Food bank perceptions and food insecurity of older people: findings from an empirical study and how health and social care professionals might offer more support

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Abstract

Food insecurity continues to increase in the UK, and includes a lack of adequate resources to shop, cook, and eat. Among social groups most likely to experience poverty, food insecurity and malnutrition, relatively few older adults have traditionally accessed food banks. This is despite malnutrition representing a common cause of functional decline and mortality amongst older people. This article draws from interviews in Cambridge with older adults, volunteers and others working with older people. It details why some older people who experience hunger or malnutrition may not access the services of a food bank. Among other findings, we highlight the impact of stigma and pride upon many older adult's viewpoints, as well as the possible negative effects of chronic illness, isolation, reductions in social care funding and policy-based reforms. The potential of social and health care services to better support older people experiencing food insecurity and malnutrition is highlighted.

Keywords: food insecurity; social precarity; social workers; poverty; support staff.

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Introduction

Despite continuing to grow in demand due to a cost-of-living crisis, the use of food banks has historically remained relatively low for older adults when compared to other demographic groups in the general population (Age UK, 2017; Annett, 2023). For example, in the UK, only 1.41 per cent of *Trussell Trust* food bank users were aged over 65 in 2014-15 (*Trussell Trust*, 2015). Evidence submitted by Age UK (2017) to the All-Party *Inquiry into Hunger* in the UK, indicated that the general low level of food bank usage by older adults contrasts with the high levels of malnutrition for this age group:

> *Poverty remains the reality of life for many older people, and whilst relatively small numbers rely on food banks in the UK well over a million older people are malnourished suggesting a different dimension to hunger in the UK.*

Malnutrition - which includes deficiencies in energy, protein, or micronutrients (such as iron, calcium, iodine, vitamin D, and vitamins B as examples) - remains a common cause of functional decline and mortality amongst older people. As part of a *National Nutrition Screening Survey,* the British Association of Parenteral and Enteral Nutrition (BAPEN) has highlighted that at least 1.3 million people aged 65 or over in the UK are not receiving enough protein or energy in their diet (BAPEN, 2016; Age UK, 2022). This is in addition to malnutrition regularly being identified during hospital and care home admissions for older people, as well as residents in sheltered accommodation (BAPEN, 2016; Age UK, 2017; Purdam et al, 2019; Malnutrition Task Force, 2021)

Food insecurity continues to increase in the UK, and encompasses not having adequate resources (economic, social and physical) to shop, cook, and eat (Garratt, 2016; Purdam et al, 2019). Long-term low income or poverty frequently renders people more vulnerable to food insecurity and under-nutrition, and often leads to difficulties in obtaining sufficient food (Lambie-Mumford and Dowler, 2014; Purdam et al, 2019). Currently, 2.1 million older people (18 per cent) live in poverty in the United Kingdom (UK), with at least 1 million older people living in severe poverty. Around one in five older people have either no or little housing, material wealth and private pension (ONS, 2018; Age UK, 2021).

What is less known from the available evidence is understanding of any challenges faced in responding to food insecurity and malnutrition among older adults. Whilst not a sustainable solution, in the short-term at least, improving access to food banks may offer one means by which welfare professionals such as social workers, nurses, support staff or volunteers can help to alleviate food insecurity and malnutrition amongst older people. This article draws from a small study in Cambridge to examine some of the reasons why so few older people access food banks. The article also considers some of the underlying causes and related policy of food bank use, as well as potential ways forward to offer more support for older adults.

Multiple possible causes of food bank use among older adults

Poverty and inequality, benefit delays, sanctions, the cost of living and reforms as part of an increasingly conditional benefit system in the UK represent some of the most common macro-structural reasons for accessing support services such as food banks (Watts et al, 2014; Purdam et al, 2019; *Trussell Trust*, 2022a). Additional factors effecting food insecurity or malnutrition may include poor health, the side effects of medications, and limited skills or time available to prepare food (Macleod *et al*, 2019). Research undertaken with food bank

users has also highlighted a common trigger to include a sudden crisis leading to a reduced income. Factors specifically affecting older people include poverty, the impact of a low state and/or private pension, a sudden deterioration in physical or mental health, and a lack of available support. Furthermore, reductions in social care support received, bereavement, and priority given to other family members can all remain added influences. Relatedly, hunger and undernutrition for older people can often be hidden: most commonly due to social isolation and loneliness, frailty or disability, or a personal sense of shame or reluctance to ask for support (Macleod et al, 2016; Bates et al, 2017; Age UK, 2021).

