

Changing Food Places: Shifting Food Acquisition Practices of Pensioner Age Households and Food Insecurity—A Secondary Analysis

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Abstract

The UK food system has been subject to a range of external pressures over recent years, and particularly influenced by austerity policies, the Covid-19 pandemic, exit of the UK from the European Union, geopolitical instability, increasing energy prices, and cyber attacks. These disturbances have resulted in high levels of inflation and a cost-of-living crisis, presenting challenges to household budgets and food affordability. Support structures that have traditionally supported pensioner age households (PAH) to access food, such as community lunch clubs and meals on wheels services, have been adversely affected by austerity measures, and thus have been in decline since 2010. Many community lunch groups which were forced to close during the pandemic have not re-opened. This article explores how disruptions to the food system have impacted how PAH interact with the food places and spaces they have traditionally relied on. The challenges presented by food system disruptions are explored through a secondary analysis of and critical reflection on data from four empirical qualitative studies undertaken in the south-east of England over the past decade. This secondary analysis focuses on place, in particular, in relation to changes in food acquisition practices. Both the studies and exploration are underpinned by a theoretical framework developed to model food system vulnerability in later life. The studies include an ethnographic study exploring the vulnerability of older people in the UK food system undertaken before the pandemic, two studies exploring food practices undertaken during the pandemic, and a study undertaken post-pandemic examining the use of food aid by older people. These studies demonstrate how the places PAH use to source food are in flux. The cost-of-living crisis has led to an increase in the number of older people using food aid such as food larders, social supermarkets/pantries supplying surplus food, and community cafes producing low-cost or free food. However, these sources do not meet all their food needs and are supplemented by purchasing food from supermarkets. This increases the complexity of the food environment PAH on lower

incomes engage with and could amplify their risk of being food insecure. Governments and food providers need to be better prepared for future major disruptions to the food system, and be particularly aware of, and be prepared to support, the needs of PAH.

Keywords

food insecurity; Food Security Framework; food system; older people; vulnerability

1. Background: The Rapidly Changing Food Landscape for Pensioner Age Households

Before the Covid-19 pandemic, the UK food system was relatively stable and generally able to respond to disruption to parts of the food system. A number of historical food “scares” relating to the food safety of particular foods, such as the BSE in beef and salmonella in eggs crises (Roslyng, 2011), did not cause too much disruption for consumers but had a major impact on public trust in the food system (Wales et al., 2006). However, over the past five years, the UK food system has been subject to a series of major threats beginning with the Covid-19 pandemic (Brown et al., 2022). In the immediate aftermath of the pandemic, a further series of geopolitical challenges have had major impacts on the food system including exit of the UK from the European Union (leading to increased food prices due to increased bureaucracy when food is imported from Europe; Lang, 2019); geopolitical instability following the invasion of Ukraine which led to increasing energy prices and food price inflation (Meadows et al., 2024); and cyber attacks (Hamilton et al., 2020).

Even before the pandemic took hold, in 2010, the UK Conservative and Liberal Democrat coalition government pursued a fiscal policy of austerity, which was extended when the Conservatives regained power in 2015 (Wren-Lewis, 2024). The government's aim was to reduce the financial deficit by reducing the size of the state (Wren-Lewis, 2024). The result was a reduction in local authority budgets of 23.4% between 2009–2010 and 2014–2015; however, these cuts were not uniformly applied, with more deprived areas experiencing more severe cuts in budgets (Innes & Tetlow, 2015). Austerity policies thus increased the already drastic social divides across the UK. Toynbee and Walker (2020) described the impact of austerity as “The lost decade”. Budget cuts had a devastating impact on services that local authorities did not have a statutory duty to provide, including meals on wheels (MOW) services (or lunch clubs) for older people (Dickinson et al., 2021; Loopstra, 2020). As a result, between 2010 and 2024, there has been a catastrophic decline in MOW services (National Association of Care Catering, 2023).

These crises have resulted in high levels of inflation, which have had a major impact on food prices, with basic foods such as pasta and bread, that many people on low incomes are particularly reliant on, increasing drastically and often doubling in price (Food Foundation, 2022). Historically, much research on food insecurity has focused on people with families (e.g., Renard et al., 2024). Recently, food aid organisations have reported seeing an increase in pensioner age households (PAH) seeking support with food. The UK Trussell Trust note that although the prevalence of poverty in PAH is lower than in households with working-age adults, 6% of support provided by food banks goes to PAH (Trussell Trust, 2024). They report that food bank support for PAH has increased by 345% between 2018–2019 and 2023–2024. The Trussell Trust reports that the main reasons older people access their food banks are due to income/debt (77%) or health (28%). The Independent Food Aid Network, representing independent food banks, have also seen an

increase in PAH seeking support, noting that “Age UK is referring far more elderly people for help than ever before” (Independent Food Aid Network, 2023).

