



Older people and community-supported shared meals in Bristol



Evaluation report on Bristol Ageing Better projects “Talking
Tables” and “Bristol Meets the World”

Sophie Laggan, Amy Beardmore and Mat Jones



October 2020



ABOUT THIS REPORT >>

Sophie Laggan, Research Associate at UWE Bristol led the research and writing of this report, with the support of Mat Jones and Amy Beardmore. We would like to thank everyone who agreed to take part in interviews and events linked to this evaluation, with particular thanks to staff at Bristol and Avon Chinese Women's Group, LinkAge Network, Bristol's three city farms, and Age UK Bristol's Bristol Ageing Better team.

Bristol Ageing Better: <http://bristolageingbetter.org.uk/>

Centre for Public Health and Wellbeing: <https://www1.uwe.ac.uk/hls/research/publichealthandwellbeing.aspx>

Citation for this report:

Laggan, S., Beardmore, A., Jones, M. (2020) *Older people and community-supported shared meals in Bristol. Evaluation report on Bristol Ageing Better projects Talking Tables and Bristol Meets the World*. UWE Bristol

ISBN: 9781860435843

Designed by Claire Chivers

Styled by Traci Rochester (tracionthego@me.com)

CONTENTS >>

1. Executive Summary	4
2. Introduction	8
Reinforcing the loneliness narrative	8
UK transition to a socially connected and compassionate society	9
Bristol context	9
Bristol Ageing Better	10
Food and nutrition projects	11
3. Research on commensality	19
Commensality	19
Commensality in the West	19
Commensality among minority groups	19
Commensality in older age	20
Food settings	22
4. Research aims and questions	24
5. Research methodology and methods	25
6. Results	27
Demographics of participants	27
Role of food	28
Impacts on participants	30
Impact on staff	39
Wider impacts	40
Defining features of delivery model	41
Recipe for success	43
Food settings' impact on commensality	45
7. Challenges	47
8. Discussion	48
9. Conclusion	51
10. References	52
11. Appendices	56

EXECUTIVE SUMMARY >>

Research on social eating is linked to a wide range of benefits for older people. Eating together can help improve dietary variety and balance through providing the opportunity to enjoy a freshly prepared meal. The sharing of food has been shown to maintain and develop social bonds, reduce stress, and improve general health outcomes.

In older age, the sharing of food can become less common as loved ones pass, children move away, and opportunities to eat out become more restricted. For older people experiencing social isolation, mealtimes can be points in the day that brings feeling of isolation to the fore. Even in the company of others, eating can feel lonely. Sitting in a space where people 'aren't like you', for example in a care home or hospital setting, can reinforce feelings of separation. This may be exacerbated for some - such as carers, people living with dementia, BME, LGBTQ+, 85+ - who may be more affected given wider risks of social isolation and loneliness in later life.

A focus for Bristol Ageing Better (BAB) has been to explore the potential for projects to tackle social isolation and loneliness through social eating.



Images: Talking Tables

This report focuses on the evaluation of two BAB food and nutrition projects:

“Bristol Meets the World” (BMtW) led by Bristol and Avon Chinese Women’s Group provides ‘global lunch club’ events for people aged 50+ to share meals, recipes, cooking techniques and stories from around the world. The events take place in a range of community venues across the city.

“Talking Tables” led by LinkAge Network partnered with three city farms to deliver a series of social cooking and eating programmes. These have been open to anyone aged 50+ and have focused on healthy and freshly prepared meals based on themes such as plot-to-plate, heritage meals and cooking for one.

The evaluation sought to understand:

- 1) The defining features of the projects;
- 2) The impact of the projects on participants and the wider community; and
- 3) The place of the projects in the context of wider research on the act of sharing food (commensality).

The evaluation covers the period from their inception in 2017 through to September 2019. Both projects were funded by BAB to run until March 2020.

While the projects had somewhat different goals and organisation, key features of both projects were:

- ▶ Asset-based, working in partnership with organisations that are connected to a particular target audience
- ▶ Opportunities for participants to take an active project role, rather than acting as passive recipients of a service
- ▶ Time spent building local connections, for instance attending community meetings and other community-supported meals to scope out interest and needs
- ▶ Use of a community setting with space to cook and eat together
- ▶ Regular meal events, so participants can choose and plan when to attend
- ▶ People (participants or staff) with the ability to positively influence one another
- ▶ Role models for healthy ageing and/or active participation in society
- ▶ Embracing different cultures, with local

cooks sharing food from their heritage

- ▶ Options to combine with other health-promoting activities (e.g. yoga, gardening)
- ▶ Continuous learning and adaptation, following training opportunities and feedback
- ▶ Annual celebrations to celebrate achievements and spread awareness

Evidence from baseline questionnaires showed that the projects reached their target groups in terms of older people who were more likely than their peers to experience social isolation and loneliness.

The projects also engaged groups with social needs such as care responsibilities, long-term health conditions and disabilities. The participants were two thirds female, and predominantly White or Asian – with BMtW having strong engagement from BME groups.

Evidence from the interview and observation-based research showed that:

- ▶ Participants reported greater cultural understanding, social interaction and confidence, as well as making new friends and being made aware of volunteering opportunities
- ▶ Participants were able to shape the service, which may explain why people grew in confidence and went on to volunteer
- ▶ Both participants and staff found the whole experience to be enjoyable
- ▶ Organisational change has occurred, including improved visibility of partner organisations

Before-and-after questionnaire findings did not show clear evidence of participant improvements in health, wellbeing, social isolation, and loneliness. This could be due to a number of reasons including the small number of respondents; those most vulnerable declined to complete questionnaires; the challenges involved in creating behavioural change; or the lack of time for longer term effects to be measured. These are all issues encountered in research with similar community-based social eating projects, and point towards the need for longer-term and evidence-based project development.

However, it can be concluded that these projects help vulnerable and isolated groups feel less excluded from community life, at least in the short-term. These benefits are amplified where participants play an active role in project decision-making. This allows them to build the confidence to connect with others and to find new purpose in later life that outlives the length of the project.

A novel aspect of this research is that eating in the company of others can still feel a lonely experience in instances where language barriers inhibit communication. This was the experience of some participants in supported housing settings for whom English was not their first language.

Amid a backdrop of a 'loneliness epidemic' in the UK, projects that bring people together to address this issue are needed now more than ever. This evaluation, alongside wider research on commensality, point towards the role of community-supported shared meals as one part of the picture in creating a more connected and compassionate society. Their future will depend on the willingness of people to continue the projects, funding to support their scaling and a political commitment to support the community spaces that are so crucial for these social interactions to take place.

Image overleaf: Talking Tables



INTRODUCTION >>

Anyone can experience social isolation or loneliness. While loneliness is a subjective feeling, social isolation has more basis as an objective measure. The two concepts are distinct but often interrelate. Short-term loneliness and social isolation can be beneficial to emotional resilience, prompting people to (re)connect (Hawkley and Capitano, 2014); long-term, if left unaddressed it can become chronic, contributing to additional health problems (Holt-Lunstad, 2015).

For lonely people, mealtimes can present three times a day when these experiences come to the fore. In addition to feeling more connected, commensality is shown to lower stress, increase social bonding, and improve health outcomes (Fruh et al. 2011; Locher et al., 2005; Kimura et al., 2012; Pliner et al., 2006; Paquet et al., 2008; Dunbar, 2017). Commensality can therefore provide one solution to addressing social isolation and loneliness.

In older age, the sharing of food can become less common, for example as loved ones pass or children move away. Even in the company of others people can feel lonely (Cacioppo and Cacioppo, 2014).

Certain groups – including people living with dementia, BME, LGBTQ+, carers and the over 85s – are more at-risk to social isolation and loneliness in later life, and there is evidence to suggest that people living in residential care may also experience social isolation (Bristol City Council, 2013). Carers too are not only vulnerable to social isolation but also have concerns about nutrition (Carers UK, 2012).

REINFORCING THE LONELINESS NARRATIVE

There are three broad reinforcing and overlapping feedback mechanisms that influence an individual's sense of loneliness and their actual social isolation:

- 1) Neoliberal policies that have structured neighbourhoods and organisations in ways that design out opportunities for social interaction and commensality
- 2) Media and scientific reporting that adopt a deficit model to older life
- 3) Self-worth and emotional resilience

Regarding this last point: life can be challenging and it can take great strength and continuous work to deal with the adversities that present themselves along the way. Work, family, relationship and other stressors all test an individual's endurance, and being hurt or 'rejected' can lead someone to retreat from social interaction (Twenge et al. 2007) or even to walk towards it with greater understanding (Scott Peck, 2002). Additionally, life events, such as the loss of family members, or other shocks to the system (for example an economic crash) can act to deepen this sense of loss or loneliness and despair.

>> "[Lonely people] see the social world as a more threatening place, expect more negative social interactions, and remember more negative social information. Negative social expectations tend to elicit behaviours from others that confirm

the lonely persons' expectations, thereby setting in motion a self-fulfilling prophecy in which lonely people actively distance themselves from would-be social partners even as they believe that the cause of the social distance is attributable to others and is beyond their own control"

- Hawkley and Cacioppo, 2013, p3

Hawkley and Cacioppo (2013) go on to argue that this loop is accompanied by feelings of hostility, stress, pessimism, anxiety, and low self-esteem, which can activate neurobiological and behavioural mechanisms that contribute to adverse health outcomes.

Overcoming chronic loneliness and social isolation throughout the life course requires that they be designed out of the system, with opportunities for individuals to maintain existing relationships (such as transport and technology) to create new connections (for example group based, one-to-one, information and signposting), as well as psychological interventions to improve individual self-worth and emotional resilience (Griffiths, 2016). Interventions such as cognitive-behavioural therapy, which seek to identify and reframe maladaptive social cognitions and beliefs (for example, "No one loves me") appear to be the most efficacious treatments for loneliness, based on empirical evidence (Masi et al. 2011).

UK TRANSITION TO A SOCIALLY CONNECTED AND COMPASSIONATE SOCIETY

In response to the 'loneliness epidemic', the UK's first All Party Parliamentary Group (APPG) on Loneliness and the Loneliness Commission were established in central Government.

Footnotes

1: <https://www.gov.uk/government/news/pm-launches-governments-first-loneliness-strategy>

Working across Government, the Commission developed a strategy in 2018, which included provision for nationwide social prescribing, an increase in the number of community spaces and opportunities to connect patients to a variety of activities, including cookery classes, supported by the Department of Environment, Food and Rural Affairs (DEFRA). An 'Employer Pledge' has also been announced to tackle loneliness in the workplace. The Royal Mail, one of the employers already signed up to the scheme, will check up on lonely people as part of their usual delivery round¹.

BRISTOL CONTEXT

Social isolation and loneliness amongst older people are known problems in Bristol and tackling these is the primary aim of the Bristol Ageing Better Partnership. It is estimated that between 6,291 and 11,438 people over 65 experience social isolation in the city. It is also known that areas of multiple deprivation tend to experience social isolation more acutely (Bristol City Council, 2014).

In their recommendations, Bristol City Council stated the need to:

- ▶ Raise awareness of the negative health impacts of social isolation and loneliness throughout the life course;
- ▶ Signpost to community groups and social opportunities;
- ▶ Provide more services and interventions focused on transitions in an individual's life; Highlight the economic benefits of interventions;
- ▶ Be willing to experiment with what policies and initiatives work (BCC 2014).

They included further targeted recommendations for specific age groups. For older people these were: to consider ‘proportionate universalism’² for age and economic disadvantage, and explore intergenerational activities. They also emphasise the need for “collaboration and co-ordination between planners, transport planners, highways engineers and the community” as their actions impact on the (dis) connectedness of the city.

