

Making your case for funding and investment in community food work with older people - Theory of change models



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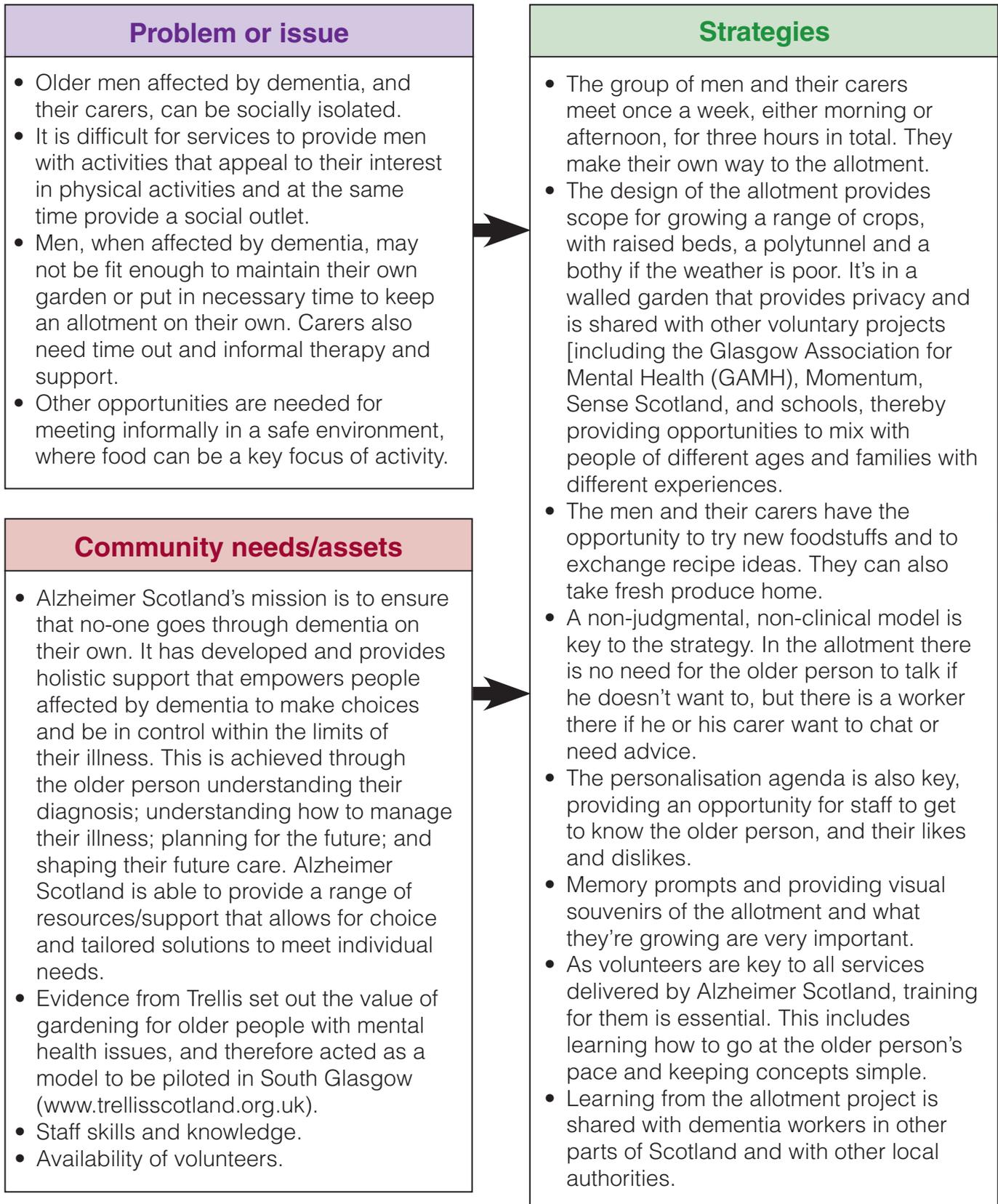
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NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

Alzheimer Scotland Allotment, South Glasgow





Reach

- Older men with dementia and their carers.

Desired results

- Reduce isolation and promote community connections for men diagnosed with dementia through taking part in a physical activity, namely gardening, along with other people affected by dementia in a safe and creative environment.
- Grow a range of different foods and provide the opportunity to think about healthy eating as well as take produce home.
- Provide time out and informal therapy and support for carers, with the result that 'they feel better able to cope as a carer'.
- Promote best practice and ways of working creatively with men affected by dementia, building on learning from the drop-in cafés that run in different locations in Glasgow, through providing food-based gardening activities for older men.
- Provide volunteers with transferable skills in a specialist area.

Influencing factors

Support

- The Scottish Government guarantee of at least one year's support post dementia diagnosis, which is being piloted by link workers in four areas of Scotland.
- Glasgow City Council's offer of free allotments for voluntary sector organisations and schools in a walled garden on the south side of the city.
- Community Food and Health Scotland (CFHS) micro-funding for work involving food, older people and wellbeing.
- Joint working with other agencies is developing best practice.

Barriers

- Securing ongoing funding for the project.
- Finding sufficient volunteers to support the project.
- The weather over the summer months, which can be unpredictable.

Assumptions

- Individuals, and their families and carers, need time and support to come to terms with a dementia diagnosis – this includes time out taking part in 'normal' activities such as gardening. Carers also need to be supported and gardening can be therapeutic.
- Everyone is different. Personal circumstances vary, as does progression of the illness, and other health factors will fluctuate from day to day.
- It is vital to be flexible in responding to the different people who are involved from week to week at the allotment.
- It is important to remove barriers so that, whether dropping into the allotment or accessing the drop-in cafés, it's not obvious who has dementia and who does not.

Edinburgh Community Food

Problem or issue

- Care is needed in terms of the balance of messages given to older people about healthy eating. This is the age group with the most complex messages to get across to service providers and volunteers. There is also a lack of understanding among the general public.
- Younger older people who are fine at the moment but could let things slip, or lose their appetite, so also need to learn how to prevent themselves becoming malnourished. It is not sufficient to concentrate only on frail, elderly people.
- There is a need for access to low-priced nutritious food that housebound older people can order, without relying on frozen meals or internet shopping.

