

TIME TO SHINE CASE STUDY: SHARED TABLES 2019

Summary

Shared Tables was developed by Cross Gates and District Good Neighbours Scheme (CDGNS) in 2015 initially under the heading More than a Mealtime. The scheme was devised to answer a need for opportunities for older single people to share a meal together in a local restaurant. A survey conducted in January 2015 identified that 78% of the 77 older people surveyed said they ate at most once a week with other people. Single people without families living locally said they felt particularly lonely at weekends so Saturdays and Sundays were chosen as the most desirable times to hold a shared table.

The success of phase 1 of Shared Tables (reported in a case study More than a Mealtime/Shared Tables: Sharing and Enjoying Food Together. Care Connect/University of Sheffield 2017) exceeding targets set, and resulting in 54 older people taking part in 69 Shared Tables, led to two years further funding. Phase 2 had the specific aim of testing the feasibility of extending the scheme to other neighbourhoods in Leeds. The success of the project in Cross Gates, a district in the north east of Leeds, was attributed to the availability of a wide range of both independent and chain restaurants, a good bus service and perhaps most important of all, an enthusiastic band of volunteer table hosts who met quarterly to plan the next quarter's schedule of dates, venues and hosts. This event was always well attended and acted as a celebration of the team's work.

Time to Shine (TTS) is a six year programme funded by the National Lottery Community Fund's Ageing Better programme which operates in fourteen areas across England. It is important that a legacy is left so successful schemes will continue beyond the funding period and will be expanded beyond the organisation and its geographical location.

Background of the case study

This case study considers the extent to which CDGNS in north Leeds has been effective in facilitating the uptake of Shared Tables by other neighbourhood networks in different areas of Leeds. This is explored through examination of the process used, the challenges encountered by both the parent organisation, CDGNS, and the potential programme adopters, and the benefits reported by participants, volunteer table hosts and lead workers. Whilst it examines if participants in other districts of Leeds

experience similar benefits to those reported by those in Cross Gates. i.e.

‘Beneficiaries report that they are less isolated as a result of the programme intervention’ and

‘Programme beneficiaries feel confident and able to participate in their communities’,

The focus is on outcomes three and four i.e.

‘older people have been actively involved in managing, designing, delivering and evaluating the programme’ and

‘our wider partnership will expand each year and will work better together to coordinate services and support for isolated older people.’

Methods

Information was collected through:

- Scrutiny of quarterly monitoring data; participant stories; the Shared Tables Toolkit; marketing materials; an end of project summary of learning and a case study documenting growth, sustainability and legacy both shared with Time to Shine.
- A focus group of 4 table hosts/participants and the programme leader and worker from CDGNS.
- A focus group in the form of a shared table hosted by 2 table hosts from CDGNS and comprising a volunteer table host and participant from each of three new neighbourhoods who have piloted the project.
- A telephone interview with the project worker from a further neighbourhood in the early stages of trialling the project.

Key findings

Developments at CDGNS

The number of participants and table hosts has continued to increase resulting in shared tables being held approximately twice a week, i.e. 14 events in the spring 2019 quarter attended by 98 people, an average of 5 a table.

A new venture has been trialled i.e. an extension of the project to cater for couples and men only. The marriage of two single early participants and a

recognition that some couples, especially when one person is quieter and may have communication difficulties, led to the trial of couple's tables. The decision to run the trial was agreed at a table hosts' meeting. Six new table hosts (3 couples) were recruited and 9 couples took part in the Spring quarter, 5 of whom where one partner had dementia. Between March and the end of May 2019, 11 singles tables, 6 couples tables and 7 mixed tables (singles and couples) were held. Several men only tables were also held attracting two new participants who had heard about Shared Tables from the bereavement group. Subsequently these were discontinued when those participating expressed a preference for mixed gender tables. It may be that the men's only table developed the new participants' confidence, so men's tables will be run when a need is identified.