1.1. Pandemic and Food Insecurity

The pandemic provided economic, welfare, and technological challenges affecting all parts of the food system, resulting in massive disruption to the supply of food to households (Thompson et al., 2022). Major impacts resulted from supply chain disruption, compounded by panic buying by those with the financial resources to enable them to stockpile food and other commodities (Pantano et al., 2020). This led to supermarkets with empty shelves, leaving vulnerable people exposed, as supermarkets struggled to balance supply with demand. Media coverage showing older people standing in front of whole aisles devoid of food products shocked viewers unused to seeing this scale of missing food (Wilson, 2020).

For PAH, public health-led responses to the pandemic aimed at reducing the spread of the virus forced them to make changes to their food practices, where they acquired food from, and how they were able to use the built environment, including spaces where they were used to purchasing and eating food (Thompson et al., 2022). In particular, the public health changes required to contain the virus resulted in disruption to their supermarket shopping routines, forcing many to make a move to online shopping for the first time.

1.2. Change to Online Shopping

In the UK, supermarkets are the main place people traditionally source their food (Thompson et al., 2013). Exploring the rapidly changing shopping landscape, Brand et al. (2020) undertook work to explore shopping behaviour and found that those most resistant to, and least likely to do online shopping were more likely to be older and retired people who were less time pressured. Older participants expressed a preference to see and touch goods before purchasing, tending to be brand loyal and price conscious. Prior to the pandemic, before March 2020, only 10% of grocery shopping (all ages) was conducted online, rising to 16% during the lockdowns, and is currently 13% (Bayford, 2023). Bayford reports that millions of people have permanently switched to doing their weekly food shopping online (Bayford, 2023). A report by Mintel (2023) found that two-thirds of UK consumers used online shopping to avoid shopping in-store, 20% to avoid having to transport items themselves, and 25% to bulk buy items. Ball (2025) looked at shopping grocery trends over the five years post-pandemic, noting:

We haven't gone back to old patterns and shopping trips remain below pre-pandemic times. Households made one less visit to the supermarket in February 2025 than in 2020, while online shopping appears to have stuck, taking a 12.3% market share this month versus 8.6% in February 2020.

Those undertaking in-person shopping reported that the social aspects of shopping are important (Tyrväinen & Karjaluo, 2022). Hassell (2024) undertook a survey reporting that 55% of over-65s now shop for groceries online, and for one in five this is a new food practice developed during the pandemic. Those with age-related impairments such as visual, hearing loss, and mobility issues spend 11% more money than those without. However, the survey found that over-65s felt that retailers providing online shopping failed to address their needs, leaving them struggling with difficult-to-read text, confusing site navigation, with sites not allowing sufficient time before timing out, and they struggled to remember passwords.

1.3. Food Security Framework

There have been relatively few studies exploring food insecurity in older adults (Dickinson & Thompson, in press). Food insecurity in later life can be caused by a number of factors (Scientific Advisory Committee on Nutrition, 2021), including a decline in functional ability, bereavement, and reduction in social networks, not just financial threats, with an estimated 300,000 in the UK requiring assistance preparing a hot meal (Papadaki et al., 2023; Purdam et al., 2019). Dickinson et al. (2021) carried out an ethnographic study designed to explore how PAH might become vulnerable within the food system and found that PAH experienced a number of challenges (or threats) that shifted them towards food insecurity. The authors used the findings to develop a Food Security Framework to support those trying to understand the process of development of food insecurity for older households (Dickinson et al., 2021). This study identified threats that, while on the surface appeared to be relatively minor issues, could accumulate with other threats to push PAH towards food insecurity. Threats to food security included access to suitable parking, clean and accessible toilets, lack of seating in retail spaces, presence of obstacles in supermarket aisles, and lack of help and support from supermarket staff. Conversely, PAH were able to protect themselves from food insecurity through accessing services that focused on supporting PAH to access food as well as providing social activities to help address loneliness. Services that were being used by PAH to prevent food insecurity included lunch clubs and MOW services, however, use of online food deliveries by older people in this study was rare. Most participants explained that their weekly shopping trip was something they looked forward to. Shopping trips provided social opportunities as well as providing engagement with spaces outside of the house and physical activity.

The Food Security Framework (Dickinson et al., 2021) developed a four-domain model originally proposed by Schroder-Butterfill and Marianti (2006) as a way to understand how older people exposed to the same environmental threat experienced the event differently, with different outcomes dependent on their exposure (or socio-cultural assets acquired over their lifecourse) and their coping capacity. Environmental, public health, and economic crises impact differentially on the population, with those from lower socio-economic households and other disadvantaged groups, such as those with disability and reduced access to resources, being worst affected (Schroder-Butterfill & Marianti, 2006).

