ORIGINAL RESEARCH

The experiences of older adult members of a combined lunch club and assisted shopping group and the perceived value in their occupational lives: A qualitative study

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Abstract

Background and Aims: Health and social care policies are increasingly focusing on community interventions for older adults with service providers diversifying services to widen their reach. As a result, new concepts are under-researched, and it can be challenging to draw parallels with existing interventions. Evidence of the value of community interventions is often limited and conflicting and few researchers have considered the service-user perspective. This qualitative research explores the experiences of members of a combined lunch club and assisted shopping group based in North-East England to understand the perceived value in their lives from an occupational perspective.

Methods: Six older adult members were recruited through convenience sampling to participate in individual semistructured interviews January–March 2020. Interview data was subject to thematic analysis using an inductive approach and three key themes were constructed to represent the data.

Results: Themes identified were: "Togetherness: promoting social belonging"; "Meaningful engagement for older adults" and "Independence and staying active in later life." Findings indicated largely positive experiences with themes depicting influences that motivate engagement and perceived benefits.

Conclusion: Participants particularly valued the opportunity for social engagement, as well as independence through supporting continued engagement with shopping in later life. In conclusion, successful community interventions for older adults need to be meaningful and purposeful.

KEYWORDS
assisted shopping, experiences, lunch club, occupational lives, older people, perceived value

1 | INTRODUCTION

The UK population is ageing, and projections predict this to continue to increase, presenting a challenge for health and social care.[1] Public Health England[2,3] acknowledge the importance of intervention in the community (community interventions) to support older adults to live well in later life. However, a common criticism of services for older adults is that they stereotype older adults' interests and are often not meaningful.[4]

Many systematic reviews have attempted to understand the impact of community interventions for older adults and findings have reported that community interventions can support older adults to remain independent at home and have a positive impact in alleviating social isolation and loneliness.[5–9] However, a criticism of much of the published literature is a reliance on varied quantitative measures of effectiveness that lack real meaning and it is suggested that research consider the subjective experiences of service-users through qualitative exploration to fully understand the value of these interventions.[9]

One of the most widely recognized interventions is the provision of lunch clubs.[10] Lunch clubs can be meaningful for older adults and provide the opportunity for social engagement.[11] The importance of social engagement to the wellbeing of older adults is widely accepted[8] and is often discussed as a valuable focus of community intervention.[5,6] In contrast, Kharicha et al.[12] suggest that older adults prefer services that promote productive engagement over those that have a predominantly social focus. This trend has been shown to be particularly true of men (Nurmi et al.[13], Collins et al.[14]), which could support understanding of why fewer men access these types of services than women.[10] However, Collins et al.[15] found that groups with a social focus can improve confidence and promote engagement in other occupations, suggesting that productive and social engagement need not be mutually exclusive. One preference for productive engagement is shopping as it is a valued occupation in the lives of many older adults and an often-unavoidable part of daily life (Erikkson and colleagues). However, a survey found that shopping was the most frequently reported difficulty in instrumental activities of daily living in older adults[16] and Connolly et al.[17] suggest that early intervention for shopping can support ageing in place. An increasing number of interventions exist to allow older adults to continue their engagement in shopping, including shopping deliveries, online shopping support and assisted shopping on a one-to-one basis.[18]

The presently available literature exploring community interventions for older adults remains limited and an overwhelming majority of available research focuses on quantitative data, with conflicting definitions of what makes interventions effective.[5,6] Victor et al.[9] argues that understanding the impact of community interventions must consider the service-user perspective as a primary focus, yet few researchers have considered this in much detail.[11,19] This research focuses on the experience of members of a combined service in which older adults are supported to travel by minibus from their homes and taken to a supermarket where they receive shopping support from volunteers and engage in a shared dining experience in the supermarket café. While the elements of assisted shopping and shared dining experiences are not uncommon interventions for older adults, the combination of both appears to be a unique concept. The aim of this study was to explore the experiences of older adults who engage in a combined lunch club and assisted shopping group and the perceived value in their occupational lives.