More recent evidence has also indicated other influences. For example, the layout of supermarkets and lack of facilities including appropriate toileting can it seems influence the likelihood of older adults becoming food insecure. Such and other socially determined factors may mean that a proportion of older adults – and more specifically the 'oldest old' or 'fourth agers' over 75 – move 'towards and away from vulnerability' (Dickinson, 2021: 1). It is also possible that ageism within policy, business and commercial practices, professional discursive practices or in relation to social and cultural attitudes - such as, for example, the relative cultural and social invisibility of many older people on lower incomes - may play some part (Grenier, et al, 2020).

Food banks, social precarity, and associated welfare reforms effecting older adults

Food banks in the UK tend to be dominated by charitable and third sector-service providers, rather than as part of state-driven initiatives. They chiefly supply food parcels to people living in crisis and tend to vary significantly regarding their size, types of food provided, variety of support offered, and how such provisions may (or may not) be accessed by older service users (Lambie-Mumford and Dowler, 2014; Careium, 2017; Trussell Trust, 2022b). Young single men, lone mothers and their children continue to remain the most significant

social groups who access food parcels from food banks, with around 832,000 food parcels in the UK being used by children during 2022 (MacLeod et al, 2019; *Trussell Trust,* 2022b).

Whatever their structure, it is recognised that acceptance of emergency food does not in itself offer an accurate indicator of the extent of food insecurity, and that 'only a minority of households experiencing food insecurity use food banks' (Garratt, 2016: 1). In addition, food service providers including the Trussell Trust do not provide fresh food and tend only to supply produce for up to three days. Instead, tinned and dry food as part of 'kettle packs' are supplied, and, as Pollock (2019) notes, without access to fruit, vegetables or meat, a healthy balanced diet is not assured even for those accessing the service. Such challenges are likely to also carry more significant consequences for disabled or isolated older adults.

Attention has also been drawn to an increase in social precarity – or the risks and rising insecurities and poverty for populations relating to profound market-based economic reforms, social policies, and social change. These have been especially pronounced for older adults, and such neoliberal enhanced developments are recognised as long-term yet have intensified with widening structural inequalities, austerity, and other factors such as ongoing labour market reforms that 'create trajectories which extend into later life' (Grenier et al, 2021: 5). Invariably such politically and economically driven reforms generate ramifications which extend to influence welfare institutions, professional relations, belief systems, emotional and psychological well-being, and micro-levels of engagement (Grenier et al, 2021: 5-8; Walker et al, 2013; Tyler and Slater, 2018). For example, attention has been drawn to how stigma around poverty can 'function as a form of power' over minoritized groups, to include institutional arrangements and symbolic systems which perpetuate 'deeply unequal social relations' (Tyler and Slater, 2018: 721-739).

The *Organisation for Economic Cooperation and Development* (OECD, 2011) has also recently acknowledged that there now persists a significant 'care deficit' regarding available networks of support for older people, and Baines (2016: 193-195) maintains that this deficit is closely linked to welfare retrenchment, the privatisation of care services, and associated 'personalised' care services which remain poorly paid, medicalized, risk focused and limited (see also Lymbery, 2010; Tanner et al, 2022). Others such as Ray et al (2009) and Purdam et al (2019), however, argue that for meeting specific needs relating to issues including food insecurity and malnutrition, certain welfare professions can potentially still represent an important source of immediate or preventative support. Health or social care professionals, for example, can come across signs of food insecurity with patients or service users, but they may need guidance on recognition, providing support, and possible referrals to address such issues effectively (Douglas *et al*, 2020).

Methods

Across Cambridgeshire older adults comprise a slightly higher proportion of all *Trussell Trust* food bank users than elsewhere in the UK: representing 1.92 per cent of service users in comparison to a national average of 1.41 per cent. Statistics indicate that food bank use needs to be viewed with some caution, however, as potentially extenuating factors such as the availability of food parcels at distribution sites or local demographic trends may understate or overstate their use (Trussell Trust, 2022a).