Community needs/assets

- Edinburgh Community Food (ECF) has undertaken participant observation of retired people using cafés in supermarkets. Together with Pilmeny Development Project, it has consulted with older people and mapped community food outlets, including allotment projects, cooking classes, community cafés, food co-ops, services providing a meal as an add-on to the core service, lunch clubs, services for black and minority ethnic communities and frozen meals services. The report *Case Study into quality, scope and nature of food services for older people in North East Edinburgh*, which ECF was involved in developing, has informed its work.
- Although ECF doesn't have a shop front, it is known in the community because of its delivery van.
- Staff are qualified nutritionists, and the project also attracts students who undertake research on its behalf. They were involved in the development of a resource handbook for older people and care providers which supports messages around 'Eating for Health and Well Being'.

Strategies

- Piloting of the Leith Food Folk service over two years, which provides low-priced fruit and vegetables and basic foodstuffs (such as broth mix, lentils, milk, raisins, toilet rolls and kitchen towels) to people who consider themselves housebound or find it difficult to get to the shops (50-plus age group).
- The service targets older people who are not part of established groups by promoting itself through stalls in local libraries, referrals from housing agencies and promotion of events for sheltered housing wardens.
- Provisions are ordered on a weekly or less frequent basis, depending on needs, from ECF, and are delivered by volunteers.
- Ongoing nutritional advice and support (including recipe ideas) is provided by workers.
- Costs are kept to a minimum through use of trained volunteers. Training includes introduction to nutrition for older people; agencies in the community providing help to older people; and what to do if you feel an older person may be at risk and may need help.
- Flexibility of the service provides for occasional orders when carers/relatives of customers don't turn up and they have no food in.
- Safety of housebound older people is maintained by invoicing customers and requesting payment by cheque or standing order, rather than cash.
- A stand-alone resource pack has been developed in consultation with older people and is tailored to their needs. It is used as the basis for training carers and older people themselves. It provides easy-to-follow guidance and recipe examples in an accessible format that older people living alone, and their carers, can use.
- Training for trainers in specialist older people's nutrition has been developed, and is based on interactive games underpinned by key messages. Specific health topics covered are particularly relevant to older people, namely bone health, constipation and heart health.

Reach

- Older people who are not part of established groups.
- Younger older people who are fine at the moment.
- Housebound older people or those who find it difficult to get to the shops.
- Care providers and volunteers.

Desired results

- Access by older people to low-priced fruit and vegetables and basic foodstuffs in suitable small quantities, tailored to individual needs.
- Skills development among volunteers and workers in using the resource pack to share knowledge and understanding of the needs of older people.
- Increased understanding among health and social-care staff, including sheltered housing wardens, and older people themselves of nutritional messages specific to older people.
- Better health and wellbeing of older people, based on a better understanding of what a healthy balanced diet means for individual older people, with access to support to achieve this.



Influencing factors

Support

- Support funding from an independent foundation in the development of the resource pack.
- Support from local libraries for publicising the service and promoting the resource pack, including mailing of the leaflet by the housebound library service. Support from local housing providers in making referrals.
- Opportunities to promote learning and raise the profile of older people and their nutritional needs through selling the resource pack to NHS partners, launching it at the Scottish Parliament and speaking at conferences.
- As a social enterprise, ECF is able to invest in piloting a home delivery service along with support from Edinburgh & Lothians Health Foundation.
- There is support for identifying an alternative option to the local authority's frozen meal service, which according to older people lacks texture (it is designed for people having trouble chewing). ECF delivery service offers raw ingredients.

Assumptions

- Insufficient attention is being given to older people in the community who may not have the stamina to shop and cook, or who can't shop and cook owing to mental health reasons, including depression, or as a result of bereavement, a lack of motivation to eat or not having the skills to cook for themselves. Therefore, access to low-cost fruit and vegetables and basic foodstuffs through a home delivery service, plus a resource pack with easy-to-cook recipes and advice on cooking for one, helps to address malnourishment among socially isolated older people.
- Providing choice is important in meeting the nutritional needs of older people.
- Addressing concerns that family members have about relatives (e.g. not chewing, effect of medicines on appetite) and improving the knowledge of care workers through tailored training is important in improving the nutritional support and advice given to older people in the community.
- Many older people have a poor appetite, so texture, as well as taste, is very important to them. Therefore, alternatives to reheated frozen meals are welcomed by older people.
- Stalls in libraries, combined with word of mouth, are effective methods for reaching carers and people who need a home delivery service but who are not members of established groups.
- Getting messages about healthy eating out to younger older people when they are still active may mean they change their diet, which in the long term can lead to prevention of malnourishment and malnutrition.

Mearns and Coastal Healthy Living Network

Problem or issue

- Changing family structures, with family members no longer living nearby, can result in older people being socially isolated, particularly in rural areas.
- However, even where so-called 'traditional' families still exist and relatives live nearby, the desire many older people have to be independent and not reliant on their families or friends can contribute to food access issues and risk of malnutrition.
- Many older people who do not want to, or are not able to, attend lunch clubs require alternative forms of support in maintaining their nutritional health.
- Access to shops is a challenge for older people living in isolated rural communities.
- Gardening skills are being lost. Many older people who previously harvested vegetables or fruit from their gardens are no longer physically able to do so, and require help with gardening so that they can access fresh foodstuffs.
- There are insufficient numbers of volunteers living in the most isolated rural villages to meet the demand for support from older people.

