

# Food Train<sup>®</sup>



*Supporting local older people at home*

EAT Well

LIVE Well

AGE Well



*Food Train's story so far...  
a focus on food, well being and older people*

## About Food Train

Since 1995 Food Train has been providing food access to older people in need. Set up by older people for older people Food Train aims to help older people live independently at home for as long as they are able through the provision of grocery shopping deliveries, household support and befriending. By harnessing the talents and enthusiasm of local volunteers, nurturing our unique partnership with grocery retailers and maximising community capacity, we offer a menu of services that address some of the day to day issues facing older people living in Scotland.



## About this report

Over the last 17 years whilst serving the food access needs of older people, we have been actively involved helping them to resolve the many other trials and tribulations associated with ageing. We have learned much about their food access issues, barriers to eating well and the many day to day difficulties associated with age related failing health and well being. We have been observing the gradual change in our customer demographics, mirroring the changing demographics in Scotland, and witnessing first hand the steady changes to statutory provision of formal and informal care and support. This report is our 'story so far', our experiences of growth and development led by the needs of older people, with expert contextual contributions from the fields of research and policy.

## Acknowledgements

We would like to thank Dr Elaine Bannerman, Senior Lecturer in Nutrition & Dietetics, Queen Margaret University Edinburgh and Sue Rawcliffe, Development Officer, Community Food and Health Scotland for the expert contributions to this report.

## Food Train . . . the story so far

In 1995 a small group of older people led a community survey; what they found worried them greatly. Fearing for their own futures, they felt compelled to take direct action to address food poverty and food access problems experienced by their peers living in the town of Dumfries. With charitable objectives and social enterprise principles, offering choice, flexibility, quality and affordability in mind, Food Train was born.



Harnessing the talents and enthusiasm of local volunteers and a partnership with local grocery stores, enabled Food Train to set up a simple and efficient weekly system of collecting orders and delivering supplies of fresh groceries. Designed to support older people at the time and point of need with affordable, reliable and friendly food access, Food Train soon found they were helping local older people eat well and keep well in growing numbers. Surviving on very little funds, the group of ageing volunteers kept going for 7 years on their own, full of grit and determination, knowing they had a diamond idea but no energy or funds to make it sparkle. Help came along in the form of major investment and support from the Local Authority in 2002, helping them embark on ambitious plans to recruit staff and expand across Dumfries & Galloway, and in 3 short years Food Train grew by 500%, providing food access to hundreds of older people in the region.

**Feedback from older people using Food Train was of resounding success. Volunteers recounted tales of members eating more, eating better, enjoying food again and eating fruit and vegetables that had previously become too heavy to carry. The charity's team knew then Food Train had the potential to improve the lives of tens of thousands of older people across the entire country.**



Working with older people living at home, trying to adjust and cope with the natural changes to their lives, helped Food Train see first hand the myriad of other practical problems being faced and the lack of simple solutions. The best way forward seemed once again to be taking action. Making full use of existing resources such as vans, offices, staff, partners and volunteers, Food Train EXTRA came to life, offering older people help with a wide variety of jobs around the house. Making sure the focus is on filling the gaps, Food Train EXTRA takes on the jobs no-one else seems to do e.g. changing light bulbs, defrosting and cleaning fridges and freezers, inside window cleaning, taking down and re-hanging curtains, moving heavy furniture, turning mattresses and cleaning the hard to reach high cupboards. This all appealed to Food Train's most frail members, taking away the worry of who to ask when they could no longer do these jobs themselves



**Food Train EXTRA launched in 2006 offering help with a wide variety of jobs about the home with a focus on home safety, reduction of falls and improved well-being. Partnerships with agencies such as Community Fire Safety, Handyvan and Care & Repair helps ensure we find a solution for any job however small or large.**

Though Food Train EXTRA successfully tackled practical jobs, it also served to highlight the social and emotional plight of frail older people. Through longer visits and increased time spent in their homes, it became all too obvious that loneliness was devastating the lives of our members. Despite having the highest proportion of older people, Dumfries & Galloway had no existing contact or befriending service for older people. So true to form it was once again time for Food Train to take action.

