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Article:

Purdam, K., Esmail, A. and Garratt, E. orcid.org/0000-0001-5974-4141 (2019) Food insecurity amongst older people in the UK. *British Food Journal*, 121 (3). pp. 658-674. ISSN 0007-070X

<https://doi.org/10.1108/bfj-05-2018-0301>

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Food Insecurity Amongst Older People in the UK

Prepublication version, forthcoming in The British Food Journal.

December 2018

Dr. K. Purdam

University of Manchester
UK

Professor A. Esmail

University of Manchester
UK

Dr. E. Garratt

Centre for Social Investigation
University of Oxford
UK

Abstract

Purpose

This article presents findings from research into food insecurity amongst older people aged 50 years and older in the UK.

Design/methodology/approach

Secondary analysis of national-level survey data and semi-structured interviews with older people receiving emergency food from foodbanks.

Findings

There is a forgotten care gap in the UK where a substantial number of older people are living in food insecurity. Many older people live alone and in poverty, and increasing numbers are constrained in their spending on food and are skipping meals. Food insecurity amongst older people can be hidden. Within families a number of older people were trying to ensure that their children and grandchildren had enough to eat, but were reluctant to ask for help themselves.

Limitations

The broad categorisation of older people aged 50 and above comprises people in very different circumstances. The qualitative component of the research was undertaken across various sites in a single city in England. Despite these limitations, the analysis provides important insights into the experiences of the many older people enduring food insecurity.

Practical Implications

An increased public and professional awareness of food insecurity amongst older people is needed. Increased routine screening for under-nutrition risk is a priority. Policy initiatives are needed that are multifaceted and which support older people across a range of age groups, particularly those living alone.

Social Implications

Food insecurity amongst older people in the UK raises questions about the present policy approach and the responsibilities of the government.

Originality/value

The research provides important new insights into the experiences of the many older people experiencing food insecurity in the UK by drawing on survey data and interviews with older people using foodbanks.

Key Words: Ageing, Food Insecurity, Older People, Under-Nutrition

Introduction

This article presents findings from research into food insecurity amongst older people aged 50 years and older in the UK. It draws on evidence from nationally-representative surveys and semi-structured interviews with older people using foodbanks. Food insecurity is defined as not always having the economic, social and physical resources to shop, cook and eat in order to ensure a sufficient supply of safe and nutritionally appropriate food (Anderson 1990; Deeming 2011; Dowler et al. 2011; United Nations 2012). The different dimensions of food insecurity include food poverty (the affordability of food) and the wider help and support a person needs to ensure adequate nutrition.

Food insecurity is associated with nutritionally inadequate diets (Pilgrim et al. 2012; Kirkpatrick and Tarasuk 2008), and can be linked with under-nutrition – a deficiency in protein, energy or micronutrients (Coates 2013; United Nations 2012). Under-nutrition is a major cause of functional decline and mortality amongst older people. It can lead to poorer health outcomes, falls and fractures, delays in recovery from illness and longer periods in hospital (including delayed operations) (Mir et al. 2013; Roh et al. 2014).

Evidence suggests that food insecurity in the UK is increasing (Garratt 2016; Garthwaite 2016;). An estimated 8.4 million adults in Britain experienced food insecurity in 2014 (Taylor and Loopstra 2016). More recent estimates from the Food Standard Agency's Food and You Survey showed that 21 per cent of adults in England were food insecure in 2016 (Bates et al. 2017). Research undertaken in Scotland (Douglas et al. 2015), North-East England (Garthwaite 2016) and North-West England (Garratt 2017; Garratt et al. 2016; Purdam et al. 2015) has highlighted the increasing numbers of people reliant on emergency food. Research has also identified how food insecurity can impact on different populations. For example, research has highlighted the growing numbers of children in the UK who are experiencing food insecurity (Knight et al. 2018; Lambie-Mumford and Sims

2018; Lambie-Mumford and Green 2017; Mott et al. 2018; Wills et al. 2018). Moreover research has shown how family members sometimes skip meals in order to ensure their children have enough to eat (Purdam et al. 2015; Tarasuk et al. 2007).

