



**Department of Life Sciences
School of Health and Life Sciences**

**Food Train - Delivering more than groceries:
An evaluation of a grocery shopping service for
the over 65s and its benefits to independence,
wellbeing and eating habits**

Pamela Craig S1105792

**BSc (Hons) Human Nutrition and Dietetics Honours
Project**

Submitted April 2015

**This project is my original work and has not been submitted elsewhere in
fulfilment of the requirements of this or any other award.**

Word count: 11,405

Abstract

Introduction: Malnutrition is common amongst older people, with 10% or more of those over 65 thought to be affected. Food Train provides a volunteer-led grocery shopping service for over 65s, where shopping lists are collected from customer homes, delivered and unpacked. Third sector services like Food Train are contributing to current Scottish Government public health agendas to improve food access, combat social isolation, promote independence, and help prevent malnutrition among the ageing population living independently. However, there is a lack of research into the impact of these services, particularly on wellbeing and eating habits of their customers.

Aim: This project aims to carry out an evaluation of the Food Train Glasgow service, by quantitative analysis of customer satisfaction survey results, sources and reasons for referral to the service. A small number of qualitative customer interviews will gather views of the service and its effect on wellbeing and eating habits and a short dietary assessment will allow for comparison with UK dietary recommendations.

Methods: Mixed methods design. Descriptive statistical analysis of one hundred and fifty-nine referral forms and thirty-nine 2014 customer surveys. Five semi-structured interviews were recorded, transcribed and thematic content analysis conducted to identify themes, in particular, views of the service and its benefits to wellbeing and eating habits. A short dietary assessment carried out during each interview and analysed using Dietplan 6 dietary software.

Findings: The service was found to be of value and importance to the customers, which clearly provides benefits to wellbeing and reduction in anxiety over food provision and accessibility. The main themes identified concerned social isolation, independence, food security and benefits of Food Train. The effect on eating habits was difficult to determine due to other barriers to eating a balanced diet common in older adults. The general adequacy of the diets assessed was variable, with some concerns regarding overall composition and micronutrient intake common to the Scottish/UK population.

Conclusion: This evaluation highlighted the benefits of a grocery shopping service to independence and general wellbeing of over 65s. It has identified sources of referrals which could be developed further to reach potential customers who could benefit from the service in future. Additionally, there may be potential benefit to customers' dietary intake if general dietary advice was provided to Food Train customers. More detailed research into the effect on eating habits may be useful.

Acknowledgements

Acknowledgement and thanks to Food Train, in particular the Glasgow branch for their continued support throughout. Additional gratitude to Dr Jennie Jackson, Lecturer in Human Nutrition and Dietetics (School of Health and Life Sciences at Glasgow Caledonian University), who provided expertise, support and advice throughout the project. Finally, special thanks to my family and friends for their support, in particular my husband Ross and mother Yvonne.

Table of Contents

List of Abbreviations	6
1 Introduction	7
1.1 Malnutrition in the UK: Definition, incidence and aetiology	7
1.2 Nutritional Requirements and Dietary intakes of older adults	10
1.3 Scotland's ageing population	11
1.4 Scotland's Public Health agenda for older adults	12
1.5 Community-based and third sector services supporting older adults to access good nutrition	14
1.6 About Food Train	15
2 Methodology	18
2.1 Literature review	18
2.2 Study design	18
2.3 Quantitative research methodology	20
2.4 Qualitative research methodology	21
2.5 Ethical Approval and consent	22
3 Findings	23
3.1 Analysis of Referral forms	23
3.2 Analysis of Customer Survey responses	28
3.3 Dietary assessment	34
3.4 Semi-structured interviews	37
4 Discussion	55
5 Conclusion	64
6 References	65
7 Appendices	73

List of Tables

Table 1 - Referrals by gender and age bracket.....	24
Table 2 - How those who self-referred found out about Food Train	27
Table 3 - Responses to ' <i>About your food choices</i> ' categorised by gender including as a total number and % of respondents.....	31
Table 4 - Current UK dietary recommendations for older adults	35
Table 5 – Results of individual intakes of energy, macronutrients, fibre, salt, fluid, fruit and vegetable intake	35
Table 6 - Major themes and sub-themes identified from semi-structured interviews	37

List of Figures

Figure 1 – Major causes and factors contributing to malnutrition	8
Figure 2 - Projected percentage change in Scotland's population 2012-2037.....	11
Figure 3 - Balance of Care in 2012.....	13
Figure 4 - Food train addresses food access issues of over 65s	16
Figure 5 - Study design - mixed methods	19
Figure 6 - Number of referrals by month/year	23
Figure 7 - Reasons for referral	25
Figure 8 - Sources of referral.....	26
Figure 9 - How Food Train has helped respondents.....	29

List of Abbreviations

BAPEN - British Association for Parenteral and Enteral Nutrition

CFHS – Community Food and Health (Scotland)

DRV – Dietary reference value

EAR – Estimated average requirement

MUST – Malnutrition Universal Screening Tool

NDNS – National Diet and Nutrition Survey

NICE - National Institute for Health and Care Excellence

RCOP – Reshaping Care for Older People

RNI – Reference nutrient intake

SACN - Scientific Advisory Committee on Nutrition

1 Introduction

The Food Train is one of a number of community-based services which is making a contribution to tackling malnutrition and social isolation in Scotland. It is a volunteer-led service for the over 65s which includes grocery shopping, home deliveries and household support services. It originated in Dumfries and Galloway in 1995 and has expanded to other areas in Scotland over recent years with Government funding and other sources of support. It helps those who struggle to shop for themselves for various reasons, such as frailty, difficulty accessing shops and mobility problems. The service enables older adults to obtain ingredients to cook meals at home, and therefore continue to live independently in their own homes for as long as possible.

This study will provide an evaluation of Food Train Glasgow branch and its effects on independence, wellbeing and eating habits. The introductory sections that follow will firstly provide a background to malnutrition and the complexity of issues Scotland currently faces in tackling malnutrition among older adults living independently. It will also introduce the existing evidence-base relating to the contribution of third sector initiatives in tackling the issues older people face in accessing food and good nutrition. This section will also provide further background information regarding the Food Train service itself.

1.1 Malnutrition in the UK: Definition, incidence and aetiology

In the UK, it is estimated that 3 million people are malnourished or at risk of malnutrition at any one time, with associated costs of around £7.3 billion per year. Ninety three percent of these people are living in the community setting (BAPEN, 2008). Malnutrition is often poorly diagnosed, but is thought to affect over 10% of those over 65 living in the community (Wilson, 2013).

Malnutrition has no universally accepted definition, but a widely accepted one is '*a state of nutrition in which a deficiency or excess (or imbalance) of energy, protein, and other nutrients causes measurable adverse effects on tissue/body form (body shape, size and composition) and function, and clinical outcome*' (Elia, 2000). Common symptoms of malnutrition can be unintentional weight loss, weak muscles, feeling tired,

low mood and increased illness or infection. The National Institute for Health and Care Excellence (NICE) defines a person as being malnourished if they have a body mass index (BMI) of less than 18.5 kg/m², or unintentional weight loss greater than 10% within the past 3–6 months, or if a person has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the past 3–6 months (NICE, 2006).

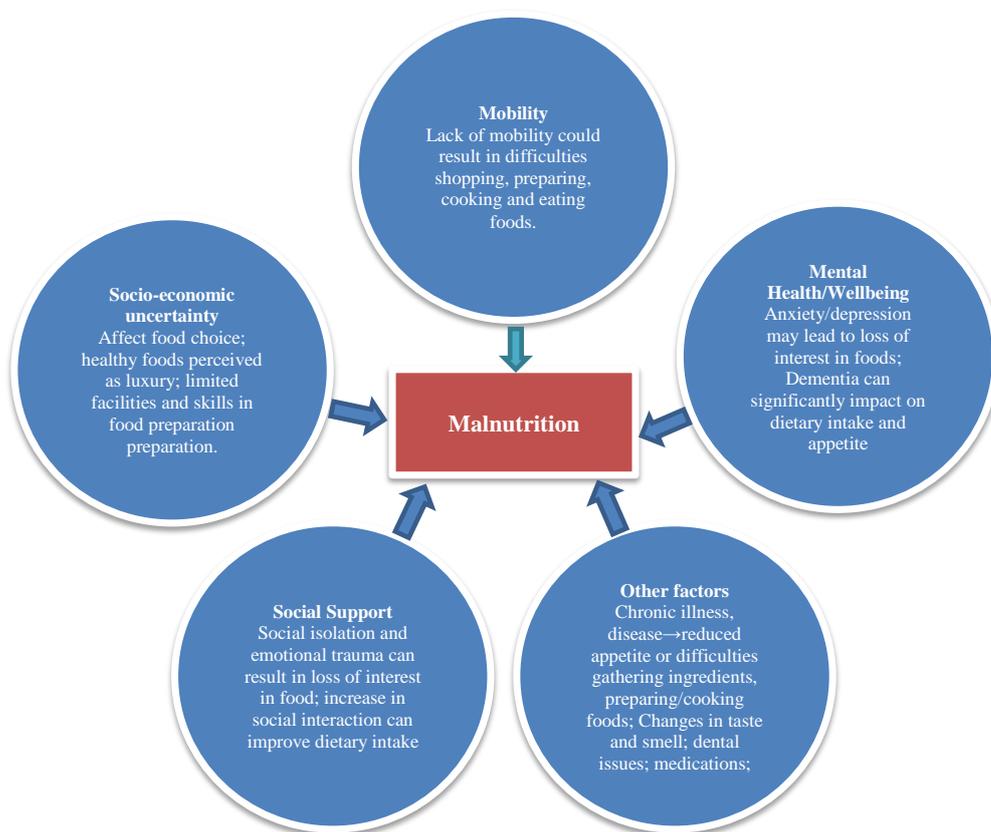


Figure 1 – Major causes and factors contributing to malnutrition (Gandy, 2014; Scottish Government, 2009a)

The underlying causes of under-nutrition are multifactorial and most commonly linked to disease-related malnutrition (Figure 1). Illness or chronic disease may lead to increased energy and protein requirements and reduced appetite. Furthermore, malabsorption may affect nutrient status, and incontinence may disturb normal eating and drinking patterns. Medications may cause symptoms such as constipation, or decrease absorption of nutrients, and affect appetite and timings of meals. Malnutrition may also affect those who are housebound or with limited mobility, those with difficulties accessing local shops along with those who are socially isolated. Food poverty can also be a factor, with estimates that 16% of pensioners in Scotland are classed as having low income, which rises to 22% for those aged 85 and over (Scottish

Government, 2011b). Additionally, if local services are poorly coordinated following hospital discharge, patients could be at risk of 'slipping through the gaps', becoming isolated with little or no support and access to food (Patients Association, 2011).

BAPEN (2006) highlight the need to dispel the myth that thinness is just a normal part of the aging process. It is true that as the ageing process advances, lower activity levels and changes in body composition resulting in an increase in fat mass and reduction in lean muscle mass, can result in a reduction in energy requirements (Gandy, 2014). This can lead to low appetite, poor dietary intake and insufficient macronutrients and micronutrients for health. If not treated, this may result in a gradual weight loss, decline in nutritional status and malnutrition. Malnutrition may also occur in those who are overweight and obese, but may be overlooked in those who appear to be well nourished. Screening methods such as the Malnutrition Universal Screening Tool (MUST) is used to detect malnutrition, although may be currently underused in the UK (Gandy, 2014).

Malnutrition has been shown to have both health and financial implications. Evidence shows it can prolong recovery, increase number of infections and length of hospital stays (Wilson, 2013). In fact, a study found malnourished people saw their GP twice as often, had three times the number of hospital admissions and stayed in hospital more than three days longer than those who were well nourished (Guest et al, 2011). Malnutrition can also contribute to reduction in quality of life, increased frailty and rate of functional decline (Topkinova, 2008). The annual financial costs of malnutrition equate to around £7.3 billion in the UK, half of which is estimated to be for those over 65 years (BAPEN, 2006).

Just as poor nutrition has its implications, good nutrition has its benefits. Having access to a good balanced diet is key to promoting healthy ageing, good dentition, bone and joint health and protection against many age-related conditions such as cardiovascular disease and cognitive decline. Therefore, eating a good diet could minimise the period spent living with chronic disease and disability (Dangour et al, 2007). Therefore, it is essential that those living in the community setting are able to access a good diet, both of good quality and quantity in order to continue to live independently in their own homes for as long as possible, with good health and to minimise health and social care costs in the longer-term.

1.2 Nutritional Requirements and Dietary intakes of older adults

Nutritional guidelines for older adults are similar for the general population and include following a healthy, balanced diet based on the Eatwell plate (Food Standards Agency, 2015). However, the reduction in energy requirements overall and complex factors affecting dietary intake make it more difficult for older adults to meet nutritional requirements. Older adults should aim to consume a nutrient dense diet in order to provide the macronutrients and micronutrients needed for optimal health (Gandy, 2014). Particular micronutrients of concern among older adults are calcium and vitamin D, along with vitamin C, B vitamins, beta-carotene, iron and zinc. Those over 65 years are advised to take a supplement of Vitamin D of 10ug per day, since their ability to synthesise this may be decreased and more time may be spent indoors (DoH, 1991). Nutritional guidelines for older adults also address eating patterns to help meet requirements including having small, regular meals throughout the day, enhancing flavours, ensuring adequate fluid intake, improving the social aspects of mealtimes and increasing physical activity to improve appetite (Dangour, 2007; Caroline Walker Trust, 2005).

Older adults are a diverse group and therefore the quality, quantity and overall variety of foods that are consumed varies greatly, however, the ability to meet nutritional requirements generally diminishes with age (Gandy, 2014). Although 31% of Scotland's population over 65 are overweight (Scottish Government, 2011a) it is still possible to be malnourished due to a nutrient-poor, highly calorific diet. Research into dietary intakes of older adults is generally limited, however recent National Diet and Nutrition Survey (NDNS) statistics indicate intakes in Scotland are typical of the UK as a whole (NDNS, 2014). Results indicate higher than recommended levels of saturated fat and non-milk extrinsic sugars, low levels of fibre and a lack of some essential vitamins and minerals which could contribute to poorer outcomes including immune function and cognition (Caroline Walker Trust, 2005).

1.3 Scotland's ageing population

The successes of the modern world with advances in medicine and social care have led to increasing longevity and quality of life worldwide (Dangour et al, 2007). Scotland is no exception, with a 9% predicted rise in its population between 2012 and 2037 (NRS, 2012a). However, this increase is not spread evenly over the population. Projections indicate the number of people aged over 75 is likely to increase by around 28% from 2012 over the first ten years, and are likely to continue to rise to reach a total of 86% increase by 2037, see Figure 2 (NRS, 2012a). Furthermore, it is projected that there will be a significant increase in the number of single person households in Scotland, especially among those over 85 years (NRS, 2012b). The rise in males aged over 65 and living alone is expected to be 93% compared with 33% for females. The dramatic increase in the number of older males expected to be living alone seems to be a reflection of the gap in life expectancy closing. These figures will have serious implications for public health and social care services and their policymakers for the future.

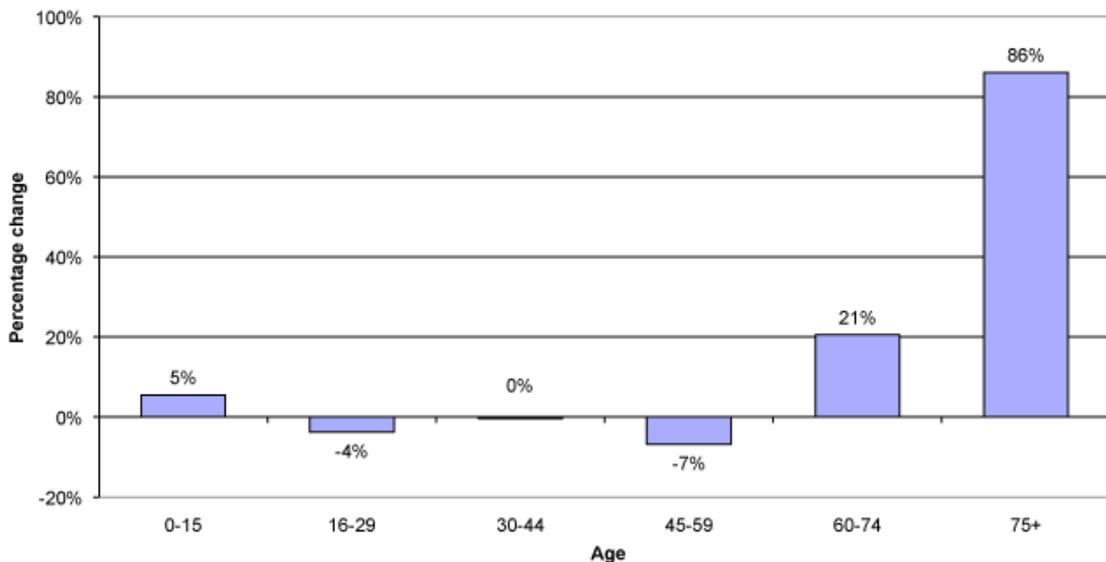


Figure 2 - Projected percentage change in Scotland's population 2012-2037 (NRS, 2012a)

In addition to the changing age demographics of Scotland, figures released in December 2014 (Scotpho, 2014) indicate a general improvement in Scotland's life

expectancy (LE) and healthy life expectancy (HLE). Boys born in 2013 are expected to live 77.1 years, with 60.8 years in a 'healthy' state. Girls born at the same time are expected to live 81.1 years with 61.9 'healthy' years. The significant gap between LE and HLE rates illustrates the increasing time spent living with chronic disease or disability. Life expectancy statistics tend to vary dramatically among different geographical areas and socio-economic groups (Dangour et al, 2007). In Scotland, differences in HLE among least deprived and most deprived quintiles are up to 20.8 years for males and 20.4 years for females. At one end of the 'scale', North and East Glasgow had the lowest life expectancy and healthy life expectancy. Geographically close-by East Dunbartonshire had the highest (Scotpho, 2014). These figures illustrate the health inequalities across Scotland that demand to be addressed.

In summary, the ageing population in Scotland is rapidly increasing, with many older people projected to be living alone, possibly with chronic illness or disability and for longer periods in the community. To keep those who choose to live in the community independent for as long as able, and to minimise public health costs for institutionalised care, Scotland will require increasingly comprehensive community-based health and social care packages with increased support from community initiatives and the third sector.

1.4 Scotland's Public Health agenda for older adults

In response to Scotland's persistently poor public health record, changing population demographic and environmental climate, the Scottish Government has recently begun the process of undertaking a public health review (Scottish Government, 2015). Its focus will be to explore ways that public health systems can improve health and wellbeing over the lifespan of the population and reduce health inequalities in Scotland. It aims to examine how 'joined up working' with local authorities, private and voluntary sectors can provide services to help optimise conditions for a healthier population. This is in line with Scottish Government's *'2020 Vision for Health and Social Care'* which are centred on prevention and supported self-management of public health (Scottish Government, 2012; Scottish Government, 2013a).

The shift towards prevention, ageing well and supported self-management is a relatively new concept, as public health agendas and research typically ignored the older population (Dangour et al, 2007). At the heart of the new agenda for older

people is ‘Reshaping Care for Older People’ (RCOP). It aims to change the way our services care for older people, recognising the diversity among the older population by making services more personal and putting them at the centre of care services (Scottish Government, 2013b). With older people predominantly choosing to live in the community over institutionalised services, the agenda aims to allow older people more independence at home, with control of their own decisions about care, rather than having decisions made for them.

The Balance of Care in 2012 - Most money was spent on hospital and long-stay care

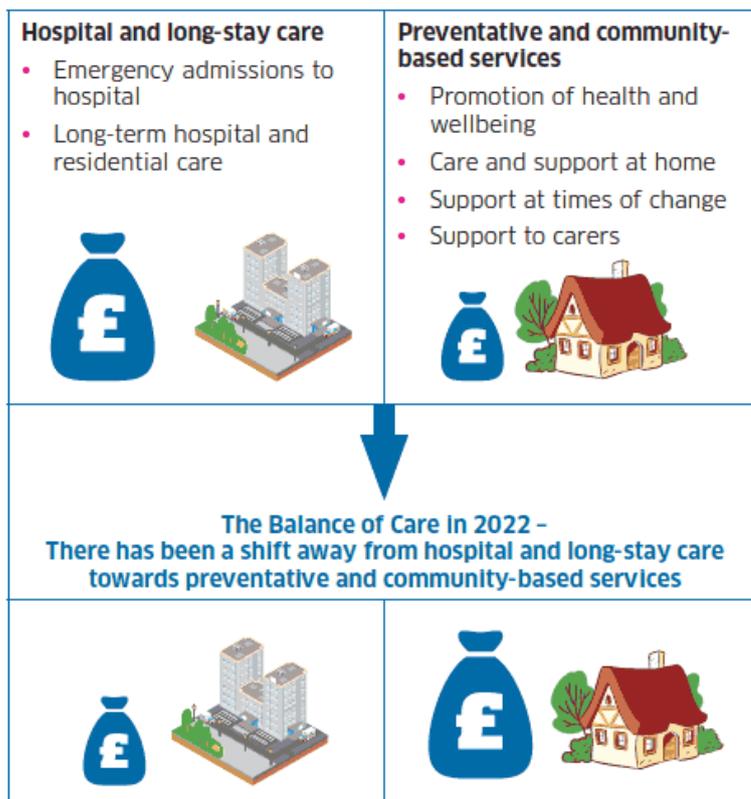


Figure 3 - Balance of Care in 2012 (Scottish Government, 2013b)

The ‘Balance of Care’ model from 2012 to 2022 (Figure 3) illustrates the planned shift from institutionalised care to preventative and community-based services, and associated shift in budget. This will have implications for health and social care services, and a resulting increase in requirements and reliance on community-based services which support older adults in their own homes.

1.5 Community-based and third sector services supporting older adults to access good nutrition

The shift in the balance of care along with the increasing ageing population is likely to further exacerbate the problem of malnutrition. In response, there are now a growing number of national and local community initiatives within the community and third-sector which help address issues with food access. They help fill gaps of existing health and social care services to help older adults continue to live independently. For example lunch clubs, food cooperatives, meal delivery services and 'food trains'. Many also have the added benefit of social interaction needed for wellbeing (Dean et al, 2008; Orellana, 2009).

The considerable shift in focus towards community-based services means there is a need for further evidence and evaluation of their effectiveness and contribution to helping older people access good nutrition and live independently (CFHS, 2011; Wilson, 2013; Evaluation Support Scotland, 2014). Until recently, there has been limited research into the impact of these services on their users (Scottish Government, 2009a). Emerging evidence supporting these initiatives includes '*Meals and Messages*' (CFHS, 2011) which reviewed local initiatives that address food access and social isolation in three different communities in very different parts of Scotland. It found that a wide range of services were on offer including breakfast and lunch clubs, some targeting ethnic minority communities, cooking classes, 'grow your own' projects, food co-ops, outings and trips with nutrition and healthy eating advice. However, they found gaps in terms of the services provided, frequency and geographical coverage. Findings highlighted that the social interaction provided by these initiatives was just as important to the older people as the food access itself. The report outlined the need for engagement with users of these services in order to provide what is needed, so they are at the heart of local services and their aims. It also highlighted that a high level of commitment from volunteers was required for these services to be viable, along with a concern for the sustainability of the funding which is required to run these services. It made recommendations to ensure that people who may need the services most are able to access them, including greater access to information on local services. It also recommended that the Scottish Government should engage (and fund) community and volunteer organisations to address gaps in availability and access to food services, recognising the important role they play in access to good food for older people and also as a source of social contact (CFHS, 2011).

Further evidence and review of a number of these services is also contained in Scotland's '*Older People Eat Well Literature review 2014 (Stitch in Time)*' which sits within the '*Older people's outcomes framework*' (Evaluation Support Scotland, 2014) and also Malnutrition Tasks Force's '*A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions*' (Wilson, 2013). However, to date, there has still been relatively little research into the impact, views and perceptions about community-based and third sector services that aim to improve food access across Scotland.

1.6 About Food Train

The Food Train originated in Dumfries in 1995, born from the survey of a community of people who recognised the burden of shopping for older people living in their own homes and sheltered housing, along with the social isolation which many find themselves in older age. In response, Food Train formed partnerships with local shops, and fresh groceries began to be delivered to those in need due to frailty, difficulty accessing shops and mobility problems. They offer their services to the over 65s which includes grocery shopping home deliveries, befriending and household support services, assisting their customers to live at home independently for as long as they are able. Referrals to the service come from a variety of sources including social work and health care professionals, and customers are able to self-refer to the service. There is an annual membership of £1 and delivery of groceries is offered at a cost of £3. The membership also allows members the unique position of having some say over the direction and aims of Food Train. Food Train has operated very successfully, and strategic researching and planning by the founding members has allowed expansion into Stirling, West Lothian, Dundee, Glasgow and Renfrewshire, along with the help of support from The Scottish Government, CFHS and The Rank Foundation. Food Train aims to expand further geographically to help bring food access and social contact to a wider number of Scotland's older population (Food Train, 2015).

The shopping and delivery service itself is a simple process where customers complete a blank shopping list, which is then collected by volunteers usually on a Monday. At this time a blank shopping list is given to the customer for their next shopping list. The grocery shopping is completed and delivered by a team of Food Train volunteers at local shops on a nominated day. Shopping is delivered in a box or number of boxes,

Page | 15

which are carried into the customers home, unpacked and items put away if required. The customer pays for the shopping and the £3 delivery charge either by cash, cheque or pre-paid account.

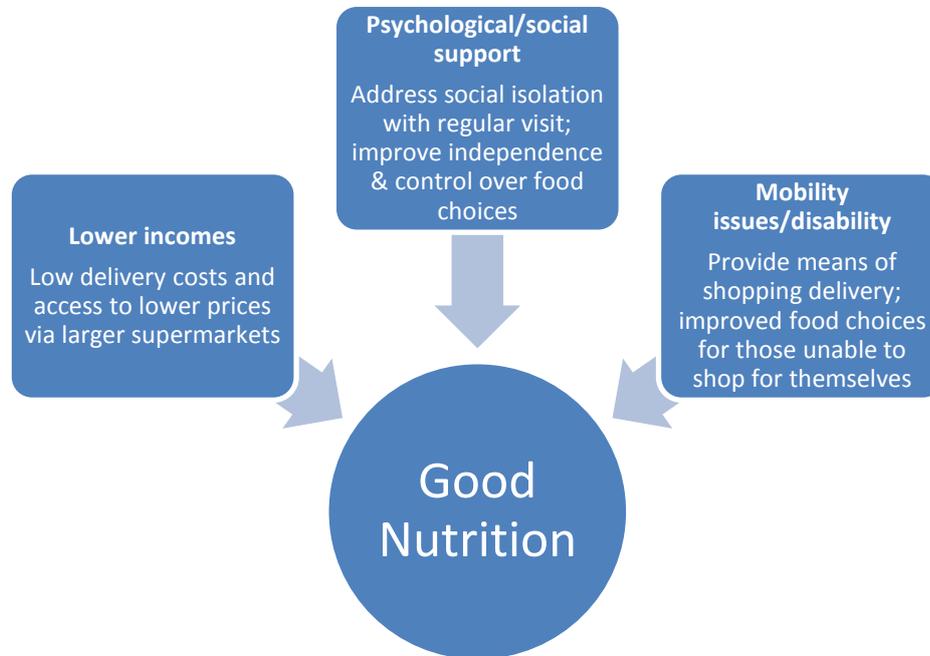


Figure 4 - Food train addresses food access issues of over 65s

BAPEN's '*Malnutrition among Older People in the Community: Policy recommendations for change*' outlined many issues with food access (BAPEN, 2006). Food Train addresses many of these (Figure 4). Formal reports into Food Train have identified its importance as a reliable and cost effective resource for older adults living independently in the community, and as a means of minimising costs (Lacey, 2010, Leven, 2011). One report also highlighted that no data existed relating to the reasons for referral to Food Train, or the sources of referral e.g. doctor, social worker (Lacey, 2010). Food Train also feature in a number of other reports (CFHS, 2011; Evaluation Support Scotland, 2014; Newell et al, 2005; Wilson, 2013). Although these reports provide evidence to support Food Train's contribution in improving outcomes in food access and independence, further evaluation and evidence relating to the benefits, effects on customers' independence, wellbeing and eating habits may be beneficial.

