How can we ensure that older people have better access to nutritious food and company?

Insights report
An ethnographic study by Innovation Unit for Soil Association Food for Life

October 2016
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Executive summary

Soil Association is currently developing a proposal to Big Lottery to establish the national policy and programme foundations for a systematic, nation-wide, community-led transformation of the food ‘landscape’ for older people in England and Scotland.

Innovation Unit was commissioned by Soil Association to conduct in-depth ethnographic research with people over 75 in Leicestershire to inform this proposal. Between June and September 2016, Innovation Unit conducted research with 11 Leicestershire residents over the age of 75. The research process was informed by two participatory workshops which were also used as a way to kickstart a process of local stakeholders engagement.

Our research aimed to build a richer understanding of the participants’ needs, as well as to help identify opportunity areas for making “good food the easy choice for everyone, whoever and wherever they are” (Soil Association, 2016). During our research, we met the residents in their homes, aiming to gather insights and identify opportunities in three settings: care settings, community setting and hospital settings. The key findings and opportunities from each setting were:

1. Care settings

Care settings include care homes and supported housing. In the care settings we visited, we found that the type of support people valued was strongly linked to relationships: finding company, feeling listened to, being supported in day to day tasks like meals, and feeling reassured that someone will be there in case of an emergency.

For some people, their care home felt more like a place to reside than a place that was truly home, with a key differentiator being the quality of relationships they had with other residents and staff. For people whose relationships with other residents were not strong, social connections outside of care settings became even more important.

The people we met have skills to offer and the will to make use of them: from gadget making to historical local knowledge, from cooking to caring… People had assets to contribute to the community they lived in.

Priority opportunities in care settings

- Ensuring mealtimes are an enjoyable experience
- Having choice and access to fresh nutritious food
- Contributing and feeling part of a community
- Fostering relationships and a sense of belonging

Three ideas for care settings

- What if all staff were trained to recognise the significance of food, in relation, not just to nutrition, but also emotional wellbeing?
- What if we could encourage a two way relationship between residents and carers so that listening happens on both sides?
- What if residents were more involved in the planning and the cooking of the food they are served?
2. Community settings

By community settings, we are referring to people living independently, in their own own homes. Across all the settings in which we did fieldwork, a common thread that ran through every story, was a desire for independence, which goes tightly linked to choice: being able to decide for yourself. This was more pronounced in the context of people who were living in their own homes. On occasion, this independence also meant loneliness. Our research participants all had different levels of care needs and a variety of ways that they managed them. The extent to which they were part of wider social networks had a bearing on how connected and supported they felt.

We also spent time with couples who were living independently. The couples we spoke with were younger than some of the other participants and we found them to be better connected and to participate more in outside activities. Support within couples took many forms, from daily household duties, helping with medication and hospital visits, to companionship and a sense of stability.

Priority opportunities in community settings

- Being able to host and give
- Being able to make decisions about how I want to live, now and in the future
- Supporting carers to feel confident in their caring role
- Feeling able to ask for help
- Fostering relationships and a sense of belonging

Three ideas for people living alone in community settings

- What if we can link isolated older people to opportunities to socialise and build meaningful relationships around shared interests?
- What if we can find a way to better communicate the services that are available to older people that is more engaging, and reaches more people?
- What if we could have intergenerational learning, bringing together schools and older people?

Three ideas for couples in community settings

- What if there were more opportunities for younger and older people to learn from each other and share their expertise and experiences?
- What if you could have care and support packages for couples rather than individuals?
- What if it was made easier for older people in couples to discuss the future?
3. Hospital settings

A stay in hospital at an older age is often followed by a substantial change in lifestyle or in perspective. It can be both a moment of risk and opportunity. For some, hospital can be a place to form new, better habits (including food routines and introducing people to healthy and nutritious food) and can provide motivation to stay as independent as possible. For others, the experience of a prolonged hospital admission can have severely negative physical and mental health consequences.

Priority opportunities in hospital settings

- Maintaining a sense of dignity
- Getting the balance between enjoying food and following food rules
- Fostering relationships and a sense of belonging
- Having choice and access to fresh nutritious food

Three ideas for hospital settings

- What if health and social care staff had a good understanding of the person to help them find the right company?
- What if everyone had a food journey as part of their medical history?
- What if food choices and eating was better supported at a ward level?
Introduction

Soil Association Food for Life works to make good food the easy choice for everyone, whoever and wherever they are. They take a whole system approach to food, changing both the food environment and food culture within which people make choices. They work with nurseries, schools, universities, workplaces, hospitals, care homes and visitor attractions.

Their innovative delivery programmes have significant independently-evaluated impacts and have been developed thanks to generous funding from the Big Lottery. Food for Life is now commissioned by public health teams, CCGs and NHS Trusts.

Soil Association is currently developing a proposal to Big Lottery to establish the national policy and programme foundations for a systematic, nation-wide, community-led transformation of the food ‘landscape’ for older people in England and Scotland.

The long-term goal is to ensure older people have access to good food and company – to remove or reduce malnourishment as well as isolation and loneliness.

Soil Association was awarded £50,000 from Big Lottery Fund to fund a development phase in preparation for delivery of the pilot across three settings for older people: care homes, community (living independently), and hospitals.

The development work will take place over 6 months and aims to co-design the 2-year project with strategic stakeholders and beneficiaries in 3 locations: Leicestershire; Calderdale & Kirklees; and Edinburgh.

Innovation Unit has been commissioned by the Soil Association to conduct in-depth ethnographic research with people over 75 in Leicestershire. The decision to focus the research in Leicestershire only, rather than across the 3 sites is linked to the fact that stakeholders from settings for older people in both Calderdale & Kirklees and Edinburgh are already productively engaged with the Better Care work. In Leicestershire, the work of the Soil Association has so far mainly been through the Food For Life schools programme. The research process was therefore used as a way to kickstart a process of local stakeholders engagement. Local leads for the other 2 sites were trained in ethnographic methods, and were involved throughout the process. This will enable them to both build on some of the generalisable insights emerging from Leicestershire, and to potentially replicate a similar process to unearth insights relevant to their localities.

During this research, we aimed to:

- Understand people’s current experiences and challenges relating to health and wellbeing through the lens of food.
- Uncover opportunities to best support individuals to improve these experiences and to enable them to maintain their independence (in both care and community settings) for as long as possible.
Good food and enjoyable mealtimes can dramatically improve health and wellbeing, and aid recovery from illness or surgery. However, supporting older people to eat a nutritious diet, and to drink enough fluids, whether they reside at home or in care, can sometimes be an enormous challenge.

Older people’s appetites may be reduced for a number of reasons, including the effects of underlying diseases and associated medications as well as being less active and having a reduced sensitivity to tastes and smells. These may be compounded by loneliness and depression. All of these will have an effect on a person’s ability to eat as well as their enjoyment of food and can often lead to malnutrition.

1. Our approach
Between June and September 2016, Innovation Unit conducted qualitative research with 11 Leicestershire residents over the age of 75.

Our research aimed to build a richer understanding of these people’s needs, as well as to help identify opportunity areas for making “good food the easy choice for everyone, whoever and wherever they are.”