A request to hold some events on summer evenings was also accommodated.

In addition to the schedule of dates and venues being published in the quarterly newsletter, a project leaflet was developed which has been given out to local information points such as GP surgeries and libraries and in-house to groups where members are more independently mobile. The bereavement group has been a useful referral point. The Deputy Manager at CDGNS said,

"For people who've perhaps never socialised for 50 years without their spouse, it's a big step.....It's just a more supportive environment to make more meaningful connections, rather than our coffee mornings, which tend to be quite busy, they can be quite overwhelming."

Central to the success of Shared Tables at CDGNS has been the ownership of the project by the table hosts many of whom started as participants.

'Coming together is a beginning; keeping together is progress
Working together is success'. (Henry Ford date unknown).

While table hosts are eligible for a £10 payment per event, many donate this back to the organisation. However, its availability means no-one is prevented from taking on the role for financial reasons. The involvement of table hosts at evaluation events and in the mentoring of new organisations has reinforced the table hosts' self-esteem. This was evident from the way the CDGNS table hosts facilitated the Shared Meal/focus group comprising six people from other Neighbourhood Networks and two members of the evaluation team.

Spreading Shared Tables across the city

The process

It was decided to use the Neighbourhood Networks as the route for sharing the CDGNS experience of Shared Tables across the city. This was a natural route in that it provides, potentially, a database of existing volunteers to take on the table host role (and potential participants). It also provided an administrative base.

In accordance with the aim of co-production a volunteer social event was held to celebrate the completion of phase 1 of Shared Tables and to invite CDGNS table hosts to help with phase 2 as mentors in recreating tables with new participating neighbourhoods.

Thirty five Neighbourhood Networks were contacted and where there was no response re-contacted on more than one occasion.

A draft Shared Tables Toolkit was written by the CDGNS project leader and as a result of a meeting and a 'recreated table' with Moor Allerton Elderly Care (MAECare), where note was taken of questions raised, an enhanced, user-friendly guide was developed covering: Project Outline; Piloting your own Shared Table; the Table Host Role; Volunteer Recruitment; Timetabling Venues; Table Bookings; Transport and Accessibility; Further Information and Funding and Evaluation Requirements. This toolkit was e-mailed to all neighbourhood networks and an invitation given to meet with the CDGNS lead worker. Asked about the utility of the toolkit all new organisations were very appreciative.

A recreated table held at a venue chosen by the pilot organisation was led by mentor table hosts from CDGNS and comprised the project leads from CDGNS and the new organisation and potential table hosts. In response to a request, example advertising material was provided.

Regular contact was maintained between CDGNS and the pilot organisations. Ongoing monitoring was completed by the pilot organisation and the CDGNS project lead completed an exit evaluation interview with the project lead and collected participant stories.

Successes

Three networks engaged fully with the project each delivering the target of six shared tables and completing the evaluation: Aireborough Voluntary Services for the Elderly (AVSED) in North East Leeds covering Yeadon, Guiseley and Rawdon; Moor Allerton Elderly Care (MAECare) in North Leeds representing Moortown, Alwoodley and Shadwell, and Rothwell and District Live at Home scheme in South East Leeds. This is a particularly large district including Rothwell, Lofthouse, Woodlesford, Methley, Robin Hood, Carlton and Oulton. Two of these districts are relatively affluent while one has areas of deprivation.

MAECare had an average of 10 attending monthly tables between January and March 2019. AVSED hosted 6 tables averaging 7 participants while Rothwell Live at Home had an average attendance of 11.

All three schemes have continued with the project using their own funding and it is now a firm feature in their programme.

