

Experiences of Food Insecurity amongst Older Londoners
before and during COVID-19

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Executive summary

1. **COVID-19 has had an adverse impact on older Londoners' access to food.** None of the Londoners we spoke to went without food during lockdown, but several were extremely worried that they might. Priority online shopping slots were very difficult to access. Government food parcels did not arrive until 5-6 weeks into lockdown for many; nor did they provide adequate food for balanced meals.
2. **Food shopping is an important assertion (and assurance) of independence and autonomy.** Many older Londoners prefer to go to the shops as it is a way of getting out of the house and a chance to choose their own produce. There are practical issues that someone shopping on their behalf might not think about, e.g. those living alone may prefer longer sell-by dates, so they are able to finish the item on their own.
3. **There has been a social impact to lockdown.** Several mentioned how lonely they had felt, especially those living alone. Whilst neighbours often offer to help with practical errands, they can forget the importance of providing emotional or social support.
4. Older Londoners have a 'traditional' understanding of what constitutes a healthy diet – red meat, sugar and fatty foods are thought of as 'bad', and fruit, vegetables and low-fat versions of dairy products as 'good'. **Generally, water intake and the impact of age on diet are not considered.**
5. **The majority do not discuss their diet in-depth with anyone,** although diabetics are more likely to. Aside from those with a specific dietary role, such as diabetes nurses, healthcare professionals tend not to enquire or advise about diet.
6. **There is low awareness of support available and how to access this.** This is true, irrespective of age or health conditions. Improving older Londoners' access to support is vital, especially as we may enter a second lockdown meaning older people will be unable to attend their usual health or social services.

1. Background and previous research

Economic hardship is often cited as the main cause of food insecurity – however, the two are not always linked, especially in the case of older Londoners. Amongst this group, other issues – such as an inability to access shops or to prepare/eat food, and mental or physical health conditions (including social isolation and loneliness) – may play an equal or greater role in contributing to food insecurity.

Previous research looking into food insecurity amongst older people explores the reasons for food insecurity and recommends policy measures that might be taken to decrease its incidence but does not explore the lived experiences of this group.

The COVID-19 crisis has created additional issues around accessing food. Londoners aged 70+ have been identified as an ‘at-risk’ group and need to be ‘shielded’ from the general public during the crisis. They have been advised to limit, or even entirely avoid, food shopping. As well as shopping for food online, members of this group may rely on food parcels (provided by either central Government, charities, or local authorities) or friends and family to do their shopping for them. Both of these options, to a greater or lesser extent, limit choice in the food delivered.

Food insecurity necessarily narrows the range of food one has access to, which may result in malnutrition. Malnutrition amongst older people is a serious issue, with both economic and social consequences. Prior to COVID, one report¹ estimated that one in ten people over 65 in the UK are malnourished, and that this group makes on average twice as many visits to their GP and has three times as many hospital admissions: these admissions also then tend to result in longer hospital stays. Incidence of malnutrition is likely only to have increased within the current pandemic context.

Given that:

1. Food insecurity amongst older Londoners is a nuanced issue (resulting from more than economic hardship)
2. COVID-19 has meant older Londoners have had their access to food severely curtailed

The GLA wished to conduct qualitative research to understand the experiences of food access; insecurity; and food autonomy amongst both older Londoners who experienced food insecurity *prior to* the COVID-19 pandemic, and those who are experiencing food insecurity *as a result of* the current situation.

Research objectives

This research sought to understand:

1. The **causes** of food insecurity and malnutrition amongst older Londoners, including the impact of coronavirus
2. The **experiences** of older Londoners experiencing food insecurity and its impact on general well-being
3. The extent to which the diets (including water intake) of older Londoners are monitored/discussed

¹ [‘A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions’](#). Lisa Wilson, PhD, RNutr (Public Health), International Longevity Centre – UK. May 2013

4. The extent to which older Londoners understand and/or think about their nutritional needs

Sample and methodology

Methodology

A qualitative research approach was chosen. Social researchers from the GLA conducted x16 1-2-1 interview of 45 minutes, over the phone. Fieldwork was conducted from Monday 20th July to Wednesday 29th July.

Interviews were felt to be the best approach, due to the focus on the individual experience. In addition, each individual may possess several of the characteristics we are exploring (e.g. be both financially insecure and disabled): interviews enabled us to explore, in depth, these intersectional experiences.

All names have been changed in this report.