**What we did**

**Scoping**  
Stakeholder workshop to define research questions.

**Field research**  
Half and full day ethnographic studies with 11 individuals in their homes (in community and care settings).

**Synthesis**  
Stakeholder workshop to reflect on research and identify opportunities.
What we did (in detail)

**Scoping & stakeholder engagement**

At the start of the process, we held a workshop involving 13 local stakeholders. This included representation from a large care home provider, managers at smaller care homes, a care home chef, commissioners from Leicester County and City Councils, Age UK, a dietician and local area coordinators who conduct home visits. The purpose was to:

- Articulate a case for change
- Gather insights from local experts and surface assumptions about older people’s experiences
- Further refine the scope of the research and research questions.

**Capability building**

We provided a training session in ethnographic research for five members of Soil Association team. Four members of staff also accompanied us during the ethnographic research. The purpose was both to build a better understanding of our methodologies and to build the team’s qualitative research capabilities for future projects.

**Field Research**

With the support of the local Soil Association team and local service providers, we recruited 11 older people who are living in a range of settings, to take part in the ethnographic research. The research involved spending either a half or full day with each participant, in their homes, using both interviewing and observational methods to uncover unique and transformative insights about their lives and their relationship to food.

**Synthesis & stakeholder engagement**

After the research was finalised, we ran a co-design workshop, involving key local stakeholders, national charities, and service managers. The aim was to:

- Hear the stories of the Leicestershire residents who participated in the research
- Build on each other’s ideas about what good looks like
- Respond to real stories and bring together collective expertise to generate ideas about what might be possible.
About ethnography

Ethnography is a research method where the researcher observes society from the point of view of the subject of the study. It can be used to better understand people’s lives, behaviours, and aspirations.

It differs from a consultation or a survey, in the sense that it is about understanding the world from the perspective of the research participants, by immersing oneself in their natural, real-world setting. Through ethnography, we learn about people through immersion, uncover hidden needs and unspoken truths, view the system from different perspectives, and can identify opportunities to improve services.

Although researchers are trying to find answers to a set of predefined questions, the way the research itself is conducted is open ended and without a strictly delineated agenda. In practice, this means no surveys, and no tick boxes - just meaningful conversations, and a great deal of listening.

Ethnography can therefore be a very powerful way to challenge assumptions that are made about people. It is also a great way to take a holistic view, and to understand the wider circumstances which affect people’s lives. Therefore, while the participant’s experience of food was at the heart of the conversations, they were also encouraged to share the wider context of their lives by mapping their life history, discussing their wider social network, and exploring their hopes and fears for the future.
Who we met

The individuals who took part in this research come from a wide range of backgrounds and experiences. They are all over the age of 75. Some have lived in Leicestershire all their lives, whilst others have only recently moved there. Some are extremely well connected and supported, others only have contact with professionals. Some were extremely proactive in looking after themselves and keeping involved in the local community, others found it harder to interact with others or with services.

In selecting the right participants, the aim was to ensure balance. This was in order to build a picture of the experience of older people in Leicestershire in relation to food and loneliness, whilst also ensuring enough range to generate a broad range of insights which could bring to light the diversity of individual experiences within the population of 108,000 people over the age of 65 in Leicestershire.

Segmentation

We focused our recruitment strategy on meeting a balance of individuals who are:

- living independently in a community setting
- living in a care setting
- who had a recent hospital experience (now residing in either a community or care setting).

We were interested in achieving an equal split for a number of other factors:

- Between men and women
- Between people who are isolated and people who are well connected

We wanted to ensure we had representation of:

- Individuals from different ethnicities and cultural backgrounds
- Individuals with health conditions (for example heart conditions, dementia, diabetes, obesity, osteoporosis)
- Couples

Spectrum of need

Whilst we could have decided to focus on individuals who are currently severely malnourished or isolated, we felt it was important to listen to the stories of people in a range of situations.

Including more extreme or exceptional cases in a sample as well as ‘average’ stories, helps to generate powerful insights that are relevant throughout the spectrum. In the context of this particular project this meant, for example, speaking with people who were extremely isolated as well as with some who were core community organisers.
## Visual summary of participants

<table>
<thead>
<tr>
<th>Age</th>
<th>Setting</th>
<th>Hospital experience</th>
<th>Gender</th>
<th>Social connections</th>
<th>Conditions</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mildred</td>
<td>85</td>
<td>6 days, 3 months ago</td>
<td>♂</td>
<td>♂</td>
<td>diabetes, asthma</td>
<td><img src="location_icon.png" alt="Location Icon" /></td>
</tr>
<tr>
<td>Charlie</td>
<td>89</td>
<td>supported housing</td>
<td>♂</td>
<td>♂</td>
<td>tremors</td>
<td><img src="location_icon.png" alt="Location Icon" /></td>
</tr>
<tr>
<td>Lakshmi</td>
<td>75</td>
<td>supported housing</td>
<td>♂</td>
<td>♂</td>
<td>Diabetes, food intolerances</td>
<td><img src="location_icon.png" alt="Location Icon" /></td>
</tr>
<tr>
<td>Jane</td>
<td>85</td>
<td></td>
<td>♂</td>
<td>♂</td>
<td>mobility</td>
<td><img src="location_icon.png" alt="Location Icon" /></td>
</tr>
<tr>
<td>Evelyn</td>
<td>85</td>
<td></td>
<td>♂</td>
<td>♂</td>
<td>parkinsons, dementia</td>
<td><img src="location_icon.png" alt="Location Icon" /></td>
</tr>
<tr>
<td>Larry &amp; Josie</td>
<td>75</td>
<td></td>
<td>♂</td>
<td>♂</td>
<td>chronic respiratory illness</td>
<td><img src="location_icon.png" alt="Location Icon" /></td>
</tr>
<tr>
<td>Walt &amp; Anne</td>
<td>78</td>
<td></td>
<td>♂</td>
<td>♂</td>
<td>multiple</td>
<td><img src="location_icon.png" alt="Location Icon" /></td>
</tr>
<tr>
<td>Mary</td>
<td>88</td>
<td></td>
<td>♂</td>
<td>♂</td>
<td>partially sighted, mobility</td>
<td><img src="location_icon.png" alt="Location Icon" /></td>
</tr>
<tr>
<td>Mr Roberts</td>
<td>93.5</td>
<td>3 years ago</td>
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<td>♂</td>
<td>mobility</td>
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<tr>
<td>Erik</td>
<td>84</td>
<td></td>
<td>♂</td>
<td>♂</td>
<td>mobility</td>
<td><img src="location_icon.png" alt="Location Icon" /></td>
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<tr>
<td>Alistair</td>
<td>83</td>
<td></td>
<td>♂</td>
<td>♂</td>
<td>-</td>
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Through this research we aimed to test a number of assumptions that we collected from industry experts about what matters the most and what is the most difficult for older people. These insights and assumptions were gathered during the first workshop with local stakeholders. The themes described in the next few pages were designed to guide the research enquiry rather than to confine it to a specific set of questions.

We aimed to understand which issues might provoke the most anxiety or generate the most impactful life changes. We also aimed to understand the extent to which people feel they have choice and control in these areas.
Scope and research themes

Building on the research that the Soil Association have already done in this area, we identified 4 key themes to explore during the research. We used the first workshop with local stakeholders and sector experts to build research questions that would both advance our understanding of these areas, as well as challenge assumptions about what they might mean for the individuals taking part in the research.