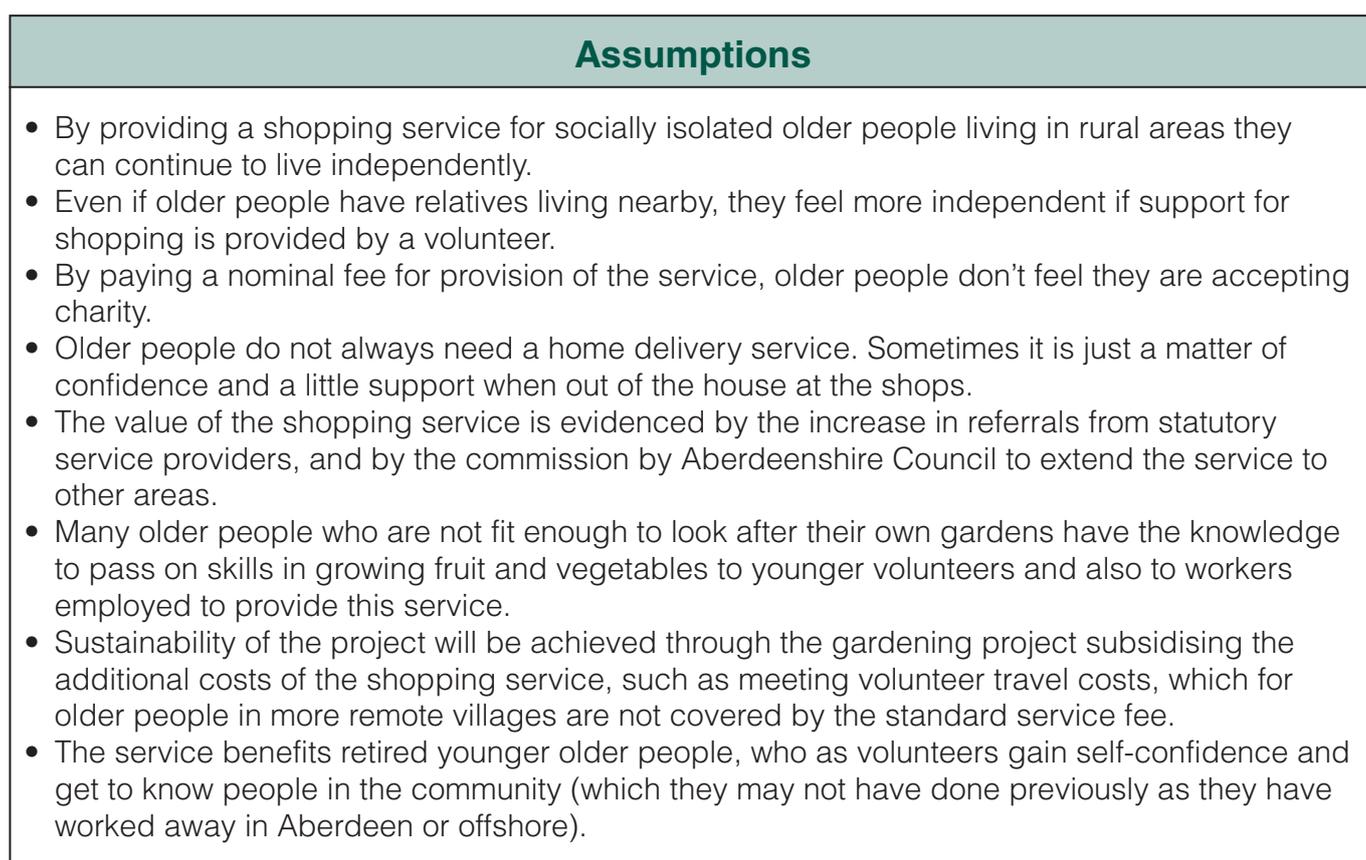
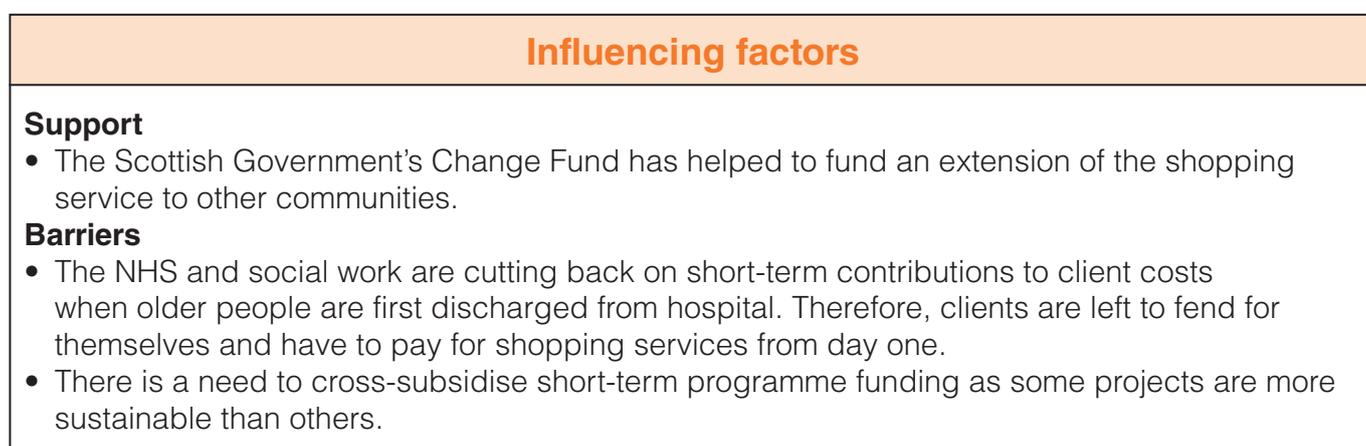
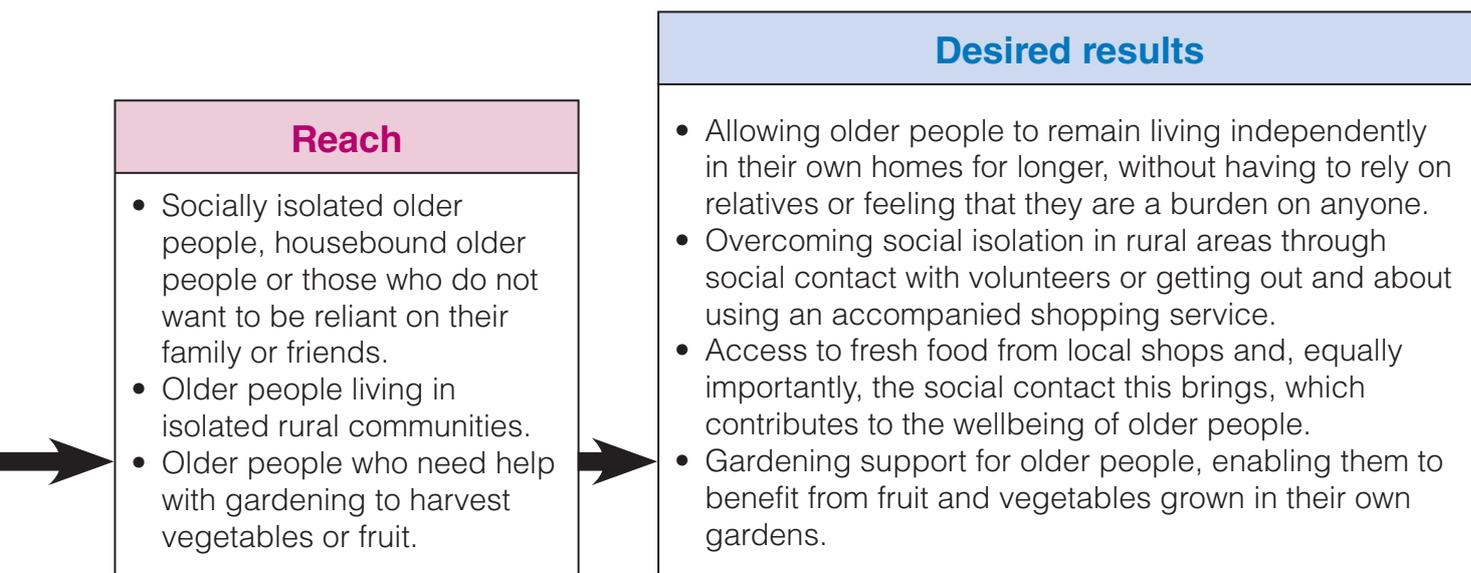
Community needs/assets

- Learning from the former Mearns and Coastal Healthy Living Centre, and its work in support of lunch clubs, has informed the network's work around food issues. Also, its social return on investment (SROI) has demonstrated the social value of its services as a whole.
- The range of shops and foodstuffs available in rural villages is limited.
- There is a pool of volunteers, particularly within urban areas, willing to deliver services to older people.
- Access to community transport complements volunteers' use of their own cars to provide transport for older people to the shops.

