Experiences of food insecurity among older people in B&NES: Perspectives of older people and service providers

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Contents

Executive summary

This report presents the findings from research commissioned by Bath & North East Somerset (B&NES) Council to examine food insecurity among older residents across the B&NES region. The research builds on a previous study which found that older people in the region were not accessing food support in the numbers anticipated, and that there was scant knowledge about how well older adults are being served by current interventions designed to identify and support 'hidden communities'[1]. Addressing this was identified as a priority in the B&NES Food Equity Action Plan 2022 – 2025.

The qualitative research entailed interviews and focus groups with community members and support organisations, in which we explored challenges in accessing affordable food and experiences of food related support services.

In reading this report it is important to note that most of our community participants were not experiencing financial difficulties and they were socially active. We have conducted a second piece of research which should be read alongside this report[2]. In this survey research conducted with B&NES residents in receipt of Pension Credits, we found that social connection was a protective factor for those on low incomes and made people less vulnerable to food insecurity.

Key Findings

The findings of our research emphasise the complexities of food insecurity among older adults, highlighting that financial concerns are becoming more pressing for some, but that this is just one aspect of the problem.

The research reveals that older individuals experience multiple changes and transitions in later life, which necessitate adjustments and adaptations. This presents both challenges and opportunities, as older people rely on various support systems to mitigate the risks of food insecurity, creating multiple entry points for intervention.

Social isolation is a significant issue among the participants, closely intertwined with the underlying causes of food insecurity. This was clear in both the survey and the qualitative research. As mobility becomes more challenging, tasks such as shopping, food preparation, and socialising become increasingly difficult. Older individuals rely heavily on word-of-mouth communication to stay informed, but social isolation and limited mobility hinder chance encounters where knowledge is exchanged. This isolation extends not only within communities but also within families. Moreover, the onset of health issues further complicates dietary choices and eating habits, making it even more challenging to maintain a well-balanced diet.

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[1] Baber, F., & Blackwood, L. (2022). The experience of food insecurity in Bath and North East Somerset. University of Bath.

[2] Wise, J., & Blackwood, L. (2023). A survey of food insecurity among Bath and North East Somerset residents in receipt of Pension Credits. University of Bath.

Access to transportation is crucial for older adults to engage in grocery shopping, social eating, and informal social interactions. However, as mobility and health problems arise, public transport becomes harder to use. In rural areas, limited services exacerbate the issue. Community transport emerged in our research as an essential alternative when older individuals can no longer drive.

The study highlights the protective role of connections to family, friends, neighbours, communities, and society at large. However, these connections tend to diminish in older age. Lunch clubs, coffee mornings, church, and social groups can help older people maintain and rebuild connections, but not all older adults have access to such structures. Older individuals are concerned about burdening others and strive to continue contributing. Neighbours and community structures offer opportunities for them to do so.

Despite the challenges faced, older people demonstrate resilience and adaptability, presenting numerous opportunities for intervention. The recommendations aim to address the specific challenges faced by older individuals and emphasise the importance of recognising the unique context of each locality. A person-centered approach is crucial, meeting individuals where they are, both geographically and psychologically.

The recommendations focus on improving social support networks, ensuring accessible and affordable transportation, supporting older people through life transitions, maximising data utilisation to identify vulnerable individuals, and providing local and national leadership. The aim is to enhance community collaboration, learn from existing best practices, engage the local food system, leverage data sources, and advocate for increased support and education.

Overall, the study sheds light on the multifaceted nature of food insecurity among older adults, stressing the need for comprehensive and tailored interventions that address the social, financial, and logistical aspects of the issue.

Recommendations

1. Enhance social support networks:
    - Identify and support service providers, local organisations, and community-level groups to improve their capability and capacity for working with older people.
    - Capitalise on existing local and national initiatives that foster connections within communities through food.
    - Learn from best practices at local and national levels.
    - Empower localised action by co-designing support with providers and community members to ensure services match local needs.
2. Improve accessible and affordable transportation:
    - Enhance local transport systems for older people, focusing on accessibility.
    - Recognise and support the role and expertise of community transport.
    - Evaluate the impact of changes in transport provision on older community members.
3. Support older people during life transitions:
    - Work with diverse groups of older people to understand their perspectives on eating well, how it changes, and what information and support they need.
    - Engage the local food system, including supermarkets, local businesses, service providers, and end users, in developing strategies that improve provision for older people.
4. Utilise data to aid vulnerable older people:

- Coordinate and facilitate access to existing relevant data sources to identify vulnerable and socially excluded older individuals.
- Share information and foster coordination among services working with older people, such as GPs and home visit services.

5. Provide local and national leadership for older people and their families:
   - Advocate for older people facing challenges, especially those who are socially isolated or ineligible for forms of financial support.
   - Promote increased pensions and financial support for those at risk of food insecurity.
   - Advocate for better resourcing of key agencies and front-line workers working with the most vulnerable.
   - Educate the wider community about the realities and causes of food insecurity among older people.
   - Recognise the role of families as caregivers and provide them with information and support.
   - Incorporate the voices of people with lived experience of food insecurity in decision making and strategy development.

Introduction

This research looks at experiences of food insecurity for older people in Bath and Northeast Somerset (B&NES). It builds on an earlier project exploring experiences of food insecurity in B&NES from the perspectives of users, staff, and volunteers at food aid projects such as food banks and community pantries in which older people were under-represented.

The research took place in January and February 2023 when the cost of food had risen by 18.2% and was rising at the fastest rate in 45 years[3] and prior to the 10% pension rate rise that would increase the basic rate of pensions from £185.15 to £203.85 per week.

What is food insecurity?

Food insecurity is defined as lacking 'regular access to enough safe and nutritious food for normal growth and development and an active and healthy life. This may be due to unavailability of food and / or lack of resources to obtain food' [4]

What do we mean by older people?

The term "older people" has a nebulous definition. It is commonly used to refer to people aged 65+ by organisations such as the Office of National Statistics (ONS). Age UK indicate that their services are targeted at those aged 65+, though they offer support to people below this age threshold, and specialist housing services for older people such as sheltered accommodation are generally available from the age of 50 or 55. This is increasingly out of alignment with state pensionable age, which is now 66 for anyone born between December 1953 and April 1961, with further age increments for people born after this date.

The British Medical Association (BMA) notes that while age categorisation can be useful, "the loss of functional ability (or 'functional decline') typically associated with ageing is only loosely related to a person's chronological age"[5]. Analysis by the Centre for Ageing Better found that just 40% of men and 30% of women are still working by the time they reach their State Pension age and for those aged 50-64 who were not working, 34% gave "sick, injured or disabled" as the reason[6]; among pensioners, 42% self-report as being disabled.

This study therefore took an open approach to the concept of the "older adult", largely relying on partner organisations and participants to self-define.