The Glasgow branch of Food Train was launched in early 2013, and has grown considerably since then, with around 200 customers and approximately 6 new referrals

per week. Although there is anecdotal evidence that the Glasgow service appears popular with clients, this branch has not undertaken a formal evaluation of their service since its inception in January 2013. Other than annual surveys, data has not been collected on customers' views and perceptions of how Food Train Glasgow has affected their wellbeing, eating habits and diet quality. Such information could be valuable in helping to secure further funding, and would provide valuable feedback to assist in development of customer-focused aims for Food Train services. It would help to inform how services like Food Train could contribute to prevention and treatment of malnutrition and its associated costs in future. Additionally, no formal review of referrals to the service and their sources has been undertaken to date (Lacey, 2010). This could provide valuable data to inform of future methods of increasing awareness, and maximising potential cross-referrals from other sources, such as health and social care services.

The aims and objectives of this project are as follows:

Aims:

- To undertake an evaluation of the Food Train Glasgow branch including the views of its customers on the effect on their wellbeing and eating habits, and provide insight into sources and reasons for referrals.

Objectives:

- Conduct a literature review to report on the complexity of issues Scotland currently faces in tackling malnutrition among older adults in the community, and review the contribution of third sector initiatives in tackling malnutrition and food access/availability in Scotland.
- To analyse responses from Customer Satisfaction Surveys administered in 2014.
- To interview a small sample of customers to explore the views and benefits of the service to their wellbeing and eating habits. This will also include a short dietary assessment to assess quality of the diet compared with UK Dietary Reference Values (DRVs).
- To analyse the reasons for and sources of referrals received to the Glasgow service.

2 Methodology

2.1 Literature review

A background literature search was completed at initial planning stages, which informed the researcher of current issues in tackling malnutrition, and barriers and local initiatives which aim to improve food access among older people. A further, more detailed review was conducted to explore current evidence relating to evaluation and impact of services like Food Train and any areas where research is required or gaps in knowledge. This included gathering information from relevant websites and publications conducted by CFHS, Malnutrition Task Force, BAPEN and Caroline Walker Trust.

An exploratory, but not exhaustive MEDLINE (Proquest) search was also carried out with search terms as follows: malnutrition, underweight, older adults or elderly, 65 years and over, dietary intake, food access, food poverty, grocery shopping service, social isolation, independence, wellbeing. A review of literature is presented in Section 1.

2.2 Study design

This study required the collection and analysis of quantitative data from existing customer satisfaction surveys, referral forms and dietary assessment and also required a qualitative approach in order to gather the views and experiences of Food Train customers. Therefore, a mixed method approach was identified as the best strategy. This is defined as '*the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study*' (Johnson & Onwuegbuzie, 2004). Although traditionally viewed and used as completely opposite paradigms of research, there has been an increase in this 'third paradigm' of research in both healthcare and nutrition (Hickson, 2008) due to its ability to answer research questions more effectively and fully than use of one approach over another (Johnson & Onwuegbuzie, 2004). Quantitative research is an objective process, conducted by analysis of numerical and statistical data to test a pre-determined hypothesis or theory, and can result in more abstract outcomes, and may miss key themes which are outside of the hypothesis. Qualitative approaches tend to be more creative and holistic, taking in the whole world view of its subjects and

uses an inductive process of discovery to understand a phenomenon using analysis of words, pictures or objects, resulting in rich, observational data (Hickson, 2008; Swift & Tischler, 2010). Each approach has its own merits and limitations, outlined fully in Johnson & Onwuegbuzie (2004). The mixed method design used in this study (Figure 5) answers the different research questions within the aims and objectives. It is also complementary and illustrative in design by elaborating, enhancing and clarifying results from one method using the results of another with the added advantage of triangulation of its results (Bryman, 2006). This allows for more comprehensive evaluation and understanding of the Food Train service, its referrals and experiences of its customers. Each approach and method applied will now be described.

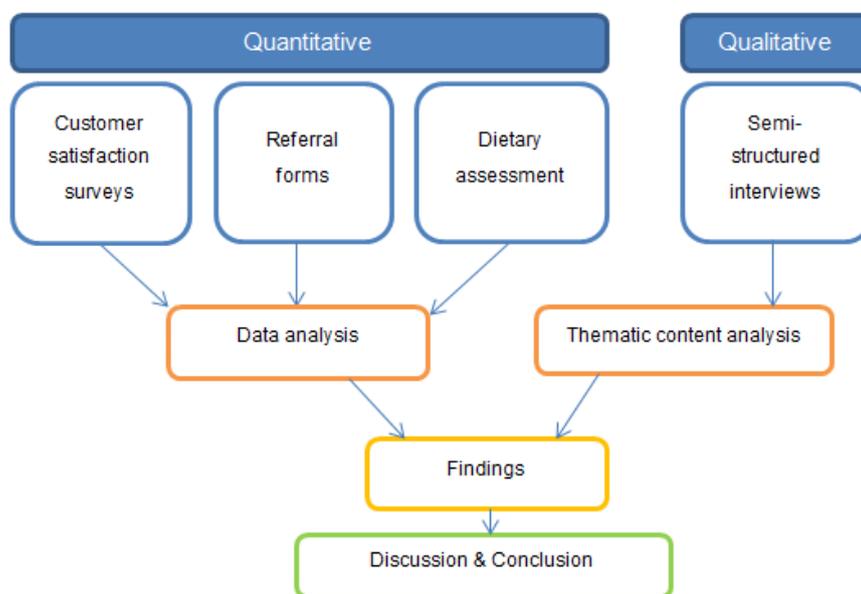


Figure 5 - Study design - mixed methods

2.3 Quantitative research methodology

Referrals and Customer Surveys

One hundred and fifty-nine referral forms and thirty-nine customer surveys (from 2014) were assessed by extracting information from records kept at Food Train Glasgow office. Since existing customer survey responses were already available, a separate questionnaire did not require to be devised. Referral forms were of a standard format for Food Train office use. Sample customer survey and referral forms can be found in Appendix A & B. Data was entered into SPSS, cleaned and checked for incomplete entries or anomalies. A series of statistical analysis methods were conducted with each to provide descriptive statistics including frequency, descriptives, cross-tabulation and customised tables. Where customer referral forms or surveys had missing or incomplete data, statistics displayed in the results section take this into consideration and describe the number of available responses.

Dietary assessment

Five 24 hour dietary recalls were gathered during semi-structured interviews and additional notes were also taken at time of interview to add to overall assessment of diet and general eating patterns (Appendix H). The 24 hour recall method (Food Standards Agency, 2003; Medical Research Council, 2014) was selected as it could be conducted at the same time as semi-structured interviews with customers. Additionally, the level of effort required by participants for a more detailed multiple pass 24 hour recall method or weighed food intake record (FSA, 2003) was not thought appropriate for this age-group due to the higher respondent burden. Limitations of 24 hour recall method are acknowledged and will be discussed. Portion sizes were estimated from information provided and using Food Portion sizes (Food Standards Agency, 2002) along with knowledge of standard portion sizes gained from university degree training and practice placements. Dietary analysis was carried out using Dietplan 6 software (Forestfield Software Ltd, 2015) including comparison to UK Dietary Reference Values (DRVs) (DoH, 1991; SACN, 2011), see Appendix J.

2.4 Qualitative research methodology

Qualitative research was carried out by semi-structured interview. This method was selected since it offers flexibility by using general discussion points, probing and follow-up questions to enable themes to emerge and be explored (Swift & Tischler, 2010). Using this approach therefore allows for different standpoints or socially constructed realities to be captured, which could provide insight into their experiences and perceptions of Food Train which might have been difficult to fully capture by a structured interview technique with categorised responses only (Johnson & Onwuegbuzie, 2004).

Sampling & Recruitment

Participants were selected for interview while the researcher was volunteering with Food Train during summer and autumn 2014. They were selected by convenience sampling mainly, with consideration of maximum variation within this to represent a variety of Food Train customers' views and perceptions.

Potential participants were first approached in person by giving information about the research and being provided with an information sheet and consent form (Appendix C & D). Due to the vulnerability of Food Train customers, the Food Train Glasgow manager followed this up with a telephone call to answer any questions and confirm consent to participate. Customer telephone numbers were provided to the researcher with consent and they were contacted to arrange a suitable date and time for interview. A total of seven customers were approached, consent was not able to be obtained for two of these within the timescales necessary to complete the study.

Semi-structured interviews

Five semi-structured interviews were carried out by the researcher. Age of participants ranged from 70 to 84 years (four females and one male). Interviews took place at customers' homes which allowed for a naturalistic setting, observed and not manipulated by the researcher. Having the interview at home, along with having already met the researcher before enabled participants to feel relaxed and may have allowed for better rapport and findings (DiCicco-Bloom & Crabtree, 2006). This also suited the study group which included customers with poor mobility or those who were

housebound. Discussion points (Appendix E) were used to provide some structure to the interviews and prompt the researcher. Probing questions were used where more detail or clarification was required (Swift & Tischler, 2010). The duration of interviews was approximately 20-30 minutes. They were recorded using an Android device with voice recorder application. Recordings were transcribed by the researcher. Each participant was anonymised by replacing their name with a code, for example C1. Transcriptions included literal spelling and grammar to retain the culture identity of the participants as much as possible. However, excessive repetitions, false starts and faltering speech has been omitted to avoid cluttered text (Bailey, 2008). An advantage of transcription by the researcher allowed for the opportunity of familiarity with the data which is identified as beneficial for effective analysis (Fade & Swift, 2011).

Following transcription, thematic content analysis was carried out to identify themes and patterns (Green & Thorogood, 2004), in particular the views of the service and any benefits, particularly to wellbeing and eating habits. Findings were displayed to include quotations for each emerging theme, grouped together and summarised. These findings were used in discussion by integrating with other results to form conclusions.

2.5 Ethical Approval and consent

Application for ethical approval was made and granted by Glasgow Caledonian University Ethics Committee (Appendix F) and consent was also obtained from Food Train (Appendix G). Information sheets and consent forms were provided to participants in advance to allow for time to consider taking part and opportunity to ask further questions. They were made aware of their right to withdraw at any time. The researcher had an up to date Protecting Vulnerable Groups (PVG) scheme certificate as part of requirement as a student dietitian and as an existing Food Train volunteer.

3 Findings

3.1 Analysis of Referral forms

This section presents analysis of referral forms received between February 2013 and June 2014. This includes routes of referrals to Food Train Glasgow, reasons for referral and additional information available such as the customer demographics and shopping preferences. Discussion of these results will take place in the next section. A sample of the referral form is contained in Appendix B.

The total number of referrals analysed was 159. Figure 6 below describes the referrals received during this period. Between 4 and 18 referrals were received each calendar month, median of 8 (SD 3.7).

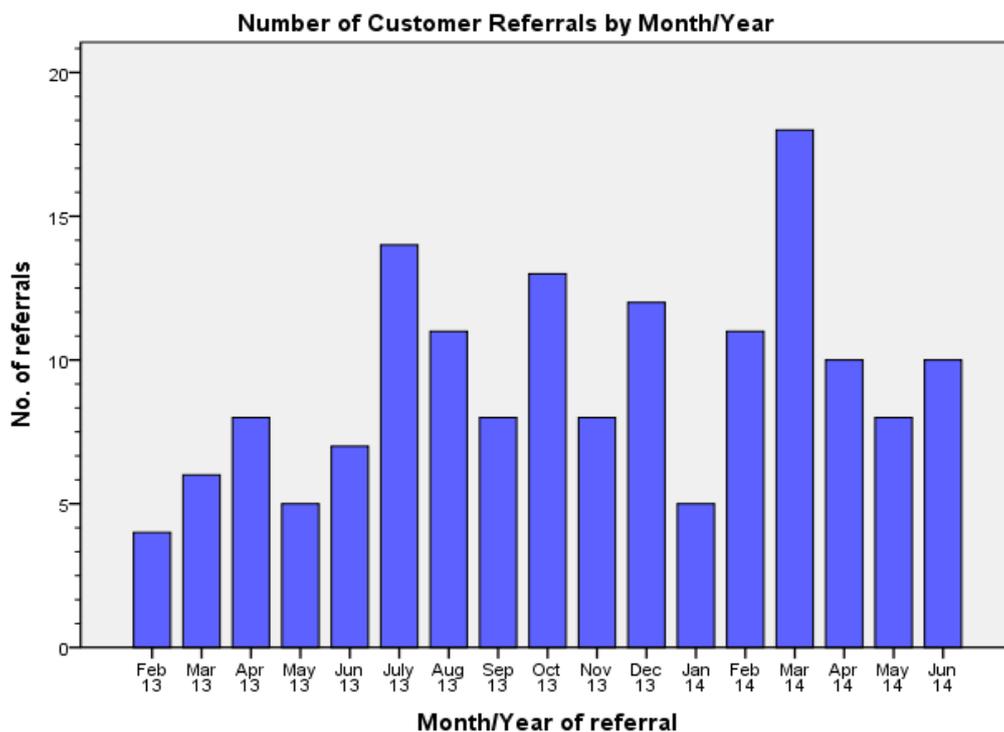


Figure 6 - Number of referrals by month/year

The age of customers referred ranged from 65-101 years, with more women than men (68.6% vs 31.4%). The mean age was 80.5 years (SD 7.7). Mean age was 78.4 years for males and 81.5 years for females.

Table 1 shows the number of referrals in each age bracket split by gender. Overall, the age bracket with highest number of referrals was 80-84 years (27%), followed by 75-79 years (18.9%), 70-74 and 85-89 years (both 17.6%). The age bracket with highest female referrals was 80-84 years (29.4%). The age bracket with highest male referrals was 70-74 years (26%).

Of the 159 referrals analysed, 61.6% were known to be Housing Association tenants and 25.8% were known to be receiving other care support packages such as household, personal or home call services.

Table 1 - Referrals by gender and age bracket

Referrals	Age bracket (years)							
	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
No. of male referrals	4	13	12	11	6	3	1	0
% of males	8.0%	26.0%	24.0%	22.0%	12.0%	6.0%	2.0%	0.0%
No. of female referrals	7	15	18	32	22	12	2	1
% of females	6.4%	13.8%	16.5%	29.4%	20.2%	11.0%	1.8%	0.9%
Total no. of referrals	11	28	30	43	28	15	3	1
Total % of referrals	6.9%	17.6%	18.9%	27.0%	17.6%	9.4%	1.9%	0.6%

A variety of reasons for referral were given and categorised, described in Figure 7. Among those who had given reasons (n=142), the most common reason given was *frailty/poor mobility* (59.2%). Other reasons were *hospital discharge* (9.9%), *struggling with shopping* (9.2%), *Alzheimer's/dementia* (5.6%), *housebound* (5.6%), *chronic illness* (4.2%), *disability* (3.5%), *registered blind* (2.1%), *cover for holiday* (0.7%).

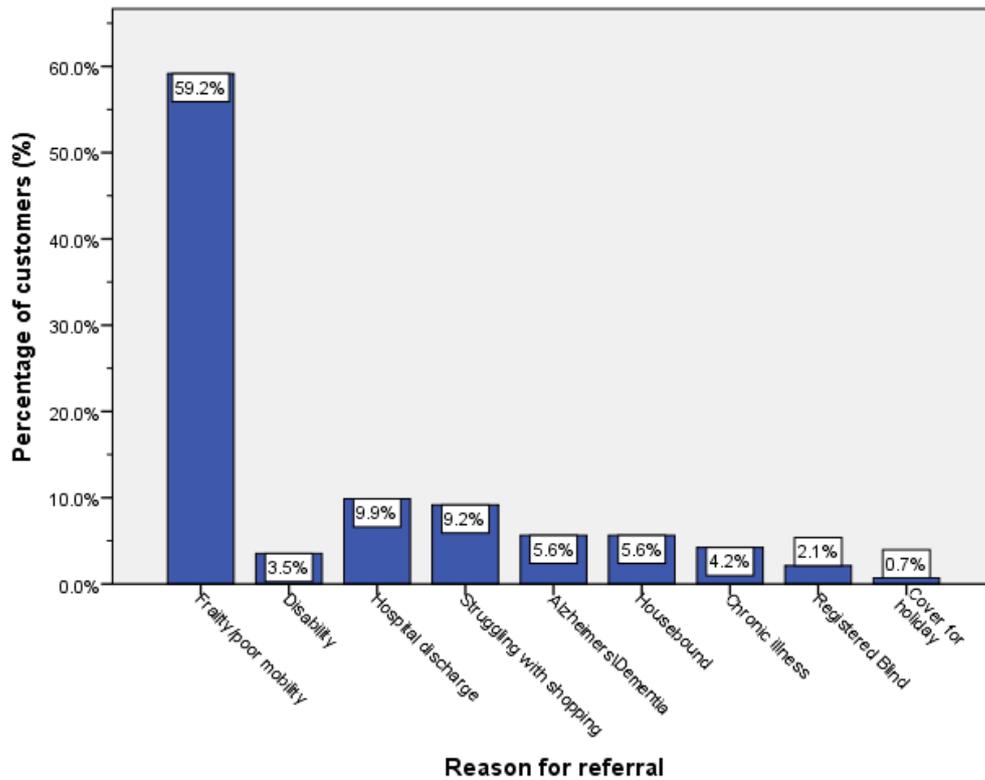


Figure 7 - Reasons for referral

Sources of referral to Food Train Glasgow were analysed and categorised (Figure 8). Of the sources of referral analysed (n=159), the majority of referrals were *self-referral* (47.8%), followed by *social work* and *housing association* (both 13.8%) *family member* (12.6%) and *nurse/health professional/GP* (9.4%).

Although self-referral was the most common source of referral for all ages, the general trends indicated that numbers of referrals from other sources such as family members, social work and housing association/wardens may increase with age. Small numbers of referrals from categories for nurse/health professional/GP and carer/support staff made trends for these sources difficult to interpret.

Further analysis of self-referrals revealed that 51.4% of females self-referred compared with 40% of males. Differences between males and females for other referral sources were unremarkable, other than a higher proportion of males being referred by social work compared with females (22% vs 10.1%).

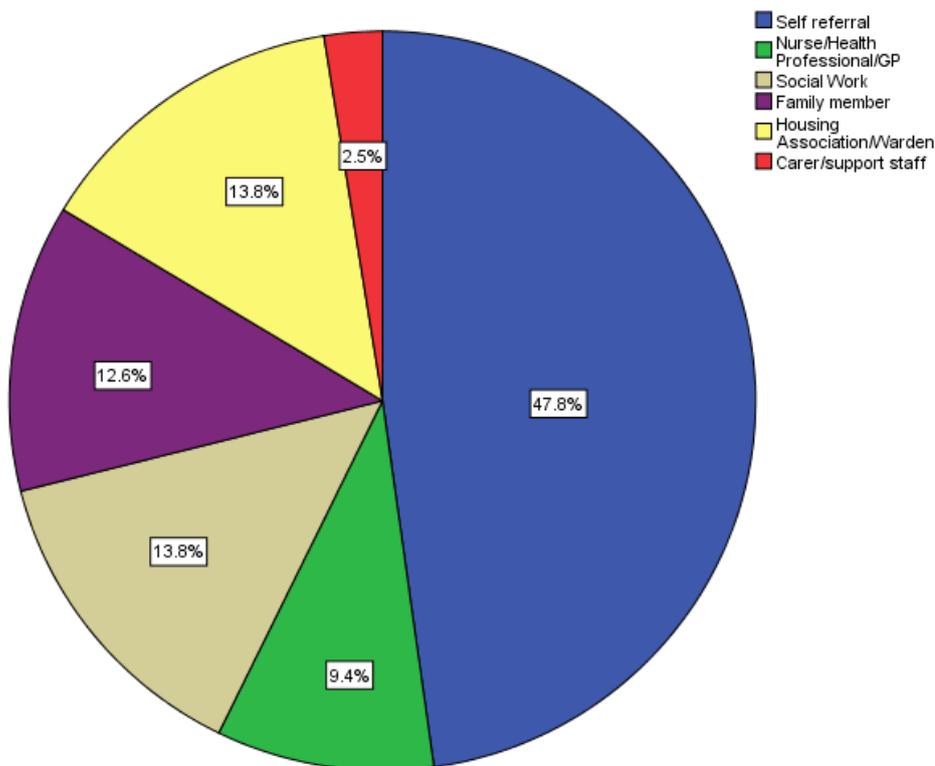


Figure 8 - Sources of referral

Separate data was also available about how customers found out about Food Train. Since self-referral was found to be the most common source of referral, it was possible to select these cases only (n=65) and identify how these particular customers found out about Food Train (Table 2). The most common methods found were from a *Food Train leaflet//website/presentation* (27.7%), *Housing Association/warden* (20%) and *GP/Nurse/Health Professional* (16.9%).

Table 2 - How those who self-referred found out about Food Train

How those who self-referred found out about Food Train		
	No.	%
GP/Nurse/Health Professional	11	16.9%
Friend/Family member	6	9.2%
Housing Association/Warden	13	20.0%
Social Work	10	15.4%
Carer/Support Service	6	9.2%
Other	1	1.5%
Food train leaflet/website/presentation	18	27.7%
Total self-referrals	65	100.0%

Data was available on how customers referred would like to inform Food Train of their grocery shopping list, either by collection from home or by telephone call. Of those referral forms which had a preference selected (n=157), the preferred method of collection of customer shopping lists was collection at home (66.5%) compared with providing the list by telephone (33.5%). A higher proportion of males preferred list collection at home compared with females (78% vs 61.1%). Of those aged 65-69 (n=11), just over half preferred to phone in their lists. The highest percentage selecting list collection from home was of those 90-94 year olds (n=15), of which 86.7% preferred collection from home.

Food Train customers can choose their shopping frequency at the time of referral. Grocery shopping frequency was categorised for 157 referrals, with the most popular frequency of shopping identified as *weekly* (73.9%) followed by *fortnightly* (14.6%), and *monthly* (3.8%). The vast majority of males prefer *weekly* (88%) followed by *fortnightly* (2%) and others yet to be confirmed. The majority of females preferred weekly, but interestingly, a higher proportion of females selected fortnightly (20.6%).

3.2 Analysis of Customer Survey responses

The total number of customer satisfaction surveys distributed to Food Train Glasgow customers in 2014 was 80, of these 39 responded (48.8%). These were analysed in order to evaluate the Food Train service in relation to the customers' experience of the service, its volunteers, benefits of the service, eating habits and food choices. Results are displayed in the following pages and discussion will take place in the next section. A sample of the Food Train customer survey is contained in Appendix A.

Within the first section '*Food Train shopping service*', respondents were asked about the length of time, quality and efficiency of the service and its volunteers. Of 39 responses, 43.6% were Food Train customers for *less than 6 months*, 35.9% between *6-12 months* and 20.5% were customers for *more than 1 year*. The quality and efficiency of the service was rated as *excellent* by 75.6% and *good* by 23.4% and 100% of responses were positive regarding Food Train volunteers being capable, friendly, willing and helpful.

When asked if they would be able to access a shop for food supplies if Food Train service was unavailable, only 2.6% of respondents said that they would be able to do so easily, while 43.6% of respondents said they would not be able to access alternative food supplies and 53.9% could access food, but with difficulty .

Customers were also asked to identify ways that Food Train helped them by selecting options from a list. Thirty seven customers responded, and responses to each option are displayed as a percentage by gender and as a total percentage of all respondents (Figure 9).

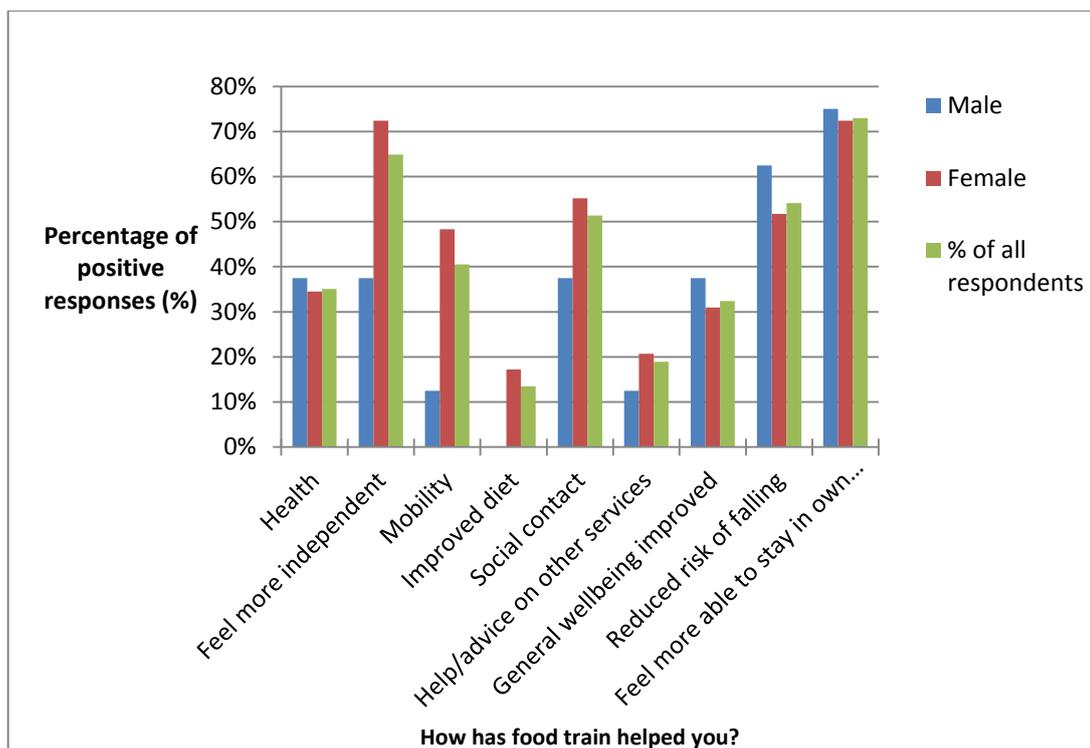


Figure 9 - How Food Train has helped respondents

In order of preference, the most positive responses were received for the following: *feel more able to stay in own home* (73%), followed by *feel more independent* (64.9%), *reduced risk of falling* (54.1%), *social contact* (51.4%), *mobility* (40.5%), *health* (35.1%), *general wellbeing* (32.4%), *help/advice on other services* (18.9%) and *improved diet* (13.5%).

