

Prevalence of Food Insecurity in a Paediatric Emergency Department and Feasibility of Clinician Intervention – A Pilot Study

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Objectives

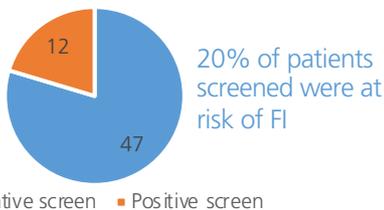
This study explored the prevalence of food insecurity in patients attending the Paediatric Emergency Department (PED) of a tertiary referral centre. We assessed feasibility of screening and onward referral to Social Prescribers for patients requiring support. Food insecurity (FI) is the inability to obtain an adequate and nutritious diet, or the uncertainty that one will be able to do so (1). One in four households with children has experienced FI in the past month (2). This PED serves Nottingham City where 40% of children are currently living in poverty (3).

Methods

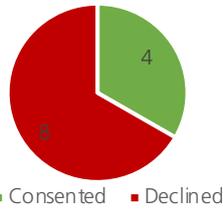
- Project developed using 'Model for Improvement' framework
- FI education delivered to PED staff
- Paper screening tool, based on validated Hunger Vital Sign (4), given to patients over a 7 day period
- Completed tools collected by clinician, who referred to Social Prescribers if family screened positive for FI
- Electronic referral to Social Prescribers implemented
- 'Food support' patient information leaflet created, signposting to community resources
- Measured: number of patients screened, onward referrals, and staff awareness and confidence in discussing FI

Results

Food Insecurity Screening



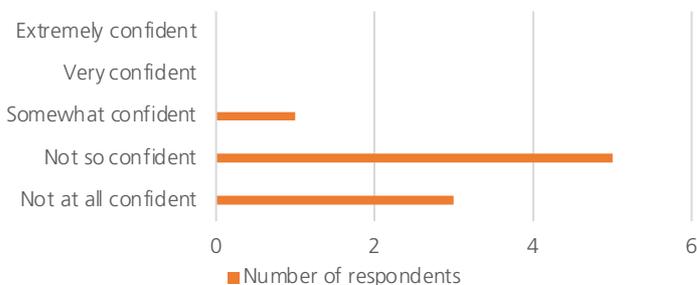
Consent for Social Prescribing Referral



Pre-teaching staff survey:

How confident do you feel in discussing food insecurity with families?

1/3 of those at risk consented and were referred to Social Prescribers



- None of the staff had received FI teaching previously.
- Most underestimated the prevalence of FI.

Family answer 'often true' or 'sometimes true' to either question = **POSITIVE screen** – at risk for food insecurity

Clinician asks family if they would like **referral for help**

Refer to **Social Prescribing Team via Medway** and offer **Food Support leaflet**

The form includes a screening tool with two questions: 'Within the past 12 months we worried whether our food would run out before we got money to buy more.' and 'Within the past 12 months the food we bought just didn't last and we didn't have money to get more.' It also includes a section for patient details and a QR code for Social Prescribing referral.



Social Prescriber reviews family in PED/phones if discharged:

- Supply **food bank vouchers**
- Signpost to **community resources**
- Address **underlying causes**

Conclusions

FI is a complex problem, linked to socioeconomic deprivation, and leads to health inequality. It is worsening in the UK, especially in households with children. The NHS and healthcare professionals have a key role in tackling FI. We demonstrated it is feasible for clinicians to screen then refer to an effective FI intervention.

We established that 20% of PED patients who were screened were experiencing FI, and estimate that the true prevalence is higher. The barriers to staff and patients engaging with screening are being explored, as are the reasons for families declining intervention.

We aim to integrate food insecurity screening routinely into PED, and plan to run a pilot study in Adults ED. This aligns with local ambition to embed health improvement into ED clinical practice and reduce health inequalities.

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