Compiled pre-publication results reporting from Food Glorious Food work packages 2 and 3

This research was a Realist Evaluation of food-related practice in six diverse community group settings. It comprised five interconnected work-packages (WPs) with mixed methods of data generation. Data generation took place in WP2 and 3, with analysis of data in WP4.

In WP2 a sensory ethnographic approach was used to generate data to explore food-related practices within each of the six community-group settings, which included:

- Two Meeting Centres for people living with dementia (PLWD) and carers, serving mainly White British populations in two semi-rural market towns: one offering a hot meal, one requesting members bring a packed lunch
- An inner-city support group for elders of mainly Black Caribbean heritage, offering culturally appropriate hot meals
- A small multi-faith support group serving an urban South Asian community where members (female elders) often brought and shared food
- A large health and wellbeing group for female elders based in a Sikh Temple (Gurdwara) supported by cooked food from the Gurdwara's langar hall
- Dementia Cafes run by a single organisation in the towns/city of a UK county, offering hot drinks and snacks to PLWD and carers.

Modes of data generation included ethnographic observations supplemented by semi-structured interviews with people in a variety of roles at each setting, including PLWD, carers, staff and volunteers.

The length and breadth of observation periods was considerably increased after the first two group visits (in some cases including multiple perspectives by more than one researcher) to offset an anticipated lower number of interviews than aimed for (originally 8 at each study site). This was because: 1) Early site visits revealed that, for some participants, what they said during formal interviews was not as rich or informative data-wise as observing their interactions as part of group observations; 2) Some (especially those PLWD from minority backgrounds) expressed negative feelings regarding the formality of the interview process, or it was not appropriate for them; 2) Limiting observation to an hour at meal times was found to be unnecessarily restrictive as potentially relevant, rich ethnographic data was available throughout researchers' visits. The strategy to increase observation was discussed and agreed with the experts by experience advisory group and the whole research project team early in the data collection process.

In WP3, participant-led methods were used to interview people regarding their food-related practices and experiences outside of the groups they attended. Individual PLWD and/or carers attending each study site were interviewed. Though each was offered the opportunity to participate in photo-elicitation or other creative interview techniques of data generation, all stated a preference for a simple semi-structured conversational interview at a location of their choice (at group, at home or at a local café).

WP4 comprised a framework analysis to organise data, followed by a Realist analysis of the data to understand how, why, for whom, and in what contexts food-related practice in community

groups might benefit or challenge PLWD and carers. WP2 data was analysed in tandem using Thematic Analysis.

Results

In WP2 a total of 20 discrete observation sessions were recorded between the six study sites (11 by two researchers taking notes independently), with notes taken throughout group sessions lasting between 2 and 5 hours. Observations were supplemented by 27 recorded interviews. As outlined above, formal interviews with attendees and carers were fewer than initially planned, as it was found to be a less acceptable/effective form of data generation for many. Observations were interactive, and interactions with a much wider variety of group attendees were recorded as part of the increased observation process, to compensate for this. In-depth interviews were, however, conducted with staff and volunteers involved in planning, managing and delivering food/food-related activities.

In WP3 a total of 7 interviews were carried out with 9 individuals across the three sites. As stated above, discussions were held with each around options for creative participant-led interview techniques such as photo-elicitation, but in each case interviewees stated a preference for a straight-forward interview/conversation, with feedback that they were concerned other methods could take longer or be burdensome. As the process was participant-led, participants preferences were honoured.

Table 1 shows the types of data generation by study site across the project. Sites 5 and 6 are shown together as the volunteers leading these groups and some attendees were shared between these groups (hence interviews with some pertained to both groups).

Table 1: Types of data generated by study site across the Food Glorious Food project

Type of data generation	Site 1 (Meeting Centre 1)	Site 2 (Meeting Centre 2)	Site 3 (Support group for Black Caribbean elders)	Site 4 (Dementia Cafes)	Sites 5 & 6 (South Asian peer-support group and Gurdwara-based group)
Observation sessions (between 2 and 5 hours)	4 (inc. 1 dual observation by 2 researchers)	3 (inc. 3 dual observation by 2 researchers)	5 (inc. 3 dual observation by 2 researchers)	3 (inc. 1 dual observation by 2 researchers)	5 (inc. 3 dual observation by 2 researchers)
WP2 interviews with PLWD	3	3	1	1	1
WP2 interviews with carers	1	3	0	1	1
WP2 interviews with group staff/ volunteers	2	2	3	2	3
WP3 interviews with PLWD	1 (Carer)	1 (PLWD & Carer Dyad)	1 (PLWD)	1 (PLWD & Carer Dyad)	3 (Carers)

and/or carers					

From the WP2 data, a total of 63 Context-Mechanism-Outcome Configuration (CMOC) statements have been generated regarding how background circumstances and the introduction of food-based activity (contexts) can trigger processes and responses in people and organisations (mechanisms) to produce wanted or unwanted outcomes for people involved in community group support (A full list of these is included below). These CMOCs are categorised by the types of food-related activity encountered at the study sites, as follows:

1. Providing food (comprising: 1a. Providing hot meals; 1b. Providing culturally appropriate meals)
2. Providing refreshments
3. Asking attendees to bring a meal (e.g. a packed lunch)
4. Asking attendees to bring food to share
5. Managing dietary and support needs
6. Creating supportive routines and environments for eating (comprising: 6a. Creating supportive routines and environments; 6b. Creating routines and environments to support cultural identity and belonging)
7. Involving attendees in food practices
8. Using food with other activities (e.g. discussion, reminiscence, quizzes, outings)

From the WP3 data, five themes were developed:

- Changing Food Roles and Routines (including eating routines and cooking/kitchen roles and routines)
- Changing Choice and Control (including over food purchasing and over what is eaten, and successful adaptation and resourcefulness)
- Family and Culture (including family food connections and cultural connections)
- Food Environments (including 'Where shall we have our dinner?', 'Where shall we shop?' and 'Where shall we grow'?)
- Likes and Dislikes (including 'I know what I like and dislike' and 'I used to know what they liked')

Findings from this WP highlighted how important it can be for community groups to understand challenges faced by their attendees, have knowledge of people's routines and preferences, uphold attendees' choice and capabilities where possible, and address a lack of access to preferred foods.

Full list of CMOCs

1. Providing food

1a. Providing hot meals

CMOC1: Access to an enjoyable, nutritious meal

If a group provides good quality, regular, substantial, balanced hot meals that are tailored to attendees' tastes and dietary needs (C), then this can support their health and wellbeing and encourage attendance (O), because attendees value satisfying meals that meet their nutritional needs (M).

*CMOC2: Increased intake due to social cues of eating together (see also **6. Creating supportive routines and environments for eating**)*

If people eat together in a social context with everyday social and environmental cues (e.g. food is served with full table service to attendees) (C), then attendees may be more likely to eat and drink more of their meals, and more readily, than they would alone or at home (O), because such social and environmental cues (norms and habits, modelling or encouragement) can be a powerful influence on people's eating behaviour (M).

*CMOC3: Connection through food (see also **4. Encouraging the bringing of food to share**)*

If food is used as a shared activity that reflects common histories, values, and preferences (C), then it can foster social connection, peer support and group cohesion (O), because it activates familiar routines/practices and shared identities/memories (M).

*CMOC4: Stigmatising attention and separation through food (see also **6. Creating supportive routines and environments for eating**)*

If food-related activities (including table service and support with eating) draw attention to difficulties with eating or reinforce carer/cared for roles (C), attendees may develop negative feelings about attending the group and participating (O), as they feel stigma and perceive food as a vehicle for exclusion rather than connection (M).

*CMOC5: Knowing preferences and involvement in decision-making supports nutrition (see also **7. Involving attendees in food practices**)*

If people's food preferences are known and respected and there is regular, ongoing responsive consultation with attendees about food preferences, through interaction, observation and collective decision-making (C), then food is more likely to be accepted, enjoyed and eaten (O), because the food and how it is offered will be familiar and appealing to them and attendees will feel invested in the menu (M).

CMOC6: Mismatch of preferences, expectations and routines

If what is provided, or the routine of mealtimes, is markedly different from what people are used to in their everyday lives (C), then attendees (or carers) may reject what is provided or stop attending (O), as they feel alienated by the mismatch between their preferences, expectations and habits and the group's shared practice (M).

CMOC7: Flexible planning

If staff and volunteers work as a flexible team around routines and roles, taking on different tasks as needed, with contingency plans for issues such as equipment failure, staff shortages, variable attendance, issues with food supply etc. (C), then they are more likely to maintain consistent and predictable food provision (O), as they will be able to respond to changing requirements and unexpected demands, even under resource constraints (M).