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[3] https://www.ons.gov.uk/economy/inflationandpriceindices/articles/costoflivinginsights/food

[4] FAO - https://www.fao.org/hunger/en/

[5] https://www.bma.org.uk/media/2105/supporting-healthy-ageing-briefings-final.pdf

[6] https://ageing-better.org.uk/work-state-ageing-2020

Poverty and older people

Around 1.7M pensioners in the UK are living in poverty[7], but it is working age adults aged 60-65 who have the highest rates of adult poverty of all adult groups at 25%; this compares to 14-15% for those aged 65-79 and 18% for those aged 80 and over. Rates of deep poverty[8] have been steadily increasing over recent decades and are currently 8% for pensioners. This is considerably lower than for other groups and has been attributed to the fact that 97% of pensioner households receive the State Pension, the triple lock making pensions better at keeping up with inflation, and pensioners being less likely to be affected by recession. Although these factors provide a buffer, those pensioners who are reliant on Government support are vulnerable to falling into poverty.

Poverty rates vary across pensioner groups. The gender gap has reduced over recent years, but poverty remains higher for female pensioners who often have lower lifetime National Insurance contributions and tend to live longer. Poverty rates are almost double for single pensioners compared to couple pensioners[9].

Based on financial considerations alone, pensioners in poverty are the least likely age group to be food insecure - only 4% of pensioners in poverty indicated they were experiencing food insecurity in 2020/21 [10]. While financial difficulties are typically the main driver of food insecurity in younger age groups, families and children, food insecurity in older people is more complex.

Malnutrition in older people

Older people are disproportionately affected by malnutrition, and it is estimated that as many as 1 in 10 people over 65 are at risk, 93% of whom are living in the community[11]. A 2015 study for the British Association of Parenteral Nutrition estimated that the annual cost of malnutrition in ages 65+ in England was over £9.8 Billion – around 7.5% of the total health and social care budget[12]. Malnutrition is a factor in a variety of co-morbidities and in loss of independence in older people. For instance, malnutrition contributes to loss of energy, muscle strength and coordination which in turn can lead to falls, difficulty with shopping, cooking, and eating and reduced ability for self-care.

Medical, physical & social risks contribute to malnutrition[13] and often intersect, producing a vicious cycle. For instance, medical conditions such as Crohn's disease, stroke, COPD and dementia can make it difficult to eat, and some medications may lead to a loss of appetite,

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[7] https://www.jrf.org.uk/report/uk-poverty-2023#experiences-of-poverty - UK Poverty 2023 The essential guide to understanding poverty in the UK (full report)

Here, defined as "households with an equivalised household income after housing costs that is below 50% of the median" JRF

[9] https://www.jrf.org.uk/report/uk-poverty-2023#experiences-of-poverty - UK Poverty 2023 The essential guide to understanding poverty in the UK (full report)

[10] https://www.jrf.org.uk/report/uk-poverty-2023#experiences-of-poverty - UK Poverty 2023 The essential guide to understanding poverty in the UK (full report)

[11] https://www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition?showall=&start=4

[12] https://www.bapen.org.uk/pdfs/economic-report-short.pdf

[13] https://www.malnutritiontaskforce.org.uk/sites/default/files/2019-09/State%20of%20the%20Nation.pdf

nausea or weight loss. Loss of vision, arthritis and poor dentition can cause problems making and eating food. Social factors such as bereavement, social isolation, loneliness and attitudes to nutrition and weight can affect people's interest in food and motivation to eat.

These factors have a cumulative effect, and their presence increases as people age. Older people use assets and adaptations to mitigate the problems[14] but an accumulation of seemingly trivial everyday problems such as lack of seating, or accessible toilets in supermarkets can make people increasingly vulnerable to food insecurity.

Food insecurity and older people in B&NES

According to the National Census, 20,400 women and 17,000 men aged 65+ and, 18,500 women and 17,800 men aged 50-64 live in B&NES (2021); 2,864 B&NES households were receiving Pension Credit (February 2023).

B&NES is one of the least deprived local authorities in England. The 2019 Index of Multiple Deprivation[15] (IMD) places 21% of B&NES in the most deprived 50% of areas (Lower Layer Super Output Areas or LSOAs) in England. Despite this, Twerton West and Whiteway are among the 10% most deprived areas nationally, indicating lower income, worse health and poorer access to housing and services.

The IMD's measure of Income Deprivation Affecting Older People (defined as aged 60 or over) gives a slightly different picture, showing that B&NES has no LSOAs in the most deprived 10% nationally. This suggests that relative deprivation in Twerton West and Whiteway is less severe for older people than for their younger neighbours. However, higher levels of deprivation for older people appear to be more widespread across the local authority with 31% of LSOAs in the 50% most deprived. Due to the rural nature of much of B&NES, large parts of the local authority outside its towns and cities fall into the 50% most deprived areas nationally in terms of access to housing and services. This may disproportionately affect older people who are otherwise less deprived.

Survey of B&NES residents in receipt of Pension Credits

In early 2023, we conducted a survey of food insecurity amongst B&NES residents receiving Pension Credits[16]. To summarise, our sample (N=330) mostly lived alone, in social housing or their own homes (owned outright), with a health issue that limited their day-to-day function. Close to half of the respondents had enough of the kinds of food they wanted to eat, could afford to eat balanced meals, did not worry about running out of food, and did not access food support.

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[14] https://www.cambridge.org/core/services/aop-cambridge-core/content/view/F7483545B31C9333801DEFCAB1FDBCCD/S0144686X20002020a.pdf/food-security-and-food-practices-in-later-life-a-new-model-of-vulnerability.pdf, https://www.cambridge.org/core/journals/ageing-and-society/article/food-security-and-food-practices-in-later-life-a-new-model-of-vulnerability/

[15] https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

[16] Wise, J., & Blackwood, L. (2023). A survey of food insecurity among Bath and North East Somerset residents in receipt of Pension Credits. University of Bath.

However, there was a sizeable minority who experienced food insecurity. Nearly half of respondents reported some degree of food insecurity over the last 12 months. One in ten reported not having enough to eat sometimes or often and close to a third reported worrying about food running out before they could afford to buy more, and that it was often or sometimes true that they could not afford to eat balanced meals.

Respondents were asked about barriers to their household eating well. The most frequently selected barriers were the cost of healthy food options and the cost of energy associated with shopping and preparing food. These were followed by physical or health issues and lack of motivation.

The most commonly accessed source of support for our respondents was friends and family. While most had people to help them if they really needed it, close to one quarter did not. This difference in people's social supports was particularly important as it was associated with food (in)security across all measures. Also associated with food insecurity for people receiving Pension Credits were poor health, lack of confidence accessing the internet, and being younger.

The research

In late 2022, B&NES Council commissioned the University of Bath to conduct research on the lived experience of food insecurity in the B&NES region from the perspectives of older people and organisations that work with or provide support to older people. The research took place over the winter during 2022/23 when official restrictions in relation to Covid-19 had ended in England, but prior to the World Health Organisation's announcement of the end of the Covid-19 global emergency. Most people had reduced their personal health precautions but were facing new challenges associated with rising fuel and food prices. This generated increased concern about older people having to choose between heating and eating over the winter. Community organisations were providing warm spaces where people could spend time and offset their own heating costs. Many of these warm spaces also provided simple meals and refreshments.