In the absence of routine food insecurity monitoring, uptake of emergency food has been used as a proxy for extreme experiences of food insecurity (Garthwaite et al. 2015; Caraher and Cavicchi 2014). In 2017, the Trussell Trust – the UK’s largest foodbank network and the only such organisation to routinely monitor foodbank use – reported that their foodbanks had distributed more than one million parcels of emergency food (Trussell Trust 2017). Overall, 1.4 per cent of people claiming emergency food parcels were aged 65 years and older. There are also many independent foodbanks and informal sources of emergency food that are largely undocumented, including food sharing and lunch clubs (Coleman-Jensen 2011; Downing and Kennedy 2014; Garthwaite et al. 2015; Lambie-Mumford 2017; Lambie-Mumford and Dowler 2015; Lambie-Mumford et al. 2014; Loopstra and Tarasuk 2015), and so the true number of people, including older people, experiencing food insecurity may be substantially higher.

Alongside rising food insecurity, evidence also suggests that the rate of under-nutrition risk is increasing in the UK, however it is only in recent years that there has been a programme of screening for older people. The National Nutrition Screening Survey conducted by British Association of Parenteral and Enteral Nutrition (BAPEN) suggests that an estimated 1.3 million people aged 65 years and older in the UK are not getting adequate protein or energy in their diet (BAPEN 2016). On admission to hospital, 34 per cent of adults aged 65 years and older have been identified as being at risk of under-nutrition (Elia 2015). Up to 42 per cent of older people admitted to care homes and up to 14 per cent of people living in sheltered accommodation are estimated to be at risk of under-nutrition (Harris et al. 2008; Ralf et al. 2010; Russell and Elia 2014). These figures suggest that under-nutrition is a risk both for older people living independently at home, and those living in supported accommodation. Research by Deeming (2011) has also highlighted how older low-income

households, older ethnic minorities, older people with disabilities, the older old and older people living alone can be particularly at risk of under nutrition in the UK.

In terms of diagnostic prevalence in the UK, evidence from the Health and Social Care Information Centre (HSCIC 2016) indicated that admissions to hospital with a primary or secondary diagnosis of under-nutrition more than doubled from 3,899 in 2009-2010 to 8,147 in 2016-17. The rates were highest amongst older people aged 60–69 years old.

Despite the evidence discussed above the research on food insecurity specifically amongst older people in the UK is limited.

Research questions: To what extent are older people (aged 50 years and older) in the UK experiencing food insecurity? How do the experiences of food insecurity amongst older people in the UK vary by age, gender and in terms of their socio-economic circumstances? What are the circumstances and experiences of older people using foodbanks?

Background – Understanding Food Insecurity Amongst Older People

In the UK there are over 22 million people aged 50 years and over. Evidence from the Office for National Statistics (ONS) suggests that the present population of 10 million people who are over 65 years old will increase to 19 million (or 1 in 4 people) by 2050 (ONS 2013). Older people aged 50 years and above in the UK are not a homogenous group and have a diverse range of economic circumstances and health and care support needs. For example, in certain areas of the UK life expectancy for men can be as low as 70 years old, and healthy life expectancy (the years someone can expect to live in good health) can be as low as 47 years old (ONS 2018). Given these differences it is important to consider the broad age category of people aged 50 years and older when examining the issue of food insecurity.

The causes of food insecurity including under-nutrition amongst older people are multiple. General health and mental health issues, reduced appetite, medication side effects, food affordability, food availability and supply, preparation skills, equipment availability, time resources, and social and care support are just some of the previously identified factors (BAPEN 2016; Bostic and McClain 2017; Caughey et al. 1995; Chiu et al. 2016; Donini et al. 2003; Dowler et al. 2001; Forsey 2018; Griffith et al. 2013; Kim et al. 2018; McKie 1999). Changes in body composition, gastrointestinal function, muscle mass and health problems including oral health and dental problems due to ageing are thought to particularly affect the nutrition of older people (Morley 1997). Restrictions on shopping and cooking as a result of health limitations including arthritis, visual impairment and dementia also contribute to risks of food insecurity (Brownie 2006).