2 | RESEARCH DESIGN AND METHODS

The research adopted a qualitative design to explore the subjective experiences and perceptions of members of the combined lunch and supported shopping group.[20] Appropriate guidelines for reporting qualitative research were referred to.[21] The group has been running for six years and is facilitated by a voluntary community organization who support older people based in the North East of England. Ethical approval was obtained from the Northumbria University ethics committee in January 2020. Participants were invited through posters and participant information sheets distributed to members of the group. Six members (5 women and one man all aged 65 and over) from the service based in a suburban area of North-East England volunteered to participate and provided informed consent. This sample size is typical of qualitative research[20] and allows for thorough analysis of rich data.[22] All participants had attended the group for at least six months, as Lindsay-Smith et al.[23] suggests that it can take up to 6 months to establish engagement and membership in community groups. Demographics collected included age, gender, and information regarding living arrangements to consider differences in experiences.[10,13] As part of the inclusion criteria, participants were required to be aged 65 or over as per The National Office of Statistics[1] definition of "older adults." Characteristics of participants are presented in Table 1.

Data was collected between January and March 2020 (before the Covid-19 pandemic and associated restrictions) using individual semistructured interviews, chosen for their ability to provide subjective accounts of information[22] and their suitability for exploring lived experience.[24] The interview schedule focused on key areas of occupational engagement that were less understood from the existing literature, including motivation,[10,11,13] meaning derived from experiences[7] and the impact on the wider occupational lives of older adults.[11,15] Interviews were held at the venue of the

TABLE 1 Characteristics of participants

Participant	Age range	Gender	Living arrangements
Participant 1	70–75	Male	Lives alone in sheltered accommodation
Participant 2	75–80	Female	Lives with husband (who has health problems)
Participant 3	80–85	Female	Lives alone in sheltered accommodation
Participant 4	80–85	Female	Lives alone
Participant 5	70–75	Female	Lives alone
Participant 6	75–80	Female	Lives with daughter

group for the convenience of the participants[11] and to ensure that interviews occurred as close to the event as possible to minimize inaccurate recollections.[25] Interviews were audio recorded to ensure accuracy of transcripts[26] and transcribed verbatim to facilitate understanding when interpreting data.[22]

Transcripts underwent thematic analysis,[27] chosen for its ability to condense large data sets exploring rich perspectives of a situation into clear and accessible information for reporting (Nowell and colleagues). The NVivo 12 data analysis software was used throughout the analysis to manage data.[28] Analysis involved repeated reading of transcripts and replaying of recordings to ensure immersion in the data.[24] Initial codes were generated through line‐by‐line reading to identify data that was potentially relevant to the aim and new codes were generated for each piece of relevant data that was not able to be assigned to an existing code.[27] Coded data was then explored for patterns and similarities in ideas and themes were constructed to best represent the coded data.[24] Themes were then compared with the coded and original data set to ensure their relevance to both the data and the research aim.[27]

3 | RESULTS

Data analysis resulted in the construction of three key themes that best represented the data, outlined in Table 2. Themes were name defined based on their unique characteristics,[27] with a focus on the value and meaning of the service in the lives of older adults, grounded in their individual experiences to best represent the aim.

3.1 | Togetherness: Promoting social belonging

A unanimous theme throughout the interviews was the social belonging that the group offered. The participants valued the opportunity for social

TABLE 2 Themes and subthemes

Overarching themes	Subthemes
Togetherness: Promoting social belonging	• Listening and being heard • Building friendships • Overcoming loneliness
Meaningful engagement for older adults	• Maintaining interests • A group with a purpose • Building and breaking routine
Independence and staying active in later life	• Autonomy and choice • Promoting continued engagement • Interdependence: The right support • An enabling environment

engagement and a chance to have meaningful conversations with familiar people. Through continued membership in the group, all participants had developed meaningful friendships with their peers and felt they were part of an important social network:

The main thing for me is the company. Knowing you can talk to someone you know and they're sitting listening to you. They all speak so friendly as if they've known you for years.—Participant 1

These people mean a lot to me; I might only see them once a week, but they are my world.—Participant 4

The friendships often extended beyond the peer group and valued relationships with the staff and volunteers were developed. A key contributor to this was a lack of perceived power dynamics between members and staff. The following highlights a potential for reciprocity in friendships between members and staff:

I don't really see her as a co‐ordinator, I class her more like a friend and she treats me like a friend. She's interested in me and what I've been doing... I think it's more than just a job to her.—Participant 5

A primary factor influencing engagement in the group was social isolation and loneliness, for three participants it was perceived that the group had a positive impact on alleviating social isolation and loneliness and that this often transcended the immediate group into their wider lives:

I had no life at all before I found this. I was just sitting in the house by myself and wasn't seeing anyone.—Participant 2

Coming here really helps to stop the loneliness. You get to see all your friends and when you go home... well the days nearly over. You don't have time to stop and feel lonely you know.—Participant 4

However, not all participants described feelings of loneliness and two participants discussed that they rarely felt lonely due to their social networks at home. While these social networks were described as a protective factor against loneliness, they also influenced social engagement through encouragement from family members or the opportunity of respite from a challenging social environment at home:

My brother wanted me mixing... He doesn't like to think I'm sitting on my own all day but honestly, I'm alright.—Participant 6

I've always got people around but some of the illnesses my husband's had... I was really struggling with it all... I

worry about him when I come out, but I know that I need to do this for me.—Participant 3

3.2 | Meaningful engagement for older adults

This theme encapsulated the importance that participants placed on the opportunity for meaningful engagement in later life. The focus on shopping provided an opportunity to continue engaging in a lifelong meaningful occupation for five participants:

> It's just something I've always done. I love spending money, I always have.—Participant 2

Participants drew comparisons with other services available and preferences for this service were due to the group serving a clear purpose in participants' lives:

> I didn't want to join in any games or nothing like that. That's not me at all... At least when you come here there's a reason.—Participant 6

> I like meeting people and everything, but I like that I can come out and get all the bits I need rather than just sitting around talking to people.—Participant 3

However, one participant felt that the shopping element lacked meaning as shopping was usually provided by family. She reminisced about her previous occupations and expressed that her continued engagement in the service was due to a lack of other opportunities that fit with her own interests:

> This isn't my cup of tea. You might have seen I don't really get any shopping. Well, this isn't the kind of place I would normally go. I've always been one to go to the nice places... but this will have to do.—Participant 5

For most participants, the group became a meaningful, important weekly event, providing structure and routine in their lives:

> Coming here gives me something to look forward to you know. I've got a nice little routine going now.—Participant 3

This was further instilled through discussions of how missing the group impacted the mood of participants. Bad weather and illness were often cited as reasons for missing the group and this is particularly well illustrated in the following:

> I was getting radiotherapy for four weeks and that was the worst time of my life. Not because of that, but because I had to stop coming for a bit. Honestly, I was so miserable. I think that shows what this means to me.—Participant 2

Further, the group became an opportunity to break routines, where the group provided solace from the monotony of everyday life:

> The weekdays can be long. I find myself falling asleep in the chair. Breaking it up by coming here has made a big difference for me.—Participant 4

3.3 | Independence and staying active in later life

A key theme discussed by all participants was the additional challenges they faced in engaging in meaningful occupations, including shopping, due to ageing and disability. In such, the group promoted continued independence and participation in shopping:

> We used to go all over, Fenwicks, John Lewis. I don't feel like I can do that now. It's difficult being in a wheelchair. That's what's so good about coming here, I can get out again.—Participant 2

Three participants expressed a reluctance to rely on family members for support and implied a sense of pride that came from their independence. For one participant, this was embodied in the group enabling her to maintain a valued role in her household:

> I tend to get as much as I can myself now so I'm not relying on my family. They've got their own lives and they're so busy. Being able to do it myself... it's better.—Participant 4

> Being able to do my bit and get the shopping in makes me feel like I'm... useful again.—Participant 3

The opportunity to make autonomous decisions was particularly valued by participants, with an emphasis on the meaning that they place on their own choices:

> I like being able to look at things and choose them myself. I know what I like.—Participant 5

However, two participants discussed how the group limits their autonomy and choice, being confined to engaging in chosen occupations only when the support is available, rather than being truly autonomous:

> People say you should be out more than once a week, but I can't do it on my own. You just have to get on with it.—Participant 1

In contrast, the group provided a platform for change for three participants. The group had instilled a confidence to engage in further occupations, including participating in further community groups and cooking:

> Coming here gave me a new confidence... It helped me to realise that I can go out and mix with other people and do things for myself again.—Participant 4

> I always loved cooking, but I wasn't as bothered when I was just getting bits from the corner shop. Coming here has made me enjoy cooking again.—Participant 3

For one participant the group offered an enhancement to both her physical and mental health that allowed a continued sense of independence into her wider life:

> I don't know what it is... it's like a boost. When I come back, I get everything sorted, do some exercises in the kitchen... I can't do that when I haven't been out.—Participant 2

