



CAFÉ Changes Around Food Experience

Impact of reduced contact with food on the social engagement and wellbeing of older women

Free text research report

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***PPIRes, Patient and Public Involvement in Research**, is a local initiative to enable and encourage volunteer members of the public to actively participate with researchers in the local Trusts in delivering successful research studies. (For more information see www.norfolkhealthresearch.nhs.uk/nhr/47.html)



Background

Meanings of food

Food practices convey a sense of identity and self. Food is especially important to women, who have distinctive relationships with food production and consumption¹. Changes in women's engagement with food activities in later life may have consequences for their relationships and wellbeing.

Regular involvement of older women in food-related activity provides meaning in their social relationships. Retired Swedish women viewed the process of planning, cooking, presenting and enjoying food together as preparing a gift, while older women living alone in Sussex created persistent social networks based around sharing meals². On losing a partner the meaning of cooking was sometimes lost, meals were simplified and fewer cooked meals eaten³⁻⁵.

The ESRC Growing Older programme found that independence in shopping was a component of quality of life in older adults⁶. Older Swedish women saw shopping as a way of gaining physical exercise and making social contact⁷, older people in North Staffordshire felt shopping helped them retain their independence⁸, and hospitalised women felt that being able to shop was crucial to their quality of life⁹.

Food has a powerful place in constructing identities in culture and reminiscence^{10;11}. Older women from Sweden preferred traditional foods⁷, and were resistant to dietary advice to alter foods eaten, even to control chronic illness¹². To English and Scottish older people a 'proper meal' meant cooked potatoes, meat, vegetables, gravy and a pudding^{13;14}, and meal patterns had originated to fit with husbands' work and children's school, adding meaningful structure to the day¹³. Food has been seen as women's work¹⁵ so food provision may reinforce women's gender identity¹⁶. When older men and women living independently in Sussex formed new couples, women invariably took over cooking².

Strategies for managing reduced contact with food

Older Swedish women facing disability cooked their own food for as long as possible, using planning and organisation to maintain food-related independence. Transport services (allowing continued shopping) were much appreciated. When independence was no longer possible one woman felt comfortable eating ready meals, while another expressed emptiness at no longer being able to cook¹⁷.

Social policy

Older people prioritise remaining independent in their own homes^{14;17}. Government policy has promoted community care of frail older people for four decades¹⁸, and stressed the importance of housing related support services promoting independence for a decade¹⁹. UK provision for older adults who cannot prepare their own food includes mobile meals, lunch clubs, delivered frozen meals and carers to support shopping and cooking, operated by statutory and charitable organisations and providing variable levels of service and social contact²⁰. Consciousness of food problems for older people is rising^{21;22} but the meanings of food, contribution of food to social interaction, sense of self and identity need to be explored for socially-acceptable solutions to be developed.

CAFÉ explored the effects of reduced cooking and shopping on: meanings of food to older women; social engagement and wellbeing; changes in impact over time; the potential for intervening to restore greater contact with food; and service and policy implications.

Objectives

Aims and purpose

- To discover the impact on older women of a major lifecourse event, relinquishing primary responsibility for food provision, on meanings of food, social engagement and wellbeing
- To understand how this impact alters over time
- To explore the potential for intervening to restore greater contact with food in these women
- To contribute to service and policy development

Research questions included:

For older women who no longer cook their own main meals,

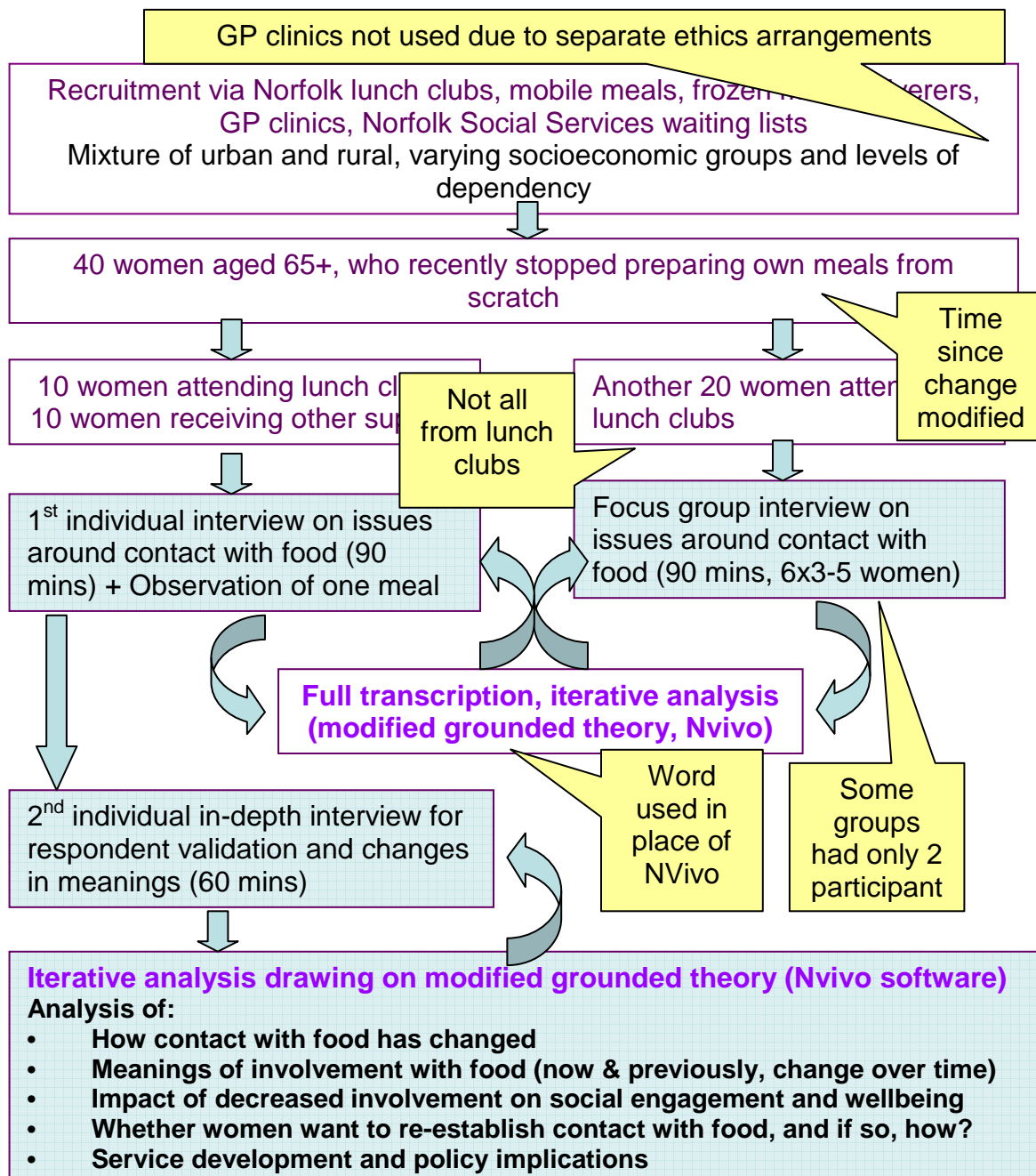
1. How has their contact with food changed?
2. What meanings do older women associate with their previous involvement with shopping, preparing, growing, cooking and presenting food?
3. What meanings do older women associate with reduced contact with food?
4. Do these meanings change over time?
5. What is the impact of this change in contact on social engagement and wellbeing?
6. Do older women want to re-establish contact with food (and if so, how)?
7. What are the implications of these findings for service development and policy?

The first aim of CAFÉ (above) was based on several incorrect assumptions. We had assumed that relinquishing primary responsibility for food provision was equivalent to cooking less often from scratch (as Swedish women had suggested²³, but women contacted during CAFÉ recruitment saw it differently. Whether or not they cooked from scratch they felt responsible for, and in control of, their own food provision. The CAFÉ publicity leaflet asked “Have you recently started to need help to prepare your meals?” and “Are there other forms of support you would like to help you with food?” However, potential participants cooking from scratch less frequently did not see themselves as needing help or support; they felt they were coping well. This was discussed extensively within the advisory team and the leaflet changed to: “Have you recently begun to use services or gadgets to prepare your meals?” and “Are there services or products you would like to make meal preparation easier?” This altered emphasis in verbal and written introductions to CAFÉ, emphasising women managing products and services, made our approach to women more relevant to their own experience.

Additionally, to fulfil the first aim, we sought to recruit women who had begun cooking no more than two main meals from scratch each week within the previous 6 months. This was based on another assumption that women would have undergone a discreet lifecourse event (e.g. a health event or loss of a partner) leading to reduced cooking. Early discussions with potential participants who were cooking from scratch less often suggested that very few could pinpoint when the transition had occurred, causing problems with recruitment. Transition had generally happened gradually, the result of multiple changes. The advisory team modified the time period to ‘within the past 12 months’, then four months later relaxed to include women who had begun to cook fewer than three main meals from scratch each week at some point within the past three years. This did not appear to cause difficulties in understanding how women adjusted to cooking less frequently from scratch, as most regularly underwent changes to their food support systems. This perspective shift for us as researchers helped get CAFÉ back on track, increase recruitment and ensure we were asking appropriate questions of our interviewees.

Further changes to the original protocol (Figure 1) included: deciding not to recruit from GP clinics as seeking ethical approval within the NHS would have led to CAFÉ starting months later than intended; women recruited to focus groups were not all from lunch clubs, which improved representativeness; and some focus groups were run with only 2 participants for practical reasons around getting women from different parts of Norfolk together. Once these issues had been

resolved (and ethical approval for the changes attained), recruitment was still slow, but we were able to conduct interviews to begin to fulfil the stated objectives.