Social isolation is one of the priorities in Bristol’s Health and Wellbeing Strategy. As a result, the Council has funded a number of programmes to increase social connections. Social Prescribing for Equality and Resilience (SPEAR), for example, triages for Bristol Community Health’s Community Navigators (which offers free signposting and support for people who are over 50 years old) and refers patients to Kitchen on Prescription, as well as other non-food related activities³.

Bristol City Council adopts an asset-based approach to community development, which is premised on the idea that every community contains physical assets or individuals with particular skills that can be harnessed to improve the lives of those living locally. Aware that structural factors can limit a person’s agency, consideration is given to the policy and legislative changes required to enable people to live fulfilling and healthy lives. This contrasts to the deficit model of traditional forms of top-down development. Community organisations such as Barton Hill Settlement’s The Network and Knowle West Media Centre adopt similar approaches. However, it appears there has yet to be any targeted campaigns with older people around food.

In 2018, Bristol joined the WHO’s Age-friendly Network. However, as with any systemic

Footnotes

2: Proportionate universalism states that everyone should have access to the same services, but that the availability and intensity of those services should be proportionate to the level of disadvantage or need – see the Marmot Review, 2010

3: <https://www.spearbristol.org/#keyfeatures>

problem, local governments cannot tackle these problems alone. In addition to networked support, they need more power and resources from Central Government to invest in tackling these issues long term.

BRISTOL AGEING BETTER

Bristol Ageing Better (BAB) has been working since 2015 to discover what approaches work to reduce social isolation and loneliness in the context of Bristol. It was one of 14 areas in the country to be awarded Ageing Better funding from the National Lottery Community Fund, receiving £5.9million for a programme lasting until March 2020. BAB is a partnership of individuals and organisations, and is led by Age UK Bristol. Bristol Ageing Better’s core programme outcomes for 2020 are for more older people to:

- ▶ have the amount and type of social contact that they want to reduce isolation and loneliness
- ▶ be able to influence decisions that affect their local area and how services are designed and delivered
- ▶ be able to contribute to their community through such mechanisms as volunteering, belonging to a forum, steering group or other activity.

The organisation recognises there are more at-risk groups (including, among others, carers, people living with dementia, BME, LGBTQ+, 85+) among the older population and encourages its projects to proactively reach these people, for example through providing specific training for the project staff and volunteers. In 2017, BAB began commissioning

new projects and services that connected “with others across the BAB programme to build people up and create a foundation of confidence and wellbeing in order to reduce older people’s isolation and loneliness” (BAB Food and Nutrition Tender document, 2017, p3). Based on pilot research, food and nutrition were identified as key building blocks. The aim of funding this block focused primarily on bringing people together over food although efforts to improve understanding on the nutritional aspects of eating was welcomed. See appendix 2 for other building block themes and core criteria for delivery partners.

BAB will use the evidence they gain from these ‘test and learn’ projects to influence and inform decision makers to ensure that future services in Bristol are better planned and more effective in reducing loneliness and social isolation. This report contributes to this evidence base.

FOOD AND NUTRITION PROJECTS

Three projects were funded under the Food and Nutrition building block theme. They were:

- 1) Your Food Your Health**, delivered by Wellspring Healthy Living Centre in partnership with Buzz Lockleaze and BS3 Community
- 2) Bristol Meets the World**, delivered by Bristol and Avon Chinese Women’s Group in partnership with The Care Forum, 91 Ways, Brunelcare, Hanover Housing Association, Carers Support Centre and Community Navigators
- 3) Talking Tables**, LinkAge Network in partnership with Bristol’s City Farms (Windmill Hill, St Werburghs and Lawrence Weston)

In this report, the latter two projects were evaluated to understand the role food plays, and the food setting, as well as the impact on participants and the wider community.

Bristol Meets the World

Bristol and Avon Chinese Women’s Group (BACWG), the project lead, piloted a multicultural cooking project in 2017 as part of a series of BAB pilot projects, involving cooking demonstrations from chefs with different cultural backgrounds to over 100 individuals, including older people. Participants learnt about the recipes, the context of the recipes and shared stories and cultures. BACWG staff felt that participants were less isolated and stressed as a result. Winter projects were delivered to prevent illness among elders during these colder months, and one-to-one visits were had with people experiencing mobility problems. The pilot revealed barriers that prevent elders from joining activities, including language, transport and accessibility, timings, and support for people with disabilities.

Bristol Meets the World has drawn from these lessons to offer a wider reaching and more accessible ‘global lunch club’ to share stories and food from around the world. The purpose is to provide shared cooking experiences and nutritional skills to older people to improve health and wellbeing whilst reducing isolation.

To expand the reach of their engagements, they focused on partnership working (see appendix 4 for full list of partners) with organisations that specialise in working with their target audiences – those most vulnerable to loneliness and isolation.

Talking Tables

LinkAge Network is a Bristol-based charity which develops opportunities for local people age 55+ (or 50+ in the case of Talking Tables)

to improve their health, reduce loneliness and strengthen communities. It partnered with Bristol's three city farms (Lawrence Weston, Windmill Hill, and St Werburghs) to deliver Talking Tables, made up of several 6-8 week cooking sessions, co-created with participants that took place in 2018 and 2019. The primary purpose of the project was "to reduce social isolation; food and nutrition are the vehicles by which this will be achieved with the additional benefit of supporting healthy eating" (BAB, 2017 b). City farms are shown to have a strong impact on social isolation, physical and mental health and help attendees become more active citizens (Federation of City Farms, 2007).

The farms have access to food grown on site, kitchen and communal eating spaces and experience of delivering food and nutrition projects. LinkAge Network is known historically as a user-led charity, whereby participants shape activities. Both are interested in working more with excluded and vulnerable groups.

A LinkAge Network survey of over 50s who frequent the farms, taken prior to Talking Tables, identified certain themes regarding their food preparation and planning, and travelling to the farm preferences. Home cooking and not wasting food was prioritised although cost was not as high a priority. Participants felt the family meal played a role as a child in shaping their experience of home cooking, and memories of delicious meals made from war-time rations. A variety of different modes of transport were taken to reach the farms, and it was mentioned that the efficiency of public transport varied from farm to farm. This survey went on to inform the development of this project.

Throughout the project, each farm intended to support participants to plan in the first workshop the shape of the sessions and menus and to explore themes around plot-to-plate, heritage meals and cooking for one. At

times, they would weave into dialogue easily-accessible information about nutrition and healthy eating and, if groups were interested in cooking from different countries, offered opportunities to invite local cooks from those ethnic communities to share skills and recipes. Through the funding, the project hoped to learn from differences between farms and how these impact on the types and experiences of participants.



Image overleaf: Bristol Meets the World

Table 1: Talking Tables Theory of Change

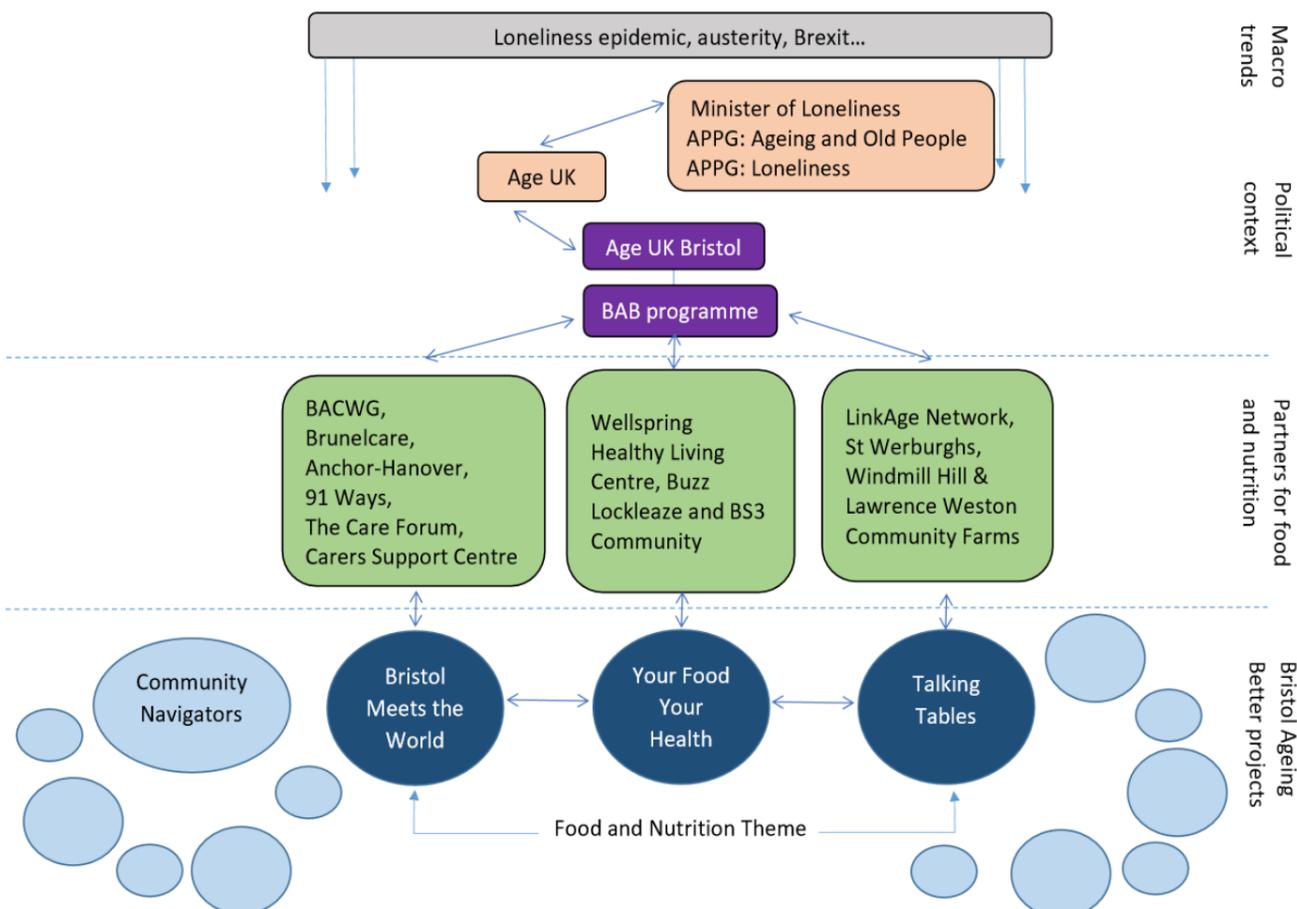
Inputs	Activities	Outputs	Outcomes	Impact on participants
<p>National Lottery Community Funding (through Bristol Ageing Better): £73,750 plus in-kind support (not including volunteer hours) £1,085</p> <p>Pilot research and questionnaire exploring opinions of visitors aged 50+, regarding food preparation, planning and travelling to the farm</p> <p>Asset-based approach</p> <p>People:</p> <ul style="list-style-type: none"> ▶ Participants (103) and their feedback ▶ LinkAge Network Trustee Board, Manager, Social Media Officer and Project Coordinator ▶ Experienced community facilitators with food hygiene qualifications ▶ 12 volunteers, of which 9 were 50+ (328 estimated hours) and additional staff, providing support and different personalities to suit participant needs and personalities <p>The farms: Space with kitchen and access to nature; and transport solutions (e.g. free transport, facilitated travel) Training for volunteers/cooks, e.g. food hygiene and fire safety; and for staff through BAB e.g. on LGBTQ+ and Dementia awareness</p> <p>Food: A mix of seasonal, local, shop-bought and in the case of St Werburgh's City Farm, some surplus food from FareShare and modest budget to buy food Guidance from Diversity Trust and LGBT Bristol</p> <p>Targeted recruitment in areas of multiple deprivation and medium-high loneliness (Bristol City Council, 2013: Social isolation in Bristol).</p> <p>Communication: Regular phone and email communication between LinkAge Network and the farms to see if anything needs changing or adapting or additional support. Quarterly BAB monitoring reports, Common Measurement Framework (CMF) forms, six monthly meetings with all the farms.</p>	<p>Free 6-8-week cookery series, delivered 2-3 times per year, by each farm, for up to 10 people</p> <p>1 session per week, lasting 2-3 hours</p> <p>Each course session to include hands-on cooking time and a shared meal at the end</p> <p>New participants are given priority in subsequent series.</p>	<p>Aim: 64 ongoing participants and 16 one-off participants</p> <p>A service co-created with participants, e.g. they shape the course content and extent they spend outside</p> <p>A shared meal made together</p> <p>A celebratory meal, shaped by participants, to which participants are welcome to bring a friend or family member</p> <p>Opportunities for participants to learn how to grow herbs and vegetables in small places, such as window boxes, and to gain a basic food hygiene qualification, if they wish (Lawrence Weston Community Farm)</p> <p>Attracting more participants from BME communities to this site (St Werburgh's City Farm)</p> <p>Monitoring reports and CMF forms</p> <p>In year two, an inter-farm collaboration to attract funds for a further programme of courses</p> <p>Facilitator handbook with recipes (created by St Werburgh's City Farm)</p>	<p>New skills, knowledge and confidence</p> <p>The sharing of recipes</p> <p>Ongoing engagement between farms and participants during (e.g. invited to events) and after the series ends (e.g. differentiated volunteering opportunities, from help on the farm, to leading sessions or sitting on advisory boards)</p> <p>Social interaction (e.g. travelling together, preparing, cooking and sharing food together)</p> <p>A welcome and inclusive environment</p> <p>Referral generation by raising project awareness with key organisations, such as BAB-funded Community Navigation and Community Development projects and social prescribing projects, such as SPEAR, and Well Aware</p> <p>Learnings, which will be used to adapt subsequent courses during the funding period</p>	<p>More older people...</p> <ul style="list-style-type: none"> ▶ Have the amount and type of social contact that they want ▶ Can influence decisions that affect their local area and how services are designed and delivered ▶ Are able to contribute to their community through such mechanisms as volunteering, belonging to a forum, steering group or other activity