The section *About You* asked for information relating to age and gender, living arrangements and whether respondents received any other care or support services. Of the respondents who answered (n=37), 78.4% were female and 21.6% were male. They were most commonly aged 80-84 years (37.8%), followed by 75-79 years (21.6%) and 70-74 years (13.5%). Of the female respondents, the largest age-group were 80-84 years (44.8%) and for males the largest age-group was 75-79 years (62.5%). Responses regarding living arrangements and other support services indicated that 81.1% lived alone and 45.9% did not receive any other care or home support other than Food Train.

In the section *About your food choices*, respondents were asked ‘*Since using Food Train have you changed what you eat?*’ Of the respondents to this question (n=32), 18.8% said yes. Additional comments were encouraged with regards to how this may

have changed i.e. positive or negative. Only one male respondent (aged 65-69 years) commented “*more fruit & veg, more variety, more fruit juices*”. When asked *Do you feel you get enough nourishment from your diet?* 100% of those who responded agreed (n=34).

Respondents were also asked ‘*What issues affect what you buy each week?*’ and ‘*Is there any help that you think would expand you food choices?*’. They were asked to select from a list of options for each question, ticking as many as they liked. Analysis of these responses was conducted based on the numbers of responses received for each option available and these were categorised by gender and as a total of all survey respondents (see Table 3).

The issues affecting what respondents buy each week were most commonly selected as *taste* (41.0%), followed by *price* (30.8%), *looking for healthier options* (28.2%), *effort it takes to cook* (20.5%), *texture* (17.9%) and *amount of waste from items* (7.7%). Both males and females responded most positively to taste, at 37.5% and 41.4% respectively. Price of food was selected more frequently by females compared with males (37.9% vs 12.5%). The most commonly selected options selected which respondents felt would help them expand their food choices in future were *ideas for meals* and *visit to a supermarket* (both 33%), *cheaper prices* (28.2%), *gadgets to help make cooking physically easier*, *help with food preparation* and *special cutlery to help at mealtimes* (all 10.3%) and *demonstration of cooking skills* (5.4%).

Table 3 - Responses to 'About your food choices' categorised by gender including as a total number and % of respondents

		Responses from males		Responses from females		Total responses	
		No. of females	% of males overall	No. of females	% of females overall	No.	Total % of respondents overall
Issues affecting what Food Train customers buy each week	Price of food	1	12.5%	11	37.9%	12	30.8%
	Effort it takes to cook	2	25.0%	6	20.7%	8	20.5%
	Amount of waste from items	0	0.0%	3	10.3%	3	7.7%
	Looking for healthier options	2	25.0%	9	31.0%	11	28.2%
	Taste	3	37.5%	12	41.4%	15	41.0%
	Texture	2	25.0%	5	17.2%	7	17.9%
Is there any help that would expand food choices	Cheaper prices	1	12.5%	10	34.5%	11	28.2%
	Ideas for meals	3	37.5%	10	34.5%	13	33.3%
	Demonstration of various cooking skills	1	12.5%	1	3.4%	2	5.1%
	Gadgets to help make cooking physically easier	1	12.5%	3	10.3%	4	10.3%
	Help with food preparation	1	12.5%	3	10.3%	4	10.3%
	Visit to a supermarket to see what is available	3	37.5%	9	31.0%	12	33.3%
	Special cutlery to help at mealtimes	1	12.5%	3	10.3%	4	10.3%

Respondents were also asked to provide any general comments and suggestions for improvements to Food Train. Comments received on the customer surveys were as follows:

“Food Train is a wonderful help to me and has helped me through a very difficult time”

(Female, Aged 65-69, living alone)

“I feel it is a god send. Previously my niece placed orders on her computer”

(Female, 85-89, living alone, receives care)

“Best thing that has happened to me in a long time”.

(Female, 80-84 years, living alone)

“Couldn't do without them. Food Train can get me alternative meals and fresh fruit & make suggestions”

(Female, 70-74 yrs, lives alone, receives care support)

“The service cannot be improved..courteous helpers each week..so cheerful”

(Female, living alone, 70-74 yrs, receives care support)

Comments (continued).

“It is a very helpful service and volunteers are all so helpful..I am so grateful for this service” (Female, 80-84, living alone)

“Everyone I have met is very nice & friendly”
(Female, 80-84 years old, living alone, receives care support)

“Able to get any food I ask for, makes things feel better for me”
(female 90-94, living alone, receiving care support)

“They are always cheerful & obliging and brighten my day”
(female, 90-94yrs, living alone, receiving care support)

“Unable to carry anything heavy”.
(Female 70-74 yrs living as a couple)

“Food train has taken a worry off my mind and I'm delighted with it”
(80-84 female, living alone)

3.3 Dietary assessment

In order to gather information on the eating patterns, composition and quality of the diet, a one day 24 hour recall dietary assessment was collected from the five Food Train customers who were interviewed. Analysis was carried out on an individual basis due to the small sample size. Appendices contain information gathered from individual dietary assessments (Appendix H) and analysis (Appendix J).

Overall eating patterns revealed that the majority of participants had three main meals per day, sometimes with one being a lighter meal and included at least one hot meal per day. Main meals were most often in the form of a pre-packaged ready-meal or tinned form. General food preferences were for traditional foods such as bread, porridge, soups, stews, steak pie, shepherds pie, sandwiches containing cheese or cold meats. Butter was the common choice of spread. Cheese and milk were regularly consumed. Snacking preferences included mainly biscuits, chocolate or sometimes fruit such as banana. Most preferred tea to drink throughout the day.

Dietary intakes were compared with recommendations in the UK. Energy intakes were compared with estimated energy average requirements (EAR) for the population based on the age and gender of subject (SACN, 2011). Macronutrient composition and intakes of fibre, sodium and fluid and fruit and vegetable intake were also compared with current UK dietary recommendations (DoH, 1991, EFSA, 2008). These are displayed as a measurement in grams (g) and/or percentage of total energy intake. Average intakes are also provided for the group (Table 4).

Overall, analysis of five 24-hour dietary recall assessments indicates variable energy intakes compared to EAR and adequate protein intakes. However intakes were generally high in fat, saturated fat and salt, and low in fibre, fluid, fruit and vegetables when compared with recommendations for the UK older adult population (Table 4 and Table 5).

Table 4 - Current UK dietary recommendations for older adults (DoH, 1991; EFSA, 2008; SACN, 2011)

Energy EAR kcal	RNI protein (g)	Carbohydrates (% of total energy)	Fat / Saturated fat (% of total energy)	Fibre (g)	Salt (g)	Fluid (ml)	Portions of fruit and vegetables
1840-2294 kcal*	46.5g (females) 53.3g (males)	50%	≤35 / 11%	~18g (individual range 12-24)	No more than 6g	1500ml	5

Table 5 – Results of individual intakes of energy, macronutrients, fibre, salt, fluid, fruit and vegetable intake

	EAR (kcal)	Energy intake kcal (% of EAR)	Protein g / (% of RNI achieved)	Carbohydrates (% of total energy)	Fat / Saturated fat (% of total energy)	Fibre (g)	Sodium/salt (mg)/g	Fluid (ml)	Portions of fruit and vegetables
C1 (Female)	1912	1671 (87%)	54.1 (116%)	50.7	36.3/ 17.7	8.6	3366 / 8.4	1528	3.5
C2 (Female)	1840	2260/ (122%)	60.5 (130%)	52.4	36.9/19.0	10.3	2385 / 5.9	1422	2.5
C3 (Female)	1840	1731 (94%)	76.5 (165%)	47.1	35.2/17.3	8.7	1334 / 3.4	1685	2
C4 (Female)	1840	2185 (119%)	73.8 (159%)	43.4	43.1/ 20.0	13.6	4046 /10.1	1309	3
C5 (Male)	2294	1307 (57%)	41.7 (115%)	41.1	37.6 / 19.5	8.3	1784 / 7.1	906	1.5
Average	1945	1830 (94%)	61.3 (115-131%)	46.9	37.8 / 18.7	9.9	2583 / 6.5	1370	2.5

*EAR based on age and gender for each individual, actual requirements may vary (SACN, 2011)

In addition, to assess overall adequacy of micronutrient status, vitamin and mineral intakes were compared with reference nutrient intakes (RNI) (DoH, 1991). Intakes varied, however, a number of micronutrients of importance to older adults were found to be lacking in more than one individual including Vitamin D, iron, zinc, folate, copper, selenium, iodine, Vitamin A and calcium. Intakes of vitamin A, vitamin C and B vitamins were generally adequate (Appendix J).

3.4 Semi-structured interviews

Five semi-structured interviews with Food Train customers allowed deeper exploration of the views and perceptions already gathered by the customer satisfaction surveys along with other important related themes. A number of major themes and sub themes were identified and are outlined in the Table 6. Each will be described and illustrated using quotations taken from transcriptions throughout this section (Appendix K).

Table 6 - Major themes and sub-themes identified from semi-structured interviews

Sources of social contact	Friends/relatives
	Neighbours
	Getting out and about
The role of Food Train in independence, wellbeing and eating/shopping habits	Overcoming barriers to food access/availability
	Feelings of burdening others
	Consistent access and ability to obtain food
	Reliance on Food Train for grocery shopping
	Bad weather/winter months
	Food Train volunteers
	Effect on eating/shopping habits
Barriers and other influences on eating and shopping habits	Lack of knowledge of what is available
	Changes in appetite/food preferences
	Effort of cooking for one
Food Train service & alternatives	Food Train service and specific benefits
	Perceived advantages of Food Train service over other methods
	Alternatives if Food Train was no longer available

Sources of social contact

Friends and relatives

At the heart of much of the discussion around social contact from friends and relatives, it was found that many participants had few friends or relatives left, with some unable to visit due to poor mobility or living too far away.

C2: I really do get lonely, Pamela, as this house was always full, you know. And my brother, he came up at least once a week, and he done everything for me, as soon as I lifted the phone he would say is there anything you want done and he would be up like, yesterday!...but I miss him terribly, but we've all got to go [pass away].

C2: The two [nieces] that's actually looking after me after my fall, they've not phoned back for at least 6 weeks! So I'm just leaving them Pamela, I'm not being bitchy but they've got to get on with their own lives. And when she [niece] was getting my shopping, she had two viruses then she fell and was on crutches, so I kept phoning her when she was on crutches 'cos I was worried about her and she would say alright Auntie, I'll come up as soon as I'm fit. And do you know she went away her holidays and never even phoned me! Pamela, I've just got to get on with it myself [sighs].

C3: "I don't go there [relatives home], it's too far to travel but now and again they come, aye. They [relatives] phone me but, you know that's about it. I just lost my brother there in January and I lost my son 6 years ago so there's nobody left at all."

C4: Well, they work away. My son works away, he's a joiner, a shop-fitter in London and they had been in Ireland before, so he's away. But my daughter-in-law is quite good, but they work you see. She's working today, but she is coming up tomorrow. She said I'll come up tomorrow and see how you get on and I'll bring something up for dinner, so that's nice, I don't need to cook [laughs]!. Yes, you know, people come when they can. I just get on with it,

C5: Well, lately it's [the neighbourhood] changed a lot, well, a lot of old people go away. And a lot of different nationalities, you know...my friends are all as old as myself, but I don't see them as much. My son is in Canada, you know... he phones regularly at the weekend.

Neighbours

However, some participants had regular social ties within the community, either with a neighbour or local church. For others, neighbours were viewed either as a source of help in times of need or emergency, rather than a source of regular social contact or day to day help.

C1: I know some neighbours, although many have moved on over the years. There are two families next door and across the road [family names]. In any emergency, I can phone and ask and they have two shops locally and the father and two of their boys work in the shops. And if there's nobody one in the house then I can call the shop and they will pass the word along, and someone could come along to help. I attend the local church, the elder lives down the road {road name}, and the elder comes in quite a bit.

C2: I've got neighbours who look out for me but the ones upstairs they wouldn't bother...I don't like relying on anybody. I was born independent, and brought up independent which is a good thing, but see as you get to my age you can be too independent, if you know what I mean. I know I can always ask my neighbours' daughter if I really am stuck for something like milk, but I like to be independent.

C3: Well the neighbours are all nice here right enough, we all, we can go to one another, but we don't go in and out of people's houses... If an ambulance appeared at my door they would all be round here to see what's the matter. And if it was anybody else I would do the same thing.

C4: I have a wee afternoon at the bingo. Last night I was over at the club. I don't smoke and I don't drink, but the wee club at the bowling club across the road does it on a Tuesday night, my next door neighbour and I go, that's the only night I go out.

Getting out and about

For those who were still able to get out regularly, it was evident that this was important to them as a source of social contact, enjoyment and it appeared to be a means of boosting confidence and feelings of independence. Comments also indicated that participants were striving to get out more often but were limited by mobility and health issues.

C1: Yes, my friend, the Church elder takes me into town...It is difficult for me as there are about 8 steps [to the church hall], but four strong men carry me up the steps and back down again! It is going to be a sloped ramp so they will just push me up, and they will create a lift at the side which I can use.

C2: Once a week I would say I go out to the shops...it's depending on how I feel. If I go out I take my stick and I take my time. Sometimes I'll go to get soap, toothpaste and things, I can go for them myself. I like to get out to meet folk as I get a laugh with them and it says I can do this myself.

C3: You know, you've got to go some places, see something different. But that's not every week, that's just if I take a notion.

C4: Well, I just go to the shops myself, at the Forge nearby. Or else I go on the bus and go to [large supermarket], I quite like it, you know, 'cos you get fed up with the same place. I can get a wee few things like a fruit loaf or something or a wee cake [laughs].

C5: I'd love to walk more, but I have my stick but I only have the one eye, my right eye is very poor, and my left eye, that's the one I've to the hospital about soon.

The role of Food Train in independence, wellbeing and eating/shopping habits

Overcoming barriers to access/availability of food

Participants had indicated a range of barriers to access and availability of food and had experienced a loss of independence through poor mobility/frailty, disability and anxiety. Food Train provided an alternative means of overcoming these barriers for those who were currently relying on using costly local taxi services or could not continue receiving help from neighbours, friends or family. Use of Food Train was also perceived as a means improving independence for one participant.

C1: My neighbour next door used to do my shop, and I had a motability car, an automatic car. I then got involved in an accident and had to have it converted to hand controls so I was able to drive myself, but they insured {neighbour} to drive as well. She would shop for me, but there were problems... her father was very ill, and it was very difficult for her to keep doing the shopping and visiting her father. She told me one weekend that she could no longer help."

C2: My factors [housing association] had it [Food Train] in their newsletter, it was the very thing I needed as my niece was in crutches and couldn't help anymore...I've been using it since I fell in March.

C3: My problem was getting the messages [groceries] because I had to go 2-3 times a week, but now [since Food Train] I only go on a Friday for any extras I need."

C4: My son used to phone and say, mum, I'm going to [supermarket], do you want to come, and I said oh that's great. That was before I got the Food Train, but eh, he said that's a good thing to get, because you're a wee bit more independent then too.

C5: If it's rainy or wet or foggy or snowing, I don't go out, it bothers my nerves...sometimes I try to get out myself, but I've to wait till it's dry and I wait till the weekend 'cos the traffic's slower round this side. It's quieter round that way, I don't cross the road now.

Feelings of burdening others

Another strong theme which emerged was that those who had friends or relatives nearby either did not wish to burden them with having to do regular shopping for them, or it was perceived that they were too busy with their own lives and families to be able to rely on for help regularly.

Participants' comments indicated that Food Train improved independence by reducing concerns or fears over the need to burden family or friends with obtaining grocery shopping for them. One participant also appeared to indicate that their relative was less concerned knowing that Food Train was providing groceries regularly.

C1: Well [pauses for thought], oh I don't know [pauses] well, I would have found it very difficult to ask anyone else [lists some names of friends] but they wouldn't have wanted to do it weekly or regularly.

C2: Yes, because I know I don't need to go to my niece now. And I mean, I'm no putting her down but she'll be in her glory [happy] because they've got to get on with their own lives.

C3: Well, I was ill earlier in the year and my sister in law from Milton of Campsie came and got me messages, but I thought, if I'm ill, she could'nae do this, I cannae expect them to come that distance every week. It's ok for two weeks when you're not well. So, it was [friend's name] that told me about the Food Train.

C4: Uh-huh, yes, I don't have to say, I've run out of this or I've run out of that, what will I do?! It's a good feeling. And my daughter being not well too, I couldn't expect her to help me, you know.

C4: My son was up on Sunday there, and he said, do you still get your Food Train mum? I said, oh uh-huh, and he said well that's good that you get it, then we know that at least you're getting fed, you know [laughs]. 'Cos he knows, that since [husband] died, that when you're on your own, you say, what will I make.

Consistent access and ability to obtain food

A strong overarching theme which emerged throughout the interviews was the perceived benefits of Food Train in providing security by knowing that grocery shopping would be obtained regardless of the amount of shopping required or fluctuations in weather, health or mobility.

Participants' perceptions of the effect of receiving Food Train shopping service indicated that this reduced stress and improved feelings of independence and wellbeing by providing reliable and consistent access and availability of food.

C2: As you're getting older, you just don't know how you will be day to day, so it's good to know I can do the Food Train but also get to the shops myself sometimes.

C3: I don't have to go out 2-3 times a week, or if I was ill or that, you know if you're ill you might say, oh I have to get more of this, or that, then it takes that stress away, aye.

C4: Oh, it means an awful lot. It's so, you know what I mean, the likes of eh, I really am, I'm so happy with it, knowing I can order my shopping and I get it. And all my bulky, heavy things you know.

C5: Aye, now I feel better being on my own, as long as I know I have my groceries in and that, that's me.

Reliance on Food Train for grocery shopping

Depending on their physical and mental health, mobility, and their confidence in their ability to carry shopping themselves, the degree of reliance on Food Train ranged from use of the shopping service for all groceries, to just fresh or heavy items or as a baseline shop which could be 'topped up' with smaller shops either by themselves or other friends. One participant indicated reducing the frequency of Food Train shopping to encourage going out more often.

C1: "Food train is mostly fresh items, salad, tomatoes, milk etc, the only frozen thing I get is ice-cream... I get my frozen meals through a friend as she can go to different shops.

C2: The messages they get me, its spoiling me cos I'm not getting out now! I'm changing to fortnightly so I get out more.

C3: I used to have to go [to the shops] two or three times to the centre on a Monday and a Wednesday because I could'nae carry everything, then get a taxi back...but now[since Food Train] I just take the bus down on a Friday to get some bits and bobs, you know, dog food, bits and pieces."

C4: ..And all my bulky, heavy things you know.

C5: Oh, it's good! Well they came today with my groceries, and that does me a week. And I have a lot of tinned and frozen stuff, it's full up and that. And I'm quite happy knowing it's all there.

Bad weather/winter months

Specific comments were made about the perceived benefits of being able to rely on Food Train more during periods of bad weather, snowy and icy conditions during winter months. These comments infer that Food Train is helping these participants by reducing anxiety/concerns about falls and having to go out to obtain their grocery shopping during these periods.

C3: Yes it made me think about it, you know, when I was not well, when the winter was coming I thought well I might not be able to do what I do the now, cos I'm 80 now! And sometimes this road is awful bad with the ice. It's great 'cos I could stay in the whole week with the Food Train because they could get me everything I need... Anyway, as I say in the winter time, I would just get everything off of it [Food Train] if I couldn't get out, it would be great.

C4: Oh yes, it will be good in the winter. Because, my whole foot is smashed, it couldn't be any worse if a steam roller had went over it! My right foot, and eh, see going out in the snow and the ice and that, it will be a great help, you know what I mean.

C5: If it's rainy or wet or foggy or snowing, I don't go out, it bothers my nerves. Like [gasps], if I went out I'm like [gasps], it's a nerves thing. But I have all my tablets with me just in case...I used to go out myself, and do a lot of shopping myself and cooking ourselves. It's alright, it's alright now, I think I'm better now that the girl that comes up and brings the things in for me now.

Food Train Volunteers

Overall, Food Train volunteers were viewed positively by all participants. In particular, comments identified their friendly, cheerful nature and readiness to help put away groceries and complete other simple tasks when asked. In addition, the social contact provided by regular collection of shopping lists and delivery of groceries was perceived to be beneficial. Therefore, volunteers were viewed as fulfilling both practical role of delivery of groceries and an important source of regular social contact.

C1: Yes! They are extremely good! They know where everything goes [smiles]. I'm always the first person to get a delivery from [supermarket]. It's wonderful! I'm a great fan of Food Train.

C2: They're so nice to you and friendly. They came in the other week and they said Mrs X, we'll put all this away for you. And I said, no, 'cos you don't know where it goes! [laughs]. But they're so friendly and helpful! A few weeks ago I asked them to do me a big favour and they put a new globe lightbulb in my kitchen cos I've no balance. They said no bother! So if they seem friendly enough, I'll ask them to do a wee job if they don't mind. I was so pleased that they said they would do it for me you know... I look forward to them [volunteers] coming out. A fortnight ago it was two ladies that came up, but they didn't have much to say, but you know, they might have been busy. Whereas that wee boy that came, he was like where will I put it Mrs X. It's just things like that, you know, you're having a wee conversation with folk, and I just tell them tell me to shut up! [laughs].

C3: And they're all that nice [volunteers], every one of them are smashing when they come in.

C3: I've had [volunteer name], about three times...he's awful cheery, he comes in, you know, so cheery! They're, all great, the different ones, great, I really cannae say a bad word about them...They're very cheery, they chat away to you, you know, and they call you by your first name and say how are you the day, they've all been brilliant.

C4: Oh they're nice, very nice. Yesterday when they were up, the boys that were here, I said, oh, I've had you here before! I knew who they were, because he said oh you usually get yours on a Thursday. But they're all nice, you know. I think it's great, I wish I had known about that [Food Train] a long, long time ago.

For one participant, Food Train was also a source of finding out about and joining other events, such as the Christmas lunch organised in a local church.

C1: I have been invited to a Christmas lunch through Food Train, and I have accepted [smiles]. It's somewhere in Glasgow. Two of the Food Train volunteers, who must have church connections, who realised that there must be lots of people sitting, going to be on their own on Christmas day... I've no idea how many are going, it's fabulous. I got the invitation one week, and the next week they asked if I was going to go, I said yes.

Effect on shopping and eating habits

So far, comments have indicated that Food Train appeared to meet the needs of participants in obtaining their grocery shopping. Participants were asked for their views on whether Food Train had had an effect on their shopping or eating habits. Responses were vague which indicated the effect was unclear to them and shopping and eating habits seemed fairly static.

C2: No, not really. Well, for the first 4 weeks at first [after the fall] I just wasn't eating the same, so I was going for soups, puddings, tins mainly. I'm no' a big eater, but see when I was working, I had my steak, my mince, no curries or anything like that, I loved my mince and my potatoes and what have you, steak pie you know. That's what I'm having a wee steak pie tonight.

One comment indicated that Food Train improved ability to access to ingredients to be able to cook from scratch.

PC: Do you think you are more likely to make things yourself, like soups, since you don't have to worry about getting ingredients in?

C4: Oh yes, oh uh-huh. I make two big pots of soup for my daughter, and give her one. And then sometimes I make a wee pot of soup for myself.

Barriers and other influences on eating and shopping habits

However, throughout the interviews it became evident that a number of barriers appeared to be at play which may influence both the eating and shopping habits of Food Train customers, which are common to older adults in general. These are described in turn below.

Lack of knowledge of what is available

Some participants indicated a lack of knowledge of what was available and sought out groceries from other sources or shops to improve variety.

C3: I just pick what I know, as you're not seeing so you're not seeing what they've got, so you're not changing. You're not seeing what they've got, so you're just picking stuff, like cornflakes, okay, get me Kelloggs, you know.

C1: ...she [friend] can look at the microwave meals or ready meals in the frozen section and find ones to try that she thinks I will like so that I can get more variety as I don't know what's out there."

C3: I will see things and buy some things I don't normally, then I say oh I should'nae have bought that, I don't need that, you know? I don't need it because I've got the stuff in the house that they [Food Train] brought me [tuts]. Anyway, I'm just tempted sometimes. [Laughs].

C4: But sometimes I go to [supermarket] just for a change of shop, I just like a wee walk about to see, you know.

Effort in cooking for one

Participants had a preference for easily prepared convenience foods, oven or microwave meals secondary to the effort of cooking and preparing food for one or due to carer schedules.

C1: Now, most of the ones [meals] I get are cooked in the microwave, there is one fish pie that takes half an hour in the oven. If it's the fish pie I have a carer who I know will be on time. So, I put the fish pie in the oven at 4.50 and carer comes at 5.15pm. Some carer teams come at 5.25pm and it's a little late, so you can't always rely on them.

C2: I've not made soup for a long while myself, it takes a lot out of me, but I love my homemade soup. I can be a wee bit lazy I'll be honest with you though.

C4: Yeah, I make my meals myself. Sometimes I buy cans of soup and sometimes make soup for my daughter. She'll say mum gonna make me soup! If I take a notion like fish or that, I'll stick it in the oven, like fish fingers or something. It's easy to cook, and frozen chips. I used to cook a lot but not, not now. If you're on your own as well then you'll know what I mean....When my husband was here, I used to do pork chops and put them in the oven and do all they kind of things...I used to do that when it was the two of us, you know, but to do it for myself, to put a pork chop in the oven for me, you know?!

C5: Eh, I think what I get its quite good, and before that with my wife and I, we were good cooks back then, but I fell away from all those things. But I'm alright now. [pauses].I'm alright...I'll just have things like Cornflakes, toast, I change things, you know. Then my frozen meals, that saves me doing dishes, just in the oven and that's it...I use all tinned soup. I use things like rice as well, it's all there in case I can't get out.

Appetite/food preferences

Some changes in appetite and food preferences were identified which could influence the types and variety of foods which are bought.

C2: Well, for the first 4 weeks at first [after the fall] I just wasn't eating the same, so I was going for soups, puddings, tins mainly. I'm no' a big eater, but see when I was working, I had my steak, my mince, no curries or anything like that, I loved my mince and my potatoes and what have you, steak pie you know. That's what I'm having a wee steak pie tonight.

C3: No, but I don't eat as much as I used to anyway, I don't eat big dinners anymore. Sometimes I'm happy with a sandwich... Yeah, rather than a hot meal. And butcher meat, I don't know what's happened, I don't want to eat anything with mince or stew or anything, I don't want it. Give me vegetables, I love vegetables and fruit. Oh, I could sit and eat a whole cauliflower or cabbage. I love it.

Food Train service and alternatives

Food Train service and specific benefits

Food Train service was generally viewed favourably by all participants for various reasons.

C2: It's a very handy thing, it says on it [the food train letter] that if you're anxious anytime then you can call them...it's a good thing.

C3: Brilliant, I think it's brilliant, absolutely. I mean, you can give a kid £3 for going a message these days! [laughs].