Research aims and method

The research had three aims:

1. Better understand the experiences of older people in relation to food insecurity.
2. Gain insight from local agencies and frontline workers regarding their experience of supporting older people with access to healthy food.
3. Make recommendations for improving support for older people experiencing or at risk of food insecurity.

Semi-structured interviews and focus groups were conducted with service providers and older people between December 2022 and March 2023.

Service provider organisations were recruited with support from B&NES Council, HCRG and the Wellbeing Hub. Twenty-one staff members from seven different support organisations working with older people took part in interviews and focus groups. These included independent living support teams, district nurses, representatives of the Wellbeing Hub and members of health charities whose work includes supporting older people. Interviews explored service providers' experiences of working with food insecure older people and their perceptions of older people's food needs, and the challenges and barriers they face in relation to food security.

Older people were recruited through organisations such as Age UK, Curo and Bath Carers Centre, as well as local groups, transport providers, and frontline service providers. Recruitment was a mixture of self-selecting and opportunistic. Two thirds of participants were recruited as a result of their participation in lunch clubs and similar social activities. The remainder were recruited either through responding to advertisements placed with Bath Carers' Centre and Community Transport, or by accompanying support workers on home visits. The researchers tried to prioritise people living in social housing, less affluent areas, and rural areas. For example, groups in rural and less affluent areas were approached in preference to those in more affluent areas.

In total, 31 older people (18 female, 13 male) took part in interviews and focus groups. The views and experiences of a small number of additional older people were also recorded during fieldwork; and a focus group conducted with Bath Ethnic Minority Senior Citizens Association

(BEMSCA) as part of the initial B&NES food insecurity study, was included in the dataset. Specific demographic profiling was not undertaken to minimise participant burden. Information captured during interviews and focus groups indicated that the age of participants ranged from mid-60s to 90s. Most participants were living alone due to bereavement or their spouse being in a residential home. Two female and one male interviewee were currently carers for their spouse. Participants were resident in a mixture of urban and rural areas across B&NES including Bath, Keynsham, Midsomer Norton, Paulton, Radstock and Chew Magna, and represented homeowners and those living in private rented and social housing. Participants had a range of job and career backgrounds including agricultural work, post-office security, retail, healthcare, publishing, accountancy, and the clergy.

The interviews were semi-structured to allow participants to talk about the things that were meaningful to them and provide flexibility to explore new insights. They were conducted either in-person in community settings or people's homes, or remotely using telephone or video calls. Topics explored included finances, transportation and mobility, motivation and ability to cook, shopping and food preferences, social aspects of eating, and experiences accessing support. Community members were given a £20 supermarket voucher to thank them for their participation.

We use pseudonyms for each of our participants in order to protect anonymity.

Research limitations

The older people who took part in this research were largely recruited through their involvement with social groups, with a smaller number taking place during support worker visits. This means there is a potential bias towards more sociable and socially engaged older people who are motivated and able to access activities outside of their home.

Support workers and front-line workers had very limited capacity for involvement in research. We were unable to secure participation from anyone working in social care in B&NES. One support worker with experience in domiciliary care in a neighbouring local authority was interviewed.

Findings

Most of the older people who participated in our research did not describe themselves as experiencing financially-driven food insecurity. Some spoke of their finances being stretched, but only those who were not yet of state pensionable age had needed emergency food. Practical challenges to food security were more common. For instance, reduced mobility made shopping and cooking more difficult, illness and disease limited dietary choices, and social isolation and bereavement reduced motivation to eat well. Access to transport was essential. In rural areas, participants were highly dependent on their own cars and became reliant on community transport when they could no-longer drive. In Bath, use of public transport was more common, but not always convenient or accessible. Participants were receiving support from family, neighbours, local services, privately paid-for carers, and community organisations.

Most participants described eating patterns based on familiarity and routine. Typically, they spoke of eating three meals a day, supplemented with snacks and treats (e.g. cakes and biscuits). One participant described being a vegetarian. Both female and male participants talked about cooking for themselves; there was little mention of use of takeaways. Some participants spoke of batch cooking and freezing food, partly for efficiency and partly because large supermarket pack sizes made it necessary. Participants described using slow cookers, pressure cookers and air fryers.

Most participants lived alone and there were a variety of attitudes to catering for one. Female participants had generally been responsible for family meals in the past. Some still enjoyed cooking or preferred to maintain the habit of home cooking, others did not or could not.

> ***"I used to love to cook. It is a chore now though. It is a chore cos I hurt so much" [Jennifer – Community Member]***

Male participants reported limited involvement in cooking during their married lives, but where they now cooked, they showed a similar range of attitudes to women. Some men spoke of a period of transition to becoming responsible for cooking when their wife could no-longer safely or reliably prepare a full meal. What they described cooking was generally basic meat and two veg. Although some wanted to improve their repertoire, most cooked as well and as much as they needed to and were able to feed themselves adequately and to their liking.

> ***"Interviewer: So does cooking have any part in your life? Would you wish it to have any part in your life?***
>
> ***Community member: As small a part as possible. But I've learnt a lot since I've been living on my own and experimenting, particularly with sweets. I'm sure I could if I if I want. If I wasn't too lazy. And I could cook fresh vegetables. I can boil, boil, boil things up with the best of them, and so on. I try to make my food as easy to prepare as I can."***
> ***[Eddie - Community Member]***

Impacts of the Covid-19 pandemic

The Covid-19 pandemic, with its associated lockdowns and expectation that older and more vulnerable people should take additional precautions was having an ongoing impact on participants. Post-pandemic, some were continuing to minimise contact with groups of people because of greater clinical vulnerability and fear of infection. Others had resumed their normal lives as far as possible. In a number of cases, reliance on family or neighbours that had started during the pandemic had continued.

Many older people's pre-Covid activities had not re-started or had resumed with reduced frequency and research participants felt the loss of reasons to go out and opportunities for regular social contact acutely.

Digital connectivity had increased as a result of the pandemic. Some participants had been shopping online prior to the pandemic, and others started during the lockdowns and continued

afterwards. Moreover, the pandemic created opportunities for online connection, including video calling, playing online games alone or with friends, and participating in online meetings. In general though, participants much preferred to shop in person and pick up the phone.

Factors affecting food insecurity in older people

Rising cost of living and finances

Many of the participants in our research were from more deprived parts of B&NES; none disclosed if they were receiving Pension Credits. Three female participants whose income was just above the Pension Credits threshold described a strain on their finances, which they felt would have been relieved by the direct financial increment and the additional passported benefits from Pension Credits.

While there was little to suggest that our participants were unable to afford food, they were acutely aware and sometimes fearful of rapidly rising prices. Our participants described using a mix of strategies for keeping their costs down including shopping around, cutting back on treats and luxuries, changing basic purchases to cheaper options, use of slow cookers, batch cooking and, for some, use of community warm spaces.