Table 2: Bristol Meets the World Theory of Change

Inputs	Activities	Outputs	Outcomes	Impact on participants
<p>National Lottery Community Funding (through Bristol Ageing Better): £60,916 and in-kind donations (not including volunteer hours) £1,170</p> <p>Research, which guided the selection of target groups and learnings from successful BAB pilot project</p> <p>Asset-based approach</p> <p>People:</p> <ul style="list-style-type: none"> ▶ Participants (589) and their feedback ▶ Steering group ▶ Project Coordinator in BACWG ▶ Partner organisations in housing, care support, cultural representation ▶ Paid tutors (with small budget for food) and staff ▶ Translators (when needed) ▶ 56 volunteers, of which 30 were 50+ (154 estimated volunteer hours) ▶ Nutritionists to inform session <p>Training: for volunteers/tutors, e.g. food hygiene; fire safety; and for staff, provided by BAB, e.g. LGBTQ+; Dementia</p> <p>Quarterly meetings for the tutors to share their “achievements and failures” (BACWG)</p> <p>Food setting, kitchens and induction hobs</p> <p>Accessible venues and provision of transport</p> <p>Communication: newsletters for participants, Facebook page, word of mouth; promotion on local radio and news channels</p> <p>Feedback learnings to businesses and government</p>	<p>Free, monthly 2-hour tutor-led sessions focused on learning, preparing, sharing stories/ recipes and eating together. Covering at least 6 locations around the city.</p> <p>Creatively reaching out to people, including engaging with BAB partners</p> <p>Project promotion</p> <p>Care homes and supported housing: cookery demos</p> <p>The Care Forum, in conjunction with the Pakistani Welfare Organisation: yoga, crafts, food, nutrition advice</p> <p>In partnership with Oasis Talk: food, tea ceremony, relaxation techniques</p> <p>Let’s Eat Green event</p>	<p>Aim: 81 sessions in total, catering for at least 15 people</p> <p>Aim: 99 ongoing participants, 54 one-off participants</p> <p>Co-designed sessions</p> <p>Special events to promote engagement and enable a citywide conversation about the benefits of connecting communities, including a cultural food-focused event each year to celebrate the learning and bring people together from different locations</p> <p>Recipes</p> <p>Cookbook, which the participants will contribute towards</p> <p>Empowered volunteers, some of which will deliver classes</p>	<p>Develop relationships with organisations that grow or provide food in sustainable ways and those who are working to reduce food insecurity</p> <p>Reach a range of communities</p> <p>Participants will help plan menus and prepare food, see how it is cooked and share a meal</p>	<p>More older people...</p> <ul style="list-style-type: none"> ▶ Have the amount and type of social contact that they want ▶ Can influence decisions that affect their local area and how services are designed and delivered ▶ Are able to contribute to their community through such mechanisms as volunteering, belonging to a forum, steering group or other activity

The Bristol Meets the World and Talking Tables projects can be seen within the national and local context in Figure 1 below.

Figure 1: UK's transition to a connected society, with food at the centre



RESEARCH ON COMMENSALITY >>

Commensality

Commensality, the act of eating together, is widely thought to be beneficial for individuals, groups and society more generally. At the level of the individual, Grignon (2001) defines commensality as: “a gathering aimed to accomplish in a collective way some material tasks and symbolic obligations linked to the satisfaction of a biological individual need” (p24). Giacomani (2016) elaborates that commensality is a “practice that fulfils the role of strengthening cohesion among the members of a group, both in serving as an interactive space and in symbolizing a sense of belonging and respect for shared norms” (p460). The societal role of interacting over food functions can lead to improvements in worker performance (Kniffin et al. 2015) and is generally regarded as beneficial to health, regardless of age, improving psychological wellbeing, healthy eating and overall life satisfaction, reducing anti-social behaviour and building feelings of trust (Fruh et al. 2011; Locher et al., 2005; Kimura et al., 2012; Pliner et al., 2006; Paquet et al., 2008; Dunbar, 2017). From an evolutionary perspective, sharing food is thought to have evolved to facilitate social bonding, where ‘people become more like each other’ and to develop intimacy (Miller et al. 1998; Fischler, 2011; Dunbar 2017).

Footnotes

4: The sample population from Yates and Warde’s study was derived from a survey to 2784 members of a supermarket consumer panel. They caveat that the survey contains disproportionately few younger people and an excessive amount of highly qualified respondents. Future studies would benefit from a longitudinal or panel collected for individuals over an extended period and I would add that complimentary targeted data collection from underrepresented groups would provide insight into how different social groupings are dealing with the aforementioned trends towards solo or rushed eating.

Commensality in the West

“Commensality occurs in workplace canteens, cafes and festive occasions, yet the most fundamental ‘commensal unit’ is the family; in Western societies in particular the nuclear family” (Toumainen 2014). The Western notion of a shared family meal is becoming less frequent due to individualisation, with greater maternal employment outside the home and work-life stress, a reduction in household size and in coordinating schedules, and the growing commodification and convenient nature of food (Masson et al., 2018; Fischler, 2011; Yates and Warde, 2017; Jones, 2018). Westerners prefer company meals when available, but that availability may be limited due to greater temporal pressures to coordinate around institutional rhythms of workplaces and schools (Yates and Warde, 2017)⁴.

Commensality among minority groups

Most studies on commensality (and age) in the UK to date have been biased towards Western, white middle class and ‘well educated’ participants (Toumainen 2014; Yates and Warde, 2017). Studies that have looked at ethnic minorities have neglected sociability as an important component of meals as social events (Sobal, 2000, p 119). Religion also plays an important role in commensality; however, this too has received little research attention. As Toumainen (2014) states: “The Prophet of Islam emphasised the importance of company

when he said 'Eat together and not separately, for the blessing is associated with the company.' (Ibn Majah)".

Insights from minority communities and major religions are important if we are to understand the role of commensality in people's perceptions of loneliness and their social connectedness. Two examples from BME groups highlight the diverse perspectives on commensality.

In Conzo's book on Food Values in Europe (2019) it is noted that food is central to the community spaces of African Caribbean migrants in the UK. As such, the aforementioned decline of commensality may be less pronounced for these communities. "Food sharing and communal eating, home meals, and food activism within this community demonstrate the ways in which food is used to strengthen Caribbean cultural values such as strong social networks, autonomy, and cultural heritage knowledge transmission. Maintaining and strengthening these food values create a strong base from which migrants can navigate racism and structural oppression" (p195). With strong cultural roots, the community is knitted together through its commensality.

Meanwhile, Tounmainen's longitudinal ethnography of Ghanaian households in London found they did not regularly eat together, and did not aspire to eat together – "eating alone may be no indication of weakening family ties or other social bonds," he adds (Tounmainen 2014, point 6). Conflicting schedules was a factor, as mentioned above, in addition to cultural tradition; commensality being valued less than the eating of food cooked by the wife or mother. The female's role in cooking for others extended to their wider social network, often spontaneously, "especially if someone was unwell and living on his/her own, but also if the person was thought to be too busy to

cook for him/herself, and sometimes simply out of the sheer pleasure of cooking" (Tounmainen 2014, point 41). Beyond the 'nuclear family', Ghanaians spent a lot of time and money on festival meals, to give the impression of high social status and successful migration or settlement, even if they weren't very well off. Social isolation (temporal and spatial) compelled people to seek companionship in these spaces, although they did not always have the desired result:

» *"I was told that some Ghanaians went to functions to escape the loneliness they felt at home, ending up eating a great deal, and sometimes feeling even lonelier, if they didn't know anyone there or were sat next to strangers"*

- Tounmainen 2014, point 52

Contrary to what Western research is saying, some communities remain connected through food as a cultural safety net, often in community settings, while shared family meal times are of less value.

Commensality in older age

The sharing of food is considered by some as a powerful tool for tackling social isolation and loneliness, and may assist in maintaining existing relationships, creating new connections and creating a safe space for therapy (Fruh et al. 2011; Locher et al., 2005; Kimura et al., 2012; Pliner et al., 2006; Paquet et al., 2008; Dunbar, 2017). Food sharing can be particularly useful for engaging older people, in a way that perhaps other activities for older people cannot, as it gives them something to talk about, can help create an informal environment and can be particularly useful at engaging men (National Lottery Community Fund, 2019). It can also increase calorie intake, something

which is often in deficit among older people (Locher et al. 2005).

However, as food can be closely connected to people's identities, the way people access, choose and eat food will differ from person to person, and as such programmes need to be tailored to appeal to these differences. For example: "people need to relate to and engage with the setting where food is on offer" (p4), be that a pub or a community café, and many prefer food they can relate to and that is culturally appropriate (National Lottery Community Fund, 2019). The advice is to "be sensitive to but not a slave to culture and habits," (p4) as many may need challenging. Indeed, "The older people who were more willing to try new foods or did not place their identity in traditional food seemed more resilient and less lonely" (p4).

Although communal eating can strengthen cohesion, providing an interactive space in which communal belonging is symbolized and shared norms are respected, it can weaken bonds through the creation of tensions or conflict (Giacoman 2016). Food anxiety is not uncommon among lonely or isolated people (ibid) – perhaps the result of years of solo eating.

Referring again to Conzo's book (2019), luncheons in African Caribbean migrant communities in the UK are particularly useful for older people from African Caribbean backgrounds, as they signpost where to go for health screenings and upcoming community events, providing socialisation. For younger people who often volunteer, these events provide a connection to their heritage. Black Health Initiative's weekly lunch in Leeds is one such example⁵.

