



Pilmény Development Project



**Pilmény Development Project &
Edinburgh Food & Health
Training Hub**

**CASE
STUDY**

**into the quality, scope
and nature of**

**Food Services for
Older People in
North East Edinburgh**



**Edinburgh
Food and Health Training Hub**





Pilmeny Development Project & Edinburgh
Community Food & Health Training Hub
Case Study



Into the quality, scope and nature of Food Services for Older People
in North East Edinburgh

Pilmeny Development Project

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Pilmény Development Project & Edinburgh Community Food Training Hub Case Study into the quality, scope and nature of Food Services for Older People in North East Edinburgh

Introduction

This report has been prepared by a partnership between Pilmény Development Project (PDP) and The Edinburgh Community Food Training Hub. These two organisations working together combine a wealth of experience and knowledge around food and health among older people in North East Edinburgh.

Purpose

The purpose of this Case study is to map the non statutory provision of food services available in North East Edinburgh and to explore older people's views on the services available. It focused on the range of different food services available, including: support with shopping, meals preparation, meals provision at home (pre prepared or hot meals) and meals provision outside home (lunch clubs, community cafes etc).

Target Group

The Case study focussed on older people aged 65+, living in their own homes in NE Edinburgh.

Area

North East Edinburgh is defined as the area covered by three Neighbourhood Partnerships: Leith Neighbourhood Partnership Craigentinny/Duddingston Neighbourhood Partnership, Portobello and Craigmillar Neighbourhood Partnership. (see Appendix 1 Area Map).

14704 older people 65+ live in these partnership areas representing 15.7% of the total population and of these, 1738 are 85+ (the majority of whom have greater levels of physical frailty/disabilities). Ethnicity within the NP areas is as follows: Leith 6% (ward 12) & 3.6% (ward13), 2.9% Craigentinny/Duddingston (ward 14) and Portobello and Craigmillar 3% (Ward 17). (source Leith NP Area Report 2010/ 2001 census). Leith perhaps has the highest level of ethnic diversity with older people from Indian, Pakistani, Bangladeshi, Chinese and Polish Communities resident in the local area. Compared to the City of Edinburgh, older people over 75 in the Greater Leith area are more likely to be living alone, not to be in good health and suffering from a long-term illness, all of which is associated with depression and suicidal ideation. Suicide rates in Lothian per 100,000 population for the period 1992-2001 indicate elevated rates for 50+ and 75+ older men in North East Edinburgh with suicide rates 20 and 19 per 100,000 population. (Source: 2000 Camo Data Set 5 Lothian Health, 2000)

Methodology

A range of methodologies have been used including:

- Desk top research into existing local research and reports
- Mapping exercise
- Additional consultation with relevant agencies/service providers
- Focus Groups with older people
- 1:1 interviews with older people

Desk top research into existing local research and reports

The following Research, reports and minutes were referred to as part of the desktop review of existing issues/concerns re older people and food:

- "Beyond the Stereotype: Being Active, Healthy and Safe - Views of 500 Older People in North East Edinburgh". Pilmeny Development Project 1998)
- Voluntary Sector Provision of Low Level Support for Older People in Edinburgh (EVOC Older Peoples Service Providers Forum 2005/2007)
- CEC NE Edinburgh S/W Lunch Club Review Report (2005/06)
- A City For All Ages – Edinburgh’s Joint Plan for Older People 2007 -2010
- CEC Review of Day Services for Older People (CEC 2007)
- CEC A Community Plan for Edinburgh: The Key Challenges 2004-2010 (including Leith NP, Craightinny/ Duddingston, and Portobello/Craigmillar Community Plans)
- Live Well in Later Life – Extending Choices for Care and Support Strategy 2008-2018) (CEC & NHS Lothian Joint Capacity Plan and Commissioning Strategy)
- Pilmeny Development Project North East Edinburgh Older Men’s Health & Wellbeing Project –NHS Keep Well Voluntary Sector Initiative Evaluation Report (June 2009)
- *‘I don’t want to talk about football, pigeons or the races!’* – Women’s Health & Wellbeing Issues in Leith Research Report - Pilmeny Older Women’s Health & Wellbeing Group (2009/2010)
- Pilmeny Development Project Evaluation Report: Intergenerational Trip to the Healthier Scotland Cooking Bus at Gardening Scotland Event, Edinburgh Saturday 5th June 2010
- NEECAG Leith older Peoples forum minutes August 2010 re Nutrition and Older People
- Minutes of the North East Edinburgh local Hub group November 2010 – discussion around Older people services in the area.