In addition to supporting understanding of how people could move to a bad outcome, in this case, being food insecure, the Food Security Framework also indicates where interventions could be made to support households to achieve food security. For the purposes of this article, the focus will be on both the threats experienced by PAH, how PAH respond, and the way this affects their engagement and interactions with food spaces. The Food Security Framework was used as an analytic framework in three of the studies included in the qualitative secondary analysis (QSA) that is the focus of the article, as well as for the QSA presented. The article will explore how the food practices of PAH have been affected, how PAH appear to be responding to this “perfect storm” of food system challenges, and make recommendations for changes that will support PAH to access affordable and healthy food in a socially acceptable form.

2. Studies of Food Security: Methodological Design

The article presents a QSA which draws on data from a series of four studies, largely drawing on ethnographic methodological approaches (Hammersley & Atkinson, 2007) that explored the vulnerability of older people in the UK food system, undertaken over a decade (summarised in Table 1).

Table 1. Summary of included studies.

Study	Aims	Methodology	Methods	Sample
Dickinson et al. (2021) Dickinson & Wills (2023) (Both papers report findings from the same study)	To investigate how older adults access food, and to explore social capital, which might contribute to food security or prevent malnutrition.	Ethnographic	Multiple methods including: participant-led kitchen tour, observation of food acquisition practices (photographs/video), diary, and informal interview.	25 households with an older adult.
Wills & Dickinson (2022)	To explore the role MOW plays within the everyday food lives of older people.	Ethnographic	Observation, interviews and visual methods (photography). Study disrupted by the pandemic, and methods shifted to telephone interviews.	Included interviews with 14 households receiving MOW.
Thompson et al. (2022)	To understand how Covid-19 affected local food systems and household food practices, and efforts to mitigate dietary health inequalities in the east of England.	Qualitative study	Online and telephone interviews.	Included interviews with 12 households with older people.
Dickinson et al. (unpublished data)	To explore the current food aid landscape available to, and being used by, PAH in the UK.	Ethnographic	Observation, interviews.	Included interviews with 19 older people.

The first study was undertaken before the pandemic and included 25 older households (Dickinson et al., 2021; Wills & Dickinson, 2023) to explore the food practices of PAH with a particular focus on their vulnerability within the wider UK food system. This multiple-method, ethnographic study explored everyday interactions of PAH with the UK food system through a series of visits. Data collection began with a householder-led tour of the kitchen space, which included exploration of food stores in kitchen cupboards, fridge, and freezer, as well as other appliances used in food preparation, captured using photographs and video recording. Subsequent data collection included a “go-along” video-recorded shopping trip, a trip to an allotment or garden used in food production, informal interviews, and observations of cooking practices.

Two studies were undertaken during the pandemic, the first looking at MOW ($n = 14$ PAH; Dickinson & Wills, 2022) began before the pandemic and followed a similar methodological approach to the one described above. However, the approach had to be revised due to the pandemic, shifting to data collection using telephone interviews to limit risks to vulnerable participants and researchers. The second study exploring food security during the pandemic included 12 PAH (Thompson et al., 2022) and involved interviews undertaken via telephone or online via Zoom. The final study was undertaken post-pandemic, and aimed to examine the use of community food support by older people ($n = 19$ older people).

The empirical part of the study included participant and non-participant observation in community food settings, and interviews with older people and others involved in providing food support.

Data for each of the four studies had previously been transcribed and coded using the QSR NVivo software to facilitate analysis by study authors. All studies had been given ethics approval.

QSA is defined as the “re-use of existing qualitative data generated for previous research studies” (Hughes, 2023), an approach which, despite a number of issues, is increasingly being used. Secondary analysis of existing data is used to re-examine existing data rather than funding the collection of further primary data. Secondary analysis has been used widely for quantitative data sources, but the approach has been viewed as more problematic for qualitative data, with one of the main concerns being epistemological, due to the nature of these data being highly contextual, generated and co-constructed by the researcher with participants (Hughes, 2023). Hughes presents a strategy to support researchers to reuse data, and overcome the associated issues, including the need for the QSA researcher to familiarise themselves with the datasets and context of the studies. Hughes proposes two strategies of (re)contextualisation and (re)connection to support the QSA.