Importantly, food sharing initiatives "go beyond the food offered by engaging with the

material and affective elements of cooking and eating together and how they attempt to nurture collective spaces of encounter" (Marovelli, 2019). "These collective spaces and the affective qualities that they generate are particularly vital in urban contexts in times of austerity, these initiatives have capacity to embrace social differences and to facilitate the circulation of ideas and practices of care and hospitality. They operate as provisional bridging mechanisms between people, communities, projects and services, providing the connective tissue in ways which are hard to measure through simple quantitative measures and, as a result, are rarely articulated" (ibid).

Ultimately, when designing these projects it is important to cater to the unique needs of the target group and to find a balance between social interaction and privacy (Watkins et al. 2017).



Image: Bristol Meets the World

Footnotes

5: <https://www.peopleshealthtrust.org.uk/news/news-stories/black-health-initiative>

Food settings

Ismail and Jones (2017) identify seven broad food settings relevant to older age (see table 3). These categories overlap – for example, community supported social meals can be taken in care home settings – and it could be argued that each of these settings could be either ‘social’ or ‘lonely’ depending on the person’s perception.

A number of studies have explored the link between food setting and nutrition in older age, with some highlighting the influence of solo eating on psychological wellbeing (Ismail and Jones 2017). However, little attention is given to the food ambiance or social element to food (ibid).

Community supported social meals

The provision of community-supported social meals is usually in the form of lunch clubs, such as in churches or community spaces, or ‘soup kitchens’. However, the place can be any community setting, including the restaurant of a care home, where it is intended people sit together, often with strangers, over a meal. In contrast, the other settings are private facilities, including the personal kitchen of residents in a care home or supported housing residence, where diners are invited. Community-supported social meals are the focus of this report.

From passive to active participants

Community-supported social meals that have arisen from the charity sector typically look beyond food and nutrition to consider the social and environmental benefits of a shared meal. National charity Food Cycle, for example, “nourishes communities using surplus food”. Led by volunteers, each hub collects food from local shops and supermarkets and cooks healthy vegetarian/vegan meals in a community setting. The hub in Bristol collects food almost exclusively by bike. Over 80% of guests say they have made friends and feel more a part of their community and since launching in 2019, they have rescued over 425,000 kg of surplus food, the equivalent of over 1 million meals⁶. Yet, while these impacts are very impressive, they treat diners as guests, largely unable to participate in the design and delivery of the service.

Other approaches have focussed more on the participant side, seeking to improve their skills, knowledge and confidence in cooking home-made meals, especially from socio-economically disadvantaged groups. However, for adult courses at least, there are a lack of high-quality evaluations of these schemes, meaning evidence on impact is inconclusive (Rees et al. 2012). One robust study of peer-led cooking clubs for the over 65s in sheltered housing in a socially deprived area found two main effects. Namely, participants increased the energy they obtained from carbohydrates (2.4% more than those that did not attend) one year on, and were also more likely to describe their diet as healthier than it was than those that did not take part (ibid). Participants enjoyed the cooking sessions for largely social reasons, yet it is unclear whether they had an active role in the development of the service.

For older groups most at-risk of poor health and loneliness, feeling able to change their

situation and assert their rights to a healthier, more inclusive society, may require deeper engagement.

Empowering approaches

A range of studies show that forming healthy habits requires several conditions:

- ▶ the regular support of peers and positive influencers (e.g. to facilitate interpersonal motivations including encouragement, competitiveness and accountability (Erwin et al. 2018)),
- ▶ repetition of a behaviour in a consistent context, often over a long period of time (Lally et al. 2010),
- ▶ ability to manage external stressors/ balance work-life stress (e.g Bauer et al. 2012).

Do these foundations that help empower individuals, encouraging them to develop healthy habits and shape and give meaning to their lives, hold true in the BAB projects? Given the lack of sound research on the effectiveness of food-based interventions (Klinenberg, 2016) or the role of power dynamics in community-supported food initiatives, this report offers a first step towards greater understanding of what approaches empower and which disempower in a given context.

Table 3: Food Settings in Older Age, adapted from Ismail and Jones, 2017

Food setting	Brief explanation
Workplace	As people retire the workplace becomes less important as a food consumption environment. Workplace studies do not feature in this report.
“Community” Eating at Home	Eating at home is the main environment in which people eat. This rises in importance after retirement. Towards the end of life other settings become more influential.
“Community” Eating at home alone	As people age, the proportion routinely eating at home alone increases.
“Community” Eating out	This includes purchasing meals and drinks in cafes, restaurants, pubs and similar venues. As people grow older this gradually becomes less of a part of everyday life. No evidence to support this, just a contention.
“Community” Supported social meals	These are settings where the meals are provided with a social purpose – usually with a subsidy. Examples include lunch clubs, day centres etc. These are a relatively minor part of life for most people.
Care home and supported housing	Care home and supported housing settings become increasingly important for an older age population.
Hospital	Hospitals as a food setting are not a major part of most people’s lives, but this setting becomes increasingly important in the period towards the end of life for many people.

Footnotes

6: <https://www.foodcycle.org.uk/who-we-are/foodcycles-impact/>

RESEARCH AIMS AND QUESTIONS >>

This study set out to understand:

- 1) the impact Talking Tables and Bristol Meets the World are having on participants and the wider community;
- 2) their defining features; and
- 3) their broader societal relevance.

To fulfil these aims the following questions were explored:

- 1) What is the role of food sharing in addressing social isolation and loneliness in older age?
- 2) What are the defining features of these initiatives?
- 3) What is the wider impact of food sharing?

See appendix 1 for operationalisation of research questions.



Image: Bristol Meets the World

RESEARCH METHODOLOGY AND METHODS >>

The evaluation was largely based on qualitative methods, with further use of quantitative data from monitoring and questionnaire (CMF) records. The interviews took place with 32 people. Three cooking sessions were observed for each project, plus a celebratory event each. The interviews cover a broad range of perspectives, including participants, delivery partners, cooking facilitators and tutors.

Interviews

Semi-structured, open-ended questions were developed for each interview based on an initial interview schedule outlined by UWE (see appendix 5). Questions were adapted for each interviewee and in light of new information gathered throughout the process. Representatives from each of the main roles were interviewed: cooks, tutors, delivery partners and community development workers. Time constraints meant that face-to-face interviews had to be capped at 12. Additional informal interviews (20) were conducted during meals.

Observations

Six meals, three from each project, and two celebratory meals were observed. As this was active research, the lead researcher also got involved with the meals, helping to prepare and cook the food and eat with the participants.

A self-reflective log was completed after each observation. During observations notes and pictures were taken on the researcher's phone. Consent was sought for taking photos

of people's faces. Social interaction and engagement, behaviours and intention to change, improvements and other reflections were among the sections of the log (See appendix 4 for full log).

Assumptions

Researchers hold certain assumptions about what they perceive to be reality. Often the purpose of scientific study is to assess whether these assumptions are lived out. As a food justice activist and community organiser, with several years' experience volunteering for a 'community supported social meal', the researcher held the following assumptions about the role of food settings and food in reducing social isolation and loneliness in older age:

- 1) The layout and functionality of food settings will influence levels of participation
- 2) Staff and peer support will influence levels of participation
- 3) The growing, cooking and sharing of food helps to break down barriers between people and cultures and improve socialising
- 4) The chronically isolated and lonely will require more targeted interventions and psychological interventions

Eligibility, selection and recruitment of participants

The researcher connected with the project

coordinators of both projects to begin their interview process. They asked the coordinators to connect them with other key stakeholders and to attend cooking sessions in each of the sites. Upon attending the sessions, they scoped out interest for additional interviewing of participants and staff. If consent was given, participants were interviewed informally. On three occasions, participants were asked if they would like to be formally interviewed. One declined and two agreed. Of those that agreed, one interview did not take place due to diary problems.

Data collection and programme documentation

Due to time constraints, most interviews were carried out informally during the session, without a script. This was to minimise disturbance of the interviewee. All participants were made aware of the intentions of the researcher and the potential benefit of the observation for supporting the continuation of the projects.

Data recording and analysis

Notes were taken on a phone to minimise disruption to session and written up formally on the observation guides after the sessions. Formal interviews were recorded using a Dictaphone. All interviewee's data was pseudo-anonymised to minimise traceability.

Data was coded, and categorized deductively on NVIVO according to the research questions. These categories are: role of food, role of food settings and impact. Data was also inductively coded when interesting remarks emerged from the data. It was decided that quotes from stakeholders be grouped into one of the following naming conventions: LinkAge Network, 91 Ways, BACWG, Cooking Leader, Tutor, Participant, with a number at the end to

differentiate between groups. However, the aim here is not to understand individual thoughts so much as it is to build a collective picture of these different perspectives.

Ethical issues

Participants were asked by the project worker to give permission for the researcher to observe during the cooking sessions. Project participants were offered written and verbal information about the research. Participants were asked to give their consent, with no obligation and with opportunities to withdraw, to take part in either informal or formal interviews. Ethical approval for this research was obtained through the University of the West of England (UWE Bristol), Health and Applied Sciences Research Ethics Committee, Reference HAS.16.11.045.

RESULTS >>

Demographics of participants

This table shows the demographics of those that completed the CMF forms. BMtW completed 412 forms (335 before, 58 exit, 18 follow up) and TT 156 (100 before, 33 exit, 23 follow up). Some participants will not have completed these for various reasons.

Age and gender were broadly similar to the pattern across the BAB programme overall. There was quite a large age range. The majority of participants were female.

The pattern in terms of ethnic/racial background was quite variable – it is worth noting that there was strong participation from

people of Asian backgrounds in Bristol Meets the World, and that Talking Tables was attended by people from White backgrounds.

» *"Some Asian Chinese community tend to be ...more isolated as a culture group"*

- BMtW 1

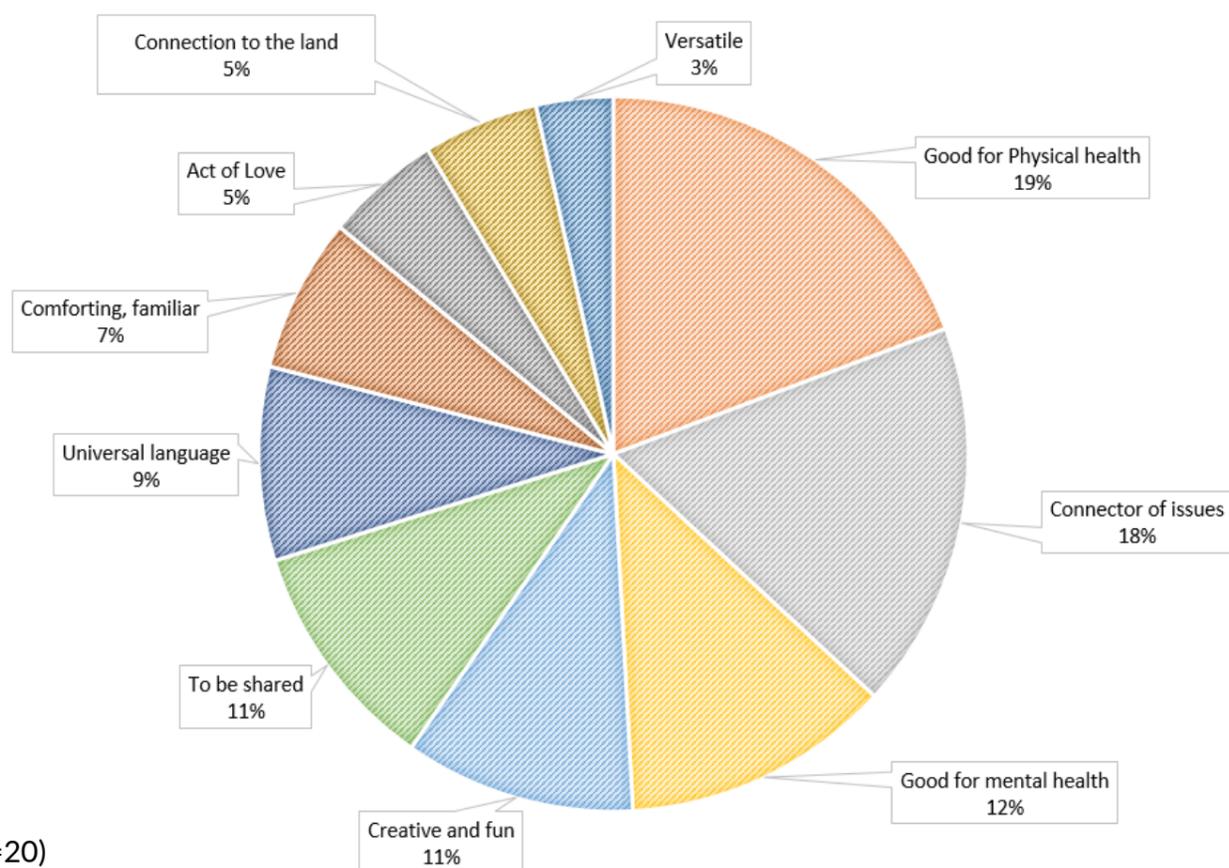
The recruitment approach was a combination of contacting other organisations working with the target groups, spending time getting to know the area and community (for example, through attending local events and hosting promotional events), word of mouth among the elders (at least in the case of BMtW) and online advertising (for example, social media – with significant effort made by TT, who have a paid communications person).