Sample

16 participants in total, all recruited via a fieldwork agency. The sample breakdown was as follows:

Criteria	Detail
Shielding	<p>All Londoners who had to shield during COVID-19:</p> <ul style="list-style-type: none"> • Due to health condition(s) if aged 60-70 • Due to age and/or health condition(s) if over 70
Age	<ul style="list-style-type: none"> • 11 aged 60-75 • 5 aged 75+
Food insecurity	<ul style="list-style-type: none"> • All Londoners who have had to shield due to COVID-19 • Around half identified as food insecure, to some degree, prior to COVID-19 (via questions in the screener). Mixture of reasons for food insecurity (financial insecurity; physical access to food; preparation etc.)
Disability	<ul style="list-style-type: none"> • Half had a disability (either physical or mental health condition)
Household	<p>Mixture of:</p> <ul style="list-style-type: none"> • Those who live alone • Those who live with others (also shielding)
Food provision	<p>Mixture of:</p> <ul style="list-style-type: none"> • Those who receive food parcels (from local authority/charity/government) • Those whose friends/family/religious groups deliver food shopping • Those who rely on volunteers/charities to deliver food shopping • Those who buy their own food – either online or in-person

Dietary restrictions	<ul style="list-style-type: none">• Mixture of dietary restrictions
<i>Location</i>	<ul style="list-style-type: none">• Mixture of inner/outer Londoners
<i>Ethnicity</i>	<ul style="list-style-type: none">• 12 White• 4 BAME
<i>Gender</i>	<ul style="list-style-type: none">• 8 male• 8 female

3. Access to food pre-COVID-19

Access to food

Pre-COVID-19, the majority of respondents interviewed were able to conduct their own food shopping independently, either in-person or online. Some older respondents required assistance with getting to the shops (for example, being driven by a neighbour) or carrying heavy items, but all were able to choose and, for the most part, prepare their own food.

The same neighbour would drive me to Tesco once a week to shop for food, or I would sometimes use the online delivery. Then when my daughter came down [every two weeks] we would do a big shop. Fainting spells made me wary of going out on my own.

Magda, 75, Outer London. Lives alone.

When respondents were asked how they chose what food to buy, all said they tend to repeat buy the same thing – when one item ran out, it would be added again to the shopping list. **There was little evidence of respondents experimenting with new food or recipes** – potentially this is due to many of those we spoke to following restricted diets due to health conditions. The role of price varies, depending on the individual (see '2. Experiences of food insecurity').

We just buy the same kind of food week-in week-out. We wouldn't really plan meals for the week.

Bill, 75, Outer London. Lives with wife.

For many, going shopping is an important part of their daily/weekly routine – a chance to get out of the house, and something to do, as well as being an indicator of individual independence. There are also practical considerations: many prefer to choose their own shopping, especially fresh produce, and/or do not want to pay the delivery charge (and may not be buying enough to qualify for free delivery).

I go to the shops rather than order online. It's a change of scenery, and I prefer to choose my own shopping.

Ian, 72, Outer London. Lives alone (wife died from COVID).

[Going food shopping] was my way of getting exercise and fresh air, so I would walk to the small supermarket or the corner shop quite often.

Pauline, 64. Outer London. Lives alone. Has chronic obstructive pulmonary disease (COPD).

Experiences of food insecurity

To ensure we spoke to a wide range of respondents, some were identified as food insecure prior to COVID-19. The reasons for food insecurity were varied, including an inability to afford food and an inability to prepare food.

A minority of those we spoke to said they would 'sometimes' or 'occasionally' change or cut back on what they ate due to price. Generally, all respondents spoke of 'knowing' what they can afford and keeping to items within their budget: however, the *extent* to which price limited choice was therefore difficult to discern, as an acceptable food budget for one respondent might not be acceptable for another. Several mentioned they tend to buy what is 'on offer' even if that means switching brands. No one we spoke to felt they struggled to maintain a healthy diet on the whole, but, again, this may be due to personal tolerance:

John, for example, had previously experienced food poverty and felt his current situation was comparably much more comfortable, despite the fact that he regularly searches the supermarket for the best prices and reduced items.

We know what we like, and we keep to a list. Steadily food prices have been going up before, and notably since, COVID – we've had to cut back on the price of certain items, because we can't afford it... We've cut back on fish, meat – our general shop is at Tesco, but there's a Lidl so we go there for cheaper things.

Chris, 60, Outer London. Lives with wife.

There was a time when I was getting divorced, and I was made redundant and it was very stressful. I was worried about the cost of food. It took the pleasure of eating away. [The situation has changed now], but about five years ago, I knew I was coming up to retirement, and knew I would have to change my lifestyle in terms of expenditure. I don't get much of a pension and cost is important. I got into the practice of only buying what I needed and looking for the best prices – I accustomed myself to living on a lower budget. Mainly it's just looking for cheaper brands in the supermarket – own brand products mostly... I always look for offers and bargains – I go to the reduced to clear shelf in the supermarket.

John, 68, Outer Londoner. Lives with partner.

Coping mechanisms are evident amongst those who sometimes struggle to shop for, prepare or eat food. Respondents spoke of choosing softer foods which are more manageable to chew, and batch-cooking and stock-piling food, to tide them over when poor health prevented them from preparing or buying food.