Methods

Ethical approval was secured through the Faculty of Health Ethics Committee at the University of East Anglia. CAFÉ aimed to recruit 40 women aged at least 65, living at home and who prepared their main meal from scratch on fewer than 3 days/week for <6 months (altered to <3 years). The purposive sample included women supported by lunch clubs, day centres, mobile meals and sheltered housing, who lived in rural and urban settings, from a range of socioeconomic circumstances. The women were fluent English speakers without diagnosed dementia.

Access to potential participants was by personal contact via lunch clubs, mobile meals rounds, public and volunteer groups, sheltered housing, distribution of leaflets and local press publicity. Written informed consent was obtained and each participant chose her own pseudonym. Respondent validation (in the second interview), triangulation (combining in-depth semi-structured interview, observation data and focus groups), transparency in data collection, and data analysis methods including exploration of differing and opposing meanings, attention to negative cases, evaluation of reflexivity and responsiveness to participant requirements²⁴ were all used. Qualitative interviews were carried out by KL (experienced in qualitative interviewing of older people and skilled in dealing with difficult emotions). Interviews were audiotaped and lasted no longer than 90 minutes. Individual and group interviews were semi-structured in conversational form using a topic guide. Opening questions explored positive associations with, and memories about, food, followed by more probing questions from the interviewer to qualify and contextualise.

The **individual interview** schedule was piloted for user friendliness with three women in their seventies and modified according to their feedback. The advisory team read selections from the first two interviews conducted and adjusted the topic guide where appropriate. The second interview (~5 months after the first) was based around a summary of the first interview. The purpose was to increase the involvement of the participants, help them make connections with their own experiences, value their input, and empower them in further shaping their own narrative. It also allowed them better to discuss meaningful changes between the two interviews. Seven **focus groups** of 2-4 participants followed a similar format to the modified initial individual interview, with similar aims.

Observations provided triangulation of the roles that participants take regarding food in a social setting, or when at home contextualised food preparation, providing further insights into meanings associated with food. Observations occurred around 4 weeks after the first interview, the researcher staying for the duration of the meal taking an 'onlooker' role where possible.

Framework and methods for analysis

Qualitative interviews, focus groups and observations were transcribed verbatim. Analysis was an iterative process drawing on modified grounded theory, with preliminary analysis after each interview, using results to guide further interviews, carrying out data generation and data analysis simultaneously. NVivo software was used initially, but following an upgrade and loss of functionality was replaced by the more flexible Microsoft Word.

Reading through first interviews and linked observations for each participant (unit of analysis) central themes were identified and categorised, and open codings assigned based on pre-existing theory and new concepts that emerged from the text. The advisory team discussed open codes assigned independently by two researchers for the first two interviews and agreed initial codes. KL and LH independently assigned open codes to the next three interviews and agreed common codings, the remaining interviews were coded by either KL or LH. Axial codings were developed to explore the interrelationship between the codes and a coding paradigm developed. The advisory team discussed initial results and coding. Later, second interviews were coded, the coding paradigm refined, presented as a visual model, and

compared with pre-existing theory. Negative or disconfirming cases were sought, highlighted and discussed; those identified in first interviews were discussed during second interviews. Differing points of view were noted and presented. Ethical principles were adhered to throughout.

Results

Recruitment

All the resources of CAFÉ's researchers and advisory team (especially our consumer representatives and Age Concern Norfolk) were needed to recruit 40 women to CAFÉ. Sources included the Social Services day centre and lunch club list, Age Concern Norfolk, sheltered housing, posters, a support group, press releases and subsequent publicity, Norfolk Council on Ageing, colleagues and personal contacts.

Despite the enthusiasm of most organisations contacted, and after the adjustments in approach discussed above, recruitment still took longer than expected. There were also specific difficulties in recruiting women from rural and lower socioeconomic groups, so we focussed on rural settings and less affluent backgrounds for the last 6 women recruited which did improve participation. However, it was not possible to recruit women from minority cultural and ethnic groups, despite attempts to meet them in areas of cultural diversity.

Women recruited to CAFÉ were aged 65 to 95 (mean 82). As planned, 20 provided individual interviews (although, owing to a major health change for one participant, only 19 were interviewed twice), and 20 participated in focus groups. See Table 1 for details.

Given that changes had generally been gradual, and it was difficult to pinpoint a single date at which the change to less frequent cooking had occurred, five participants appeared to have reduced their cooking to below our threshold within the past 6 months (our original inclusion criterion), a further ten within 6 to 12 months, nine within 12 to 24 months, and eleven within 24-36 months. Five women had cooked less in the past but recently returned to cooking regularly.

A quarter of women had had professional occupations, a third owned their own homes, and half lived in council or housing association homes. Three quarters were urban, 15% had a car in their own household while half had a neighbour or relative with a car who took them shopping. 20% only had access to public or charitable transport and 15% were unable to use public transport. Most lived alone but 15% lived with younger relatives, husbands or in residential care (this latter participant had recently moved in and was included in CAFÉ as she had previously become unable to cook from scratch). Half lived independently, half lived in sheltered accommodation. While half attended lunch clubs or day centres, only 12% had used mobile meals (meals-on-wheels). Half regularly relied on ready meals, and half relied on others for their main food shop. 14 of the participants lived in areas falling into the most deprived quintile in the table of Index of Multiple Deprivation, 13 in the next two quintiles, and 13 in the top two quintiles.

Recruitment problems slowed the project so that we struggled to complete the analysis by project end. Write up for publication, though delayed, is progressing well, and the first potential academic publication has been submitted.

Table 1. Characteristics of CAFÉ participants (all data apart from age expressed as N (%))

Characteristic	Individual interview participants (n=20)	Group interview participants (n=20)	Whole group (n=40)
Mean age at baseline (sd)	82.7 (6.1)	81.6 (6.6)	82.2 (6.3)
Socioeconomic indicators			
Professional occupation (own)	7 (35%)	3 (15%)	10 (25%)
Home owner	9 (45%)	4 (20%)	13 (32.5%)
Council/housing assoc.	8 (40%)	11 (55%)	19 (47.5)
Private rented	1 (5%)	1 (5%)	2 (5%)
Other	2 (10%)	4 (20%)	6 (15%)
Available resources			
Urban	15 (75%)	16 (80%)	31 (77,5%)
Rural	5 (25%)	4 (20%)	9 (22.5%)
Living alone	18 (90%)	16 (80%)	34 (85%)
Own car	3 (15%)	3 (15%)	6 (15%)
Car access	1 (5%)	0	1 (2.5%)
Limited access	9 (45%)	9 (45%)	18 (45%)
Public tpt only	3 (15%)	6 (30%)	9 (22.5%)
Very limited tpt	4 (20%)	2 (10%)	6 (15%)
Formal support accessed			
Lives independ ^{ly} / sheltered accom. / residential accom.	12 (60%) 7 (35%) 1 (5%)	9 (45%) 11 (55%) 0	21 (52.5%) 18 (45%) 1 (2.5%)
Attends day centre or lunch club	13 (65%)	7 (35%)	20 (50%)
Mobile meals taken (current/ previous)	2 (10%) / 1 (5%)	2 (10%) / 0	4 (10%) / 1 (2.5%)
Regular use of ready meals	9 (45%)	8 (40%)	17 (42.5%)
Rely on others for main shop	10 (50%)	7 (35%)	17 (42.5%)

How has contact with food changed?

All participants had in the past been primarily responsible for shopping and cooking from scratch for themselves and others. For most women this was a role that they took on at marriage, and shopping and cooking were seen as central to their married status.

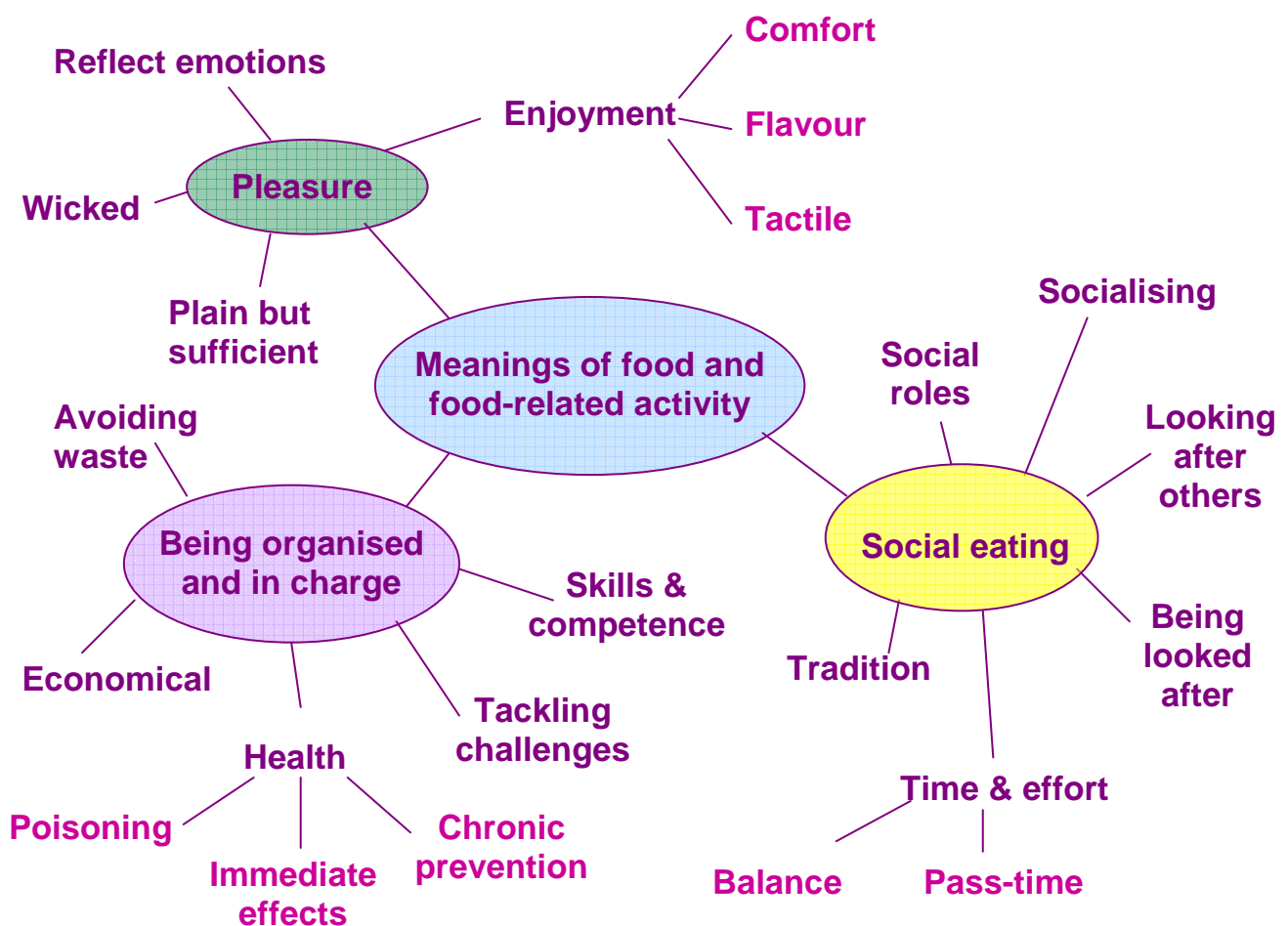
Against the background of many small changes in contact with food over time, we used the 5-month gap between first and second interviews to assess changes in habits, services and support over time. Changes during this gap included: changes in physical ability, both improvements (like Tish's successful hip operation) and deterioration (for Anna, walking "got worse... standing and walking are absolute misery"); changes in support systems, including equipment used, types of ready meals purchased, shops ceasing home delivery and loss of friends to shop with; changes in social contact as social spheres both expanded and contracted; and changes in taste (with widening and narrowing of possibilities).

