

YOUR FOOD, YOUR HEALTH

April 2018 - March 2020

Led by Wellspring Healthy Living Centre (now Wellspring Settlement)
in partnership with BS3 Community and Buzz Lockleaze



Bristol Ageing Better (BAB) is a partnership of organisations working to reduce social isolation and loneliness among older people and help them to live fulfilling lives. It is funded by the National Lottery Community Fund as part of the national Ageing Better: Fulfilling Lives programme.

This report provides an overview of the **Your Food, Your Health project**, led by Wellspring Healthy Living Centre (now Wellspring Settlement) in partnership with BS3 Community and Buzz Lockleaze. In line with BAB's 'test and learn' approach, **this report will highlight key points of learning and recommendations** which may be useful for other projects and services both within Bristol and nationally.

Project Overview

Your Food, Your Health is a programme of **activities based around food and nutrition** that allows people aged 50+ living in **sheltered and independent living** accommodation to **come together socially to enjoy and improve their relationship with food**.

Food Development Workers talk to residents and plan a **diverse range of activities based on their interests and suggestions**, for example cooking and eating together, information about cooking on a budget, learning about nutrition and eating well for certain health conditions, growing herbs and spices, exploring food memories and local trips.

The majority of activities take place in the accommodation's **shared community room**.

Residents in sheltered and independent living accommodation are surrounded by a 'community' (other residents) and yet many residents do not know their neighbours. This can lead to feelings of loneliness and social isolation despite having others nearby - **'feeling lonely in a crowd'**. Your Food, Your Health **uses food as a 'hook'** to encourage residents to come together in a social setting and facilitate community cohesion.



Participants

Between April 2018 and March 2020, Your Food, Your Health **involved 165 residents aged 50+** in their food-based activities. They also engaged with a further 156 individuals in the process of outreach, marketing and other forms of community engagement.

The project has involved **48 volunteers**, of which 22 were aged over 50. Together these volunteers have given an estimated **358 voluntary hours**.

Of the 165 residents involved in the food-based activities, 136 provided information about their demographic characteristics:

- ▶ **Age:** ranged from 52 – 95 years, with a mean age of 73 years old. The largest age group was 75 – 79 years old (21%).
- ▶ **Gender:** 62% female, 37% male, 2% no response or preferred not to say.
- ▶ **Ethnicity:** 91% White or White British, 1.5% Asian or Asian British, 1.4% Black or Black British, 1.5% mixed ethnic background, 4% no response or preferred not to say.
- ▶ **Religion:** 56% Christian, 24% no religion, 5% other religion (unspecified), 1.5% Buddhist, 0.7% Jewish, 0.7% Muslim, 13% no response or preferred not to say.
- ▶ **Sexual orientation:** 79% heterosexual, 1.5% bisexual, 20% no response or preferred not to say.
- ▶ **Disability:** 62% reported having a disability, 32% reported no disability, 7% no response or preferred not to say.
- ▶ **Living arrangements:** 57% lived alone, 21% lived with a spouse or partner, 7% lived with family, 3% lived in residential care, 3% had other living arrangements, 10% no response or preferred not to say.
- ▶ **Caring responsibilities:** 10% had caring responsibilities, 84% did not have caring responsibilities, 7% no response or preferred not to say.