Interestingly, none of the respondents we spoke to currently experiencing issues with accessing or preparing food seemed particularly worried by their situation. There was a general attitude of, 'if things get worse, I'll seek help', but this was vague: respondents did not have a definition for what constitutes 'getting worse', nor knowledge of the support available. **There is a potential danger, therefore, that older people come to increasingly rely on these coping mechanisms and fail to realise that they are becoming more and more limited in what they can do and eat.** In the case of Magda, for example, continually limiting her diet to softer and softer foods may have a nutritional impact; for Terry, there may come a point where his arthritis overtakes his ability to batch-cook. Potential risk is compounded by the fact that many older people fail to discuss their diet, certainly in any great detail, with others.

I've got arthritis. There was a time when I couldn't even open a tin, couldn't chop stuff properly, so what I would do is, when I was able to, I would make a big pot of stuff – big chicken curry, chilli, mince and carrots and then I'll put a load in the freezer. The same with rice and mashed potatoes, I'll make a load then freeze it. In the government box, there are tins of soup and I have to use the screwdriver to open the ring pull. It's more frustrating than anything... I'm not aware of any support [to help with food preparation].

Terry, 61, Outer London. Lives alone. Diabetic.

My teeth aren't what they were, I have to eat softer foods, but I think I get the nutrition that I need.
Magda, 75, Outer London. Lives alone.

Sometimes COPD prevented me from getting out, but there was always good food stock in the house; even when we were both healthy, we were always well stocked [in case of emergencies].
Ian, 72, Outer London. Lives alone (wife died from COVID). Has COPD.

Sometimes my COPD flares up and I can't go out to the shop; I often stock up for that situation... Sometimes if I have an exacerbation it is hard to cook at home. I buy ready meals for that; I don't

have any support for cooking, and don't need it currently.
Pauline, 64. Outer London. Lives alone. Has COPD.

4. Impact of COVID-19

Impact on general life

The majority of respondents had started to prepare for COVID, including social distancing themselves, *prior* to the government's restrictions. This included stock-piling food and avoiding leaving the house unless necessary. It could be an anxious time, as respondents felt they were having to prepare, but without any government support (e.g. online priority slots; check-ins from the local council).

In February, I started to buy extra items to put in freezer – instead of a couple of cans, I would buy 4/5 – because I was worried about there being a lockdown.
John, 68, Outer London. Lives with partner.

Initially, many relied heavily on family or neighbours for access to food, as it was difficult to get an online shopping slot (see '3. Impact on access to food'), and government food parcels did not arrive until several weeks into lockdown.

My neighbours have been excellent during COVID; I've been speaking to them out in the garden. They offered to get me shopping earlier on, but then they realised I was coping well and my daughter was looking after me.
Ian, 72, Outer London. Lives alone (wife died from COVID).

We didn't leave the house for 9 weeks during lockdown. Our children looked after us – it was a total role reversal.
Bill, 75, Outer London. Lives with wife.

For those who live alone, or did not know people locally, the experience could be very isolating.

Oftentimes, neighbours restricted their offers to practical help, overlooking the importance of socialising for those who live alone. One respondent, who lives in central London, is now thinking about moving, as lockdown has made her realise it is not practical for her to live so far from family and friends.

The neighbours have asked if I wanted any help... I get very lonely in the day – I've missed chats. It would have been nice for the neighbours to chat.
Ruth, 76, Outer London. Lives alone (widowed).

Because of COVID, I've not seen any friends since before lockdown... Even since they've relaxed the rules, we still don't go out because we're still wary... I've been here 6 and a half years, and I've only spoken to one neighbour. It's not as friendly as it is in Scotland [where I'm originally from].
Terry, 61, Outer London. Lives alone. Diabetic

I like the area and I don't want to move, but the mews was all residential and it's now offices. It was very difficult during lockdown because nobody was there – I don't have any neighbours and the offices were closed. The main thing upsetting me is I will probably have to move. There are lots of changes in the area, especially with parking. Now they have congestion zone 7 days a week, people are reluctant to come into town and it restricts the number of people who can visit me.
Anne, 81, Inner London. Lives alone.

Impact on access to food

All respondents spoken to were required to shield during the pandemic; therefore, all became food insecure as their access to food was severely curtailed.

Experiences of COVID are somewhat influenced by the borough lived in and their ability to respond to the pandemic. The majority of respondents said that their borough promptly rang to check on them, check they had access to food and prescriptions, or explained how to get this. However, two respondents said no one from their borough rang – with one saying that if it was not for their own friends and family, they would have really struggled. Another respondent said her borough rang, but not until 8-9 weeks into lockdown (“I would have starved by then!”), and even then said they would try to help if she rang them, but that they ‘couldn’t promise anything’.