Poverty can persist in old age for older people in the UK. Many older people have been less affected by the recent recession than younger age groups, in part because of the triple lock protection for pensions (ONS 2017). The triple-lock protects the income of pensioners by guaranteeing pensions rise by the same as average earnings, the consumer price index, or 2.5 per cent – whichever is the highest (Thurley and Keen 2017). However 1.6 million pensioners live below the poverty line (60 per cent of median income), and one million of these older people live in severe poverty (below 50 per cent of the median) (ONS 2017; Patsios 2014). 8 per cent of pensioners are in persistent poverty, having spent three years out of any four-year period below the poverty line (ONS 2016). See also Independent Age (2016).

Around 20 per cent of older people have little or no private pension, housing or material wealth, and retiring with debt is also a growing problem (Banks et al. 2012). Whilst older people are increasingly working longer, this work is often part-time and low paid (DWP 2014). Moreover, working may not be an option for those in poor health, for those with caring responsibilities, and for those who are unable to find employment (Centre for Ageing Better 2017; Chandler and Tetlow 2014).

Welfare reform and austerity in the UK – including reductions in state benefits and cuts in public spending – has led to reductions in support services for older people (Corbett and Walker 2013; Hills 2015). Research by Age UK (2018) has highlighted how 1.4 million older people aged 65 to 89 years old have unmet social care needs. For example, the number of older people receiving home-delivered meals is estimated to have more than halved since 2009/10 (Ismail et al. 2014; Mason 2015).

Social factors can pose a risk to older people's nutrition, including access to support through social networks for help with shopping, cooking, and eating (Brownie 2006). Many older people experience high levels of social detachment and loneliness (Scharf et al. 2002), with 3.8 million people aged 65 and older living alone in the UK (ONS 2013). Evidence from Age UK (2014) found that over one million people aged 65 and over *always or often feels lonely*. This is relevant to nutrition as older people living alone tend to eat less (Herne 1995). It is notable that 13 per cent of FareShare clients aged 55 and over considered their main reason for coming to the charity or community group was being able to eat with others (Mabelis et al. 2016). A link between depression and weight loss amongst older people has also been identified (Morley and Kraenzle 1992). Research has also found examples of older men having to learn how to cook following the death of a spouse (Herne 1995). Even for older people living in care homes, concerns have been raised about the adequacy of the support provided including in relation to nutrition (CQC 2016).

Food insecurity can be a challenge to measure given the links with other age-related changes and health issues. Body Mass Index (BMI), which is based on a person's height and weight, is a widely used indicator of under-nutrition, but there are limitations to the standard BMI measure, as it does not take account of age, sex or fitness (Blackburn and Jacobs 2014). Older people often have a reduced appetite, lower energy use, lower biological and physiological functions and can have reduced senses of smell and taste (Ahmed and Haboubi 2010). This has led to the term 'anorexia of ageing' (Morley 1997).

Research by Coates (2013) and Tarasuk et al. (2012) has involved the development and refinement of measures for estimating food insecurity amongst different types of households. However there has only been limited research specifically focused on food insecurity amongst older people in the UK

Methodology

This research adopted a mixed-methods approach (Tashakkori and Teddlie, 2010), using quantitative survey data alongside new qualitative case study data from research in four foodbanks. The use of a mixed-methods approach adds considerable value by bringing together the statistical strengths of quantitative data analyses with insights gained from in-depth semi-structured interviews (Bryman 2006; Fielding and Fielding 2008). The interviews with older people using foodbanks allowed the daily experiences of food insecurity to be captured and compared with the nationally-representative quantitative survey findings. More detailed methodological information is available in (see Garratt and Purdam 2018).

Older People Aged 50 Years and Older – A Diverse Group. The definition of what constitutes old age is subject to some debate (Phillipson 2013). As outlined, there are striking health differences among older people and healthy life expectancy can be as low as 47 years in some areas of the UK (ONS 2018). Therefore when examining food insecurity amongst older people, it was important to use the broad age category. However within this broad age group there are older people in very different circumstances with different economic resources and health and support needs.