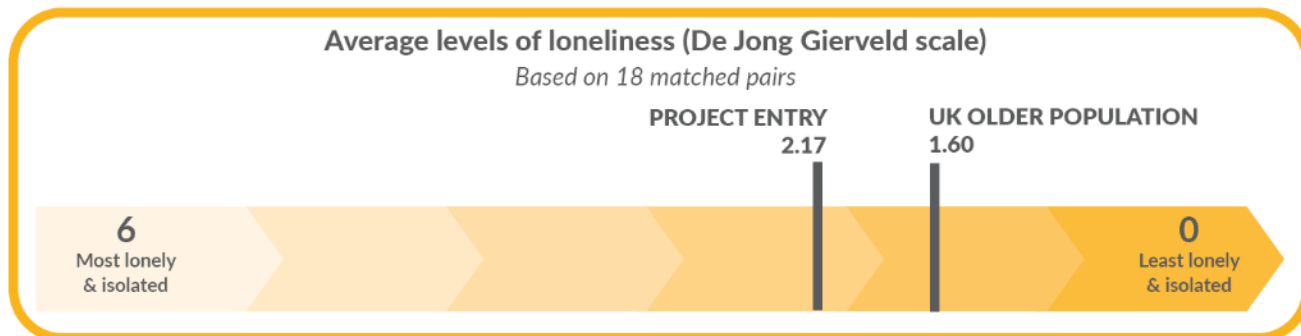
42 of these individuals also completed a wellbeing questionnaire at the start of their involvement with the project and then again a few months later, forming a 'matched pair'.

More detail is provided on the following pages. Findings should always be interpreted with caution keeping the sample size (between 18 and 42 matched pairs) in mind.

Loneliness: De Jong Gierveld scale (based on 18 matched pairs).

At the start of their involvement in the project, **participants' mean score was 2.17, which is categorised as “moderately lonely”**. 61% scored as “not lonely”, 17% scored as “moderately lonely” and 22% scored as “intensely lonely”. As a comparison, the average score for people aged 63+ in the UK is 1.60 (TNS Omnibus, 2016).

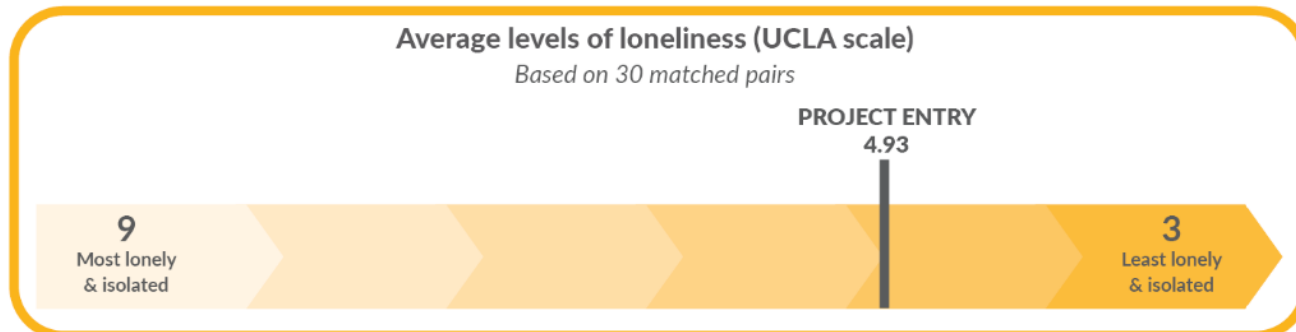
This question did not have enough matched pairs to be able to analyse change in this score.



Loneliness: UCLA scale (based on 30 matched pairs).

At the start of their involvement in the project, **participants' mean score was 4.93, which suggests low levels of loneliness.**

