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CAFÉ
Changes Around Food Experience

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

Free text research report

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Background

Meanings of food

Food practices convey a sense of identity and self. Food is especially important to women, who have distinctive relationships with food production and consumption[1]. Changes in women's engagement with food activities in later life may have consequences for their relationships and wellbeing.

Regular involvement of older women in food-related activity provides meaning in their social relationships. Retired Swedish women viewed the process of planning, cooking, presenting and enjoying food together as preparing a gift, while older women living alone in Sussex created persistent social networks based around sharing meals[2]. On losing a partner the meaning of cooking was sometimes lost, meals were simplified and fewer cooked meals eaten[3-5].

The ESRC Growing Older programme found that independence in shopping was a component of quality of life in older adults[6]. Older Swedish women saw shopping as a way of gaining physical exercise and making social contact[7], older people in North Staffordshire felt shopping helped them retain their independence[8], and hospitalised women felt that being able to shop was crucial to their quality of life[9].

Food has a powerful place in constructing identities in culture and reminiscence[10;11]. Older women from Sweden preferred traditional foods[7], and were resistant to dietary advice to alter foods eaten, even to control chronic illness[12]. To English and Scottish older people a 'proper meal' meant cooked potatoes, meat, vegetables, gravy and a pudding[13;14], and meal patterns had originated to fit with husbands' work and children's school, adding meaningful structure to the day[13]. Food has been seen as women's work[15] so food provision may reinforce women's gender identity[16]. When older men and women living independently in Sussex formed new couples, women invariably took over cooking[2].

Strategies for managing reduced contact with food

Older Swedish women facing disability cooked their own food for as long as possible, using planning and organisation to maintain food-related independence. Transport services (allowing continued shopping) were much appreciated. When independence was no longer possible one woman felt comfortable eating ready meals, while another expressed emptiness at no longer being able to cook[17].

Social policy

Older people prioritise remaining independent in their own homes[14;17]. Government policy has promoted community care of frail older people for four decades[18], and stressed the importance of housing related support services promoting independence for a decade[19]. UK provision for older adults who cannot prepare their own food includes mobile meals, lunch clubs, delivered frozen meals and carers to support shopping and cooking, operated by statutory and charitable organisations and providing variable levels of service and social contact[20]. Consciousness of food problems for older people is rising[21;22] but the meanings of food, contribution of food to social interaction, sense of self and identity need to be explored for socially-acceptable solutions to be developed.

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

Objectives

Aims and purpose

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

Research questions included:

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

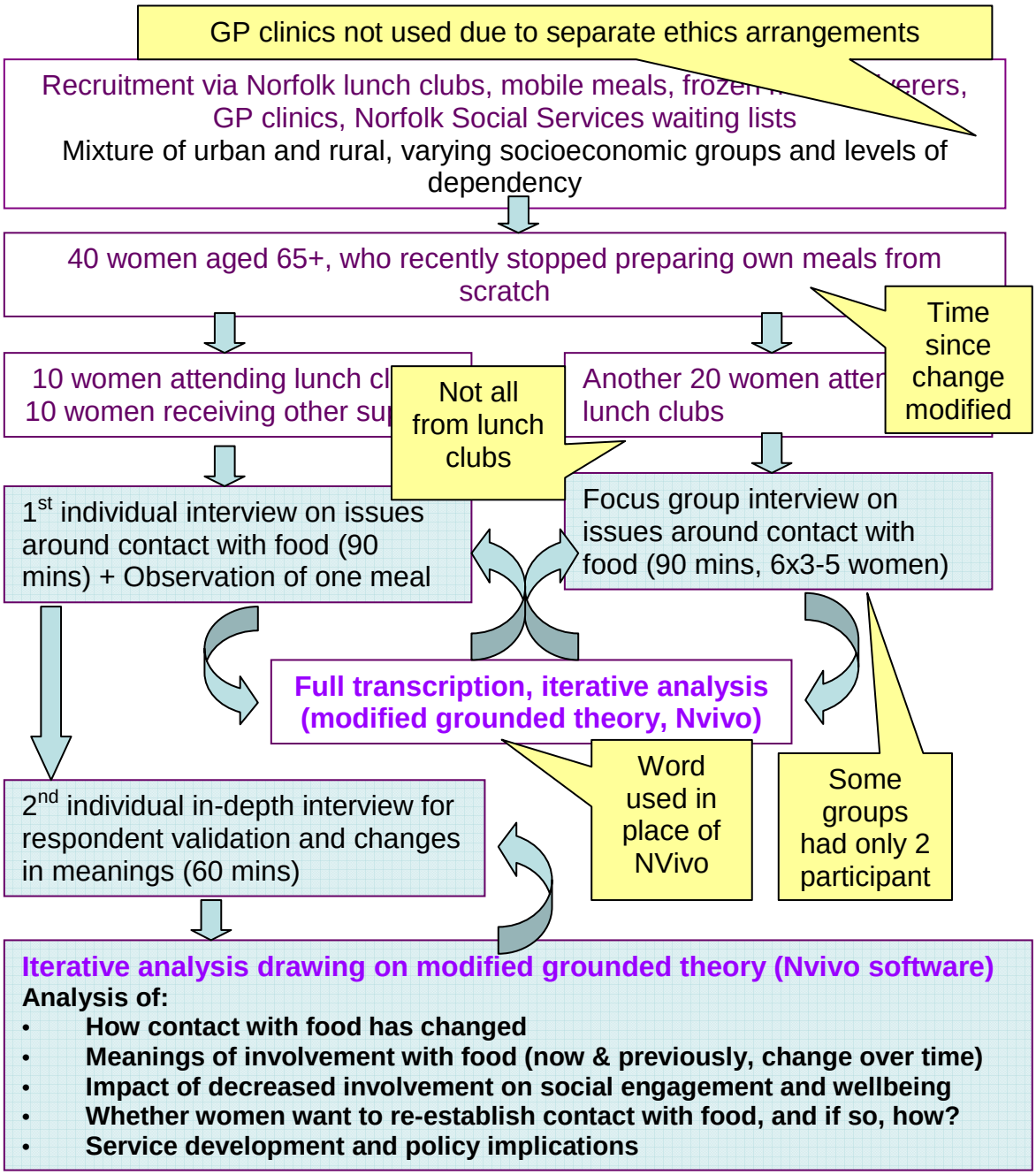
1. How has their contact with food changed?
2. What meanings do older women associate with their previous involvement with shopping, preparing, growing, cooking and presenting food?
3. What meanings do older women associate with reduced contact with food?
4. Do these meanings change over time?
5. What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