C4: I'm really happy with it, 'cos I can look and see what I'm needing, and eh, then it's [Food Train staff member] that phones me on the Monday, and she asks me what I want.

C5: Oh, it's good! Well they came today with my groceries, and that does me a week. And I have a lot of tinned and frozen stuff, it's full up and that. And I'm quite happy knowing it's all there.

One participant was particularly explicit about the benefits of the service in relation to its set-up, organisation during holiday periods, reliability and the personal touch the service offers.

C1: So I waited until the next morning, and phoned the Food Train office. They said, that's fine Mrs X, we will send out everything you need and someone will be round to collect your first order on Monday, and your first delivery will be on Wednesday! And that was it! I'm the nearest person to [supermarket] so I get my delivery at the first delivery. Food train were so quick to get everything set up.

C1: And, when we're planning for Christmas they [Food Train] suggest a limit, so you are limited to 12 items in the weeks coming up to Christmas, but they warn you to stock up in advance...And with holidays, holiday weekends, they give you an extra sheet so you can write the next week's list, or you can phone a list in. So they are very good. I quite often, if I forget something, I phone on a Tuesday and add it on the day before the shopping is done. I don't know if I am the only person who phones in regularly, but the person who answers recognises my voice and say 'Yes Mrs X' we can do that for you [chuckles]. And, if there's nobody there, they will say to you 'give us your telephone number and we will ring you back' and they do which is very good.

Perceived advantages of Food Train service over other methods

Specific comments about the Food Train service indicated that Food Train had advantages to them when compared to other methods of obtaining grocery shopping, including help from neighbours, local taxi service and local authority grocery shopping service. Reasons for this were identified as efficient set up of the service, preferred method of payment, being more cost effective, no maximum or minimum shop.

C1: Yes, the fact that my carers had seen the leaflet and Food Train were so quick [to set things up] and they allow you to pay by cheque. I used to have to organise cash with some difficulty when [neighbour] shopped for me.

C1: There doesn't seem to be a limit to what you can get from Food Train, or a minimum.

C2: Yes I would pay about £7 in taxis otherwise so £3 and then the £1 membership is good... Other ones [delivery services] meant I was buying extra stuff I didn't need just to get to £25 for the free delivery, so this is much better now.

C3: I'm not paying a taxi three times a week to come back up the road which was £4 a time.

C5: Oh aye, I used to go with that other, I forget the name [local authority service], well I fell out, well didn't fall out with them, I stopped it... It was £8 odds an hour, so I went to the Food Train... I was getting bills from the council for that, oh, I prefer the food people [Food Train].

Alternatives if Food Train was no longer available

When posed with the question of how participants might obtain their grocery shopping if the Food Train service became unavailable, their responses showed a reluctance to return to reliance on family or to use other services available, possibly due to increased costs. One participant particularly indicated that social contact from the volunteers would be missed also and another was concerned about returning to trying to get out to the shops due to poor mobility and health.

C1: It's £18 for [local authority service] for one lot of shopping, and if you need a second lot of shopping, well it could add up.

C2: I would have to rely on phoning my niece and she wouldn't see me without mind... and my neighbour as well, they would be like, Mrs X, if you need anything just ask.

C4: Oh, I think I would sit down and cry [laughs...Oh, you would really feel terrible because it is good, you know. The boys that come up they're all nice boys that come. Oh, I don't know, I think because it is good... I know that with [large supermarket] you can get it delivered and, what do you call it, the frozen shop, yes, [frozen food shop] do something as well.

C5: Well, I'd be, as I say I'm not good at walking, or my nerves, I don't know what I'd do. I've to wait for a dry day to get out.

4 Discussion

The study findings indicate that Food Train is highly valued by its customers and is effective in improving food access and reaching those people living in the community at risk of malnutrition due to factors such as age, social isolation, poor mobility, socio-economic status and who lack other support for grocery shopping in order to remain independent. This study has added to the growing evidence base by highlighting further benefits in terms of independence and wellbeing, and customer preference over other alternatives. Dietary assessment revealed the eating habits, overall composition and adequacy of the diet of a small sample of customers. A number of factors were found to influence food choices and eating habits, and may affect nutritional adequacy. Also, this study has provided insight into reasons and sources of referral to Food Train Glasgow. The following section will now discuss the main findings in relation to the aims and objectives of this study and compare to other existing research.

Firstly, the findings of this study have provided insight into the overall demographics of the Food Train Glasgow customer base. There were more female customers at 68.6%, compared with males, which is also supported by the existing figures from the most recent national Food Train annual report (Food Train, 2014) which found 70.7% were female from 440 respondents. Similar findings from other studies into Food Train (Lacey, 2010; Newell et al, 2005) and data on Scotland's population (Scotland's Census 2011, 2014) suggest results of this study are reasonable. However, a plausible reason for there being higher numbers of female customers is that they are more willing to engage with the service than males. Existing studies indicate that for many cultural, social, individual reasons, men have been found to have fewer social networks, less likely to join up to local services or ask for support than females (Mens Health Forum, 2006). Poor engagement is of particular concern since older males, especially those living alone from poorer socio-economic backgrounds, may lack cooking skills and experience other associated factors which may put them at higher nutritional concern (Holmes et al, 2008).

As part of its aim, this study revealed the major sources and reasons for referral to Food Train Glasgow. Self-referral was clearly the most common method of referral, with almost half of customer referrals to Food Train Glasgow. This is likely due to the ability to self-refer making Food Train accessible without the barrier of formal

assessment to meet specific criteria. This has previously been identified as a benefit of Food Train by other research (Lacey, 2010; Newell et al, 2008). It was also found that Food Train marketing and leaflets led to almost a third of self-referrals, an important source of self-referrals. However, with Food Train being a charitable organisation, available funding to maximise this may be restrictive (Leven, 2011).

In addition to self-referrals, this study found a high proportion of referrals overall came from other sources such as housing associations, social work and to a lesser extent GP/nurses and health professionals. Existing research already indicates that referrals to Food Train are commonly received through a variety of sources (Lacey, 2010; Newell et al, 2005; Wilson, 2013), however, this study provides data on the proportions of referrals from each source. Although data for this study is limited to Food Train Glasgow, it is encouraging that many referrals from these other sources were found to be for 'older' older adults, which may indicate that those who are likely to be at higher risk due to increasing frailty are being identified by cross-agency referrals.

While existing research by Lacey (2010) indicated that around three quarters of Food Train customers were known to health, social work services or housing associations, there may be many who are socially isolated without formal care or support, especially lone males as described already. In response, national initiatives have been introduced such as lottery funded 'Silver Line Scotland' delivered by Age Scotland, which is a helpline offering information, friendship/advice and links to local groups (The Silver Line, 2015). Recommendations have also been made by CFHS to improve the availability of information from GPs on local services available in the community by provision of an annual 'directory' of local services available to those registered at the GP, along with GPs actively providing information to those who may be high risk (CFHS, 2011). If implemented, this could enhance the ability of Food Train to reach those who are most vulnerable and have little contact with services other than their GP.

In addition to sources of referral, this study found a variety of reasons for referral with the most common being poor mobility and frailty, along with generally struggling with shopping. This was not surprising due to the majority of the customer base at Food Train Glasgow being 75 or above, many therefore potentially vulnerable 'old' older adults, most affected by poor mobility and frailty. The high numbers of referrals from this category are likely to represent many different underlying conditions and associated factors contributing to poor mobility and frailty (Bonney et al, 2015).

Frailty is often poorly defined, although it is said to be an impairment of physical or physiological function often characterised by but not limited to poor muscle strength, unintentional weight loss, feeling exhausted and low physical activity and performance (Bonney et al, 2015). It is associated with falls, incontinence and difficulty in carrying out activities and therefore it contributes to loss of independence (Topkinova, 2008). Health Improvement Scotland has aims to improve outcomes for frailty in Scotland (Healthcare Improvement Scotland, 2014). Although the interaction between nutrition and frailty is complex, improvements to overall composition and quality of the diet may improve outcomes and prolong functional performance (Bonney et al, 2015).

In addition to existing research (Lacey, 2010; Leven, 2011; Newell et al, 2005) clearly illustrating that Food Train overcomes the immediate issue of food access, this study adds to evidence that finds the extended role of Food Train Glasgow in contributing to wellbeing and the ability to remain independent. By conducting its own interviews, in addition to analysis of Food Train customer satisfaction responses, this study explored the views and perceptions on how Food Train achieves this.

Firstly, a strong theme identified during interviews was that customers were reluctant or unable to rely on family, friends or neighbours for help with groceries regularly. Food Train was perceived to improve their ability to maintain independence without 'burdening' others. This was also described as a central theme by Lacey (2010) which describes customers not wishing to impose on others. Likewise, Newell et al (2005) found just under one-third could rely on family or neighbours if Food Train did not exist. This inability to rely on family, friends or neighbours may also explain why customers indicated that they would not have an alternative to Food Train for food access (Wilson, 2013). For those with family, it could be suggested that Food Train may reduce concern that relatives and carers have over provision of groceries, and allow family and friends more quality time during their visits, without planning for and dealing with practicalities of grocery shopping.

Secondly, Food Train's contribution to wellbeing was illustrated by customers' relief in not having to worry about getting out, carrying heavier shopping or making several trips throughout the week. This seemed to contribute to the customers overall sense of wellbeing through the relief of anxiety or reduction in stress by knowing that groceries were dealt with, particularly during winter months or bad weather. Similar themes were also described in existing research into Food Train (Lacey, 2010; Leven, 2011; Newell et al, 2005). Nutritional screening surveys in UK hospitals highlighted that the

prevalence of malnutrition in winter months was higher (Russell & Elia, 2014), possibly due to people being unable to obtain groceries as they couldn't get out, or were unwilling to risk a fall (Age UK, 2012). This may explain why around half of the customers indicated Food Train helped reduce their risk of falls, possibly since they felt able to rely on Food Train to provide all groceries when they were unable or reluctant to leave the house in fear of having a fall.

Lastly, Food Train appeared to contribute to independence and wellbeing for those who were still able to get out and about for a 'wee look'. Getting out was clearly a highlight for some, evidently bringing purpose and pleasure back to those who were struggling with heavier items, but still able to get out and have social interaction. Lacey (2010) also identified that Food Train alone was not the only source of shopping for most customers, with some stating that getting out of the 'four walls' to do some shopping was also important. It may also be that this was the reason customer surveys indicated around a third felt improvement in mobility and general wellbeing, since they might have been less exhausted from carrying out more shopping trips, or possibly since they felt more mobile by carrying less shopping. These trips were evidently also a boost to confidence as well as independence as one participant described well, *'it says I can do this myself'*. These feelings of independence and being able to exert control over food choices are identified as key factors in wellbeing among the ageing population who are experiencing deterioration in health and losing control over other aspects of their lives. This is echoed in existing research on Food Train (Lacey, 2010; Newell et al, 2005; Wilson, 2013) and other local community research aiming to promote independent living for older population in Scotland (CFHS, 2011).

A further benefit to Food Train identified was the social contact provided by volunteers. Social isolation among older adults is common, even in urban areas like Glasgow (Age UK, 2010). Four-fifths of Food Train Glasgow's customers were found to be living alone and just under half without other care or support, similar to statistics nationally for Food Train (Food Train, 2014). Some interview participants' comments demonstrated loneliness. Contact from volunteers was described fondly during interviews as a regular source of cheerful, friendly faces and also rated very highly in survey responses. Some customers also clearly valued the relationship built with volunteers and for one it was also an additional source of information on other services or events in the community.

Improved social contact has also been highlighted as a benefit of other community meal services including 'meals on wheels' and lunch clubs (CFHS, 2011; Wilson, 2013). Existing research on Food Train (Lacey, 2010, Leven, 2011; Newell et al, 2005) noted that this benefit of the Food Train service is usually an unexpected but welcome advantage that Food Train customers had not anticipated, but find great pleasure from. So, although the initial reason for using Food Train may not be to improve social contact, it is evident that customers realise that it is an associated benefit, especially for those who are housebound. For some, it may also be that Food Train visits are one of few visits they receive regularly and only source of 'eyes and ears' to assess how they are coping overall and alert to other services (Lacey, 2010; Wilson, 2013). Therefore, the social element is an essential part of the Food Train service and unique compared with many other grocery shopping services available. Additional 'Food Train Extra' and 'Food Train Friends' services have shown to extend the social contact element of Food Train in Dumfries and Galloway (Age Concern, 2009), but are not available in Glasgow. A new initiative 'Meal makers' (CFHS, 2014) will be available in Glasgow which aims to improve the number of hot meals and reduce social isolation by linking with local willing volunteers.

A further benefit highlighted during this study was that Food Train was viewed as 'value for money' compared with other alternative services. This was also highlighted in existing research (Lacey, 2010; Leven, 2011; Newell et al, 2005). This study provides information on other reasons for preference of Food Train including the more personal service that it offers, with no minimum number of shopping items or value, and regular social contact already described. Additionally, there seemed to be a lack of alternative services available in the area, especially for those on a low income. Another alternative option available is online grocery shopping, which is relatively similar in cost and widely available within the Food Train Glasgow community. However, research shows that online services are not regularly used by this age-group, with 83% of men and 93% of women over the age of 75 not using the internet at all (Scottish Government, 2009b). Therefore, scope for use of the internet may be limited unless training is provided (Ward et al, 2008). Research on Food Train in West Lothian (Leven, 2011) found that some customers actually switched from online grocery shopping to be with Food Train, indicating that they preferred Food Train, perhaps due to the added benefit of social interaction, which customers clearly value.

In terms of diet and nutrition, customers of Food Train Glasgow indicated that they felt well nourished. This study found that most ate at least one hot meal per day along with

two smaller meals and snacks. However, dietary analysis identified some areas that there were inadequate or could be improved upon. Particular areas of concern were high levels of saturated fat and salt, and less than adequate micronutrient and fibre intakes, which also agreed with recent national statistics available for the older population in Scotland and the UK (NDNS, 2014).

Customers were often found to consume ready meals and convenience foods. Although easy to prepare, and cost effective, these may not be nutritionally adequate (Andrieu et al, 2005). A study on UK supermarket ready meals found that many contained 80-100% of daily saturated fat recommendations. Also, worryingly for older adults, almost half of those surveyed did not contain enough energy to constitute a meal (Celnick et al, 2012). Lower than recommended consumption of fruit and vegetables also indicates poor nutrient intakes. Poor nutrient intake has been linked with frailty (Bartali et al, 2006) and poor immune function, leading to increased hospital visits, longer stays and associated costs (Wilson, 2013). Overall, Bonnefoy et al (2015) suggest that for prevention of frailty intakes of optimal amounts of nutrients including antioxidants is best for older adults through adopting a Mediterranean style cardio-protective diet.

Particular nutrients which were of concern were calcium and vitamin D which can affect bone health (Caroline Walker Trust, 2005), particularly as Food Train customers are mostly female and more prone to osteoporosis and fractures (Hirani & Primatesta, 2005). However it is unknown what proportion of Food Train customers are taking supplements, in particular the recommended 10ug of Vitamin D. A recent study of older adults indicated 71% do not take any supplements at all (CFHS, 2010). Fluid intakes were noted to be below those recommended, however it is recognised that requirements may vary for individuals depending on body weight, climate and activity levels. Still, fluid intakes are a particular concern for older adults since dehydration may result in confusion and contribute to constipation. However, there are substantial barriers to fluid intakes, for example some may restrict intake in the evening to avoid being woken to go to the bathroom overnight (Caroline Walker Trust, 2005).

This study identified limitations on food choices and preferences, and discussion will focus on those which Food Train could help overcome. The most common, taste and cost, were to be expected and of importance to older adults since many experience taste changes over time (Caroline Walker Trust, 2005) and around one in six pensioners are considered on a low income (Scottish Government, 2011b). Lack of

knowledge of foods available was also highlighted, which could limit the ability of customers to select and try different foods, easily leading to boredom and reduced interest in and variety of foods which could compromise nutritional status over time. Food Train customers appear eager for more information in order to overcome these barriers and improve dietary variety with interest in supermarket visits, ideas for meals and cheaper prices. Therefore, overall variety of foods might be improved with providing further information for example on foods available, shopping on a budget and to help deal with taste changes.

With many of Food Train customers living alone, it was also evident that eating and preparing food for one influences food choices. Cooking meals from scratch was perceived as too much effort. Customer interest in gadgets to help with food preparation along with special cutlery also indicated that a proportion of customers may be experiencing difficulties with preparing or eating meals and could benefit from aids to keep them living independently. Convenience foods may also be chosen due to limited cooking skills, which may be a factor for those who have recently lost a partner and have not cooked for themselves before, especially recently widowed males (Hughes et al, 2004). Provision of additional information, for example simple recipes or links with local community-run cooking classes may benefit some. Additionally, to assist customers in overcoming the physical difficulties of food preparation and cooking, information to increase awareness of aids to assist eating and drinking and how to obtain them may be of benefit (Goldthorpe & Lloyd, 1993).

Clearly, Food Train service is contributing to overcoming barriers faced in obtaining groceries and gives customers the opportunity to maintain or improve their nutritional status with the added benefits of improved independence and wellbeing. In particular, this study found benefits through removing the feeling of burden on family, friends and neighbours and reducing the anxiety and stress related to grocery shopping especially during bad weather. However, this study found it difficult to determine whether there was any impact on diet or eating habits as a result of using Food Train. It is possible that Food Train is limited in influencing the dietary habits due to many of the barriers and influences on food choices and eating habits highlighted and many others which have not been discussed within the scope of this study. In addition, although Food Train is committed to providing ways of enhancing the wellbeing and preventing malnutrition, it is understandably also wary of 'preaching' to its customers about dietary and lifestyle choice, due to its aims to be an unobtrusive and supportive service (Leven, 2011). However, survey responses have indicated that a number of customers

Page | 61

are open to further information to help them expand choices. Therefore, this study tentatively suggests that additional information of this nature might be received well from Food Train, where it is deemed appropriate, possibly once a relationship has been established with Food Train.

With its mixed method approach, this study has provided a means of putting 'words to numbers' by expanding on the information provided from results of customer satisfaction surveys and data analysis. This provided a method of triangulation of results which also aimed to reduce the source of error of using one sole method in answering its aims and objectives. However, no study is without its limitations. Therefore, a more varied selection of participants would have been beneficial, in terms of age-group, gender and circumstances. During this project, challenges arose due to unforeseen circumstances, which resulted in a smaller sample and variety of customers being selected than planned. It should also be noted that the interviewer and primary researcher was also known to participants as a Food Train volunteer. Therefore, this may have impacted on the qualitative research in terms of the views and perceptions gathered from participants and the beliefs and views influencing analysis. To limit this, it was made clear in the information provided and during initial recruitment that the research was not being carried out on behalf of Food Train, but was independent study of research as part of the researchers Honours degree. Additionally, this study should recognise its limitations in dietary assessment due to the small sample size and inadequacies of the 24 hour recall method (Medical Research Council, 2014; Rutishauser, 2005), namely lapses of memory, under-reporting, estimation of portion sizes and poor representation of diet over a longer period. Furthermore, dietary assessment provided analysis based on estimated portion sizes and use of dietary analysis software which may not represent actual composition of each food item.

Recommendations

In response to the information gathered, this study makes a number of recommendations. It is however recognised that as a charitable organisation, funding may be restrictive.

- To help customers eat well by providing information through its regular newsletter or by partnership with newsletters from other agencies. This may include healthy eating advice on a budget, ways to achieve 5 a day, increase fibre intake, fluid intake, reduce salt and saturated fat intake, improve Vitamin D and calcium intakes, as well as general food fortification advice for those who may have experienced unintentional weight loss.
- To improve variety of foods and expand knowledge of foods available providing additional information such as ideas for meals and, where possible, supermarket visits for those who are able.
- Continue maximising referrals by linking with other agencies to identify those at risk of poor nutritional health and limited food access who may not be easily reached, or reluctant to sign up.
- Further research to assess the impact of Food Train specifically on eating habits, possibly by assessment of changes in dietary intake of Food Train customers over time.

5 Conclusion

This study has found that third sector initiatives like Food Train can fill gaps in existing services and contribute to the overall wellbeing and independence of their customers. This study provides additional evidence that Food Train addresses the fundamental concerns of its users about access to, and availability of, food by providing a consistent reliable source of grocery shopping, along with improved independence and wellbeing. The information on sources of referrals to Food Train Glasgow could lead to improved ability to target future referrals, and in optimising and increasing awareness of Food Train, particularly among those who are hardest to reach. Dietary information obtained may also be useful to Food Train in highlighting potential areas of the diet to target in future newsletters. Additionally, it may provide a basis for further research to improve customers' eating habits in order to contribute to overall health and thereby enable them to remain independent in their homes for longer.

6 References

Age Concern. 2009, *Prevention in Practice: Service models, methods and impact*, [Online], Available at: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Health-and-wellbeing/61_0409_prevention_in_practice_service_models_methods_and_impact_2009_pro.pdf?dtrk=true [Accessed 6th April 2015].

Age UK. 2010, *Loneliness and isolation evidence review*, [Online] London: Age UK. Available at: http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true [Accessed 11th April 2015].

Age UK. 2012, *Food Shopping in Later Life* [Online], Available at: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Conferences/Final_Food_Shopping_Report.pdf?dtrk=true [Accessed 10th April 2015].

Andrieu, E., Darmon, N. & Drewnowski, A. 2006, "Low-cost diets: more energy, fewer nutrients", *European Journal of Clinical Nutrition*, vol. 60, no. 3, pp. 434-436.

Bailey, J. 2008, First steps in qualitative data analysis: transcribing. *Family Practice*, 25(2), 127-131

BAPEN. 2006, *Malnutrition among Older People in the Community: Policy Recommendations for Change*, [Online], Available at: <http://www.european-nutrition.org/publications.cfm> [Accessed 27th February 2015].

BAPEN. 2008, *Combating malnutrition: Recommendations for Action* [Online], Available at: http://www.bapen.org.uk/pdfs/reports/advisory_group_report.pdf [Accessed 6th March 2015].

Bartali, B., Frongillo, E.A., Bandinelli, S., Lauretani, F., Semba, R.D., Fried, L.P. & Ferrucci, L. 2006, "Low nutrient intake is an essential component of frailty in older persons", *The journals of gerontology. Series A, Biological sciences and medical sciences*, vol. 61, no. 6, pp. 589-593.

Bonnefoy, M., Raynaud-Simon, A., Ruault, G., Rolland, Y., Berrut, G., Lesourd, B., Ferry, M., Gilbert, T., Guérin, O., Hanon, O., Jeandel, C. & Paillaud, E. 2015, "Frailty and nutrition: searching for evidence", *The journal of nutrition, health & aging*, vol. 19, no. 3, pp. 250-257.

Bryman, A. 2006, "Integrating quantitative and qualitative research: how is it done?", *Qualitative Research*, vol. 6, no. 1, pp. 97-113.

Caroline Walker Trust. 2005, *Eating well for older people: Practical and nutritional guidelines for food in residential and nursing homes and for community meals: Report of an expert working group*, 2nd edn, Caroline Walker Trust,.

Celnik, D., Gillespie, L. & Lean, M.E.J. 2012, "Time-scarcity, ready-meals, ill-health and the obesity epidemic", *Trends in Food Science & Technology*, Vol. 27, no. 1, pp. 4-11.

CFHS. 2010, *Moray Older People's Survey on Food and Related Issues* [Online] Available at: <http://www.communityfoodandhealth.org.uk/wp-content/uploads/2010/03/moray-older-peoples-survey-on-food-and-related-issues-3688.pdf> [Accessed 7th April 2015].

CFHS. 2011, *Meals and Messages* [Online], Available at: http://www.communityfoodandhealth.org.uk/wp-content/uploads/2011/06/meals_messages_report_2011-3770.pdf [Accessed 6th March 2015]

CFHS, 2014. News and events: *Mealmakers launches* [Online], Available at: <http://www.communityfoodandhealth.org.uk/2014/mealmakers-launches/> [Accessed 6th April 2015].

Dangour, A.D., Fletcher, A., Grundy, E.M.D., et al 2007, *Ageing well*, CRC Press/Taylor & Francis, Boca Raton.

Dean, M, Raats, M & Grunert, K. 2008, 'The impact of personal resources and their goal relevance on satisfaction with food related life among the elderly'. in *Proceedings of the British Psychological Society Social Psychology conference*.

DiCicco-Bloom, B. & Crabtree, B.F. 2006, "The qualitative research interview", *Medical Education*, vol. 40, no. 4, pp. 314-321.

DoH. 1991, *Dietary Reference Values for Food Energy and Nutrients for the United Kingdom*. London HMSO.

EFSA (European Food Safety Authority). 2008, *Draft – dietary reference values for water: scientific opinion of the panel on dietetic products, nutrition and allergies*. The EFSA Journal 1–49.

Elia, M. 2000, *Guidelines for Detection and Management of Malnutrition*. Maidenhead: British Association for Parenteral and Enteral Nutrition.

Evaluation Support Scotland. 2014, “*Older People Eat Well – A literature review*”, [Online], Available at: http://www.evaluationsupportscotland.org.uk/media/uploads/older_people_eat_well_final_1stmay.pdf [Accessed 1st March 2015].

Fade, S.A. & Swift, J.A. 2011, "Qualitative research in nutrition and dietetics: Data analysis issues", *Journal of Human Nutrition and Dietetics*, Vol. 24, no. 2, pp. 106-114.

Food Standards Agency. 2002, *Food Portion Sizes*, Third edition, London: TSO

Food Standards Agency. 2003, Briefing Paper Prepared for: Working Group on Monitoring Scottish Dietary Targets Workshop ‘*A short review of dietary assessment methods used in National and Scottish Research Studies*’ [Online], Available at: <http://www.food.gov.uk/sites/default/files/multimedia/pdfs/scotdietassessmethods.pdf> [Accessed 2nd March 2015].

Food Standards Agency. 2015. Nutrition: Scotland: *The Eatwell plate* [Online] Available at: <https://www.food.gov.uk/scotland/scotnut/eatwellplate> [Accessed 10th March 2015].

Food Train. 2014, *Customer Survey 2014* [Online], Available at: http://www.thefoodtrain.co.uk/images/2013/docs2014/Food_Train_Customer_Survey_2014.pdf [Accessed 26th February 2015].

Food Train. 2015, *Our Services* [Online], Available at: <http://www.thefoodtrain.co.uk/> [Accessed 25th February 2015].

Forestfield Software Limited, 2015. *Dietplan6 version 6*. [Software], Available at: <http://www.foresoft.co.uk/> [Accessed 11th April 2015].

Gandy, J. & British Dietetic Association. 2014, *Manual of dietetic practice*, 5th edn, Wiley-Blackwell, The British Dietetic Association, Food Train: Our Services, 2015, [Online], Available at: <http://www.thefoodtrain.co.uk/our-services> [Accessed 26th February 2015].

Goldthorpe, S.B. & Lloyd, N. 1993, "The Awareness of and Need for Occupational Therapy Equipment and Adaptations for Elderly People", *The British Journal of Occupational Therapy*, vol. 56, no. 7, pp. 243-246.

