict my previous philosophical beliefs, for example, requests for meat.
- If I am experiencing issues with capacity or cognition, my carers will establish whether I have an advanced care plan. If I do not have a care plan, support will be enlisted by my relatives or friends to discuss what the best approach might be when catering for me.

3.13 I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.

- My caterers understand the terms vegetarian and vegan, and have received adequate training on how to cater for my diet.
- At mealtimes, I am provided with a choice of vegetarian or vegan meal options. My opinions on meals are solicited and considered.
- Vegetarian and vegan menu options are clearly marked, using logos or symbols where appropriate (for example, V for vegetarian, Vg for vegan).
- When biscuits, sweets and communal snacks are offered to residents, I am similarly provided with a choice of vegetarian or vegan snack options.
- I am catered for during celebrations. If I am vegan, I am provided with vegan alternatives to birthday cake, barbecues, and festive meals. If I am vegetarian, I am provided with vegetarian alternatives to birthday cake, barbecues, and festive meals.
- I do not need to remind my caterers that I am vegetarian or vegan.

- If it is my preference to do so, I am given the opportunity to eat at a vegetarian-only, or vegan-only table when possible, unless doing so would cause me distress. This involves having a table where people who selected the vegetarian or vegan option dine together.

3.14 I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes.

- My caterers understand the terms vegetarian and vegan, and have received adequate training on how to cater for my diet.

3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

- My care team encourages me to make an advance care plan, in case I experience cognitive losses or capacity issues in future. Formulation of the care plan includes a discussion of how I would wish my carers to handle future requests that seem to contradict my previous philosophical beliefs, for example, requests for meat.
- If I am experiencing issues with capacity or cognition, my carers will establish whether I have an advanced care plan. If I do not have a care plan, support will be enlisted by my relatives or friends to discuss what the best approach might be when catering for me.
- If I am experiencing issues with capacity or cognition, I will still be offered a choice of meals, drinks and snacks that uphold my philosophical beliefs.
- My vegetarian or vegan food choices are maintained at all times. If I am experiencing issues with capacity or cognition, and accidentally choose a meat-based dish, or appear to ask for meat, I will instead be offered an alternative dish that upholds my philosophical beliefs. The alternative dish might make use of alternatives to meat and/or dairy, with my caterers providing appropriate vegetarian or vegan fortification of dishes when needed.

#### **4: I have confidence in the organisation providing my care and support**

4.1 My human rights are central to the organisations that support and care for me.

- My care team is aware of laws protecting vegetarian and vegan beliefs.
- I am supported to practice my vegetarian or vegan beliefs and values that influence what I choose to eat, use, and wear.
- I am treated with dignity and respect in the practice of my vegetarian or vegan beliefs.
- During the initial consultation in a new care setting, I will be explicitly asked about my dietary requirements. The person leading the consultation will ask if I express my vegetarian or vegan belief in any other ways, e.g. clothing or toiletries.

4.2 The organisations that support and care for me help tackle health and social inequalities.

- If it is my preference to do so, I am given the opportunity to eat at a vegetarian-only, or vegan-only table when possible, unless doing so would cause me distress. This involves having a table where people who selected the vegetarian or vegan option dine together.
- At mealtimes, I am provided with a choice of vegetarian or vegan meal options. My opinions on meals are solicited and considered.
- I am catered for during celebrations. If I am vegan, I am provided with vegan alternatives to birthday cake, barbecues, and festive meals. If I am vegetarian, I am provided with vegetarian alternatives to birthday cake, barbecues, and festive meals.
- When biscuits, sweets and communal snacks are offered to residents, I am similarly provided with a choice of vegetarian or vegan snack options.
- I do not need to remind my caterers that I am vegetarian or vegan.
- If I am experiencing issues with capacity or cognition, I will still be offered a choice of meals, drinks and snacks that uphold my philosophical beliefs.

4.3 I experience care and support where all people are respected and valued.

- My care team is aware of laws protecting vegetarian and vegan beliefs.
- If clothing, soap, shampoo and similar products are provided for me, I am consulted about whether I wish these to be animal-free and not tested on animals.
- At mealtimes, I am provided with a choice of vegetarian or vegan meal options. My opinions on meals are solicited and considered.
- I am catered for during celebrations. If I am vegan, I am provided with vegan alternatives to birthday cake, barbecues, and festive meals. If I am vegetarian, I am provided with vegetarian alternatives to birthday cake, barbecues, and festive meals.
- When biscuits, sweets and communal snacks are offered to residents, I am similarly provided with a choice of vegetarian or vegan snack options.
- If it is my preference to do so, I am given the opportunity to eat at a vegetarian-only, or vegan-only table when possible, unless doing so would cause me distress. This involves having a table where people who selected the vegetarian or vegan option dine together.
- My caterers understand that I might find the smell of meat distasteful and therefore intrusive.