CMOC8: Impact of costs on sustainability

If a group prepares and serves fresh-cooked meals but is working with a budget and resources that struggle to accommodate this (C), then the food provision in the group setting may be at risk (O), because this makes unsustainable demands on both finances and staff time (M).

CMOC9: Impact of cost on equality of access

If the cost of providing hot meals is passed on to attendees (C), then this may create inequalities in access (O), because higher attendance fees may not be affordable for people with limited resources (M).

CMOC10: Donated food

If groups explore opportunities to seek or receive food donations from the community (C), this can help the group to continue to provide meals and support people (O), because such contributions increase the affordability (M).

1b. Providing culturally appropriate food

CMOC11: Combatting marginalisation: access to appropriate food

If culturally appropriate food tailored towards particular communities is provided by a community group (C), this can help to combat marginalisation/social and cultural isolation of older people from minoritised groups (O), as this will allow them to continue dietary practices that are meaningful and acceptable, which they may otherwise struggle to access (M).

CMOC12: Combatting marginalisation: creation of a familiar and welcoming setting

If culturally appropriate food tailored towards particular communities is provided by a community group (C), this can help to combat marginalisation/social and cultural isolation of older people from minoritised groups (O), as such food helps create a familiar and welcoming home-like feeling where people feel their culture and background is acknowledged (M).

*CMOC13: Markers of cultural belonging, normality and routine (see also **4. Encouraging the bringing of food to share** and **6. Creating supportive routines and environments for eating**)*

If food practices (including provided food or sharing of food) align with culturally specific routines and symbolic markers of time (e.g. time of day, season or annual celebration) (C), then this can support attendees' wellbeing (O), because familiar temporal anchors can help orientate individuals and foster a sense of normality and belonging (M).

CMOC14: Culturally authentic food requires additional resource

If the catered food for a specific cultural or ethnic group/community requires specific fresh or authentic ingredients and complex or involved cooking techniques (C), then this will require additional time and budget resource to sustain (O), because creating authentic dishes may be costly, time-consuming and/or labour intensive (M).

CMOC15: Limited resource leads to inauthentic food

If rising costs and/or limited availability of fresh or authentic ingredients mean that cultural dishes need to be changed or dropped from the menu (C), then attendees' appetite and enjoyment of meals may be reduced (O), because meals may no longer taste or feel familiar, authentic or culturally appropriate to them (M).

CMOC16: Staff and volunteer knowledge

If staff or volunteers preparing food have a deep familiarity with the cultural or religious background of attendees (C), then the food is likely to help those attending to feel more at home (O), as it is more likely to be prepared and offered to eat in line with attendees expectations (M).

CMOC17: Culturally-based health and dietary awareness

If cultural health practices such as the use of medicinal herbs or traditional teas are included in the food offer (C), then attendees are likely to feel more stimulated and engaged in the group (O), as this will affirm cultural identity and provide opportunity for knowledge exchange between attendees, staff and volunteers (M).

CMOC18: Inclusivity of different cultural beliefs and practices

If differing cultural, religious or spiritual beliefs and practices of members are well understood (C), then discomfort, alienation and exclusion resulting from the food offer can be avoided (O), as differing requirements, beliefs and practices (e.g. dietary requirements or calendar events/celebrations) can be accommodated, with the food offer adapted and framed to be as inclusive as possible (M).

2. Providing refreshments

CMOC19: Setting a relaxed, welcoming and stigmatising tone

If time to gather together with refreshments at the start of a session/day is planned as a way to set a welcoming, relaxed, informal tone (C), then social interactions and engagement is more likely (O), as this people are more likely to feel included and less anxious/concerned about social stigma (M).

CMOC20: Fostering social inclusion

If refreshments and snacks offered are appropriate to culture, background and experience of the target membership of the group (C), then this can encourage social inclusion and engagement (O), as people will feel at home and acknowledged (M).

*CMOC21: Setting routine and orientation for attendees (see also **6. Creating supportive routines and environments for eating**)*

If food and/or refreshments are offered regularly and consistently as part of a clear and predictable structure and routine to the day/session (C), then this can help attendees feel safe, secure, relaxed and in control (O), because they get accustomed to what to expect and can orient themselves using the food-related activities as markers (M).