Many changes were observed in CAFÉ participants' lives between the first and second interviews, and many of these related to their own and their friends' physical frailty. CAFÉ women were aware of not inhabiting a 'steady state' but of the necessity to constantly adjust to changing circumstances.

What meanings, qualities and emotions do older women associate with shopping, cooking less frequently, food and eating (past and present)? And what is the impact of this change in contact on social engagement and wellbeing?

The issues around 'meanings' and impact on social engagement and wellbeing in these three headings have been analysed together in the nominated output (Exploring the meanings of food for older women: the CAFÉ study. Hooper L, Lane K, Lambert N, et al, submitted for publication) and summarised here.

Figure 2. Schema of meanings around food and food preparation from CAFÉ



The meanings of food for older women in CAFÉ centred around social eating, being organised and in charge, and pleasure. Social eating highlights how eating, cooking and shopping are given particular meanings within social relationships, and how food has a key role in socialising,

looking after others, and looking after oneself. All CAFÉ women had been responsible for cooking proper meals for their families in the past, seeing this role as having changed substantially over time, with many missing the gendered role, others feeling relief from the lifting of its constraints. While some women had been forced to cook less (often due to changes in health) most had made an active decision to cook less - viewing it as less important to cook 'just for me', and actively choosing alternative, often social, activities instead. Many women continued seeing friends and family in the context of (often simplified) provision and sharing of food. Most showed determination to continue in this caring role, so although the activities might have changed (e.g. making tea and biscuits rather than cooking a meal) the role continued. However, some women found that, as they were less able to provide a meal, social contacts became fewer, and others felt loss at reduced demands from their loved ones.

Being organised and in charge emphasised how shopping, and to a lesser extent cooking, were seen as important for staying in control, ways of ensuring and maintaining access to desired foods, actively maintaining health through eating appropriate foods, avoiding waste, demonstrating skills and competence and tackling challenges. This emphasis on being organised and in charge may reflect a reaction against ageism towards older women, as well as the possibility of having to lose one's independence due to failing physical strength. Previous research has found that older women emphasised choosing cheaper options when shopping, economy being felt to be an important skill⁷. CAFÉ women varied in their belief in their own skills around food, but many felt that their skills had been at least partially lost, and worried about having to provide meals that they would have been able to produce earlier in their lives. The extreme sense of panic felt at having to put on a meal that they were not prepared for suggests that these skills were valued and their ebbing away threatened women's sense of themselves.

As with Swedish women facing disability¹⁷ CAFÉ women wanted to continue living a normal independent life for as long as possible, but focussed more on wishing to continue food shopping and social relationships, than wanting to cook their own food. Both Swedish and English groups used planning and organisation, as well as active problem solving, to maintain their food-related independence, and for both groups transportation services that enabled continued shopping were much appreciated. CAFÉ participants used a range of services such as ready meals, carers, mobile meals, lunch clubs and day centres to support them in this independence, choosing which services suited them best. Services that were tried but not valued were readily relinquished for appropriate and supportive services. Some women, however, found their alternatives constrained by lack of appropriate support and missed not being able to do their own shopping or cook the foods they liked.

Food was enjoyed by most CAFÉ participants, even when the tasks of cooking, shopping and preparing were not. It was enjoyed for the memories of the past it engendered, and for giving pleasure 'when you can't have many other pleasures in life'. It provided comfort, new experiences, wicker pleasure, a boost to the spirits, tactile enjoyment and reflected emotional state. This deep physical pleasure in good food appeared to be a gauge of engagement with life, and those few women who did not experience pleasure in food appeared to eat much less well.

The choices that women make around food reflect their individuality and personal resources as well as their common gendered roles. Women made use of a wide range of resources which appeared adequate to allow women the choice to stop cooking from scratch every day, but women who could no longer do their own shopping appeared to fear losing control, and felt the quality of their food was diminished. For women whose health or disability prevented them from shopping and cooking, feelings of loss were sometimes poignant. CAFÉ results emphasised that older women are adaptable and, where possible, make creative choices in looking after their well-being as they face transitions in their lives.

While we must be cautious about generalising information from Norfolk women to the whole UK, many of these results resonate with those from previous studies in Britain and Europe.

Do these meanings change over time?

CAFÉ participants demonstrated both continuity and fluidity of meanings. For example, while for many women creating the proper meal for their family was a role that had been lost, leading to a lessening of their interest in cooking, Henrietta demonstrated that such changes had occurred much earlier in life (in reverse) for some. As a young woman she found cooking for herself a chore, but when she started cooking for a family her interest developed:

“...cooking ... when I was teaching, it was probably a chore ...but when I acquired a very large step-family... I suddenly had to cook for far more people than I'd ever cooked for before at any one time and I think I really quite enjoyed it!”

Women appeared to retain the values of their envisaged proper meal. Preferred meals often reflected the ‘meat and two veg’ aspect of the proper meal, with fresh or frozen vegetables added to ready meals to capture the aspect of freshness, although many women were happy to eat newer ‘more exciting’ cuisines on a regular basis. The ‘British food’ value of being economical, especially hating to waste food, were adhered to carefully by most participants.

Do older women want to re-establish contact with food (and if so, how)?

Few CAFÉ participants wanted to spend more time in the kitchen preparing meals. The majority expressed contentment with their current arrangements, and some were adamant that they did not want to cook from scratch more often.

When women stated that they would like to cook from scratch more often, this tended to be framed tentatively as for Margaret: “I might go back [to cooking more] if I get desperate this summer, but I doubt it, because as I say [whispers] I get lazier and lazier and lazier”. Similarly, Scotia said:

“When I do have family come to stay ...I always do all the meals right from breakfast you know. I usually do a main breakfast meal... I'm talking about a proper, what I consider a proper meal and then lunch”.

Although Scotia would do more cooking from scratch for her family, she expressed no desire to do this for herself alone, preferring to maintain her current level of cooking from scratch and obtaining meals elsewhere. Scotia appeared interested in the role of providing the proper meal to her family, rather than in cooking for its own sake.

Anna, living with a long-term disability, did miss cooking, especially making marmalade. Adjustments to the layout of her kitchen were necessary to allow her to cook, and these could not be carried out.

Several women had re-established greater contact with food; several years before the CAFÉ interviews. After being widowed, Bubbles used frozen meals for five years, before resuming cooking from scratch:

“I gradually drifted back to cooking from scratch myself, partly for economic reasons, you get a lot more for your money and partly for convenience ...also I missed fresh vegetables”.

Several women who were no longer able to do their own food shopping expressed a strong

desire to shop. Babs seemed desperate: “I love shopping... but you can't get out now, that's the trouble....I wish I could find somebody who would want to take me out... once a month would be quite satisfying.”

Overall, most women appeared to want to re-establish food shopping where that had been lost, but just a few cautiously wished to re-establish cooking. Most had come to an acceptable compromise over cooking (retaining interest in a role rather than in cooking for its own sake) and were happy with the food-related systems and services that they had organised.

Implications for service development and policy?

CAFÉ participants used a mixture of services from a wide range of statutory, voluntary, charitable, private and personal sources. This mirrors the vision of support in ‘Putting People First’²⁵, which valued self-determination, with people who use social care increasingly shaping and commissioning their own services via the personal budget system. Important elements of this vision include universal information, advice and advocacy –which would be helpful to many CAFÉ participants, who gleaned information in a variety of ways. Some were very efficient at storing service information, exploring others knowledge and trying out services. Others ‘came across’ relevant information by chance, and several appeared to have missed important services that they needed. Whilst most CAFÉ women managed their own services well, choosing to balance food-related work with social engagement, some participants (like Babs, desperate to get to the shops) were not getting what they needed.