Green J, Thorogood N. 2004, Analysing qualitative data. In: Silverman D (ed.). *Qualitative Methods for Health Research* (1st edn). London: Sage Publications; 173–200.

Guest, J. F., Panca, M., Baeyens, J.P., de Man, F., Ljungqvist, O., Pichard, C., Wait, S & Wilson, L. 2011, 'Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK', *Clinical Nutrition*, Volume 30, Issue 4 , Pages 422-429.

Healthcare Improvement Scotland. 2014, "*Improving the identification and management of frailty*" [Online], Available at: <http://www.iitscotland.org.uk/wp-content/uploads/2014/11/Frailty-report.pdf> [Accessed 6th April 2015].

Hickson, M. & Dawsonera. 2008, *Research handbook for health care professionals*, Wiley-Blackwell, Chichester, U.K.

Hirani, V. & Primatesta, P. 2005, "Vitamin D concentrations among people aged 65 years and over living in private households and institutions in England: population survey", *Age and ageing*, vol. 34, no. 5, pp. 485-491.

Holmes B, Roberts C, Nelson M. 2008, How access, isolation and other factors may influence food consumption and nutrient intake in materially deprived older men in the UK. *Nutrition Bulletin*, 33: 212–220.

Hughes, G., Bennett, K.M. & Hetherington, M.M. 2004, "Old and alone: barriers to healthy eating in older men living on their own", *Appetite*, vol. 43, no. 3, pp. 269-276.

Johnson, R.B., & Onwuegbuzie, A.J. 2004, "Mixed Methods Research: A Research Paradigm Whose Time Has Come", *Educational Researcher*, vol. 33, no. 7, pp. 14.

Keller HH, Gibbs A, Wong S, Vanderkooy P, Hedley M. 2004, Men can cook! Development, implementation, and evaluation of a senior men's cooking group. *J Nutr Elderly*, 24(1): 71-87.

Lacey, M. 2010, '*Community Food and Health (Scotland): Evaluation of The Food Train in terms of its Economic value – Final Report*' [Online], Available at: <http://www.thefoodtrain.co.uk/images/stories/docs/Evaluation-of-The-Food-Train-in-Terms-of-its-Economic-Value-Final-Report.pdf> [Accessed 27th February 2015].

Leven, T. 2011, *Developing the Food Train Nationally - Evaluation*, [Online], Available at: <http://www.thefoodtrain.co.uk/images/stories/docs/Developing-Food-Train-Nationally-Evaluation.pdf> [Accessed 4th February 2015].

Medical Research Council. 2014, *Diet and physical activity measurement toolkit*, [online], Available at: <http://dapa-toolkit.mrc.ac.uk/dietary-assessment/methods/index.html> [Accessed 5th April 2015].

Mens Health Forum. 2006, *Working with Older Men – Improving Age Concerns' Services*, [Online], Available at: <https://www.menshealthforum.org.uk/sites/default/files/pdf/ageconcernoldermenseminar.pdf> [Accessed 6th April 2015].

Milligan, C., Neary, D., Payne, S., Hanratty, B., Irwin, P. & Dowrick, C. 2015, "Older men and social activity: a scoping review of Men's Sheds and other gendered interventions", *Ageing and Society*, , pp. 1-29.

NDNS. 2014, National Diet and Nutrition Survey Rolling Programme (NDNS RP) Results from Years 1-4 (combined) for Scotland (2008/09-2011/12) [Online] Available at: <http://www.food.gov.uk/sites/default/files/ndns-scotland-full-report.pdf> [Accessed 6th March 2015].

Newall E., Gilloran A., O'May F. and Donaldson C. 2005, *The Royal Bank of Scotland Centre for the Older Person's Agenda*, Queen Margaret University College, Edinburgh.

NICE. 2006, *Nutrition Support for Adults* [Online], Available at: <http://www.nice.org.uk/guidance/cg32/resources/cg32-nutrition-support-in-adults-full-guideline2>, [Accessed 5th March 2015]

NRS. 2012a. *Population Projections 2012*, [Online], Available at: <http://www.nrscotland.gov.uk/files/statistics/population-projections/2012-based/2012-pop-proj-publication.pdf>) [Accessed 5th March 2015]

NRS. 2012b, *Household Projections 2012* [Online], Available at: <http://www.nrscotland.gov.uk/files//statistics/household-projections/2012-based/2012-house-proj-publication.pdf> [Accessed 5th March 2015].

Orellana, K. 2009, '*Prevention in Practice – Service Models, Methods and Impact*'. [Online] Age UK. Available at: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Health-and-wellbeing/61_0409_prevention_in_practice_service_models_methods_and_impact_2009_pro.pdf?dtrk=true [Accessed 12th March 2015].

Patients Association. 2011, *Malnutrition in the community and hospital setting*, Harrow, Middlesex: Patients Association.

Russell, C., Elia, M. 2014, *Nutrition screening surveys in hospitals in the UK 2007–2011*. [Online] BAPEN, Worcester. Available at: <http://www.bapen.org.uk/pdfs/nsw/bapen-nsw-uk.pdf> [Accessed 11th April 2015].

Rutishauser, I.H. 2005, "Dietary intake measurements", *Public Health Nutrition*, vol. 8, no. 7a, pp. 1100-1107.

SACN. 2011, *Dietary reference values for energy*, [Online], Available at: http://www.sacn.gov.uk/pdfs/sacn_dietary_reference_values_for_energy.pdf [Accessed 7th March 2015].

Scotland's Census 2011. 2014, *Census 2011: Detailed characteristics on Population and Households in Scotland - Release 3D* [Online], Available at <http://www.scotlandscensus.gov.uk/news/census-2011-detailed-characteristics-population-and-households-scotland-release-3d> [Accessed 6th April 2015].

Scotpho . 2014, *Healthy life expectancy: key points*, [Online], Available at: <http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/key-points> [Accessed 5th March 2015].

Scottish Government. 2009a, *Older People Living in the Community - Nutritional Needs, Barriers and Interventions: A Literature Review*, Edinburgh: Scottish Government.

Scottish Government. 2009b, *Scotland's People: results from the 2007/8 Scottish Household Survey*. [Online], Edinburgh. The Scottish Government. Available at: <http://www.scotland.gov.uk/Publications/2009/09/01114213/23> [Accessed 6th April 2015].

Scottish Government. 2011a, *The Scottish Health Survey: Topic Report: Older Peoples Health* [Online], Available at: <http://www.gov.scot/Publications/2011/11/24083430/0> [Accessed 6th April 2015].

Scottish Government. 2011b, *Poverty and income inequality in Scotland: 2009/10*. [Online], Edinburgh: Scottish Government, Available at: <http://www.scotland.gov.uk/Resource/Doc/933/0117618.pdf> [Accessed 5th April 2015].

Scottish Government. 2012, *Strategic Narrative (Vision 2020)*, [Online], Available at: <http://www.gov.scot/Topics/Health/Policy/2020-Vision/Strategic-Narrative> [Accessed 6th March 2015].

Scottish Government. 2013a, *Route Map to the 2020 Vision for Health and Social Care* [Online], Available at: <http://www.gov.scot/Topics/Health/Policy/Quality-Strategy/routemap2020vision> [Accessed 6th March 2015].

Scottish Government. 2013b, *Reshaping Care for Older People* [Online], Available at: <http://www.gov.scot/Resource/0039/00398295.pdf> [Accessed 6th March 2015].

Scottish Government. 2015, *Public Health Review 2015 - Engagement Paper* [Online], Available at: <http://www.gov.scot/Topics/Health/Healthy-Living/Public-Health-Review/Public-Health-Review-Engagement-Paper> [Accessed 6th March 2015].

Swift, J.A. & Tischler, V. 2010, "Qualitative research in nutrition and dietetics: getting started", *Journal of Human Nutrition and Dietetics*, vol. 23, no. 6, pp. 559-566.

The Silver Line .2015, *Silver Line Scotland* [Online], Available at: <http://www.thesilverline.org.uk/what-we-do/silver-line-scotland> [Accessed 7th April 2015].

Topinková, E. 2008, "Aging, Disability and Frailty", *Annals of Nutrition and Metabolism*, vol. 52, no. 1, pp. 6-11.

Ward, R., Ferguson, J. and Murray, S. 2008, *The evaluation of the Angus Gold Project: a partnership approach to digital education and social inclusion*. Edinburgh. Scottish Government.

Wilson, L. 2013, 'A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions'.. [Online] International Longevity Centre – UK and Malnutrition Task Force, Available at:
http://www.ilcuk.org.uk/index.php/publications/publication_details/a_review_and_summary_of_the_impact_of_malnutrition_in_older_people_and_the [Accessed 1st March 2015].

7 Appendices

Appendix A – Sample customer survey 2014



CUSTOMER SURVEY 2014

In order to improve the quality of services offered by Food Train, we would be delighted if you could spare a few minutes to fill in this questionnaire. Please feel free to miss out any questions that you would rather not answer. Confidentiality will be respected.

TICK THE APPROPRIATE BOX TO ANSWER EACH QUESTION

Food Train shopping service

How long have you used Food Train's shopping service?

Less than 6 months 6 – 12 months more than 1 year more than 5 years

How would you rate the quality and efficiency of our shopping service?

Excellent Good Fair Poor

If our shopping service was unavailable could you access a shop for food supplies?

Easily With Difficulty Not Able

Do you generally find our volunteers capable, friendly, willing and helpful?

Yes No

Comments

How has using Food Train helped you? (Tick as many that apply to you)

Health Feel more independent Mobility Improved Diet

Social Contact Help/Advice on other services General Wellbeing Improved

Reduced risk of falling Feel more able to stay in own home

Other (please detail)

How did you become aware of our shopping service?

From a friend Social Services Nurse/GP/Health Professional

Newspaper Day Centre/Lunch Club Supermarket Family

Housing Association

Other (please detail)

Have you ever had reason to complain about our shopping service?

Yes No

If yes, what was your complaint regarding?

Order not picked up wrong items delivered missing/unsatisfactory items

Other (please detail)

If yes, was your complaint dealt with to your satisfaction?

Yes No

If you answered No here, please use the space below to give us more details. This will help us ensure we resolve all complaints in the future.

Comments

'EXTRA' home support service

Do you also use our 'EXTRA' home support service?

Yes No

If yes, please answer the following questions about our 'EXTRA' home support service (if no, please go to the 'Newsletter' section):

If so, how do you rate the quality and efficiency of our 'EXTRA' home support service?

Excellent Good Fair Poor

Do you think our 'EXTRA' service gives good value for money?

Yes No

Do you find the 'EXTRA' volunteers capable, friendly, willing and helpful?

Yes No

Comments

How has using our 'EXTRA' service helped you?

More social contact Better able to live at home Home is more safe & secure

Reduced risk of falls at home Improved general health & wellbeing

Comments

Without our 'EXTRA' service who would do the jobs we have done?

Carer Family Friends/Neighbour Wouldn't get done

Would do it myself Would have to pay for a commercial service

Newsletter

How do you find our Newsletter?

Enjoyable and informative Did not like or read Unable to read

Please feel free to tell us your ideas for features, stories and articles that could appear in future editions of the newsletter.

Comments

About you

What age are you?

65 - 69 70 - 74 75 - 79 80 - 84 85 - 89 90 - 94

95 - 99 100 +

Are you Male? Female?

Are you living alone? As a couple? With relatives/friends?

Do you receive any other home care or support services?

Yes No

If yes, what kind of home care/support services do you receive? (Tick all that apply)

Care Call Personal Care Household Help

Other (please detail)

About your food choices

We all know that being able to eat good food isn't just good for your health but can bring you pleasure in its own right. We'd like to know if there are any other areas we possibly could help with in the future.

Since using Food Train have you changed what you eat?

Yes No

If 'Yes' could you please tell us in what way? (this could be in a positive or negative way)

Do you feel you get enough to eat each week to keep you well nourished?

Yes No

What issues affect what you buy each week? (Tick all that apply)

Price of food Effort it takes to cook Amount of waste from items

Looking for healthier options Taste Texture

Is there any help that you think would expand your food choices? (Tick all that apply)

Cheaper prices Ideas for meals Demonstration of various cooking skills

Gadgets to help make cooking physically easier Help with food preparation

Visit to a supermarket to see what's available Special cutlery to help at mealtimes

Do you have suggestions for any other services Food Train could provide to help you?

Have you any other comments about Food Train?

Thank you for taking the time to fill in this questionnaire. The results of this annual survey will be used to make sure Food Train services meet our customer's expectations.

This questionnaire can be given to your Food Train volunteer on their next visit. Please place your completed questionnaire back in the envelope provided and seal it. If you have any questions please call your local branch for advice.

Appendix B – Sample referral form

Customer Referral Form
Food Train Glasgow

Date			
Mr/Mrs/Miss		DOB:	Age:
Address			
Postcode	Tel No:		
Housing Association Tenant?	Yes/No		
Name of Housing Association			

Contact details if different from above			
Name		Relationship	
Tel. No.			
Reason for not contacting customer directly:			

Referred by/ Contacted by			
Position/Relationship			
Telephone Number			
Reason for referral or need for service			
How did you find out about Food Train? (e.g. GP, Nurse, Social Work, Friend)		Contact when started?	
Is customer also receiving carer support? Provide details if possible			

Office Use

Preferred Shop	
Frequency	
Collection instructions	
Delivery instructions	

Date Started/Not Started	
Reason for not starting	

Any other comments:	Pick up Run Delivery Run
----------------------------	---

INFORMATION SHEET



The effect of a voluntary service providing grocery delivery on the eating habits and wellbeing of older people: a quantitative and qualitative evaluation

Introduction

You are invited to take part in a study being carried out by Pamela Craig at Glasgow Caledonian University. Pamela is in her final year of the BSc Human Nutrition and Dietetics programme and this study counts towards her final degree.

What is the study about?

The study is about the effect of a voluntary service (Food Train Glasgow) providing grocery delivery on the eating habits and wellbeing of older people. The aim of the study is to analyse customer survey responses and interview some of Food Train's customers in order to evaluate the service to determine whether it has influenced the eating habits and general wellbeing of customers.

Your contribution to the study will help us to understand more about how people think and feel about Food Train service. It will also allow us to develop our work in this important area. Before you decide whether or not to take part, it is important for you to understand what participation in the study will involve for you.

Please take time to read the following information carefully and discuss it with others if you wish. Please contact us at the address below if you would like more information.

What will I have to do if I take part?

If you are interested in taking part, you are firstly asked to have read and understood this information sheet. You will then be asked to complete both copies of the consent form (one copy retained by yourself). Following this you will take part in an informal interview which will

ask questions about your views on Food Train service and will also include a short dietary assessment. This may take approximately 30 minutes. The interview will be recorded discreetly, and the content will be transcribed from which anonymised quotations may be used in the results of the study.

Do I have to take part?

No. It is up to you to decide whether or not to take part. You can stop taking part in the study at any time, without giving a reason, i.e. you do not have to return the study materials. This will not affect any care or services you might receive.

What are the possible disadvantages and risks of taking part?

Of course, a little of your time will be taken up by participating, but we hope that this will not be too taxing or time consuming. There may be some questions you might find difficulty answering, such as recalling what you had to eat the previous day, but this is understandable and all that is asked is that this be recalled to the best of your knowledge.

What are the possible benefits of taking part?

We can't promise that the study will help you personally. However, the results should help our understanding of the experience of customers of Food Train service and the benefits to eating habits and wellbeing. This, in turn, is expected to be beneficial in highlighting the value of services like Food Train and may help secure funding for the future.

What happens when the research study stops?

Written reports of the study findings will be available from pcraig200@caledonian.ac.uk . However, if you wish, a copy of the report can be requested from Pamela Craig at the telephone number or email address given at the end.

What if there is a problem?

If you are concerned about your participation in the study and would like to speak with someone out with the research team, please contact Joyce Potts at the Food Train (0141 4231 722).

What will happen to the information that you give?

Any information that you provide will be collected by Pamela Craig. It will be analysed solely for the purposes of this study, and will stored securely. This information will remain

confidential and any quotations will be anonymised in the results of the study. The recordings from interviews and any associated information will be destroyed on completion of the project.

Will my taking part in this study be kept confidential?

Yes. Ethical and legal practice will be followed, and all of your information will be handled in confidence. Names and addresses are stored securely, and will be destroyed after the study has been completed. The responses that you provide will be treated in confidence. Your rights are protected under the Data Protection Act and any information that might identify you will not be shared outside of the research team. No identifying information will appear in any documents or in the final report.

Who is organising and funding the research?

This research is being funded by Glasgow Caledonian University. Your data will be stored securely at Glasgow Caledonian University for 1 year (i.e. until the project is completed) before questionnaire/interview materials are shredded.

What will happen to the results of the research study?

The data will be analysed and will be available to a range of people, including Glasgow Caledonian University students and supervisors, health professionals and researchers through written reports, established website reports, the media, presentations and journal publications. However, it will not be possible to identify any individual participant from these reports or publications.

Who has reviewed the study?

To protect your safety, rights, wellbeing and dignity, this study has been given ethical approval by Glasgow Caledonian University, School of Health and Life Sciences departmental committee. Consent to take part in the study will be obtained by Pamela Craig. You will receive a copy of all signed consent materials.

Further information and contact details

You can get more study information or discuss the project with the research team at:

Pamela Craig, Email: pcraig200@caledonian.ac.uk .

Jennie Jackson (supervisor), Tel: 0141 331 3738; email: j.a.jackson@gcu.ac.uk .

What happens next?

If you decide you are interested in participating in the study after reading this information sheet, please complete one copy of the consent form and give this to Pamela Craig. One copy of the completed consent form should be retained for your own records. If you would like to find out more about the research before participating please do not hesitate to contact Pamela Craig in the first instance on the above contact details.

Thank you for taking the time to read this study information sheet.



CONSENT FORM

The effect of a voluntary service providing grocery delivery on the eating habits and wellbeing of older people: a quantitative and qualitative evaluation

Please Initial box

- 1. I confirm that I have read and understood the information sheet dated 04/06/14 (version 1) for the above study and have had the opportunity to ask questions and have had these answered satisfactorily.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason without my Food Train grocery service or legal rights being affected.
- 3. I agree to take part in the above study.
- 4. I understand that my participation will be tape-recorded and analysed, anonymised quotes may be used in publications about the research however it will not be possible to identify me from this information. I give my permission for this.
- 5. I understand that the results from this work may be published however it will not be possible to identify any participant from this.

_____ Name or initials of participant	_____ Date	_____ Signature or Initials
_____ Name of person taking consent (if different from researcher)	_____ Date	_____ Signature

Appendix E – Semi-structured interview discussion points

Semi-structured interview

Use below as a guide for points to discuss. The interviews may not necessarily follow in this order, some points may arise naturally in discussion.

Social and Background information

- Age/Living arrangements
- Friends/Family nearby
- Regular visitors or outings
- Any other care support services or home help who come regularly
- Ability to do things around the house - housework, meal preparation, gardening etc, other daily activities?
- Can you manage to get out and about much? Walking short distances, public transport etc...?

Food Train and impact on wellbeing/eating habits

- Length of time being a customer of Food Train
- Frequency of grocery shopping from food train
- Is Food Train the only source of grocery shopping? / additional shops in between?
- Method of grocery shopping before Food Train
- Reason for starting the Food Train
- Ways that Food Train has helped / What does it mean to be able to receive the service?
- Experience of the Food Train Volunteers
- Impact of Food Train service on your ability to get ingredients and what you eat
 - i.e. 'What might you be able to buy more of, or get access to now that you have this service compared with before?' or 'Has it improved your ability to cook and prepare meals yourself? I.e. having more raw ingredients to hand, or accessing meals that you can reheat yourself?'
- Issues which affect/influence the types of food you buy? Taste/texture, nutritional value, time, cost, ease of preparation etc?
- Other things that the Food Train could do to enhance your food choices, i.e. Supermarket visit, meal planning/recipe tips, information on nutrition, economical meal ideas etc?
- How do you rate the value for money of the Food Train service?
- How would you feel if the service you get at the moment from Food Train was no longer available? What is the alternative?

Appendix F – Approval from Glasgow Caledonian University Ethics Committee



Re: ethics application Pamela Craig
Jackson, Jennie

To: Wood, Les;
Cc: CRAIG, PAMELA;

Thanks, Les.

From: <Wood>, Les <L.Wood2@gcu.ac.uk<mailto:L.Wood2@gcu.ac.uk> >

Date: Thursday, 26 June 2014 09:34

To: "Pamela (uni)" <pcraig200@caledonian.ac.uk<mailto:pcraig200@caledonian.ac.uk>>, "Wood, Les" <L.Wood2@gcu.ac.uk<mailto:L.Wood2@gcu.ac.uk> >

Cc: Jennie Jackson <j.a.jackson@gcu.ac.uk<mailto:j.a.jackson@gcu.ac.uk>>

Subject: Re: ethics application Pamela Craig

Hello Pamela and Jennie – just to confirm, I am now happy that this proposal is approved. Good luck with the project,

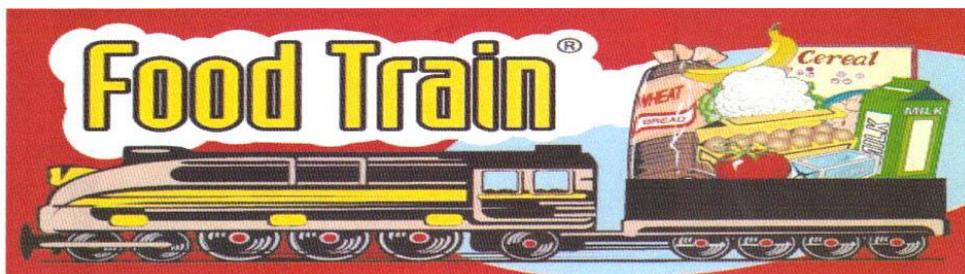
Les

On 19/06/2014 09:11, "Les Wood" <lwo2@gcal.ac.uk> wrote:

Many thanks Pamela

Les

Appendix G – Approval from Food Train



The Food Train, Govanhill Workspace, Unit 13, 69 Dixon Road, Glasgow, G42 8AT
Tel 0141 4231722 Email: glasgow@thefoodtrain.co.uk

06.06.2014

Project: The effect of a voluntary service providing grocery delivery on the eating habits and wellbeing of older people: a quantitative and qualitative evaluation

PERMISSION LETTER

As Regional Manager of Food Train Glasgow I authorise the above project to be undertaken by Pamela Craig of Glasgow Caledonian University (also a Food Train Volunteer) and agree to the following:

- Access to Food Train Glasgow customer referral forms, files and survey responses for analysis to gather data for the above mentioned project.
- Inviting a small number of Food Train Glasgow customers to take part in a short interview to obtain their views and experiences of Food Train and gather information on benefits to their eating habits and overall wellbeing.
- Using Food Train Glasgow name in the write-up of the results, posters and any other publication resulting from the project conducted by Pamela Craig.
- All customer information will be anonymised so that they cannot be identified from the write-up of results and any other publications.

In giving permission to the above, Food Train will also have access to and will be able to use the information gathered by the study to further promote the aims and objectives of the organisation.

Signed: *J. C. Potts*

Joyce Potts, Regional Manager

www.thefoodtrain.co.uk

The Food Train Lt. Company No.158165 is a Company Registered in Scotland.
The Registered Office of the Food Train Ltd. is 30 Castle Street, Dumfries DG1 1DU
Scottish Charity No. 024843

Appendix H - 24 hour dietary recalls and extra notes

Participant C1

- Breakfast - Rice crispies with a banana or handful of strawberries & a cappuccino
- Lunch - Sandwich with cheese/pickle and fresh fruit salad
- Dinner - M & S or Morrisons micro meal (Shepherds pie)
- Dessert - Mr Kipling/Battenburg cake
- Snack - Melon, grapes & ice cream
- Tea (no sugar) and 2 x biscuit/shortbread
- Extra notes
 - Semi skimmed milk
 - Participant stated that she eats similarly most days as routine with carers, no take aways or restaurants/eating out.

Participant C2

- Early Breakfast - Orange Juice with bits, tea (milk, no sugar) & toast x 2, butter
- Later morning - Cornflakes & banana with semi-skimmed milk
- Squash and 1 plain tea biscuit
- Sandwich with cheese, lettuce and tomato with butter on bread
- Snack - Tea or squash with 1 plain tea biscuit
- Dinner - Steak pie/Chips – individual pie or half of larger one.
- Supper - Tea & Toast for supper
- Later evening - Horlicks (mug)
- Notes
 - Can sometimes forget to eat cereal until lunchtime
 - Takes 1 or 2 pieces of toast depending on appetite
 - Uses both white and brown bread
 - Uses semi skimmed milk

C3

- Early Breakfast - Tea & Toast x 1 with butter
- Early Lunch - Boiled egg x 1 & toast x 1 around 11.30am
- Snack - Mid afternoon - Tea & biscuit (chocolate digestive) &
- Snack - Later afternoon - banana
- Dinner - Roast pork (vacuum packed from butchers), new potatoes (boiled x 3), carrots, cauliflower, apple sauce

- Cup of Tea
- Dessert/pudding - Custard pot – ambrosia (eaten cold)
- Supper - Tea & Toast x 1 with butter or marmalade
- Extra notes
 - Eats small breakfast usually
 - Snacks on bananas/fruit sometimes during the day
 - Uses semi-skimmed milk and sometimes sweeteners
 - usually has 1 or 2 eggs everyday, scrambled/fried normally
 - Drinks Irn-Bru through the day also usually around 1 can per day (330 ml)
 - Dislikes fish

C4

- Breakfast early around 7-7.30 - Porridge & Cranberry/pomegranate Juice (from a carton) followed later with cheese & egg (scrambled) on toast x 1
- Lunch - 2 x Toast/Butter & Marmalade, a Banana and a cup of tea (no sugar)
- Snack – Cup of tea (no sugar) & slice of cake/loaf
- Dinner - cooked ham/gammon with chips & beetroot from a jar & 2 slices of bread (white), glass of milk
- Supper – Cup of tea with some chocolate or tea biscuits x 2
- Extra Notes
 - Stays up quite late in evening
 - Mixture of brown/white bread

C5

- Breakfast - Cornflakes with whole milk
- Snack - Tea & biscuit (digestive)
- Lunch – Lentil soup with bread x 1 & butter
- Dinner (5-6pm) - sausage & mashed potato & peas (microwave/convenience meal)
- Supper - Coffee/Tea
- Notes
 - Toast & beans sometimes for breakfast
 - Drinks most evenings around 1-2 measures (spirits) with Irn Bru
 - Cook chips in chip pan, but no oil a modern chip pan.
 - Other dinners/lunches include - Tin of salmon with toast, boiled eggs, oven chips, bread with pre-sliced cheese or frozen meals like shepherd's pie.