> ***"[The increasing cost of living] has made big difference to my food bills and I have had to cut stuff out... ... I am spending more but I am getting less for it and I have given up Branston Beans which I love and I've had to go to Sainsbury's own which aren't very nice." [Joan - Community Member]***

> ***"... it's a lot more difficult and it's like going back to the 40s and the fuel. I mean it's frightening, I think. I'm not too bad but I mean if it goes up much more, you know, you just won't be able to get it. Simple isn't it? We've all got to budget... ...You've just gotta find where the bargains are. It's like catching a mackerel. You've gotta get it at the right time. You've gotta go round to see." [Susan - Community Member]***

No longer working, but not yet a pensioner

Though most participants were able to manage financially, support workers identified one group that often struggled. People who were not yet of state pensionable age but were unable to work for health reasons and so were reliant on means tested state benefits such as Universal Credit (UC) could have severe financial difficulties. The only older community research participants who disclosed having accessed emergency food support were below State Pension age.

These observations are consistent with the national picture as outlined in the introduction, which shows that working adults aged 60-65 are at the greatest risk of poverty of all adult groups.

> **"we've got customers that are on UC, under 66 - so from 55 to 66 - versus those customers that are on a state pension. Now one of the massive things to bear in mind, the difference between the two of them**

is money... ***⋯ So those that are in the UC boat, we're all finding are those desperate, desperate people. The other people, yes, they don't like being in the situation they ' re in, [but] they're hoarding a few hundred pound or a few grand away." [Clare - Support Worker]***

The participant below describes a predicament where this also limits access to other support services.

"every time you phone somebody up they always ask you if you're retired and when you say no they don't wanna know. I had six people phoned up and asked me if I needed any help and as soon as they asked me if I'm retired, now I'm retired I can get all the help I want." [Keith –Community Member]

Financial restraint and thrift: Going without? Or making do?

An attitude of thrift was pervasive across the older people in our sample, regardless of financial security. While thrift was clearly more necessary for some than others, it was sometimes difficult to unpick the boundaries between habitual and moral preference for thrift; long term or more recent need for restraint; and wanting to create a safety net for oneself or a legacy for one's family.

Many of our participants described times in their lives where they had been worse off and had more limited and less appetising food choices. This may have been due to wartime and post-war childhoods where rationing was still in place, or financial constraints associated with buying a home and having a young family. The idea that there were others worse off than themselves was frequently mentioned.

There was an attitudinal difference between service providers and older people in relation to thrift with service providers seeing older people's "going without" as problematic, whereas older people spoke of self-sufficiency and a positive choice to "make do".

"But [my children] hate it, they hate it because I'm walking around like a poor person. But I enjoy my lifestyle. I don't want their lifestyle. I can't bear it." [Irene - Community Member]

"You have to say to them, look, if your daughter was stood in front of you right now and you were saying that you were hungry and you didn't wanna pay out the £30 for this week's meals because you wanted to keep the money for when you die, your daughter, I'm sure, would stand and say, please spend the money. I don't need your 30 quid." [Clare - Support Worker]

For service providers worried about older people tipping from thrift into critical insufficiency, this created a tension between trusting that older people knew what was right for them and imposing their own expectations of what "enough" looked like.

Changes in social identity and relationships

As has been found in other research, older people in our study experienced incremental losses that had differing levels of practical and emotional impact. Many described a period shortly after retirement when they were able to enjoy time with their spouse that included travel, undertaking hobbies and social activities with family and friends. This was eroded through the dwindling health of one or both partners, often with a period of months or years where one partner became the carer for their spouse until the spouse died or had to go into residential care.

In very old age, there was a tendency for older adults to become increasingly excluded from the heart of family life. This was one of many factors contributing to increasing loneliness and isolation that could also affect self-care and motivation to eat appropriate food.

Bereavement and social isolation

Social isolation and loneliness were the predominant topics that older people wanted to talk about. For our participants there was a clear relationship between social isolation and food. For instance, they spoke of hating eating alone, not be bothered to prepare a proper meal, and having to force themselves to eat food they had cooked.

> ***"I'd bring [the meal] in and I don't sit to the table. I always sit in the chair and have it on my lap and I've done it, cooked it, and I've looked at it and then go, don't really want that. [Then I say to myself] Don't be stupid. Get on with it." [Maureen - Community Member]***

> ***"Well, I just have a piece of toast or a couple of, like I had today, a couple of cream cracker biscuits. I've got plenty of food in the fridge and that and [my son] makes sure of all that, but then, when I go and look at it, it's gone over the date, so I think, oh, I'll have to throw that out before he comes in again and sees that 'cause he gets very cross." [Gloria - Community Member]***

There were indications that older people ate more heartily at lunch clubs than when they were alone, although this was not made explicit or explored directly. For instance, individuals who described struggling to eat meals at home observably ate well at the lunch clubs attended by the researcher. Service providers also commented on their observations of increased appetites.

> ***"I caught a lady at the party last week, she'd eaten her entire roast, Christmas roast, right. All the trimmings. Each table had a bowl of cranberry sauce. I kid you not. I kid you not. She picked up the spoon in the bowl and finished off the entire bowl." [Mandy - Service Provider]***

Older people as carers

Some participants had become carers for their spouse. They described the ways in which becoming a carer changes day-to-day living. Often, the cared-for spouse was experiencing cognitive as well as physical decline and could not be left alone for more than the duration of the

shortest shopping trip. This created a change in habits in terms of when and where people shopped; for instance, choosing the closest and best stocked supermarket. For some who were current carers, Covid lockdowns had established the use of online deliveries, or relying on neighbours and relatives to do the shopping.

Some carers described a period where they were hospitalised which created a double burden of managing their own recovery while caring for their spouse and had an impact on food security.

> ***"last year, I had to go into hospital to have my gallbladder removed and we had Wiltshire Farm Foods then, because it was easier for [husband], he could put them in the microwave and he could manage that, whereas I couldn't try and cook a meal. Then we started them, I don't wanna get into the habit of using them all the time and not cooking, so then we've gone to using them, as I say, a couple of times a week." [Margaret - Community Member]***

Losing your role in the family

Growing older was associated with a reduced role as the main convener of family gatherings and meals and some participants described situations where they had once been at the centre of family life, but now felt excluded. Younger generations might pop in to help out and even prepare a meal, but would then leave to eat their meal elsewhere, perhaps with their own children and grandchildren.

> ***"Usually [my son will] come over on a Saturday, and he'll drop [his wife] on the way because [her mother] lives not far from the crematorium, on that road up to it. He'll drop [his wife] there and then come on to me. And then he'll have to go back and pick [his wife] up and go back to their place in time for lunch." [Frank – Community Member]***

> ***"'You can come [to Sunday dinner] if you like,' my granddaughter says, 'You can come if you like, Gran.' I think, well, that's not really an invitation, is it? I don't go out there, but [my son] and [daughter in law] goes out there most Sundays or they come up to [my son] and [daughter in law], but I never get asked up there either." [Gloria – Community Member]***

Changes in health and capabilities

Loss of appetite and weight loss were to some extent seen as a normal part of old age, both by older people themselves and by support workers. Participants spoke of the ways in which health conditions and concerns affected their eating. Many had health conditions that limited what they could safely and comfortably eat. Some conditions such as cardiovascular problems and diabetes affected what they thought they should eat. And health beliefs affected what they would eat.