Widely discussed was the valued support available as a factor that enabled their engagement in both the group itself and shopping. Interestingly, receiving support from staff was seen positively in contrast to receiving support from family members:

> They pick you up, take you out, help you back in the house with all your shopping. I couldn't do it without them.—Participant 1

> I know they're there for support if I needed them and that's the main thing. Just knowing that they're there gives me the confidence. Just coming out shopping on my own. It's a big thing.—Participant 5

All participants discussed the impact that the physical environment had on their ability to participate as a key factor in their engagement. The location of the group was carefully considered to provide an inclusive opportunity that is often lacking in the environments they previously carried out their occupations:

> You can't get to some of the places you want to go in the wheelchair. At least here I'm able to get in and out no bother.—Participant 5

A key enabler for all participants was the provision of transport to and from the venue and helped to overcome some of the physical and environmental barriers to their engagement:

> The minibus has been a big thing. I couldn't get here without it; they come to the door and drop me back. Even help with the bags. I don't have that on other days.—Participant 2

4 | DISCUSSION

This was a qualitative study that explored the experiences of members of a combined lunch club and shopping group. Three important findings were identified following data collection and analysis, these include the resulting themes of: togetherness: promoting social belonging; meaningful engagement for older adults; and independence and staying active in later life.

The findings from this research indicate that participants' experiences of the combined lunch club and shopping group were largely positive, and the service had a valued role in participants' lives, which aligns with the current focus on community interventions for older adults.[2,3] The themes highlight the multifaceted nature of the service that combined productive and social engagement, which existing research recommends as key focuses of community interventions for older adults.[5,12] However, while existing research has presented social and productive engagement as separate and opposing influences,[12,13] importantly this research suggests that these two aspects when combined positively influence participants' engagement and need not be mutually exclusive focuses for community interventions.

For most participants, the group had become a meaningful occupation in their lives.[11] Particularly valued was the social belonging[15] that membership in the group offered, yet only half of the participants reported loneliness as a primary factor influencing their engagement, which further supports Thomas and Emond[11] in that social engagement is rarely a sole benefit of engaging in community groups. The group offered a purpose and routine to participants, who often reported the group as something to look forward to and a welcome break from the monotony of daily life. A particular driver for this was the opportunity to engage in something meaningful, supported through participants own comparisons with the lack of meaning in other available services, which illustrates the importance of understanding the specific interests and needs of older adults in community interventions.[4]

For many participants, the group enabled participants to continue shopping independently, suggesting that the service could support ageing in place.[17] Provisions such as transport, a carefully considered environment and the availability of support allowed participants to overcome some of the challenges of ageing and promoted independence. The service also made a perceived lasting impact on participants, improving confidence and promoting engagement in further occupations,[15] presenting the potential for the combined service to further promote living well in later life.[2,3]

4.1 | Recommendations and future directions

Based on the findings of this study, it is recommended that service providers ensure that community interventions have meaning and purpose. The findings from this research could inform policy makers and service providers to improve service provision for older adults, particularly as policy is increasingly focused on supporting older adults to live well in later life.

Attempts were made to understand the experiences of less understood groups. However, five of the six participants were women and future research is recommended with a more diverse sample, including more men and people living with and without disabilities, for example, to better understand how this influences experience. In addition, an exploration of earlier life course experiences and preferences, as well as the number and frequency of social contacts outside of the lunch and shopping group to provide further detail and context is recommended.

5 | LIMITATIONS

As this is a small qualitative study, generalizations are limited. Participants were all from the same combined lunch club and shopping group in a specific area (North East England) and out of the six participants only one was male. Further research is suggested to build on these findings, including with more diverse groups and with groups in other geographical locations.

6 | CONCLUSIONS

In conclusion, successful community interventions for older adults need to be meaningful and purposeful. The findings from this research have implications for policy makers and service providers to inform service provision in supporting older adults to live well in later life.

AUTHOR CONTRIBUTIONS

Aaron Walton: Conceptualization; formal analysis; writing – original draft; writing – review & editing. **Tracy Collins**: Conceptualization; writing – review & editing.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The authors confirm that the data supporting the findings of this study are available within the article.