Scoping and Mapping

The two organisations came together and shared the information already held on older people’s food services in North East Edinburgh.

The Hub had previously carried out a mapping exercise of all food and health activities across the city and had later expanded this work into a specific piece of work identifying food and health activities for older people. The Hub works with a diverse range of organisations across the city and links into national discussion around food and health. The Hub is currently developing a resource (information session and accompanying booklet) to be used with older people throughout the city.

Pilmeny Development project has been working with City of Edinburgh Council Portlee Resource Centre which provides day services for older people in North East

Edinburgh. PDP chairs Portlee Healthy Living Group, a multi agency group which works alongside Portlee Referral & Resource Group to identify unmet need in relation to day opportunities for older people in North East Edinburgh. As part of this work, a data base of local services and opportunities for older people is being developed.

By combining resources an extensive list of service providers was obtained. To clarify information and ensure all details are up to date phone calls to organisations were made.

Additional consultation with relevant agencies/service providers

A range of individual voluntary and statutory service providers were also consulted with including: Milan (SWO) South Asian day service provider, CEC Health & Social Care, MECCOP BME carers organisation, NHS Lothian, VOLT (Voluntary Organisations in Leith Together) and Richmond Craigmillar Church. Their comments have been incorporated into this work.

Focus Groups and 1:1 interviews with older people

Focus groups and 1:1 interviews were undertaken with over 40 local older people including members of Pilmeny Older Women's Positive Health Group, Older People's Tuesday 'Drop In Group, NEECAG Leith & Portobello older Peoples Forums, North East Edinburgh Older Men's Health & Wellbeing Group. (See Appendix 2 - Sample questionnaire)

Mapping Exercise

The following is an outline of the kind of services that are available to older people in the area. It has been divided into four groups:

1. Providers/organisations with a food and health focus
2. Community cafes/ Food Co ops
3. Organisations that provide a meal but this isn't their primary focus /BME services
4. Lunch clubs.

1. Providers/ organisations with a food and health focus.

- **Castlebrae Community High School and Leith Academy** – these are high schools that run cooking classes in the area. Classes are accessed by older people but are not specifically for them.
- **Bridgend Allotment Community Health Inclusion Project** – this is a holistic health project using encouraging and supporting people to grow their own food. Classes are run throughout the year and cooking sessions are included. This is a service open to all but regularly taken up by older people.
- **Pilmeny Development Project** provides a wide range of 20+ day opportunities for older people in NE Edinburgh. Provides information, talks and inputs re older people & carers, healthy eating and nutrition, cooking classes for older men, intergenerational cooking sessions (including partnership work with New Spin

Intergenerational Project) and is base for NE Ageing Well Project which has an allotment in Leith Links which is accessible to older people who don't have a garden.

- **Edinburgh Cyrenians** provide a range of food services such as Food Redistribution Service (FareShare franchise), Cooking Classes and Traineeships and Volunteering. These services are open to anyone over the age of 18 but are often accessed by older people.
- **The Bingham and District 50+ project** runs cooking classes and healthy diet tasting sessions specifically for older people. They also have a volunteer committee who provide lunches at social occasions. Each year about 40 people attend one session. There is no charge for attending these sessions and the programme of sessions is developed by the older people involved in the project.
- **Edinburgh Community Food** – a citywide food and health project that has project workers working across this area of the city with a remit for the people experiencing health inequalities. Limited time is therefore given to older people work. Work includes running cooking classes in partnership with other organisations and nutrition sessions for established groups.

2. Community Cafes

- **Anchor Café – Leith Community Education Centre.** Open 6 days a week within a community centre. They offer small portions for pensioners at a reduced rate (Cost - approx £3)
- **Sikh Sanjog** – a community café selling Punjabi food. There are no special deals for pensioners but there are about 3 older people who volunteer in the café.
- **Perc –u – up café – South Leith Parish Halls.** This cafe is used by some older people in the Leith area.
- **Thistle Project Garden Café** – There is no specific menu for older people however there are a very open and friendly cafe that older people use. They find it difficult to estimate how many of their users older people are.
- **Richmond Café** – Richmond Craigmillar Church. The church did have a large lunch club but with the arrival of the café and more successful lunch clubs in the area this was ended. They do still however have a regular group once a week and a special Pensioners meal deal - Soup of the day, Lunch of the day and a hot drink for £3 which would normally be £4.60. The café is open every weekday 8.30-1 and is used by the whole community. It is estimated about 20 older people use the café each week. Within the church there is also a fruit and veg co-op one morning while the café is open.
- **Lochend /Restalrig Community Hub** - Ripple Project are currently setting up a café.