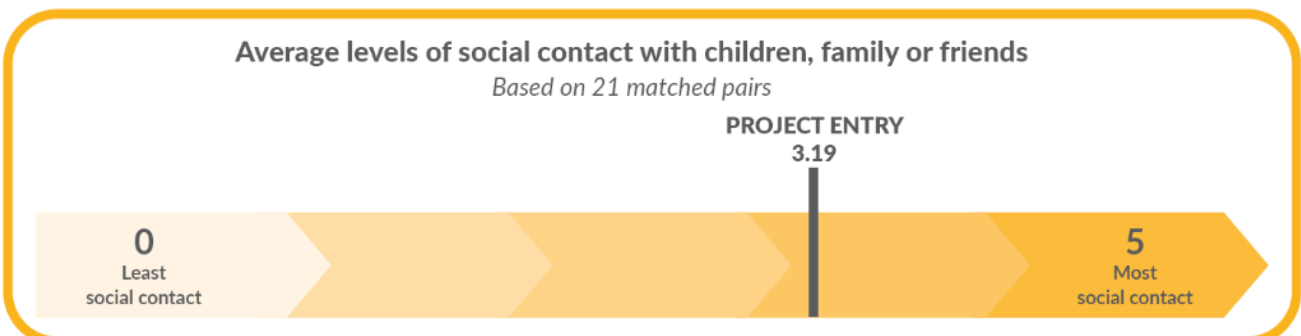
There was no statistically significant change (i.e. likely to be due to the project's intervention) in this score when the wellbeing questionnaire was completed a few months later.



Social contact with children, family and friends (based on 21 matched pairs).

At the start of their involvement with the project, participants' mean score was 3.19, which indicates **moderate levels of social contact with children, family and friends.**

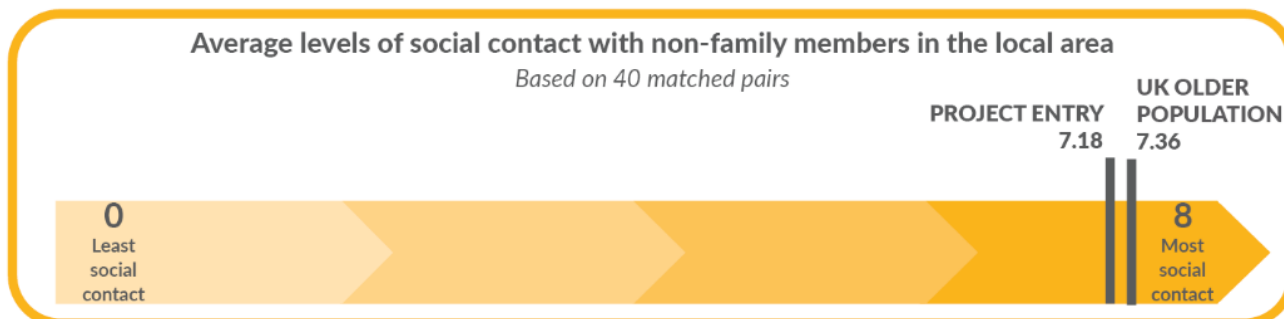
This question did not have enough matched pairs to be able to analyse change in this score.



Social contact with non-family members in the local area (based on 40 matched pairs)

At the start of their involvement with the project, participants' mean score was 7.18, which indicates **high levels of social contact with non-family members in the local area**. The average score for people aged 63+ in the UK is 7.36 (TNS Omnibus, 2016).

There was no statistically significant change (i.e. likely to be due to the project's intervention) in this score when the wellbeing questionnaire was completed a few months later.



Membership of clubs, organisations and societies (based on 38 matched pairs)

At the start of their involvement with the project, participants' mean score was 0.97, which indicates **low levels of membership in clubs, organisations and societies**.