Appendix J - Dietary analysis (Dietplan 6 reports)

C1 **Glasgow Caledonian University**
Health & Life Sciences
Menu Analysis

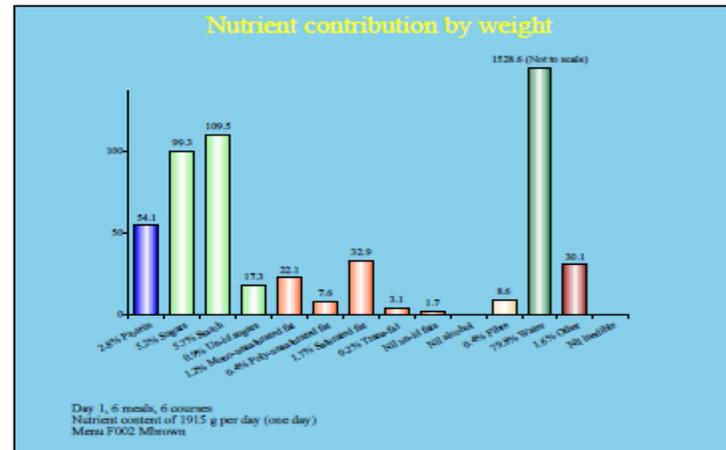
Menu code: [REDACTED]
Description: [REDACTED]
Dietary reference values using:
Personal activity: [REDACTED]
Number of foods: 14 **Total food weight: 1.92kg**

Day 1, 6 meals, 6 courses
Analysis of selected nutrients:

Nutrient	Unit	Total	per day	R.N.I.	per meal
Edible proportion		1.00	1.00	—	1.00
Water	g	1528.6 e	1528.6	—	254.8
Total Nitrogen	g	8.74	8.74	—	1.46
Protein	g	54.1	54.1	46.5	9.0
Fat	g	67.5	67.5	70.4 *	11.3
Available Carbohydrate (mse)	g	226.1	226.1	264.1 *	37.7
Energy (kcal)	kcal	1677	1677	1810 *	279
Energy (kJ)	kJ	7045	7045	7576 *	1174
Starch (mse)	g	120.4	120.4	—	20.1
Total Sugars (mse)	g	104.2	104.2	—	17.4
Non-milk extrinsic sugars	g	29.7 m	29.7	—	4.9
Glucose	g	14.7	14.7	—	2.4
Fructose	g	13.4	13.4	—	2.2
Sucrose (mse)	g	53.0	53.0	—	8.8
Maltose (mse)	g	2.5	2.5	—	0.4
Lactose (mse)	g	20.7	20.7	—	3.4
Non-starch polysaccharides	g	8.6	8.6	18.0	1.4
Total dietary fibre (AOAC method)	g	10.7 +	10.7	—	1.8
Saturated fatty acids	g	32.9	32.9	22.1 *	5.5
Mono-unsaturated fatty acids	g	22.1	22.1	26.1 *	3.7
Poly-unsaturated fatty acids	g	7.6 m	7.6	13.1 *	1.3
Total trans fatty acids	g	3.14 m	3.14	4.02 *	0.52
Cholesterol	mg	182.3 e	182.3	—	30.4
Sodium (Na)	mg	3366	3366	1600	561
Potassium (K)	mg	2618	2618	3500	436
Calcium (Ca)	mg	1160	1160	700	193
Magnesium (Mg)	mg	213	213	270	35
Phosphorus (P)	mg	1056	1056	550	176
Iron (Fe)	mg	8.52	8.52	8.70	1.42
Copper (Cu)	mg	0.59	0.59	1.20	0.10
Zinc (Zn)	mg	8.41	8.41	7.00	1.40
Chloride (Cl)	mg	5353	5353	2500	892
Manganese (Mn)	mg	2.80	2.80	—	0.47
Selenium (Se)	ug	14.3 +	14.3	60.0	2.4
Iodine (I)	ug	110.8 +	110.8	140.0	16.5
Retinol	ug	312 +	312	—	52

Nutrient	Unit	Total	per day	R.N.I.	per meal
Carotene	ug	593 +	593	—	99
Vitamin D	ug	1.56 +	1.56	10.00	0.26
Vitamin E	mg	4.39 +	4.39	—	0.73
Thiamin	mg	1.67 e	1.67	0.72	0.28
Riboflavin	mg	2.20 e	2.20	1.10	0.37
Niacin	mg	14.35 e	14.35	11.95	2.39
Tryptophan divided by 60	mg	11.764	11.764	—	1.961
Vitamin B6	mg	2.23 e	2.23	0.81	0.37
Vitamin B12	ug	6.5	6.5	1.5	1.1
Total Folate	ug	279 +	279	200	47
Pantothenic acid, Pantothenate	mg	5.24 +	5.24	—	0.87
Biotin	ug	24.7 +	24.7	—	4.1
Vitamin C	mg	53	53	40	9

Key: For one or more contributory foods:
d: nutrient value derived or deduced
e: value estimated
+ : present in significant, unknown amounts
m: missing value
Dietary Reference Values marked * are E.A.R.

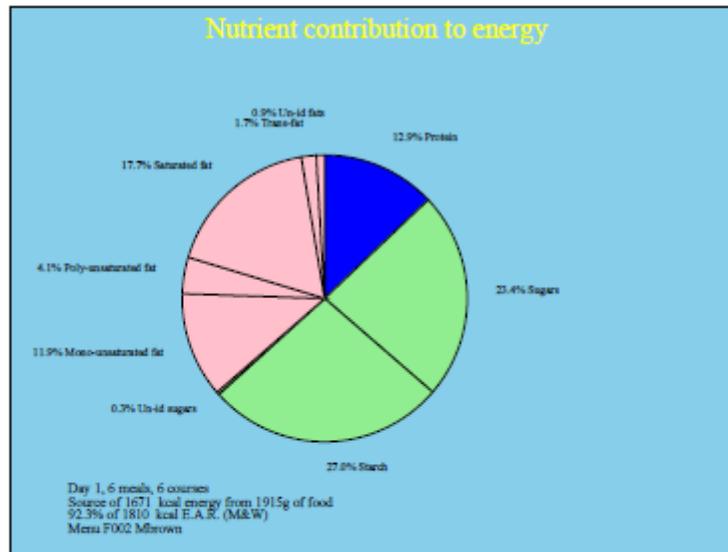


Sources of energy:

Calories from	Total	per meal	per 100g	Percent	UK Food	UK Total
Protein	216	36	11	12.9	15%	15%
Carbohydrate	848	141	44	50.7	50%	47%
Fat	608	101	32	36.3	35%	33%
Alcohol	0	0	0	0.0	0%	5%
Total	1671	279	87	100.0	100%	100%

UK Food column shows the average energy profile for the UK population as a whole from food only excluding alcohol.

UK Total column shows the average energy profile for the UK population as a whole from all sources including alcohol.



Food quantities :

Src	Ref	Weight	Percent	Food or Recipe
MW6	119	13.0	0.7	Shortbread
MW6	125	32.0	1.7	Battenburg cake
MW6	95	40.0	2.1	Rice Krispies
UKN	14-159	60.0	3.1	Melon, Galia
MW6	949	100.0	5.2	Fruit salad, homemade
UKN	14-045	100.0	5.2	Bananas
UKN	12-312	110.0	5.7	Semi-skimmed milk, average
MW6	308	120.0	6.3	Ice cream, dairy, vanilla
MW6	73	140.0	7.3	Sandwich, Cheddar cheese and pickle,
UKN	17-169	200.0	10.4	Tea, infusion, average, with semi-skimmed
MW6	592	400.0	20.9	Cottage/Shepherd's pie, chilled/frozen,
IDS	17-169	600.0	31.3	Tea, infusion, average, with semi-skimmed
Total		1915.0	100.0	

The UK Nutrient Databank is Crown copyright and has been reproduced under licence from the Controller of Her Majesty's Stationery Office

Dietplan8

(c) Forestfield Software Ltd 1991-2014

C2

Glasgow Caledonian University
Health & Life Sciences
Menu Analysis

Menu code : ██████
Description : ██████
Dietary reference values using :
Personal activity : ██████
Number of foods : 20

Total food weight : 1.94kg

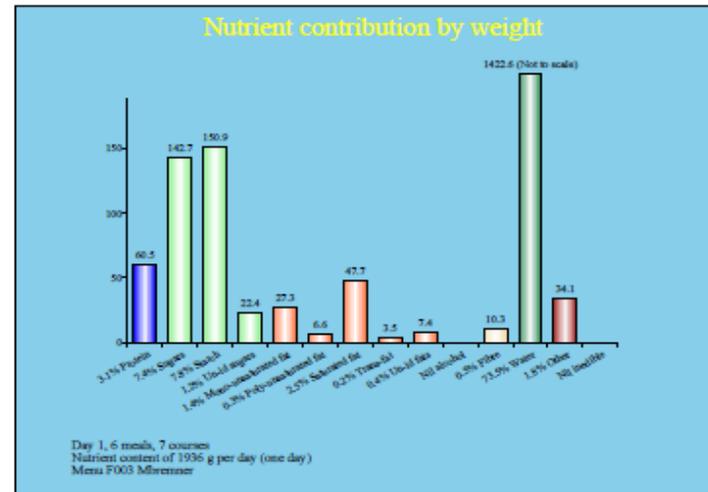
Day 1, 6 meals, 7 courses

Analysis of selected nutrients :

Nutrient	Unit	Total	per day	R.N.I.	per meal
Edible proportion		1.00	1.00	—	1.00
Water	g	1422.6	1422.6	—	237.1
Total Nitrogen	g	9.84	9.84	—	1.64
Protein	g	60.5	60.5	46.5	10.1
Fat	g	92.5	92.5	66.4 *	15.4
Available Carbohydrate (mse)	g	316.0	316.0	249.7 *	52.7
Energy (kcal)	kcal	2264	2264	1810 *	377
Energy (kJ)	kJ	9515	9515	7576 *	1586
Starch (mse)	g	165.9	165.9	—	27.7
Total Sugars (mse)	g	149.8	149.8	—	25.0
Non-milk extrinsic sugars	g	3.5 m	3.5	—	0.6
Glucose	g	27.6 +	27.6	—	4.6
Fructose	g	28.6 +	28.6	—	4.8
Sucrose (mse)	g	58.2 +	58.2	—	9.7
Maltose (mse)	g	6.3 +	6.3	—	1.1
Lactose (mse)	g	9.2 +	9.2	—	1.5
Non-starch polysaccharides	g	10.3	10.3	18.0	1.7
Total dietary fibre (AOAC method)	g	14.1 +	14.1	—	2.3
Saturated fatty acids	g	47.7 +	47.7	20.1 *	8.0
Mono-unsaturated fatty acids	g	27.3 +	27.3	24.1 *	4.5
Poly-unsaturated fatty acids	g	6.6 +	6.6	12.1 *	1.1
Total trans fatty acids	g	3.54 m	3.54	4.02 *	0.59
Cholesterol	mg	191.3 +	191.3	—	31.9
Sodium (Na)	mg	2385	2385	1600	398
Potassium (K)	mg	4037	4037	3500	673
Calcium (Ca)	mg	1449 e	1449	700	241
Magnesium (Mg)	mg	285	285	270	48
Phosphorus (P)	mg	1300	1300	550	217
Iron (Fe)	mg	12.20	12.20	8.70	2.03
Copper (Cu)	mg	1.05	1.05	1.20	0.18
Zinc (Zn)	mg	7.96	7.96	7.00	1.33
Chloride (Cl)	mg	3612 +	3612	2500	602
Manganese (Mn)	mg	3.18 +	3.18	—	0.53
Selenium (Se)	ug	18.3 +	18.3	60.0	3.1
Iodine (I)	ug	102.1 +	102.1	140.0	17.0
Retinol	ug	786	786	—	131

Nutrient	Unit	Total	per day	R.N.I.	per meal
Carotene	ug	1297 +	1297	—	216
Vitamin D	ug	2.16	2.16	10.00	0.36
Vitamin E	mg	5.50 +	5.50	—	0.92
Thiamin	mg	2.64	2.64	0.72	0.44
Riboflavin	mg	2.33 e	2.33	1.10	0.39
Niacin	mg	24.46 e	24.46	11.95	4.08
Tryptophan divided by 60	mg	13.157e	13.157	—	2.193
Vitamin B6	mg	2.73 +	2.73	0.70	0.46
Vitamin B12	ug	5.8 e	5.8	1.5	1.0
Total Folate	ug	388 e	388	200	65
Pantothenic acid, Pantothenate	mg	4.04 +	4.04	—	0.67
Biotin	ug	27.3 +	27.3	—	4.6
Vitamin C	mg	378	378	40	63

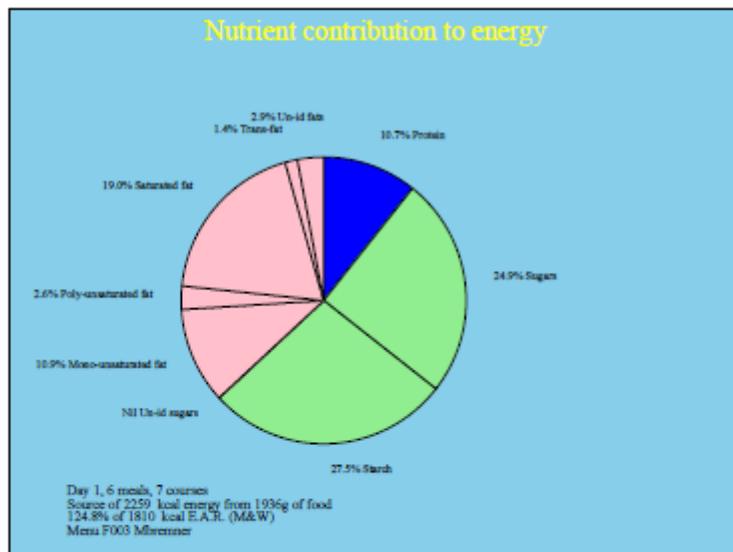
Key: For one or more contributory foods:
d: nutrient value derived or deduced
e: value estimated
+ : present in significant, unknown amounts
m: missing value
Dietary Reference Values marked * are E.A.R.



Sources of energy :

Calories from	Total	per meal	per 100g	Percent	UK Food	UK Total
Protein	242	40	13	10.7	15%	15%
Carbohydrate	1185	197	61	52.4	50%	47%
Fat	833	139	43	36.9	35%	33%
Alcohol	0	0	0	0.0		5%
Total	2260	377	117	100.0	100%	100%

UK Food column shows the average energy profile for the UK population as a whole from food only excluding alcohol.
 UK Total column shows the average energy profile for the UK population as a whole from all sources including alcohol.



Food quantities :

Src	Ref	Weight	Percent	Food or Recipe
UKN	11-514	10.0	0.5	Gingernut biscuits
UKN	11-492	30.0	1.5	Frosties
UKN	12-346	40.0	2.1	Cheddar cheese
MW6	351	44.0	2.3	Butter
MW6	40	60.0	3.1	Brown bread, average
MW6	858	65.0	3.4	Tomatoes, raw
MW6	55	72.0	3.7	White bread, toasted
UKN	14-045	80.0	4.1	Bananas
MW6	211	100.0	5.2	Semi-skimmed milk, average
MW6	562	120.0	6.2	Steak and kidney/Beef pie, individual,
MW6	1127	150.0	7.7	Orange juice concentrate, unsweetened
UKN	13-029	165.0	8.5	Oven chips, frozen, baked
IDS	17-561	200.0	10.3	Horlicks powder, made up with
UKN	17-190	200.0	10.3	Fruit drink/squash, concentrated, made up
IDS	17-169	600.0	31.0	Tea, infusion, average, with semi-skimmed
Total		1936.0	100.0	

The UK Nutrient Databank is Crown copyright and has been reproduced under licence from the Controller of Her Majesty's Stationery Office

C3

Glasgow Caledonian University
Health & Life Sciences
Menu Analysis

Menu code : ██████
Description : ██████
Dietary reference values using :
Personal activity : ██████
Number of foods : ██████ Total food weight : 2.06kg

Day 1, 5 meals, 8 courses

Analysis of selected nutrients :

Nutrient	Unit	Total	per day	R.N.I.	per meal
Edible proportion		0.99	0.99	—	0.99
Water	g	1685.2	1685.2	—	337.0
Total Nitrogen	g	12.43	12.43	—	2.49
Protein	g	76.5	76.5	46.5	15.3
Fat	g	67.8	67.8	69.7 *	13.6
Available Carbohydrate (mse)	g	217.4	217.4	264.5 *	43.5
Energy (kcal)	kcal	1736	1736	1900 *	347
Energy (kJ)	kJ	7289	7289	7952 *	1458
Starch (mse)	g	99.9	99.9	—	20.0
Total Sugars (mse)	g	117.4	117.4	—	23.5
Non-milk extrinsic sugars	g	54.8 m	54.8	—	11.0
Glucose	g	23.2	23.2	—	4.6
Fructose	g	22.3	22.3	—	4.5
Sucrose (mse)	g	54.4	54.4	—	10.9
Maltose (mse)	g	4.9	4.9	—	1.0
Lactose (mse)	g	12.5	12.5	—	2.5
Non-starch polysaccharides	g	8.7 +	8.7	18.0	1.7
Total dietary fibre (AOAC method)	g	10.3 +	10.3	—	2.1
Saturated fatty acids	g	33.3	33.3	21.1 *	6.7
Mono-unsaturated fatty acids	g	20.5	20.5	25.3 *	4.1
Poly-unsaturated fatty acids	g	5.3	5.3	12.7 *	1.1
Total trans fatty acids	g	1.88 m	1.88	4.22 *	0.38
Cholesterol	mg	429.1	429.1	—	85.8
Sodium (Na)	mg	1334 e	1334	1600	267
Potassium (K)	mg	2411	2411	3500	482
Calcium (Ca)	mg	592	592	700	118
Magnesium (Mg)	mg	189	189	270	38
Phosphorus (P)	mg	1049	1049	550	210
Iron (Fe)	mg	6.06	6.06	8.70	1.21
Copper (Cu)	mg	0.70	0.70	1.20	0.14
Zinc (Zn)	mg	8.01 e	8.01	7.00	1.60
Chloride (Cl)	mg	2341 e	2341	2500	468
Manganese (Mn)	mg	2.37 +	2.37	—	0.47
Selenium (Se)	ug	43.4 +	43.4	60.0	8.7
Iodine (I)	ug	119.1 +	119.1	140.0	23.8
Retinol	ug	576	576	—	115

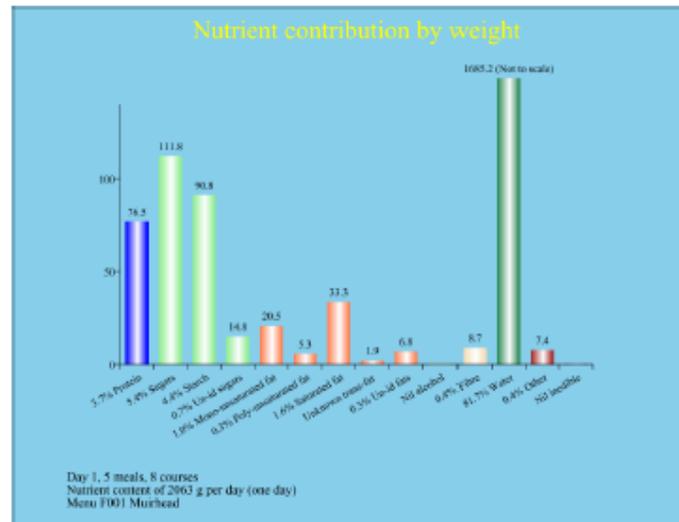
[Mnu F001] Report created 12 October 2014

Page 1

Nutrient	Unit	Total	per day	R.N.I.	per meal
Carotene	ug	7032	7032	—	1406
Vitamin D	ug	2.34	2.34	10.00	0.47
Vitamin E	mg	3.53 e	3.53	—	0.71
Thiamin	mg	2.07	2.07	0.76	0.41
Riboflavin	mg	1.32	1.32	1.10	0.26
Niacin	mg	14.05	14.05	12.54	2.81
Tryptophan divided by 60	mg	16.508	16.508	—	3.302
Vitamin B6	mg	1.88 e	1.88	0.70	0.38
Vitamin B12	ug	2.4	2.4	1.5	0.5
Total Folate	ug	158 +	158	200	32
Pantothenic acid, Pantothenate	mg	6.63 +	6.63	—	1.33
Biotin	ug	30.1 +	30.1	—	6.0
Vitamin C	mg	49	49	40	10

Key: For one or more contributory foods:
d: nutrient value derived or deduced
e: value estimated
+ : present in significant, unknown amounts
m: missing value

Dietary Reference Values marked * are E.A.R.



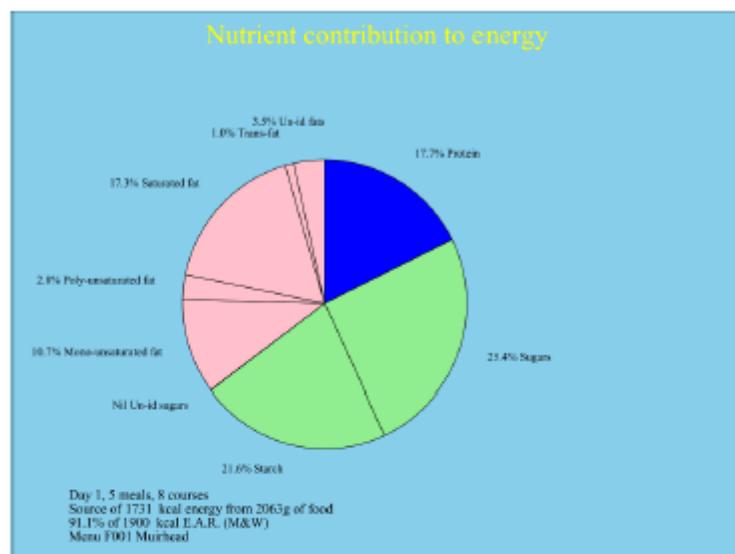
Sources of energy :

Calories from	Total	per meal	per 100g	Percent	UK Food	UK Total
Protein	306	61	15	17.7	15%	15%
Carbohydrate	815	163	40	47.1	50%	47%
Fat	610	122	30	35.2	35%	33%
Alcohol	0	0	0	0.0	—	5%
Total	1731	346	84	100.0	100%	100%

[Mnu F001] Report created 12 October 2014

Page 2

UK Food column shows the average energy profile for the UK population as a whole from food only excluding alcohol.
 UK Total column shows the average energy profile for the UK population as a whole from all sources including alcohol.



Food quantities :

Src	Ref	Weight	Percent	Food or Recipe
MW6	1037	15.0	0.7	Jam, fruit with edible seeds
MW6	109	34.0	1.6	Digestive biscuits, chocolate
UKN	17-608	40.0	1.9	Apple sauce, homemade
MW6	351	43.0	2.1	Butter
MW6	792	50.0	2.4	Carrots, old, raw
UKN	12-806	50.0	2.4	Eggs, chicken, boiled
UKN	13-216	50.0	2.4	Cauliflower, boiled in salted water
MW6	55	96.0	4.7	White bread, toasted
UKN	14-045	100.0	4.8	Bananas
MW6	321	125.0	6.1	Custard, ready to eat
UKN	18-262	150.0	7.3	Pork, loin joint, roasted, lean
UKN	13-002	180.0	8.7	New potatoes, boiled in salted water
IDS	17-169	200.0	9.7	Tea, infusion, average, with semi-skimmed
UKN	17-175	330.0	16.0	Cola
UKN	17-169	600.0	29.1	Tea, infusion, average, with semi-skimmed
Total		2063.0	100.0	

The UK Nutrient Databank is Crown copyright and has been reproduced under licence from the Controller of Her Majesty's Stationery Office

C4

Glasgow Caledonian University
Health & Life Sciences
Menu Analysis

Menu code : ██████
Description : ██████
Dietary reference values using :
Personal activity : ██████
Number of foods : 17

Total food weight : 1.78kg

Day 1, 5 meals, 6 courses

Analysis of selected nutrients :

Nutrient	Unit	Total	per day	R.N.I.	per meal
Edible proportion		0.98 m	0.98	—	0.98
Water	g	1309.4	1309.4	—	261.9
Total Nitrogen	g	12.08	12.08	—	2.42
Protein	g	73.8	73.8	46.5	14.8
Fat	g	104.7	104.7	66.4 *	20.9
Available Carbohydrate (mse)	g	252.7	252.7	249.7 *	50.5
Energy (kcal)	kcal	2201	2201	1810 *	440
Energy (kJ)	kJ	9223	9223	7576 *	1845
Starch (mse)	g	157.8 +	157.8	—	31.6
Total Sugars (mse)	g	73.5 +	73.5	—	14.7
Non-milk extrinsic sugars	g	—	—	—	—
Glucose	g	4.6 +	4.6	—	0.9
Fructose	g	5.0 +	5.0	—	1.0
Sucrose (mse)	g	44.8 +	44.8	—	9.0
Maltose (mse)	g	4.2 +	4.2	—	0.8
Lactose (mse)	g	12.9	12.9	—	2.6
Non-starch polysaccharides	g	13.6 +	13.6	18.0	2.7
Total dietary fibre (AOAC method)	g	18.6 +	18.6	—	3.7
Saturated fatty acids	g	48.5 e	48.5	20.1 *	9.7
Mono-unsaturated fatty acids	g	32.6 e	32.6	24.1 *	6.5
Poly-unsaturated fatty acids	g	14.7 e	14.7	12.1 *	2.9
Total trans fatty acids	g	1.94 m	1.94	4.02 *	0.39
Cholesterol	mg	616.3 m	616.3	—	123.3
Sodium (Na)	mg	4046 +	4046	1600	809
Potassium (K)	mg	2740 +	2740	3500	548
Calcium (Ca)	mg	931 +	931	700	186
Magnesium (Mg)	mg	273 +	273	270	55
Phosphorus (P)	mg	1393 +	1393	550	279
Iron (Fe)	mg	10.57 +	10.57	8.70	2.11
Copper (Cu)	mg	1.30 +	1.30	1.20	0.26
Zinc (Zn)	mg	9.34 +	9.34	7.00	1.87
Chloride (Cl)	mg	6814 +	6814	2500	1363
Manganese (Mn)	mg	4.55 +	4.55	—	0.91
Selenium (Se)	ug	49.0 +	49.0	60.0	9.8
Iodine (I)	ug	125.4 +	125.4	140.0	25.1
Retinol	ug	875 m	875	—	175

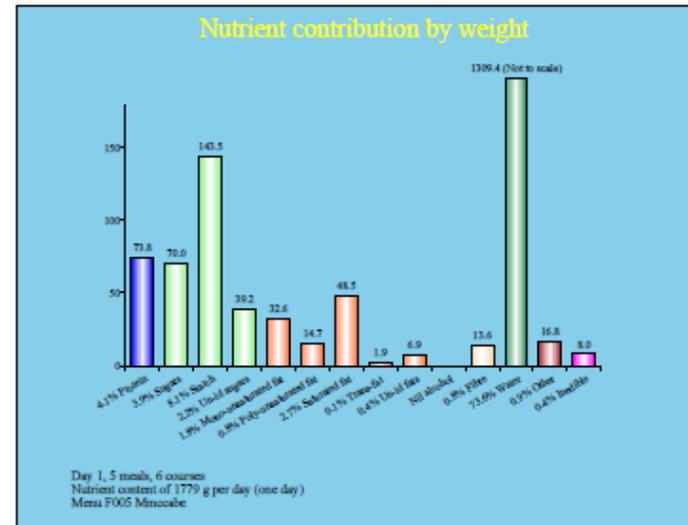
[Menu F005] Report created 12 October 2014

Page 1

Nutrient	Unit	Total	per day	R.N.I.	per meal
Carotene	ug	393 m	393	—	79
Vitamin D	ug	4.46	4.46	10.00	0.89
Vitamin E	mg	9.39	9.39	—	1.88
Thiamin	mg	1.41	1.41	0.72	0.28
Riboflavin	mg	1.59	1.59	1.10	0.32
Niacin	mg	15.13	15.13	11.95	3.03
Tryptophan divided by 60	mg	17.026	17.026	—	3.405
Vitamin B6	mg	1.92	1.92	0.70	0.38
Vitamin B12	ug	4.7	4.7	1.5	0.9
Total Folate	ug	213	213	200	43
Pantothenic acid, Pantothenate	mg	5.60 +	5.60	—	1.12
Biotin	ug	46.3 +	46.3	—	9.3
Vitamin C	mg	76 +	76	40	15

Key: For one or more contributory foods:
d: nutrient value derived or deduced
e: value estimated
+ : present in significant, unknown amounts
m: missing value

Dietary Reference Values marked * are E.A.R.