This study included a majority of older people along with some support staff as participants in order to provide as detailed a picture of barriers to accessing food banks. The key research questions of the broader study included:

1. *Why are some older people who may experience hunger not currently accessing the services of the Food bank?*

2. *What are the circumstances and stimuli that lead to older people experiencing hunger?*
3. *What are the needs and circumstances of older people experiencing hunger?*
4. *What are the common responses of older people facing hunger?*
5. *How might health and social care staff help support older adults experiencing hunger access the services of a Food bank?*

Participants and sampling

Seven support staff who worked with older people in Cambridge were purposively recruited and interviewed. They were approached via their organisation and added to by the research team from internet searches. Four staff members worked in the third sector, providing housing and outreach support. Another participant was a private carer, and two were NHS nurses who worked with older people. All staff worked with older people who were deemed 'vulnerable'.

Thirty-five older people (age range 65 to 86 years) who lived in Cambridge were recruited. The definition of older adults as representing people aged 60 according to the *World Health Organisation* (2023) was utilised, however the youngest participant we were able to access using purposive and snowball sampling was 65. Twenty-five participants were female and ten were male. We were unable to gain access to any participants from an ethnic minority. All interviews were conducted in English at locations of the participants' choosing. All participants (except one) received a pension and lived in an urban area of Cambridge.

The funders for the research gave initial information on contacts for organisations involved in food provision which included a foodbank, Church, luncheon club and advice service around Cambridge. Subsequent contacts were then asked to assist in recruitment by sharing a poster for the study and a participant information sheet about the study to service users to enable

them to volunteer to participate. In this way participants opted into the study and offered consent. Following a snowballing approach, participants then suggested other people.

Interviews and analysis

Interviews with all participants were face-to-face and were undertaken in a number of locations: these included, the person's home (n= 12); a church (n=6); communal spaces in a residential home (n=2) and community centres/cafes (n= 9); or other public spaces (n=4). Interviews lasted for at least an hour, although some were longer and undertaken by the lead researcher.

Interviews were digitally recorded and transcribed verbatim. Participants were allocated a unique code and a pseudonym for anonymity. The quality and accuracy of the transcriptions were checked by the lead researcher. All coding and analysis were completed by the lead researcher. The longest interview transcript (approximately 10% of the data) was formally reviewed by a second researcher. All but one of the co-authors were involved in regular discussions about coding and analysis; any disagreements or uncertainties were resolved by discussion and consensus. While coding and analysis were distinct tasks in this study, the analysis was also an ongoing and iterative process of internal thought, reflection, and dialogue, as ideas and theories were gradually assimilated with all three co-authors involved.

Primary data were analysed using Braun and Clarke's (2006) thematic analysis method, within a realist perspective (Crotty, 1998). Data analysis followed the phases of thematic analysis. Comprehensive immersion in the transcripts was undertaken which were read and re-read to generate initial codes. Links between codes were then later identified to develop themes. Reviewing themes, and defining and naming each resulted in a subsequent consolidation of each, with the process resolved with analysis in the context of supporting literature and referral back to the original transcripts where necessary.

Themes were also each reviewed and discussed with two co-authors to theoretically scrutinise each and the relationships between them for the purposes of this paper. Further, secondary data representing usage of food banks was supplied by the Trussell Trust in 2021. This data included further insight into age related trends regarding access to food related support services. Ethical review was undertaken by a University Research Ethics Sub-Committee. Informed consent was used to recruit all participants.

Results

The findings presented in this article will chiefly focus upon two key findings in relation to 'Reasons for older people not accessing food banks' and 'Possible interventions within social work for promoting access to food banks'. The additional results will be disseminated at a later date. The results also offer details about the under-researched notion of potential responses from health and social care professions to better support older people experiencing food insecurity or malnutrition.

Resilience, self-reliance and precarity

During interviews the concept of resilience featured strongly in this research, through general discussions and with reference to the use of application by the support and professional staff. Resilience is conceptualised as three related aspects of personality: self-esteem, control and optimism, which combine to reduce perceived stress and enhance a sense of self-efficacy. Within psychology, especially, it tends also to prioritise the individual character traits of adversity and positive adaptation (Major et al., 1998; Fletcher and Sarkar, 2013). Much research within health and social care on resilience has focused upon the experiences of children in care, although more recently attempts have been made to apply this concept to other groups including older adults (Green, 2017), and some studies suggest that childhood psychosocial wellbeing correlates with resilience in older adults (Stafford, *et al*, 2015).