Table 4: Demographic data for Bristol Meets the World, Talking Tables and the BAB programme

		Bristol Meets the World (N= 197)	Talking Tables (N=56)	BAB (N=2562)
Average Age		71	69	69
Age Range		42-100	52-94	42-101
Female: Male (no response) %		72:27(1)	72:25 (3)	69:28 (3)
Ethnic/racial background %	White	49	93.8	73
	Black/Black British	3	1.8	10
	Asian/Asian British	44	1.8	10
	Mixed ethnic	0.5	1.8	1
	Any other	-	-	1
	Prefer not to say/ no response	3.5	1.8	5

Role of food

Figure 3: What participants and staff thought the role of food to be in engaging people



Everyone interviewed was asked what role they thought food played in engaging people (figure 3). It was found that food is more than the sum of its nutritional parts. Of the survey responses, 1 in 5 were related to physical or nutritional health... the rest concerned the social benefits.

It was observed that the making of food (for example, bread) helped to focus participants and without 'props' they ended up talking among themselves or sitting in silence. It also became a focus and source of non-verbal communication for non-English speakers. Participants started the classes relatively reserved but left beaming and relaxed.

» "I think the important thing with food is that it is a preventative for a lot of things in the future and I think if we can kind of instil in people that are kind of going in to retirement or are of a younger older age, the importance of nutrition, eating well, kind of that kind of thing, actually that will also support the prevention of potentially some illnesses in the future... I think in getting future funding I think that's something really to highlight because I think a lot of the times people neglect that food is really a medicine and that actually that is something to shout about."

- LinkAge Network 3

» "I think [food is] absolutely key [in addressing social isolation and loneliness] ... it's a shared interest for a lot of people. Obviously everyone has to eat so there's that shared aspect of it but also there's a lot of people that are interested in food and interested in nutrition ...and it gives the sessions a focus so there's less pressure on the group that are attending if you're a bit concerned about going to a social event ...you'll ... naturally start chatting or maybe you won't chat at all for the first like week or two but ...after a few weeks you start to bring in a bit more about yourself and your life."

- LinkAge Network 1



Image: Talking Tables

Impacts on participants

Health, wellbeing and loneliness

Participants were asked to complete BAB standard questionnaires (CMFs) at the beginning and end of their engagement with the two projects. Table 5 shows the results of the analysis of the outcomes for a range of measures. They show that there were few changes using the questionnaire measures for the two projects. The exceptions are a positive impact on health (using EQVAS) and 'ability to influence decisions' for the Bristol Meets the World project. The outcomes also show that there were negative changes for this project with respect to 'social and emotional isolation' (using De Jong) and 'taking part in social activities'. A number of reasons might explain this pattern, including the possibility that the wider circumstances of participants were becoming more challenging over the course of the project.

A leading reason why no positive changes were found for Talking Tables is the small sample size: the measures used are better suited to projects with larger numbers of participants. It may also be due to the relatively positive status of participants at the beginning of the project: there was less scope for improvement. For both projects, lack of evidence of change could also be due to the fact that the most vulnerable (e.g. lonely or isolated) were hesitant to fill out the forms or to commit to filling out subsequent forms.

However, for both projects we cannot be sure how to interpret these findings. The following sections draw upon alternative sources of data collected over the course of the evaluation. These provide different perspectives on the value of the projects for participants and other parties.



Image: Bristol Meets the World

Table 5: Outcomes for participants in the BAB projects

Statistically significant change highlighted in bold text: Red bold text = negative change
Green bold text = positive change

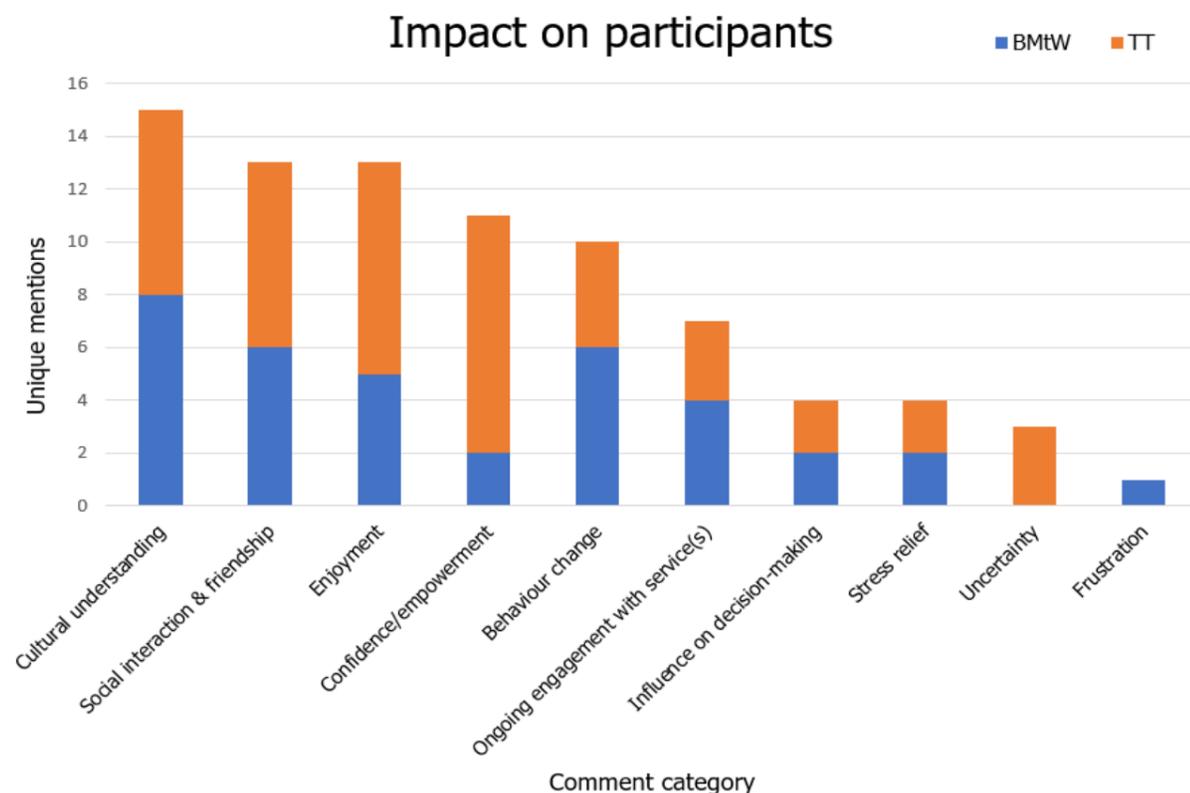
Area of measurement	Measure	BMtW project				Talking Tables project			
		No. of matched pairs	Base-line mean	Follow up mean	Significance (p value)	No. of matched pairs	Base-line mean	Follow up mean	Significance (p value)
Social and emotional isolation	DEJONG	57	2.93	3.60	0.015	30	4.23	4.40	0.465
Social and emotional isolation	UCLA	64	4.88	4.83	0.800	41	6.49	6.10	0.084
Social contact with children, family and friends	CONTACT	56	3.50	3.50	0.974	34	3.61	3.55	0.657
Social contact with non-family members	SPEAK-LOCAL	78	6.85	7.08	0.225	45	6.53	6.78	0.310
Social participation in clubs etc	SOCIAL-SCORE	75	1.37	1.31	0.479	44	1.6	1.68	0.901
Taking part in social activities	TAKEPART	80	1.73	1.39	0.021	43	1.65	1.79	0.412
Co-design. Activities involved in	INVOLVED	78	0.78	0.87	0.485	44	1.25	1.05	0.335
Ability to influence local decisions	INFLUENCE	83	3.14	3.55	0.013	46	2.74	2.89	0.419
Volunteering, unpaid help	HELP	78	1.12	1.17	0.706	45	1.20	1.38	0.263
Wellbeing	SWEMWBS	65	22.34	21.76	0.304	41	20.59	21.30	0.194
Health/ Quality of Life	EQ5DIndex	77	0.77	0.76	0.602	44	0.60	0.56	0.395
Health	EQVAS	78	66.31	70.82	0.030	42	63.50	63.86	0.819

A further source of data was derived from the coding of interviews. The impact on participants reflected the diverse role food was playing for older people attending the sessions. While some participants learnt new cooking skills, and became aware of the health-promoting properties of some foods, the key impacts have been social: including greater cultural understanding, enjoyment, social interaction and friendship, confidence and behaviour change (e.g. volunteering) (see figure 5).



Image: Talking Tables

Figure 5: Perceived impacts on participants



Cultural understanding

Bringing together people from different cultural backgrounds was woven into the design of the projects, although approached differently by each project. BMtW had regular tutors from different cultures, and targeted minority groups during their interventions by working with specific cultural organisations (e.g. Pakistani Welfare Organisation). Talking Tables was less targeted, but allowed participants to show others dishes from their own culture (for example Jamaican or Indian cuisine) and on occasion invited in cooks from different cultures.

In supported housing settings and among carers, this was particularly impactful:

» *"Some [have] never been out, never been visiting these countries and have a chance to try different things so that really makes me happy as well."*

- BMtW Cooking Tutor

Social interaction and friendship

Before this project, some participants in supported housing settings had little opportunity to socialise: it was mentioned during one supported housing observation that the monthly cooking session was the only opportunity the Chinese community had to socialise, as no other activity in the home has an interpreter. Living in a foreign country can be a lonely experience. In addition to the language barriers

» *"[You feel lonely] because you don't have all your relatives around you see..."*

- BMtW Cooking Tutor

The relaxed environment created a sense of being a family:

» *"they mentioned the fact it was more family like and they were pretty fed up with just sitting at home by themselves and to cook with people, even if they didn't eat it, they were happy to do that."*

- TT Cooking Leader 3

And friendships have been formed:

» *"I've seen new friendships taking place both in the sessions and outside of the sessions, so I believe that various people have been meeting other people that they met in the group to do other activities, not related to Talking Tables."*

- TT Cooking Leader 1



Image: Talking Tables

This may be because the process of making food together involves team work and relationship building:

» "...first of all the teamwork that is involved in planning and creating something is really amazing and people can communicate with each other and help each other out and congratulate each other. Sometimes people's roles come out that you wouldn't expect."