*CMOC22: Sensory and aesthetic aspects of the environment matter (see also **6. Creating supportive routines and environments for eating**)*

If the perspective and capacities of attendees are considered in adapting/optimising the sensory and aesthetic aspects of the dining environment (e.g. light, noise, temperature levels, space to safely move around, appealing smell, touch and visual elements including tableware and furnishings) (C), then attendees are more likely to attend, enjoy the food/refreshments and have a generally positive experience (O), as they value a comfortable and welcoming environment conducive to eating, drinking and socialising (C).

*CMOC23: Helping people feel 'looked after' in a non-disempowering way (see also **6. Creating supportive routines and environments for eating**)*

If food or refreshments are served to attendees and those supporting them in a non-judgemental, choice-sensitive "café-service" fashion (C), then both may feel 'looked after' and supported in a non-disempowering way (O), because they will feel welcomed, waited upon and acknowledged (M).

CMOC24: Volunteer purpose

If volunteers are provided with relatively straight-forward role/task that many will be able to do with without special skills or training (e.g. help with serving refreshments) (C), then this could encourage volunteers/helpers to feel a sense of purpose and contribution (O), because of a sense of mastery (i.e. its easy to do and they can do it well) (M).

3. Asking attendees to bring own meal/packed lunch

CMOC25: Choice and tailoring to needs and preferences

If attendees are expected to bring their own food (e.g. packed lunches) (C), then they may feel their food needs and preferences are better met (O), because there is greater opportunity to choose what is familiar to them and what they like to eat rather than being served unfamiliar food (M).

CMOC26: Opportunity for staff and volunteer interaction

If attendees are expected to bring their own food (e.g. packed lunches) (C), then staff and volunteers are likely to find they have more time to attend to attendees (O), as they are not tied up with preparing and serving food (M).

CMOC27: Opportunity for whole group socialisation

If food brought by attendees (e.g. packed lunches) is eaten communally, with has staff helping both with eating and social interaction (C), then attendees may socialise and connect with others better (O), as they will feel encouraged and supported in doing so (M).

CMOC28: Lower operational/attendee costs

If attendees are expected to bring their own food (e.g. packed lunches) (C), then a group is likely to be cheaper to attend and more sustainable (O), as providing hot food can be challengingly expensive for a community group in terms of both the cost of food itself and staff and venue resources (M).

CMOC29: Opportunity to identify and address issues with food preparation, diet and eating

If staff and volunteers monitor the food that attendees are expected to bring to make sure it is adequate, appropriate and safe (C), issues that attendees may be facing at home with food (e.g. accessing, preparing and eating food safely and adequacy) may be addressed (O), as staff will pick up on problems and be motivated to raise concerns with family/carers/support services to make sure adequate support at home is in place (M).

CMOC30: Danger of exclusion if unable to bring appropriate food

If attendees are expected to bring food but find it hard to fulfil this requirement (C), they may not attend the group (O) because they feel excluded or that the group is not suitable for them (M).

4. Encouraging the bringing of food to share

*CMOC3: Connection through food (see also **1. Providing food**)*

If food is used as a shared activity that reflects common histories, values, and preferences (C), then it can foster social connection, peer support and group cohesion (O), because it activates familiar routines/practices and shared identities/memories (M).

*CMOC13: Markers of cultural belonging, normality and routine (see also **1. Providing food**)*

If food practices (including provided food or sharing of food) align with culturally specific routines and symbolic markers of time (e.g. time of day, season or annual celebration) (C), then this can support attendees wellbeing (O), because familiar temporal anchors can help orientate individuals and foster a sense of familiarity and normality (M).

CMOC31: Opportunity for contribution

If members of the group who have spent their lives making and sharing food with others (e.g. as part of their cultural norms) are allowed contribute in this way to the group (C), then this can boost their wellbeing and avoid further feelings of disempowerment (O), as making and sharing food can be linked to a sense of duty, pride, purpose, identity and self-worth (M).

*CMOC32: Institutional risk and separation through food (see also **5. Managing dietary and support needs**)*

If food-related activities are overly restricted by institutional safety rules or attendees are stopped from eating or drinking things that might not be healthy for them though they have made a choice to do so (C), attendees may develop negative feelings about attending the group and participating (O), because they feel a lack of respect for their autonomy and perceive food being used as a means of control (M).

CMOC33: Limiting and managing food sharing

If bringing and sharing of food is transparently and reasonably limited, monitored and managed by group members and organisers (with clear guidance/suggestions for attendees) (C), then members will have a better experience of food sharing in the group (O), as challenges (e.g. issues with allergies, food hygiene, dietary requirements (inc. due to faith), social pressure to bring food and potential offense at food being refused) are more likely to be avoided (M).