For the first few weeks, I was really worried. It was horrifying. There was no information at all. Because I had my neighbour and my daughter, the impact wasn't so great on me – but I can imagine there was a lot of people who were very, very stuck. No one from the local council rang me up, and there was no way of accessing priority delivery slots.

Magda, 75, Outer London. Lives alone.

The council didn't inform me of my options... Chislehurst Society have arranged for a local volunteer to pick my prescription up. The pharmacy informed me about this when I rang and asked about delivery, without this, I would have struggled because everyone was shielding. [Interviewer: Where would you go for support?] I would have contacted Age UK.

Rose, 76, Outer London. Lives alone.

The vast majority of respondents turned to online shopping. Experiences with online shopping were mixed. The majority had shopped online before and were therefore at least familiar with the process. However, **accessing a priority slot was extremely difficult for most**, instead having to piggy-back on orders placed by friends or family. **It was also difficult for respondents to buy culturally appropriate food**, such as kosher meat, online, meaning they either had to rely on others to do this for them or go without.

Before coronavirus I could drive to Golders Green and pick up Kosher food. Usually I would phone the shop there and let them know I'm coming, then I could park right outside, and they would help me with my shopping – but I'm not sure if they would be able to do that during lockdown...

Anne, 81, Inner London. Lives alone. Kosher diet.

Food-wise, we couldn't get a slot with the supermarkets. My daughter-in-law had one, so would order through her and she left the food on the pavement. Then another friend would get the kosher stuff from the kosher butcher.

Bill, 75, Outer London. Lives with wife. Kosher diet.

[I'm diabetic but] I didn't get a shielding letter – perhaps because I try and manage my diabetes with diet? So that meant I wasn't eligible for priority support. It's quite frustrating – I had to go out [for food], and I knew I shouldn't be going out, but if I can't order online...

Diane, 64, Outer London. Lives alone. Diabetic.

For many, the prospect and/or reality of being unable to access a slot – and thereby, food – for an unspecified period of time, created panic, which then led to overspending (on top of delivery charges) and stockpiling. There also seems to be an inconsistent approach to the classification of shielded or vulnerable individuals, creating unnecessary anxiety: one respondent mentions how, despite being recently widowed and himself hospitalised for COPD, he was not considered a priority person by Farm Foods.

I couldn't get an online slot for shopping, I found it very frustrating. My daughter was staying up late into the night to try and get one. Then I was spending a fortune: £5-7 for delivery, whereas before I got click and collect or bought in-store. When I was going online, there was so little food, I was panicking and buying everything; the first few weeks, my shopping was over £100 a week – it was £40-50 before.

Judith, 70, Outer London. Lives with husband.

Before lockdown, I was going to Sainsburys and Tesco, but there was nothing there – no loo roll, flour... It was quite crazy. Then I got a letter about May to say I was on the vulnerability list. I registered on the government site, and got emails from Tesco, Sainsburys saying I was eligible for priority, but the first few weeks it was impossible to get slots.

Terry, 61, Outer London. Lives alone. Diabetic

*I was hospitalised for two weeks in March and when I came out, I had to quarantine. I saw adverts for Farm Foods on the television, and I know one of our neighbours used them, but **initially they wouldn't accept me as I wasn't a priority person. I called them up as I was concerned about how I was going to manage.***

Ian, 72, Outer London. Lives alone (wife died from COVID). Has COPD.

For some, there was an impact on diet – either because they could not access the food they usually ate, or their priorities had shifted from trying to manage their diet to just eating whatever food they could access.

*Once lockdown did start, it took 4 weeks to get onto the priority list [for online shopping] and a couple of weeks for the food parcels to come. **In those 4 weeks, I wasn't eating fresh fruit or veg – just frozen veg. I also just didn't take so much care [of my diabetes], so if it has sugar or is high in fat, I just thought, well it's not going to last forever.** I was eating white bread as I didn't have any wholemeal. I don't think my sugar levels zoomed up, but they probably increased a bit.*

John, 68, Outer London. Lives with partner. Diabetic.

I never shopped online before. I know I need to order things before I need them, but this means then I end up throwing them away – I stopped buying fresh stuff because of this. I don't eat a healthy diet anymore. I'm just buying whatever is immediately available – and whatever I can take out of the freezer and defrost. I'm trying to change this.

Ruth, 76, Outer London. Lives alone (widowed).

Other people buying food for respondents could also be problematic, as they may not understand the recipient's specific needs – and the recipient may not want to say anything at the risk of sounding ungrateful. Anne, for example, mentioned she prefers food with long use-by dates, to prevent waste, whilst Chris prefers low-sugar options as he is diabetic.

I like to check the date on something, so I don't have to chuck away – I have to throw away a lot. if people bring me food that goes out of date quickly.

Anne, 81, Inner London. Lives alone. Kosher diet.