- TT Cooking Leader 1

» "It's a brilliant way of getting people actively involved, cooking as well as eating. People can approach it on their own level as well. People with very little ability physically or inexperience of food, can come in at a very low level. Somebody with a lot of experience of cooking and food, can come in at a much higher level and show other people what they're capable of."

- TT Participant 1

Behaviour change

Change has been documented in participants' moods, actions and preferences.

During a BMtW supported housing observation, one participant, who appeared sullen and disengaged at the start, became animated when asked what they would like to cook in future sessions. With the help of the patient tutor, they recalled a dish – Schnitzel – they had fond memory of learning from a former boyfriend. The tutor agreed they would cook this together at a future session.

» "They're going home and cooking food with their families, inviting families over to cook the food that they've made so their families are benefiting as well in a kind of nuclear sense of social isolation."

- BMtW delivery partner

» "[At the start of the project] most of them just liked English food and Chinese food, but nowadays after a year they've already changed a lot."

- BMtW coordinator

Enjoyment

For enjoyment, this was near universal among participants. A few participants left the projects at the beginning due to specific health needs that could not be met, and one participant commented that watching the cookery demonstrations caused them **frustration** as they could no longer use their hands to cook, but these cases were rare. As the quotes highlight, for some participants it has been something to look forward to:

» "We've had participants say that they wake up and they remember it's Talking Tables day and it's a great day basically and that they look forward to it and that's really nice."

- LinkAge Network 3

» "I know one [participant who]... basically said it's kind of changed her life."

- LinkAge Network 1

» "We've had emails from participants saying how these mornings are their social highlight of the week."

- 91 Ways

Decision-making and confidence

Many participants felt the project increased their confidence; feeling **empowered** to make decisions and try new things.

» "Five years ago, if you'd told me I was cooking for a dozen people, I would have thought you were crazy because I just wouldn't have the confidence to do that."

- Participant 1

» "They are empowered and inspired... they think 'oh, shall I... oh, I can't do this myself' but if they come here they'll have a go."

- BMtW delivery partner

Participants really have a sense of ownership in these projects and their decision-making has been designed in from the outset. Both projects allow participants to design the service – putting forward ideas as to what they want to cook over the duration of their participation. They are also able to input as the course progresses and their confidence builds.



Image: Bristol Meets the World



Image: Bristol Meets the World

For some participants this gave them a sense of ownership over their food choices. One participant lived off ready-made meals and was very overweight. They found the healthy recipes to be less complicated than they originally thought and had plans to make Tabbouleh at home after trying it in the group setting. This individual had lost their motivation to cook as they live alone. Social anxiety was an issue for them so the small group size allowed them to feel able to attend. You could tell they were benefitting from the social interaction.

They said:

» *"Food was foreign to me [before this course]"*

- TT Participant 2

Having a cultural aspect to the meals allowed participants to connect with different cultures or show off their own! In one of the supported housing observations for BMtW an Italian tutor came in to demonstrate how to cook Carbonara. Quickly she became a participant as the Italian participant stepped in to show that his recipe for Carbonara was better – his region was home of Carbonara, after all! All participants had a role to play and the meal was enjoyed so much that several participants went back for another Italian-sized portion of food.

» *"It was lovely to see [them] actually taking charge of that session."*

- BMtW Colliers Garden Manager

Contributions to the community

Many participants have gone on to volunteer for the projects, or elsewhere in their local area, and some have gained Level 2 food and hygiene qualifications to become cooking leaders.

» *"I must say that the star in all of this has been our volunteer... I've been able to work really directly with him. We plan a lot of the sessions together and we've researched recipes ... I couldn't have done it without him and he started at the farm as a participant maybe a year or so ago and he's just blossomed really."*

- TT Cooking Leader 1

» *"Now I'm a volunteer, helping to co-run [Your Food Your Health]."*

- TT Participant



Image: Talking Tables

Stress relief

Several commented that using food allowed them to relieve some tension (e.g. through kneading bread or staying focussed on one task). The sessions also acted like group therapy, creating a safe space for people to share life experience and offer support:

» *"There was a lady who had lost her husband, probably about less than a year ago and she was still very much in the grieving stage and there were two other people in that group who had lost husbands and they were able to support her in that way."*

- TT Cooking Leader

Additional activities, such as being in nature on the farms (TT), or trying out relaxation techniques and yoga moves proven to reduce stress and lower blood pressure (BMtW), played complement to stress relief.

One volunteer said that they had not worked for a number of years due to poor mental health but found that volunteering on the project was beneficial to their mental state.

Uncertainty

Several people raised concerns about 'what next': where do participants go when the sessions end and what happens when the funding runs out? Regarding the first concern, participants all had the opportunity to sign up to a newsletter to keep them informed about what is going on in the city for older people, and were also made aware of the information platform WellAware⁷. Signposting was given informally and formally (through printed materials) about what else participants could do in the area. Typically, signposting was to non-food related activities or social meals.

The projects have been exploring different funding models, including funding from businesses and the offer of in-kind donations (e.g. such as food surplus from shops), to allow them to continue their work after the BAB programme. Although the biggest expense is core funding for staff.

» *"It's like all these things. If you've got money, time and somebody to do the work, it happens. Otherwise, it doesn't."*

- Participant 1

Several approaches to funding were mentioned during this investigation, in order for the projects to continue post-2020. A portfolio approach was considered to provide the most stability.

Footnotes

7: <https://www.wellaware.org.uk/info-resources/find-activities/>

Table 6: Future funding sources/models proposed

Funding source/model	Details
Public fundraising	Such as crowdfunding
Financial investment from businesses and Council	For example community development funds or Community Infrastructure Levy pot
Social enterprise	For example, paid-for events that cover the costs of free community sessions
Businesses	Partner with neighbouring supermarkets, e.g. for food donations or money off ingredients Funding for kitchen equipment/access to kitchens/donations (e.g. ConnectEco) Partnerships with restaurants or catering colleges
Universities	<p>» "I think University also should get involved actually. I very, very strongly believe in that actually. They are very, very powerful tools, instruments to get people to listen as well."</p> <p style="text-align: right;">- BMtW manager</p>
Sliding scale for participants	While charging might work in some areas, in others it may not.

Impact on staff

Beyond the impact on participants, staff have also gained a lot from being involved and have enjoyed the process.

» "...it's actually been really nice not to be a monetary based project so actually just going out there and trying to find people to do a course with nothing in return and just to enjoy it."

- TT Project Coordinator

» "...I feel extremely lucky to be honest. I deliver a lot of different activities and learning opportunities at the farm and have done for like 12 years, but this is the first cooking project that we've run and it's just been absolutely enjoyable from start to finish really."

- Cooking Tutor 1

» "It's getting harder and harder to find funding for delivering health and social care activities so to have such a substantial funding grant to help us run something that's really important for the community has been amazing."

- Cooking Leader 3

Many of the cooking tutors for BMtW had no prior experience of delivering cooking sessions; they were home cooks with a passion for sharing their culture. As a result of becoming tutors, they grew in confidence and were able to address their own connectedness and sense of purpose:

» "[Because of tutoring I am] More confident maybe in speaking. Not so shy and gets me out of the house as well. Something to do and not bored."

- BMtW Cooking Tutor



Image: Talking Tables

Wider impacts

Organisational (and perception) change

Organisational change has also been documented. One supported housing residence plans to continue the cookery series in-house after the funding period, several commented that the farms now feel more visible in the community, and for Linkage Network an Equalities Working Group has been set up to support the diverse needs of older people.

» *"This is our first food project that we've done [and now we plan to continue it in-house]."*

- Colliers Garden

Farms beginning to be seen as places for different generations...

» *"Sometimes we struggle with people just thinking the farm is about kids and animals and actually there's so many more things that could be learnt here."*

- TT Cooking Facilitator

Older people starting to (re-)associate with the farm... as places for them.

» *"[It was] the first time that ...we as an organisation have ever held an activity specifically for people who identify as LGBT plus ...it was kind of a nervous moment ...we got advice from BAB ...and actually now from that we've decided to set up an Equalities Working Group."*

- LinkAge Network 3

The project has also filled a gap left by cuts in public funding:

» *"We used to have an older people's group. We lost funding from that through the Council so we had to close that and since then we didn't have any ... we had one-off older people's activities but nothing ... no kind of programme so in terms of that it provided the farm the opportunity to meet that local need and that obviously improves the farm's reputation and will hopefully lead to some more funding in the future."*

- Cooking Tutor 3

Defining features of delivery model

This section details the defining features of the project's delivery models.

Positive influencers and role models

Table 7: Positive influencers and role models in each project

Agent of change	BMtW	Talking Tables
BAB	Financial, training, lobbying	Financial, training, lobbying
Politically connected members	BMtW founder, connected with NICE.	Windmill Hill connected with sustainable food network.
Project coordinators	Develops relationships with stakeholders, partnering with organisations that reach marginal communities. They see potential in people, gently encouraging people to participate and builds their confidence. They also take on the role of marketing, supporting the tutors, administering the steering group, organising events and evaluating the project.	Developing relationships, liaising with farms and organising events. To address barriers; bring together farms and LinkAge Network to review progress; advise participants on other opportunities.
Community organisers	Experts in working with marginalised communities and connecting language communities, taking time to develop local connections, reaching out, building relationships and using food as a catalyst to talk about the issues that face them (91Ways). Deliberately has no space – it is roving.	LinkAge Network community development practitioners.
Supported housing Centre Managers	Gently encouraging participants to get involved and having fun with them. It was clear from the other supported housing observation, which lacked the support from the Centre Manager, that engagement was less and required more work from the tutor and Project Coordinator to involve participants.	N/A
Everyday cooking tutors/facilitators	Enthusiastic home cooks that are passionate about their culture, want to share their recipes and experiences and create a friendly atmosphere	Community centred and person centred (LinkAge Network 1). Create a relaxed/calm, informal, welcoming and supportive environment. Responsible for planning and delivery, adapting to individual needs and wants, creating the space for fun and enjoyment (Cooking Leader 1; Cooking Leader 2), and exploring how to maintain connections after the course finishes (Cooking Leader 3).
Translators	Inclusion of non-English speaking groups	N/A

Recipe for success: Empowering people through food sharing

Ingredients

- Approach: asset-based community development
- Space: a community setting
- People: positive influencers, role models* (e.g. tutors, cooks, volunteers) and exposure to different cultures
- Optional extras: other health-promoting activities (e.g. yoga)

Instructions

1. Combine ingredients
2. Work in partnership and adapt as you go
3. Spend time building local connections
4. Eat together regularly
5. Continually learn and adapt as you go
6. Bake for a long time

Result

- Opportunities to grow
- New friends and connections...

and don't forget: take the time to celebrate achievements!

Notes

* It is not essential that role models are people from the same demographic background as the participants. Over time, people can build trust with tutors that are 'different' to them, valuing them as equals.

Celebrating achievements

The achievements of the projects are summarised in the table below.

Table 8: Summary of Results

Impact	Defining features
The projects reached their target groups, vulnerable and isolated older people	Asset-based, working in partnership with organisations that are connected to their target audience
The demographic data shows that these people were predominantly White or Asian, with 2/3 female	Spent time building local connections, for instance attending community meetings and other community-supported meals to scope out interest and needs
It is inconclusive whether the projects objectively improved participants health, wellbeing and loneliness	A community setting with space to cook and eat together
Qualitative data has shown that participants have greater cultural understanding, social interaction and confidence, as well as new friends and volunteering opportunities as a result of the project	Regularity of meal, so participants can rely on the service
Participants were able to shape the service, and this may explain why people grew in confidence and went on to volunteer	Positive influencers and role models
Participants and staff found the whole experience to be enjoyable	Embrace different cultures, with a local cook sharing food from their heritage
Organisational change has occurred	Options to combine with other health-promoting activities (e.g. yoga, gardening)
The City Farms have become visible to a different demographic	Continuous learning and adaptation, following training opportunities and feedback
	Annual celebrations to celebrate achievements and spread awareness

Food settings' impact on commensality

The table on the following page lists all the food settings (Ismail and Jones, 2017) observed (O) or mentioned (M) during this investigation. Workplaces (frequented less in older age) and hospitals (frequented most by people

experiencing multiple deprivation and chronic illness) were not mentioned.