The first aim of CAFÉ (above) was based on several incorrect assumptions. We had assumed that relinquishing primary responsibility for food provision was equivalent to cooking less often from scratch (as Swedish women had suggested[23], but women contacted during CAFÉ recruitment saw it differently. Whether or not they cooked from scratch they felt responsible for, and in control of, their own food provision. The CAFÉ publicity leaflet asked “Have you recently started to need help to prepare your meals?” and “Are there other forms of support you would like to help you with food?” However, potential participants cooking from scratch less frequently did not see themselves as needing help or support; they felt they were coping well. This was discussed extensively within the advisory team and the leaflet changed to: “Have you recently begun to use services or gadgets to prepare your meals?” and “Are there services or products you would like to make meal preparation easier?” This altered emphasis in verbal and written introductions to CAFÉ, emphasising women managing products and services, made our approach to women more relevant to their own experience.

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

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

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



Methods

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

Access to potential participants was by personal contact via lunch clubs, mobile meals rounds, public and volunteer groups, sheltered housing, distribution of leaflets and local press publicity. Written informed consent was obtained and each participant chose her own pseudonym. Respondent validation (in the second interview), triangulation (combining in-depth semi-structured interview, observation data and focus groups), transparency in data collection, and data analysis methods including exploration of differing and opposing meanings, attention to negative cases, evaluation of reflexivity and responsiveness to participant requirements[24] were all used. Qualitative interviews were carried out by KL (experienced in qualitative interviewing of older people and skilled in dealing with difficult emotions). Interviews were audiotaped and lasted no longer than 90 minutes. Individual and group interviews were semi-structured in conversational form using a topic guide. Opening questions explored positive associations with, and memories about, food, followed by more probing questions from the interviewer to qualify and contextualise.

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

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

Framework and methods for analysis

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

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

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

Results

Recruitment

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

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

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

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

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

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

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

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

How has contact with food changed?