Strategies

The following aspects of the shopping and gardening services have been developed and are based on previous pilot projects:

- All services are open to any older person in the area and do not require them to become members.
- The added value of the home delivery shopping service is the 'banter' with volunteers who collect the shopping lists and deliver the shopping. Informality is key – taking the time to listen, sharing stories and fun, removing barriers. 'We are all on the same level, whether volunteer or client'.
- In addition, older people are offered the option of accompanied shopping with a volunteer. Services are tailored to individuals' needs – a 'personal touch' provided by volunteers who know customers individually.
- Responsive service – referrals are addressed immediately so as to enable a quick turn-around from referral to partnering with a volunteer. This is very important for housebound older people.
- Ongoing feedback on the service is sought from customers.
- Signing up new clients provides the opportunity to check whether or not there are any other issues for the older person that need to be addressed.
- The gardening service is run on a social enterprise basis; it meets the needs of older people who are no longer able to garden, but can offer mentored volunteer opportunities to young people. This intergenerational approach – by partnering older and younger volunteers and clients – helps to break down misconceptions between young and old.
- Recruitment of volunteers in urban areas is used to supplement the lack of sufficient volunteers in more isolated rural areas.



Moray Handyperson Service

Problem or issue

- Unmet need in relation to food access, nutrition or other requirements is difficult to estimate, especially among older people. This is a challenge which the public sector is required to address when commissioning services, and it seeks the support of service providers in both assessing unmet needs and meeting such needs. Unless registered for meals on wheels or recently discharged from hospital, older people with unmet needs can miss out as they are not in the system.
- Information and data sharing between the voluntary sector and public sector may be one way of addressing this gap.



Strategies

- Development and updating of the database of service users is used as a means of keeping in touch with older people in the community through a mailed newsletter and researching their needs through regular surveys. This includes research into food issues for older people in the community, the mapping of lunch clubs and the views of older people on taking on the responsibility for the management and running of lunch clubs from the local authority.
- Results of the local survey into 'Food and Related Services' have been fed into national research and policy development work by Community Food and Health (Scotland).
- This approach has been replicated through surveys into access to transport, and housing challenges in rural communities – topics that are very relevant to affordability issues impacting on nutrition.
- The database provides a sampling tool for public sector agencies and academics interested in researching other unmet needs of older people.
- Volunteers from the Handyperson Service and members of the Royal Voluntary Service have been trained up in undertaking face-to-face interviews with older people in their own homes.
- Survey work is undertaken on a partnership basis with charities meeting the needs of the same client group and with the Community Health and Care Partnership.
- Identify needs and make referrals to other appropriate agencies.



Community needs/assets

- The Handyperson Service has recruited and trained volunteers to provide low-level household support services for older people in their own homes.
- There has been a pool of volunteers from the neighbouring former RAF base where serving officers were encouraged to do voluntary work in their free time. The army engineers who are now based there may continue the tradition of volunteers to support the work of the Moray Handyperson Service. Men working offshore on the rigs and with extended shore leave have also been recruited as volunteers.
- The project has developed a database with contact details for 788 older people who at various times have needed the services of the Moray Handyperson Service.
- There are charities housed in the same building and meeting the needs of the same client group.





Reach

- Socially isolated people living in their own homes with potentially unmet needs, whether old, disabled or otherwise temporarily disadvantaged.
- Service providers and strategic partners.
- Volunteers.
- The general public.

Desired results

- Keeping people who are socially isolated, whether old, disabled or otherwise temporarily disadvantaged or vulnerable, independent in their own homes without them feeling dependent on the system, by seamless delivery of services: 'Joining up and joining in'.
- To better inform the work of The Moray Handyperson Service, and strategic partners including Moray Council and local service delivery partners, through research into food and related issues and the demand for lunch clubs.
- To build community capacity among volunteers and other community-based services in supporting older people in their own homes.
- To increase public awareness of the nutritional needs of older people.

Influencing factors

Support

- Funding by Community Food and Health (Scotland) to research food issues for older people in Moray.
- The Community Health and Care Partnership lead officer and partnership members to plan delivery of services for older people.

Barriers

- Removal of ring-fenced funding by Scottish Government has meant that funding has gone into the general pot and each area has different priorities. Funding to the third sector tends to assume innovation rather than investing in ongoing services.
- Local authorities unwilling to continue to run or fund lunch clubs, and therefore relying on the third sector to continue these services.

Assumptions

- Public sector policy makers do not have direct access to older people in the community, but need information on their needs in order to improve the way that they are cared for.
- Surveys provide evidence of the impact of changes that older people face in terms of food access barriers and social isolation, whether living in more isolated rural areas or in built-up areas.
- Involving volunteers in undertaking surveys into food issues increases their understanding of the importance of food to older people, including the food for their pets.
- Publicising findings from such surveys increases public awareness of food issues for older people.
- Coproduction of services involving older people who are service customers and volunteers in designing of services with service providers is a model that can be shared with the public sector.

Orbiston Neighbourhood Centre

Problem or issue

- Malnourishment is a major problem for older people in the community.
- Isolated older people who don't have family or friends around them may miss out because early problems, e.g. needs for a chiropodist or physiotherapist, are not picked up.
- Unemployed volunteers need support in terms of valuing themselves.

Community needs/assets

- The culture and ethos of the centre is rooted in the community. Because of its track record, the centre and its staff are trusted, and it provides a meeting place for older people, younger adults and young people, and therefore the option of inter-generational activities. Other services offered at the centre during the day include child care, an after-school club and an unemployed club.
- The community café is open to the general public, as is the food co-op.
- The centre has a pool of volunteers that support activities in the centre, managed by a volunteer coordinator.