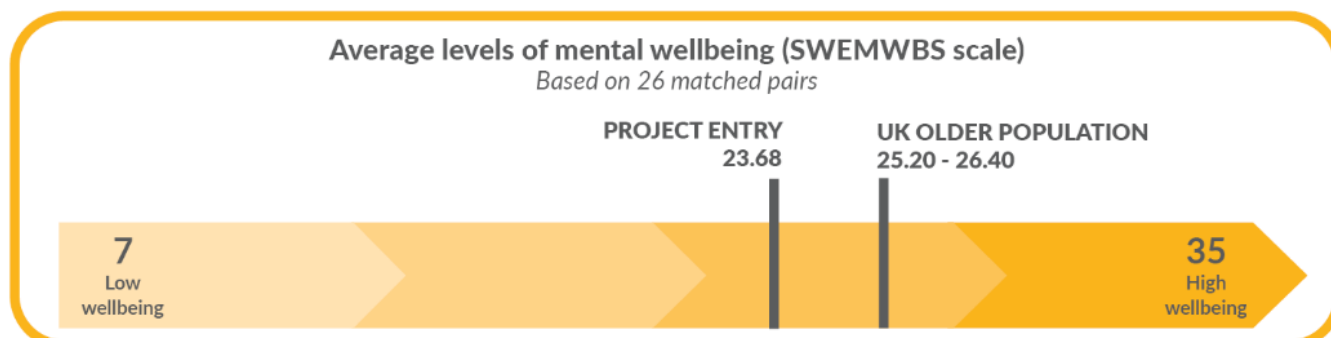
There was no statistically significant change (i.e. likely to be due to the project's intervention) in this score when the wellbeing questionnaire was completed a few months later.



Mental wellbeing: SWEMWBS scale (based on 26 matched pairs)

At the start of their involvement with the project, participants' mean score was 23.68, which sits near the **middle of the scale for mental wellbeing**. As a comparison, this **score is slightly lower than the UK average**, which is 25.20 for people aged 55-64, 26.40 for people aged 65-74 and 25.90 for people aged 75 and over (Office for National Statistics, 2015/2016).

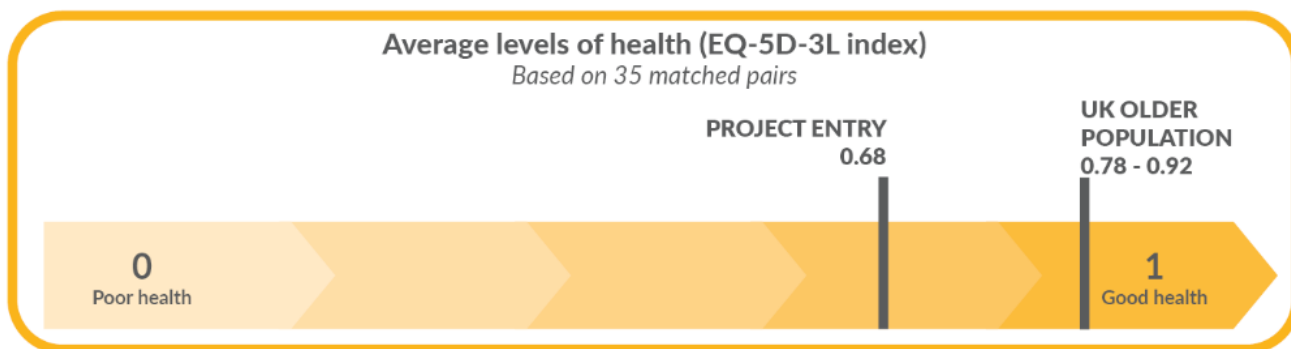
This question did not have enough matched pairs to be able to analyse change in this score.



Health: EQ-5D-3L index (based on 35 matched pairs).

At the start of their involvement with the project, participants' mean score was 0.68. As a comparison, the UK average for people aged 55+ ranges between 0.80 and 0.92 (Health Survey England, 2012), **indicating that the project reached participants with slightly poorer health than average.**