4.27 I experience high quality care and support because people have the necessary information and resources.

- My caterers understand the terms vegetarian and vegan, and have received adequate training on how to cater for my diet.
- My care establishment is committed to catering well and ethically for older vegetarians and vegans, and is a member of Vegetarian for Life's UK List.

## **5: I experience a high quality environment if the organisation provides the premises**

5.1 I can use an appropriate mix of private and communal areas, include accessible outdoor space, because the premises have been designed or adapted for high quality care and support.

- If it is my preference to do so, I am given the opportunity to eat at a vegetarian-only, or vegan-only table when possible, unless doing so would cause me distress. This involves having a table where people who selected the vegetarian or vegan option dine together.

5.7 If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.

- If it is my preference to do so, I am given the opportunity to eat at a vegetarian-only, or vegan-only table when possible, unless doing so would cause me distress. This involves having a table where people who selected the vegetarian or vegan option dine together.
- My caterers understand that I might find the smell of meat distasteful and therefore intrusive.

5.8 I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe.

- I am supported in my vegetarian or vegan beliefs and have the opportunity to explore and engage with vegetarian and vegan resources and services.

5.18 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

- If it is my preference to do so, I am given the opportunity to eat at a vegetarian-only, or vegan-only table when possible, unless doing so would cause me distress. This involves having a table where people who selected the vegetarian or vegan option dine together.
- My caterers understand that I might find the smell of meat distasteful and therefore intrusive.

# Appendix 4

**Quality Indicator 1.3: People’s health benefits from their care and support; how good care for vegetarian or vegan residents might look.**

Health and Social Care Standard 1:  
I experience high quality care and support that is right for me

**Key areas include the extent to which people experience:**

- Care and support based on relevant evidence, guidance, best practice and standards; in particular, the Health and Social Care Standards (2017)
- Food and drink that meets their needs and individual preferences
- A positive attitude from others towards their vegetarian or vegan identity

**Guidance for care homes and inspectors:**

This document is intended as a self-improvement tool for care homes, specifically with reference to vegetarian or vegan residents. Inspectors may use it to inform an inspection.

Protection from discrimination on the grounds of religion or belief: Equality Act 2010

Veganism or vegetarianism can be a large part of someone’s identity and more than just their diet. When considering changes to capacity, and unusual requests, it is important to recognise that a vegan/vegetarian may have lived this way for decades of their life, and while they have the right to change their mind, it is unlikely that they have changed their belief system. Furthermore, veganism is a protected belief. Someone who describes themselves as plant-based may, or may not, follow such a practice-based system. For this reason, it is recommended that care staff are familiar with a resident’s preferences, especially in relation to cognitive losses or capacity issues.

<b>Quality Illustrations</b>	
<p><b>Very Good</b></p> <p>During the initial consultation in a new care setting, a resident will be explicitly asked about their dietary requirements. The person leading the consultation will ask if they express their vegetarian or vegan belief in any other ways, e.g. clothing or toiletries. If the new resident has any capacity issues or cognitive losses, talking mats that cover vegetarian and vegan subjects should be used to facilitate the exchange of information.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin-top: 10px;"> <p>HSC standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices</p> </div>	<p><b>Weak</b></p> <p>Residents are not specifically asked about their dietary preferences, and assumptions are made about what they will or won’t eat.</p> <p>There is no consideration given to any other aspects of their vegetarian or vegan identity and no effort is made to discuss subjects such as cruelty-free toiletries.</p>

<p>Care and catering staff understand the terms vegetarian and vegan and have received adequate training on how to cater for vegetarian and vegan diets. Residents are offered a good choice of well-balanced, healthy, and nutritious vegetarian or vegan meals. Caterers understand how to cater well for vegetarian or vegan diets. Staff are trained to use vegetarian or vegan symbols on their menus.</p> <p>There is a vegetarian/vegan specific menu with a range of choices that all residents can choose from.</p> <div data-bbox="341 689 758 817" style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;"> <p><b>HSC standard 1.37: My meals and snacks meet my cultural and dietary needs, beliefs and preferences</b></p> </div>	<p>Care and catering staff are unclear about what vegetarians or vegans do and don't eat. For example, they may not realize that Worcester sauce may contain anchovies and so be unacceptable for both vegetarians and vegans, or that products containing honey are not suitable for vegans. When catering for vegetarians they rely heavily on cheese and eggs, and vegans are not offered good sources of protein. Vegetarian or vegan dishes may just consist of meat-based dishes without the meat.</p>
<p>Residents benefit from a choice of vegetarian or vegan meal options. When biscuits, sweets and communal snacks are offered to residents, they are similarly provided with a choice of vegetarian or vegan snack options.</p>	<p>Residents may be offered only one meal choice. There is no consideration given to providing vegetarian or vegan biscuits, sweets or snacks.</p>
<p>Vegetarian and vegan residents are catered for during celebrations. Vegans are offered similar vegan alternatives to birthday cake and festive meals. Vegetarians are offered similar vegetarian alternatives.</p> <div data-bbox="193 1301 608 1429" style="border: 1px solid black; border-radius: 15px; padding: 5px; text-align: center;"> <p><b>HSC standard 4.2: The organisations that support and care for me help tackle health and social inequalities</b></p> </div> <p>At events such as barbecues, vegans and vegetarians are fully included and are offered vegetarian/vegan alternatives such as vegan sausages and vegan burgers. These have been cooked separately from the meat products; on a disposable barbecue, for example.</p>	<p>Residents are not offered comparable festive fayre and are therefore not fully included in festivities. They may be unable to join other residents in eating birthday cake because this contains substances such as gelatine, butter, milk, or eggs. Birthday cake that is suitable for vegetarians or vegans has not been provided.</p> <p>At barbecues, vegetarians and vegans are not offered meat alternatives such as veggie/vegan burgers or sausages. Instead, they are provided only with bread or salad options.</p>