There was strong focus placed on understanding people’s current behaviours and mindsets as well as their attitudes towards food. By focusing on behaviors and mindsets we hoped to reveal opportunities around how to best support people in the future.

THEME 1
Maintaining a sense of self

THEME 2
Having a purpose and enjoying life

THEME 3
Feeling connected and supported

THEME 4
Being in control
### 1. Assumptions

#### Status and identity
Retirement is a difficult life transition, which, if not managed well, can feel like a loss of status and purpose. This can be emphasised by diminishing physical and mental capabilities, and a sense of having to rely on others for simple tasks.

#### Asking for help
‘We tend to discuss older people as a problem for health and social care services, a ‘demographic time-bomb’ or a crisis we cannot afford.’ (Delivering Dignity, Age UK, 2012). Societal narratives around the cost of an ageing population have an impact on some older people’s readiness to ask for help. They don’t want to be a burden.

#### Feeling useful
Feeling like you are still contributing to society is key to maintaining a sense of purpose and feeling valued. Older people have a wealth of assets to contribute. Volunteering has a positive impact on wellbeing.

### 2. Research aims

To build a picture of what people feel most proud of and how their past experiences shaped who they are today.

To understand whether and when people will ask for help and who they might turn to in a time of need. Going deeper, we explored how it feels to ask for help and what impact it might have on their sense of independence.

To learn what it means to feel useful for individuals, whether this is important and how they view their contribution to the world and people around them.

To understand the extent to which their day to day food experience impacts on their sense of self, and uncover opportunities to reinforce a positive sense of identity.
Through this research, we heard that being able to contribute to their communities or helping people around them is important to maintaining a positive outlook on life. In different ways, most of the people we spoke with wanted to engage with others in their neighbourhoods and to have a role in their communities.

However, this wasn’t always wasn’t possible. Some of the barriers included not having people around them, finding it difficult to get around, wanting to meet with similar minded people, or being held back by health issues. The diagram on the right shows the different levels of contribution that people feel able to make to individuals or communities around them.

For Charlie, who is 89 and has worked as an engineer all his life, contributing was about helping out at dinner time in his care home and planting a herb garden for the chefs. His sense of pride derives from the fact that he has led an entrepreneurial and creative life, and so it is important for him that he is able to keep creating things. When he first arrived at the home, he created a plan for the redesign of the home’s entire lighting system to make it more energy efficient.

For others, contributing is in the little things, but nonetheless key to maintaining a positive sense of self. Mildred is 85 and still very independent. She had been a carer for her husband in his later years, and chose to move into a care home when she felt lonely after he died. We heard that, for Mildred, being able to continue to take on a caring role is important. At the care home, she looks out for her friend, Gemma, who is blind and less mobile than her. Mildred will cast wool for Gemma so that they can knit together, make sure Gemma eats enough food to get through the day, sit next to her at dinner and sing songs with her to warm up the atmosphere.
For many of the people we spoke to, cooking for others represented an important part of their identity. This was something they had done for all of their lives, and they described getting a tremendous sense of pleasure from the act of giving, which we experienced first hand as researchers being welcomed into their homes.

For Lakshmi, a 75 year old lady who lives independently, albeit in supported living accommodation, it is extremely important for her to host and nurture others with home cooked food. Whether that means volunteering to cater for hundreds of people at large events or treating her neighbours to freshly made Indian food. For Lakshmi, cooking is an act of love, something that gives her a sense of pride and is a part of her identity. “When you feed somebody, it’s all the love from bottom your heart.”

The experiential and sensory memories attached to certain types of food, can be a real source of joy for some people. Even where people experience short term memory loss, they will often continue to experience pleasure from past memories or from sensory stimulus like tastes from their childhood.

At Mildred’s care home, the staff recognised the importance of these types of nostalgic experiences. Each day the residents were given a drink of Horlicks, something many of the residents had grown up with during the war. This seemed to be often accompanied by singing post war songs, either initiated by the residents themselves, or performed by a visiting musician on Sundays. The care home also created, or reproduced, rituals which many residents were familiar with, like having fish & chips on Fridays.

One of the assumptions that was challenged during this research was the idea that as people age, their horizons narrow; so that health becomes the main priority. We heard that for some, and in different ways, it is important to maintain a sense of dignity, and often, this meant taking pride in their appearance and looking their best, whether or not somebody was coming over to visit. Looking presentable is a way of preserving a sense of dignity, of not letting themselves go. It is also a way of staying connected to the world outside.

Mary, who is 88 and lives alone, had glamorous red painted toe nails, and insisted on changing trousers before stepping out for lunch, despite having to use a chair lift to get to and from her bedroom. She also sees her hairdresser every week, and feels she is one of the people she trusts and that knows her well.
4. Summary of opportunities

How can community-based food-related initiatives enable older people to give (e.g., show off their skills) rather than just receive?

How can care settings build more of a sense of community where everyone contributes what they can (during mealtimes, preparing and/or growing food, etc)?

How can care homes use mealtimes to re-create childhood food rituals?

How can we enable and empower older people, whether they live at home or in care homes, to have more opportunities to socialise, as an incentive to look after themselves?

How can hospitals provide more dignified mealtimes, and enable people to have choices and support to eat as they would eat in their own homes?
Almost half of all older people in care homes are depressed and think that depression is a ‘normal part of ageing’.  

What are the opportunities to ensure that ageing is not just about surviving, but also about enjoying life?

<table>
<thead>
<tr>
<th>1. Assumptions</th>
<th>2. Research aims</th>
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</table>
| **Aspiring to a good life**  
There is an assumption that people in later life, have given up on life, and that their main aspiration is to manage their health. | To understand what older people want to achieve in life and what a good life means to them now. |
| **Expectations**  
Culture and lived experience have an impact on what people expect from life, what they regard as satisfactory, or what they expect from other people. | To build a vibrant picture of the pleasures that older people look forward to and the things that get in the way of what they used to enjoy. |
| **How does it relate to food?**  
For most people, food is a key part of enjoying life! However, as people get older their perception of taste changes. Older people are more likely to crave sugary foods: “Half of my budget goes on cake. That’s what they want. It’s often the highlight of their day. It’s a treat when there is not much they can do anymore,” care home chef, workshop one. | To understand how they might balance health requirements and the pleasure of eating, as well as what might get in the way of them enjoying food, we wanted to understand if they have any food rules and if they are making conscious decisions about their diet to influence how they are feeling, both physically and emotionally. |

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1. Promoting mental health and well-being in later life: a first report from the UK Inquiry into Mental Health and Well-Being in Later Life. London: Age Concern/ Mental Health Foundation, Age Concern, 2006
Ensuring mealtimes are an enjoyable experience

One of the key underlying assumptions behind this project - that food is a source of pleasure - was challenged by some of our conversations. Not everyone is interested in food.

Some see it as a necessity or even as a source of anxiety. For others, meals are indeed the highlight of the day, bringing people together, providing structure and when cooked right and eaten in the right environment, a thoroughly enjoyable experience.