Strategies

The day service

- Food is a major focus of the day service programme – tea and toast is served when older people arrive in the morning, as they tend to get up early to take their medication. Members then order what they want for lunch from that day's menu and then they can take what they can't eat home to eat at night.
- Staff collect older people from their homes as this enables them to see if there is any deterioration in circumstances requiring help with accessing additional support. This is in line with the personalisation agenda.
- Theo's café offers nutritious meals prepared from scratch and is open to the general public. This helps to avoid any stigma associated with attending a day centre.
- A food store run by the food co-op offers small quantities of foodstuffs, which can be ordered or home delivered.
- The day service is located within the centre, which has a range of other activities going on during the day, with opportunities for younger people attending the after-school club, or from local schools, to meet with and entertain the older people attending the day service.

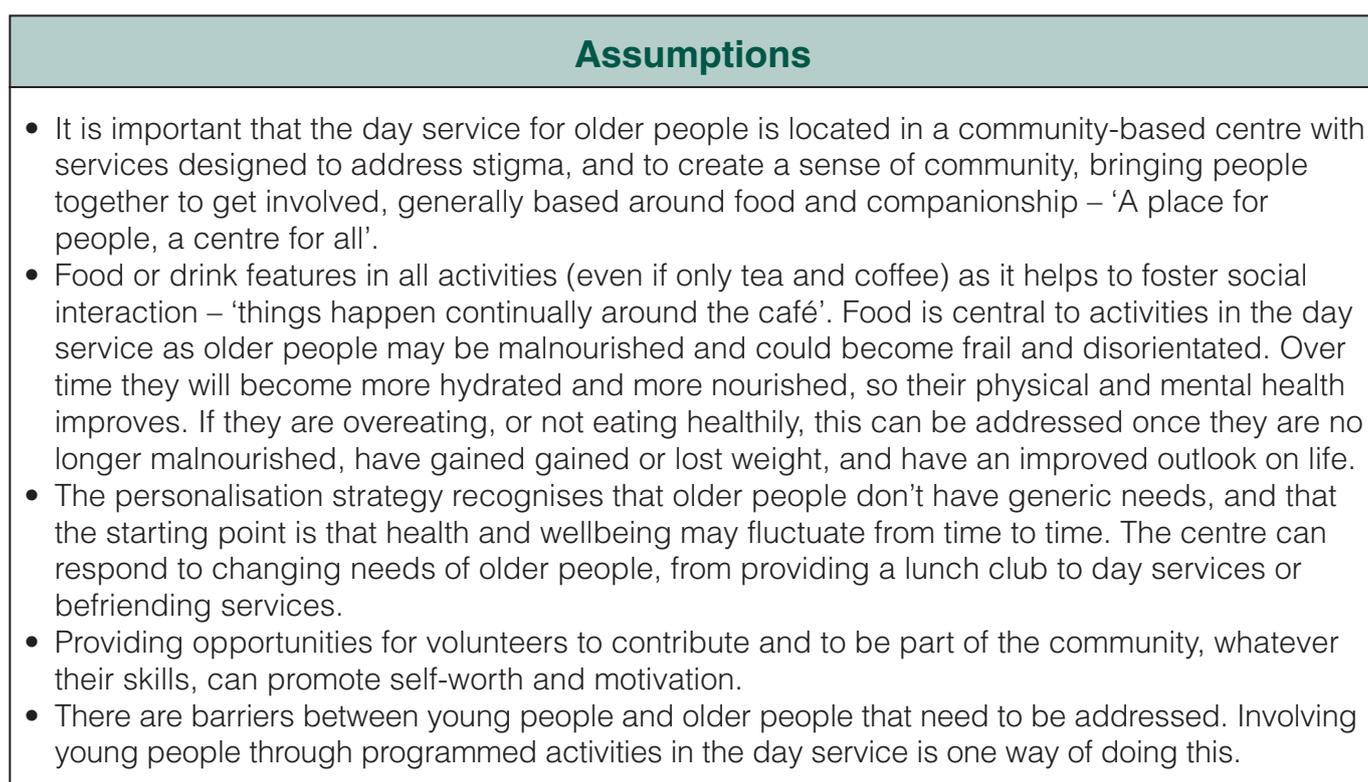
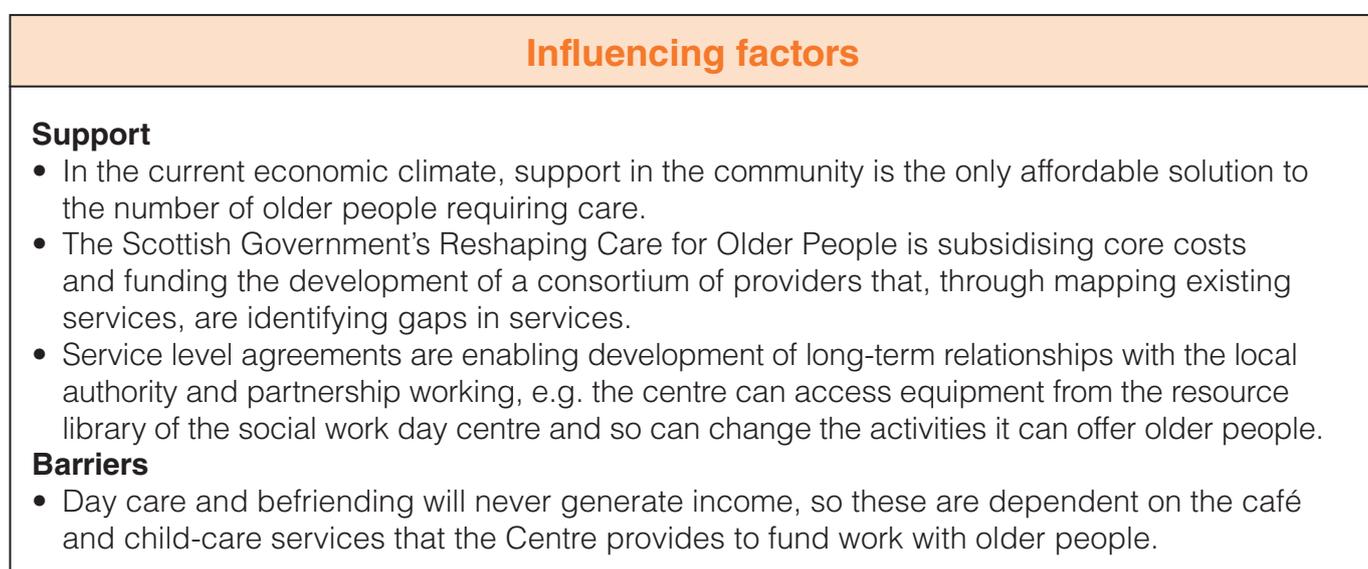
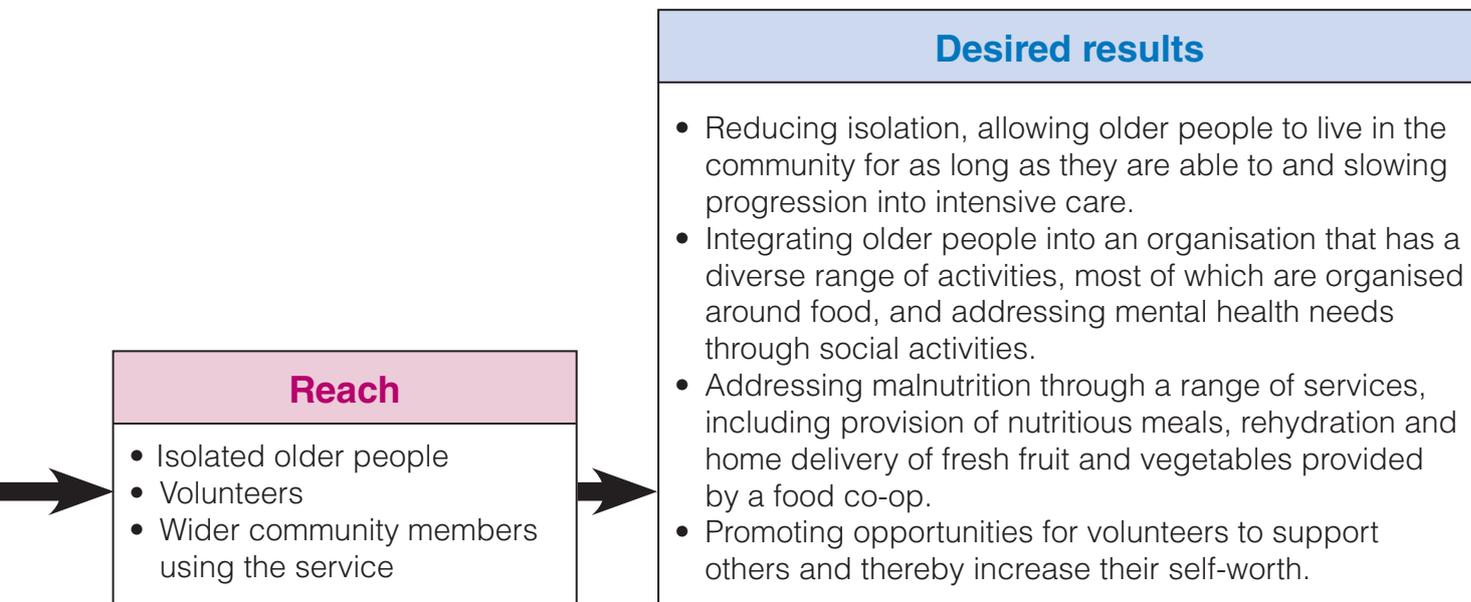
Befriending