Our daughter would buy food for us [before we could get a priority slot] then deliver it. She chose things we wouldn't usually buy; she would buy foods with a normal sugar intake, whereas we would buy the low sugar version – but I just wouldn't eat it. I'm just grateful that she did what she did really.

Chris, 60, Outer London. Lives with wife.

Government boxes

There was a muted response to the government food parcels amongst those who received them. Whilst, on the whole, respondents were grateful for the parcel (more so because it felt like the 'right thing' for the government to be doing in a time of crisis, rather than for the parcel's contents itself), **all agreed that they could not have survived solely off its contents, which were mainly packaged basics and not fresh foods or 'proper' meals** (in contrast, one respondent mentioned that food parcels he had previously received from the local authority contained proper meals). The vast majority would use only selected items from their parcel, due to dietary requirements/personal preferences, either throwing or giving the rest away. A few mentioned that the parcels only began to arrive 6 weeks into the lockdown.

The bits I don't eat I give to the elderly couple upstairs. I don't eat the biscuits because they're not good for you... [The food box] was quite nice to have, but I wouldn't say I depended on it. Aside from the milk – that was good, as I'm not going to the shops or get a delivery just to get milk. I drink whole milk [because the diabetic nurse recommended it], but the packs from the government had semi-skimmed, so I drank that.

Terry, 61, Outer London. Lives alone. Diabetic.

My friend got food parcels from the government because they're asthmatic. They're vegan [and the parcels did not have suitable food] so I got the reject food.

Peter, 76, Inner London. Lives alone.

You had to be online really – you would have really suffered without [access to online shopping].

Jeff, 68, Outer London. Lives with wife. Diabetic.

I used to get food parcels before, from the local authority, but now instead I'm getting a parcel from the government. The first came in 6 weeks after lockdown. My diet has certainly changed, but it's not necessarily worse.... The food now [in the parcel] is not as fresh as it used to be; it's mostly basic and packaged staples. The previous local authority delivery included actual meals.

Nassar, Outer London. Lives alone.

The majority of respondents who received a government food parcel had no prior warning. As such, they could not plan their meals around them. The food within the parcels was sometimes unsuitable, either for dietary or religious reasons: for example, one respondent who keeps Kosher was sent a parcel containing ham. Diabetic respondents mentioned the parcels contained a high amount of refined carbohydrates (white bread and pasta); this was even the case where a respondent had stated in his food parcel application that he was diabetic.

The local authority sent me a letter to tell me to shield, and they gave me a web address to register and apply for food parcels. I could say I was diabetic when I applied. The parcel was OK – there were the basic necessities, but I wish there was more fruit.... There was a lot of potatoes – some of that would go to waste. It was always white bread, and I shouldn't be eating that with diabetes. There were a lot of carbs, even though most people with diabetes are trying to control their weight.

John, 68, Outer London. Lives with partner. Diabetic.

*I tried the Westminster [local authority] food parcel, but it was awful. They had things like ham that I couldn't eat. The vegetarian meals were revolting. They would just provide basics, like rice, potatoes, milk, which I don't have. No Kosher, just what they call vegetarian food... **You can't be specific when someone else is buying you things:** if I wanted eggs, I couldn't just get 1 or 2, they would deliver a dozen. I couldn't say to Westminster, 'I need sugar free orange juice because I'm diabetic'.*

Anne, 81, Inner London. Lives alone. Kosher diet and diabetic.

With the food parcel you can't be picky, so I was eating a little less healthy food. Like tinned fruit, which is fine for most people but has a lot of sugar or syrup for me. It sounds basic, but to me that was important. It was harder sticking to my [Slimming World] diet.

Pauline, 64. Outer London. Lives alone. Has COPD.

One respondent mentioned that they did not need the food parcels but did not want to remove themselves from the list for these as they would then also be removed from the priority online shopping list.

There's no notification you're going to get the food parcel – it just arrives out of the blue. We were well into lockdown by then. Eventually someone phoned me asking if I still need the parcel, but if you complain to say you don't need these, they'll take you off the priority shopping list...

Jeff, 68, Outer London. Lives with wife. Diabetic.

Experiences of food insecurity

Several issues were mentioned by respondents. Firstly, not knowing when they will next be able to buy food means people were liable to limit food consumption. Secondly, online delivery is expensive – on top of the shopping, one has to pay a delivery charge (unless ordering over a certain amount – which is not practical for smaller households). Thirdly, there is a lack of autonomy. Respondents were forced to order from whichever supermarket they were able to get a slot with, even if this was not their first choice and if items were out of stock. They were unable to choose their own fresh produce, and they were unable to pick up smaller items throughout the week.

Before COVID, the cost of food wouldn't play into it, but then we've been using Ocado during the pandemic and it's very expensive – £160-80 per week for food, and that doesn't include meat because we buy this from a Kosher butcher.

Bill, 75, Outer London. Lives with wife. Kosher diet.