The diagram on the right shows the range of attitudes that people have around food in their day to day lives.

A few of our participants’ stories highlighted how food can also be a source of anxiety for older people. Alistair lives alone and has had new dentures fitted. He has not yet adjusted to them and is nervous about what he can and cannot eat. As a result, his diet has become repetitive. Even though he is independent enough to go to the shop and cook for himself, he doesn’t allow himself to venture beyond a restricted set of food options. “I’ll have my cabbage, carrots and a sausage. Everyday. Because I’m not sure what meat I can eat.”

On the other end of the scale, for Charlie, food is one of the only things he looks forward to. “Really I can only think of mealtimes [as a highlight], the other times I’m reading in my room or if I come up in the morning and have coffee with them I’ll sit and have a chat. That’s really my life at the moment. Whilst I’m in here.”

For some, food might have been a source of enjoyment in the past, but this has changed as a consequence of loneliness. Mary, for example, used to enjoy food and cooking because it was something that was shared. Now she cooks because it is a necessity. Having to cook for one reinforces her sense of loneliness.
Many health conditions also have an impact on people’s diets. This might be because of medication that needs to be taken at certain times or because certain foods trigger side effects. This can often mean needing to replan routines and putting in place a new set of rules around food consumption.

**Walt** suffers with obesity and diabetes amongst other things. He is trying to lose weight and cut down on certain foods but he finds it frustrating that he’s having to give up the food he loves and he’s still not losing weight. He’s also uncomfortable going to restaurants because it means he has to administer his insulin in the toilet before he eats. His wife, **Anne**, says “The nurse told him he has to cut down on fatty meat. Someone else has said, maybe the heart nurse, said he should not have too many fluids.”

Learning and remaining active is a real source of joy for some of the people we met with. Being active, using their bodies, and keeping their minds stimulated were some of the ways that our research participants enjoyed themselves and had a good time. This was not always the case though. For some people, the reduction in their mobility and health problems meant that walks or other physical activities were burdensome and something they felt that they should do, rather than something they wanted to do.

Both **Josie** and **Larry** take pleasure in keeping active; Larry keeps his mind active, for example completing an MA in optics through the open university and Josie keeps physically active and her weekly dancing classes; “Egyptian dancing is good. Every time I go I lose myself, forget about my worries. And it doesn’t matter how good you are.”

For some people, being able to enjoy life in your later years goes beyond the basic pleasure of eating, and beyond maintaining an active life. Reflecting on the meaning of life and connecting to wider narrative about what it means to be human can also help.

For example, for **Lakshmi**, religion and spirituality are both important, and contribute to helping her to be content with her life even if difficulties might arise. “Forget what happened, whatever happened is happened. You can’t change. I made my drawing in my last life. Stay happy, be happy.”

**Jane** has adopted a similar philosophy after her hospital stay. She regained the appetite for living and has reconnected with being grateful for what she has. “I am happy of being alive, I am glad to be here. When I had my operations everyone thought I was dying; and I wanted to die. Now I am glad.”

**Connecting to the meaning of life**

**Walt** & **Anne**

**Learning and being active to keep stimulated**

Josie & Larry

**Getting the balance between enjoying food and following food rules**

Walt & Anne

**3. Insights (ctnd)**
How can we ensure that older people and the people around them see the value food has beyond just nutrition, and create opportunities for food to be a source of joy, rather than anxiety?

How can we make nutritional restrictions fun?

Ensuring mealtimes are an enjoyable experience

What helps people to have a purpose and enjoy life?

Getting the balance between enjoying food and following food rules

Learning and being active to keep stimulated

How can we provide more opportunities for older people to stay curious and active?

How can we enable people to express what they want from life and to allow themselves to strive for happiness?

How can we reframe hospital stays as an opportunity to shift one’s perspective on life and change habits?

Connecting to the meaning of life

4. Summary of opportunities
The effect of isolation on mortality is comparable to risk factors such as obesity or cigarette smoking\(^1\). Two fifths of all older people in the UK say the television is their main company\(^2\). In the context of this epidemic of loneliness, we wanted to understand what being connected and supported looks and feels like as well as how people set up these support networks.

### 1. Assumptions

**Relationships**

People’s social networks often decrease with age, as children move away, friends pass on, and mobility issues get in the way.

**Informal care**

Family and neighbours have a huge role to play in informal care; but being an informal carer can have a negative impact on one’s own health.

**Experience of services**

Considering the diversity of the cohort, the experiences of services will be varied.

### 2. Research aims

To build a picture of the support networks of the people we spoke with; how often they meet with friends and family and how often they’d like to meet with them.

To explore whose role people feel it is to care for them, what support they need, who supports them on a daily basis and what impact this has on their relationship.

To understand which health or social care professionals that people feel they rely on most and how they feel about the support they receive.

**How does it relate to food?**

It is often said that food brings people together. Our experiences of food are impacted by who is around us and how we relate to them. For someone who is used to sharing meals, eating alone can emphasise feelings of loneliness, and reduce appetite. Finally, there are some system challenges that directly impact on people’s experiences of food (i.e.: budget constraints...)

We wanted to understand the extent to which people associate food with company, whether they see mealtime as an opportunity to socialise, and how this might have changed over the years.

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Fostering relationships and a sense of belonging

Feeling a sense of belonging is crucial to feeling connected and supported. However, being surrounded by people does not always mean feeling part of a community. It also takes having common interests, shared rituals and relationships built over time.

A sense of belonging is often linked to the quality of relationships with the people and community around an individual. Whether that means family, friends or other care home residents. Sometimes it can also be linked to the professionals who are supporting you and their role in providing company as well as a service.

The diagram on the right represents the extent to which individuals we spoke with felt part of the community around them.

Jane is a good example of someone who, despite living in a collective setting, feels disconnected from the community directly around her. She considers her social life to be outside of the care home; in the relationships with her family and her days out in the local area. During the day, she keeps the TV on for company and chooses to forgo activities organised by the care home. She would like to start a book club, but she is reluctant to build relationships with the other residents at her care home, because a lot of them have dementia. “They are very awkward to talk with, you don’t know when they will remember.”

As she becomes older and less able to travel around independently, there is an opportunity to ensure that Jane can continue going out into the community, as well as to bring in some of the elements of the outside world that she cares most about.

During mealtimes, she shares a table with three other ladies but they don’t interact much with each other. People are served as and when they arrive, meaning some people are eating dessert while others are still eating soup.

There is an opportunity to make mealtimes more of an enjoyable, communal experience. For example, serving meals at the same time to all residents, having music at the table or allowing residents to be more involved in preparing meals. Charlie, another research participant, enjoyed the opportunity to help out in the kitchen, and this had strengthened his relationship with the staff.

“I don’t feel cut off. This is home from home, as much as I can make it.”

“I feel I belong to the community around me.”

“I don’t belong.”

3. Insights

THEME 3 - What helps people to feel connected and supported?
3. Insights (ctnd)

Asking for help can be a big challenge, especially when one is used to being independent, or to looking after other people. Every person we spoke with displayed a reluctance to ask for help, either from professionals or from their families. Some did not want to be a burden to their friends, families or professionals. Others were determined not to concede any of their independence. This is reflected in the diagram on the right.