Taking time to listen to older people, finding out what interested them and what they would like to do if more able, it was obvious that simplicity was the key. Being able to talk, listen, be listened to and get out the house once in a while was all that was asked for, things those of us more able take for granted.

*"It's great to get out and meet up with friends."*

*"Food Train Friends has given me a life I thought I would never have."*



In 2010 Food Train Friends launched and set about improving the social and general well being of local older people by providing a whole range of home visits, outings, clubs and events. Growing slowly and making every contact one that improves someone's day has proved to be a winning combination.

Slowly but surely Food Train was realising the hopes, dreams and aspirations of its remarkable founders and providing help, support and friendship to older people.

**But what of older people in need across the rest of Scotland?**

## National expansion

Though firmly rooted in Dumfries & Galloway, Food Train is driven by a passionate desire to improve the lives of older people, so it made sense to start looking beyond our current boundary. Over the years groups and individuals from the length and breadth of Great Britain had visited us, eager to see how we worked and if they could replicate us, so we knew food access was a significant issue but who else was out there doing something about it. A brief but thorough investigation told us all we needed to know; the picture wasn't looking rosy across the rest of Scotland. Once again, it was time for action.

Supported by the Scottish Government, Food Train embarked on a plan to bring universal food access to Scotland's older population, starting with West Lothian in 2010. In partnership with the local Council and Seniors Forum, we secured investment to replicate Food Train. West Lothian welcomed us with open arms, our sector colleagues providing valuable local knowledge; the Council helping us make the right links, and volunteers seizing new opportunities.



**Since launching in September 2010, West Lothian Food Train has made over 5,200 deliveries of fresh groceries to local older people. A clear sign the need was there and our simple solution provides great results, not just in Dumfries & Galloway, but potentially anywhere else in Scotland.**

A formal evaluation<sup>1</sup> of the new West Lothian Food Train demonstrated high local value and ownership, financial efficiency, wider public outcomes and improved outcomes for older people. Although still in its infancy, Food Train in West Lothian is making a significant contribution to the lives of local older people experiencing food access problems. More recently, West Lothian Food Train took another step forward with the introduction of the EXTRA home support service, instantly taken up by our most frail and vulnerable members.

Closely monitored by other regions in Scotland, Food Train was approached by both Stirling Council and Dundee City Council to work in partnership and set up a local service in their areas. Again, with Year 1 seed funding from the Scottish Government matching the Council input, Food Train was able to set up two new branches within 3 months of each other over a tricky Scottish winter. Valuable learning from West Lothian enabled national support staff to ensure a smooth and robust process was followed allowing success to come quickly to both new areas.

- ✓ **Since its launch in November 2011, Stirling Food Train has completed over 2,300 grocery deliveries to local older people in need.**
- ✓ **Since launching in January 2012, Dundee Food Train has made over 1,500 deliveries of fresh groceries to local older people in need.**

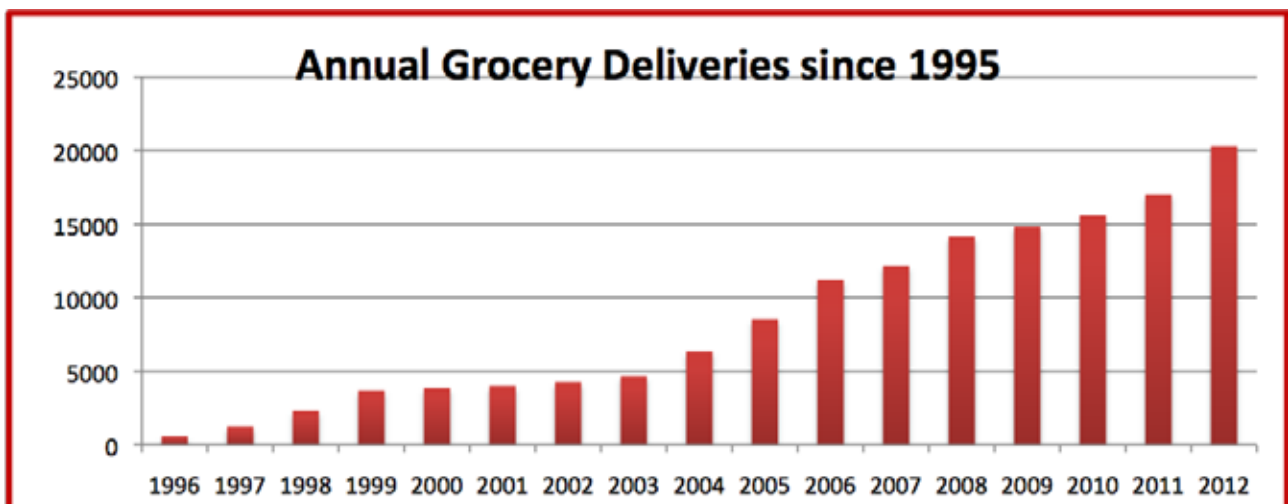
## From little acorns .....