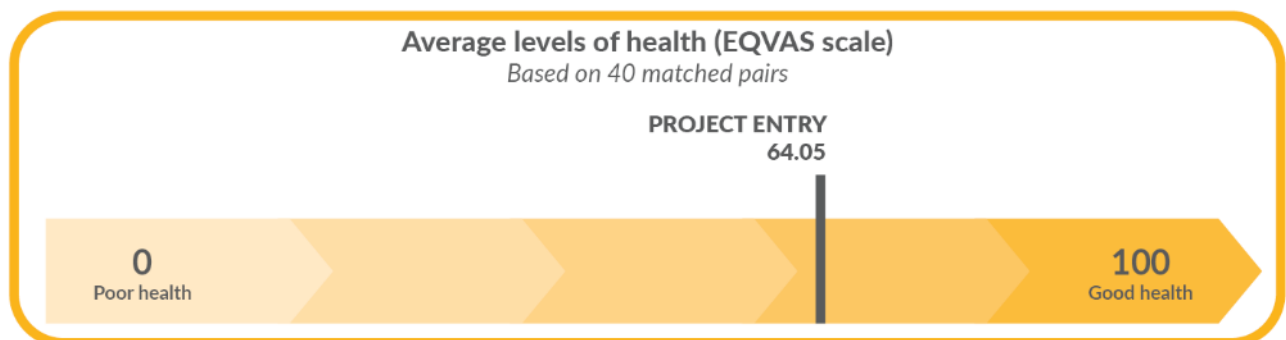
There was no statistically significant change (i.e. likely to be due to the project's intervention) in this score when the wellbeing questionnaire was completed a few months later.



Health: EQVAS scale (based on 40 matched pairs).

At the start of their involvement with the project, participants' mean score was 64.05. This score is **reasonably similar to the UK average** which is between 71 and 80 for people aged 55-84, and is between 60 and 70 for people aged 85+ (Health Survey England, 2012).

There was no statistically significant change (i.e. likely to be due to the project's intervention) in this score when the wellbeing questionnaire was completed a few months later.



Project Successes

Resident-led

The project initially planned to focus on cooking together, yet the ethos of being resident-led meant that this was **adapted on a case-by-case basis according to residents' interests**.

In some cases residents were interested in cooking, yet in other cases they were more interested in doing other food-related social activities. Group cooking and food events requested by participants included volunteer-led cookery groups in the Wellspring community kitchen, a community BBQ and festive meals at Christmas.

Examples of non-cooking activities include learning about the benefits of turmeric or ginger, guessing which vegetable is in a cake, visiting a local farm, learning about staying hydrated, growing herbs and spices, day trips, learning about and trying new foods (e.g. raw chocolate based snacks, quinoa etc.) and a Blue Monday lunch and games event.

Across the project, **many residents showed an interest in learning about the best food and nutrition for different health conditions.** Living well with diabetes, healthy eating and weight loss were the most popular interests presented by participants.

The project was also **flexible in adapting to individual requirements** such as dietary restrictions, food preferences and health conditions so that all residents were able to take part if they wished.

In addition to shaping the direction of the activities, **residents were also supported to participate in the project delivery** at a level that is comfortable for them, **or to lead it** if they felt comfortable to do so. Examples of involvement include helping to chop vegetables, doing the washing up or teaching other residents how to make a dish.

Impact on individuals

The vast majority of the residents who participated in the Your Food, Your Health activities had **never spoken to each other before** or done any activities together.

The three organisations delivering Your Food, Your Health have observed an increase in participants' confidence and sense of self-worth, with many individuals now feeling more comfortable talking to others and contributing to group

“
It's the first time I've set foot outside my flat in months without my family - I've really enjoyed it”

conversations. The staff believe that these improved relationships are aided by residents focusing on an activity together, rather than the focus being purely social.

By helping to build relationships between residents, the activities of Your Food, Your Health have the potential to improve the daily quality of life of these individuals for many years to come.

Access to local information

Over the course of the project, it emerged that **residents wanted to have better access to information** about local activities, services and events. Two of the three organisations **pooled their resources and developed a regular monthly newsletter**, which was well received by residents.

The project also found that, by bringing residents together, they naturally **shared information with each other** for example about local buses or accommodation changes. Information shared by staff and volunteers led to some residents feeling more confident to access community services they had not used before, such as lunch clubs and local cafes.

Potential for sustainability

This project model has the **potential to be sustainable** through the involvement of longer-term regular volunteers. Within the funded period, volunteers were involved on an ad-hoc basis.