Four others: Belle Isle Elderly Winter Aid in South Leeds; Morley Elderly Action covering Greater Morley, Gildersome, Churwell, Drighlington, Tingley and East and West Ardsley (South West Leeds); South Leeds Live at Home Scheme covering Beeston, Hunslet and Cottingley; and Richmond Hill (East) proceeded with the initial stages ie. hosted a meeting with the CDGNS project lead and held a 'recreated' table. Advertising in their newsletter was effective in generating interest and each district has held at least one table or has one planned. These districts all have large pockets of deprivation with Belle Isle being one of the most deprived areas of the country where there is a paucity of facilities and the income of older people is a particular issue. Six volunteers offered to act as table hosts in Belle Isle.

Fourteen neighbourhood networks responded negatively (see 4.2.4) although six indicated future interest.

Contribution to Outcomes

Outcomes 1 and 2: Beneficiaries report they are less isolated as a result of the programme and feel confident and able to participate in their communities.

A reduction in loneliness and a greater engagement in social activities amongst CDGNS Shared Tables was reported in the phase 1 report More than a Mealtime/Shared Tables: Sharing and Enjoying Food Together (Care Connect

2018). This has been echoed amongst participants from the other participating neighbourhoods.

'People have said how much they enjoyed it, the volunteers and the people who have attended, they've said its something they would not normally do, to go out for a meal at the weekend.' **(MAECare Project worker)**

Focus group participants identified how their lives had changed since involvement in Shared Tables moving from 'having to force myself', 'may as well stay in bed', 'can't be bothered', 'talking to myself' and 'I would sit alone in a corner' to 'I feel I've got more friends', 'I missed contact, the touching – it's good to give someone a hug "it makes my day"', 'I feel more confident, they are people like us', 'I have so many I consider to be close friends now.'

Shared Tables was found to be particularly helpful in reducing loneliness amongst the bereaved. One participant said, 'I always had people around me. When I lost my husband I felt cut in half' and another said, 'a lot of people didn't want to know'. A third felt that family was enough for a while but they didn't feel it was fair to interrupt the family at the weekend.

As a result of participating in Shared Tables one said,

'I don't feel as alone. I've got a more positive outlook about the future. I feel I can cope on my own. I felt after my husband passed away is this going to be the rest of my life and it isn't. I feel I've got choices and I feel more confident socially now'.

As Gillian Crowther a social anthropologist wrote in 2016:

'Eating together confirms a sense of belonging, being part of a community'.

The desire to connect with other older people in other parts of Leeds to talk and learn about each other's areas (MAECare participant) shows that older people want to feel part of the city and not just their neighbourhood.

Time to Shine aims to target the most lonely and those most socially isolated. None of the schemes which completed the pilot found that Shared Tables introduced new members to their schemes, which is not particularly surprising since marketing was via the neighbourhood network newsletter. However,

AVSED found it engaged members who had not previously participated actively. CDGNS are addressing this via wider advertising.

Belle Isle have been keen to adopt Shared Tables because they believe it will attract and provide for the 60-75 age group many of whom are also lonely or socially isolated but currently have little provision.

Outcome 3: Older people are actively involved in managing, designing, delivering and evaluating the programme.

The role of the older people in helping organise and deliver Shared Tables in phase 1 of the project has been central to its success. CDGNS have always valued their contribution as evidenced by the quarterly planning event:

'It's all very noisy, it's a bit like an auction, people have to stick their hands up and say, "I'll do that date". It's quite fast paced, so they all have to keep up with who's doing what date and which venue. It's a good way of getting people together from a social point of view as well. We always do tea and cake, it creates that cohesion amongst the volunteers' **(Claire Lovatt, Deputy Manager, CDGNS, reported in Centre for Ageing Better (2018))**

When told about the plans for phase 2 there was no shortage of table hosts volunteering to take on the role of mentor to other organisations. This involved recreating a table for the new organisations.

The Mental Health Foundation describes mentoring as:

Supporting your peers by sharing knowledge, experience and emotional help is inherently valuable. **(MHF 2012).**

As a pro-social behaviour it can give us a 'euphoric physical sensation or a 'helpers' high and can improve emotional wellbeing and reduce stress in the long term.' **(Luks and Payne (2001))**

Table hosts from CDGNS, AVSED, MAECare and Rothwell agreed that their role had given them 'more confidence'. They felt valued e.g 'they all came up and gave me a cuddle'.