Survey Data. The quantitative component of the research relied on a review of available survey data and proxy measures including: food consumption, financial constraints on food purchasing, help with shopping and eating, and the social aspects of sharing food with others. Exploring the broad topics of food affordability and access offered a more inclusive assessment of insecurity than existing research focusing specifically on

emergency food provision. National survey data were reviewed and analysed, including: the English Longitudinal Study of Ageing (ELSA), which covered a representative sample of more than 12,000 respondents aged over 50 years old in England; the 2016 Health Survey for England (HSE) which collected information from a representative sample of 8,000 adults in England; the Food Standards Agency's 2016 Food and You Survey, a biennial UK-wide representative sample of over 3,000 adults aged 16 and over; and the 2012 Poverty and Social Exclusion Survey which collected information from over 5,000 UK households. Descriptive analyses on each survey were conducted in the software Stata, using survey weights to account for survey design and non-response. The small numbers of older people in some surveys meant that multivariate analyses were not possible, so the analyses were restricted to simple descriptive analyses and cross-tabulations to provide breakdowns by key demographic characteristics, including age group and income quintile.

Foodbank Interviews. Four case studies of foodbanks in the North West England were conducted to capture the circumstances of older people using foodbanks. The case study foodbanks were selected to reflect different food charity organisation types and sizes, and populations served. The four foodbanks were being run by organisations affiliated to different religious groups and were located in urban and suburban areas. Each of the foodbanks were open for around two hours per week. The foodbanks provided food collected from public donations, food purchased from FareShare (a food redistribution charity), and food bought from supermarkets.

Interviews

Semi-structured interviews were undertaken with older people aged between 50 and 75 years old who were collecting emergency food parcels. Semi-structured interviews were conducted to capture detailed in-depth evidence on individual circumstances and experiences (Ayres 2008; Bryman 2015; Mabry 2008). These individual accounts are

particularly important in the context of food insecurity, a topic that has been subject to widespread social and media commentary, but where the voices of people using foodbanks are often absent (Knezevic et al. 2014; Wells and Caraher 2014). The interviews captured basic demographic details alongside information on people's reasons for visiting the foodbank, their household circumstances, food spending and budgeting strategies, general health, and how they used the food. The questionnaire was piloted with a small number of respondents and then revised, primarily to reduce its length and reword certain questions. The interviews lasted a maximum of 30 minutes. Participation was voluntary and informed consent was obtained. To encourage participation, no audio recordings were made; instead, detailed handwritten notes were made. Some comments were noted down verbatim. Even so, many interviewees were apprehensive about being interviewed as foodbank use was clearly a sensitive issue.

All interview notes were anonymised, and respondents were assured that they would not be identified in project outputs. During the fieldwork it emerged that interviewees were more focused if interviews were conducted after they had received their food parcel. This approach was also more ethical as it avoided the risk that receipt of emergency food could be perceived as contingent on participation. On a more practical level, participants were sometimes concerned that food parcels would run out while they were being interviewed.

Finally, six foodbank volunteers were interviewed to gain insights into their experiences and perspectives of running a foodbank.

Good practice guidelines were adhered to in relation to fieldwork safety and when conducting research with vulnerable groups (Bryman 2015; Iphofen and Tolich 2018; Lundgren 2012). The research was approved by the University's research ethics committee.

Sample

In total, 36 people aged 50 years and older were interviewed. Of these, 28 were women. Ages ranged from 50 to 75 years old, with an average age of 59 years. The age profile of the older people using foodbanks was concentrated towards the younger end of the target age group. However, given the food insecurity and health issues faced by many older people aged in their 50s and 60s it was important to consider this broad age group.

Analysis

The notes from each of the semi-structured interviews were computer coded in relation to the different issues raised by each interviewee. The key themes emerging from the coding were then identified, and indicative quotes selected to illustrate these themes. The interviews with volunteers were used to provide contextual information on the foodbank operations but are not quoted directly in the article.

Handwritten fieldwork notes were also kept by the researchers documenting observations from each foodbank. These notes were used to provide background information to the research findings.

Findings

The available quantitative survey data were analysed to estimate the level of food insecurity amongst older people in the UK. Issues relating to food insecurity were then explored further through a series of semi-structured interviews with older people using foodbanks in the North West of England.