While the activities themselves could be resident-led, the **volunteer role could involve promoting the project and informing residents about other activities** and services in the local area. For example delivering a newsletter, signposting people to relevant resources, putting posters on noticeboards or knocking on residents' doors to encourage participation. However, it would be **important for these volunteers to receive adequate support** from a volunteer coordinator.

The communal rooms in sheltered living accommodation were free for the project to use, which helped to keep running costs low. Similarly, the project had a transportable cooker which they could use in cases when communal rooms did not have their own.



Project Challenges

Entry access to the sheltered living accommodation

At first, the project had **unexpected challenges gaining access** to some of the sheltered living blocks, particularly if there was a mobile warden instead of a resident warden.

This was eventually **resolved through making a vital contact at Bristol City Council** who provided the project with keys to certain blocks as well as other provisions such as a lockable storage cupboard to keep items between activity sessions. **Wardens were key to the projects being able to run and to mobilise residents to join in with sessions**, both from Council and other accommodation providers.

Low engagement in some sheltered living accommodation

The project was **not able to successfully engage with some sheltered living blocks**. There were many reasons for this, including residents not wanting the involvement of an external organisation and residents not being interested in new activities happening in communal rooms. Some accommodation blocks were experiencing anti-social behaviour which negatively impacted on residents' feelings of safety and confidence to join groups. The project worked with wardens and other community staff to offer safe opportunities for residents to come together.

Your Food, Your Health **used a variety of tools to try to engage these residents**, however eventually had to focus time and resources on the sheltered living blocks that were engaging. **Illness, poor health, healthcare visits and appointments, family visits and low mood also impacted on residents' involvement with the project.**



Learning and Recommendations

1) Take time to do initial scoping and relationship-building at the start of the project

This should involve **building a relationship with the relevant teams** or organisations who manage each sheltered living accommodation block. This is very valuable for practical logistics such as entry access and storage facilities and means the **infrastructure is ready before delivery begins**.

Similarly, **ensure that the wardens are on board and involve them in the project delivery as much as possible**. If wardens are familiar with what the project involves then they will be able to tell residents about it during the course of their work and encourage them to attend. However this can be challenging due to high warden workloads.

2) Ensure the project is resident-led

It is valuable for a project to **go in with an open mind about what residents might wish to do**, regularly asking residents for their suggestions and trying to accommodate these as much as possible.

In addition to ensuring the project is valuable for the residents, encouraging them to make suggestions and taking these on board also **leads to higher levels of engagement**. One outcome of being resident-led was the inclusion of family, friends and neighbours in groups and events which increased the reach of the project.

3) Value of being an external organisation

For this project, it seemed to work well to have the external organisations **coming in to the sheltered living accommodation as an 'outsider'** rather than the activities being started up by a resident themselves.

The three organisations involved with this project did not have any previous history with the individual residents, enabling them to **'cut through' historical social dynamics** and start afresh. Residents fed back that this helped with the group dynamics. This meant that **communal rooms were 'opened up' to those who had never used them before** and the living environment changed.

In the majority of cases, the three projects delivery organisations were the only ones working with residents inside sheltered living accommodation.

4) Each sheltered living block had its own social dynamic

It was common for some residents to initially **perceive the communal room as 'belonging' to certain people** rather than being equally accessible for everyone who lives there.

In other circumstances, residents had stopped using the communal room altogether. This **lack of use meant that some rooms were in a poor condition**, for example with cupboards broken, crockery unsuitable to use, or the room being cluttered with spare furniture.

In some cases, **residents had historic conflicts with each other that they had not resolved**, which affected their willingness to engage.

Some residents had experience anti-social behaviour from other residents and this **made it difficult for people to feel safe and use the community room for groups**. Housing providers have a good overview of the issues relating to residents and will share this information to increase a project's ability to support residents.

These factors **need to be addressed from the beginning of the project** in order for everyone to feel welcome attending the activities.