Fruit and veg was the one thing I struggled to get [from Sainsburys online during lockdown]. I found another company in the City of London that delivered, but it's very luxurious, it's not something I could afford every day.

Rose, 76, Outer London. Lives alone.

I haven't had flour the whole time, I've made meals eek out longer [as I don't know when I'll be able to buy more], I've changed from buying loose stuff to pre-packaged stuff [as it's more hygienic].

Judith, 70, Outer London. Lives with husband.

For some, their experiences have led to **continuing changes** in their behaviour, even as the government has lifted lockdown restrictions. A small number mentioned that they 'don't trust' the big supermarkets, who they felt did not do enough to help vulnerable shoppers during the pandemic, and who they suspect will not be as careful as lockdown lifts. Instead, they would feel more comfortable shopping in smaller, local shops. The majority are still shopping online, even as lockdown has lifted, as this feels safer; they may go back to shopping in-store when they feel comfortable (especially as many prefer being able to choose their own produce) but cannot say when this will be.

It makes me want to shop locally when this [pandemic] finishes because I don't think Tesco have thought about shielding.

Judith, 70, Outer London. Lives with husband.

We're still shopping online. We will go back to face to face, but don't think it's the right time. We'll go back when we're ready, when we're confident... First of all [the government] were saying, there's no need to wear face masks – and now they're saying there is... The messaging was confusing all the way through – I've definitely lost trust in how the government was dealing with it.
Chris, 60, Outer London. Lives with wife.

Lessons learnt: how can things be easier?

Some respondents spoke of how their experiences during and since lockdown might have been improved.

As of July 2020, when interviews were conducted, there was still a lot of anxiety about lockdown being lifted. Some felt that the government was not taking the risk seriously enough, and that lockdown was being lifted too soon. Just as the majority of respondents started shielding prior to the government's recommendation, the majority were not planning on going back into shops as soon as lockdown was lifted. There was mention of introducing a 'vulnerable' hour in supermarkets, for those who are shielding, to ensure everyone would stick to proper social distancing.

There is also a general lack of awareness amongst respondents about the support available, both during lockdown and more generally. Even those who are already employing coping mechanisms to mitigate food insecurity (e.g. batch cooking when they are well enough) are not aware of where they can access support should their situation deteriorate. During lockdown, only some boroughs got in touch with older people and others did not. One lady remarked that, if it were not for her daughter and neighbour, she would have really struggled. The majority received food parcels unexpectedly – they were not aware this is something they could apply for: one woman only found out about these whilst she was in the queue at Tesco. It is also worth remembering that we spoke to those older people who were able to leave the house, communicate over the phone and use a computer to some extent, and that there will be more vulnerable people out there.

I've seen things getting worse – we're going to have another peak so I'm carrying on online shopping [for the moment].

Peter, 76, Camden. Lives alone.

I'm scared because the shielding is ending so abruptly... If the supermarkets could make an hour for the most shielded people to go in, that would help.

Judith, 70, Outer London. Lives with husband.

When lockdown first started, I was in line at my local Tesco. Somebody from the [food parcel] charity came by and said if I was disabled or of a certain age then they could help me out with food. I gave them my email address and then sorted that out. I wouldn't have known otherwise.

Pauline, 64. Outer London. Lives alone. Has COPD.

5. Diet and nutrition

Respondents' understanding of a healthy diet

Respondents generally feel they know what is 'healthy' and 'unhealthy'. Their understanding of healthy food is quite traditional: for example, low-carb diets, gluten free or vegan diets were not mentioned. When challenged, a diet high in fruit and vegetables and low in fat was considered healthy, whereas red meat and traditional 'junk-food' (crisps, chocolate, biscuits) was viewed as unhealthy. 'Fatty' foods are viewed as unhealthy – there was no mention of 'good fats' and the need for these in one's diet. Some, especially diabetic respondents, considered white bread and white pasta as unhealthy too.

A minority of respondents, mainly those with health conditions, glean their understanding of a healthy diet from healthcare professionals – this is especially true of those with diabetes who have been on nutritional courses.

I know I should be cutting back on red meat as I get older – but I don't eat that anyway. I'm not getting this information from a medical expert, it's just what you hear; white meat is better for you than red meat anyway.

Chris, 60, Enfield. Lives with wife. Diabetic.

I get few tips from the diabetic nurse – like she told me 6 or 7 months ago that I'm better to drink whole milk and full fat cheese rather than semi-skimmed or low fat. I had no idea. And I eat brown bread and pasta; no yoghurt and honey.

Terry, 61, Ealing. Lives alone. Diabetic.

The extent to which respondents are *concerned* with what they are eating differs widely. Aside from individual appetite and personality, concern is also shaped by the individual's medical circumstances and if they are living alone or not.