5. Managing dietary and support needs

*CMOC32: Institutional risk and separation through food (see also **4. Encouraging the bringing of food to share**)*

If food-related activities are overly restricted by institutional safety rules or attendees are stopped from eating or drinking things that might not be healthy for them though they have made a choice to do so (C), attendees may develop negative feelings about attending the group and participating (O), because they feel a lack of respect for their autonomy and perceive food being used as a means of control (M).

CMOC34: Adequate and well-managed staffing and planning for support and safety

If food is provided or shared in a group where attendees have range of individual requirements and needs (e.g. need for supported eating, soft diets, chewing difficulties, allergies, medical conditions or religious/ethical dietary preferences) (C), then this will require considerable staff and volunteer time and attention to do safely in a supportive way that is acceptable to all (O), because labour intensive activities such as coordinated planning, division of responsibilities, good communication and ongoing adaptability will be necessary (M).

CMOC35: Support to manage health-related dietary needs

If a person with dementia has specific health-related dietary needs (C), then they may require additional planned support and monitoring from staff, volunteers or carers (O), because they may be unable to manage this alone (due, for example, to impairment of memory, communication or self-regulation) (M).

CMOC36: Personalised knowledge leads to person-centred practice

If staff and volunteers have knowledge of attendees individual cultural, religious, health and dietary and support requirements, preferences and habits that is verified with the attendee and/or those caring for them and updated with changes (C), then food/drink, and support in eating/drinking, is more likely to be safe, inclusive and aligned with attendees' tastes and preferences (O), because staff and volunteers understand each attendees' needs and preferences and can act upon that knowledge (M).

CMOC37: Dementia awareness/training for better support and understanding

If staff and volunteers have sufficient awareness of how dementia can affect eating and drinking and strategies to support this (C), then attendees will have a better, more comfortable and inclusive experience of food in the group (O), because staff will understand individuals behaviour better and have greater confidence in dealing with any challenges that may arise (M).

CMOC38: Managing responses of others to those with higher support needs

If staff have developed skills to identify and deal with potential comments, discomfort or tensions from attendees in response to those whose behaviour or support needs may breaks social norms (C), then conflict and upset between attendees can be avoided (O), because they understand how to anticipate, avoid and diffuse such situations (e.g. paying attention to where people are seated or ensuring one-to-one support for tasks such as eating) (M).

CMOC39: Sensitive management of preferences and expectations

If staff are prepared with sensitive strategies to manage situations where attendees want to consume food/drink that they can no longer have for health reasons (C), then attendees are less likely to consume food that may lead to health risk or significant discomfort for them (O), because they will be either guided by staff or not put in situations where they may be tempted by food that is not good for them (M).

CMOC40: Risk of exclusion through different treatment

If an individual attendee is served different food, or served in a different way/treated differently to the majority, due to dietary or support needs (C), then they may feel excluded or stigmatised (O), because it will draw attention to their difference to others (and they may not realise or remember the reason for the different treatment) (M).

6. Creating supportive routines and environments for eating

6a. Supportive routines and environments

*CMOC21: Setting routine and orientation for attendees (see also **2. Providing refreshments**)*

If food and/or refreshments are offered regularly and consistently as part of a clear and predictable structure and routine to the day/session (C), then this can help attendees feel safe, secure, relaxed and in control (O), because they get accustomed to what to expect and can orient themselves using the food-related activities as markers (M).

CMOC41: Too rigid routine stifles autonomy

If routine (including food-related activity) is too rigid and unchanging (C), then attendees may feel unsatisfied and restricted (O), as they may feel they have no choice or respect for their autonomy and preferences (M).

*CMOC22: Sensory and aesthetic aspects of the environment matter (see also **2. Providing refreshments**)*

If the perspective and capacities of attendees are considered in adapting/optimising the sensory and aesthetic aspects of the dining environment (e.g. light, noise, temperature levels, space to safely move around, appealing smell, touch and visual elements including tableware and furnishings) (C), then attendees are more likely to attend, enjoy the food/refreshments and have a generally positive experience (O), as they value a comfortable and welcoming environment conducive to eating, drinking and socialising (C).

CMOC42: Communal eating and drinking to bring the group together

If meals and refreshments are offered in a communal space all together (C), then this can help attendees connect and create group cohesion (O), because eating and drinking together can be a familiar socialising activity for attendees (M).