Although stakeholders and professionals who supported older people used the term resilience regularly, they often did so in different contexts. Olga, a private carer, for example, suggested that what was deemed 'resilience' was often a mask for other traits:

> "*What is seen as resilience is a self-belief that they [older people] do not want to be seen as a burden on anyone".*

Resilience as professional construct can generate a number of potential challenges. For example, attention has been drawn to the possible ambivalence of the concept, it's capacity to change over time for people including in differing social settings and be utilised differently in welfare environments and social fields. There is also a recognised risk of individualising risk through overreliance upon the concept, or of understating the impact of other concepts such as poverty, stigma, racism, or ageism. Moreover, such dynamics may lead to some practitioners, including those in professional roles, unconsciously passing blame onto service users facing significant challenges (for example, Fletcher and Sarkar, 2013; Green, 2017). Related endeavours to challenge individualistic interpretations of age-related needs have more recently included attempts to apply the concept of social precarity to later life. For example, Grenier et al (2017: 13) argue that rather than focus on individual traits, greater recognition should be given to the influence of wider policies and social structures in fostering the invisibility or social exclusion of older people. This may include economic, political, or even cultural dynamics which generate a capacity to increase risk and insecurity in later life, including the perpetual jeopardy of falling into poverty. Subsequently, support staff and others should it seems be encouraged to 'work against the victim blaming that is promoted through the neoliberal emphasis on the self-reliant citizen'.

Tracy, a community volunteer, nevertheless emphasised the importance of independence to the older people she had worked with for many years. This strong sense of autonomy,

however, had in her experience continued to create a significant barrier for offering potential support:

> *"There are people who really can't cope with the thought of needing something. They've always been independent and I think that is one of the worst problems that we've had."*

Indeed, from the perspective of several staff interviewed, self-reliance and independence (characterised by living on less, being frugal, and working hard) emerged as a fundamental reason why many older adults were not accessing food banks. For example, Deborah, an Outreach Manager for a Charity, argued that the current older generation are a group of the population "*who pride themselves on hard work and self-reliance*''.

Most of the older participants themselves, maintained that degrees of resilience or self-reliance were related to not wanting to be identified as representing a burden to others. One older woman, Justine (71 years old), for example, referred to someone in her neighbourhood she was familiar with as not wanting to be a bother to anyone else:

> *"……She is a stubborn, strong lady, you know what I mean? But you see because they don't want to be a bother to anybody".*

Some research evidence however has suggested that shame amongst other behavioural and emotional norms can remain a common human response to experiences of poverty. This can subsequently effect behaviours, mental states, and attitudes. For example, when examining international trends relating to poverty and shame, Walker et al's (2013: 215-219) interviews with adults and children in seven countries (n = 222 adults and 95 children) - including the UK, China, Norway, Uganda and Pakistan - discovered that shame remained one of the most common responses for participants. This was regardless of the intensity or lengths of time for which poverty was experienced and was in addition to responses which included social

withdrawal, feelings of depression, despair, and sometimes suicide. Such findings offer another possible explanation for some of the motives on behalf of older adult for not wishing to access food related support.

A number of older participants reported that they did not leave leftovers or wasted food. Shopping and portion sizes were carefully managed to maximise what was eaten and avoiding waste were also prioritised:

> *"I try not to have any waste because I don't like wasting food...So I think a lot of older people find ways of using up the leftover food, they have more initiative I think than what the young ones do in using up [laughs] …"*
>
> Ingrid, Aged 67, Church volunteer