Several said, 'I like seeing other people happy.'

The Brighter Futures project conducted by the Mental Health Foundation (2011) found that by acting as mentors to help isolated peers reconnect with the community it not only improved mood and confidence but gave older people a sense of purpose. One table host summed it up as 'job well done'. Another said, 'I found the meals so enjoyable and successful I wanted to support the project'.

Asked how they found the mentoring role in recreating tables they said, 'they have been relaxed, positive sessions'.

One area of concern which generated considerable difference of opinion amongst the table hosts was whether Shared Tables should remain exclusively for single people. Open and frank discussion at a quarterly table hosts' meeting resulted in the decision to extend provision with singles', mixed and couples' tables. Some table hosts recognised that facing such issues had made them more tolerant.

CDGNS table hosts were open to ideas from new organisations e.g. they valued the idea of personal restaurant order and payment slips suggested by MAECare. The focus group of representatives from four participating organisations contributed freely about their experiences and felt pleased that they had been asked to voice their opinions.

The three organisations that completed the pilot agreed with CDGNS that the project is best volunteer-led with choice of venue, hosting on the day and feeding back being volunteer responsibilities. However, all also recognised that there must be office support to advertise the scheme, follow up if there are any problems, hold table host meetings and very importantly, to provide a central booking point which maintains the openness of Shared Tables to new people.

Outcome 4: Our wider partnership will expand each year and will work better together to coordinate services and support for isolated older people.

A partnership of Neighbourhood Networks involved in Shared Tables has developed and should be nurtured to support and help the programme to grow further. Table hosts at CDGNS and MAECare were keen that there be further events where communities got together.

'We are very fortunate to have so many good venues to choose from here in Cross Gates. If other areas are struggling maybe they could come here and we would be happy to join them.'

and

'I like the idea of a city-wide Shared Table, maybe a Christmas one for people involved in different areas, maybe a Saturday brunch or lunch would be good.' **(MAECare)**

CDGNS has recognised that there is a need to ensure that Shared Tables continues to extend a welcome to those not already involved. The distribution of a leaflet to GP surgeries and libraries is a first step in this.

All schemes described an increased relationship with local businesses e.g. AVSED said 'we are more visible with local eating establishments' while Rothwell had approached restaurants for special deals for older people.

A restaurant manager in Cross Gates said,

'It's nice, as a local restaurant. We see them about once a fortnight. I think they choose us because we make them feel comfortable, we have their favourite dishes, we look after them – that is the main thing.'

(Ageing Better 2018)

CDGNS estimated that Shared Tables has contributed at least £6000 to the local economy over the last two years and they intend to publicise this so that older people are seen as contributors as well as beneficiaries of local businesses.

Challenges and barriers

The original target of 20 neighbourhood networks adopting Shared Tables was recognised by both CDGNS and Time to Shine as overambitious.

Reasons for non- adoption by neighbourhood networks were:

No current staff capacity (3); Need to refer upwards (2); other new projects in train (2); monitoring requirements (1); problem of getting hosts (1) and repetition of current provision (4); lack of venues (1).

Size and stability of staffing in the context of short term projects and funding applications for new projects can be a barrier. Most organisations relied on

volunteer helpers to set up and administer the pilot even though some funding was available to support the recreated tables and offer expenses for the new table hosts.

A reduction in monitoring requirements was welcome and alleviated some worries.

The most frequently given reason for non-adoption was repetition of provision. Scrutiny of the services offered by both adopters and non-adopters as detailed on their websites, indicates a range of food-related provision eg. Lunch clubs - all of which are very popular and some over-subscribed; Saturday brunch; soup and sandwich; drop-in cafes and memory cafes. Many include or are followed by activities such as Bingo or quizzes, however, not everyone enjoys this type of activity.