Where older people spoke about what they were eating, this was typically in relation to the need to limit certain foods (e.g., sugar, salt, and processed foods) and gain or lose weight due to health concerns.

> ***"I only eat two meals a day, anyway, 'cause I want to keep my weight down. I put on a lot of weight a year ago and I think that's what contributed with the heart attack." [Vera - Community Member]***

Health care workers were concerned about the calorific and nutritional value of older people's diets, in relation to healing, maintaining physical strength, managing health conditions, and managing the impacts of medication. Low weight was a major concern and frustration was expressed about some older people' diet beliefs which they viewed as either out-dated or no longer appropriate for their health needs.

> ***"And you know, they're underweight, not eating, appetite of a mouse, and then they'll have Flora. Because my doctor said I gotta have this in the 80s and now I'm still eating it. And I need to have semi skimmed or skimmed milk. Because it's better for me." [Anna – District Nurse]***

Support networks and systems

The older people in this research described receiving help from family, neighbours and carers. But both they and the service providers we interviewed also spoke of older people's reluctance to ask for help. This was articulated by both groups in terms of pride and not wanting to be a bother or a burden, but there was a subtle difference in how the underlying reasons were understood. While service providers referred to embarrassment, the older adults themselves spoke primarily of wanting to retain their life-long independence and frustration at its loss.

> ***"I think they've been able to provide for themselves for so long that they're almost embarrassed then to ask for the help and almost, not ashamed of themselves, but just they would rather not be asking for the help." [Lisa – Social Care Worker]***

> ***"I'm not happy about it because I've lost some independence and that was the biggest thing, the independence going. But it happens, I'm 83 now, I haven't got much time, so I just have to put up with it, which is not easily acceptable." [Vera - Community Member]***

Family and friends

Many older people received support from family who provided them with different degrees of assistance including shopping for or with them, ordering shopping online, making food for the freezer, and other aspects of personal and household management. Support usually came from family who lived close by but those living further afield also helped, for example with online grocery shopping.

It was not uncommon for older people in our sample to have relocated to be closer to children and grandchildren. This tended to be prompted by a health crisis or diagnosis of a life-limiting condition.

> ***"Well my son and all the grandchildren were already here. And at one time, because my husband was in a wheelchair and one time I had to go into hospital and they had to come flying up to look after him because he couldn't' even get into bed without help. And it just didn't seem fair to have to drag them away from their work and whatever. So we applied to one of those housing things to be near to them." [Freda – Community Member]***

Relocation could be a mixed blessing. It meant older people had ready support in an emergency, but some described day-to-day support as being subject to the convenience of family members who had to fit it around work and other caring/parenting responsibilities. Relocation also meant losing deep knowledge of their local area and social networks at a life stage where these were difficult to rebuild.

For some, family support was not available. A number of participants were estranged from their family, lived far from relatives, had no children, had lost an adult child or simply found their family members were reluctant to help.

The role of friends was spoken of less. The older people we interviewed had typically moved away from or lost old friends. For those who retained old friendships, visiting had often become difficult so contact and support was limited.

Neighbours

In general, neighbours offered light touch but very valuable support and were important in reducing social isolation.

Participants in our study had varying experiences with their neighbours. People who had lived in the same place for a long time tended to have better relationships with their neighbours and have more mutual exchange of help and small favours. However, neighbourhoods also changed around people so that a once supportive neighbourhood could become quite alienating. In some neighbourhoods, residents described an extensive network of mutual support while in others there was little or nothing.

> ***"Oh, we had neighbours, we had everybody. You'd sit on the end of your patio and they'd come and sit with you and they'd talk and you'd go to someone's house for coffee and they'd come for coffee and even at night, you'd get a knock on the door, 'come and have a coffee'. But where I am now..." [Freda – Community Member]***

Several participants described with dismay, only seeing activity on their street when neighbours walked to and from their cars, and the demise of neighbourhood and street connections more generally.

> ***"I can go for a week or more without seeing anybody. I'm the bungalow on the end of the row of bungalows. I see my neighbour comes if I take a parcel in for her, we have a little chat on the doorstep, but that's it. Another neighbour, she sends me a Christmas card and I send her a Christmas card, I wouldn't know her if I crossed her in the street, but we send each other Christmas cards." [Fay – Community Member]***

For participants living in student areas, the experience was mixed. On the one hand, students were described as noisy, messy and ruining the sense of community. On the other, the bustle of students coming and going reduced feelings of isolation and community-minded students could be helpful neighbours in times of need.

Neighbourhood connections and sense of community was also important for providing older people with an opportunity to volunteer and contribute. Many participants were or had been active in their communities and were keen to continue to participate in whatever ways they could.

> ***"I'm 75 but I've got a couple of old ladies down in the village, so if I'm doing a lamb stew I'll take them something. So it's a very nice village to live in and we're very supportive of each other." [Barbara – Community Member]***

One support worker described two older residents in different areas who had started cooking at scale to help fellow community members with food insecurity.

> ***"she's been cooking for the whole of like the area that she lives in and not been charging the residents anything for it and obviously that's costing her quite a lot of money. And she said to me the other day that she's actually started selling her jewellery so that she can carry on cooking because she knows that her neighbours cannot afford it" [Clare – Support Worker]***

> ***"he charges them £3.50 doesn't he and he's worrying he's got increase his costs to £4 but they say what they want and they have a lovely little social event and they have a hot meal and they have it all together and it's really sweet... ... He was a chef. His mental health made him have to give up his work but he has deep passion for cooking and a deep passion for helping people so he wanted to start cooking." [Clare – Support Worker]***

Support workers and carers

Different care services provide support for older adults to meet different needs and situations. In our research, we met older adults who had regular visits from carers to help with personal tasks,

cleaning, gardening, shopping and cooking. We also spoke to support workers, nurses, the Wellbeing Hub and representatives from specialist charities.

At their lightest touch, support workers take on roles typically fulfilled by family. One support worker commented on the absence of family from independent living support team clients' informal support networks.

> ***"You'd be surprised how lacking. You will be so unbelievably surprised and you actually look surprised by that and lacking family, lacking. Family could be around, but they're not interested. They don't want the hassle. We have it. We come across it all the time." [Clare – Support Worker]***

Some participants were paying for help with strenuous tasks (e.g., cleaning, gardening), to be independent from family, even where family support was available. One participant had a long-term arrangement through a care agency for someone to visit weekly and cook with/for him, and another paid her cleaner to take her shopping. Two participants described continuing to pay for their carer through periods where the carer was no longer able to provide a service; this was in part because they wanted to stay connected.

The carers and support workers in our research who were visiting older people' homes, described keeping an eye on store-cupboard stock levels, uneaten food, and more general observations of patterns of behaviour. However, it was not clear whether food-monitoring practices came from tacit or explicit knowledge or training, or whether it was done routinely.