Eric, 84, lives alone at home and has mobility issues due to his arthritis. He doesn’t have any family around so he made arrangements for a couple down the road to become his carers. He would often leave his bank details lying around and sometimes asked for their help to look after bills. For many years he trusted them but eventually realised he was being taken advantage of. He recalled that when he would raise concern, “They used to tell me I was confused! And I believed them!”

After he finally complained to the police, a community worker visited him and at first, he found it difficult to open up and recognise that he wasn’t confused, and was entitled to help. Eventually, he was supported to change carers. His new carers are his next door neighbours, a Gujarati family and he is delighted with how they treat him. They look after his breakfast, lunch and dinner, and sometimes take him to town, for a cappuccino at Costa, or drive him all the way to Skegness for a seaside trip. He says that “if I hadn’t changed carers, I wouldn’t be here talking to you!”

Reluctance to ask for help can come from both a place of pride and a place of fear and vulnerability. It is important to consider both when working to support older people to overcome some of their challenges.
Support within couples can take many forms, from daily household duties, helping with medication and hospital visits, to companionship and a sense of stability. Both women within the couples we spoke with were the primary chefs and did the majority of housework. We found that it was sometimes difficult to move out of these traditional roles, even when health issues impacted on what they were each able to do. We identified that reliance on one person for all support can create risks, particularly for the person who is providing that support.

Anne and Walt have been married for 56 years and they form a strong team. She usually does the cooking in the house and he sometimes helps with odd jobs and the garden. Since Walt became ill a lot of their energy has been put into getting him better; he describes how ‘all our support is ourselves’. Spending her time supporting Walt has meant that Anne has fewer external social connections and over the past few months, she has had to give up her regular swimming. She is worried about the impact this might have on her health.

Larry and Josie had similar concerns. Josie likes to have control over the house and has taken charge of most of the housework and all of the cooking. Her mother even jokingly referred to Larry as her fourth child and Larry complains that she does not trust him to cook; “if I'm cooking she is standing over me with a wooden spoon.” Josie also suffers from a lung condition with symptoms similar to cystic fibrosis. When she cannot find the strength to cook, Larry will heat up microwave meals. For a couple who really appreciate the taste of fresh food and sometimes grow their own food, this is less than ideal.

Ensuring that Larry can feel more able and confident to take on some of Josie’s tasks would be beneficial for the both of them and could be achieved in the spirit of learning that is so important to them as a couple.
How can we ensure that mealtimes, including growing and preparing food, are seen as an opportunity to create or deepen meaningful relationships?

How can we ensure that informal carers are supported in their caring role, as well as to look after themselves?

How can we remove the stigma around asking for help?

4. Summary of opportunities

What helps people to feel connected and supported?

Fostering relationships and a sense of belonging

Feeling able to ask for help

Supporting carers to feel confident in their caring role

How can we ensure that informal carers are supported in their caring role, as well as to look after themselves?
Behaviours, especially health behaviours, are often shaped by our attitudes towards risk. Some older people might feel less worried about taking measured risks, because they feel they only have a few years left and should spend these years enjoying their life. On the contrary, health issues might have reduced the range of what they allow themselves to do.

There are many transitions in later life that represent a risk: retirement, losing friends and loved ones, maybe moving to a smaller home, becoming a care home resident, being discharged from hospital...

Some aspects of growing old, and of not having the same physical and mental capabilities as before can make for a frustrating experience particularly when mobility and access are reduced.

Mealtimes, especially if catered for by a care home or hospital, might be moments where not having choices can be particularly frustrating, and can lead to eating less, or having a limited diet. People’s experiences of food are directly impacted by very practical issues, e.g. living in a rural area with limited transport options, living in a ‘food desert’, or not having adapted cooking utensils.

To understand what was considered as risky and what the rules were that came out of this, particularly where these rules came from.

To explore the recent transitions people have been through and the impact of these both emotionally and practically.

To build a picture of the practical things that people do and don’t have choice and control over (including food, transportation and outings) and the impact that this has on them.

To understand how important it is for people to have choices around food as well as the impacts of practical realities on their ability to make decisions about food.

‘Risk factors for social isolation in older people include a lack of access to transport, minimal contact with friends and family, low morale and living alone’; this can lead to an increased dependency on other people or formal services. We wanted to understand how people maintain a sense of control when they begin to depend more on practical and emotional support from others.

1. Interventions targeting social isolation in older people: a systematic review, BMC Public Health, 2011
Being in control of my routine

Keeping a strict routine and a sense of being occupied can help people to feel in control, but this can also lead to anxiety when things start to change or do not go as planned. For some people, it is more important to try new and exciting things than to do or have the same things every day.

The diagram on the right maps out the different attitudes to routine and novelty that we came across during the research.

In a care home, where the daily routine is partially out of the residents’ control and is influenced by things like communal mealtimes or the availability of carers; keeping in control of your routine can be a challenge, and managing your own need alongside the needs of the care home’s community requires a bit of energy or thinking, as well as some small strategies.

Mildred, for example, wanted to make sure she went to the bathroom before lunch “because once you are seated, it can be a long wait until you can next go!”

Her anxiety is partly driven by the fact that she is aware of the impact of budget reductions on the care home. The number of carers has reduced over the last 3 years, and this makes her anxious, especially when this means that her friend Gemma has to wait for a carer to be able to go to the bathroom. “I don’t like Gemma sitting waiting to go to the toilet. That worries me.”

She anticipates what this might mean for her in the future. “Because now I’m independent I can go by myself. I now am, you know, but one day I won’t be. But I’ll keep my independence for as long as I can.”

Having to work around the schedule set by services was also something Mr Roberts mentioned. He gets his lunch delivered to his house through Meals on Wheels. He is really grateful for the service, but needs to work around it and it can impact on his sense of choice in his daily routine.
Challenging myself to remain independent

Staying independent means different things for different people, for some it means doing everything by yourself, for others it’s about being able to continue living in their own home for as long as possible. Some individuals were particularly proactive at setting challenges everyday to keep the mind and body active, and had developed their own assessment systems to see how well they are doing.

Mr Roberts, for example, who is 93 and a half, likes to do things for himself and forces himself to do as much as he is able to. During his stay in hospital, the staff encouraged him to do the things he could do and since then, his mantra has been “If I can do it I will do it.” He is proud of some of the things he can still do on his own like turning the oven on, washing the dishes and ironing his clothes. He also likes to set himself challenges like completing a crossword everyday.

Being able to make decisions about how I want to live now and in the future

It is important for individuals to have a sense of control, and this can be impacted by a feeling of others taking over, where either friends and family or health and social care professionals make decisions on their behalf. Lakshmi, for example, jokes that she has “4 lead doctors and 4 assistant doctors” because all of her children and grandchildren are always telling her what to do. Whilst in some ways this was a comfort, knowing that someone cared, there was also a sense of frustration or belittlement for people whose agency was being undermined.

One particularly poignant example of this was Jane’s experience after falling ill. She was urgently admitted to hospital two years ago, due to a serious health matter. The family situation at the time made her children decide to move her into a care home. “I was taken by surprise into hospital, I had two operations... My bungalow, my house, all my possessions were put in bin bags... It was horrendous and I am still saying ‘do you happen to know where so and so is?’ So many things...”
When moving into an unfamiliar environment, for example, a care home or hospital, food choices can be reduced, which makes for a frustrating experience. This can have an impact on an individual’s well-being, particularly where they do not have an opportunity to voice their preferences.