Services provided or part-funded by the statutory sector, including mobile meals, lunch clubs, carers, transport and information are also commonly provided by others, including voluntary agencies, community groups, private sector businesses, friends and relatives. Many services were highly valued by CAFÉ participants (especially day centres, lunch clubs and transport services). These had food, social interaction and getting out of the house as common features. Mobile meals were more variably received, one participant finding them inconvenient (meals delivered at too early) and unappetising, but others found they provided appetising food and some social contact, although they did dictate the daily schedule. Most women used a wide set of services, and clearly felt they had choices – if they didn't like one service they switched to another more to their liking. Women in rural areas had more limited options, and were hard hit by changes such as local shops choosing not to deliver. (Note: analysis ongoing in this area)

Are individual interviews a more appropriate method than focus groups to explore what may be a sensitive topic?

When CAFÉ was being planned we worried that because cessation of cooking from scratch was likely to be sensitive for women, and experienced as bound up with alterations in their roles, it would be important to carry out individual interviews rather than rely on focus groups. We wanted to ensure individually-responsive support for women, as well as encourage depth of expression, feelings and meanings. However, given that we recorded around 50 hours of individual interviews with 20 women, and 10 hours of focus groups with another 20 women, the focus groups were highly productive. There was little evidence of women being reluctant to participate enthusiastically in focus groups and there were indications that these women found discussing emotive issues slightly easier with their peers. Several women said ‘I didn't know you felt like that too’ to other focus group members, suggesting mutual confirmation. However, group dynamics may have discouraged individual disagreement.

Far from experiencing them as ‘difficult’ focus group members appeared to value them as a social setting (several asking KL to re-convene the groups for further discussions). On initial

analysis, focus groups appeared unsurprisingly to cover fewer topics than individual interviews, but sometimes in greater depth, with groups choosing to linger more over some topics. However, this remains to be formally analysed.

For this reason, in a future similar study we would aim to ask all potential recruits to participate in focus groups, but retain the ability to hold individual interviews for participants who preferred them.

Activities

The CAFÉ study has helped to involve a highly motivated team, including the research associate and advisory team whose interest, time and dedication were essential in developing the topic and design, recruiting participants and analysing and disseminating results. The whole team have developed skills and contacts, and are keen to carry out further related research, already meeting to map out further potential research projects.

Outputs

The whole research group, including our partners and consumer representatives have been, and are, involved in publicising CAFÉ. Ongoing informal dissemination is continuous, more formal dissemination includes:

- ★ **Press releases** (picked up in the local press, planned for publication of each academic paper, plus a planned release aimed at 'Women's Hour')
- ★ CAFÉ findings **leaflets** have been sent to all participants and a wide range of interested parties in Norfolk.
- ★ Results, and information about outputs, will continue to be posted on the CAFÉ **website** (www.cafeproject.co.uk), Age Concern Norfolk's website (www.acnorfolk.org.uk), as well as ESRC's 'Society Today'.
- ★ **Conference talks** on CAFÉ at the: British Society for Gerontology (2007); postgraduate conference for Occupational Therapists at the University of East Anglia (February 2008); and Copenhagen 'Transforming Care' conference (June 2008). Abstracts accepted for 2 BSG 2008 oral presentations.
- ★ **Teaching** - CAFÉ data are used in undergraduate medical teaching at UEA.
- ★ **Academic papers** have been and are being prepared, with all advisory team members as authors. The first has been submitted to Social Science and Medicine. Further papers are being prepared for Ageing and Society and Quality in Ageing.
- ★ **Dataset** offered to Qualidata

Impacts

We are working to feed CAFÉ's results into:

- Norfolk County Councils 'More Choices, Better Choices' consultation on service provision for older people - Anne Tansley Thomas, Consultation & Community Relations Officer, Norfolk County Council, Tel: 01603222844 Fax: 01603222602, Email: anne.tansleythomas@norfolk.gov.uk
- Norfolk-wide planning via Hilary MacDonald (advisory team member) – Hilary MacDonald, Chief Executive, Age Concern Norfolk, 300 St Faith's Road, Old Catton, Norwich, NR6 7BJ. Tel: 01603787111, Fax: 01603301371, Email: acn@acnorfolk.org.uk

Our presentation at 'Transforming Care' (Copenhagen, June 2008) will widen CAFÉ's impact beyond Norfolk.

Future Research Priorities

CAFÉ's findings to date suggest the value of research to:

- ascertain what support and services would be most helpful for women no longer able to shop, to re-establish shopping, and what impact this might have on their social and nutritional status,
- understand the meaning of food shopping, preparation and cooking for older men, for whom lifecourse changes in their relationship with food may mean having to begin new food-related roles,
- examine the impact of better information on services to older men and women responsible for food provision, but who shop or cook from scratch less frequently,
- understand the effect on women living in care homes of institutionally-imposed reduced contact with food,
- contrast and compare the meanings of food shopping, preparation and cooking for older women from ethnic minorities, with those from Norfolk.

First we are keen to complete analysis and publication of collected CAFÉ data on service development and policy, in conjunction with Norfolk service providers.

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**UNIVERSITY OF EAST ANGLIA
INSTITUTE OF HEALTH ETHICS COMMITTEE**

APPLICATION FORM FOR ETHICAL APPROVAL OF A RESEARCH PROJECT

1. Name of applicant:**Lee Hooper**
(Block letters)
2. Address for correspondence:

**School of Medicine, Health Policy and Practice, University of East Anglia,
Norwich** **Post code: NR4 7TJ**

3. Tel No: Fax No: ...
4. Email address: ...**I.hooper@uea.ac.uk**.....
5. School of Study (AHP, MED, NAM):**MED**.....
6. Status of applicant (UG or PG student, and year of course): **Lecturer**
7. Name of supervisor:**not applicable**
8. Address for correspondence:
-
- Post code:

Please send 10 copies of the proposal two weeks before the committee meeting to: Jill Daly, IOH Research Office, School of Medicine, Health Policy and Practice, University of East Anglia, Norwich NR4 7TJ, or email j.daly@uea.ac.uk. Telephone contact 01603 591720 (there is an answer machine).

Project details

9. Full title: **CAFÉ - Changes Around Food Experience (Impact of reduced contact with food on the social engagement and well-being of older women)**

10. Purpose of project:

Food conveys significant social and cultural meanings - food practices express gender, class, location, ethnicity and beliefs and convey a sense of identity and self. Food reinforces family and social relationships and marks social occasions, rites of passage, cultural and religious events¹. Changes in women's engagement with food activities in later life may have specific and meaningful consequences for their relationships and associated well-being.

Older people prioritise remaining independent in their own homes and struggle to retain independence around food provision^{2,3}. Though physical needs for food may be supported by services such as congregate or frozen meals, meals-on-wheels, and/or informal family/friend support, the meanings and implications of changes in older women's relationship with food have not been fully explored in relation to their social, service development or policy consequences.

Aims and purpose

- To discover the impact on older women of a major lifecourse event, relinquishing primary responsibility for food provision, on meanings of food, social engagement and well-being
- To understand how this impact alters over time
- To explore the potential for intervening to restore greater contact with food in these women
- To discuss service development and policy implications

Research questions include:

For older women who no longer cook their own main meals,

1. How has their contact with food changed?
2. What meanings do older women associate with their previous involvement with shopping, preparing, growing, cooking and presenting food?
3. What meanings do older women associate with reduced contact with food?
4. Do these meanings change over time?
5. What is the impact of this change in contact on social engagement and well-being?
6. Do older women want to re-establish contact with food (and if so, how)?
7. What are the implications of these findings for service development and policy?

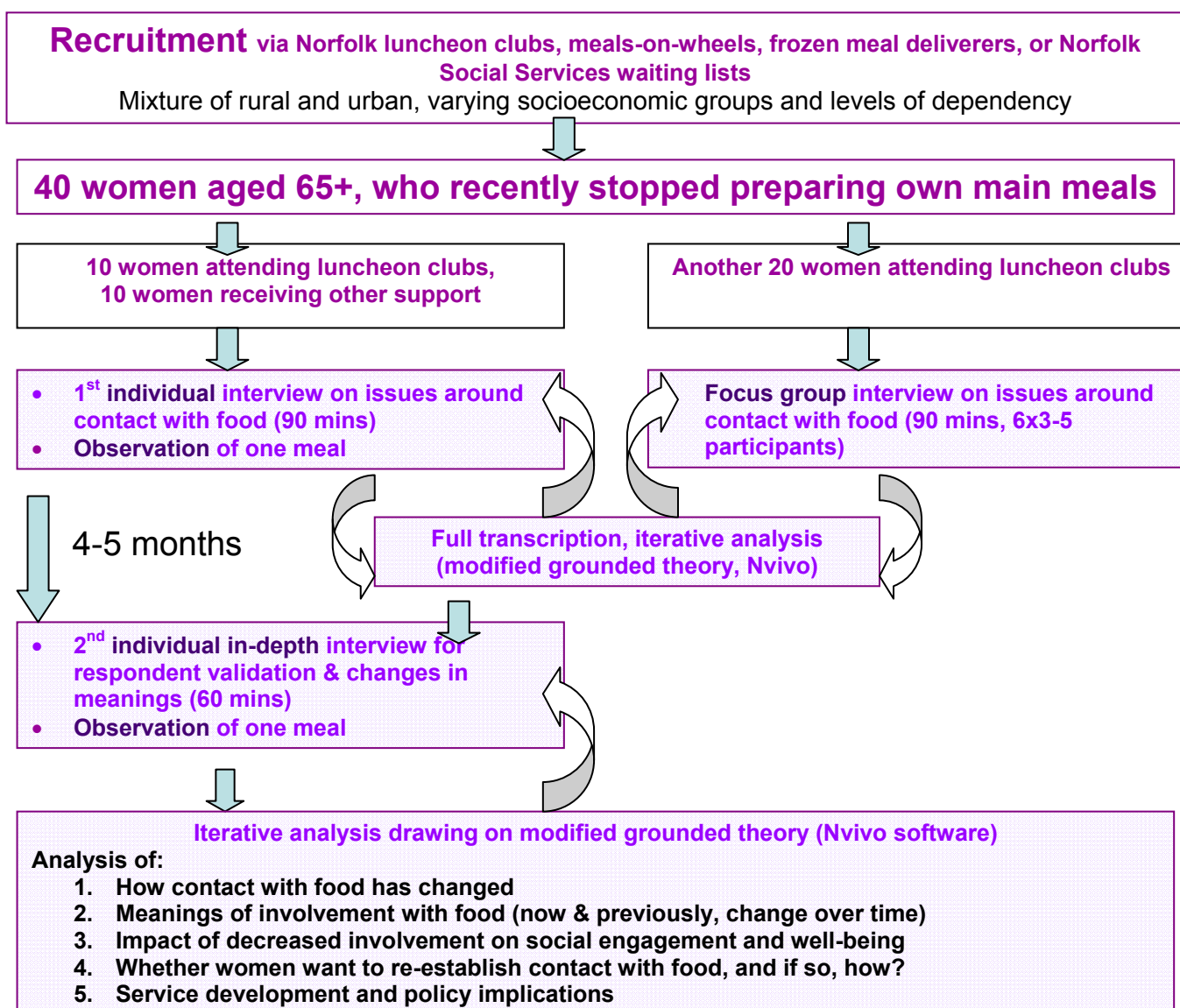
11. Methodology:

Sample:

We will recruit a purposive sample of 40 women aged 65+, living at home, fluent in English, who appear able to discuss their current and past food experience, who have prepared their main meal on <3 days/week for <3 years. Initial contact will be through luncheon clubs or a leaflet (with pre-paid envelope) through friends/relatives attending luncheon clubs, delivered with meals-on-wheels, or through Norfolk Adult Social Services waiting lists. A short screening questionnaire will be used to check eligibility and participant's questions answered before written informed consent is obtained.

Data to be collected

Qualitative semi-structured interviews (≤90 minutes) will be audiotaped and field notes made on body language and emotions displayed and food-or-drink-related social activity during the individual interview or focus group. For both individual and group interviews, opening questions will explore positive associations with, and memories about, food. These will be followed by more probing questions from the interviewer to qualify and contextualise, contrasting accounts and experiences will be identified and examined in the data analysis.



Individual interviews. The interview schedule has been piloted with three women in their seventies and modified according to their feedback. The advisory team will listen to selections from the first two interviews conducted and adjust the topic guide as needed.

Semi-structured first interview topic guide:

- Name, date of birth, previous employment, living circumstances, education, type, frequency and duration of food support, ethnicity, contact with family, friends and neighbours, longstanding illness and problems with sight, hearing and mobility.
- Examples of food you have prepared, cooked and enjoyed over the years.
- An eating occasion you remember with pleasure from several years ago.
- An eating occasion you remember with pleasure from the past few weeks.
- Your involvement with food at different stages of your life
- Your current involvement with food
- Future involvement with food

For those who have an individual interview a second interview (4 to 5 months after the first) will be based around a summary of the first interview. The purpose is to increase the involvement of the participants, help them make connections with their own experiences, value their input, empower them in further shaping their own narrative and remind participants of the previous discussion.

Outline of second interview (semi-structured, ~60 minutes long):

Share the summary of the first interview and explore:

1. Agreement with the summary (chance to comment on, alter, add or remove points).
2. Changes since the first interview.
3. How do you see these changes?
4. Your main concern about food at this time.

Focus group interviews. Four or five focus groups of 4-6 participants will be carried out with participants recruited from luncheon clubs. These will follow a similar format to the initial individual interview, and the topics covered will be similar but in less depth.

Observation:

Around 4 weeks after each individual interview the researcher will observe the participant eating a meal at the luncheon club, receiving and eating a meal-on-wheels, a frozen prepared meal or one provided by relatives/friends. She will take an 'onlooker' role where possible, paying particular attention to roles taken around food and drink provision, interaction with food and with others around food, conversation around food and drink, and social contact. Her role will be explained to all those present. In a group setting all those present will be informed of the observation and be requested not to talk to, or ask questions of, the researcher - only the comments and reactions of those being observed will be noted (where there is a response to another individual present only general information about the comment or behaviour that caused a reaction will be noted and no people identified in any way that could allow others to identify them). Others in the room will not be asked for explicit consent. The researcher will sit or stand in an inconspicuous spot where they can hear and see what is going on but cannot influence the process or take part in it. If addressed she will say 'I am observing at present, may I talk to you later?'. In a setting with only one or two people again only the comments and reactions of those being observed will be noted, and others in the room, or who come in, will not be asked for explicit consent. In this setting the person who is observed will be told well before the observation that the researcher will not be needing a meal, and will bring some food and drink of her own. The researcher will not accept any food or drink during the observation, but will eat some of her own food so that the person being observed does not feel very awkward. However, again, when the observation period begins everyone will be told, and the same standard response will be used to questions or comments.

Framework and methods for analysis

Qualitative interviews, focus groups, and field notes will be transcribed verbatim. Analysis will be an iterative process drawing on modified grounded theory, with preliminary analysis after each interview, using results to guide further interviews, carrying out data generation and data analysis simultaneously^{6,7}. Nvivo software will be used to create and organise data files.

Analysis will proceed in two cycles, the first during the set of initial interviews, the second cycle during and after the second individual interview. The interviews will be analysed systematically using the constant comparison method⁸. Axial codings will be developed to explore the interrelationship between codes, one category will be identified as the central phenomenon (by discussion of the researchers and advisory team), a coding paradigm will be developed. After the second cycle the coding paradigm will be refined, presented as a visual model, and compared with pre-existing theory.

Throughout analysis, to test emerging patterns, negative or disconfirming cases will be sought, highlighted and discussed. Those identified in the first set of interviews will be noted and discussed with participants during second interviews. Differing points of view will be noted and presented. Ethical principles will be adhered to throughout. The advisory group will meet for a day to discuss results, agree the final central phenomenon and coding paradigm, discuss service development and policy issues and finalise the dissemination plan.

Dissemination

Expected outputs include:

- Publication in a sociological journal
- Presentation and written research summary, plus full publication if desired, for participants, relatives and carers.
- Research summary published in newsletters and websites.
- Database lodged with the Economic and Social Data Service
- Research abstracts for ESRC

Timing

Job	2007										2008		
	Dec 06 Mar	Apr (1)	May (2)	Jun (3)	Jul (4)	Aug (5)	Sep (6)	Oct (7)	Nov (8)	Dec (9)	Jan (10)	Feb (11)	Mar (12)
Ethical approval obtained													
RA employed, contact venues													
Participant recruitment													
Interviews & observations													
Focus groups													
Transcription of interviews													
Analysis of data													
Writing up for publication													
Public summary disseminated													

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12: Resources required:

The ESRC has agreed to fund this research. They have agreed to cover 80% of the following costs:

Research Associate, full time for one year research associate, full time for 51 weeks.

Management 10% of the time of Lee Hooper, the principal investigator.

Secretarial support To transcribe a total of 23 x1.5 hour long interviews, plus 23 x1.0 hour long interviews (57.5 hours in total), equivalent to 2.5 months full time work.

Research advisory team - will bring their experience through 2-monthly meetings to oversee, advise and discuss the project, plus a full 7-hour day during late analysis.

- Hilary MacDonald, Social Policy and Research Manager, Age Concern Norfolk

- Three experienced consumer advisors: Sheila Flemming; Carol Vince; Mandy Wellings
- Monique Raats, Primary Investigator of Food In Later Life Study, Co-Director: Food, Consumer Behaviour and Health Research Centre, University of Surrey
- Fiona Poland, Senior Lecturer Therapy Research, School of Allied Health Professions, UEA
- Nigel Lambert, Consultant, ex-Head of Risk and Consumer Sciences, Institute for Food Research, Norwich
- Paula Skidmore, Nutritionist, School of Medicine, Health Policy and Practice, UEA
- John Potter, Professor of Medicine for the Elderly, UEA

Covers: travel expenses, honoraria for the consumer advisors, advisory fee for Nigel Lambert and Hilary MacDonald, salary costs for Monique Raats, Fiona Poland, Paula Skidmore, John Potter

Plus Travel and subsistence for Kathleen Lane during the interviews, printing of leaflets about the project, informed consent forms, screening forms, information packs for the public on the study results, tapes and batteries for audio-taping, contribution towards a laptop computer, printer and software for Kathleen, cost of transport, venues and coffee/tea for 6 focus groups.

13. Ethical issues

How will informed consent be sought?

Age Concern Norfolk and our consumer advisors will facilitate introduction to a range of luncheon clubs. Contact via luncheon clubs will be safe and allow potential participants to ask questions before committing themselves. For contact outside these venues we will use leaflets with pre-paid envelopes via friends/relatives attending luncheon clubs, meals-on-wheels deliveries, Norfolk Social Services, or frozen meal delivery services (see appendix A for the draft leaflet about CAFÉ).

For women contacted via luncheon clubs we will provide the leaflet, give a 10 minute presentation about CAFÉ, and ask whether any women are interested in participating, or feel their friends may be similarly interested. The researcher will offer those interested on their own behalf time to talk through the individual invitation leaflet (see appendix B – the individual leaflet is the default leaflet, to be used initially unless a woman is only interested in a group interview, or is not suitable for an individual interview, where the group invitation leaflet, appendix C will be used). Women who have friends they feel may be interested will be given a leaflet (appendix A) for their friend.

Where women are still interested in participating their eligibility will be checked using the screening questionnaire (appendix D). Where eligible the potential participant and researcher will agree an appointment time and place (relevant details taken by the researcher), or details will be taken so that a group appointment can be made and confirmed later (appendices G and H). The researcher will phone (if appropriate) one or two days before the appointment to confirm arrangements. At the agreed interview the participant will be offered an informed consent form (appendices E and F). The researcher will also sign the form to confirm 'this participant has been given a full written and verbal explanation of this research project'.