- If any older people feel that a day centre is not for them, they can opt for a befriending volunteer who will visit them in their own home or take them out. Befriending group sessions are held for people in sheltered housing – one group visits garden centres with cafés and craft fairs.

Other activities for older people

- Carpet bowls, singing (musical memories) and training in how to access the internet safely and securely.





Pilmeny Development Association

Problem or issue

- Older men are missing out on support services as traditional groups, such as lunch clubs, tend to attract mainly women. As a result, older men have become hard to reach for service providers, and therefore their health and nutritional needs are not being addressed.
- Men with mental health and wellbeing needs who are socially isolated, with no family nearby, are at risk of poor nutritional health and may have little motivation to eat. Some may also have excessive alcohol intake as pubs are their only social outlets.

Community needs/assets

- Mapping of older people's food services in north-east Edinburgh found that mainstream advice on a healthier lifestyle appeared to be having little practical impact on older men.
- There is a network of partners interested in developing new initiatives to meet the needs of older men.
- Pilmeny Development Project has a shop front and was set up by local residents, so enjoys loyalty and trust from the local community. There is an open door policy, whereby members of the community are able to drop into the office for advice or support without needing to make an appointment, and there is a sharing of ideas for new initiatives.
- The project is based in a multicultural community and is involved in establishing initiatives for minority groups; for example, the Asian elderly project and the minority ethnic carers project.

Strategies

- The older men's health and wellbeing group was evaluated positively. An offshoot from this was the piloting of older men's cooking group sessions, lasting from eight to 10 weeks, which were facilitated by a trained tutor and involved the men preparing, and then eating, meals together.
- Through an informal group activity, men learn about what makes up a healthy diet, vegetables and foodstuffs they've not tasted before (like peppers, pasta and smoothies) and new recipe ideas, as well as developing cooking skills.
- The opportunity to socialise with other men where food is a focus of activity.
- The opportunity to share issues, such as bereavement, which have affected members' mental health, and to seek support from other group members who have had similar experiences.
- The tutor was supported by project staff and advised on how working with older people around nutrition differed from working with parents and children. Other tutors who are inexperienced in working with older people are supported in developing appropriate skills by the training programme developed by Edinburgh Community Food.
- Use of the social work day centre kitchen, which was easily accessible and based in the local community.
- Opportunity for some older men to take part in the Cooking Bus which came to an event at Ingliston: an intergenerational cooking activity with young people.
- Partnership project with Edinburgh Community Food, addressing the need for tailored training for older people themselves, volunteers, and workers in sheltered housing and care homes.
- Feeding information into local planning structures around services for older people.

Desired results

- Promoting independence of older men in the community by helping to keep them physically and mentally healthy and motivated to cook for themselves, by providing opportunities for social interaction, group cooking and eating with other older men.
- Preventive mental health through informal social activities; for example, recently bereaved older men being supported by those who had lost their partners some time previously, and therefore knew what they were going through.
- Multicultural exchange among men from different backgrounds through sharing recipes and ways of cooking Asian and Chinese meals.
- Changing culture within service providers towards the needs, particularly nutritionally, of older people. Developing the knowledge and skills of tutors in working with this age group.

Reach

- Older men, including those who are socially isolated or have mental health or wellbeing needs.
- Service providers.