5) Encouraging resident engagement

Often, putting up a poster advertising the activity is not enough to encourage residents to attend, particularly if they have low-confidence or are not used to using the communal room. **Some residents will need additional support and encouragement in order to engage.**

It is valuable for a project to **knock on residents' doors**, both a few days beforehand but also on the day of the activity in order to remind those who previously expressed interest. Ideally two people would help with this resident engagement on the day, as logistically it is also valuable to have someone based in the communal room so that residents who turn up can be welcomed and made to feel comfortable. The most efficient way to engage residents was to engage with the wardens who would distribute posters and invitations, talk to residents about groups and encourage them to join in. Residents trusted the wardens and this helped develop the project. Door knocking was not the most efficient use of time without the support of wardens.

Similarly, **if a resident stops engaging then it is valuable to stay in contact with them** and speak to them individually in case there are barriers to involvement which can be removed.

In some settings it worked well for **one of the residents to actively try to encourage other residents to take part**. Some residents also found it valuable to be **communicated with via text and telephone calls**.

“**Having this weekly activity in the community room has changed the whole place – I now chat to people that I have lived in the same block with for years and before just said hello to.**”

6) The population of sheltered living accommodation is changing

Changes in the support provided by sheltered living accommodation has **caused a change in residents' demographics**. For example, residents are moving into this accommodation who require **lower-levels of support**, who may be significantly **younger** than existing residents and in some cases **may still be in employment**.

This **affects the social dynamics between residents** and means that some are not home during the day in order to build relationships with fellow residents.

7) There is a complex relationship between gentrification and loneliness

Your Food, Your Health worked in **very different communities and geographical areas within Bristol**. The BS3 area, in particular, is often perceived as gentrified, and yet also has areas of deprivation too.

Gentrification can affect how residents who have lived in the area a long time feel about the area that they live, with a connection between this social change and feelings of loneliness.

8) Some residents have preconceived perceptions of external organisations

At first, some of the sheltered living residents were surprised that the involvement of Your Food, Your Health would continue for two years. These perceptions were often **rooted in their previous experiences** of organisations only having short-term funding to deliver a project for a handful of weeks without a long-term commitment.

As a sector, it is important to **reflect on the impact that short-term funding has on the experiences, motivations and perceptions of individual residents**.



Case Study

Phil is a volunteer at Wellspring Healthy Living Centre (now Wellspring Settlement) with the Your Food, Your Health project. He joined as a participant and is now volunteering with the project; taking peer led weekly cookery groups.

"Finding my feet in a large kitchen again for the first time in 30 years gave me the confidence to become a volunteer facilitator, helping out with the cooking class and now running the group in the future with another volunteer. I also volunteered with the running of the Blue Monday event to bring people together through food and board games to combat isolation and loneliness, which I very much enjoyed.

Wellspring have also encouraged me to participate in training courses arranged by BAB and LinkAge Network. I attended courses on working with older members of the Somali community and older people who are carers, plus in the future a course on working with older people with dementia.

Since attending the cooking sessions, I have been asked to join the Your Food Your Health steering group which aim to promote the benefits of a healthy diet and I am very much looking forward to being more involved.

This has improved my confidence and experience, and encouraged and assisted me to take a more prominent role with Wellspring, Talking Tables and Bristol Meets the World in the future".

Contact Details

Wellspring Settlement

www.wellspringhlc.org.uk
info@wellspringhlc.org
0117 304 1400

BS3 Community

www.bs3community.org.uk
Ruth.Green@bs3community.org.uk
0117 9231039

Buzz Lockleaze

www.buzzlockleaze.co.uk
admin@buzzlockleaze.co.uk
0117 269 0006

Bristol Ageing Better

www.bristolageingbetter.org.uk
bab@ageukbristol.org.uk
0117 928 1539

Further BAB learning resources can be found at:
www.bristolageingbetter.org.uk/learning-and-evaluation-hub/