Table 9: relationship between food setting and engagement

Food settings	Examples	Role of food in this context	Impact on participants (bold = level of engagement)
Community 'eating out' (O)	Talking Tables Feast; BMtW Let's Eat Green	Celebration of project; bringing together partners and wider Bristol community, enjoyment	Sense of achievement, pride, sharing experiences Collaborate
Private supported housing (kitchen and dining room) (O)	Collier's Garden BMtW series	Opportunity for Chinese community to socialise, older people to recall memories and share cooking knowledge and experience, enjoyment	Socialising, cultural understanding, confidence Collaborate
Private supported housing (lounge) (O)	Blaise Weston BMtW series	Cultural exchange, memory recollection, enjoyment	'Something different' – exposure to new cuisine and cultures; stories about traveling and food memories Inform (with options for greater involvement if more able)
Cultural welfare organisation (with no kitchen facilities) (O)	Pakistani Welfare Organisation, BMtW and Community Navigators	Socialising, food culture exchange, health promotion	Exposure to healthy cooking ideas and social activities in the community; new recipes Involve
Community kitchens (church) (O)	BMtW and 91 Ways	Sharing food, learning from other cultures and traditional food preparation/preserving methods (e.g. fermenting)	Participants able to design the service and take advantage of volunteer and training opportunities Empower
Community kitchens (farm) (O)	St Werburgh's City Farm, Lawrence Weston Community Farm, Windmill Hill City Farm	Sharing food, learning from other cultures and connecting to the source of food	Participants able to design the service and take advantage of volunteer and training opportunities Empower
Home (M)	Your Food Your Health (in interview with TT participant and Your Food Your Health cooking tutor)	Building confidence among the most isolated	Confidence, new recipes, opportunities to socialise Empower
Community eating alone (M)	Mealtimes in the restaurants of supported housing residences	Functional/habitual, possible socialising	Can exclude residents for whom English is not their first language; can exclude residents that were once experienced cooks (quality not as good as theirs or does not do their cultural meal justice) Inform

CHALLENGES >>

Further work is needed to reach more at-risk groups. However, community-supported food settings may not be the most appropriate for the most vulnerable or they may not want to be that involved in decision-making processes. More work is required to unpick this and to explore ways in which more vulnerable older people can enjoy food-based projects to the same extent as those observed in this evaluation.

To overcome transport barriers, both projects offered free transport (taxi, bus fare) for attendees. While this allowed for greater participation, it meant that many participants travelled from outside of the neighbourhood:

» "The people I think who've been brought in by cabs are unlikely to come back again unless there is a cab paid for if you know what I mean, but that has been the minority of participants who've needed that assisted travel."

- TT cooking leader

There was a common concern about what do you do once the series ends. There were other groups the participants could join, but often these weren't food sharing related.

There is also some debate over how these projects should be organised and managed. Some schools of thought believe they should be entirely grassroots, emerging from a community's desire to set up and run a food sharing project. Others think it should be top-down, with a central organisation co-ordinating and running the groups for older people.

However, common opinion lies somewhere in the belief that community supported social meals should be given additional resources and guidance to keep project leaders motivated and to recognise their achievements. Resilience scholars would consider this the middle way and the most effective at building local adaptive capacity (Ostrom and Janssen, 2004).



Image: Talking Tables

DISCUSSION >>

In the context of research on older people and food, there has been relatively little attention given to the social aspects of food and eating together (Ismail and Jones, 2017). Some of the issues are due to an overly medicalised perspective (ibid.), however it should also be recognised that it can be difficult to evidence the social outcomes of community food initiatives (Marovelli, 2019).

Evidence from this research provides some evidence that the projects were working towards outcomes consistent with their main goals or theory of change. The projects show that community-supported social meals help vulnerable and isolated groups feel less excluded from community life. These benefits are amplified where participants play an active role in project decision-making. This allows them to build the confidence to connect with others and to find new purpose in later life. As Marovelli (2019) found, commensal activities provided participants, agencies and practitioners with 'bridging mechanisms' to bring people, ideas and actions together in an urban environment.

One aspect of this research is that eating in the company of others can still feel a lonely experience in instances where language barriers inhibit communication. This was the experience of some participants in supported housing settings for whom English was not their first language. Interestingly, the potential for commensal activities to generate feelings of exclusion and loneliness is reflected in the research of others (Tounmainen, 2014).

While these projects have not met as wide a demographic as the BAB programme as

a whole, they have successfully reached particular demographic groups, with BMtW engaging Asian communities in particular. Both projects have plans to work with other marginalised groups and are looking at different funding models – with multiple funders, including working with businesses and other charitable organisations to continue this work.

It was clear that the delivery agencies had to undertake considerable work to develop their projects. There are opportunities for agencies working in this field to share learning across a range of areas including techniques for outreach and recruitment, monitoring, resources (e.g. event guides, guides and cookbooks). There is also the opportunity to better scale projects through strategic alliances between agencies, as opposed to working in isolation. These efforts might build adaptive capacity; however, caution is needed to recognise the diverse and specific nature of community contexts. In this study, the projects worked well in positively impacting participant's lives, as they recognised individual needs and different access requirements, as well as group identities and relative autonomy.

Several development practitioners felt these projects can and should develop completely organically, self-organised by local people, without the need for external support. However, the findings from this report raise interesting questions about whether, in the current context, this is possible at scale.

Recommendations

- ▶ To support the continuation of such projects and reduce social isolation and loneliness at a bigger scale requires help for communities to help themselves, for example in the form of community funding, volunteer support, community organising, and asset transfer, in addition to a platform to promote activities and share resources.
- ▶ Cross-cultural commensality needs greater policy attention in community development, and recognition in local fields of public health, planning, social care and business development. Notably this includes the role of intergenerational food activities in bringing a diverse range of social benefits.
- ▶ There are clearly opportunities to experiment with different formats to attract different audiences, such as moveable feasts – like meals-on-wheels but with a social dimension.
- ▶ There are many underutilised community kitchen spaces, while others lack kitchen facilities. An audit of kitchen spaces and a citizen survey around interest in and use of food spaces in the city (for example how often are they used; what would communities like to do with them) is an appropriate first step to understand what facilities exist and what is possible.
- ▶ More research would be welcomed from a diverse range of races, cultures and communities in order to provide a greater body of evidence that focuses less on western or predominantly white eating practices.
- ▶ Investigate other cooking projects that are on offer (as those asked were unaware what was available) and create resources to signpost older people with an interest to those (at present people are signposted to non-food activities).
- ▶ Research is needed into the role of food sharing in minimising risk of social isolation and loneliness during transition periods, such as the period before retirement.
- ▶ There are a lot of food projects in Bristol, however they are not always linked up or aware of each other's existence. A supporting structure like that provided by BAB could help facilitate future collaborations and opportunities for learning. This may be something worth exploring through Going for Gold, Bristol's city-wide bid to become recognised as a gold standard Sustainable Food City⁸.
- ▶ Participants like to be offered a range of ways to engage as much or little as they wish, for example, some want to make the tea, some want to chat or just listen, others want to take the lead.
- ▶ To be fully inclusive, it should be recognised that there are additional costs for community-supported social eating projects. These include preparatory outreach and consultation work, translation services, preparatory partnership working especially where new connections are being sought.
- ▶ Ethical businesses, part of Bristol Green Capital Network, may be able to support such endeavours, while charities such as Food Cycle may be able to assist with infrastructural support and advertising.

Footnotes

8: <https://www.goingforgoldbristol.co.uk/>

- ▶ It may be worth exploring options to fund and coordinate volunteers. This may allow people with financial constraints to participate/engage more deeply with the projects.
- ▶ Timing of events is important, including opportunities for parallel sessions on different days and times. Evening classes (recommended by carers), for example, would benefit people that may live alone or those needing a supportive place to discuss life events.
- ▶ As has been identified in all BAB projects, transport – sometimes supported transport – for some people remains a major barrier to engagement.
- ▶ For care homes and supported housing residences in particular there are opportunities including;
 - introducing cultural food sharing throughout the month and across celebration days in the calendar,
 - making better use of the outdoor spaces in care homes and supported housing,
 - inviting the wider community in,
 - developing and sharing toolkits on food activities/'global lunch clubs' for care homes and supported housing
- ▶ Future celebrations could be better distributed around the city rather than centralised, making it easier for more marginalised communities to attend.

CONCLUSION >>

Amid a backdrop of a 'loneliness epidemic' in the UK, projects that bring people together to address issues are needed now more than ever. This evaluation, alongside wider research on commensality, points towards the role of community-supported shared meals as one part of the picture in creating a more connected and compassionate society. Food sharing in community projects can break down barriers, help forming social connections, build confidence, and create a space for people to meet a discuss issues that matter to them.

The projects presented in this report were directed toward supporting older people, and there is some evidence that their approach is having a positive impact on the participants, at least in the short term, with lasting impacts on

the delivery partners. This model of community engagement can be applied to different target audience and ages. More investment is needed for these projects to reach out to a wider audience and to see if they can contribute to longer term improvements to the lives of older people. Their future will depend on the willingness of people to continue the projects, funding to support their scaling and a political commitment to support the community spaces that are so crucial for these social interactions to take place. What appears clear, however, is that we need more community-supported food sharing opportunities, which can bring people together from all walks of life, and ultimately bring pleasure and celebration in everyday life.



Image: Bristol Meets the World

REFERENCES >>

BAB (2017a). Food and Nutrition Tender submission document

BAB (2017b). Food and Nutrition submission document, Bristol Meets the World

BAB (2017c). Food and Nutrition Tender submission document, Talking Tables

Baumeister, R. F., DeWall, C. N., Ciarocco, N. J., & Twenge, J. M. (2005). Social exclusion impairs self-regulation. *Journal of personality and social psychology*, 88(4), 589.

BBC 2018 (a), BBC Radio 4: The Anatomy of Loneliness, Who feels lonely? The results of the world's largest loneliness study, Claudia Hammond. URL: <https://www.bbc.co.uk/programmes/articles/2yzhfv4DvqVp5nZyxBD8G23/who-feels-lonely-the-results-of-the-world-s-largest-loneliness-study> [Date accessed: 30/09/2019].

BBC 2018 (b), BBC Radio 4: All in the Mind, Nine ways to feel less lonely, Claudia Hammond. URL: <https://www.bbc.co.uk/programmes/articles/3nDZXgD7Fz7IBGc3YSQV9jr/nine-ways-to-feel-less-lonely> [Date accessed: 30/09/2019].

Bofill, S. (2004). Aging and loneliness in Catalonia: The social dimension of food behavior. *Ageing International*, 29(4), 385-398.

Bristol City Council (2014): Social Isolation in Bristol (2014), *Risks, Interventions and Recommendations Report*. URL: https://www.bristol.gov.uk/documents/20182/34732/Social%20isolation%20recommendations%20report_0.pdf/1c662a24-cfa0-4821-aeda-099595512289 [Date accessed: 04/10/2019].

Cacioppo, J. T., & Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. *Social and personality psychology compass*, 8(2), 58-72.

Conzo, D. (2019). Food Values among African Caribbean Migrants in England. *Food Values in Europe*, 193.