People have always been at the very heart of Food Train, from idea to reality and from small community pilot to growing national charity, the talents of local volunteers and staff have created community capacity making positive practical and social impacts on the lives of local older people. Keeping the services we offer simple, affordable and easy to use has ensured thousands of older people have benefited, similarly keeping our volunteering opportunities inclusive and easy to access, straightforward to take part in and well supported, has ensured hundreds of people have volunteered in their communities. Simplicity has always been our recipe for success and is the theme that runs through our growth story, and the facts speak for themselves:

**Since Food Train launched in 1995 -**

**Over 150,000 fresh grocery orders have been delivered to members**

**Over £3.8 million has been spent on groceries by our members**



Food Train's elderly founders can be very proud of the lasting legacy they have created for older people, volunteering and communities across Scotland.

The expert contributions that follow in this report, establish the evidence base and policy context within which Food Train operates and provides successful outcomes for older people.

# Older adults, dietary intakes and nutritional status (Nov 2012)

**Contribution by Dr Elaine Bannerman**

**Senior Lecturer in Nutrition & Dietetics, School of Health Sciences, Queen Margaret University.**

The Scottish population continues to experience both increased absolute and 'healthy' life expectancy, however these do not appear to reach the levels reported in other Western countries and significant inequalities linked to social differences (SIMD) appear to exist (SG, 2011). Poor diet and various lifestyle behaviours, including physical inactivity, are known risk factors for morbidity and mortality in older adults. Musculoskeletal disorders along with conditions of the heart and circulatory system and endocrine & metabolic disorders are the top three disorders reported by the older adult population in Scotland (SG, 2011); all of which can be linked to life-style behaviours, including poor diet.

Older adults are known to represent a significant proportion of those individuals in the lowest 15% of the SIMD within Scotland (SHS, 2011) and poor diets and poor health are linked with indices of deprivation. Findings from the recent National Diet and Nutrition Survey (NDNS) (DH, 2011) and also the Low Income National Diet and Nutrition Survey (LINDNS) (Nelson et al., 2007) suggest those over 65 years, in particular those living in greatest areas of deprivation have poorer diets and poorer nutritional health. The NDNS reports that only 37% of individuals > 65 years old living in the UK consume 5 or more portions of fruit and vegetables per day (DH, 2011) -a marker of diet quality, whilst in Scotland, those > 65 years are consuming an average of 3.4 portions of fruit and vegetables per day (with only 22% meeting the recommendation) (SHS, 2011). Cereal and cereal products are the main source of energy for older adults, although puddings, cakes, buns and pastries and white bread are the main contributing foods (DH, 2011). Choice of wholegrain varieties is less likely (DH, 2011) and intakes of non-starch polysaccharides (NSP) (fibre) are low. Dietary protein intakes meet current recommendations (DH, 1991) however it may be that some older adults may benefit from greater intakes, in particular specific types and also the timing of consumption may be important in order to help prevent nutritional decline (Millward et al, 2008). Reports of poor iron status being greatest in men over 65 years, in particular those from low income groups (Nelson et al, 2007) and also proportions with low vitamin D status (Nelson et al., 2007; Hypponen & Power, 2007) raise concern about quality of the older Scottish adults' diets.