Women contacted outside of luncheon clubs will already have had a leaflet, and the researcher will talk through the invitation leaflet, ensuring there is adequate time for the potential participant to understand the research fully. Where women are eligible, an appointment time and place will be agreed (to take place at least 72 hours after this initial contact, and signed consent will be obtained before the interview takes place).

Will research subjects receive full information as far as possible?

Yes, full information will be provided via the introductory leaflet (appendix A), the invitation leaflet (appendices B and C) and discussion with the recruiting researcher. They will also receive a summary of the results, and the opportunity to read the full publication(s). The invitation leaflets have 16 or 17 words per sentence, 4.4 characters per word on average, and reading grade levels of 7.5 and 7.8.

Is the research safe?

The research is physically safe - it will not involve unusual activities or situations. Interviews will take place while the participant is at their usual luncheon club, in their own home (where the participants will

know at what time and date to expect Kathleen, know her name before she arrives – and often have already met her in person - and be able to check her UEA photo identity card), or at a convenient local venue (such as village hall or community centre with appropriate access). If the latter, a taxi will collect and return the participant to her home, paid for by UEA.

The research associate, Kathleen Lane, is mature and trained in dealing with difficult emotional issues. She will not avoid emotional issues but seek to deal with them constructively, offer some immediate support and ensure access to longer term support (including relatives/friends and telephone help lines).

Kathleen will ensure that a colleague (Lee) is aware of her planned location, and will carry a mobile phone in case of difficulties.

How will confidentiality of information be guaranteed?

Kathleen Lane and Lee Hooper are well versed in the importance of confidentiality. The only other person who will have access to participant's details is the audio-typist who will be taught about confidentiality before s/he begins work. The advisory group will have access to the raw study data but will not know participants' names or details (pseudonyms will be used at this stage).

How will anonymity be guaranteed?

When a participant signs to informed consent they will choose a pseudonym from a book of names, which will be noted on their consent form. From this point the pseudonym, rather than the real name, will be used on all documentation. Consent forms will be kept in a locked filing cabinet at UEA, and the code only broken at the beginning of the second data collection session (so that participants can be linked to their own initial data) and at the appropriate point in data analysis. Consent forms will include real name, date of birth, address, phone number etc, and these details (except in generalised form, eg., 'aged 86, rural Norfolk') will not appear on the electronic database or any further analyses or reports.

All reports and summaries of data will ensure that individuals' data are not recognisable from any information provided.

Is it necessary to inform anyone else?

No, the only people it will be necessary to inform are those running luncheon clubs (before initial recruiting visits, for any interviews held on the premises and when observations take place) and those running any other local facilities (such as village halls or community centres) where premises will need to be booked.

What procedures will be followed for negotiation and clearance of data?

For those who have individual interviews the second interview will be based around a summary of the first interview. Participants will be encouraged to state how far they agree with the interview summary, to add to or comment on it, and state any changes they would like to make. These comments, edits and additions will be made in a way that does not alter the original interview text, but adds depth and a personal commentary by the participant. In this way the participant does not have carte blanche to edit the text of their first interview but can make important comments on the text and the interpretation. Both of these layers, as well as the text of the remainder of the second interview, will be present in the material used in analysis.

Have cultural issues been considered?

We hope to include older women from a variety of ethnic groups, and for this reason will recruit actively in Great Yarmouth, which has a greater ethnic diversity than much of Norfolk. However, participants must also be fluent in English to minimise miscommunication. Older women may feel vulnerable and no pressure will be exerted to encourage participants to take part in the study apart from initial information, explanations and requests. This will also be the case for any luncheon club staff or members of the primary care team who are involved in recruitment – they will simply be providing information. Consumer members of the advisory committee have advised on participant information sheets (see appendices), and their suggestions incorporated.

Are the provisions of the Data Protection Act being followed?

A written copy of the interviews and observations will be stored on an electronic database and identified with a pseudonym, so that it cannot be traced back to the participant. A copy of this database (again, in a form where participants cannot be identified) will be lodged with the Economic and Social Data Service, a national data service that stores a range of key economic and social information (this is a condition of ESRC funding). Informed consent forms will be stored in a locked filing cabinet at UEA. All field data, including tape recordings and field notes about participants, will be stored for 5 years after the study is complete.

14. Proposed start and finish dates:

Start date: **2nd April 2007** Finish date: **31st March 2008** (completion of writing up and dissemination)

15. Where will the research be carried out?

The research will be carried out in Norfolk. Individual interviews will be carried out either at the participant's luncheon club (if they have one and prefer it) or their home. If neither location is appropriate then a convenient location (such as a village hall or other public space) will be organised. For focus groups a luncheon club, village hall or community centre (not NHS premises) near all participants will be chosen. Data storage and analysis, and advisory group meetings, will all occur at the University of East Anglia.

16. Does the project involve the use of drugs, or testing of new equipment, or research on staff or patients? If so, it MUST be referred to a Local Research Ethics Committee for approval and the Institute of Health Ethics Committee must be informed of the outcome.

As participants are not being included on the basis of their status as NHS patients, and we are not using NHS staff or premises in the research, we have not requested LREC or COREC ethical approval.

17. Please ensure that the research proposal is within the limit of 3,000 words.

Café –changes around food experience

I would like to find out more about your research project on food and older women.

Please send me more information.

My details are:

Name: _____

Address: _____

Post code: _____

Telephone number: _____

Please use the pre-paid envelope or post this form to:

Dr Kathleen Lane
School of Medicine, Health Policy and Practice
University of East Anglia
Norwich NR4 7TJ

Or phone Kathleen on 01603 591445

Thank you for your interest in our study.



Invitation to take part in a study of food and older women



Do you need help to prepare your meals?
Do you use more ready meals or meals-on-wheels now, or attend a luncheon club?



What does food mean to you and how you socialise? Are there other forms of support you would like to help you with food?

If you are interested in these issues this leaflet will tell you more about the [Café study](#).

Contact: Dr Kathleen Lane
University of East Anglia, Norwich
01603 591445 or 59....

Café –changes around food experience

What is the Café research project?

As women get older, we may change from being the main planner and producer of food to accepting help from others on a regular basis. We would like to understand how this help with food affects how women feel. We also want to know what kinds of help are most useful and whether there are other forms of support that may be more helpful.

What would I be asked to do?

We would like to hold discussions with women who are preparing less of their own food than they used to. These discussions will be with individual women and with small groups of women. If we talk with you individually we would like to do this twice: first in the spring or early summer; the second time about 5 months later. The group discussions will occur only once.

Are there disadvantages in taking part?

There are some disadvantages being involved in this study. It will take about 2 ½ hours of your time. Kathleen will meet you at home or at your luncheon club (if you attend one and you prefer it) or another location that you prefer and can get to. You might not feel comfortable with one or more of the questions asked. But if you are not happy you may decide not to answer a question or set of questions. Other than these, we cannot think of any disadvantages.

Will my privacy be guaranteed?

Yes. The information you provide will be kept anonymous and your confidentiality will be respected at all times. We will never use information in any report or publication that would allow others to identify you.

Who is running this research?

The Café project is run by an experienced research team including:

- ❖ researchers with experience in food and health
- ❖ researchers experienced with interviewing and discussing health, social and emotional issues with older women
- ❖ a medical doctor
- ❖ three members of the public

Dr Kathleen Lane, the researcher, and Dr Lee Hooper, who is organising the research, are both experienced researchers. They are based at the University of East Anglia in Norwich.

How may I find out more?

You are welcome to contact either Kathleen or Lee for more information:

Kathleen Lane	telephone: (01603) 591445
	e-mail: kathleen.lane@uea.ac.uk
Lee Hooper	telephone: (01603) 591268
	e-mail: l.hooper@uea.ac.uk

If neither of us is available by telephone please leave a message with Helen Sayer on (01603) 59.... (Helen has an answer phone).

If I ask for more information am I obliged to take part in the study?

No. You are very welcome to ask for further information. This will put you under no obligation to become a participant.

I am interested - how may I take part?

Please fill in the form overleaf and send it to us in the pre-paid envelope (or to Kathleen at the address given over-page). We will contact you soon.



I would like to find out more about your research project on food and older women, CAFÉ. Please send me more information.

My details are:

Name: _____

Address: _____

Post code: _____

Telephone number: _____

Please post this form to:

Dr Kathleen Lane
CARE, School of Education
University of East Anglia
Norwich NR4 7TJ

Or phone Kathleen on 01603 592868

Or email cafe@uea.ac.uk

Thank you for your interest in our study.

Invitation to take part in CAFÉ, a study of food and older women



Do you now use more ready meals or meals-on-wheels, or attend a luncheon club? Have you recently begun to use services or gadgets to prepare your meals?

What does food mean to you? Are there services or products you would like to make meal preparation easier?



If you are 65 or older and interested in these issues this leaflet will tell you more about the [CAFÉ study](#).

Contact: Dr Kathleen Lane
University of East Anglia, Norwich
01603 592868 or cafe@uea.ac.uk

What is the CAFÉ research project?

As women get older, we may begin to use services, products or gadgets (like luncheon clubs, meals-on-wheels, ready-prepared meals, microwave ovens) to support our shopping, preparing, cooking and serving of food. We would like to understand how using these new services and products affects how women feel – good, bad or no different. We also want to know what kinds of services, products and gadgets you think are most useful and whether there are others that may be more helpful.

What would I be asked to do?

We would like to hold discussions with women who are aged at least 65 and are using more of these services or products than they used to. These discussions will be with individual women and with small groups of women. If we talk with you individually we would like to do this twice: first in the spring or early summer; the second time about 5 months later. The group discussions will occur only once.

Are there disadvantages in taking part?