Previous interviews in North West England with 36 adults accessing food banks (aged 50 to 75 years old, 28 women participants) by Purdam et al (2019), suggest that as well as a sense of self-reliance, other factors can play an important role. A number of participant's interviewed, for example, highlighted that they regularly skipped meals or avoided heating their property due to a lack of income. One divorced male, aged 65, reflected on his poor-quality diet and described how he regularly "*just eats cornflakes*" when he had no income or other food. A woman, aged 65, described frequently not eating at all and had "*managed without*" on regular occasions. Another female participant, aged 60, stated that "*I do skip meals or just have soup, but I shouldn't, [as] I've got diabetes*". As the researchers highlight, such 'risky behaviours' were sometimes recognised by participants as potentially leading to 'health-risks'. Moreover, priority being given to participants other family members, including their children, often remained crucial motivations for those accessing food banks: indeed, one female participant, aged 59, was fearful "*about getting done for neglect*" if she did not adequately feed her family. (Purdam et al, 2019: 665-673). Other research has highlighted

that for the poorest of households aged over 60 in the UK during winter, income for food is instead often spent on fuel (Brimstone, 2011). This outcome is likely to continue to intensify in future for many older adults experiencing poverty, especially considering factors such as any environmental or economic pressures on the rising cost of fuel (Phillipson, 2013: 99-100).

A number of the oldest people interviewed who stressed the importance of self-reliance recognised this as a generational trait. Dianne, aged 85, for example, highlighted the importance of her past experiences:

> ***"****Well it is because I was brought up in the war and we didn't starve by any means but I mean you learn sense and of course I was married to a clergyman and they're not very well paid. So, you have to be sensible about that as well. So, I mean I've never really bought expensive things"*

Other participants nevertheless argued that they had a regular source of income, and again, were able to self-manage their budget. Indeed, some participants found it difficult to conceive why anyone in their age group would need to use a food bank. Alec, aged 82, for example, was a little uncertain but stated that:

> *"I'm not quite sure why older people would get to the stage where they would need a food bank. Because the reasons why people go to food banks are usually things like, well obviously to do with money, whereas if you have steady income then it's mismanagement of that income, possibly. But usually it's things like, you know, suddenly unemployed and don't get any benefits for a long time. Or change of benefits or, you know, some reason why money has stopped. So, I mean there's a whole raft of things I'm sure…Whereas, older people always have, or do they…perhaps they don't all have old age pensions thinking about it*

but they probably do have a regular income that's unlikely to be affected by any change of their circumstances".

Barriers to accessing food aid

Although a majority of the sample of older adults had not previously accessed a food bank, one of the key reasons cited related to a perceived stigma to receiving 'charity', including any type of food aid or if visiting a food bank. David, aged 72, for example, highlighted the relative shame he would feel - and possibly other people of a similar age – if he were to accept help or receive support in a public place:

"I'd hate to be in that position in the first place and therefore for other people to know I'm in that position would obviously be upsetting and I think it probably would upset a lot of older people 'cause I think older people generally don't seek out benefits of any kind."

Elaine, aged 82, talked about the importance of pride:

"I think with older people they hate asking for anything...Do you know what I mean? They're very proud aren't they really?"

Interviews of late middle-aged and older people by Purdam et al (2019) highlighted a strong sense of embarrassment and shame typically felt by the adults who had limited income and accessed food banks. For example, one man, aged 65, spoke about not wanting to go outside his home in case he had to admit to someone known to him that he was hungry. This finding stood alongside a general wish by some of those interviewed of using food banks inconspicuously so as not to bother or upset other people, especially family members. This

finding echoes numerous sociological studies which maintain that within many societies old age often represents a social problem: and can be interpreted culturally and indeed by older adults themselves as signifying decline, dependence, and as representing a burden to others (Ray *et al*, 2009; Phillipson, 2020).

From our interviews, Justine, aged 71, again stressed the role of pride but also implied the possible embarrassment of other people knowing that you might be struggling:

> *"I personally think it's pride, you know, they just…too much pride. And they don't want people to know their circumstances that they know they're struggling. That's what I think".*

Edward, aged 67, firmly echoed these points:

> *"It's because they're too proud to go to benefits and say look, I ain't got enough money, I had to pay this, I had to pay that, I had to pay the other and by the time that's done I've got no money for food. They won't do it!"*

Alan, aged 72, still used food banks but highlighted his shame and resistance to encouraging others to access the service despite its use:

> *"No, I don't mention it [foodbank] either, I feel embarrassed I have to use it.*
>
> *Interviewer: Ah, OK. So it's not something that you would…*
>
> *"No, no…"*
>
> *Interviewer: …encourage others to use if in a similar situation?*
>
> *"No."*

Elaine, aged 77, was representative of some of the sample who were unequivocal about not using food banks under any circumstance:

> *"When it comes to older people I think they would be very erm…upset, I mean, if I had to go and ask for er…food because I couldn't use it er…I'd be disgusted with myself and I would say what the blinking hell am I doing?...I think it's… I mean if I had to do that I really would be feeling disgusted with myself, I really would".*

Some of the older people interviewed did, however, maintain that they had struggled in the past to find specific food banks, and that awareness of their locality was a struggle. Clearly this might be even more of a problem for frail 'oldest old' adults, including those who have a disability, chronic illness or sensory impairment. David, aged 72, for example, noted that he wasn't aware of where they were located, and this was a problem:

> *"Well I honestly don't know where food banks are! I have donated to them and it was difficult to find the food bank in the first place to make a donation and it's usually something like a church hall or, you know, it's not in the most obvious places."*

The study found that it was often hard for agencies - including third-sector service providers with volunteers and staff working to address food insecurity - to identify and reach older people. When this had occurred previously, it had usually not been until the specific older people had reached crisis point. Alongside clear reluctance to ask for help, benefits or charitable support, there was also sometimes a lack of awareness of what was available or knowledge of how to access food aid, specifically food banks. This could be a challenge if people are isolated. For example, Tracy, 69, a community volunteer, highlighted that:

> *"Because older people were brought up in an era where you didn't really ask for anything or everybody helped each other and I think they've got too much pride to*

actually admit that they need help… So they don't get the information that they need, that this provision is here because they're so isolated themselves".

Determinants of food bank use and some possible social work responses and challenges to addressing food insecurity

Whilst improving access to support services such as food banks may offer an important short-term solution to food insecurity among older people, attention elsewhere has also been drawn to other contextual factors to consider. For example, food banks also need to be recognised as embodying the tangible impact of structural determinants including government policy on peoples' well-being and everyday lives (Lambie-Mumford, 2019; MacLeod et al, 2019). The increased use of such largely charity-based services can also be viewed as symbolising wider questions about inequality, poverty, social precarity, welfare retrenchment and limited professional responses to what have become overtly technical and bureaucratic responses to ever more medicalized needs (Harris, 2003; Lymbery, 2010; Author 2018; Phillipson, 2020). This interpretation contrasts sharply with more conservative discourses which narrowly focus upon the availability of food to thus create a 'food silo where the problem is framed as one of a lack of food, to be solved by the provision of food' (Dowler and Lambie-Mumford, 2015; Lambie-Mumford, 2019: 5). More generally questions have been asked about the longer-term suitability of food banks. For example, The Trussell Trust (2022b: 3), one of the largest providers of food bank provisions, have highlighted that such support services are not sustainable, and cannot 'replace the dignity of people being able to buy your own food'. Such services tend also to be variable and can offer only a short-term solution and are unable to support a longer-term balanced nutritional diet for older adults.

Other studies have highlighted reductions in state and other forms of support as important dynamics to consider when looking at food bank use, food insecurity and malnutrition.

Drawing from evidence of an extensive survey of Glasgow residents (n=3,614), MacLeod et al (2019: 67) argue that food banks tend to be used by groups who are being 'under-served by the welfare state and suffering the most acute impacts of poverty'. As we have seen, Purdam et al (2019) discovered that later-stage ageing can also place many older people at a substantial disadvantage, and any specific needs are often hidden yet closely associated with poverty, isolation, and priority being given to others. It's important to add that there are also significant disparities in poverty between specific age groups and especially on the grounds of class, gender, and ethnicity. Such differences are likely to create complex disparities of needs regarding food insecurity and suggest that more extensive resources and meaningful support are required. For example, Phillipson (2013: 98-99) has analysed *Office for National Statistics* data to highlight the disparities of gender and ethnicity in relation to the rates of poverty (before housing costs, BHC) for older people in the United Kingdom. For single women aged from 70 to 79, the poverty rate stood at 26.9 per cent in comparison to 13.7 per cent for men. Regarding ethnicity, in the UK the poverty rate (BHC) was 20 per cent for 'white pensioners', in comparison to 28 per cent for Black Caribbean populations, 33 per cent for Indian cohorts, and 46 per cent and 48 per cent for Bangladeshi and Pakistani populations.