Mildred, Jane, and Evelyn all would like to be offered more fresh vegetables, but the choice in their care homes is limited. Whilst, in Mildred’s care home, the staff are quite flexible and will try to cater to residents’ food preferences (fried or poached eggs, chips or mash, with or without batter and even a different meal altogether for some residents), the choices are fairly limited. Having an opportunity to have a wider set of choices, especially for fresh vegetables and less calorie dense options, could help Mildred and other diabetic residents manage their weight and health conditions better.

Both Evelyn and Mildred are worried they are putting on weight because the amount of processed food they are given at the care home.

This lack of choice was also, and more strongly featured in the hospital stories participants shared. Walt had spent a large amount of time in hospital, having a valve replacement and a pacemaker put in. Due to disliking the regular hospital food, he would order the Halal option at mealtimes; “those weren’t made in a hospital– the rest of it was really bad.” He found it difficult that he wasn’t able to make his own decisions around food and missed his wife’s cooking.

This was also reflected by Charlie’s experience. Whilst he was in hospital he found the food unpalatable and subsequently lost a very substantial amount of weight, which he has yet to gain back. Charlie also found it extremely difficult to spend so much time confined in hospital, feeling lonely, bored and undignified.

Other patients would come in and out, have their knee replacements and leave, whilst Charlie had to stay due to an infection, and he couldn’t get to know anyone. Eating a meal in the hospital bed was also very difficult; ‘I didn’t get any help, I could handle the hands alright but it was awkward to eat the food! If you got a baked potato they were hard to cut and if you’re in an awkward position in the bed. You can’t hold yourself solidly.’

Access to fresh and nutritious food is also an issue for Mr Roberts, who lives at home. He is not able to cook for himself, which leaves him little option to have healthy and fresh food. He gets food delivered every day, which is precooked and has a huge amount of additives and preservatives.
How can we ensure older people are motivated to keep challenging themselves to remain independent? How can we ensure that older people rebuild positive routines after discharge from hospital? How can we ensure that older people are actively involved in the decisions that affect their quality of life and their future?

4. Summary of opportunities

What helps people to feel in control of their lives?

Challenging myself to remain independent

Being in control of my routine

Having choice and access to fresh nutritious food

How can care homes ensure that collective routines don’t impact negatively on people’s sense of independence? How can care settings, hospitals and food delivery services provide more fresh food options, while at the same time managing a range of collective needs?
3. Settings

The findings explored in the previous section were intended to build a rich picture of people’s current behaviours and mindsets as well as their attitudes towards food. We used these stories and insights in our second workshop to uncover opportunities for how to best support people in the future. In order to then explore the practical application of these ideas, we explored opportunities through the lense of the three settings; care homes, community, and hospital.
Care setting

In a care setting, the type of support people valued ranged from finding company in other residents, being supported in day to day tasks like meals, feeling supported and listened to, and feeling reassured that someone will be there in case of an emergency. For some people, their care home felt more like a place to reside than a place that was truly home, with a key differentiator being the quality of relationships they had with other residents and staff. For people whose relationships with other residents are not strong, social connections outside of care settings become even more important.

Care setting stories

Jane is 85 years old and lives in a care home in Loughborough, where she has lived for the last two years. She has accepted that she can’t look after herself and is better off living in a care home. Her family is close knit and she loves to go shopping and out for lunches with them. Jane appreciates the carers within the care home and reflects that they “make you feel important, that you are a person, not a number.” However she has given up on building relationships with other residents; “I like to talk to people who remember.”

Mildred met her husband when she was 20 at a dance in the village hall. She moved to the care home about a year after her husband died because she wanted company and has been living there for 3 years now. She has a good group of friends in the home who she knits with and chats to. She is still very independent and other than a walking frame, does not require extra assistance. She likes to help out her visually impaired friend when she can and also makes sure to take care of herself, getting her hair and nails done every week.

★ Fostering relationships and a sense of belonging. Although she would like to connect with people with common interests, Jane finds it hard to form bonds with the other residents.

★ Ensuring mealtimes are an enjoyable experience. Mealtimes at Jane’s care home are not conducing to a sense of togetherness.

★ Contributing and feeling part of a community. Mildred looks out for the other residents, and hopes the same for herself as she becomes less independent.

★ Having choice and access to fresh and nutritious food. Mildred has put on two stones since moving into the care home, and would love to have a wider choice of fresh fruits and salads.
Evelyn has lived in a care home in Loughborough for three years. She is a friendly lady who likes to keep an active mind and enjoy the company of her friends and family. Evelyn likes to stay active and keep up to date. She participates in activities in the care home and reads the paper every day.

Charlie is a fixer and an inventor. He helped to build the first computer in the UK and has 2 or 3 patents in his name. Even in retirement, he has continued fixing, making and inventing, setting up a number of companies in the meantime. The meals he eats in the care home, or when he goes out to eat, are his main source of enjoyment. ‘Food is the only thing that keeps me going’. He has even created a herb garden for the staff to use in preparing meals for the care home.

Having choice and access to fresh nutritious food. Evelyn likes food, and thinks food is important, because it gives her the energy to get through the day. She thinks food at the care home is good sometimes but that they don’t get enough of a variety. She realises that a lot of the food she is eating in the care home is not home cooked and is making her put on weight. “We’re given far too much food that is not home cooked. It seems like out of the packet. It tastes like it.”

Contributing and feeling part of a community. As someone who loves to contribute and help others, being able to make suggestions or co-produce his meals in some way could improve Charlie’s quality of life and enjoyment of food.

Contributing and feeling part of a community. Evelyn has a caring personality. She has spent her life looking after and caring people around her and continues to do so. “I am a carer, I look after some of the older ones in the care home. I will help where I can, it comes naturally to me.”
Care setting opportunity areas

THEME 1: What can care settings do to ensure people maintain a positive sense of self?
- Maintaining a sense of dignity
- Contributing and feeling part of a community
- Engaging people through experiential memory

THEME 2: What can care settings do to ensure people have a purpose and enjoy life?
- Connecting to the meaning of life
- Learning and being active to keep stimulated
- Ensuring mealtimes are an enjoyable experience

THEME 3: What can care settings do to ensure people feel connected and supported?
- Getting the balance between enjoying food and following food rules
- Fostering relationships and a sense of belonging

THEME 4: What can care settings do to ensure people feel in control of their lives?
- Being in control of my routine
- Having choice and access to fresh nutritious food
- Being able to make decisions about how I want to live, now and in the future
- Challenging myself to remain independent
Care setting priorities and ideas

What if all staff were trained to recognise the significance of food, in relation, not just to nutrition, but also emotional wellbeing?

- Staff and residents encouraged to create a homely dining room setting
- Residents given a choice of where and who they eat with
- Themed food-based activities (i.e. gentleman lunch club)

For example:

What if we could encourage a two way relationship between residents and carers so that listening happens on both sides?

- Residents and staff being able to eat together to build a stronger relationship

For example:

What if residents were more involved in the planning and the cooking of the food they are served?