Food Insecurity Risks Amongst Older People Aged 50 Years and Older

Skipping Meals, Affordability and Accessing Food

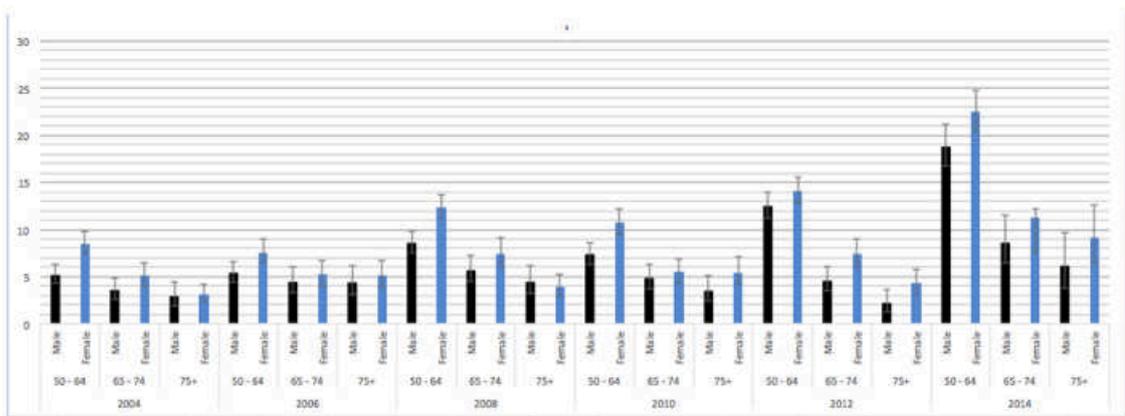
Data from ELSA in 2014 suggested that 3 per cent of people aged 50 and over (or someone else in their household) had: "*cut the size of their meals or skipped meals*

because there was not enough money for food in the last 12 months". The rate was higher both amongst people who lived alone, and those in the lowest income quintile.

A growing problem of affordability was also identified: the proportion of people aged 50 and over reporting that *"Too little money stops them buying their first choice of food items"* has more than trebled since 2004 to 16 per cent in 2014. The affordability of food by different age groups and by gender is shown in Figure 1 below. The chart highlights the increasing problem of affordability over recent years, particularly for older people aged between 50 and 64 years.

Figure 1. Percentage of people stating that "Too little money stops them buying first choices of food items", by year, age and gender (Source: ELSA)

Figure 1. Percentage of people stating that: "Too little money stops them buying first choices of food items" (by year, age and gender) (ELSA)



Note: bars show 95% confidence intervals for each estimate.

The problem of affordability was highest amongst those older people on low incomes. 30 per cent of people aged 50 years and older in the lowest income quintile stated that: *"Too little money stops them buying their first choice of food items"*, compared to 5 per cent of people in the highest income quintile. Amongst those people aged 65 years and older, these figures were 16 and 3 per cent, respectively.

Looking at more extreme limitations on food spending, evidence from the Poverty and Social Exclusion Survey suggested that 12 per cent of people aged 65 years and older had often or sometimes: *“skimped on food so others in the household would have enough to eat”*.

Alongside affordability, physical access to food appeared to play a part in older people’s nutrition. Evidence from the 2016 Food and You Survey highlighted that shopping in local shops – which can be less cost-effective than shopping at large supermarkets (Purdam et al. 2017) – was reported by 13 per cent of people aged 75 years and older, compared with only 4 per cent of 25–34 year-olds. Older people may therefore face higher bills for the same basket of goods, and may also have less choice. Other barriers also included transport: data from ELSA revealed that 8 per cent of people aged 50 and over felt that *“too little money means they cannot pay fares or transport costs”*. This rose to 16 per cent amongst the lowest income quintile, compared with 2 per cent of people in the highest income quintile.

Eating, Cooking and Support

Looking more broadly, evidence from the Health Survey for England consistently highlighted the issue of unmet needs amongst older people. In 2016, 5 per cent of people aged 65 years and older reported needing help to leave their home. This rose to 20 per cent amongst people aged 75 years and older. Only 4 per cent of people aged 65–74 years and 6 per cent of those aged 75 and older who said they needed help had received: *“help with eating, including cutting up food, in the last month”*.

In terms of shopping and carrying food, 45 per cent of those people aged between 65–74 years and 60 per cent of those aged 75 years and older who said they needed help had received any help with: *“shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away”*. This

evidence clearly suggests there is a care gap in the support many older people need to ensure adequate nutrition.

Relationships and Living Alone

Relationships, caring and socialising are also important aspects of eating. Data from ELSA found that 10 per cent of people aged 50 and older stated that too little money stops them: *“having friends and family round for a drink or a meal”*. This figure rose to 20 per cent amongst those in the lowest income quintile, demonstrating high levels of social exclusion in this group.