The British Association of Parenteral and Enteral Nutrition (BAPEN) identified that one in three adults admitted to Care of the Elderly wards in hospitals within the UK were 'at risk' of malnutrition and 40% of adults admitted to care homes were 'at risk' (Russell & Elia, 2012). Much of the malnutrition present on admission to institutions appears to originate within the community (Russell & Elia, 2012) and is a result of both clinical and social causes. It is known that individuals with poor nutritional status have a poorer prognosis in terms of rehabilitation, length of hospital stay and health care costs (NICE, CG 32, 2006) and thus, identification of those 'at risk' as well as ensuring strategies are in place to prevent nutritional decline is imperative to maintain good health and also prevent hospital admissions.

However, over 70% men and women > 65 years in Scotland have a BMI > 25kg/m<sup>2</sup> (SHS, 2011) suggesting a high proportion of overweight and obesity. A high BMI and increased adiposity can contribute to limitation in function and activities of daily living but also increases the risk of cardiovascular diseases and diabetes (SIGN CG 97, 2007). However, the crude measures of overweight and obesity, more often associated with metabolic disturbances do not tell us about muscle wasting associated with functional decline and the associated increased risks of admission and readmission to hospital. It is important to recognise that malnutrition and overweight often co-exist (Russell & Elia, 2011). Higher proportions of fat mass in obesity may obscure muscle wasting in older adults

and are likely to contribute to a state of frailty (Fried et al, 2001). Physical activity levels of older adults in Scotland are poor; with only 17% males and 12% females > 65 years meeting current activity recommendations (SHS, 2011). 60% > 65 years participate in less than 30 mins of moderate activity per week (SHS, 2011). Poor diet and low levels of activity can result in weight (fat) gain which as indicated can cause a number of chronic health conditions, however this can also contribute to significant losses in muscle tissue and strength (Sarcopenia) (Cruz-Jentoft, et al., 2010), and frailty (Fried et al, 2001). Muscle weakness, limited mobility and balance are known risk factors for falls (NICE, 2004) and hospital admission. Reduced functioning also means that an individual's ability to self-care, to shop and prepare foods are likely to be affected and without access to appropriate support this state of frailty is likely to spiral.

Good nutrition for older adults is very similar to good nutrition for younger adults. A diet that is based around complex carbohydrates (breads, grains and cereals, in particular the wholegrain varieties and starchy vegetables), fruit and vegetables, low fat milk and milk products, lean meat, fish, poultry and meat alternatives should be consumed. However social and economic factors (Nelson et al, 2007) along with changes in taste, appetite and presence of certain co-morbidities, for example poor dentition, poor eye-sight, arthritis, poor cognition (Stamner, Thompson & Buttriss, 2009) may influence food access and food intakes. Greater awareness in identifying those at risk and putting in place strategies that ensure appropriate food access are required and should include a combined approach from clinical, government and third sector agencies (European Nutrition for Health Alliance et al, 2006).