Shared Tables usually last about two hours so are leisurely occasions where the focus is on relaxation, conversation and enjoying a meal which is out of the ordinary.

‘Participants share stories about loved ones and feel able to talk openly to a small group with similar experiences enabling in-depth personal conversations that would be unlikely at coffee mornings’.

The Mental Health Foundation (2019) identifies that ‘there are psychological, sociological and biological benefits of eating meals with other people.’ In particular, mealtimes:

‘offer the opportunity ...to listen and interact with others. Mealtimes are a grounding opportunity, a time when anxieties can be expressed and you can be listened to.’

As one CDGNS participant said,

‘I got involved in Shared Tables to meet other people and have a bit more social life. I met two people who were also recently bereaved, we all lost our spouses at the same time. I realised I wasn’t on my own, other people were in the same boat. I listened to the other people with stories to tell. I felt so much better.’

Centre-based café and lunches take place on weekdays between 10.00 and 4.00. The popular lunch clubs vary in cost ranging from free to £4.50 with

an additional charge if transport is used and most organisations require a regular subscription. Shared Tables is different in the following ways: it takes place mostly at weekends or in summer evenings when older people say they are most lonely; people can choose to go to as many or as few as they wish and they can choose their venue. Furthermore, It offers a sense of occasion,

‘something to look forward to, an opportunity to dress up, not slobbing about in a dressing gown’. **(Shared Tables participant).**

A barrier to some participants could certainly be the cost of the meal although even those less affluent districts found that they were able to find suitably priced venues. Seeking out early bird offers, set menus and special deals can alleviate this problem. Transport did not appear to be a significant issue although choosing venues on a bus route is an important consideration. It is made clear that participants must be able to get to venues independently although in practice shared transport is common.

Volunteer table hosts were key to the success of the project at CDGNS. Although in the beginning table hosts came from the organisation’s volunteer pool, Shared Tables participants quickly realised ‘I can do this’ and took on the role. Two organisations found recruiting table hosts was a barrier to engaging with the project and another felt the need to increase the expenses paid. Having two table hosts per table is a good way of building confidence in the role but funding this could be a problem once the project becomes self- funding. Experience at CDGNS has been that once table hosts are comfortable in the role, many donate their expenses back to the organisation, in recognition of what they gain from their involvement.

Learning and recommendations

- Shared Tables is particularly good at meeting the needs of the recently bereaved.
- Shared Tables brings something different to the table than luncheon clubs and drop in coffee mornings.
- Couples can be lonely too but single people can feel more lonely in a mixed group. Give people choice.

- A buddy system where someone meets new participants at the restaurant door is helpful.
- Participant stories are good sources of motivation for new participants and volunteers.
- Older people want to connect city wide.
- Shared Tables are especially welcome at weekends but be flexible in the offer.
- Ensure the Shared Tables community stays open to new users.
- Formalise a Shared Tables Community which supports existing and new schemes.
- Use the increased confidence generated through Shared Tables as a springboard to participation in other events which people would not usually attend alone e.g. cinema or theatre.

Sustainability and legacy

- Shared Tables is not expensive on staff time and becomes less so as the scheme grows.
- When table hosts are supported and valued they need less 'managing'.
- Participating restaurants become more comfortable with meeting the needs of Shared Tables e.g. siting of tables away from loud noise, round tables where possible, splitting of bills, providing favourite menu choices.
- A user-led scheme is more resilient in the face of staff changes.
- An online toolkit is available for use by any organisation interested in adopting the scheme.
- Consider inviting organisations other than neighbourhood networks to adopt the scheme.
- Consider kite-marking Shared Tables restaurants.
- Shared Tables has been circulated nationally via the Ageing Better publication: Shared Tables: Older People Eating Together (2018).
- Share the learning from Shared Tables further via TV and conference presentations.
- A band of enthusiastic and experienced volunteers hungry for further involvement.

References:

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