The affordability of food also emerged as a particular issue for those older people living alone. Data from ELSA in 2014 found that people aged 50 and older who were living alone were more likely to report that: *“too little money can stop them buying their first choice of food items”* (26 per cent) compared with those people who were living with another adult (12 per cent).

Emergency Food Aid – Foodbank Use Amongst Older People Aged 50 – 75 Years

In order to examine food insecurity further, the experiences of older people using foodbanks are now presented with the key themes emerging from the semi-structured interviews.

Urgent Need

All of the older people interviewed were in urgent need, the first theme identified. Some were almost entirely reliant on emergency food, for example, as one interviewee commented:

“I use the foodbank and the soup kitchens every week including the breakfast one.” (Female, divorced, aged 64).

Highlighting his urgent need, one interviewee stated:

“I can go for a couple of days without food...the gas is cut off and I get hot water from the kettle to wash.” (Male, single, aged 54).

Another interviewee commented:

“Sometimes we have nothing in to eat.” (Female, married, aged 55).

One interviewee highlighted how he had turned to the foodbank after losing his job and following a delay in his benefits claim:

“I came to the foodbank to feed my family, I was concerned about getting done for neglect.” (Male, married, two children, aged 59).

Echoing the evidence from survey data, many people were struggling to manage their limited budgets. One interviewee stated:

“I’m not complaining but after bills I’m left with £10 a week for everything including buying presents.” (Female, divorced, aged 62).

Another interviewee highlighted how he had no money following the death of his mother whom he had cared for. He stated:

“It was just during a moment of crisis...I needed the foodbank.” (Male, divorced, two children, aged 65).

Skipping Meals and Affordability

Similar to the findings from the quantitative data analyses, there was evidence of older people skipping meals. The interviews suggested that some older people were not fully recognising their nutritional needs. As one interviewee stated:

“When you’re on your own...sometimes I don’t cook, depends how I feel.”

(Female, widow, aged 60).

Another interviewee commented on his poor-quality diet, stating how when he had no food he would:

“Just eat cornflakes.” (Male, divorced, aged 65).

Some interviewees were not eating at all. One interviewee stated how she sometimes:

“Managed without.” (Female, divorced, aged 65).

Some of the health risks of not eating were recognised, as one interviewee admitted:

“I do skip meals or just have soup, but I shouldn’t, I’ve got diabetes.”

(Female, widow, aged 60).

A further aspect of these risky behaviours emerged as a number of the older people were cutting back on food during the winter and some were not heating their home. As one interviewee stated:

“Sometimes I just go without putting the heating on.” (Female, widow, aged 72).

The ability to shop and cook was also an issue for some of the older people. This was highlighted by one of the foodbank volunteers who described how some recipients were not able to carry the bags of food and needed a lift home. They also described how a

number of the older people did not feel confident enough or were too anxious to visit a large supermarket because they found it confusing and challenging.

Planning and Budgeting Strategies

Within the context of constrained resources, interviewees revealed careful strategies aimed at making their food last. For example, one interviewee described how she could:

“Make a reduced price chicken last a week.” (Female, divorced, two children, age 52)

Another interviewee described how she often bought and froze out-of-date food, whilst another stated that she did not use her cooker because of electricity costs.

Further comments from interviewees revealed important insights into decision-making by people with limited financial resources. One interviewee felt that even though a gas prepayment meter was more expensive it gave him control:

“I don’t want to use what I haven’t got!” (Male, divorced, aged 58).

Another interviewee described how he planned his budget and kept a list of all his spending, commenting:

“I know just what I’ve got to spend.” (Male, widower, aged 64).

Stigma, Embarrassment and Anxiety

For many interviewees, receiving emergency food was accompanied by negative emotions, particularly embarrassment and worry. Amongst all the older people interviewed there was a sense of shame and not wanting to admit to needing emergency food. One grandmother described her feelings:

“I’ve got two grandchildren. I was ashamed... I’ve been looking for a job but because of my health I can’t work much.” (Female, divorced, two grandchildren, aged 52).

Another interviewee likewise commented:

“I don’t like coming...I don’t like being seen.” (Male, single, aged 57).