It should also be acknowledged that in the Leith area particularly there are a number of commercial cafes and food outlets that older people rely on, including Capital Bingo Hall, Weather spoons pub and Edinburgh Masonic club.

Food Co-ops

All co-ops in the area run once a week on a week day morning.

- **Richmond Craigmillar Church** – this is a food co-op that runs within the church as previously mentioned.
- **Lochend/Restalrig Hub** – a standard weekly co-op. They are also investigating the idea of a shopping delivery service linked to the co-op using volunteers.
- **Abbeyhill** – this is a co-op based in a sheltered housing complex right on the outskirts of the case study area. This well established co-op is supported by the residents of the home and is valued as an important part of the week by them.

3. Services that provide a meal which is not their primary focus (normally require a referral)

- **Calton Welfare Services Project 65+** (Frail/elderly and dementia services) – Cost £2- £3. 2 days per week. Cooked by volunteers
- **Northfield and Willowbrae Community Care Project** (a service for people with Dementia). Cost £4
- **Portobello Monday Club** (a service for people with dementia). 1 day per week. Cost £4.
- **North Edinburgh Dementia Care Project** (65+ Dementia). 6 days per week. Cost £10.50
- **Lochend Neighbourhood Centre** (frail dementia and mental health support group) – meal provided by City of Edinburgh Care home. 5 days per week at Lochend and 1 day in Portobello. Cost £5.50.
- **COPE (Caring for Older people in Edinburgh)**- (a citywide service for people with learning disabilities/dementia) – Cost free. Meal provided 5 days per week by City of Edinburgh Council.
- **Lifecare - Cottage Companion Club Dementia service** – This service is open 5 days per week and meals are provided. Cost £50 per month.
- **Lifecare** – Dean Club (65+ frail) - City wide service 5 days per week. Cost – £12.50
- **Lifecare** – St Bernards Club (65+ Dementia) - City wide service 3 days per week. Cost – monthly payment
- **NHS Lothian Older People's Rehabilitation and Assessment Unit (OPRA)** – phoned to get more information. 5 days per week. Cost - free. Time limited service depending on medical treatment required.
- **Bethany Christian Trust** (homeless winter months care shelters - operating 1st November 2010 – 3rd April 2011) Various venues including: Destiny Church Casselbank Street, Abbeyhill Baptist Church Elgin Terrace, Edinburgh City Mission Pilrig Street, Newhaven Parish Church Craighall Road, North Leith Parish Church Madeira St Leith Acorn Centre YMCA Junction Place, London Rd Kirk Easter Rd. Cost - free. Breakfast 6.30 - 7am and Evening meals 9.30 -11pm

BME Services

The following is a list of services that are for specific BME groups. They are not necessarily in the North East Edinburgh but it is the experience of the researchers that BME older people will travel across the city to access these services.

- **Edinburgh Chinese Elderly Support Association** – a city wide services for 50+ Chinese elders. Day Care 1 day per week - Lunch is provided by a Chinese caterer - Cost £2.60.
- **Milan (Senior Welfare Organisation)** - a city wide service for 50+ older people from Indian, Pakistani, Bangladeshi and Mauritian Communities. Provide a range of services for BME elders (male and female) who have dementia, may be disabled and frail/elderly. Lunches provided 3 days per week by South Asian caterers as part of day care. Cost - £2.60
- **Jewish Community Lunch Club** – a city wide service accessed by the Jewish community in North East Edinburgh. Twice a week – Cost £3.
- **NKS (Nari Kalliyen Shango)** – a city wide service for South Asian Women. Lunch provided 1 day per week by South Asian caterers as part of older women's day opportunity.
- **MECOPP (Minority Ethnic Carers of People Project)** – Carers support for Chinese and South Asian people 50+ – Provide a meals at home service as well as meals as part of other services. Free

4. Lunch Clubs

- **Duddingston Kirk Lunch Club** – One day a week. Cost - £2.
- **Pilrig and St Paul's Church Lunch Club.** One day a week - City of Edinburgh council provide food. Cost - £3.00
- **St Margaret's Church Lunch Club** – this lunch club is supported by a voluntary sector organisation as well as the church. Meals come from a local high school. 5 days per week. Cost £3.10.
- **South Leith Parish Church lunch club** – 5 days per week. meals come from local school. Cost - £3 (about 6 members)
- **Caring in Craigmillar lunch club-** a popular lunch club in the Craigmillar area of the city
- **Bield Housing Association - Manderston Court sheltered housing complex lunch club** (residents only)
- **Ripple Project Lunch Club, Restalrig** - 5 days per week. Cost £2.90 + 40p if transport required

Wiltshire Farm Foods – this is a frozen food delivery service. More information can be found at their website www.wiltshirefarmfoods.com. Some typical prices - Steak and Kidney Pie - £2.40 per portion, Cod in Parsley sauce £3.85. Food is delivered free. Comments were made about this service which can be seen later in the report.