Based on the evidence presented in this and some other studies, welfare professionals such as adult social workers may have a role to play in meeting some of the food-related needs of older people. This is perhaps more likely to be members of the 'oldest old' or 'fourth age', including people with chronic conditions, or who remain isolated or lonely, or are without family or other support. Initial support may be instigated through core professional skills such as in relation to potential neglect or safeguarding: including with regard the core Care Act 2014 section 42 principles of prevention, protection or proportionality. Moreover, initiating referrals to other agencies including within health care or the voluntary sector may be appropriate. Again, health professionals are generally trusted by older people, who still want

to maintain their independence (Abdi *et al,* 2019), and therefore may at times be in a position to identify food insecurity and share information about food banks (Douglas *et al*, 2020). Food-related or associated support might also be offered through befriending, building trust, or offering advice such as during health assessments. Social workers can also act as advocates in engagements with other agencies including food banks and related support staff.

A prominent legal role fulfilled by social workers remains the assessment of need, typically undertaken within a resident's home or place of residence. More awareness of food insecurity and possible interventions - including making service users or family members conscious of available services - might offer a potential preventative intervention, and also crucial resource from which to draw. More recently attempts are being made to utilise assessments of need to further promote self-support and actively discourage forms of funded support for older adults (for example, Daly and Westwood, 2018; Tanner et al, 2022). Relatedly, Webb (2006: 74-76) adds that due to intense legal, resource and policy pressures to promote risk-averse practices, 'intelligent inquiry' can quickly diminish during assessments. Such approaches may, however, be against the wishes of individual social workers – and, as Dustin (2007) and Baines (2016) highlight – personal preference and acts of resistance can lead to creativity and meaningful engagement with older people above technical performativity and process. Unsurprisingly perhaps, during interviews with older people who had previously used social care services, Manthorpe et al's (2008) discovered that more person-centred approaches were most appreciated by those interviewed.

Improving awareness of food insecurity and the potential available provisions in food bank outlets could be highlighted as part of professional health and social care education. This may include promoting better awareness and engagement with local service providers, alongside ways by which such networks of support can adapt in partnership with service users and other stakeholders so to facilitate each to become more accessible and age-friendly. Instances of the

potential of more active engagement with specific older adults and possible co-production were indicated by some of the participants. Ingrid, aged 67 and a Church volunteer, for example, noted that her Church often struggled to provide direct assistance due to the isolation of potential older service users who *"don't have contact with the outside world a lot."*

According to the Malnutrition Task Force (2021: 20) a significant majority of older people who are malnourished in local communities tend to have inadequate access to services, remain housebound, or have limited mobility. Moreover, the relative sparsity and decline in social care funding and associated increase in 'unmet needs' in Britain has increased the proportion of vulnerable and disabled older people who are isolated. These findings suggest that many older adults who would benefit from food banks will probably struggle to access the service even if they wished to. This suggests that promoting delivery services alongside improving engagement and meaningful co-production would likely benefit many older people.

Conclusion

The use of food banks or even self-realisation of food insecurity can often be resisted by older people requiring support for several reasons. This may include due to pride, uncertainty, confusion, shame, depression, or even a 'generational-habitus', which may instil a strong performative sense of self-reliance. Relatedly, receipt of welfare support or care for many older adults can also be interpreted as embodying a loss of agency and personhood (Higgs and Gilleard, 2010; 2015). There may also be priority given to other family members. Such responses can also be driven by other factors including more physical influences such as the impact of a disability, chronic condition or due to isolation, or reductions or non-provision of social care. From interviews there was some evidence to suggest that food banks can be

inaccessible regarding their location and lack of prominence or visibility to some older adults. As well as poverty this outcome may also relate to the now extensive criticism of an ever more marketized and fragmented welfare system (Clarke, 2000; Harris, 2003; Author, 2014; Baines, 2016; Phillipson, 2020; Tanner et al, 2022).

It seems likely that due to relatively lower levels of use - and findings of resistance to potential support by some older people - welfare professions such as those in social work and nursing could be doing much more to identify, signpost and support those experiencing food insecurity or undernutrition. To achieve these aims, there will likely need to be more recognition within health and social care practice and education of food insecurity and undernutrition among older adults. This is alongside more meaningful engagement with older service users and significant others, as well as better attempts being made by service providers to reach malnourished or food insecure adults in later life.

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Conflict of Interest

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Supplementary data

Anonymised data is available upon reasonable request to the corresponding author.

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