> ***"[The] Next week I go in again 'cause [my visits] are once a week. 'Have you had your breakfast?'. 'I've had my porridge and my toast'. And I start to notice well, that's the same loaf of bread from last week and now that bread's mouldy. Your porridge isn't going down. Your bread's not going down." [Clare – Support Worker]***

District nurses expressed concern that social carers did not have time or appropriate training to support clients' eating well or react to eating problems. They worried that carers presented clients with unappetising, ill-timed meals, and that they did not respond adequately when clients seemed not to be eating their food. The carer we interviewed identified lack of time as an issue. From their perspective, high staff turnover and an over-stretched service was compromising social carers' role in preventing food insecurity. Where an individual carer visited a client regularly, it was possible to build a relationship, become familiar with the clients' patterns, and notice and respond to changes but this arrangement was getting increasingly difficult. Being able to sit and chat with clients while they ate, was seen as making the difference between someone eating or not eating; this was thought to be particularly important for people with dementia where eating was no-longer automatic.

Churches and church organisations

Many of our research participants had connections to a church; they were active members of their local congregation, members of church-run groups and volunteers for church activities.

Two participants were in the clergy. Even those who did not describe being an active part of a congregation appeared comfortable attending church-run activities.

Churches and church organisations are significant in the community food system in B&NES, offering lunch clubs, coffee mornings and warm spaces; and supporting food pantries, community fridges, food banks and community cafes. The Genesis Trust estimates that up to ¾ of food bank and community food volunteers are church members. Some of the older people in this study were currently or had been volunteers for their local church including in food-related activities.

Church organisations described two scales of operation for churches, Parish churches that served a small, local area and larger churches that would draw people from further afield. They commented that most parish churches would run coffee mornings and/or lunch clubs (sometimes referred to as CAMEO – come and meet everyone – events) but that these tended to be hyperlocal and not widely advertised. Mobility difficulties together with lack of appropriate transport was thought to be the main barrier to accessing these activities.

Accessing information and support

A clear theme across the interviews was the importance of personal connections for accessing information and support. For some, services such as the Village Agents, Community Transport and Age UK played an important role. But also important, was "bumping into people" in shops, on public/community transport, and activities such as lunch clubs. We observed participants exchanging information about other activities at some of the activities we attended, and our participants were often aware of, or attending multiple activities.

However, some of our participants were more house bound than others, so had fewer opportunities for discovering things serendipitously.

> ***"it's no good putting a poster in the window saying, you know, come here for a chat every Thursday afternoon because if people aren't passing by, they're not going to see it. They're not going to know." [Lisa – Social Care Provider]***

The older people we spoke with made little use of social media to access information and support. Some were using email and, to a lesser extent, video calling to keep in touch with family and friends.

Shopping for affordable and healthy food

Most participants did the bulk of their shopping at supermarkets. In general, participants preferred to do their food shopping independently in-person; several participants commented on shopping providing valuable social contact.

Appropriate ways to get to and from food shops were essential and strongly impacted by mobility and vision difficulties. Many relied on their car; when this became impossible, they typically relied on community transport, family or paid support to take them on shopping trips.

Some participants shopped online and/or made regular use of Wiltshire Farm Foods deliveries. A few had someone who did the shopping for them, either in person, or more commonly, online.

Choice and affordability

Choice, quality and variety were important factors in how our participants approached their diets. Good quality meat in particular was prioritised.

> ***"cheap chicken is vile so that is a question of when you can afford to go to Marks & Spencer's and buy chicken from there because that is the best chicken you can buy at Marks & Spencer's." [Joan – Community Member]***

Needing to buy large food packs was an annoyance for one-person households and participants lamented the lack of smaller shops where they could buy small quantities and higher quality produce.

Food access among our participants could be divided into three broad locales: Bath City, Keynsham, and rural areas such as the Somer Valley.

Bath city participants tended to use a combination of local shops and city centre shops or larger supermarkets to do their shopping. Those who could, shopped around, buying from different supermarkets based on price, quality and taste preference. Middle range supermarkets were used for most shopping. Lidl was considered to have too limited a range for a full shop; Marks and Spencer was noted for its quality and selected bargains.

Bath city participants expressed frustration at the absence of cheaper shops such as Iceland and B&M. Some participants mentioned occasionally travelling to or getting deliveries from the nearest of these stores in Bristol and Keynsham.

Somer Valley participants mainly relied on large supermarkets which they accessed by car, either driving themselves or with a family member, friend, neighbour, or paid-for shopping assistant. A few used a mobility scooter to do their shop.

Although participants in Somer Valley had a choice of different supermarkets, they mentioned issues with travel costs, inconvenience, and the limitations of each store. The loss of RadCo was noted, in part because it had an affordable café and had acted as a social hub.

> ***"they had a café in [RadCo] and you could go in there and even if you were on your own you could go in there and have a cup of coffee. You nearly always saw somebody in there you knew... ...it was a very sociable place, wasn't it?" [Margaret – Community Member]***

Bath participants in Twerton and Oldfield Park were keenly aware of the impact of students on the area. This was seen as both positive and negative. The high student numbers was seen as having contributed to good supermarket presence, but this had been at the cost of smaller, walking-distance shops on the high street. Students also had an impact on the bus services, which were more frequent but often crowded and so could be less accessible for older people.

Participants living in Keynsham were as likely to access facilities in Bristol as in Bath. They tended to use shops in Keynsham itself, but one also drove to ASDA in Longwell Green.

Participants from ethnic minorities commented on the limited choice of traditional foods in local supermarkets. Some remarked that choice in Bath city had improved over the years, making it less necessary to travel to Bristol or further afield, but ethnic foods were relatively expensive and West Indian foods were still difficult to obtain. For those living outside Bath city, access had also been affected by restrictions on car use and parking. In terms of community-level food provision, where foods from other cultures were provided, it was sometimes poor quality, poorly stored, and prepared in ways that were not familiar to the community.

Transport

Our participants viewed transport as key to enabling independence, food choice and budget management. Participants in Bath described using a mix of private cars, buses, and community transport. By contrast, some of those living in rural areas often relied entirely on car transport. Regardless, a common fear among our participants was losing access to their primary form of transport, whether through giving up driving or a reduced community service.

> " ***Interviewer: So, what would you do if you didn't have a car?***
>
> ***Ray: Panic. I honestly don't know. That's what frightens me. The thing is, I don't buy enough in one supermarket to get a supermarket delivery because it's all £40 limit, isn't it? And 40 quid's quite a lot of items, because the thing is, there's certain things I like to buy in ASDA and certain things I like to buy in Tesco's and neither do the same." [Ray - Community Member]***
>
> ***"Interviewer: How do you manage your shopping then?***
>
> ***Joan: Well Dial a Ride is how I go. I go on a Thursday once a week. Quite a few of us in here are on Dial a Ride and that spins from that. It's wonderful, but we are always like this [gesticulates worry] because there are always rumours they are going to stop it which is terrifying." [Joan - Community Member]***

Transport also featured as providing both independence and social connection. The woman below reflects on how changes in her personal circumstances turned shopping trips on public transport from "*a treat*" to "*a chore*".

> ***The companionship of meeting people on the bus was nice and the chatting but you just make adjustments, and the main adjustment was now go shopping with the daughter." [Barbara - Community Member]***

Community transport providers spoke of actively promoting this social aspect by organising regular social events for service users. These typically used community venues which linked a network of community-led support.