Sources of energy :

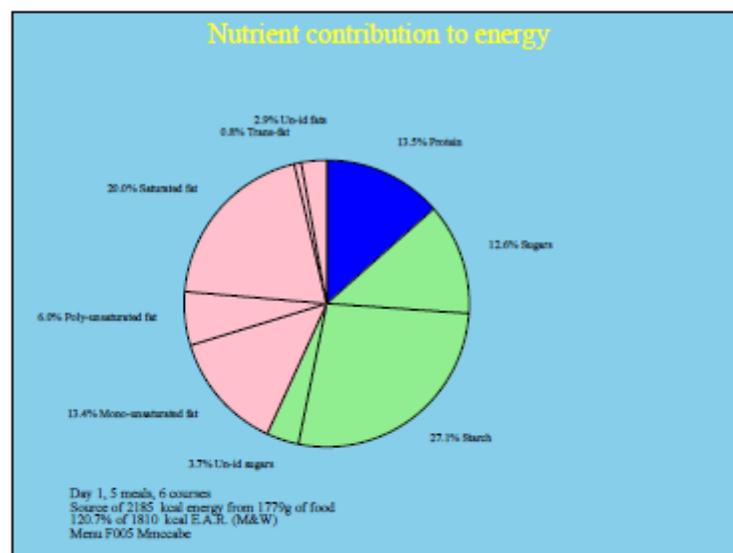
Calories from	Total	per meal	per 100g	Percent	UK Food	UK Total
Protein	295	59	17	13.5	15%	15%
Carbohydrate	948	190	53	43.4	50%	47%
Fat	942	188	53	43.1	35%	33%
Alcohol	0	0	0	0.0		5%
Total	2185	437	123	100.0	100%	100%

[Menu F005] Report created 12 October 2014

Page 2

UK Food column shows the average energy profile for the UK population as a whole from food only excluding alcohol.

UK Total column shows the average energy profile for the UK population as a whole from all sources including alcohol.



Food quantities :

Src	Ref	Weight	Percent	Food or Recipe
UKN	12-346	20.0	1.1	Cheddar cheese
MW6	351	22.0	1.2	Butter
MW6	1050	30.0	1.7	Chocolate, milk
UKN	11-099	54.0	3.0	White bread, average
MW6	142	60.0	3.4	Sponge cake
UKN	13-166	70.0	3.9	Beetroot, pickled, drained
UKN	14-045	80.0	4.5	Bananas
MW6	406	100.0	5.6	Ham, gammon joint, raw
UKN	11-457	108.0	6.1	Brown bread, toasted
IDS	12-926	120.0	6.7	Eggs, chicken, scrambled, with milk
MW6	1122	150.0	8.4	Cranberry juice
UKN	13-029	165.0	9.3	Oven chips, frozen, baked
UKN	11-633	200.0	11.2	Porridge, made with milk and water
UKN	17-169	200.0	11.2	Tea, infusion, average, with semi-skimmed
IDS	17-169	400.0	22.5	Tea, infusion, average, with semi-skimmed
Total		1779.0	100.0	

The UK Nutrient Database is Crown copyright and has been reproduced under licence from the Controller of Her Majesty's Stationery Office

C5

Glasgow Caledonian University
Health & Life Sciences
Menu Analysis

Menu code: [REDACTED]
Description: [REDACTED]
Dietary reference values using:
Personal activity: [REDACTED]
Number of foods: 12

Total food weight : 1.18kg

Day 1, 6 meals, 6 courses

Analysis of selected nutrients :

Nutrient	Unit	Total	per day	R.N.I.	per meal
Edible proportion		1.00 m	1.00	—	1.00
Water	g	906.5 e	906.5	—	151.1
Total Nitrogen	g	6.70	6.70	—	1.12
Protein	g	41.7	41.7	53.3	7.0
Fat	g	54.6	54.6	77.0 *	9.1
Available Carbohydrate (mse)	g	143.3	143.3	290.3 *	23.9
Energy (kcal)	kcal	1311	1311	2100 *	218
Energy (kJ)	kJ	5487	5487	8790 *	914
Starch (mse)	g	103.1	103.1	—	17.2
Total Sugars (mse)	g	36.7	36.7	—	6.1
Non-milk extrinsic sugars	g	—	—	—	—
Glucose	g	2.3 +	2.3	—	0.4
Fructose	g	1.8 +	1.8	—	0.3
Sucrose (mse)	g	23.7 +	23.7	—	3.9
Maltose (mse)	g	0.6 +	0.6	—	0.1
Lactose (mse)	g	8.1	8.1	—	1.3
Non-starch polysaccharides	g	8.3	8.3	18.0	1.4
Total dietary fibre (AOAC method)	g	11.3 +	11.3	—	1.9
Saturated fatty acids	g	28.4 e	28.4	23.3 *	4.7
Mono-unsaturated fatty acids	g	17.2 e	17.2	28.0 *	2.9
Poly-unsaturated fatty acids	g	4.8 e	4.8	14.0 *	0.8
Total trans fatty acids	g	0.93 m	0.93	4.67 *	0.16
Cholesterol	mg	139.0 m	139.0	—	23.2
Sodium (Na)	mg	1784	1784	1600	297
Potassium (K)	mg	1745	1745	3500	291
Calcium (Ca)	mg	639	639	700	106
Magnesium (Mg)	mg	150	150	300	25
Phosphorus (P)	mg	692	692	550	115
Iron (Fe)	mg	10.88	10.88	8.70	1.81
Copper (Cu)	mg	0.71	0.71	1.20	0.12
Zinc (Zn)	mg	5.01	5.01	9.50	0.84
Chloride (Cl)	mg	2820	2820	2500	470
Manganese (Mn)	mg	1.19 +	1.19	—	0.20
Selenium (Se)	ug	20.6 +	20.6	75.0	3.4
Iodine (I)	ug	68.7 +	68.7	140.0	11.4
Retinol	ug	360 m	360	—	60

[Menu F004] Report created 12 October 2014

Page 1

Nutrient	Unit	Total	per day	R.N.I.	per meal
Carotene	ug	767 m	767	—	128
Vitamin D	ug	0.98 e	0.98	10.00	0.16
Vitamin E	mg	2.17 +	2.17	—	0.36
Thiamin	mg	1.99	1.99	0.84	0.33
Riboflavin	mg	1.34	1.34	1.30	0.22
Niacin	mg	19.96	19.96	13.86	3.33
Tryptophan divided by 60	mg	6.529	6.529	—	1.088
Vitamin B6	mg	2.57	2.57	0.80	0.43
Vitamin B12	ug	2.5	2.5	1.5	0.4
Total Folate	ug	163	163	200	27
Pantothenic acid, Pantothenate	mg	3.28 +	3.28	—	0.55
Biotin	ug	12.6 +	12.6	—	2.1
Vitamin C	mg	24	24	40	4

Key: For one or more contributory foods:

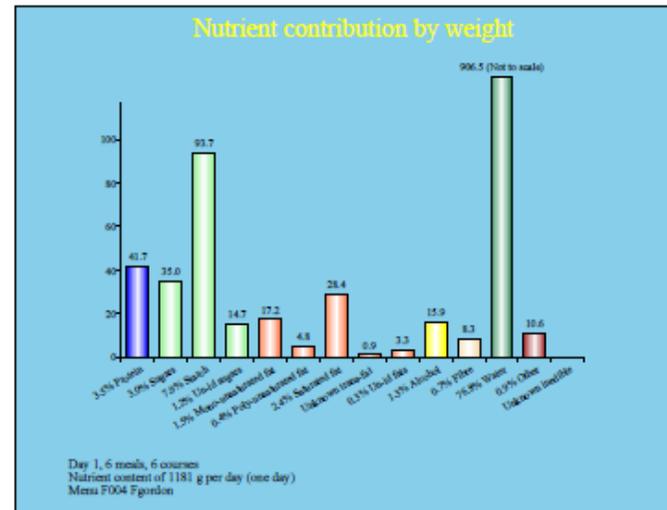
d: nutrient value derived or deduced

e: value estimated

+ : present in significant, unknown amounts

m: missing value

Dietary Reference Values marked * are E.A.R.



Sources of energy :

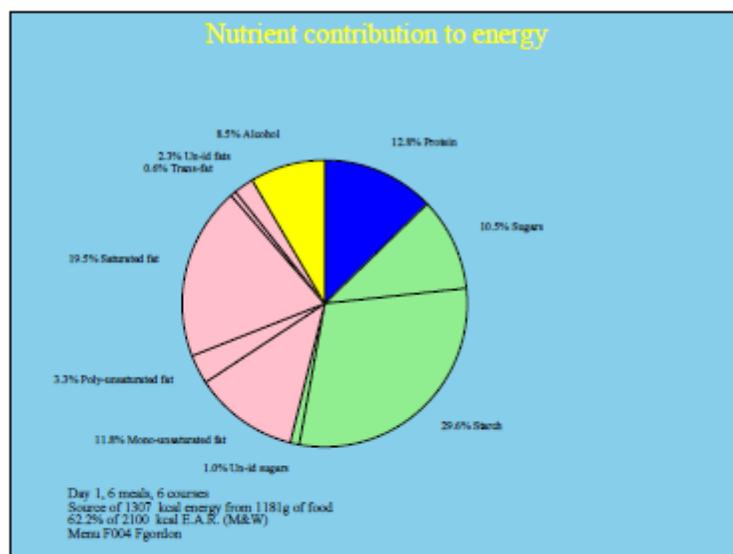
Calories from	Total	per meal	per 100g	Percent	UK Food	UK Total
Protein	167	28	14	12.8	15%	15%
Carbohydrate	538	90	46	41.1	50%	47%
Fat	492	82	42	37.6	35%	33%
Alcohol	111	18	9	8.5	—	5%
Total	1307	218	111	100.0	100%	100%

[Menu F004] Report created 12 October 2014

Page 2

UK Food column shows the average energy profile for the UK population as a whole from food only excluding alcohol.

UK Total column shows the average energy profile for the UK population as a whole from all sources including alcohol.



Food quantities :

Src	Ref	Weight	Percent	Food or Recipe
MW6	351	11.0	0.9	Butter
UKN	11-513	13.0	1.1	Digestive biscuits, plain
UKN	11-099	27.0	2.3	White bread, average
UKN	13-478	40.0	3.4	Peas, boiled in salted water
MW6	85	45.0	3.8	Frosties
MW6	1160	50.0	4.2	Spirits, 40% volume
IDS	19-080	80.0	6.8	Pork sausages, chilled, grilled
MW6	217	120.0	10.2	Whole milk, average
UKN	13-481	175.0	14.8	Old potatoes, mashed with butter
UKN	17-601	220.0	18.6	Lentil soup, homemade
UKN	17-168	400.0	33.9	Tea, infusion, average, with whole milk
Total		1181.0	100.0	

The UK Nutrient Databank is Crown copyright and has been reproduced under licence from the Controller of Her Majesty's Stationery Office

Dietplan8

(c) Forestfield Software Ltd 1991-2014

Participant C1 – female, aged 70-75 years, living alone, wheelchair user

PC: Ok, so we have your completed consent form and you are happy to proceed with everything, do you have any questions before we start?

C1: No, go on.

PC: Ok, I will just go through some background information about you first and then some questions about Food Train. So first of all, do you live here alone?

C1: Yes, I live here alone. I've been here about 35 years nearly, I used to live in [another nearby local area] a long time ago before moving here.

PC: I'm still getting to grips with this area of the city, so I'm not so familiar with all of the different areas, since I'm from [other end of the city], so it is hard for me to find my way sometimes! So do you have family nearby or know people in the area, neighbours etc?

C1: I know some neighbours, although many have moved on over the years. There are two families next door and across the road [family names]. In any emergency, I can phone and ask and they have two shops locally and the father and two of their boys work in the shops. And if there's nobody one in the house then I can call the shop and they will pass the word along, and someone could come along to help. I attend the local church, the elder lives down the road {road name}, and the elder comes in quite a bit.

PC: So you get plenty of visitors then, and you have carers or home helps also?

C1: Yes, one team mon-fri 8am & 12.15pm and at the weekend, well there's an evenings and weekend team, one week they come on Mon & Tues then Saturday & Sunday. The other week they do Wednesday and Thursday and Sat & Sun, and they are tremendous! I also have people come through the night as I can't stand up myself, so they help me stand using the standing aid and it lets me stand and turn around and sit down again. The night people tend to spot things that the day people don't notice, things about my health, they'll notice, they are very nice. They spotted something - that I was passing blood. So there have been some bladder investigations, but there have been some insufficiencies at one of the hospitals, I won't say which.

PC: That's good they have spotted this and hopefully they will get to the bottom of the investigations. Do you have anyone who takes you out or any regular outings?

C1: Yes, my friend, the Church elder takes me into town [Goes on to discuss the location of church hall and recent change of location]. It is difficult for me as there are about 8 steps [to the church hall], but four strong men carry me up the steps and back down again! It is going to be a sloped ramp so they will just push me up, and they will create a lift at the side which I can use. Sorry I'm going off on a tangent now!

PC: So, next we will talk about Food Train. So, how did you hear about Food Train?

C1: My neighbour next door used to do my shop, and I had a motability car, an automatic car, I then got involved in an accident and had to have it converted to hand controls so I was able to drive myself, but they insured {neighbour} to drive as well. She would shop for me, but there were problems. Her father was very ill, and it was very difficult for her to keep doing the shopping and visiting her father. She told me one weekend that she could no longer help, but she understood that [local authority service] could help, and she contacted them and found they would charge £18 for this! But she had seen a notice in [supermarket] for Food Train, and told me they do your shopping for £3. This conversation took place at breakfast time and that afternoon my social worker arrived who comes every 4 months to see how things are going. So I told her that I had heard about the Food Train. She said, that's marvellous, I have a Food Train leaflet in the car! So I waited until the next morning, and phoned the Food Train office. They said, that's fine Mrs X, we will send out everything you need and someone will be round to collect your first order on Monday, and your first delivery will be on Wednesday! And that was it! I'm the nearest person to [supermarket] so I get my delivery at the first delivery. Food train were so quick to get everything set up...

PC: It's the freshest then!

C1: Yes, it's wonderful!

PC: So how long have you been with Food Train now?

C1: I've been with Food train for nearly a year now. Is that right?

PC: I'm not sure, they launched in early 2013, so that could be right.

C1: I've been invited to the AGM for Food Train and it includes transport but it's at 2 o'clock, and it might interfere with carer timings for the evening meal so I'm not sure. I have been invited to a Christmas lunch through Food Train and I have accepted [smiles]. It's somewhere in Glasgow. Two of the Food Train volunteers, who must have church

connections, who realised that there must be lots of people sitting, going to be on their own on Christmas day. I have lots of relatives, well, not lots of relatives, but some relatives, and lots of friends of the church but they all have stairs up to houses or bathrooms upstairs.

PC: That must make it difficult for you.

C1: So there is just no way to go [on Christmas day], and it would also be very difficult for them to come here and organise, they would need to do the cooking, but space is limited.

PC: So is this Christmas lunch on Christmas day itself?

C1: Yes, I've no idea how many are going, it's fabulous. I got the invitation one week, and the next week they asked if I was going to go, I said yes.

PC: I'm sure it will be a lovely time. So food train is not your only source you have said before.

C1: Food train is mostly fresh items, salad, tomatoes, milk etc, the only frozen thing I get is ice-cream. While I was shopping myself, I used to find [supermarket name] had a good frozen food section, and there was certain ones I used to get. Now, most of the ones I get are cooked in the microwave, there is one fish pie that takes half an hour in the oven. If it's the fish pie I have a carer who I know will be on time. So, I put the fish pie in the oven at 4.50 and carer comes at 5.15pm. Some carer teams come at 5.25pm and it's a little late, so you can't always rely on them.

PC: So do you have any other shopping out-with Food Train at all?

C1: I get my frozen meals through a friend as she can go to different shops as some items from one shop only are not the ones that you always want or the preparation of the meals is oven rather than microwave which can be difficult. She can look at the microwave meals or ready meals in the frozen section and find ones to try that she thinks I will like so that I can get more variety as I don't know what's out there.

PC: Good, so how do you think that the food train helps you overall?

C1: Well, before it was my neighbour that shopped once a week and sometimes she would say as well, if you run out of milk then call [sons name] and he will bring it in when the shop closes. They had spare keys and so it was easy to get in here.

PC: So do you find it easier now that you are with Food Train, maybe not having to ask others?

C1: An RE teacher who I was very friendly with and her husband, they have a supermarket very close to them. If I have a real emergency then I can ask them, and later in the day they will drive over with it [the shopping].

PC: That's good. So your main reason for starting the Food Train was because your neighbour was no longer able to help and you were looking for an alternative?

C1: Yes, the fact that my carers had seen the leaflet and Food Train were so quick [to set things up]. and they allow you to pay by cheque. I used to have to organise cash with some difficulty when [neighbour] shopped for me. Sometimes I have had to give someone my debit card for shopping and to get cashback, change for the hairdresser or cleaner who comes that I give cash to, but cheque is easier for me.

PC: So, how do you think Food Train has helped you?

C1: Well [pauses for thought], oh I don't know [pauses] well, I would have found it very difficult to ask anyone else [lists some names of friends] but they wouldn't have wanted to do it weekly or regularly.

PC: So Food Train were there when there wasn't any other option for help with your shopping other than [local authority shopping service] that you mentioned earlier?

C1: Yes [pauses] and I mean there doesn't seem to be a limit to what you can get from food train, or a minimum.

PC: No there's, no minimum, or maximum with Food Train, they are usually flexible that way.

C1: And, when we're planning for Christmas they [Food Train] suggest a limit, so you are limited to 12 items in the weeks coming up to Christmas, but they warn you to stock up in advance. My people [carers] are always highly amused with this [laughs]. Or they were highly amused when I was stocking up, and I had extra tins of soup and other various things! [smiles]. And with holidays, holiday weekends, they give you an extra sheet so you can write the next week's list, or you can phone a list in. So they are very good. I quite often, if I forget something, I phone on a Tuesday and add it on the day before the shopping is done. I don't know if I am the only person who phones in regularly, but the person who answers recognises my voice and say 'Yes Mrs X' we can do that for you

[chuckles]. And, if there's nobody there, they will say to you 'give us your telephone number and we will ring you back' and they do which is very good.

PC: And what about their volunteers? Do you enjoy them coming round?

C1: Yes! They are extremely good! They know where everything goes [smiles]. I'm always the first person to get a delivery from [supermarket]. It's wonderful..! I'm a great fan of Food Train. I have told two of my carers who have relatives who are kind of housebound, so I told them and they told their relatives that might take it up as well. And, also my gardener sometimes sees the volunteers coming in, so he has also told his older relative who lives in Renfrew, which I hear they are starting up in this area also.

PC: Yes, it's definitely spreading out across the region. So, has the type of foods that you buy, has this changed since at all since using Food Train, or do you find this is the same as before?

C1: No, it's much the same. [Front door opens]. Oh, the carers have come a little early! [interruption from carers coming in to prepare/serve lunch]. They need to take the trolley away to the kitchen.

PC: Will you need me to stop the interview now?

C1: Well, soon as lunch will be shortly.

PC: Ok, just one quick question then a short diet history if we have time. So if Food Train wasn't available would you find it difficult?

C1: Oh yes, certainly, it's £18 for [local authority shopping service] for one lot of shopping, and if you need a 2nd lot of shopping, well it could add up.

PC: Ok, I think that's all I need right now for the interview, thank you.

Participant C2 – female, aged 80-85 years, living alone

PC: So you've read all the information and signed the consent form just now and you're happy to go ahead?

C2: Yes that's fine.

PC: The interview isn't a structured interview or tick-box questionnaire, so, just answer questions as fully as you can and ask if there is anything you are not sure about.

C2: I'll try my best [laughs].

PC: So, first I'll just start with some background information first. So, do you live here alone or with anyone?

C2: Aye, I live here alone.

PC: And have you lived in here for a long time?

C2: I'm up here 12-13 years now

PC: You mentioned [prior to interview] you have a niece?

C2: Aye, a niece. Two nieces actually.

PC: Are your nieces able to visit, do they stay nearby?

C2: Eh...she's in Cardonald an' the others in Clarkson..[sighs]..but they want to get on with their own lives and I let them do it.

PC: And do you have any other family or others who visit often?

C2: Yes, I had 4 sisters and two brothers but now I have only got two sisters left and one is in a care home and the other is in Pollock, she cannae come up to me. And I was sitting this morning and I was saying to myself will I go [to see her sister in Pollock], naw, I'll wait til tomorrow and I'll get up earlier, but the two of us keep in touch on the phone. But I really do get lonely Pamela, as this house was always full, you know. And my brother, he came up at least once a week, and he done everything for me, as soon as I lifted the phone he would say is there anything you want done and he would be up like, yesterday! [laughs and conversation goes off topic with a story about the past with brother]..but I miss him terribly, but we've all got to go [pass away]. The two [nieces]

that's actually looking after me after my fall, they've not phoned back for at least 6 weeks! So I'm just leaving them Pamela, I'm not being bitchy but they've got to get on with their own lives. And when she [niece] was getting my shopping, she had two viruses then she fell and was on crutches, so I kept phoning her when she was on crutches 'cos I was worried about her and she would say alright Auntie, I'll come up as soon as I'm fit. And do you know she went away her holidays and never even phoned me! Pamela, I've just got to get on with it myself [sighs].

PC: So, you feel it's a bit of a one way street at the moment...

C2: Aye, and I looked after my mum and dad, and I'd never have done anything else because I wisnae married. It was my place to do it and I never thought nothing of it, but see now, they just want to get on with their own lives. Oh sorry.. I'm stopping you with my blethering..[laughs].

PC Not to worry... So, you have relatives nearby but you don't see them as much as you would like. Do you get any help at home like for housework or meals?

C2: Aye, just when the nieces come up they do it mostly and day to day things I can manage myself. I don't do my own housework as well as I used to. I do my own meals, you know and I try to get out 'cos I want on my feet but I've lost my confidence [since the fall]. I bought a stick...they never told me to get a stick but I got the stick myself. I'm sorry I done it, and yet I never use it in the house. It's good to have it but I can still have a trip on the carpet you know, but I just get on with it anyway.

PC: So you don't have any care package at the moment?

C2: No home help or anything, no.

PC: You said you get out sometimes, so how often would you say you would get out and about from the house?

C2: Once a week I would say, I go out to the shops. I've not been out this week, but I've finished my physiotherapy course of 12 weeks which was once a week. It's depending on how I feel. If I go out I take my stick and I take my time. Sometimes I'll go to get soap, toothpaste and things, I can go for them myself. I like to get out to meet folk as I get a laugh with them and it says I can do this myself.

PC: Ok, so now we'll talk about the Food train. So, how long have you been a customer?

C2: Been using it since I fell in March (2014). They phone me on the Monday to get my list. The messages they get me, its spoiling me cos I'm not getting out now! I'm changing to fortnightly so I get out more. It's a very handy thing, it says on it [the food train letter] that if you're anxious anytime then you can call them..[pauses]..it's a good thing.

PC: How did you find out about the food train?

C2: My factors [housing association] had it in their newsletter, it was the very thing I needed as my niece was in crutches and couldn't help anymore.

PC: Do you get all of your shopping from Food Train?

C2: No, I get out to the bargain centre, and get things like soap, wee things. When I did go down to [local supermarket name], they were very nice and the guy there would take my arm and take me round the shop, and I'd say, oh I've got a toy-boy! [giggles]. And a wee lady next to me said oh, I've got a better one than you, over there! [laughs]. See, I like to get out, you know, this is the thing, I get a wee laugh when I go out.

PC: Definitely, it must be good for you to still get out and get out now and then.

C2: Aye, it says I'm on my own and I'm capable to do things myself...

PC: So, it gives you a bit of a boost to your confidence again?

C2: It does, aye. But it's so easy to fall even in the house, you see. Like, I try and keep an eye out for the wee lady upstairs who is 93. I used to take soup down to the lady downstairs every week, but she's passed on now. I've got neighbours who look out for me but the ones upstairs they wouldn't bother.

PC: So before Food Train, was it your nieces really that helped with shopping?

C2: Yes, they would take me out for the day, you know, and they had a car and that.

PC: How did it feel, you know, having to rely on them to help out with the food shopping?

C2: I don't like relying on anybody. I was born independent, and brought up independent which is a good thing, but see as you get to my age you can be too independent, if you know what I mean. I know I can always ask my neighbours' daughter if I really am stuck for something like milk, but I like to be independent.

PC: So, how do you think using the Food train has helped you?

C2: They're so nice to you and friendly. They came in the other week and they said Mrs X, we'll put all this away for you. And I said, no, cos you don't know where it goes! [laughs]. But they're so friendly and helpful! A few weeks ago I asked them to do me a big favour and they put a new globe lightbulb in my kitchen cos I've no balance. They said no bother! So if they seem friendly enough, I'll ask them to do a wee job if they don't mind. I was so pleased that they said they would do it for me you know.

PC: So, you're not worried about asking them for extra help then?

C2: No, they're very pleasant, I look forward to them (the volunteers) coming out. A fortnight ago it was two ladies that came up, but they didn't have much to say, but you know, they might have been busy. Whereas that wee boy that came, he was like 'where will I put it Mrs..'. It's just things like that, you know, you're having a wee conversation with folk, and I just tell them, tell me to shut up! [laughs]

PC: Do you think it's made you feel more independent, knowing you have the Food Train to rely on?

C2: Yes, because I know I don't need to go to my niece now. And I mean, I'm no putting her down but she'll be in her glory [happy] because they've got to get on with their own lives, Pamela.

PC: So, if you do see them [family] I suppose you can do something else rather than have to go to the shops, like have a nice cuppa together or something?

C2: If I lifted that phone I know she would come up and when they do come up they bring their own food, you know, sandwiches and cake.

PC: So, do you think Food Train has changed what you eat, your diet, in terms of what you are eating regularly?