## References

- Cruz-Jentoft AJ, Baeyens JP, Bauer JM. et al (2010) 'Sarcopenia; European Definition and Diagnosis.' *Age & Ageing* 39(4): 412-423.
- Department of Health (2011) 'National diet and nutrition survey: headline results from years 1 and 2 (combined) of the rolling programme (2008/9\_2009/10)'.
- European Nutrition for Health Alliance, British Association of parenteral and enteral Nutrition & International Longevity Centre UK. 2006. Malnutrition among older people in the community: policy recommendations for change.
- Fried LP, Tangen CM, Walston J et al (2001) 'Frailty in older adults: Evidence for a phenotype' *J Gerontol A Biol Sci Med Sci* 56A (3); M146-M156.
- Hypponen & Power (2007) 'Hypovitaminosis D in British adults at age 45 years: a nationwide cohort study of diet and lifestyle predictors.' *Am J Clin Nutr.* 85:860-868.
- Millward DJ., Layman DK., Tome D et al. (2008) 'Protein quality assessment: impact of expanding understanding of protein and amino acid needs for optimal health.' *Am J Clin Nutr.* 87(Suppl): 1576S-1581S.
- Nelson M, Erens B, Bates B, Church S, Boshier T. (2007) Low Income diet and nutrition survey. Summary of key findings. London: TSO.
- NICE (2004) Clinical Guideline 21 'The assessment and prevention of falls in older people.'
- Russell C & Elia M (2012) 'A nutrition screening Survey in the UK and Republic of Ireland 2011. A report by the British Association of Parenteral and Enteral Nutrition (BAPEN)'
- Scottish Government (2011) Scottish Health Survey: Topic Report: Older people's Health.
- Stamner, Thompson & Buttriss, (2009) 'Healthy Aging: The role of nutrition and lifestyle.' British Nutrition Foundation: London.



# Policy and Practice

Contribution by Sue Rawcliffe, Development Officer, Community Food & Health Scotland

In December 2011, the Scottish Government adopted a new national outcome

*Our people are able to maintain their independence as they get older and are able to access appropriate support as they need it.*

This is in addition to the established national outcome that *we live longer healthier lives.*

These outcomes are echoed in the findings of the recent UNFPA report which looks at progress in policies and actions taken by governments and stakeholders in implementing the Madrid International Plan of Action on Ageing.

‘...good health must lie at the core of society’s response to population ageing. Ensuring that people, while living longer lives, live healthier lives will result in greater opportunities and lower costs to older persons, their families and society’.<sup>1</sup>

Food and adequate nutrition are fundamental to good health and this has long been recognised in Scottish policy. All our Futures: Planning for a Scotland with an Ageing Population committed the Scottish Government to ‘explore the particular needs of older people in relation to food and health and introduce best practice guidelines and nutritional and catering standards in a wide range of settings for older people’<sup>2</sup>, and Recipe for Success – Scotland’s National Food and Drink Policy, looked to “...support vulnerable groups, including those living in rural areas and the elderly living in the community, by evaluating the evidence and potential actions around access to affordable healthy food”.<sup>3</sup>

At the same time the Reshaping Care agenda aims to develop services focused on prevention and the maintenance of independence and for ‘community support for older people to be enlisted and mobilised, through volunteering community enterprises and care co-operatives’.<sup>4</sup> This links to a public sector reform agenda that emphasises the co-production of services and asset based approaches.

Recent proposals for the integration of adult health and social care speak of achieving ‘consistency of outcomes across Scotland so that people have a similar experience of services...whichever health Board or Local Authority area they live within, while allowing for appropriate local approaches to delivery’, with one of the seven outcomes outlined being Healthier Living.



**What we know from those working in the field is that older people in Scotland face a number of barriers in terms of their ability to access the affordable healthy food they need to maintain optimum health.**

Research by Community First Moray across 100 older people in Moray found that 76% of interviewees identified problems with shopping for food and 10% did no shopping at all.<sup>5</sup> Recent research by Age UK this year, suggests that “while only 8% of those aged 60-64 have difficulty shopping for groceries, this rises to 19% for those aged 80-84 and 60% for those aged over 90.”<sup>6</sup> Getting to a shop, particularly for those living in rural areas, can be difficult, and once in store, older people report issues in relation to store lay out, shelf heights, lack of adequate rest and toilet facilities. Carrying heavy shopping home is also a major barrier. There have been significant rises in food prices and this has a particular impact on many older people who live on a fixed income. This is compounded by the fact that shopping for one is often more expensive and money saving offers and lower delivery charges are reserved for those buying larger amounts.

- 91% of the older people in the Moray survey did their own cooking, with 77% of them having a hot meal every day and 20% nearly every day.
- The interviewers were concerned by the three people who had a hot meal just once or twice a week.