CMOC43: Seating and environment shaping conversation

If tables and chairs are arranged to support close-range conversation, either in small groups or as one large group (C), then social interaction between members is more likely (O), because the physical setup is found by attendees to be more conducive to social interaction (M).

CMOC44: Present and attentive staff and volunteers

If staff and volunteers are able to be present during meals to provide reassurance, assistance and prompts to create an inclusive and engaging environment (e.g. supporting norms, encouraging socialising, exercising 'subtle vigilance' with regards to needs for sensitive support) (C), then attendees may be more able to participate, both socially and in eating and drinking (O), because they will feel supported to do so (M).

CMOC45: Flexibility for responsiveness

If food-related activities have flexibility to respond to attendees preferences and needs on the day (e.g. choice of meal or adjusting portion size) (C), then mealtime and other food experiences are more likely to satisfy all (O), as attendees appetite, tastes, mood and capacity can be highly variable and may need adapting to day by day (M).

CMOC46: Ethos of staff and volunteers matters

If staff and volunteers are motivated by an ethos that includes person-centredness, patience, openness, teamwork, commitment to supporting others and valuing of good food (C), then they may be able to manage the demands and challenges of providing/sharing food (and/or eating together) more readily and sensitively (O), because doing so aligns with their values and purpose (M).

CMOC47: Person-centredness and diversity of experience and background

If food provision is actively tailored to the individual based on ongoing consultation that recognises the diversity of backgrounds, preferences and personal experiences in the group (whether within a cultural group or between multiple cultural groups) (C), then attendees may feel more valued and included and find the group support more personally meaningful (O) because it will reflect not just group identity but individual variation within it (resisting the 'othering' often experienced by people living with dementia) (M).

CMOC48: Upholding capabilities

If food provision and support aims to recognise and uphold the capabilities and strengths of those attending where possible (C), then attendees are more likely to find attending the group welcoming, enjoyable, rewarding and supportive (O), as they will feel less stigmatised and devalued (M).

CMOC49: Encouraging non-verbal, embodied social interaction

If attendees who struggle to communicate verbally are helped to join in in non-verbal ways (e.g. passing food, mirroring gestures, sharing routines) and/such non-verbal communication is recognised and responded to by staff/volunteers (C) attendees that are less verbal will feel more included and able to contribute (O) because they will have been acknowledged and not ignored (M).

CMOC50: Mealtime management through table service

If food is served with full table service to attendees (C), then mealtimes with tailored support for attendees may run more smoothly (O), as staff and volunteers have greater control over who gets what and when (M).

*CMOC2. Increased intake due to social cues of eating together (see also **1. Providing food**)*

If people eat together in a social context with everyday social and environmental cues (e.g. food is served with full table service to attendees) (C), then attendees may be more likely to eat and drink more of their meals, and more readily, than they would alone or at home (O), because such social and environmental cues (norms and habits, modelling or encouragement) can be a powerful influence on people's eating behaviour (M).

*CMOC4. Stigmatising attention and separation through food (see also **1. Providing food**)*

If food-related activities (including table service and support with eating) draw attention to difficulties with eating or reinforce carer/cared for roles (C), attendees may develop negative feelings about attending the group and participating (O), as they feel stigma and perceive food as a vehicle for exclusion rather than connection (M).

*CMOC23: Helping people feel 'looked after' in a non-disempowering way (see also **2. Providing refreshments**)*

If food or refreshments are served to attendees and those supporting them in a non-judgemental, choice-sensitive "café-service" fashion (C), then both may feel 'looked after' and supported in a non-disempowering way (O), because they will feel welcomed, waited upon and acknowledged (M).

6b. Routines and environments to support cultural identity and belonging

*CMOC13: Markers of cultural belonging, normality and routine (see also **1. Providing food**)*

If food practices (including provided food or sharing of food) align with culturally specific routines and symbolic markers of time (e.g. time of day, season or annual celebrations) (C), then this can support attendees' wellbeing (O), because familiar temporal anchors can help orientate individuals and foster a sense of normality and belonging (M).

CMOC51: Whole experience aligned to background and expectations of attendees

If food-based practices and the physical/sensory environment (e.g. décor, music, room layout, seating routines, crockery and cutlery choices) reflect the general cultural, ethnic or socioeconomic background of a group (C), then attendees of that cultural background are more likely to enjoy the food and have a generally positive experience in the group (O), because of a sense of familiarity and belonging.