- Food meetings, for residents to express their food preferences
- Garden club - planning and contributing to the food they want to grow and eat (care home allotment)

For example:

Ensuring mealtimes are an enjoyable experience

Fostering relationships and a sense of belonging

Contributing and feeling part of a community

Fostering relationships and a sense of belonging

Ensuring mealtimes are an enjoyable experience

Contributing and feeling part of a community
Living alone
Across all the settings in which we did fieldwork, a common thread that ran through every story, was a desire for independence, which goes tightly linked to choice: being able to decide for yourself. This was more pronounced in the context of people who were living in their own homes. On occasion, this independence also meant loneliness. Our research participants all had different levels of care needs and a variety of ways that they managed them. The extent to which they were part of wider social networks had a bearing on how connected and supported they felt.

Couples
We also spent time with couples who were living independently. The couples we spoke with were younger than some of the other participants and we found them to be better connected and to participate more in outside activities. Support within couples took many forms, from daily household duties, helping with medication and hospital visits, to companionship and a sense of stability.
Mary lives in a detached house on a housing estate outside Loughborough. She moved there with her husband and has been living alone since he died in 2001. She has an academic mind, with an aptitude for languages. Nowadays, she values her independence dearly and is able to manage her life by arranging the support she needs from carers and taxis to get to various group activities.

Maintaining a sense of dignity and independence. Mary has two carers who support her with breakfast and lunch and help her shower once a week, but they are not always available when she needs them.

Fostering relationships and a sense of belonging. Mary would like to have a circle of friends but finds it very difficult at her age as people move away, get ill or pass on. She pays for companionship on weekends in order to avoid spending long periods of time by herself.

Lakshmi comes from a family of farmers in Gujarat, India. She moved to the UK after getting married and now lives independently in a supported living facility in Leicester; a city she has called home since 1991. Her one bedroom flat in the supported facility has a living room and a kitchen, where she cooks all of her meals herself. She moved here after she had a fall, and realised that she needed to be somewhere where help could reach her quickly.

Having choice and access to fresh nutritious food. Lakshmi is vegetarian. She sometimes brings her own sandwiches to lunch clubs but sometimes this means that she isn’t able to attend.

Feeling able to ask for help. Lakshmi is very independent and would not consider living with her family, or getting any more help than absolutely necessary. She does not want to eat pre-prepared food such as meals on wheels because cooking her own food is so important to her.

Alistair was born in Ireland and has fond memories of the farm he grew up on. When he moved to England, Alistair started working as a truck driver. His wife passed away a few years ago, and about a year ago, he decided to move into a smaller flat after he realised he could no longer look after his garden. He now spends most of his days reading and looking out the window at cats and squirrels passing by.

Having choice and access to fresh nutritious food. Alistair has just had new dentures fitted and he is nervous about what he can and cannot eat. As a result, his diet has become repetitive, and he doesn’t feel confident enough to try new things.

Fostering relationships and a sense of belonging. The complex he lives in has coffee mornings, but he would rather stay in his flat because he feels he has nothing to talk to the other residents about.
Community setting stories (living alone)

Erik
84

Erik spends most of his time in his living room, reading the papers, listening to music, watching TV, or looking at his framed photographs of Princess Diana, who he greatly admires. He doesn’t have any family. Him and his partner separated a long time ago, and he has not seen his daughter in years. His arthritis means that he is not very mobile. He is also deaf, and doesn’t like wearing his hearing aid but loves making conversation and has a great sense of humour. Every month, Erik treats himself to a week of holidays in Skegness in the same Bed & Breakfast, which he was first attracted to because of the “homecooked food” sign outside.

Mr Roberts
93.5

Mr Roberts lives on his own in a bungalow in Market Harborough, where he has lived for 56 years. His wife, who he was married to for over 50 years, died 17 years ago. He lives a simple life and wants to hold onto his independence.

Being able to ask for help. After he realised he was being robbed by his previous carers, Eric has arranged for his next door neighbours, a Gujarati family to look after him. He is now much happier and delighted with how they treat him. But he has also become very reliant on them and on a community worker who visits regularly.

Fostering relationships and a sense of belonging. Mr Roberts loves company but he doesn’t want people to feel obliged to visit him, he wants them to visit because they want to. A volunteer at the Royal Voluntary Society calls once a week “to see if I still exist.”

Being able to ask for help. Mr Roberts is much more comfortable accepting help from neighbours than from professionals. One neighbour, who is herself 80, does his weekly shop for him. Mr Roberts wants to stay living in his home for as long as he can.
Community setting stories (couples)

Walt and Anne Cooper moved to Loughborough from Sussex 3 years ago to be closer to their daughter. Anne usually does the cooking in the house and Walt helps out with the garden and odd jobs like moving the fridge and shelves around. Walt is a military man, and the army has shaped his life, taking him around the four corners of the globe, his wife and family accompanying him. After retiring from the military, Walt became overweight, developed a number of health conditions and has spent the last few years in and out of hospital. Since he became ill, a lot of the family’s energy has been put into getting him better, and both Anne and their daughter have been trying hard to help Walt get into a more healthy and active routine.

Feeling able to ask for help. Anne’s life has mostly revolved around Walt’s and her family’s needs. She has given up swimming since he became ill and gained a lot of weight. Looking after herself will give her the strength to care for Walt and ask for help when she needs it.

Larry and Josie are in their mid-seventies. They have lived in their house, in a small village just outside Leicester, for the last 40 years. They are both very involved in the life of the village. Larry has been a voluntary church warden for the last 6 years and has to set up the church for weddings, communions, funerals, and weekly masses. Josie has set up a knitting group, as well as a weekly lunch club. Despite the fact that they seem to have a very active life and some good friends, Josie mentioned feeling isolated, and that she would like to be involved in more cultural activities.

Being able to make decisions about how they want to live, now and in the future. Both Walt and Anne have ideas what the future might look if they had to face it alone. Walt will become a Chelsea Pensioner and Anne wants to live independently for as long as she can. They have thought less about what the future might look life if Walt’s illness becomes too much for Anne to manage.

In a similar vein, Josie tries not to think about the future, relying on the theory that she will not outlive Larry. Being supported to talk openly and honestly about future expectations, hopes, and realistic options would ensure that they feel prepared for what the future could hold.

Supporting carers to feel confident in their caring role. Since they were first married, Josie has taken on most of the housework and the cooking. Josie also suffers from a lung condition and when she cannot find the strength to cook, Larry will heat up microwave meals.
Community setting opportunity areas

THEME 1
How can we ensure that people living in the community maintain a positive sense of self?
- Being able to host and give
- Maintaining a sense of dignity

THEME 2
How can we ensure that people living in the community have a purpose and enjoy life?
- Learning and being active to keep stimulated
- Ensuring mealtimes are an enjoyable experience
- Connecting to the meaning of life
- Getting the balance between enjoying food and following food rules

THEME 3
How can we ensure that people living in the community feel connected and supported?
- Feeling able to ask for help
- Supporting carers to feel confident in their caring role
- Fostering relationships and a sense of belonging

THEME 4
How can we ensure that people living in the community feel in control of their lives?
- Challenging myself to remain independent
- Being able to make decisions about how I want to live, now and in the future
Community setting (alone) opportunities

What if we can link isolated older people to opportunities to socialise and build meaningful relationships around shared interests?