C2: No, not really. Well, for the first 4 weeks at first [after the fall] I just wasn't eating the same, so I was going for soups, puddings, tins mainly. I'm no' a big eater, but see when I was working, I had my steak, my mince, no curries or anything like that, I loved my mince and my potatoes and what have you, steak pie you know. That's what I'm having a wee steak pie tonight.

PC: Nice. So, things like soup, do you make it yourself at home?

C2: I've not made soup for a long while myself, it takes a lot out of me, but I love my homemade soup. I can be a wee bit lazy I'll be honest with you though. My dad and my mum would never have had a tinned thing in the house, maybe they were too expensive, I don't know. In the war what you got was small but it was good. People now, they have a phone in one hand and a big meal in the other, you know!

PC: Ok, so do you think Food Train is good value overall?

C2: Yes I would pay about £7 in taxis otherwise so £3 and then the £1 membership is good.

PC: And compared to other shopping services you have tried?

C2: Other ones meant I was buying extra stuff I didn't need just to get to £25 for the free delivery, so this is much better now.

PC: So, if the service wasn't there in future what alternative would you have?

C2: I would have to rely on phoning my niece and she wouldn't see me without mind... and my neighbour as well, they would be like, [C2], if you need anything just ask. As you're getting older, you just don't know how you will be day to day, so it's good to know I can do the Food Train but also get to the shops myself sometimes.

PC: Great, thanks very much, I think that's all I need to cover for just now, other than a short diet assessment which I will write down.

Participant C3: female, 80-85 years old, living with daughter

PC: Okay so, you've read the information sheet and given me your consent form and have you any questions or anything at all just now?

C3: No I'm fine.

PC: Ok, if at any point you don't understand or you want to ask any questions or anything then just stop me and let me know and I will explain it more.

C3: Okay.

PC: So first of all, just a bit of background about yourself before I ask about Food Train. Do you live here just yourself?

C3: I live with my daughter, she's [pauses] she's eh, a wee bit backward but she manages just fine.

PC: And do you have any other family nearby?

C3: No, I've no family left. I've got a sister-in-law who stays out in [area in Glasgow outskirts] that I see quite, now and again.

PC: Do you go there or do they usually come to you?

C3: I don't go there, it's too far to travel but now and again they come, aye. They phone me but, you know that's about it. I just lost my brother there in January and I lost my son 6 years ago so there's nobody left at all.

PC: I'm sorry to hear that. I'm just looking to find out what sort of support network you have, like family, friends and so on. So, are there any friends or neighbours nearby that you see?

C3: Well the neighbours are all nice here right enough, we all, we can go to one another, but we don't go in and out of people's houses.

PC: Uh-huh, but they are there if you need someone?

C3: Aye, you can go to them no problem, aye. If an ambulance appeared at my door they would all be round here to see what's the matter. And if it was anybody else I would do the same thing.

PC: That's good to have, as maybe some people feel now that neighbours are not always there for support as they might have been in the past.

C3: Oh, we've got a lot of support wi' the neighbours here, aye. My pal comes over also, we've been friends for oh, 50 odd years.

PC: Does she make it over quite often?

C3: She comes every 2nd Saturday. I phone her regularly as well, she's, the closest I've got to family.

PC: 50 years is a long time!

C3: She's got two sisters she never sees.

PC: It's nice to have friends around, I have some also from school that I have known now for must be about 25 years, so we will approach the 50 year mark at some-point I'm sure!

C3: [Laughs].

PC: So, about physical activities that you do, would you say you are able to do most things around the house, housework, meal preparation, any gardening, daily activities?

C3: Yeah, I'm fine, aye. I still manage everything, aye. My problem was getting the messages [groceries] because I had to go 2-3 times a week, but now [since Food Train] I only go on a Friday for any extras I need.

PC: Ok, so you get extra shopping on top of what you get from Food Train when you go on a Friday?

C3: Well I get my Food Train stuff now. I used to have to go [to the shops] two or three times to the centre on a Monday and a Wednesday because I could'nae carry everything, then get a taxi back. So by that I'm saving money with the Food Train. But now I just take the bus down [to the supermarket] on a Friday to get some bits and bobs, you know, dog food, bits and pieces.

PC: So you use Food Train a bit like a base shop?

C3: Yes, it's my base. It's great, I love it.

PC: So, do you get out and about yourself quite often, like you were saying, taking the bus to the shops etc?

C3: Yeah, I can't walk great distances 'cos I had a knee replacement so I'm not great at walking, but I still get out and about. I can walk down to get the bus to the centre, to the shops or the bank then I can get a taxi back up the road with my messages, well no so much now since I have the Food Train [laughs].

PC: That's good then you will not have as much to carry, or be weighed down with when you are out.

C3: I know it's great!

PC: So you don't need any help at home from what you are saying, carers or anything?

C3: Nope, I do my own housework, don't have any carers.

PC: So, I'll ask a bit more about Food Train now. What did you do before starting Food Train for your shopping?

C3: Well, I went about 2-3 times a week, [Daughters name] and I, we used to go two or three times a week, you know cos we couldn't carry everything, you know. We used to go on a Monday, then maybe a Wednesday or a Friday. Now I only have to go on a Friday, but I have to go down to get my pension anyway, so I just get the odds and ends I need, the Food Train is a big help to me.

PC: So it's reduced the number of times you need to get to the shops?

C3: Oh aye, big difference.

PC: That's good. So was that your main reason for starting with the Food Train?

C3: Well, I was ill earlier in the year and my sister in law from Milton of Campsie came and got me messages, but I thought, if I'm ill, she could'nae do this, I cannae expect them to come that distance every week. It's ok for 2 weeks when you're not well. So, it was [friend's name] that told me about the Food Train, and that's how I got that aye.

PC: So, how long have you been with the Food Train now?

C3: Well, I don't know, just at the beginning, oh it must be about 5-6 months.

PC: So you're saying it was health reasons at first mainly with not being well and then you carried on using it from then on?

C3: Yes it made me think about it, you know, when I was not well, when the winter was coming I thought well I might not be able to do what I do the now, cos I'm 80 now! And sometimes this road is awful bad with the ice. It's great 'cos I could stay in the whole week with the Food Train because they could get me everything I need. As I say, I just go down on a Friday to get my bits and pieces and it gets me out the house for a while anyway.

PC: And then you get to see what's at the shops and what you might want to buy.

C3: Yeah, I can get my fruit and pick it for myself, aye. Anyway, as I say in the winter time, I would just get everything off of it [Food Train] if I couldn't get out, it would be great.

PC: I suppose especially then you know it's a door to door delivery and not needing to worry about it.

C3: And they're all that nice [volunteers], every one of them are smashing when they come in.

PC: So, do you get quite a few of the same volunteers coming in?

C3: Well it's been two men the last two weeks, and then it was that woman, can't mind her name, she was in the week before. And my delivery, [laughs] sometimes, I've had [volunteer name], about three times, who is a noisy bug**r [laughs affectionately].

PC: [Laughs]

C3: He's awful cheery, he comes in, you know, so cheery! They're, all great, the different ones, great, I really cannae say a bad word about them.

PC: Great. What do you think are the main benefits that you have got from being with the food train?

C3: Well again, that's what I've been saying really, I don't have to go out 2-3 times a week, or if I was ill or that, you know if you're ill you might say, oh I have to get more of this, or that, then it takes that stress away, aye.

PC: And, what about social aspects of having Food Train volunteers visit regularly?

C3: They're very cheery, they chat away to you, you know, and they call you by your first name and say how are you the day, they've all been brilliant.

PC: What about your budgeting for food shopping and so on has it helped with that?

C3: You know I believe it has, you know, I probably haven't spent as much money.

PC: Maybe since you are not having to go to a local shop, getting a bigger supermarket?

C3: Yeah, I really feel, you know, I'm not paying a taxi three times a week to come back up the road which was £4 a time, so that's just on a Friday now. Em, unless I want to go somewhere different if I take a notion I'll take a taxi, like to Matalan. You know, you've got to go some places, see something different. But that's not every week, that's just if I take a notion.

PC: What about the variety of foods? Do you think that has changed, what you eat I mean?

C3: Not really, I just pick what I know, as you're not seeing so you're not seeing what they've got, so you're not changing. You're not seeing what they've got, so you're just picking stuff, like cornflakes, okay, get me Kelloggs, you know? Like, when I go in to [supermarket] for dog food, she's a fussy wee eater so I like to pick that for myself. I will see things and buy some things I don't normally, then I say oh I should'nae have bought that, I don't need that, you know? I don't need it because I've got the stuff in the house that they [Food Train] brought me [tuts]. Anyway, I'm just tempted sometimes. [Laughs].

PC: So from what you are saying you don't think it's changed your eating habits at all?

C3: No, but I don't eat as much as I used to anyway, I don't eat big dinners anymore. Sometimes I'm happy with a sandwich.

PC: Rather than a hot meal?

C3: Yeah, rather than a hot meal. And butcher meat, I don't know what's happened, I don't want to eat anything with mince or stew or anything, I don't want it. Give me vegetables, I love vegetables and fruit. Oh, I could sit and eat a whole cauliflower or cabbage. I love it.

PC: Do you still eat some meat though?

C3: Aye, wee bits, just in moderation.

PC: So, the cost of the Food Train service at £3, do you think that is about right?

C3: Brilliant, I think it's brilliant, absolutely. I mean, you can give a kid £3 for going a message these days! [laughs].

PC: I don't think I was lucky enough to get that much when I was a kid [laughs]

C3: Nowadays, they [kids] are like this [holds hand out with palm up].

PC: One question I meant to ask, was what would you think influences your choices for food shopping? Maybe things like cost, preparation time and so on?

C3: Writing out the list on a Sunday, it gives me time to think, you know, like I need salt, so I add it on to the list. It's good that way.

PC: So what sort of things might influence your food shopping – taste, cost, time to make the food like reheating food?

C3: Not really anything in particular, I spend it, I don't care. I get it if I want it, if its good I'll pay for it...you only get what you pay for [laughs].

PC: Ok, thanks very much, I think that's all for now.

Participant C4: Female, aged 80-85 years, living alone

PC: Ok, so thanks for taking the time to do this. So, you've given me the consent form and are you happy with everything on that and the information sheet, or are there any questions you would like to ask before we start?

C4: No, nothing I can think of.

PC: Well if there is anything just let me know at any point you are not sure. So, I'm just going to get some background information from you first. At the moment are you living here on your own?

C4: I'm on my own, uh-huh, it's over 5 years now, yes.

PC: And do you have family nearby that can visit or you can see often?

C4: Well, they work away. My son works away, he's a joiner, a shop-fitter in London and they had been in Ireland before, so he's away. But my daughter-in-law is quite good, but they work you see. She's working today, but she is coming up tomorrow. She said I'll come up tomorrow and see how you get on and I'll bring something up for dinner, so that's nice, I don't need to cook [laughs]!

PC: That's nice, a night off from having to cook then.

C4: Yes, you know, people come when they can. I just get on with it, well because, my daughter-in-law, tomorrow, she picks up her grandchildren, in [west of Glasgow], they're 10 and 6 years old, but their mum works in a nursery, and her wee boy, she is in the nursery that she works in. It's hard going when there's children at school as well, you know

PC: So, do you have anyone who comes to help with things around the house?

C4: I just do it myself. Oh, my son, sometimes he'll come and eh, when he was here on Sunday he brought his big Hoover. He said, mum I'll do the hovering. I had it done already, but he's got a good one [Hoover] it's better than mine. Well he did that on Sunday, stayed for a while, but then had to go as he was going away back to London, and he's doing nightshifts shop fitting at [department store name]. Ach, but when they come they're good. My daughter-in-law, she's more like a daughter than a daughter-in-law, she's great, she's good.

PC: So do you cook or prepare your meals yourself mostly?

C4: Yeah, I make my meals myself. Sometimes I buy cans of soup and sometimes make soup for my daughter. She'll say mum gonna make me soup! If I take a notion like fish or that, I'll stick it in the oven, like fish fingers or something, It's easy to cook, and frozen chips. I used to cook a lot but not, not now. If you're on your own as well then you'll know what I mean.

PC: Yes, sometimes I am so it can be a bit of an effort to cook for one, my husband works up in Aberdeen so he is away through the week.

C4: My daughter-in-law was from around there. Photos are up there of them, that's my son [pointing], my grandson, his wife and all his children.

PC: Aw, lovely, so how many grandchildren do you have?

C4: Twins that's my grandchildren and three great-grandchildren as well!

PC: Well, that's a lot of birthday cards to write! [laughs]

C4: Well, my son actually, him and his wife are getting a divorce, but he's with another partner now. Things just didn't work out with them, but the new partner, she's great with me. His wife has also moved on, and I said to him she's got to move on as well. I think he was too good to her, he's left her with the house, and he's paid all the mortgage. He bought her her own car, you know. But still, that was their life, so you can't interfere, and I didn't. And [new partner] she is very good, and she says she wishes she met [son's name] earlier. I was stuck with the one husband all my life [laughs]! But I had a good husband though right enough.

PC: How long were you married?

C4: Oh gosh! 57 years. 57 yes.

PC: Well that's a long time, you must have known each other inside out by then! [laughs]

C4: Yes, but he was good. I had, you know, I had a good husband, and I think I must have been alright too! My brother used to say [husbands name], why don't you throw her out! [laughs].

PC: My dad used to joke like that too! So do you get out much, like maybe to local clubs or to the shops or anything?

C4: I have a wee afternoon at the bingo. Last night I was over at the club. I don't smoke and I don't drink, but the wee club at the bowling club across the road does it on a Tuesday night, my next door neighbour and I go, that's the only night I go out.

PC: Do you get out to the shops?

C4: Well, I just go to the shops myself, at the Forge nearby. Or else I go on the bus and go to [large supermarket], I quite like it, you know, 'cos you get fed up with the same place. I can get a wee few things like a fruit loaf or something or a wee cake [laughs].

PC: That's good, a nice wee treat! So, how long have you been getting your shopping through Food Train?

C4: Is that about a year now?

PC: I've not got any records here to say.

C4: That's terrible, you know, must be about a year now. Well, my brother, he's 82, he had been in hospital. He stays in [town on outskirts of Glasgow] and, what do you call them, oh, you know, the people, they got in touch, they help folk, ah, that's terrible [not remembering]. Oh, it was the Red Cross, they recommended it to him. We talk on the phone every night, sometimes we're on the phone till 11 O'clock at night!

PC: Gabbing [chatting] away that's nice!

C4: We watch the television at the same time, we watch [game show], and answer all the questions together! Anyway, he said, why don't I give you the address of the Food Train, because he, oh he loves it you know. He's getting all his shopping today, they come on a Monday and he gets his on a Wednesday. So it was him that gave me the address and I wrote, you know. I've been there a while now, maybe not just a year, I'm not sure. I would be telling a lie to say.

PC: That's okay. So do you get shopping once a week from them [Food Train]?

C4: Once a week, yes. Sometimes I say, I've got enough and I ask them to leave it for a week.

PC: So they are quite flexible with that?

C4: Yeah, they are.

PC: So, like you said before, am I right in saying it's not the only shopping you do since you get out to do some lighter shopping yourself?

C4: A wee walk to the shops is nice, and I might take a wee notion for a cake or something.

PC: How did you get groceries before food train, especially for heavier items?

C4: Well, sometimes when my son was here, or my grandson. My son would take me to [supermarket name] out London Road way, or [cash and carry], you might not know that place if you're not from the area.

PC: So that was how you got your bigger shop, heavier things then.

C4: My son used to phone and say, mum, I'm going to [supermarket], do you want to come, and I said oh that's great. That was before I got the Food Train, but eh, he said that's a good thing to get, because you're a wee bit more independent then too.

PC: So, do you feel that you're more independent now?

C4: Uh-huh, yes, I don't have to say, I've run out of this or I've run out of that, what will I do?! It's a good feeling. And my daughter being not well too, I couldn't expect her to help me, you know.

PC: That's good it gives you that feeling of more independence then. So, this was your main reason for getting the Food Train then?

C4: Well it was with my brother giving me the details, it means you are more independent, you know.

PC: So are there any other ways you think it has helped you?

C4: I'm really happy with it, 'cos I can look and see what I'm needing, and eh, then it's [Food Train staff member] that phones me on the Monday, and she asks me what I want.

PC: So you prefer to phone it in then. And what about the volunteers?

C4: Oh they're nice, very nice. Yesterday when they were up, the boys that were here, I said, oh, I've had you here before! I knew who they were, because he said oh you usually get yours on a Thursday. But they're all nice, you know. I think it's great, I wish I had known about that a long, long time ago.

PC: I think it only started about a year and half ago, so it's fairly new in Glasgow.

C4: Oh well maybe, not that long ago then.

PC: Are there any other ways you think it helps, like when there's bad weather maybe, things like that?

C4: Oh yes, it will be good in the winter. Because, my whole foot is smashed, it couldn't be any worse if a steam roller had went over it! My right foot, and eh, see going out in the snow and the ice and that, it will be a great help, you know what I mean. And I tripped over my shoes and broke my wrist! [laughs].

PC: Oh no, was that recently?

C4: It had been my birthday, my husband was here at the time. I had been getting ready, and my son said hurry up mum, what shoes are you wanting to put on. And I got up too quick, I nearly hit my head on the television. So, I broke my wrist. They took me to the Royal, they took me right away, and then I still went for my dinner [laughs]!

PC: That's great you managed to get seen so quickly. So, you think it [Food Train] will help you in the bad weather, like you said.

C4: Oh it will really be great.

PC: What do you think it means to you to have the Food Train do your shopping?

C4: Oh, it means an awful lot. It's so, you know what I mean, the likes of eh, I really am, I'm so happy with it, knowing I can order my shopping and I get it. And all my bulky, heavy things you know. .

PC: Do you think you are more likely to make things yourself, like soups, since you don't have to worry about getting ingredients in?

C4: Oh yes, oh uh-huh. I make two big pots of soup for my daughter, and give her one. And then sometimes I make a wee pot of soup for myself.

PC: Do you do that often?

C4: Well, I haven't made it for about three weeks roughly. And then with my daughter being in hospital, we were up and down at the hospital. But I made soup for her coming out, and she said, oh mum that's great, it's a good help to me.

PC: Any baking?

C4: No, I'm not that clever! [laughs] I just buy them in the shop.

PC: Not like somebody from the bake off then? [laughs]

C4: No, do you bake much yourself?

PC: I like to but don't often get the time to do it at the moment. So, I also wanted to ask if there is anything that might affect the types of foods you buy, like preparation time, or cost, taste, like what your priorities when you are buying foods?

C4: Well, I just like ordinary food, like stew or mince, you know what I mean. Like steak pies [laughs]. The only thing I don't like is chicken, I don't like it at all. I take fish though, but I've always been like that.

PC: So you like fish a lot then?

C4: I like lemon sole, cod, not so much the oily fish, I don't eat salmon funnily enough. When my husband was here, I used to do pork chops and put them in the oven and do all they kind of things.

PC: It's quite a lot of preparation to do.

C4: I used to do that when it was the two of us, you know, but to do it for myself, to put a pork chop in the oven for me, you know?! My brother, he makes all Italian dinners, and puts them in the fridge, has one every other day. He's better than me! His wife died ten years ago, they had just come back from holiday, and she had a brain tumour, but she died so quickly, so he's on his own. That's how we keep in touch.

PC: That's good you can support each other. Do you think there is anything else that Food Train might be able to do to help, like supermarket visits? Well actually, I suppose maybe with you being out and about you maybe know what's out there, so maybe that applies more to people who don't make it out to the shops often.

C4: Yes, uh huh. But sometimes I go to [supermarket] just for a change of shop, I just like a wee walk about to see, you know.

PC: Is there anything you could think they could do to help more or even extra things to put on the newsletter that they send?

C4: They could come and make my dinner for me [laughs]!

PC: Yes, and do the hoovering as well! So, do you think Food Train is good value?

C4: Oh yes...oh yes, I'm really happy with it, you know. My son was up on Sunday there, and he said, do you still get your Food Train mum? I said, oh uh-huh, and he said well that's good that you get it, then we know that at least you're getting fed, you know [laughs]. 'Cos he knows, that since [husband] died, that when you're on your own, you say, what will I make.

PC: Maybe that's something that Food Train can do on their newsletters, some recipe ideas, that kind of thing, for inspiration?

C4: Yes.

PC: So, what do you think you would you do if Food Train was no longer available?

C4: Oh, I think I would sit down and cry [laughs]!

PC: Don't worry, just hypothetical!

C4: Oh, you would really feel terrible because it is good, you know. The boys that come up they're all nice boys that come. Oh, I don't know, I think because it is good.

PC: Are there other services that you could turn to?

C4: I know that with [large supermarket] you can get it delivered and, what do you call it, the frozen shop, yes, [frozen food shop] do something as well. My son, it was [frozen food shop] in Ireland that he was doing actually [shop fitting].

PC: Ok, well I think that's all for the interview so I will just take down a short dietary assessment now which I will write down.

Participant C5: Male, aged 85-90 years, living alone, widowed

PC: Ok, so is there anything you would like to ask about the interview before we start?

C5: No, everything's fine.

PC: So, just a few bits of background information first before we talk about Food Train. Do you live here yourself?

C5: Yes, I've lived here since '75.

PC: Oh, so that's 30 or nearly 40 years!

C5: Aye.

PC: So, have you got a lot of people you know in the area then?

C5: Pardon?

PC: Do you have a lot of people you know nearby?

C5: Well, lately it's changed a lot, well, a lot of old people go away. And a lot of different nationalities, you know.

PC: Have you got friends that stay nearby, that come by or do you go and visit?

C5: No, well, eh, my friends are all as old as myself, but I don't see them as much. My son is in Canada, you know.

PC: Oh, really, do they come back over often?

C5: Well, they come over every couple of years. And my grandson, he got married and his wife is American, and the kiddies are American, and I think they are having another one [child]. Well, I think they'll be coming next, well the following year. My son, he phones regularly at the weekend.

PC: The time difference must be tricky sometimes. So, do you get any help in the house, or do you do your own housework and so on?

C5: I do my own housework, it's slow but. I get it done. As you get older you get lazier, and you put it off to the next day and the next day [laughs], you know! Then I do it, and I try my best anyway.

PC: Do you get out and about much, like to the shops?

C5: Well not really, it bothers my nerves, Miss. If it's rainy or wet or foggy or snowing, I don't go out, it bothers my nerves. Like [gasps], if I went out I'm like [gasps], it's a nerves thing. But I have all my tablets with me just in case.

PC: So, is that nerves, like anxiety?

C5: I don't know, it's a queer feeling really, I go out and it comes over me, since my nerves was bad. I'd love to walk more, but I have my stick but I only have the one eye, my right eye is very poor, and my left eye, that's the one I've to go to the hospital about soon. I'm waiting for word to go and see about it.

PC: Aw, hopefully they can get help with that. So, just some questions about Food Train, how long do you think you have been with them now?

C5: Oh, a couple of months, maybe 2-3 months, I don't know. I forget.

PC: Do you get a weekly shop delivered from Food Train?

C5: Aye, they come for list of Monday, deliver on Tuesday, from [supermarket]. I get frozen stuff, and plus I drink, Miss, and that's quite dear.

PC: Do you get any other shopping other than the Food Train?

C5: Yes, I do it through the mail, I send a cheque, its down in Manchester and it gets delivered, you know.

PC: Is that ready meals?

C5: Oh, did you say meals, oh, sorry that's clothes I'm talking about. I'm getting mixed up now!

PC: Sorry, so for your food shopping, is it just through Food Train or do you sometimes top it up with other shop yourself?

C5: No, sometimes I try to get out myself, but I've to wait till it's dry and I wait till the weekend 'cos the traffic's slower round this side. It's quieter round that way, I don't cross the road now.

PC: How did you get your groceries before?

C5: I used to be better then, I used to go out myself...but had to wait for a dry day, aye. It took me back and forward, nearly an hour. To get out and back, I would try and get out and back in an hour.

PC: So it sounds like it might have been quite stressful trying to get your food shopping before using Food Train with the weather, traffic?

C5: Yes, oh, yes that's what I don't like, it can get very windy round here.

PC: So, what was your main reason for starting with Food Train?

C5: Sorry?

PC: What was the main reason you started to get your groceries, was it just to get things more easily?

C5: Mainly just to get my shopping easier. I can't remember how I found out about it [Food Train].

PC: So, how do you think it's helped you?

C5: Oh, it's good! Well they came today with my groceries, and that does me a week. And I have a lot of tinned and frozen stuff, it's full up and that. And I'm quite happy knowing it's all there.

PC: And do you get fresh things like milk, bread from Food Train too?

C5: Oh aye. I go through an awful lot of milk.

PC: Do you think you feel more able to stay on your own here now, maybe more independent now?

C5: Aye, now I feel better being on my own, as long as I know I have my groceries in and that, that's me.

PC: Do you enjoy having the volunteers coming by regularly?

C5: Oh aye, that's quite good.

PC: Since having Food Train, do you think it has changed what you buy, what you eat? With having access to more foods maybe?

C5: Eh, I think what I get its quite good, and before that with my wife and I, we were good cooks back then, but I fell away from all those things. But I'm alright now. [pauses].I'm alright.

PC: Do you think maybe you buy more variety now, compared with when you went to the shops yourself, before Food Train?

C5: Well I used to, well I forget you see, I used to go out myself, and do a lot of shopping myself and cooking ourselves. It's alright, it's alright now, I think I'm better now that the girl that comes up and brings the things in for me now.

PC: That's good. So you get plenty of variety now.

C5: Oh yes.

PC: Do you cook for yourself mainly?

C5: Yes, I'll just have things like Cornflakes, toast, I change things, you know. Then my frozen meals, that saves me doing dishes, just in the oven and that's it.

PC: Do you make anything like soup?

C5: I use all tinned soup. I use things like rice as well, it's all there in case I can't get out...

PC: Do you think Food Train has improved or helped you be able to keep making or preparing things for yourself at home?

C5: Oh aye.

PC: Are there other things that could improve Food Train or the choices you have for your food shopping?

C5: No, I don't think so. I'm quite alright with Food Train, I think its fine as it is.

PC: So there's nothing you would change or do to improve things the way they are?

C5: No, no.

PC: Do you think its good value for money?

C5: Oh aye, I used to go with that other, I forget the name [local authority service], well I fell out, well didn't fall out with them, I stopped it. It was £8 odds an hour, so I went to the Food Train.

PC: It's cheaper for you then?

C5: Oh yes, I was getting bills from the council for that, oh. I prefer the food people [Food Train].

PC: So, what would you do if Food Train wasn't available anymore?

C5: Well, I'd be, as I say I'm not good at walking, or my nerves, I don't know what to do. I've to wait for a dry day to get out. Lately, I've been doing it on Saturdays and Sundays you know.

PC: So it would be hard to manage?

C5: It's the weather, I get out and [gasps] the weather, I get out and it changes that much.

PC: It's like four seasons in one day sometimes isn't it. It's hard to plan anything.

C5: Well if I get out as far as [local street], then I'll sometimes walk it, but sometimes I'll get a taxi, and then you have to pay the taxi.

PC: And how much would the taxi be, if you don't mind?

C5: Oh well, just about £1.80, it's only a couple of minutes, not far away.

PC: Ok, well I think that's all I need to ask just now, thank you.