In some cases, where the respondent has experienced health problems as a result of their diet (either diabetes or, in one case, a heart surgery), the diagnosis has acted as a 'wake-up' call, whilst the subsequent medical aftercare has provided them with dietary advice. Similarly, one woman spoke of joining Slimming World after having been told to lose weight for an operation. A few respondents in this position mentioned that they are more knowledgeable about their diet now than they were when they were younger.

I used to eat far more bread. When I was working, I was a courier, and I was eating when I was driving. So, I would take some sandwiches with me, and eat them, then go home in the evenings and have a big dinner. But obviously when I had the bypass [ten years ago], the doctors and nurses told me what diet I should be having afterwards, which I've kept to – which has got hardly any cheese, no red meat... You know it's fine. I was lucky. It's given me another ten years and I'm fine.

Bill, 75, Outer London. Lives with wife. Kosher diet.

I think about what I'm eating all the time, every day. I make sure I keep to what I should be eating – I'm very strict about it. The driving force is the fact that we've lost people in our family due to diabetes and high blood pressure, and now the media is saying Afro-Caribbeans are more susceptible to COVID as a result of underlying conditions... I didn't think about what I ate before I was diagnosed [with diabetes]. I'm Afro-Caribbean: we have a very rich diet, high in sugar and oil – I've since realised that eating this in excess will caused medical problems.

Chris, 60, Outer London. Lives with wife. Diabetic.

However, others are less impacted by their diagnoses, instead seeing poorer health as an inevitable part of ageing.

I'm unhealthy – I'm overweight, according to BMI I should have been dead about 30 years ago! But I saw someone on TV the other day that said BMI is not a scientifically proven system to go on – it might be a good guide, but it doesn't work for everyone. I was diagnosed as diabetic in 2013, took the tablets for less than a year, been off them since then and now back on, as of 3 months ago. [The diabetes] doesn't worry me at all.

Terry, 61, Outer London. Lives alone. Diabetic.

I have cut down a bit... I could cut down a lot more and maybe improve my diet a lot more. I've been on dietary courses through the GP, for diabetics... So, I am aware. I don't think I'm eating bad things, but it's probably too much of things I should cut down on... You can actually control diabetes type 2 just with diet and exercise [but I take tablets].

Jeff, 68, Outer London. Lives with wife. Diabetic.

There seemed to be differences in the diets of those living alone, versus those living with others (although this could be due to other factors, such as age). Several living alone said their diet suffers as they cannot be 'bothered' to cook for just one person. Similarly, cooking for one requires buying multiple ingredients which then go out of date before they can be eaten – some respondents mentioned eating ready meals or limiting the variation in their diet to avoid this problem.

I can't be bothered with cooking anymore, I buy stuff in and throw it away because I haven't used it. I suffer with anxiety since I've lost my husband. This affects my appetite – I just eat junk. I'm a bit of a yo-yo dieter; when I'm on my diet kick I tend to plan and have more interest in food. At the moment, I'm not dieting, I'm just eating ready meals. Before I would actually make meals, but I've just no interest and anxiety over COVID has made this worse.

Ruth, 76, Outer London. Lives alone (widowed).

My diet isn't as good as when my wife was alive, because I don't know how to cook some things. Also, I can't be bothered to cook for myself. I'm comfort eating, eating more cakes... I'm not eating as much fresh veg, but I am eating frozen veg. But I don't eat my five a day and I use more convenience food now.

Ian, 72, Dagenham. Lives alone (wife died from COVID).

For a while I would cook meals, but now I don't bother. If I were cooking, I would just cook one item, like a steak, that would be the whole meal. I'm going even further now and just living on sandwiches. I just don't feel hungry and I just forget [about eating].

Magda, 75, Outer London. Lives alone.

Now that I'm over 80, I don't cook myself. I get a lot of ready prepared food, like cooked salmon, ready prepared salad. If I wanted to make a salad myself, I would have to buy too much food for me.

Anne, 81, Inner London. Lives alone.

There was no spontaneous mention of adapting diet with age. When pressed, respondents said they had not considered this. Some questioned *why* their diet would need to change, so long as they were continuing to 'eat healthily'. Factors such as bone density, and the impact of diet on certain health conditions (e.g. arthritis) was not mentioned.

I eat less and less as I've grown older... But this is sensible, as I'm burning less and less. I'm more sensible now; I eat more regularly. When I was ill, I was eating less and less. My daughter checked in on me.

Magda, 75, Outer London. Lives alone.

[Do you ever think about how your diet might have to change with age?] No I don't... The diet I've got now, I think I can keep it, there's no reason why I shouldn't do.

Bill, 75, Outer London. Lives with wife. On a low-fat diet following a heart bypass ten years ago.

No, not really, because, growing older, it doesn't just happen overnight... The whole process is very gradual, and you probably change the way you eat [without thinking about it]. It's not through getting older I suppose, but I've changed my diet [to a healthier one] because when I joined the gym, I wasn't losing weight [because of my diet]. But it's not age as such.