<p>There is a good process to communicate between all staff groups including kitchen and catering staff and staff in the residents' areas (for example, managers, care staff, and activity co-ordinators). Those serving food know what dishes are suitable for vegetarian and vegans. For example, if the chef has provided both meat and vegan cottage pie they know clearly which is which, and they are fully informed about the ingredients of the food they serve.</p>	<p>Staff are uncertain of what food they are serving. They are not sure about the food's ingredients and make assumptions that it is suitable for vegetarians or vegans. There are no clear lines of communication between the kitchen and residents' areas.</p>
<div data-bbox="341 600 759 775" style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #e6f2e6; text-align: center;"> <p><b>HSC standard 3.13: I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me</b></p> </div> <p>If the person experiencing care has capacity issues, or cognitive losses, they will still be offered a choice of meals, drinks and snacks that uphold their beliefs. If they accidentally choose a dish, or appear to ask for food that does not meet their inherent beliefs, they will be offered an alternative dish that may look the same but ultimately upholds their beliefs. This alternative dish might make use of alternatives to meat and dairy products.</p>	<p>Staff offer meat-based dishes to a resident with capacity issues or cognitive losses. Dishes containing meat are promoted with little attention given to vegetarian/vegan meal choices or the person's inherent belief before they became incapacitated.</p> <p>If the person with capacity issues or cognitive losses asks for a meat-based dish, staff give them this, without trying to find an alternative.</p> <p>There is a belief that vegetarian or vegan residents with capacity issues or cognitive losses 'won't know any differently' if given meat or dairy.</p>
<p>If fortification of food is required, caterers will provide appropriate vegan fortification; for example, by using foods such as pea protein, chickpea powder, soya yoghurt, peanut butter, or creamed coconut.</p> <p>If texture-modified diets are required, then any thickening agents used will be suitable for vegetarians/vegans.</p>	<p>Caterers have little knowledge of vegan alternatives to dairy-based products, and instead use dairy-based products, or honey.</p> <p>There is no awareness of whether a thickening agent used is suitable for vegans/vegetarians.</p>

<p>Residents are supported to choose vegetarian or vegan meals, snacks, and drinks that they themselves might make. They have access to simple vegetarian or vegan menu cards or talking mats/or equivalent to help facilitate this. Staff will help residents to prepare simple meals, drinks or snacks, such as soups and smoothies. Kettles or microwaves are available.</p> <p><b>HSC standard 1.38: If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and choose to grow, cook and eat my own food where possible</b></p> <p>Where possible residents can grow their own food and use this to make their own meals.</p>	<p>Residents do not have access to kettles, microwaves or any kitchen facilities, and where there are facilities, residents are not supported to make their own meals or snacks if they wish to. There are no specific vegetarian/vegan menu cards that reflect a range of good food choices.</p> <p>There is no opportunity for residents to engage in growing their own food.</p>
<p>There is peer support from outside the care home; for example, local vegetarian or vegan groups have been invited to link-up with residents.</p> <p><b>HSC standard 1.10: I am supported to participate fully as a citizen in my local community in the way that I want</b></p> <p>Where magazines are provided, these will include magazines related to vegetarian and vegan matters.</p>	<p>Residents have no links to any outside support. There are no magazines or other memory aids to help those who have cognitive losses to remember their vegetarian or vegan identity.</p>
<p>Residents are supported to understand their rights and staff also understand and know these. Staff are aware, for example, that veganism is a protected belief.</p> <p><b>HSC standard 2.3: I am supported to understand and uphold my rights</b></p> <p><b>HSC standard 1.2: My human rights are protected and promoted and I experience no discrimination</b></p>	<p>Staff don't fully respect their residents' vegetarian/vegan beliefs and do not support their residents in understanding their rights.</p>