Dunbar, R. I. M. (2017). Breaking bread: the functions of social eating. *Adaptive Human Behavior and Physiology*, 3(3), 198-211.

Findlay, R. A. (2003). Interventions to reduce social isolation amongst older people: where is the evidence?. *Ageing & Society*, 23(5), 647-658.

Fischler, C. (2011). Commensality, society and culture. *Social Science Information*, 50(3-4), 528-548.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative inquiry*, 12(2), 219-245.

Fruh, S. M., Fulkerson, J. A., Mulekar, M. S., Kendrick, L. A. J., & Clanton, C. (2011). The surprising benefits of the family meal. *The Journal for Nurse Practitioners*, 7(1), 18-22.

Giacoman, C. (2016). The dimensions and role of commensality: A theoretical model drawn from the significance of communal eating among adults in Santiago, Chile. *Appetite*, 107, 460-470.

Griffith, H. (2016). Social isolation and loneliness in the UK: with a focus on the use of technology to tackle these conditions. *Future Cities Catapult*, UK.

Grignon, C. (2001). Commensality and social morphology: An essay of typology. na.

HM Gov (2018) A connected society: A Strategy for tackling loneliness. URL: www.gov.uk/government/collections/governments-work-on-tackling-loneliness [Date accessed: 20/09/2019].

Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of behavioral medicine*, 40(2), 218-227.

Hawkley, L. C., & Capitanio, J. P. (2015). Perceived social isolation, evolutionary fitness and health outcomes: a lifespan approach. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 370(1669), 20140114.

Hays, N. P., & Roberts, S. B. (2006). The anorexia of aging in humans. *Physiology & behavior*, 88(3), 257-266.

Ismail, S. U., & Jones, M. (2017). Food Settings and the health and wellbeing of older people: An annotated bibliography and summary of the literature. URL: <https://uwe-repository.worktribe.com/output/878643> [Date accessed: 30/09/2019].

Jones, B. L. (2018). Making time for family meals: Parental influences, home eating environments, barriers and protective factors. *Physiology & behavior*, 193, 248-251.

Klinenberg, E. (2016). Social isolation, loneliness, and living alone: identifying the risks for public health. *American journal of public health*, 106(5), 786.

Kniffin, K. M., Wansink, B., Devine, C. M., & Sobal, J. (2015). Eating together at the firehouse: how workplace commensality relates to the performance of firefighters. *Human Performance*, 28(4), 281-306.

Lally, P., Van Jaarsveld, C. H., Potts, H. W., & Wardle, J. (2010). How are habits formed: Modelling habit formation in the real world. *European journal of social psychology*, 40(6), 998-1009.

Locher, J. L., Robinson, C. O., Roth, D. L., Ritchie, C. S., & Burgio, K. L. (2005). The effect of the presence of others on caloric intake in homebound older adults. *The Journals of Gerontology series A: Biological sciences and Medical sciences*, 60(11), 1475-1478.

Marmot (2010) Fair Society Healthy Lives strategic review of health inequalities in England post 2010. URL: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf> [Date accessed: 14/10/2019].

Marovelli, B. (2019). Cooking and eating together in London: Food sharing initiatives as collective spaces of encounter. *Geoforum*, 99, 190-201.

Masi, C. M., Chen, H. Y., Hawkey, L. C., & Cacioppo, J. T. (2011). A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review*, 15(3), 219-266.

Masson, E., Bubendorff, S., & Fraïssé, C. (2018). Toward new forms of meal sharing? Collective habits and personal diets. *Appetite*, 123, 108-113.

Meadows, D. H. (2008). *Thinking in systems: A primer*. Chelsea Green Publishing.

Miller, L., Rozin, P., & Fiske, A. P. (1998). Food sharing and feeding another person suggest intimacy; two studies of American college students. *European Journal of Social Psychology*, 28(3), 423-436.

Nakata, R., & Kawai, N. (2017). The “social” facilitation of eating without the presence of others: Self-reflection on eating makes food taste better and people eat more. *Physiology & Behavior*, 179, 23-29.

National Lottery Community Fund (2019), The Role of Food in Building Connections and Relationships. URL: <https://www.tnlcommunityfund.org.uk/media/documents/ageing-better/Ageing-Better-Role-of-Food-in-Building-Connections-and-Relationships.pdf?mtime=20190514094521> [Date accessed: 30/09/2019].

Ostrom, E., & Janssen, M. A. (2004). Multi-level governance and resilience of social-ecological systems. In *Globalisation, poverty and conflict* (pp. 239-259). Springer, Dordrecht.

Paquet, C., St-Arnaud-McKenzie, D., Ma, Z., Kergoat, M. J., Ferland, G., & Dube, L. (2008). More than just not being alone: the number, nature, and complementarity of meal-time social interactions influence food intake in hospitalized elderly patients. *The Gerontologist*, 48(5), 603-611.

Peck, M. S. (2002). *The road less traveled: A new psychology of love, traditional values, and spiritual growth*. Simon and Schuster.

Pliner, P., Bell, R., Hirsch, E. S., & Kinchla, M. (2006). Meal duration mediates the effect of “social facilitation” on eating in humans. *Appetite*, 46(2), 189-198.

Rees, R., Hinds, K., Dickson, K., O'Mara-Eves, A., & Thomas, J. (2012). Communities that cook: a systematic review of the effectiveness and appropriateness of interventions to introduce adults to home cooking. In *Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews* [Internet]. Centre for Reviews and Dissemination (UK).

Sobal, J. (2000). Sociability and meals: facilitation, commensality, and interaction. *Dimensions of the meal: The science, culture, business, and art of eating*, 119-133.

Sutton, D. E. (2001). *Remembrance of repasts: an anthropology of food and memory*. Berg Publishers.

Tuomainen, H. (2014). Eating alone or together? Commensality among Ghanaians in London. *Anthropology of food*, (S10). URL: <https://journals.openedition.org/aof/7718> [Date accessed: 14/10/2019].

Twenge, J. M., Baumeister, R. F., DeWall, C. N., Ciarocco, N. J., & Bartels, J. M. (2007). Social exclusion decreases prosocial behavior. *Journal of personality and social psychology*, 92(1), 56.

Wenger, G. C., Davies, R., Shahtahmasebi, S., & Scott, A. (1996). Social isolation and loneliness in old age: review and model refinement. *Ageing & Society*, 16(3), 333-358.

Whitelock, E., & Ensaff, H. (2018). On your own: older adults' food choice and dietary habits. *Nutrients*, 10(4), 413.

Yates, L., & Warde, A. (2017). Eating together and eating alone: meal arrangements in British households. *The British journal of sociology*, 68(1), 97-118.

1: Operationalising research questions

Question	Operationalising	Why ask these questions?	Data collection
What is the role of food sharing in reducing social isolation and loneliness in older age?	Look for evidence for: <ul style="list-style-type: none"> ▶ the opposite of loneliness: being connected, contentment, happiness, friendship, being cared for ▶ of participants being around and interacting with others 	Research investigates cooking and education projects for older people; less/no research on food sharing (social dimensions) in particular	Literature review; observations; interviews; CMF forms
What are the defining features of these projects?	Look for: <ul style="list-style-type: none"> ▶ who is leading the change ▶ engagement model ▶ networks 	To help inform future food sharing projects	Literature review; observations; interviews
What is the wider impact of food sharing in Bristol?	Systems change (of city), measured by a change in any of the following: organizational (e.g. increased adaptability, diversity, redundancy), flows of information, finance or value of food, food settings and older people, rules, authority, goal, paradigm (Meadows, 2008)	To see whether the projects are building adaptive capacity and having a 'ripple' effect beyond their individual projects	Observations; interviews; CMF forms

2: BAB building blocks and funding criteria

Building Blocks Themes

- 1) Physical Activity and Motivation
- 2) Creativity and Arts
- 3) Accessing Community and Social Groups
- 4) Food and Nutrition
- 5) Intergenerational Activity
- 6) Wellbeing and BME Older People
- 7) Talking Therapies for Isolation and Loneliness

Core criteria for delivery partners

Learning and Evaluation

- ▶ Use the 'Test and Learn' approach to delivery, allowing opportunities to use evidenced learning to change and improve the project.
- ▶ Develop and share learning and best practice.
- ▶ Work with BAB to undertake evaluation and engagement activities from or linked to the project.
- ▶ Factor in the completion of BAB's Common Measurement Framework questionnaires at entry and exit points for all participants.

Recruitment and retention

- ▶ Commitment to focussing recruitment on new participants. At least 75% of participants should be new to the delivery partner.
- ▶ Adopt flexible and creative approaches to finding and recruiting participants.
- ▶ Commitment to recruiting a diverse and varied group of participants.

Delivery

- ▶ Adopt an asset-based approach.
- ▶ Have a strategy for empowering participants and allowing them to shape, drive and influence the activity.

Partnership and collaboration

- ▶ Delivery partners should have experience of delivery in the identified geographical areas.
- ▶ Consider the use of partners in the delivery of the contract.
- ▶ Develop referral routes with community groups and projects, especially BAB funded projects such as Community Navigators or Community Development.

Transport

- ▶ Adopt creative and sustainable approaches to address transportation issues.

5: Example interview schedule

Thank you very much for agreeing to participate. It should take around 45-60 minutes and I'd appreciate if you could be as honest as possible about what you think and feel. I appreciate that you may not have all the answers, and you are welcome to skip any you don't feel comfortable answering!

Taking part is voluntary. It is up to you to decide whether or not to take part. If you decide to take part you will be asked to sign a consent form. But you are still free to change your mind and withdraw your data without giving a reason; we ask that you do this within one month of taking part. Nobody will be upset if you do decide not to take part or change your mind.

PRESENT

- 1) Can you tell me a bit about your role?
- 2) On a scale of 1 to 5, where 1 is not at all successful, and 5 is extremely successful, how would you rate the success of this project in reducing social isolation and loneliness amongst the participants?
 - a) How would you measure that success?
- 3) How is the content of the sessions and locations determined?
- 4) How have you been advertising/recruiting?
- 5) Can you tell me a bit about the types of people you work with (e.g. demographics; at risk groups*)?
 - a) Do you think the group is representative of Bristol's demographics? Why might this be the case?
- 6) Can you give me your opinion on how the activities went?

7) Can you detail the outcomes from this project? (e.g. new skills, competencies and behaviours)

- a) What impact have these projects had on the lives of participants?
- 8) What impact do you think the project activities have on the wider community?
- 9) Do you feel differently about your role in the community as a result of this project? If so, in what way?
- 10) How have you (or do you plan to) share learnings and best practice?

THE FUTURE

- 11) Do you think these activities should continue in the future?
- 12) What would you do differently next time?
- 13) What would you like the project to look like in 5 years' time? What would be needed to make this vision a reality?
- 14) Do you have future plans as an organisation for working with the over 50s? Has this project inspired/influenced any of these plans?
- 15) What would make the project more (economically, environmentally and socially) sustainable?
- 16) Do you foresee any future challenges?
- 17) Do you foresee any future opportunities?

WIDER IMPACTS/ISSUES

- 18) What role does food cooking and sharing play in tackling social isolation and loneliness faced by older people in Bristol?
 - a) How does it compare to other tools, e.g. exercise, nature connection, crafts, singing?
- 19) Can you name a few successful projects (not necessarily food or older people related) that are reducing social isolation and loneliness? How might we learn from these?
- 20) What, if anything, has changed in your organisation as a result of being part of this?
- 21) What needs to change in Bristol to reduce social isolation and loneliness among the over 50s? What needs to change nationally?
- 22) Is there anything else you would like to add?

* People over 85; of Black and Minority Ethnicity; who identify as Lesbian, Gay, Bisexual and/or Transgender; who have been bereaved; with sensory loss; with alcohol and substance misuse issues; in care homes; living with dementia