Influencing factors

Supports

- Although the alcohol trade in Leith (Edinburgh) has reduced, many of the older generation of men in Leith, having worked in this trade, regard pubs as a social hub; therefore alcohol-related problems are very serious. Leith also has the second-highest rate of suicides among men aged over 75 in Lothian. As a result, there is recognition of the importance of addressing specific mental health and wellbeing needs of older men along with addressing their nutritional needs.
- Financial support from Community Food and Health (Scotland) has helped to pilot the cooking classes for men.

Barriers

- Up until recently the focus of nutrition has been on obesity among younger people, and the needs of older people, particularly men, have not been recognised. Furthermore, Scottish Government money to address suicides among men focused on younger men, so older men lost out.
- Service Level Agreement core funding does not include the cost of support for the men's groups. Project funding means that workers are constantly looking for new sources of funding to maintain positively evaluated food and health programmes.
- Red tape around health and safety and child protection means that Pilmeny Development Association has not been able to access well-equipped kitchen facilities, such as those in schools, to run the men's cooking group. Instead it has had to rely on an informal arrangement with social work and inadequate kitchen facilities.

Assumptions

- It is not just the food, but the social aspects of eating, such as sitting around a table having a shared meal with other older men, that are hugely important to men lacking motivation to feed themselves or suffering from depression and on antidepressant drugs.
- As a result of the physical benefits of nutritious food, group members' self-confidence increases and their physical appearance improves, despite meeting only weekly.
- The informality of the group provides an acceptable and non-threatening alternative to mainstream night classes for men who might not fit in because of learning difficulties, mental or physical health problems, or other barriers, such as being from lesbian, gay, bisexual, transgender (LGBT) or black and minority ethnic (BME) communities.
- A participative ethos is important, such as being involved in designing and planning activities and having ownership of ideas; and engaging men in community initiatives, for example, as members of Pilmeny Development Association's older people's management committee.
- Trust in the project delivering the service is important, in this case the trust established with the members of different communities, and the track record developed by the Men's Health and Wellbeing Group.



Silver Darlings

Problem or issue

- Lunch clubs are seen to be only for older people with advanced health problems by those who are younger or more mobile, and who are able to get out with help.
- In rural communities more active older people still face problems with food access and social isolation. This may be the result of mental health issues, bereavement, physical disability or intermittent health issues, as well as geographical barriers due to living in sparsely populated areas and being dependent on community transport (such as a dial-a-bus service).
- Younger older people may also not be involved in local groups and, as a result, become socially isolated. Often this need is not recognised.



Strategies

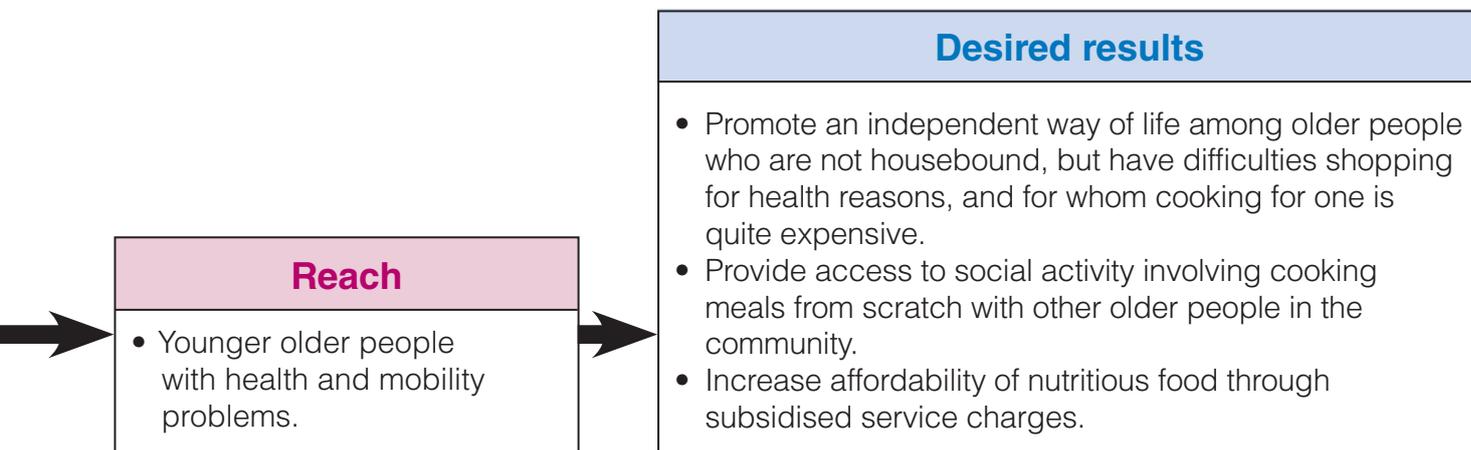
- NHS Grampian has prioritised funding to employ a part-time nutritionist to pilot a facilitated weekly cooking session, called Silver Darlings, for a small group of younger older people aged, on average, in their late 60s, who have various health and mobility problems.
- Each weekly session in the community kitchen involves preparation of a shared meal. Members of the group learn how to cook new types of nutritional meals (using specially developed easy recipe cards); experiment with new foodstuffs and a wide selection of seasonings/fresh herbs; and are able to take leftovers home for reheating the next day.
- The dietitian takes on the planning of menus, shopping and transporting the ingredients required for each week (as distance from shops and limited mobility means that carrying heavy bags is a challenge for members of the group).
- Everyone has a job to do tailored to individual physical mobility. Help from other older people with some of the more difficult tasks, such as peeling vegetables, is important. So is having access to equipment suitable for people with disabilities, such as talking scales and a microwave, and surfaces that can be lowered or raised.
- There is a standard charge per session of £3.50 towards the cost of the food, subsidised as necessary by the NHS.
- Publicity about the group is circulated through the weight management groups that meet in the community centre, and by the local community newsletter produced by Huntley Community Development Trust. The Silver Darlings also encourages members to join other groups meeting in the community centre.
- The group meets all year and, unlike other organisations, does not close down for the holidays.
- Feedback is sought from Silver Darlings members both informally and through the comments book.
- The community kitchen is also used by other groups. This promotes mixing between the Silver Darlings and other older people as well as senior pupils from the adjacent school.



Community needs/assets

- NHS Grampian has invested in a specially equipped purpose-built community kitchen in a local community centre adjacent to other community facilities, including a local school, which is used by the Silver Darlings and other groups and schools in the community.
- The community dial-a-bus provides transport for members living in rural areas without public transport.
- A nutritionist is employed by NHS Grampian.





Reach

- Younger older people with health and mobility problems.

Desired results

- Promote an independent way of life among older people who are not housebound, but have difficulties shopping for health reasons, and for whom cooking for one is quite expensive.
- Provide access to social activity involving cooking meals from scratch with other older people in the community.
- Increase affordability of nutritious food through subsidised service charges.