Findings from Focus Groups, 1:1 interviews and research with older people (see also Appendix 3 Extract from PDP 'Beyond the Stereotype' Research Report)

Older people had a limited knowledge of specialist food services in the area. Those that had knowledge of some services commented that some were 'referral only' or were perceived as too expensive.

Help with shopping was somewhat limited. Some participants knew of family members or good neighbours who sometimes helped. A local supermarket had delivered bread and milk in the recent bad weather – which was commented upon very positively, but it was acknowledged that this was an exception. The cessation of the Council Social Work Shopping Service without warning or consultation was commented upon as a negative development.

There was little enthusiasm for online shopping. It was felt to be only for those who had a PC (none of the participants interviewed had one or knew how to use one). It was felt delivery costs were high and that *'you cannot order just milk and bread'*. One respondent said *'I like to see what I am buying'*.

Some respondents knew of voluntary sector transport services such as Dial a bus and Handicabs – *'they can take you to shops / collect other people on the way'*. A suggestion was made that older people could perhaps share taxi with a friend to minimise costs.

There was little knowledge about what support with meal preparation and meals provision at home there might be. Currently older people depend on family help or frozen meals (Wiltshire/Oakdale). There is a Council frozen meals service (following the cessation of the council funded Meals on Wheels service). This was felt to be a standby and not suitable for the longer term as they *'all taste the same'*. One participant commented *'when I came out of hospital, I just ate sandwiches only'*

Others commented on recent changes in Council social work services. *'They cut out home helps – we don't get help with meals now'*. It was felt there was nothing available and that Private sector charged upwards of £10 per hour – which was felt to be too expensive for older folk on low incomes. Concerns were expressed re Council wanting to move older people on to direct payments and older people having to employ staff themselves. Older people said they were frightened to take strangers into house and were worried about how they would be certain they were checked or had disclosures done. There were also concerns re the quality of services provided and who would be monitoring this.

Meal provisions used by older people outside home mainly included local cafes, small restaurant or pubs (many of whom have shut due to recession or no longer offer pensioner meal deals). Recent regeneration in Leith has led to a number of Michelin starred restaurants and trendy restaurants in locality, along with Ocean Terminal Shopping Mall. It was felt the prices charged and the type of food provided actively exclude the majority of local older people and has exacerbated a 'them and us' feeling in the area. Older women, in particular, felt uncomfortable about going into a pub to eat

and some had been upset by drunken behaviour of behaviour of some patrons. BME elders said would not go into pubs on cultural and religious grounds.

Everyone agreed the '*Social thing*' was hugely important when going out to eat. Comments from a local older men's group included:

"There's nothing more soul destroying than one knife and fork, one cup - setting a table just for one."

"I cannae cook unless it comes in a tin. I can cook anything from a tin - I know it might no be so healthy but...!"

"I use the 'ding ding' dinners as well! I cannae be bothered cooking something that's gonnae take a long time just for myself"

"I never cook at home – it's too depressing"

"I'm on my own, I get these frozen meals and you just need to put them in the microwave and they're ready"

"I'm on my own; it's not worth it, going to all the bother of cooking a meal for myself"

The most important factors in relation to food services for older people in the area included:

- Cost – very important
- Being able to buy small amounts is very important - but small quantities are more expensive
- BOGOF's useless for older people and result in more waste. Items at half price would be better.
- Food services need to be available when needed and be flexible to better meet personal needs.
- Accessibility important – both physically and cost wise.
- Food services and menus need to provide '*Something older people like*' (e.g. *soup, mince and tatties etc*)
- Meals for one and smaller portions should be readily available at reasonable cost. *'we should not have to pay more though!'*

When asked what a **good** food service for older people in this area would look like suggestions included:

- Community based 'drop ins'.
- Telephone Help line and simple written information/leaflets to give older people, carers and families more information on what's available locally.
- Someone to check older person is actually eating (particularly for older people who are socially isolated, live alone and have no family to help)
- Meals on Wheels service for housebound like there used to be.
- There should be some provisions that are gender specific (e.g. for older men or older women only)
- Supermarkets or shops you can phone and order what you need and who will home deliver at low cost.
- Local shops should have bad weather plans and offer home delivery like they used to.
- There should be Choice - services should be there and real choices able to be made in line with individual needs.