Two older women in their late 60s would not actually enter the foodbank, but instead waited in the adjoining church for their food parcels to be discretely given to them. However, one interviewee highlighted how he preferred coming to the foodbank than asking family or friends for help:

“I don’t believe in asking others, I don’t want to upset people.” (Male, widower, aged 69).

Not surprisingly, interviewees reported high levels of worry and anxiety. For some older people, their lack of food had become their overriding concern:

“I worry about where the food is going to come from.” (Male, divorced, two children, aged 65).

Another interviewee stated:

“Sometimes we get worried about if we will have enough food for the week.”
(Female, married, aged 60).

Highlighting the impact on people’s mental health, one interviewee commented:

“I was anxious, I didn’t want to go out in case people asked me how I was and I would have to say I had nothing to eat.” (Male, widower, aged 65).

Relationships, Living Alone and Providing For Others

Many of the older people using foodbanks still played a provider role for their adult children and sometimes also their grandchildren. As one interviewee stated:

“I came here with my daughter to get some extra food... I get through the week and save the food for when my grandchildren visit. They have three meals. We all sleep in the same bed as I have only got one room now.” (Female, divorced, two grandchildren, aged 52).

Another foodbank user likewise stated that she saved food for when her grandchildren came to stay and that:

“What I get from the foodbank I eke out for myself for the week.” (Female, single, two grandchildren, aged 58).

This provider role also included one older person who collected food parcels on behalf of her adult daughter, who was too embarrassed to visit the foodbank herself.

As well as being providers there was also evidence of some older people conversely having become reliant on their adult children for food. As such they were dependent on their relationship with their family. As one interviewee stated:

“I can go to my daughter’s to get extra food.” (Female, divorced, one child, aged 65).

Other interviewees spoke of a reluctance to ask for help from their family. One interviewee commented:

“My family would help but I didn’t like to ask them, they have their own families to look after.” (Male, divorced, two children, aged 65).

Moreover, not all the older people who were living alone had family who lived locally who could help them.

Alongside supporting their own families, some people were also providing assistance to friends and neighbours. Another interviewee commented:

“I take some food for my neighbour as well. He’s a carer and can’t come out to the foodbank.” (Female, widow, two children, aged 65).

Concerns were also expressed by a number of interviewees that people in their local area were struggling to help each other. One interviewee highlighted how she felt that people where she lived:

“...could not afford to help each other any more.” (Female, divorced, three children, aged 63).

A lack of family and social support clearly posed a risk for many older people living alone. It is notable that a number of foodbank volunteers delivered food parcels to older people who lived alone and who were not able to access the foodbank themselves.

Discussion and Conclusions

Research has highlighted the growing problem of food insecurity in the UK including amongst children (Garthwaite 2016; Lambie-Mumford and Sims 2018; Lambie-Mumford and Green 2017; Wills et al. 2018) but the evidence on food insecurity amongst older people is still limited. Ongoing welfare reforms in the UK have led to substantial cuts in

public spending on social care for older people, in particular on community services, including home care and the provision of meals (Age UK 2018; Ismail et al 2014).

The findings from the analyses of survey data and the interviews conducted with older people using foodbanks suggests that there is a forgotten care gap in the UK where a substantial number of older people are living in food insecurity. Whilst the older population in the UK is diverse in terms of age, economic resources, and health and social support needs, 1.6 million older people live in poverty.

Food insecurity has different overlapping dimensions and a lack of social care support, social isolation and affordability were identified as key issues for older people in both the quantitative survey analyses and qualitative interviews. Similar to evidence from studies of the general population (Bates et al. 2017) experiences of food insecurity among older people were concentrated in lower-income groups. The care gap demonstrated by an absence of social care support, including help with shopping and preparing food was particularly evident for older people living alone. Conversely, a number of older people were trying to ensure that their children and grandchildren had enough to eat. Other older people were reluctant to ask for help or did not have family members who could help them, either because of distance or constrained resources.