"it's really nice how everyone's got on so well and made friendships [at community transport get-togethers] ... And because it's quite a community here, often people do know each other but they haven't seen each other in years. Or they know other members of the family, kind of thing." [Alex - Community Transport Provider]

Public Transport

Participants living in Bath were more likely to use buses than participants in rural areas who were put off by a range of factors including infrequency, inconvenient schedules, and poor reliability. Weather concerns, increasing frailty, and difficulties carrying shopping, were also barriers to using public transport.

"I used to use the buses, but I'm not steady enough to use them anymore. I've got a bus pass, but I couldn't use it in any case now, because no buses [serve my area]." [Esme – Community Member]

Residents of Somer Valley mentioned using the Park & Ride to access Bath city centre. Overall, Bath City residents had better availability of public transport although they were being negatively affected by changes to the bus service. For example, shopping had become more effortful and time consuming for Twerton residents following the removal of the bus service to their local shops. Since a return trip to their closest shops now entailed four buses, our participants reported that city centre shops had become the more convenient option and that they were putting off shopping.

"Sometimes I'm out four hours and all I've got is just my day's shopping." [June – Community Member]

Older adults commonly experienced accessibility issues with buses. For example, hills were both a barrier to, and a reason for using public transport. Some participants described use of very short bus journeys to get up hills to and from shops. Others explained that the hilly position of their home relative to the nearest bus stop made it difficult to use the bus at all.

"[the road where I live] really is the crest of a hill. It was alright for when we first moved there, I could walk to the end of the turning and get a bus. But of course, I can't now. I can't get to the corner of the road now, and we ended up more or less being stuck up there" [Freda – Community Member]

Accessibility factors such as being able to sit down on buses and while waiting at bus stops was important. One participant described how he had scoped out bus stops with benches.

"There's a bus stop right there just about 15-20 feet from Chelsea Road, and there's a bench there. If you go down to the bottom of Chelsea Road and turn left, that's the A4, you walk down to the Upper Bristol Road and turn left, and the bus stop just there - in fact, you can see the

other bus stop up the road - but there's no bench there. So, if you've got a 20 minute wait you've got to stand." [Bernard - Community Member]

Some participants had never driven or had chosen to give up their cars. Changing habits to transition from private transport to using public transport could be difficult.

"Because I used [the bus], I was quite familiar with the times, and then since COVID I think the times have changed so it's become something that I am not familiar with. So, I just sort of… it's an easy way of dropping out." [Phyllis - Community Member]

Community Transport

Community transport was an essential service for many participants. It was used for a range of purposes including shopping; attending lunch clubs; and visits to local services (e.g., doctors, hairdressers) and family. In general, participants were happy with community transport and felt it was reasonably priced. Some were especially reliant on community transport services and worried about getting "*stuck"* if these services were reduced or stopped.

Community transport users were aware of and generally accepting of its limitations. They knew capacity was stretched, so tried to be thoughtful about how they used services and accepted the need to book days in advance. The one limitation that was a challenge was the lack of community transport at weekends, on public holidays and out of area. For example, one participant was unable to visit her husband in a nursing home on Christmas day, because she relied on Dial a Ride to take her there.

There was some discussion about the desirability of demand-responsive transport; however, one participant commented that the tendering process had been very resource intensive and so limited the ability of small providers such as community transport, to bid.

"The unfortunate thing is that with the transport network meetings - that's where all of the community groups meet together - no-one from community transport has been able to apply for it because it took such a long time to fill in the forms that there weren't any operators that had the time and the resources to actually put a bid in for [demand responsive transport]. So we think it's gone to a much bigger organisation" [Alex – Community Transport Provider]

Online shopping

In general, participants preferred to shop in-person but some shopped online either themselves or via a relative. Others had done so during the Covid-19 pandemic restrictions, but now considered it a last resort. Some did not have access to appropriate technology or had no interest in learning how to shop online.

"Well, we did shopping online, it was quite good, it was quite interesting in as much as we made a couple of mistakes, one of them was I ended up one day, I thought I'd ordered a bag of potatoes but when it came I'd ordered one potato [laughs]. Which the driver knew, when they picked it they knew what I meant but they're not allowed to change the order and the man proudly presented me with one potato when he turned up [laughs]. Luckily there's only two of us, so we managed. But no, it works, it's just that I like to see what I'm buying." [Margaret – Community Member]

Participants had varying attitudes to paying delivery costs for online shopping. Some found it unacceptable, but one participant viewed it as a reasonable service charge that could be managed by buying larger quantities less frequently.

"Well, I feel that I'm not spending money on petrol and I've got someone to carry my shopping at home for me… … if it's under £40, it costs me £7 for delivery. But if it's over £40, it's only £4. So I try to work out that I'm spending £40 for the shopping so I only pay £4 for delivery… I buy enough stuff to last me for two weeks 'cause I can freeze the bread and whatever meat..." [Doris – Community Member]

Participants also needed to be able to trust online shopping services. For example, a failed delivery had put one participant off shopping online.

Wiltshire Farm Foods

Wiltshire Farm Foods were frequently mentioned by older people and service providers in our interviews. Some had heard about them through social contacts and others through service providers, for example following discharge from hospital. Although Wiltshire Farm Food meals were considered expensive, they were seen as good value, offering good nutrition and adequate portions.

"Well, it's because I couldn't stand cooking, at the cooker any longer, to cook my dinners, 'cause I get tired very easily. I just thought, I knew about Wiltshire Farm Foods and they don't put any nasty bits in, so they're safe to eat."[Vera – Community Member]

"Another thing that we use, as well, is Wiltshire Farm Foods, we'll have those twice a week, probably... …They are delicious, they are very nice." [Margaret - Community Member]

Our participants liked being able to order and pay for Wiltshire Farm Foods by telephone and the personal contact with drivers was valued by older people and services providers alike.

However, while many older people also enjoyed the food, service providers sometimes viewed it more as a choice of last resort.

> ***"They're surviving on microwavable meals or Wiltshire farm food reheatable meals which aren't particularly that appetising to be honest with you. They look nice in the brochure. They're not that tasty, and when you haven't got much of an appetite and you've got something rather bland stuck in front of you, it's not that appetising, really, is it?" [Gemma – District Nurse]***

Community provision of affordable food

In contrast to the younger community members who participated in our previous research, the older community members in this research were accessing community provision through lunch clubs and social gatherings and were making less use of emergency food, food clubs, and community pantries.

Lunch clubs and coffee mornings

Many of the participants in this research were recruited via social gatherings that involved a meal or refreshments (e.g., community cafes and lunch clubs) and those who attended one group often attended others if it was affordable and accessible.

These social gatherings were organised in various ways from informal get-togethers for drinks and snacks to full days of activities. Some were set up by larger organisations such as Age UK and Curo and others by charities or community-based organisations such as community halls, churches and community transport. One long-established lunch club was entirely peer-run. Attendance costs ranged in line with this from less than £5 to over £25. Often, they included transport to and from the activity. Most groups had experienced a fall in numbers since resuming after the Covid-19 lockdowns, though these were rebuilding. Some had lost staff and volunteers.