There are some disadvantages to being involved in this study. It will take about 2 ½ hours of your time. Kathleen will meet you at home or at your luncheon club (if you attend one and you prefer it) or another location that you prefer and can get to. You might not feel comfortable with one or more of the questions asked. But if you are not happy you may decide not to answer a question or set of questions. Other than these, we cannot think of any disadvantages.

Will my privacy be guaranteed?

Yes. The information you provide will be kept anonymous and your confidentiality will be respected at all times. We will never use information in any report or publication that would allow others to identify you.

CAFÉ –changes around food experience, 31st August 2007

Who is running this research?

The CAFÉ project is run by an experienced research team including:

- ❖ researchers with experience in food and health
- ❖ researchers experienced with interviewing and discussing health, social and emotional issues with older women
- ❖ a medical doctor
- ❖ three members of the public

Dr Kathleen Lane, the researcher, and Dr Lee Hooper, who is organising the research, are both experienced researchers. They are based at the University of East Anglia in Norwich.

How may I find out more?

You are welcome to contact Kathleen for more information:

Kathleen Lane

telephone: 01603 592868 or

e-mail: cafe@uea.ac.uk

If Kathleen is not available by telephone please leave a message on the answer phone and she will call you back.

If I ask for more information am I obliged to take part in the study?

No. You are very welcome to ask for further information. This will put you under no obligation to become a participant.

I am interested - how may I take part?

Please fill in the form overleaf and send it to Kathleen at the address given over-page, and by the end of June 2007. Kathleen will contact you soon.

Invitation to take part in a research project:

CAFÉ - Changes Around Food Experience

Impact of reduced contact with food on the social engagement and well-being of older women



You are being asked to participate in a research project.

As women get older we may change, from being the main planner and producer of food, to regularly accepting help from others. We would like to understand how this support or help with food affects how women feel. We also want to understand what forms of support are most helpful.

We hope to understand this by holding discussions with women who are preparing less of their own food than they used to. Some of these discussions will be with individual women, some with a small group of women. We would like you to take part in two individual discussions with our researcher, Kathleen Lane. This will help us understand your point of view.

This research has been funded by the Economic and Social Research Council *and has received ethical approval from the Faculty of Health Ethics Committee at the University of East Anglia-contingent on this being granted.*

The researchers organizing this research project are:

Dr Kathleen Lane

telephone number: 01603 592868

email: kathleen.lane@uea.ac.uk

Dr Lee Hooper

telephone number: 01603 591268

email: l.hooper@uea.ac.uk

If you need to leave a message and cannot reach Kathleen or Lee please phone **Helen Sayer**, who can take a message or will have her answer phone on. Helen's phone number is 01603 59????

What am I being asked to do?

If you decide to take part in this research project we will ask you to take part in a discussion with Kathleen Lane. This would be for around 90 minutes in the next few weeks. Kathleen will also ask to be present for one of your meals. Then in 5 months Kathleen will ask to spend a further 60 minutes with you to follow on from your first discussion. She will also ask to be present at a further meal.

Discussions

The first discussion will include questions about your details (your name, address, date of birth, previous employment, home circumstances, and type(s) of support you have). Most of the discussion will be about your experience of, and feelings around, food now and in the past.

At the second discussion Kathleen will bring a summary of the first discussion so that you can decide whether you agree with what we have written. You are welcome to comment on this summary and suggest additional points or parts you feel should be removed. You will also be asked if and how your situation and feelings have changed since the first interview.

There will be a tape recorder on during each discussion (so that we have a complete copy of what you say). Kathleen may also take notes.

Mealtime

Kathleen will ask to be present at one of your meals a few weeks after each of your discussions. At this time Kathleen will not eat or drink with you, but will take an 'onlooker' role. If you take part in a luncheon club Kathleen will ask to be present at one of these, if not then she will ask to be present at one of your home meals. These mealtimes will help Kathleen to better understand your feelings around food and food preparation. A

tape recorder will not be used, but Kathleen may write notes.

Who can take part in this research project?

We are looking for:

- ❖ Women who are 65 or more years old,
- ❖ Who live at home, and
- ❖ Who prepare fewer than 3 of their main meals* in a week, and
- ❖ 6 months ago prepared more of their own main meals

These women could live in a town, village or in the country, and live alone or with others.

*at least 5 main meals each week are provided by others or are ready-meals.

What will my taking part add to the study?

Your taking part will help us to understand your perspective on accepting more help with preparing food. Your perspective is unique and may be unlike other women's views and feelings – we welcome this. We will be studying the views of 40 women, and will be interested in similarities and differences among the women who take part.

The research will be published in a scientific journal and we hope it will help us to understand better how it feels to change your contact with food. We hope it will lead to ideas for ways to improve the experience of women who are becoming less involved in food preparation.

Do I have to take part?

No. You may choose not to take part in this study. Taking part (or not) will make no difference to any support (such as attendance at a luncheon club or meals-on-wheels) that you receive. If you agree to take part now, you may change your mind at any time, and without giving a reason.

Are there disadvantages in taking part?

There are some disadvantages being involved in this study. The discussions will take about 2 ½ hours of your time over 6 months, and in addition Kathleen will be present at two mealtimes (although we will ask that you do not offer her food). Kathleen will meet you at home or at your luncheon club (if you attend one) or another location that you prefer and can get to. You might not feel comfortable with one or more of the questions asked. But if you are not happy you may decide not to answer a question or set of questions. Other than these, we cannot think of any disadvantages.

Can I have a relative or friend with me?

Yes. You are welcome to have a relative or friend with you during the discussion. They will be there to support you, and it will be your comments we record and use, not theirs.

What is this project finding out?

Many women spend a great deal of time in planning, purchasing, preparing and serving food. The food can be for family, friends and themselves, and many use these skills in their work. As we get older we may find we can no

longer do all of this ourselves, and may accept help from family, friends or carers, and local services such as meals-on-wheels and luncheon clubs.

This change, from being the main planner and producer of food, to accepting help from others on a regular basis, may cause a variety of emotions. We would like to understand how this support or help affects how women feel. We also want to know what forms of support are most helpful and whether there are other forms of support that may be more useful.

We hope to understand this by holding discussions with women who are preparing less of their own food than they used to. Some of these discussions will be with individual women, some with a small group of women. We would like you to take part in two individual discussions with our researcher, Kathleen Lane. The first discussion will take place in the next few weeks; the later discussion will be in about 5 months, to help us understand how your point of view changes over time.

How will the information on me be used?

The change, from being the main planner and producer of food, to accepting help from others on a regular basis, may cause a variety of emotions. Your information will help us understand how this support affects women.

However, we will never use any information from you in a way that would allow others to identify you. The information that emerges from the study, in whatever form, will never include your name or any personal details – it will be completely anonymous.

Will I be told the results of the study?

Yes. At the end of the study (at the beginning of 2008) we will send a summary of the study results to all participants. We will also offer you copies of the full publications.

In addition, at the second interview, you can discuss a summary of your own first interview with Kathleen, so that you can let us know if you disagree with any of the information we have taken from your first interview.

Who else will know the information you gather about me?

All the information from the discussions we have with you will be confidential. This is also true of the notes and information from the mealtimes. None of it will be reported to anyone other than yourself in any way that would identify you.

A written copy of the discussions will be stored on an electronic database. They will be identified with a false name that you choose, so they cannot be traced back to you. A copy of this database (again, in a form where you cannot be identified) will be lodged with the Economic and Social Data Service (ESDS). The ESDS is a national data service that stores a range of key economic and social information. Other researchers may use information from your discussions in the future, for research, but those researchers will never know who you are.

Your real name, details, and the link to the false name you choose, will be stored in a locked filing cabinet at the University of East Anglia, as will the audio tapes that we use in the interviews. These will be stored for 5 years after the end of the study. An audio typist will type out your discussion, and will

know your name, but will respect your confidentiality and anonymity.

Who is running this research project?

The project is run by an experienced research team. The team includes researchers with experience in food, health and this type of discussion research, a medical doctor and three members of the public. None of this team will have individual contact with you, as a participant in the research, nor will they know your name.

You will have contact with Kathleen Lane, a very experienced researcher, and may also meet Lee Hooper, who is in charge of organising the research. Both Kathleen and Lee will know your real name and the information about you, but will respect your anonymity.

Who is funding this research?

This research has been funded by the Economic and Social Research Council.

Who has checked that the research is ethical?

The research *has received ethical approval from the Faculty of Health Ethics Committee at the University of East Anglia- contingent on this being granted.*



Invitation to take part in a research project:

CAFÉ - Changes Around Food Experience

Impact of reduced contact with food on the social engagement and well-being of older women



You are being asked to participate in a research project.

As women get older we may change, from being the main planner and producer of food, to regularly accepting help from others. We would like to understand how this support or help with food affects how women feel. We also want to understand what forms of support are most helpful.

We hope to understand this by holding discussions with women who are preparing less of their own food than they used to. Some of these discussions will be with individual women, some with a small group of women. We would like you to take part in a small group discussion with our researcher, Kathleen Lane. This will help us to understand your point of view.

This research has been funded by the Economic and Social Research Council *and has received ethical approval from the Faculty of Health Ethics Committee at the University of East Anglia- **contingent on this being granted.***

The researchers organizing this research project are:

Dr Kathleen Lane

telephone number: 01603 592868

email: kathleen.lane@uea.ac.uk

Dr Lee Hooper

telephone number: 01603 591268

email: l.hooper@uea.ac.uk

If you need to leave a message and cannot reach Kathleen or Lee please phone **Helen Sayer**, who can take a message or will have her answer phone on. Helen's phone number is 01603 59????

What am I being asked to do?

If you decide to take part in this research project we will ask you to take part in a small group discussion with Kathleen Lane. This will be for around 90 minutes in the next few weeks. The group will include 4-6 women aged at least 65, plus Kathleen Lane and Lee Hooper.