**For older people who are unable to access or prepare their own food, local authorities provide a range of food services. Research conducted jointly by Consumer Focus Scotland and Community Food and Health (Scotland) into food services for older people living at home in the community, found a mixed picture and identified significant differences between the range, cost and accessibility of services in different parts of the country.**

**Of the five key types of services - hot meals, frozen meals, lunch clubs, shopping services and assistance with meal preparation as part of personal care support - 13 local authorities provided just one (most usually frozen meals) and only one local authority offered all five. There were variations in cost - hot meals ranged from £1.23 per meal to £3.42 and lunch clubs from £1.23 to £3. There also appeared to be significant differences between one local authority delivering 700 hot meals per day while another with a comparable population of people aged 65 and over, provided 145 frozen meals. The services were generally welcomed, valued and relied upon by the people who received them, most of whom had very little alternative, but where the service was not meeting their needs, there was a reluctance to make a fuss or complain.**

Scotland has a strong tradition of community food initiatives, in which older people have always been involved, both as providers as well as recipients of services. They have always made a substantial contribution to supporting older people within communities to eat well and many of these are located within low income communities. Food Train is an example of one such initiative developed by older people in Dumfries which is now being adopted across Scotland.

Initiatives include everything from community gardens, shopping services, lunch clubs, healthy eating information sessions, cooking classes, food co-ops. Recent micro funding from CFHS provided support to twenty different initiatives across Scotland, supporting work involving older people around food and health. These ranged from creative approaches to thinking about food and health with people with dementia to a new lunch club developed by a community support agency in Thurso.

When asked about the impact of their work, initiatives described the outcomes they provide for older people as follows:

- Improved food access – access to fresh produce via delivery services, community gardening, food co-ops, community meals
- Increased affordability – cooking from raw rather than processed food, access to smaller quantities/ manageable amounts, shopping and budgeting sessions
- Opportunities for social eating – meals, lunch sessions, community cafes
- Access to targeted information on healthy eating / diet – healthy eating sessions, information leaflets, creative approaches involving storytelling / food memories
- Increased food skills - cooking for one sessions, cooking for men sessions, cooking with residents in sheltered housing
- Increased social capital – meeting new people, involvement in community celebrations, revitalising existing groups, intergenerational work, information on other local services/ initiatives
- Opportunities to volunteer and provide activities involving food for their peers

They also described very real challenges in trying to build sustainable projects. Particular issues were in relation to short term funding, difficulties in securing core funding, the complexities of partnership working and how small initiatives thrive in what is a fast moving policy and practice area. Initiatives are looking for what they called ‘a facilitative environment’ where key partners work to support them to do what they do best – contribute to supporting older people in their communities to eat well.



- 1 Ageing in the Twenty-First Century: A Celebration and A Challenge. United Nations Population Fund. 2012
- 2 All our Futures: Planning for a Scotland with an Ageing Population. Scottish Government. 2007
- 3 Recipe for Success – Scotland’s National Food and Drink Policy. Scottish Government. 2009
- 4 Reshaping Care for Older People - A programme for change 2011 – 2021 Scottish Government .2011
- 5 Moray Older People’s Survey on Food and Related Issues. CFHS .2009
- 6 Food Shopping in Later Life. Barriers and service solutions. Age UK. 2012

## Conclusion

From very humble beginnings, Food Train has grown organically and sustainably, taking great care to preserve its roots and spirit along the way. What exists today is a far cry from where it all began, but the core business of solving problematic food access by delivering groceries every week remains completely unchanged from that first week back in 1995, a clear sign that despite the world changing dramatically around us, our older population are still facing food access problems.

As a direct result of community action, Food Train's organic and sustainable growth has directly benefited the lives of a great many older people over the years through supported food access. A growing army of dedicated, passionate and hard working volunteers have played a very significant role in Food Train's growth, a shining beacon of community capacity building and co-production, paving the way for efficient, creative and flexible local services to local people.

The well evidenced and documented dietary needs of older people and the policy agenda addressing Scotland's demographic challenges demonstrate the need for Food Train to continue to grow, evolve and develop. Food Train has a vital role to play now and in the future to help ensure Scotland's growing older population don't go hungry.



## Supporting local older people at home

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