Local research with older people has identified key success factors in food related work undertaken to date including:

- Increased awareness of healthy eating and nutrition issues for older people leads to improved physical and mental health.
- Provision of support to older people with lifestyle changes, addresses underlying issues including, poor diet, low income, depression, bereavement, loneliness, isolation.
- Empowering local older people to improve cooking and nutrition skills contributes greatly to their mental/physical health and well-being.

Older people also identified key barriers and challenges including:

- Lack of resources to develop food related services/work specifically targeted towards older people
- Lack of interest in, ability to afford and knowledge of how to use computers by older people in this area means Council advice to order online food is not an option for many.
- Issue of high delivery cost of online groceries when only small quantities wanted (e.g. milk and bread)
- Minority ethnic elders and many older women do not want to have to go into a pub to get a meal (also suggested by Council) for cultural, religious and social reasons
- Cessation of Council Shopping Service (without consultation) has been a blow to many disabled/housebound.
- CEC Frozen meals service only delivers readymade frozen microwave meals once every few months. Difficult for those with Dementia/ memory problems, BME older people and older people with diabetes or other health conditions requiring specialised diet.
- Issues for BME elders in accessing culturally appropriate food/meals.
- Issue of change to CEC 'Reablement Service' replacing home care. It is not now possible to have help with food shopping /preparation – not regarded as a 'personal care need'
- Issue of what constitutes a 'medical need' and 'personal care' need. (help with meals, shopping, assistance/encouragement to eat, malnutrition, healthy eating/nutrition don't have a clear place in current statutory service provision)
- Diminishing number of lunch clubs in area and lack of affordable places to eat (which cater for and provide the sort of food older people like) a problem.
- Issue re use of term 'lunch club' – can be seen as stigmatising or inappropriate to younger older people
- Lack of affordable/nutritious recipes 'for one'. Need ideas that are suitable to older peoples tastes and are not too patronising for experienced cooks but simple enough for inexperienced cooks to prepare.
- Lack of clear information on frozen/chilled ready meals. Need for easy to read, large print information on nutrition values, calories etc.

Older people identified a number of issues relating to food services provision in their own homes including:

- Lack of flexible, preventative 'person centred' food services in area (shopping, meals on wheels, cooking etc) means older people less likely to be able to stay in own homes longer.
- Need to encourage food co-ops and community cafes to consider older people's needs and to develop additional support services (e.g. home delivery schemes, simple, affordable 'carry out' food/ meals which are safe to take home and cook)
- Provision of meals within small local groups reduces the need for accessible venues, transport as well as potentially offering 'peer support' out with the lunch group.
- Voluntary and community based groups very willing to help, but require small amount of support and resources.
- Need for free/low cost food hygiene training for local community groups and older people wishing to develop food/meals services.
- Need for some affordable, accessible transport provision for very frail, disabled older people
- Older men are a difficult group to reach and draw into participation/uptake of food related services
- Despite most of the older men having a good knowledge of what constitutes a healthy balanced diet, none of them regularly cooked a meal from raw materials.
- Mainstream advice and adverts for a healthier lifestyle appear to be having little practical impact on helping older men to make positive changes to their lifestyles, but a practical project like the Pilmeny Older Men's Group provided 'hands on' experience for older men in preparing and cooking healthy meals and reinforced health promotion messages
- There is an unmet need for sustainable day time cooking classes in appropriate venues specifically for older men in this area
- Need for good publicity in the early stages of project/service development.
- Need for simple, clear information on local 'older people friendly' food services, where to shop, cafes etc in area. (possibly a directory?)
- Empowering 'hard to reach' and in many cases, vulnerable older men, can lead to them gaining in confidence as well as taking some responsibility and ownership of food and nutrition work.
- If older people have mainly determined the programme/service developments - they will be more receptive to the provision of health promotion information etc.

Conclusion

This case study has unveiled a wide range of important issues around the quality, scope and nature of Food Services for Older People in North East Edinburgh. The lively and active participation of local older people and local groups has contributed greatly to increasing our understanding, knowledge and awareness of their concerns. It was seen there are relatively few services around food for older people and what there is isn't widely known about. Many of the projects that do exist are quite specific to an area or group and are not widely known about even within the professional workers. Many of the issues discussed in the focus groups were about food but acknowledging the food is just an important part of the low level of care that is available for older people. We hope this will now be able to be progressed and contribute to the body of knowledge on a Scottish wide context.