Discussions

Before the group discussion we will ask you some questions about your details (your name, address, date of birth, previous employment, home circumstances, and type(s) of support you have). The group discussion will include time for everyone to get to know each other. Then the discussion will be about your experience of, and feelings around, food now and in the past. There will be a tape recorder on during the interview and Kathleen or Lee may take some notes. This is so that we have a complete copy of what everyone says.

What sort of people can take part in this research project?

We are looking for:

- ❖ Women who are 65 or more years old,
- ❖ Who live at home, and
- ❖ Who prepare fewer than 3 of their main meals* in a week, and
- ❖ 6 months ago prepared more of their own main meals

These women could live in a town, village or in the country, and live alone or with others.

*at least 5 main meals each week are provided by others or are ready-meals.

What will my taking part add to the study?

Your taking part will help us understand your perspective on accepting more help with preparing food. Your perspective is unique and may be unlike other women's views and feelings – we welcome this. We will be studying the views of 40 women, and will be interested in similarities and differences among the women who take part.

The research will be published in a scientific journal and we hope it will help us understand better how it feels to change your contact with food. We also hope it will lead to ideas for ways to improve the experience of women who are less involved in food preparation.

Do I have to take part?

No. You may choose not to take part in this study. Taking part (or not) will make no difference to any support (such as attendance at a luncheon club or meals-on-wheels) you receive. If you agree to take part now, you may change your mind at any time, and without giving a reason.

Can I have a relative or friend with me?

Yes. You are welcome to have a relative or friend with you in the discussion. They will be there to support you, and it will be your comments we record and use, not theirs.

Are there disadvantages in taking part?

There are some disadvantages being involved in this study. It will take about 2 ½ hours of your time. We will arrange transport (that you will not need to pay for) to a nearby place for discussion group. Kathleen will meet you there. You might not feel comfortable with one or more of the questions asked, but if you are not happy you may decide not to answer a question or set of questions. Other than these, we cannot think of any disadvantages.

How will the information on me be used?

We will never use any information from you in a way that would allow others to identify you. The information that emerges from the study, in whatever form, will never include your name or any personal details – it will be completely anonymous.

Will I be told the results of the study?

Yes. At the end of the study (at the beginning of 2008) we will send a summary of the study results to all participants. Later we will offer you copies of the full publications.

What is this project finding out?

Many women spend a great deal of time planning, purchasing, preparing and serving food. This can be to family, friends and themselves, and many use these skills in their work. As we get older we may find we can no longer do all of this ourselves, and may accept help. This help may be from family, friends or carers, and local services such as meals-on-wheels and luncheon clubs.

This change, from being the main planner and producer of food, to accepting help from others on a regular basis, may cause a variety of emotions. We would like to understand how this support or help affects how women feel. We also want to know what forms of support are most helpful and whether there are other forms of support that may be more useful.

We hope to understand this by holding discussions with women who are preparing less of their own food than they used to. Some of these discussions will be with individual women, some with a small group of women. We would like you to take part in a small group discussion with our researcher, Kathleen Lane.

Who else will know the information you gather about me?

All the information from the discussion we have with you, as well as any notes Kathleen takes, will be confidential. None of it will be reported to anyone in any way that would identify you.

A written copy of the interview will be stored on an electronic database. You will be identified with a false name that you choose, so that it cannot be traced back to you. A copy of this database (again, in a form where you cannot be identified) will be lodged with the Economic and Social Data Service (ESDS). ESDS is a national data service that stores a range of key economic and social information. Other researchers may use information from your discussions in the future, for research, but those researchers will never know who you are.

Your real name, details, and the link to the false name you choose, will be stored in a locked filing cabinet at the University of East Anglia, as will the audio tapes that we use in the interviews. These will be stored for 5 years after the end of the study. An audio typist will type out your discussion, and will know your name, but will respect your confidentiality and anonymity.

Who is running this research project?

The project is run by an experienced research team. The team includes researchers with experience in food, health and this type of discussion research, a medical doctor and three members of the public. None of this team will have individual contact with you, as a participant

in the research, nor will they know your name.

You will have contact with Kathleen Lane, a very experienced researcher, and may also meet Lee Hooper, who is in charge of organising the research. Both Kathleen and Lee will know your real name and the information about you, but will respect your anonymity. An audio-typist will type out your discussion, and will know your name, but will treat this with strict confidentiality.

Who is funding this research?

This research has been funded by the Economic and Social Research Council.

Who has checked that the project is ethical?

The research *has received ethical approval from the Faculty of Health Ethics Committee at the University of East Anglia-contingent on this being granted.*



Informed Consent:

CAFÉ - Changes Around Food Experience

Impact of reduced contact with food on the social engagement and well-being of older women

Participant name:

Date of birth:

Address:

Phone number:

Chosen pseudonym:

Please read and initial each of the following if you wish to participate in the CAFÉ study:

- 1 I confirm that I have read and understand the information sheet for the CAFÉ study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. _____
- 2 I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any support or legal rights being affected. _____
- 3 I give permission to allow a researcher to talk to me on two occasions about my experiences and feelings around food, and to record the discussion on a tape-recorder. _____
- 4 I give permission to allow a researcher to be present at two mealtimes, and to take notes. _____
- 5 I know that the written record of our discussions, along with any notes, will be stored anonymously on an electronic database. I am aware that my personal information will be held confidentially, and that I will not be identifiable in any findings or publications from the research. _____

Signature of participant: _____ Date: _____

Researcher name (I confirm that this participant has been given a full written and verbal explanation of this research project): _____

Researcher signature: _____ Date: _____



Informed Consent:

CAFÉ - Changes Around Food Experience Impact of reduced contact with food on the social engagement and well-being of older women

Participant name:

Date of birth:

Address:

Phone number:

Chosen pseudonym:

Please read and initial each of the following if you wish to participate in the CAFÉ study:

- 1 I confirm that I have read and understand the information sheet for the CAFÉ study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. _____
- 2 I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any support or legal rights being affected. _____
- 3 I give permission to allow a researcher to talk to me within a small group about my experiences and feelings around food, and to record the discussion on a tape-recorder. _____
- 4 I know that the written record of our discussions, along with any notes, will be stored anonymously on an electronic database. I am aware that my personal information will be held confidentially, and that I will not be identifiable in any findings or publications from the research. _____

Signature of participant: _____ Date: _____

Researcher name (I confirm that this participant has been given a full written and verbal explanation of this research project): _____

Researcher signature: _____ Date: _____

Topic Guide – FIRST INTERVIEW

1. Personal information
 - Name
 - Date of birth
 - Ethnicity
 - Education
 - Previous employment
 - Living circumstances
 - Housing type (owns own home; council/housing assoc; private rented; g&f; home of family member)
 - Lives alone or with others
 - Urban or rural
 - Level of support (independent; sheltered; residential)
 - Contact with family, friends and neighbours
 - Longstanding illness
 - Problems with sight, hearing, mobility
 - MoW (now or in past)
 - Transport (own tpt; access to tpt; ltd access; public tpt only; no, very ltd)
2. Type, frequency and duration of food support
3. Examples of food you have prepared, cooked and enjoyed over the years
4. An eating occasion you remember with pleasure from several years ago
5. An eating occasion you remember with pleasure from the past few weeks
6. Your involvement with food at different stages of your life
7. Your current involvement with food
8. Future involvement with food

Interspersed with the above, we aim to solicit from the women interviewed:

- a) How has their contact with food changed and how do they feel about these changes?
- b) What meanings do they associate with their previous involvement with shopping, preparing, growing, cooking and presenting food?
- c) What meanings do they associate with reduced contact with food and with their current levels of involvement with shopping, preparing, growing, cooking and presenting food?
- d) Do these meanings change over time?

- e) What is the impact of this change in contact with food on social engagement and their sense of well-being?
- f) Do they want to re-establish or increase their contact with food?
- g) If so, how?
- h) What are the implications of their views, wants and other findings for service development and policy?

Topic Guide – SECOND INTERVIEW

0. Clarify any missing personal information
1. Reflection on summary of first interview.
2. Teasing out the process of change that led to where you and I were at our first discussion – what happened and/or what factors that you recall changed your circumstances and/or choices about food?
3. What were your feelings around changed contact with food? Have these feelings changed since we last talked?
4. Can you tell us about your ideal/everyday meal?
5. What would you do differently about meals now?
6. When and how did you come to cooking? (about learning, starting to cook; images around that; feelings and people around that)
7. Can you tell us about your ideal/everyday shopping experience?
8. What would you do differently about shopping now?
9. Any other changes in your life since the first interview?
10. Money: how do you pay for food?
 - if cash, how do you obtain the cash?
11. IT: do you use a computer? Do you order food online?

Topic Guide – GROUP INTERVIEW

1. Personal information – before the interview itself (i.e., via telephone)
 - Name
 - Date of birth
 - Ethnicity
 - Education
 - Previous employment
 - Living circumstances
 - Housing type (owns own home; council/housing assoc; private rented; g&f; home of family member)
 - Lives alone or with others
 - Urban or rural
 - Level of support (independent; sheltered; residential)
 - Contact with family, friends and neighbours
 - Longstanding illness
 - Problems with sight, hearing, mobility
 - MoW (now or in past)
 - Transport (own transport; access to tpt; ltd access; public tpt only; no, very ltd)
 - Type, frequency and duration of food support
2. Reasons for study
3. How long have these women known each other? Do they socialise? Do they eat together?
4. Can you tell us about your ideal/everyday meal?
5. Would you do anything differently about meals now?
6. When and how did you come to cooking? (about learning, starting to cook; images around that; feelings and people around that)
7. Can you tell us about your ideal/everyday shopping experience?
8. What would you do differently about shopping now?
9. An eating occasion you remember with pleasure from several years ago
10. An eating occasion you remember with pleasure from the past few weeks
11. Your involvement with food at different stages of your life
12. Your current involvement with food
13. Future involvement with food