What if we can find a way to better communicate the services that are available to older people, that is more engaging, and reaches more people?

What if we could have intergenerational learning bringing together schools and older people?
Community setting (couples) opportunities

What if there were more opportunities for younger and older people to learn from each other and share their expertise and experiences?

For example:
- school children coming to help Josie manage her allotment

What if you could have care and support packages for couples rather than individuals?

For example:
- support for carers as well as the cared for
- ensuring that services engage with the assets and needs of the partners of the person in need of care
- learning opportunities for caring and household tasks

What if it was made easier for older people in couples to discuss the future?

For example:
- having a care worker or health worker being able to discuss the options available and the services that exist in the area
- opportunities to test different living options in ‘trial’ sessions at care homes or supported living facilities
- making end of life plans

Supporting carers to feel confident in their caring role

Being able to host and give

Being able to make decisions about how I want to live, now and in the future

Supporting carers to feel confident in their caring role

Being able to host and give

Being able to make decisions about how I want to live, now and in the future

Supporting carers to feel confident in their caring role

Being able to host and give

Being able to make decisions about how I want to live, now and in the future
A long stay in hospital at an older age is often followed by a substantial change in lifestyle or in perspective. It can be both a moment of risk and opportunity. For some, hospital can be a place to form new, better habits, and provide motivation to stay as independent as possible. For others, the experience of a prolonged hospital admission can have severely negative physical and mental health consequences.

**Hospital stories**

**Charlie**

Charlie spent most of 2014 in hospital due to problems with his knee, and has since been realising that he can’t do as much as he used to. During his year in hospital he lost 2 stone and felt like he “couldn’t use any of my senses.”

**Mr Roberts**

Mr Roberts was able to do most things until he had a fall 3 and a half years ago, which meant he had to have a hip operation and stay in hospital for 6 weeks. When he returned from hospital, four carers were looking after him. He reduced it to three, then two, and now he sees just one carer for 30 minutes. “I went down to one carer because if I can do it myself, I do it.”

Mr Roberts found hospital food good because it was served to him in a convenient way, which meant that he didn’t have to worry about it.

**Having choice and access to fresh and nutritious food.** Enjoyment or lack thereof of food, has had a huge bearing on Charlie’s sense of wellbeing. Whilst in hospital he found the food unpalatable and subsequently lost a very substantial amount of weight, which he has yet to gain back.

**Maintaining a sense of dignity.** Eating a meal in the hospital bed was very difficult. “I didn’t get any help, I could handle the hands alright but it was awkward to eat the food. If you got a baked potato they were hard to cut and if you’re in an awkward position in the bed. You can’t hold yourself solidly.”

**Challenging myself to remain independent.** Mr Roberts’ current attitude was informed by his hospital experience. The hospital staff encouraged him to do as much as he could on his own and this ethos is something that he has internalised and uses every day, ‘if I can do it, I do it.’ Learning from his hospital experience, he has been able to gain a new lease of life rather than giving up and building reliance on professionals.
Hospital stories

Jane 85

Jane was urgently taken into hospital two years ago and had to have two operations due to a serious health issue. The family situation at the time made her children decide to move her into a care home and most of her things were thrown away.

Being in control of my routine. After her operations, Jane changed. Having been a smoker all her life, she didn’t feel like smoking anymore. Her sense of taste also changed. “I used to like sweet things but now I prefer savoury.”

Being able to make decisions about how I want to live, now and in the future. “I was taken by surprise into hospital, I had two operations. My bungalow, my house, all my possessions were put in bin bags and I had to give them to charity. It was horrendous and I am still saying ‘do you happen to know where so and so is?’”

Walt & Anne 78

Over the past few years Walt has been in and out of hospital for a series of heart operations. Now he keeps a green folder in his house with a record of all his illnesses so that if he gets rushed to hospital again, they will have a clear record of his medical history.

Having choice and access to fresh nutritious food. Walt’s strongest memory of hospital was the food. “It’s all pre-packed and just heated up and put on a tray.” He used to miss Anne’s cooking, and mostly ordered Halal meals as they were prepared outside of the hospital.

Mildred 85

Mildred had a short hospital stay 3 months ago, because she is asthmatic and caught pneumonia. She did not find the hospital particularly discomforting. “It was more or less the same. You sit about, lay about. I had my walker. The food was not too bad, but not as good as this. They brought it to you. You had a table who went right over your bed... And I used to eat it all. They gave me plenty of greens.”

Being able to make decisions about how I want to live, now and in the future. What she found more frustrating however, was the lack of communication. “I remember because each day, after 3 days, I was going home, and I was getting ready for going home. And each day would pass, and I wasn’t going home. So I didn’t know what to do with myself. Eventually I got ready, and they brought the chair, and they said you’re going home. I was supposed to go back to have an X-ray 6 weeks later. But I never got the letter. So I didn’t bother! They don’t bother, I don’t bother.”
Hospital opportunity areas

**THEME 1**
What can hospitals do to ensure people maintain a positive sense of self?
- Ensuring mealtimes are an enjoyable experience
- Getting the balance between enjoying food and following food rules
- Connecting to the meaning of life

**THEME 2**
What can hospitals do to ensure people have a purpose and enjoy life?
- Maintaining a sense of dignity
- Fostering relationships and a sense of belonging
- Challenging myself to remain independent

**THEME 3**
What can hospitals do to ensure people feel connected and supported?
- Being able to make decisions about how I want to live, now and in the future.
- Having choice and access to fresh nutritious food

**THEME 4**
What can hospitals do to ensure people feel in control of their lives?
- Having choice and access to fresh nutritious food
- Being able to make decisions about how I want to live, now and in the future.
Hospital priorities and ideas

What if health and social care staff had a good understanding of the person to help them find the right company?

For example:
- Communal dining in hospital
- Volunteers visiting patients

What if everyone had a food journey as part of their medical history?

For example:
- Individual book capturing their food journey, relating food to wider ‘life’, daily activities, preferences and memories
- Creating their food journey in collaboration with loved ones

What if food choices and eating was better supported at ward level?

For example:
- Individuals design their own menus
- Involve individuals in food choices
- Volunteers support with eating

Fostering relationships and a sense of belonging
Getting the balance between enjoying food and following food rules
Having choice and access to fresh nutritious food
Maintaining a sense of dignity
4. Recommendations

Prototyping ideas - testing ideas on a small scale before piloting

Prototyping is an effective way to drive ideas forward quickly. It’s an active, hands on approach which allows ideas to be developed and iterated fast whilst at the same time building a committed group of stakeholders around the mission.

Continuing to engage stakeholders

During this research we engaged a wide group of stakeholders from across Leicestershire (including the 11 participants in the ethnographies). Continuing to involve these stakeholders will ensure that the programme remains authentic, locally grounded and impactful.

Enhancing what already exists

We heard during the workshops that there is already a foundation of existing community and statutory support available to older people. Rather than reinventing the wheel, there is real value in working with these partners to grow, enhance (and in some cases transform) what already exists.
We look forward to seeing some of these opportunities develop!

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