CMOC52: Food as central to social activity in some cultures

If attendees come from cultural backgrounds where hot meals or brought contributions of food are strongly associated with hospitality, social gathering, or traditional meals/events, and such food practices are reflected in the group (C), then potential attendees are more likely to attend and engage (O), because they feel the group values and respects their identity and practices (M).

CMOC53: Risk of cultural exclusion if cultural focus too narrow

If food, drink and food-based activity predominantly reflect the norms, preferences and expectations of a particular cultural, ethnic or socioeconomic background (whether deliberate or not) (C), then individuals from other backgrounds may feel excluded or that the group is not for them (O), because the food may be unfamiliar or signal that their experience and preferences are not recognised, understood or valued in the group (M).

7. Involving attendees in food practices

CMOC5: Knowing preferences and involvement in decision-making supports nutrition (see also **1. Providing food**)

If people's food preferences are known and respected and there is regular, ongoing responsive consultation with attendees about food preferences, through interaction, observation and collective decision-making (C), then food is more likely to be accepted, enjoyed and eaten (O), because the food and how it is offered will be familiar and appealing to them and attendees will feel invested in the menu (M).

CMOC54: Autonomy and identity through food choice

If attendees are offered opportunities to contribute to food-related activities, such as meaningful choices in food selection and opportunities to participate in food planning, preparation and setting up/clearing up (C), then they are more likely to feel valued, listened to and empowered (O), because they will feel they can contribute meaningfully to the group (M).

CMOC55: Involvement in food activities has social benefits

If attendees are involved in food planning, preparation, or food-related activities (C), then this can support stimulating social interaction and connection (O), as these activities may prompt storytelling, memory-sharing and collaborative working that invite social engagement and peer support (M).

CMOC56: Manageable food planning within limits

If resources are limited and attempts are made to consult and adapt to/accommodate all feedback, expectations and preferences (C), food provision may become unmanageable or undeliverable (O), as staff and volunteers may find that trying to meet these is both overwhelming and unfeasible (M).

CMOC57: Adequate staff time, experience and facilities for safe involvement

If staff or volunteers do not have enough capacity, time, experience, or space and equipment to monitor and guide attendees in food-related activity (O), involving attendees in food preparation or setting up/clearing up could carry risk of harm (C), as attendees may need skilled assistance and an appropriate/adapted environment to overcome challenges in completing food-related tasks safely (e.g. using kitchen equipment, following food hygiene, carrying hot drinks around physical obstacles) (M).

CMOC58: Opportunities for stimulating, meaningful activities linked to food provision

If a group seeks to try a variety of stimulating, meaningful activities that link to the provision of food (e.g. growing useable produce, shopping, bringing and sharing sides and condiments or planning meals as celebrations) (C), then this can enhance engagement and support wellbeing for attendees (O), as this will add to the variety of ways in which attendees can chose to engage and contribute meaningfully (M).

8. Using food with other activities

CMOC59: Using food as a reference in an activity to engage and connect

If familiar food is used as topic or reference in an activity (e.g. a discussion, quiz or reminiscence session) (C), then it can prompt social connection through the sharing of memories, preferences and reflective discussion (O), as people can draw on their personal, cultural and shared experiences around the food (M).

CMOC60: Using food in an activity to connect with to heritage and culture

If food is used as part of culturally-rooted activities (C), then this can provide opportunities for cultural expression, exploration and culturally-relevant dietary health awareness (O), because attendees can connect food and food practices to their shared heritage and knowledge (M).

CMOC61: Using food to encourage attendance and engagement with activities

If good quality, familiar/culturally appropriate food is offered as part of an activity (e.g. a walk/outing or group attendance in general) (C), then it might engage a wider range of people and encourage people to attend and participate (O), as people have a further reason to attend that can add to enjoyment and appeal of the activity (M).

CMOC62: Discussing food can be uncomfortable or triggering

If food is made the subject of too many activities or discussions (C), this may upset some people or put them off attending (O), as some may find the topic of food uncomfortable, triggering or boring (e.g. if their tastes, experiences or health condition that means their relationship with food is ambivalent or problematic) (M).

CMOC63: Offering nutrition to those more interested in other activities

If food is integrated with other appealing, meaningful and enjoyable activities for people who are not so interested in food and may not be eating well (e.g. at home or during sessions) (C), then this can help them to access nutrition (O), because the other aspects of the activities will draw them in (M).