<p>In all household goods and personal care the person’s clothing, toiletries, bedding etc. are provided following consultation with the resident because they may wish these to be animal-free and not have been tested on animals.</p> <p><b>HSC standard 1.4: If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected</b></p>	<p>Soap, shampoo and similar products are provided with little regard to their contents or whether they have been tested on animals. Staff are unaware of whether products are animal tested, or what they contain.</p>
<p>The resident's care team encourages them to make an advance care plan, in case they experience cognitive losses or capacity issues in future.</p> <p><b>HSC standard 1.7: I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively</b></p> <p>Formulation of the care plan includes a discussion of how they would wish their carers to protect their beliefs in the future and whether they wish to be supported to remain vegetarian/vegan without compromise.</p>	<p>Any advance care planning has not included any consideration of the resident’s vegetarian or vegan identity. There has been no discussion about how to manage any contradictory food requests in the case that the resident experiences cognitive losses or capacity issues.</p>
<p>The care home can demonstrate learning, understanding, and/or professional memberships in relation to catering for vegetarians and vegans, including for those experiencing issues with capacity and cognition, and follows best practice in this regard.</p> <p><b>HSC standard 4.27: I experience high quality care and support because people have the necessary information and resources</b></p>	<p>Staff have no evidence of learning, understanding, and/or professional memberships in relation to catering for vegetarians and vegans. Best practice has not been considered.</p>

# Appendix 5: Additional Resources

## Scrutiny and Improvement Tool Box

### Scrutiny and Improvement Support Actions

Assess how well the person in care is supported in their vegetarian or vegan beliefs

Contact Vegetarian for Life for support and advice

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Review how care plans are used to enhance the experience of a vegetarian/vegan resident

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Interview residents, staff, relatives and carers

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### Key areas include:

Are residents supported in choosing vegetarian/vegan meals, and are these meals varied and balanced?

Is there an advance care plan detailing a resident's wishes regarding vegetarian/vegan food in the event of cognitive loss?

If fortification is required, is this in accordance with their dietary preferences (e.g. non-dairy)?

If a texture-modified diet is required, is the thickener used vegetarian/vegan?

### Key Improvement Resources

Vegetarian for Life website; resources, menu plans, nutrition, self-advocacy pack: <https://vegetarianforlife.org.uk>

Vegetarian for Life Dietary Diversity Guide: [https://vegetarianforlife.org.uk/files/Dietary\\_diversity\\_guide.pdf](https://vegetarianforlife.org.uk/files/Dietary_diversity_guide.pdf)

Vegetarian for Life Memory Care Pledge: <https://vegetarianforlife.org.uk/pages/pledge>

Vegetarian for Life Veg\*nism: More Than Just a Diet Guide: <https://vegetarianforlife.org.uk/resources/publications/vegnism-more-than-just-a-diet>

### Vegetarian for Life in-person training and webinars:

Caterer Training courses: <https://vegetarianforlife.org.uk/caterers/training-courses>

British Dietetic Association-accredited Care Catering for Older Vegetarians and Vegans webinar series: <https://vfl-store.myshopify.com/products/care-catering-for-older-vegetarians-and-vegans-webinar-series>

Meat-free 101 webinar series: <https://vfl-store.myshopify.com/collections/frontpage/products/meat-free-101-webinar-series-single-user>

The Health and Social Care Standards: [www.newcarestandards.scot](http://www.newcarestandards.scot)

Care Inspectorate's Food and Fluid resource: <https://hub.careinspectorate.com/how-we-support-improvement/care-inspectorate-programmes-and-publications/eating-and-drinking-well-in-care-good-practice-guidance-for-older-people/>

<https://hub.careinspectorate.com/media/1493/eating-and-drinking-well-in-care-good-practice-guidance-for-older-people.pdf>

Food and Fluid pocket guide: <https://www.careinspectorate.com/images/documents/4666/Food%20and%20Fluid%20Pocket%20Guide.pdf>

Talking Mats: <https://www.talkingmats.com/>

Vegetarian Society: <https://www.vegsoc.org/>

Vegan Society: <https://www.vegansociety.com/>

Alzheimer Scotland: <https://www.alzscot.org/what-is-dementia>

Understanding Personal Outcomes, from the Scottish Social Services Council: <https://lms.learn.sssc.uk.com/course/view.php?id=11>

Supported Decision Making, from the Mental Welfare Commission: <https://www.mwscot.org.uk/publications?type=39>

Alzheimer Society 'This is me' form: <https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me>

Alzheimer Scotland 'Getting to know me' form: <https://www.alzscot.org/our-work/dementia-support/information-sheets/getting-to-know-me>

Respect for religious and philosophical beliefs while eating in care



ALL-PARTY PARLIAMENTARY GROUP  
ON VEGETARIANISM AND VEGANISM