Appendix 1	Area Map NE Edinburgh
Appendix 2	Sample questionnaire – Focus Groups
Appendix 3	Extract from PDP 'Beyond the Stereotype' Research Report

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APPENDICES

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Appendix 2

Food and Older People Focus Group Questions

**1. Can you tell us what food services you know of for older people in this area?
e.g. meal provision, lunch club, fruit and veg stalls, community cafes**

2. Do you or people you know require support with shopping? If so, what help is required? Are there any particular things you find difficult to get?

3. Do you or people you know require support with meal preparation? If so, what help is required?

4. Meals provision at home – do you receive any meal provision at home or do you cook for yourself? Is the this service suitable?

5. Meals Provision outside home (lunch clubs, community cafes etc) – what do you do/prefer?

6. What do you think is most important in relation to food services for older people in the area?

7. What would a good food service for older people in this area look like?

Frequency

Cost

Quality

Delivery

Choice

Satisfaction with service

NUTRITION AND FOOD ISSUES

Participants were clear, in individual interviews, focus and informal discussion groups, about the significance of eating well in relation to being healthy. There were some mixed views however, with regard to information on food and nutrition. While some appreciated information and followed advice, others saw it as patronizing and unnecessary for what was seen as a common sense, everyday area of their lives. It was clear that some participants dismiss professional advice especially in the area of food risks. In response to a point about BSE, one participant said:

"I never worry about all that (BSE). I just don't think it is something which any of us are at risk from." (W age no given, group discussion)

There was a preference for home helps to support people doing their shopping rather than doing it for them. As one said:-

"When you shop yourself you can see the full range of what's available. You're more likely to make better choices and get exactly what you like and have more imagination about what you're buying. When I send my home help I have not got the same enthusiasm. I suppose I would dearly love to have my time again, rooting around the supermarkets." (W77 Group discussion)

Shops, particularly smaller, local shops, were said to be difficult to get inside, especially for those who rely on wheelchairs, electric buggies and who have mobility difficulties. Larger shops, like Safeway, were judged to be more accessible, because wheelchairs and specially adapted trolleys are provided. The provision of parking, wide aisle checkouts, toilets, including ones for people with disabilities, was considered a necessity.

Transport to shops proved a problem. The inquiry found that people relied on family and friends and private transport to get to larger supermarkets whilst others relied on services like Dial a Bus. Affordability was a major issue with regard to food.

It was felt that advice and nutritional information did not take into account the low incomes of many older people. More specifically, one participant, who was involved in a case study and who has never received any professional help for eating problems, talked about his difficulties with eating:

“Sometimes I would be depressed and would stop feeding myself. I’d starve myself and get really thin I’ve always got a problem with my stomach now.” (M 56 Case Study)

Participants Recommendations

- Increased provision of a service which supports people to do their own shopping.
- Food stores to provide cheap or free home delivery
- An increase in Dial a Bus services and similar services which offered the same kind of support to older people with disabilities.
- Health professionals to be sensitive to the financial status and perspectives of individuals. Information given should be appropriate and should be reflective of people’s financial capabilities to buy nutritional food.
- An awareness of eating disorders amongst older people.
- Free or minimal cost food outlets for homeless people
- An increase in community food projects like Barri Grub (a community based healthy food project) which aimed at making food available and accessible and affordable to older people in their local communities, would be a great advantage.
- There is a need for hospitals and meals on wheels to offer greater choice and quality of food and to cater to a greater extent for people who have specific religious and cultural dietary requirements.
- More help and support is needed for people who develop health problems relating to food in later life. People who develop diabetes, who have high blood sugar levels, who require gluten free diets, should be given more practical help, information and support on necessary lifestyle changes which can be difficult to make.
- Initiatives which allow older people to grow their own vegetables, an increase in allotments and appropriate gardening courses for older people.
- An increase in, and awareness of, initiatives which make it practically and financially easier for older people to replace, purchase or fix necessary items such as fridges and cookers.
- A need to make healthy, good quality food more readily available and affordable locally.

Spending power is a key issue which affects all of the above concerns. In short, the lack of money has negative consequences for healthy eating. Access to all entitlements therefore, is crucial for many older people. This fact has important implications for the work of the Benefits Agency.