Older people at different ages can face different food insecurity challenges. All of the older people interviewed were in urgent need and many had felt shame and stigma from needing to visit a foodbank. These feelings may discourage people from seeking emergency food and consequently some food insecurity will be hidden, including amongst older people who live alone and those who are unable or unwilling to visit a foodbank. The feelings of shame and embarrassment and a reluctance to seek help have been widely reported elsewhere (MacLeod et al. 2016; Purdam et al. 2015). Many older people may not want to admit to difficulties with eating and cooking or may be choosing not to eat or drink due to other health problems, potentially putting their health at further risk.

As is the case with other populations (including children), food insecurity amongst older people is a public health issue. The government has an obligation to fulfil people's rights to food and the reliance on the charity sector is not sustainable in the longer term (Dowler and O'Connor 2012; Dowler and Lambie-Mumford 2015; Iafrati 2018; Lambie-Mumford 2017). As Lang et al. (2009) have argued, the government has a role in ensuring access to adequate food. It is estimated that £13 billion is spent on disease-related under-nutrition each year in the UK (BAPEN 2016). As outlined, under-nutrition amongst older people carries risks of cognitive impairment, delays in recovery from illness and longer periods in hospital. The Office of Budget Responsibility (2015) has highlighted how improving health in older age could make considerable savings in public spending, and the National Institute for Health and Care Excellence has identified better nutrition as a key cost-saving initiative for the NHS (NICE 2009). Ensuring that older people have both the resources to afford sufficient nutritious food, and wider support with activities including shopping and cooking will therefore result in both immediate benefits to older people's health, and longer-term savings to the public purse.

Looking at the broader social aspect of food, charitable projects like those supported by the food redistribution organisations FareShare and FoodCycle have important social consequences in combating loneliness and social isolation among older people (FoodCycle 2014). However, there needs to be an increased public and professional awareness of food insecurity amongst older people. The ongoing work of the Malnutrition Task Force has been vitally important in campaigning for malnutrition risk screening and for raising the profile of the issue. Evidence suggests that issues of under-nutrition amongst older people can be hidden by other age-related health issues (Ahmed and Haboubi 2010). It is therefore important that under-nutrition risk screening is part of older people's regular health checks.

Initiatives need to be multifaceted and target older people across a range of older age groups and particularly older people living alone and those living on low incomes. The recognition of older people's changing relationship with food as a result of the ageing process, including the tendency to eat less overall and changes in sense of taste and smell, need to be part of the approach. Older people themselves, as well as their family and friends, and health practitioners and policy makers need to be part of the solution.

Progress to ensuring adequate nutrition among both older people and the general population can only be measured through monitoring. The regular inclusion of robust and timely measures in social surveys will be valuable to researchers and policy-makers. Given the considerable heterogeneity of older people living in the UK with respect to age, economic and social resources, and health status, it is also clear that there is an urgent need for further larger-scale research focused on specific groups within the broad age category of older people included in this study.

As the size of the older population in the UK continues to grow, reductions in government spending on social care and the increasing levels of social isolation raise concerns about the long-term welfare of older people. Given the follow-on costs to the public purse, including in terms of healthcare, questions remain about the present policy approach and the responsibilities of the government concerning food insecurity amongst older people in the UK.

Limitations

First, as outlined in the methodology section, the broad categorisation of older people aged 50 years and older includes people in very different circumstances. Within this broad age group, there is a need for research on particular older populations, including different age groups, those living in a range of family settings, and people living with disabilities and in poor health.

Second, the qualitative component of the research was undertaken across various sites in a single city in North-West England. Nonetheless, the issues identified have also been replicated in research undertaken in different parts of the UK (Douglas et al. 2015; Garthwaite 2016; Lambie-Mumford 2017; Purdam et al. 2015) and internationally (Davis and Baumberg-Geiger, 2016; Loopstra et al. 2016; Loopstra and Tarasuk 2013; Van der Horst et al. 2014; Tarasuk et al. 2007), suggesting that the results do have relevance beyond the immediate research context.

Third, many older people are in poor health and may therefore be unable to access a foodbank. The experiences of this group have inevitably not been included in this study. Future research should seek to include older people with more serious health and mobility constraints to ensure that more vulnerable older people are represented. The interviews did nonetheless include people who reported health problems, so the results are by no means confined to those in good health.

Despite these limitations the research provides important new insights into the experiences of the many older people enduring food insecurity in the UK.

Acknowledgements

Thank you to all the interviewees who participated in the research and the foodbank volunteers who supported the research.

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