TRANSPARENCY STATEMENT

The lead author Tracy Collins affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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REFERENCES

1. Office for National Statistics. Overview of the UK population: July 2017. 2017. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/july2017
2. Public Health England. Living well in older years. 2019. https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/7-living-well-in-older-years
3. Public Health England. Local action on health inequalities: reducing social isolation across the life course. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf
4. Boermeester C, Debski R, Joyce K, et al. Reimagining the lunch club. 2020. https://digitalcommons.wpi.edu/cgi/viewcontent.cgi?article=6745&context=iqp-all
5. Cattan M, White M, Bond J, LEARMOUTH A. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing Soc*. 2005;25(1):41-62.
6. Dickens AP, Richards SH, Greaves CJ, Campbell JL. Interventions targeting social isolation in older people: a systematic review. *BMC Public Health*. 2011;11(1):647-669.
7. Gardiner C, Geldenhuys G, Gott M. Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health Soc Care Community*. 2016;26(2):147-157.
8. Stav WB, Hallenen T, Lane J, Arbesman M. Systematic review of occupational engagement and health outcomes in community-dwelling older adults. *Am J Occup Ther*. 2012;66(3):301-310.
9. Victor C, Mansfield L, Kay T, et al. An overview of reviews: the effectiveness of interventions to address loneliness across the lifecourse. 2018. https://whatworkswellbeing.org/wp/wp-content/uploads/woocommerce_uploads/2018/10/Full-report-Tackling-loneliness-Oct-2018.pdf
10. Dwyer P, Hardill I. Promoting social inclusion? The impact of village services on the lives of older people living in rural England. *Aging and Society*. 2011;31(2):243-264.
11. Thomas N, Emond R. Living alone but eating together: exploring lunch clubs as a dining out experience. *Appetite*. 2017;119(1):34-40.
12. Kharicha K, Iliffe S, Manthorpe J, et al. What do older people experiencing loneliness think about primary care or community-based interventions to reduce loneliness? A qualitative study in England. *Health Soc Care Com*. 2017;25(6):1733-1742.
13. Nurmi MA, Mackenzie CS, Roger K, REYNOLDS K, URQUHART J. Older men's perceptions of the need for and access to male-focused community programmes such as men's sheds. *Ageing Soc*. 2016;38(4):794-816.
14. Collins T. The personal communities of men experiencing later life widowhood. *Health Soc Care Com*. 2018;26(3):422-430.
15. Collins T, Kenney C, Hesk G. 'It pushed me back into the human race': evaluative findings from a community Christmas event. *Health Soc Care Com*. 2016;25(5):1601-1606.
16. NHS. Health Survey for England 2018. Social care for adults. 2019. https://files.digital.nhs.uk/83/BB997F/HSE18-Social-Care-rep.pdf
17. Connolly D, Garvey J, McKee G. Factors associated with ADL/IADL disability in community dwelling older adults in the Irish longitudinal study on ageing (TILDA). *Disabil Rehabil*. 2016;39(8):809-816.
18. Age UK. Help with shopping. 2020. https://www.ageuk.org.uk/services/in-your-area/shopping/
19. Boyer K, Orpin P, King AC. I come for the friendship: why social eating matters. *Australas J Ageing*. 2016;35(3):29-31.
20. Cresswell JW, Cresswell JD. *Research Design*. 5th ed. SAGE; 2018.

21. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349-357.

22. Silverman D. *Interpreting Qualitative Data*. 5th ed. SAGE; 2014.

23. Lindsay-Smith G, O'Sullivan G, Eime R, Harvey J, van Uffelen JGZ. A mixed-methods case study exploring the impact of membership of a multi-activity, multicentre community group on social wellbeing of older adults'. *BMC Geriatr*. 2018;18(1):1-14.

24. Polgar S, Thomas SA. *Introduction to Research in the Health Sciences*. 6th ed. Churchill Livingstone Elsevier; 2013.

25. Smith J, Noble H. Bias in research. *Evid-Based Nurs*. 2014;17(4):100-102.

26. Moule P, Hek G. *Making Sense of Research: An Introduction for Health and Social Care Practitioners*. 4th ed. SAGE; 2011.

27. Braun V, Clarke V. *Successful Qualitative Research: A Practical Guide for Beginners*. 1st ed. SAGE; 2013.

28. Gibbs R. *Using software in qualitative data analysis*. In: Uwe F, ed., *SAGE Handbook of Qualitative Data Analysis*. SAGE; 2013:277-295.