Lunch clubs and other organised get-togethers were used primarily to address social isolation, providing opportunities to revive old acquaintanceships and make new friends. Although they did relieve the burden of preparing a meal, the social function was often considered of greater importance than the food.

> ***"Visiting friends is, it's not possible for me now to any extent. I've had to make new friends. I have made new friends through the Age UK Club. Two gentlemen. When the club didn't meet they came here and we played games - domino's mainly - together and then we went to the pub together" [Eddie – Community Member]***

Where a meal was provided, it was important that it was enjoyable with those who attended weekly clubs valuing variety. Affordability was also important; our participants shared tips about community cafes and lunch clubs as well as cheaper commercial enterprises such as Wetherspoon's.

Food banks and pantries

Most participants had not used food banks or community pantries and knowledge about how to access them was limited. One participant had attempted to use a community larder but had been unsuccessful – he had arrived too late when food had been taken. Some participants had provided practical or financial support to food banks or pantries.

Older people make up a small proportion of B&NES food bank users, but numbers are increasing. Food bank workers observed that whereas previously, older people's use of food banks tended to be triggered by wider family issues creating unplanned financial demands (e.g., children and grandchildren coming to live with them), more are now running out of food and not having the money to buy it.

Meals on Wheels

There was a consensus among care providers and support services that a Meals on Wheels service was much needed for the area and scoping activities had begun to identify commercial kitchens that could act as a base for the service.

However, the older people who took part in this research did not spontaneously mention Meals on Wheels.

Conclusions

Our findings illustrate the complexities of food insecurity for older adults where financial considerations are just one factor among many. Something that was apparent in our interviews was the multiple changes and transitions that occur in later life, with each demanding some form of adjustment and adaptation. This presents challenges and opportunities; older people depend on multiple support systems to mitigate precarity and there are multiple points for intervention.

For our participants, social isolation was a major issue, and its underlying causes are intrinsically linked to food insecurity. Where mobility becomes more difficult, so does shopping, food preparation and spending time with others. Older people are particularly reliant on word of mouth to keep up to date, but social isolation and lack of mobility mean they have fewer chance encounters where knowledge is exchanged. Older people can become isolated within their communities, and also within their own families. Where opportunities for social connection are reduced, so is the motivation for eating meals. Additionally, when health issues begin to affect dietary choices and eating habits, maintaining a well-balanced diet poses an even greater challenge.

Being able to get about is vital for grocery shopping, for social eating and for maintaining informal social interactions. Public transport can be challenging when mobility and other health problems develop, and in rural areas, services are limited. When older people can no longer drive, community transport offers an essential alternative.

Connections to family, friends, neighbours, communities, and wider society are protective factors, but diminish in older age. Neighbourhoods can feel more socially isolating when there is little visible activity. Community activities such as lunch clubs, coffee mornings, church and

social groups help older people maintain and rebuild connections, but not all older adults access these. Older people are concerned about becoming a burden or a nuisance and are keen to continue to contribute. Neighbourhood and community structures can offer opportunities to do this.

Despite these challenges, older people are tough and adaptable, and the complexity of their situation means there are many and varied opportunities for intervention.

Recommendations

While our findings revealed some shared challenges with families and children identified in the previous report, there are distinct experiences of older individuals, which are the focus of our recommendations. We recognise that the community, community organisations, service providers, and many older individuals themselves, already possess the necessary structures and motivation to address the specific challenges faced by older people. Our recommendations aim to harness these existing assets effectively. Moreover, it is crucial to acknowledge that challenges vary depending on the locality, underscoring the importance of closely considering the unique context of each place. Finally, throughout our research, there was a resounding emphasis on the need to "meet people where they are," both geographically and in practical and psychological terms. Our recommendations reflect this person-centred approach, ensuring their practicality and alignment with the diverse needs of older individuals.

Improve social support networks

Our findings clearly indicate the importance of social support networks. The survey of people receiving Pension Credits that accompanies this work found that those who are socially and digitally excluded experienced the greatest difficulties. Needs and opportunities vary across the local authority area, indicating a need for tailored local and hyper-local support. It was clear that some older people were open to and benefitted from digital connection, but there was also a strong resistance to expectations that they should engage online.

There is a need to:

- Identify and support service providers, local organisations, and community-level groups to develop their capability and capacity for working with older people (e.g., through collaboration, network-building and direct support).
- Capitalise on existing local and national initiatives that create connections within communities through food (e.g., Food for Life Get Togethers, re-engage tea parties, existing community festivals and events)
- Identify and learn from best practice taking place locally and nationally.
- Co-design support with providers and community members to empower localised action, and ensure services are informed by older people’s preferences and needs.

Ensure transport is accessible and affordable

Access to transport was critical and participants spoke of transitions between use of private, public and community transport. Older people experience barriers to using public transport due

to a mixture of limited accessibility and lack of familiarity. In addition to public transport, community transport is an essential part of retaining older people's independence and social connection.

- Improve local transport systems for older people with a particular focus on accessibility (e.g., benches at bus stops, better timetabling, shopping-friendly routes).
- Recognise and support the role and expertise of community transport.
- Ensure changes to transport provision are evaluated for impact on older community members.

Support older people as they adapt to changes in their lives

Older adults can face multiple changes in their lives (e.g., bereavement, relocation, health decline) that have implications for what they are able to eat, their responsibility and capacity for shopping and preparing meals, and their enjoyment of food. Older adults would benefit from support in these transitions that respects their needs and preferences.

- Work with diverse groups of older people to understand their perspectives on what eating well means to them, how this changes, and what information and support is needed.
- Engage the local food system (e.g., supermarkets, local businesses, service providers, and end users) in the development of local strategies that improve provision for older people.

Maximise data use to support older people at greatest risk of food insecurity

Service providers pointed to multiple potential sources of data from organisations that have contact with older people that could be leveraged to identify the most vulnerable and socially excluded older people and connect them to sources of support. Organisations with access to relevant data include primary care, public health and wellbeing teams and social security

- Coordinate and facilitate access to existing data sources relevant to enable identification of vulnerable older people
- Share information and coordination between existing services that work with older people (e.g., GPs, home visit services)

Provide local and national leadership to support older people and their families

Leadership is needed from B&NES Council, Age UK, Fair Food Alliance, and the Affordable Food Network around being allies and advocates for older people experiencing food insecurity. Specifically, leadership is needed around:

- Identifying and addressing the challenges for older people who are falling through the cracks – especially those who are socially isolated and those not yet eligible for the State Pension or whose income is above the cut-off for Pension Credits.

- Advocating for increased pensions and other forms of financial support for those at risk of food insecurity.
- Advocating for greater resourcing and support for key agencies and front-line workers; particularly those who have access to the most vulnerable and isolated older people.
- Recognising the importance of families as carers and providing them with information and support.
- Educating the wider community about what food insecurity for older people looks like, what contributes to it, and what needs to change.
- Developing mechanisms to ensure that voices of people with lived experience of food insecurity are embedded in all decision making and the development of strategies.