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

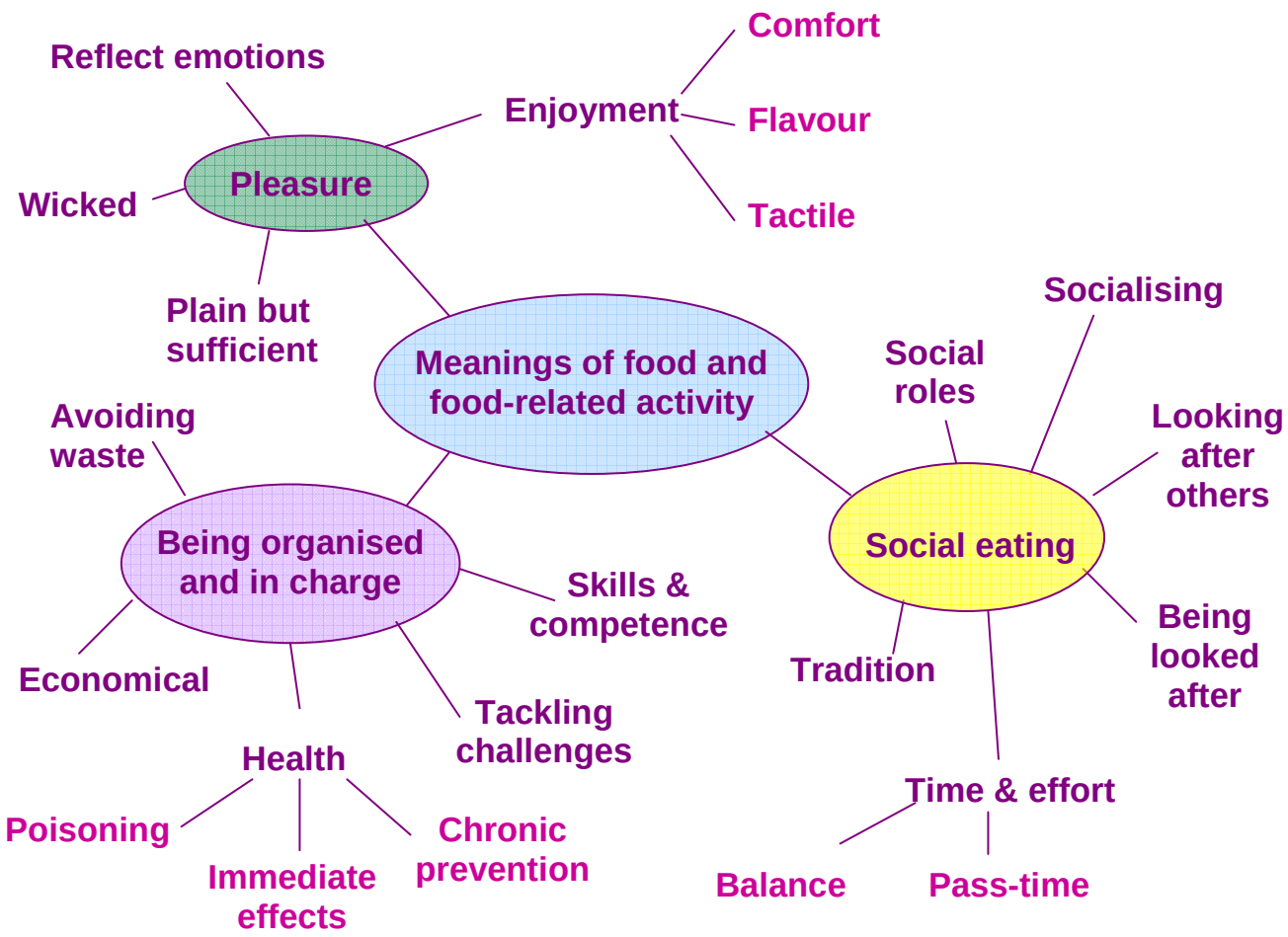
Against the background of many small changes in contact with food over time, we used the 5-month gap between first and second interviews to assess changes in habits, services and support over time. Changes during this gap included: changes in physical ability, both improvements (like Tish's successful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

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

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

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

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



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

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

Being organised and in charge emphasised how shopping, and to a lesser extent cooking, were seen as important for staying in control, ways of ensuring and maintaining access to desired foods, actively maintaining health through eating appropriate foods, avoiding waste, demonstrating skills and competence and tackling challenges. This emphasis on being organised and in charge may reflect a reaction against ageism towards older women, as well as the possibility of having to loose ones independence due to failing physical strength. Previous research has found that older women emphasised choosing cheaper options when shopping, economy being felt to be an important skill[7]. CAFÉ women varied in their belief in their own skills around food, but many felt that their skills had been at least partially lost, and worried about having to provide meals that they would have been able to produce earlier in their lives. The extreme sense of panic felt at having to put on a meal that they were not prepared for suggests that these skills were valued and their ebbing away threatened women's sense of themselves.

As with Swedish women facing disability[17] CAFÉ women wanted to continue living a normal independent life for as long as possible, but focussed more on wishing to continue food shopping and social relationships, than wanting to cook their own food. Both Swedish and English groups used planning and organisation, as well as active problem solving, to maintain their food-related independence, and for both groups transportation services that enabled continued shopping were much appreciated. CAFÉ participants used a range of services such as ready meals, carers, mobile meals, lunch clubs and day centres to support them in this independence, choosing which services suited them best. Services that were tried but not valued were readily relinquished for appropriate and supportive services. Some women, however, found their alternatives constrained by lack of appropriate support and missed not being able to do their own shopping or cook the foods they liked.

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

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

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

Do these meanings change over time?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Implications for service development and policy?

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

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

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

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

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

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

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

Activities

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

Outputs

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

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

Impacts

We are working to feed CAFÉ's results into:

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

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

Future Research Priorities

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

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

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

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