Influencing factors

Support

- NHS Grampian is providing funding for a pilot project.
- There are opportunities for inter-generational activities because the community kitchen is adjacent to a school.

Barriers

- Funding for this pilot may not continue after March, so there is uncertainty about its future without a dedicated nutritionist to support the group.
- There is a waiting list for the weight watchers club, which could be met by running another three groups like the Silver Darlings, but the NHS doesn't have the resources to support this.
- There is a limit to the number of people who can attend owing to the available kitchen space; and also, because members of the Silver Darlings have been meeting for some time, and know each other well, new people may be put off from joining.

Assumptions

- Living on a limited income means that members of the Silver Darlings cannot afford to cook the kinds of meals they prepare as a group, because they could not buy many of the ingredients in small enough quantities and would waste food.
- Alternative options, including the meals on wheels frozen meals service being offered to housebound older people, would not provide the level of social contact they are seeking and which they get from other members of the Silver Darlings, along with support in continuing to cook meals from scratch.
- Younger older people who are socially isolated prefer to sit down at a large table with 'friends' as opposed to eating on their own at home or in a café. This gives them the opportunity to reminisce with people of a similar age group and to learn about what's going on in the community. This is important to their sense of wellbeing and feeling part of the community.
- Being able to take leftovers home for reheating the next day can contribute to their nutritional health.
- There is a demand for many more such groups in more isolated rural communities where shop outlets are limited in what they sell; there is no option of fresh fruit and vegetables being delivered to people's homes (CFINE North East); and where there are no cafés for older people living alone to meet socially.
- There are other groups of older people who would benefit from a similar service, such as male members of the bowling club who use ready-made meals as they have never cooked for themselves and say they feel too old (being in their 70s) to start.

The Food Train

Problem or issue

- Many older people with multiple problems may be missing out on the support required to continue to live independently in their own homes.
- Food access and social isolation is a major issue for older people who struggle to stay in their own homes.
- Homecare support involving preparation of meals, shopping services or help with small scale repairs can be very costly if delivered on a one-to-one basis by statutory or private sector agencies.

Community needs/assets

- The Food Train model was developed by older people in Dumfries and Galloway and is volunteer driven.
- The service supports the local economy by capitalising on partnership working with the local retail sector including supermarkets and garages.
- The Food Train model is transferable to other local authority areas in Scotland, both urban and rural, as demonstrated by its roll-out in West Lothian, Dundee, Stirling and, most recently, Glasgow.

Strategies

- The Food Train provides a home delivery shopping service; home support by helping with a wide variety of jobs around the house ('Extra' service); and a befriending service – all of which are provided by volunteers.
- It is more than a food, home support and befriending service. It provides, through volunteers, a listening ear for older people in the community, and access to information and support for particular issues from other agencies. It is tailored to provide low-level preventative support to older people in the community from when they are still active to the point of needing care.
- Service charges remain nominal and affordable – equivalent to approximately 10% of an average weekly shopping bill. This is considerably less than normal local authority charges for this type of service.
- Service users are encouraged to use the service for the reasons that are right for them – in line with the personalisation agenda – and not because the NHS or local authority decides this is the service they will get. Flexibility is provided in terms of short-term, as well as longer-term, use. Choice is paramount – 'so that everyone who might benefit can benefit.'
- Customers are members of the Food Train and involved in its decision-making processes, such as voting at annual general meetings and being consulted about improvements to the services offered.
- Volunteers meet as a group to discuss issues to do with delivery of service. This is important to learn from older people what improvements need to be made to the services. Also, volunteers are from the local areas served by the Food Train and are therefore committed to the service and its underlying social values.
- Partnership working with the retail sector is key. The Food Train is working with nearly all major supermarket chains, as well as smaller retail outlets, which increases the choice of food products accessed by customers. It also works with local garages that maintain its vehicles.
- Active involvement in local and national forums on older people's nutrition and health.

Desired results

- Improving older people's ability to live independently through:
 - food access by providing a grocery shopping service;
 - home support by helping with a wide variety of jobs around the house ('Extra' service)
 - tackling social isolation by providing a befriending service.
- Services that have been co-produced by service users and service providers, i.e. by older people themselves, volunteers and staff.
- Gaining recognition from service providers of the importance of adequate nutrition to the health and wellbeing of older people.
- Harnessing the input of volunteers and providing outcomes for them in terms of developing their skills, self-confidence and sense of self-worth.
- Experience of volunteering can be transformative for volunteers who have always been seen as needing support.

Reach

- Older people with multiple problems.
- Socially isolated older people.
- Volunteers.
- Service providers.



Influencing factors

Support

- Local authorities' need to make efficiency savings is the key driver for considering partnering with the Food Train. Given uncertainty about how to implement 'Reshaping Care for Older People', local authorities are keen to learn about what works. Where the culture within local authorities supports creativity and proactive solutions, new types of partnerships are developing, such as with housing associations.
- The Scottish Government has invested in the roll-out of the Food Train model to other parts of Scotland.

Barriers

- The NHS, when discharging older people from hospital, is not prioritising food access as part of community-based services for older people.
- Many local authorities are unable to fully cost their shopping services because of the way budgets are organised, and are also unable to fully assess the unmet nutritional needs of older people in the community.
- There is a lack of understanding about what growing old means – the journey that happens from being independent to dependent may not always be a significant event like a stroke. 'Ageing is a process rather than a set of medically related frailties'. There is a need for a national preventative outcome referring to malnutrition among older people.

Assumptions

- The service provides a greater fit with the needs of many more older people than local authorities can offer, as well as the added outcomes for volunteers and local shops and garages.
- It is important to provide services for older people before the tipping point is reached when they move from being independent to dependent.
- Malnutrition can be an unrecognised underlying factor for some older people being admitted to hospital. Therefore, supporting older people to access food when discharged is important in preventing repeat admissions.
- Affordability in terms of service charges is important. Otherwise, older people on a fixed income may cut back on groceries and then be at risk of becoming malnourished.
- The structure of the organisation – customers being part of the decision-making process and having voting rights – assumes that customers' input is important to service improvements.
- The model developed is sustainable, as it's important that older people can rely on the service continuing in the long term. (Smaller community-based organisations with short-term funding may not be able to provide this security.)
- There is a positive impact on the local economy, with an increased turnover in local supermarkets.
- All volunteers are regarded as having potential, and the Food Train works hard to ensure that people who are willing and able to volunteer can do so in a meaningful way.

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