Jeff, 68, Outer London. Lives with wife. Diabetic.

There is little knowledge of the importance of drinking enough water – nor is this something that respondents are asked about, either by healthcare professional or friends and family (who tend to focus on what the older person is *eating* rather than *drinking*). The majority said they were not sure how much water they should be drinking, but that they suspected they should be drinking more.

I sip water throughout the day, but I've never actually look at how much I'm drinking. I'm probably not drinking enough. No-one asks about it.

Diane, 68, Outer London. Lives alone. Diabetic.

You forget. I do drink water, but not as much as I should do. I think you're meant to drink a litre of water a day, but the trouble with my age is you keeping running to the toilet if you do that!

Bill, 75, Outer London. Lives with wife.

Discussing diet with others

The majority of respondents tended not to discuss their diet with healthcare professionals – even those with health conditions affected by diet, such as diabetes. This is down to two main factors. Firstly, as above, respondents assume they have a decent understanding of what constitutes a healthy diet and it would not occur to respondents to discuss their diet with a health care professional. Secondly, neither do healthcare professionals ask. There is not enough time during a Doctor's appointment to bring up anything not considered an issue. Even when explaining other health issues to the Doctor, respondents are not asked about their diet. In some cases, respondents are told to lose weight, but not given any further guidance.

The only person [I would discuss my diet with] really would be my wife, obviously, because we see each other every day, we see what we eat. Other than that, no.

Bill, 75, Outer London. Lives with wife.

Diabetic respondents are, understandably, more likely to discuss their diet with others, either healthcare professionals or family. They would have an initial consultation with a healthcare professional when diagnosed, to discuss their diet and management of the condition. One respondent mentioned going on a diet course that lasted several days. During follow-up consultations, the healthcare professional will ask about their diet along the lines of, 'Do you feel comfortable managing your diet?', but conversations *usually* (but not in all cases) do not go further than this – that is, the patient is not required to explain what or when

they are eating. That said, respondents said that they felt the healthcare professional would probe further if there were a problem with their diabetes.

What I found the most useful was going on the dietary courses that the surgery ran. That makes you fully aware, and then it's down to you as a person what you do about it.

Jeff, 68, Outer London. Lives with wife. Diabetic.

Some respondents mentioned that they would discuss their diet with their children, but usually this was limited to their children checking they were eating enough.

6. Conclusions

The primary aim of this study was to explore the experiences of Londoners experiencing food insecurity both before, and during, COVID-19. COVID-19 has been a frightening time for older Londoners. All we spoke to *were* able to access food during the pandemic, but, especially at the beginning, many were extremely worried about their ability to do this. Priority slots, where issued, have enabled people to shop online – but some reported being unable to access these, despite being classified as ‘vulnerable’. Some experienced changes to their diet in lockdown, as they ate the food that was available, rather than the food they knew they ‘should’ be eating.

There have also been social implications. Many of those we spoke to who live alone said how lonely they had been. Whilst neighbours might offer to help with errands, they often forget about the importance of a friendly chat. The weekly shop – a chance to get out and about and exercise some independence – has also been taken away from people.

As we leave lockdown, many are still scared. Confusion around changing advice from the government, and anxiety about the virus, mean the majority of those we spoke to will continue to shop online and shield until they ‘feel safe’. It is therefore important that priority slots, and potentially food parcels, continue to be offered even though lockdown is officially over.

The study has also highlighted two issues which should be addressed. Firstly, the majority of the older Londoners we spoke to were not discussing their diet in any meaningful way with anyone. Friends and family might check how much they are eating, but this is not discussed in-depth. GP appointments are felt to be too short to discuss anything but the specific issue. Only those with dietary-related conditions, especially diabetic patients, seemed to discuss their diet. It is very rare, even amongst healthcare professionals, that anyone would ask how much water they are drinking.

Secondly, there is low awareness amongst respondents about the support available to them. Whilst we were not speaking to the most vulnerable older people – as mentioned, respondents were all able to live independently, leave the house independently (most of the time), communicate via the phone etc. – some of the respondents we spoke to *were* using coping mechanisms to combat the fact that they were not always able to access or prepare food. Even amongst these more vulnerable respondents, there was no idea of where or how they might access support. It is vital people understand how to do this – especially as we may enter a second lockdown, meaning older people will be unable to attend the health or social services they usually would.

It worries me that if my arthritis gets worse, I won't be able to do anything at all – it's embarrassing, I wouldn't be able to clean myself after the toilet. I was going to the doctors every two weeks as I was on some medication where I needed regular blood tests. Now it's every 2 months – and all the appointments over the last 6 months have been cancelled and made into phone appointments; it's a waste of time if they can't see you. But, also, I don't want to go as I don't want to go out...

Terry, 61, Outer London. Lives alone. Diabetic.

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