The (re)contextualisation of data involves critical engagement with the contexts of the original studies. (Re)contextualisation supports this by addressing questions such as the temporal nature of the original data, the social contexts within which data were produced, and the limits of such data, while (re)connection explores how data can be used beyond the original context of the data through examining the researcher’s connections to the data and context, exploring how the datasets can be developed in the new analysis, and positively using the “distance” from the original study:

Seeing data with a new temporal perspective can enhance understandings of social processes...and provide fruitful ground for exciting and innovative research generating new findings and insights. (Hughes, 2023)

Some of the issues described above are less relevant to the QSA undertaken here, as the author had intimate knowledge of all four studies, being involved in study design, data collection, and analysis, with full access to the primary data. All four studies were selected as they were focused on the social contexts of vulnerability in aspects of the food system for PAH. The four studies were located in similar geographical contexts in the east of England.

The temporal distance from the earlier studies offered analytic advantage by enabling a fresh perspective through distance from the data. Drawing on studies undertaken at different times enabled exploration of temporal changes in food practices. The QSA was undertaken using a process of interpretative analysis (Dickinson et al., 2021), which supported the critical re-examination. Data were re-examined through a process of re-familiarisation with the study data, by re-reading and exploring the data coded within the NVivo files, but additionally, the researcher re-read the original transcripts and re-viewed some of the visual data. For some of the studies, summaries of households had been written, and these were also revisited. Analytical notes were taken that had relevance to addressing the questions of the QSA and used the same theoretical framework that had evolved from and underpinned three of the previous studies to inform the reanalysis.

3. Findings

In this part of the article, data from each of the empirical studies will be presented chronologically, to show the changes in food practices over time. As each of the studies is focused on different participants rather than following the same participants over time, these findings should not be read as a longitudinal study. This analysis highlights changes in the way PAH appear to be interacting with the food environment and using food spaces/places. The article offers an insight into how PAH are managing food security in response to different food system challenges as they change over time.

3.1. Before Covid

In the first study (Dickinson et al., 2021), none of the participants used online supermarket delivery services, preferring to shop in person. One man ordered food from a specialist frozen food delivery service, using their catalogue and placing his order by telephone. Some PAH were supported with food procurement by family and friends, received MOW, or used lunch clubs. Most participants, including those with mobility issues, preferred to choose their own food and shop for themselves, generally in larger supermarkets. They described the benefits they felt food shopping offered to them. Many people described how shopping in supermarkets posed challenges for them, from dealing with poor parking and public toilet provision, to the ever-changing store layout, and obstacles experienced within the store, e.g., floor cleaning signs and trolleys being used to collect food for online deliveries. Lack of simple provisions that could support them, such as provision of seating, meant there was nowhere for them to have a short rest partway through their shop or before they headed home. Some of these issues are illustrated below.

Janey, aged 80, lives alone, since her husband died four years ago. She has multiple health problems and poor mobility, using a walking aid with a built-in seat when she leaves her home. She goes food shopping on the same day most weeks after visiting the hairdresser next to the store, travelling there and back in a local taxi. Janey explained how she had previously used the bus but can no longer get on it with her wheeled walking aid. Her walking aid has a built in seat which allows her to rest her shopping basket on it as she walks around the shop, moving the basket to the floor if she needs to sit and rest on her way around.

Her main food needs are met by a daily MOW service delivered to her home. They deliver a hot midday meal, leaving a sandwich and cold snacks for later. Janey started using MOW after her husband died and her GP recommended it as she was feeling very depressed. She explains that MoW give her independence so her sons can get on with their lives. Janey also has milk delivered three times a week. Accessing these services means that she needs to purchase very little additional food each week, which makes the shopping trip manageable. Very little food is found in the house with nothing in the freezer. There are yoghurts in the fridge, but her cupboards contain mostly out-of-date food items from before she was having MOW. Though shopping is clearly a struggle, she is not interested in shopping online as it's important for her to be "independent":

I suppose at the back of your mind you think to yourself "Well, you must keep active," and this is why I would never have food delivered, one of the reasons, I mean, I enjoy going out shopping, but I'm selecting food and that sort of thing....If you can go out and choose exactly what you want instead of a box of stuff landing up, and it's just totally antisocial for a start, you're not meeting anybody and you're not getting any exercise.

She appreciates help from store assistants:

And one in there [assistant], she said, "If you need anything off a top shelf just ask because you won't be able to reach them."

Nancy, who is 90 years old, also lives alone, driving her car to go shopping, occasionally taking the bus. She uses a range of supermarkets, choosing the stores for their ease of parking. She grows her own fruit and vegetables, cooks from scratch, and makes jams and cakes. She occasionally uses a local butcher and other local shops. She explains that supermarkets moving things around make her life more difficult. She uses the seats provided in the supermarket to have a rest before heading home.

Dexter is aged 78, and lives alone in a ground floor flat, has significant vision loss due to macular degeneration (which affects central vision), mobility problems, and is worried about falling. He still cooks his own food, sometimes with the help of a carer. His health issues have an impact on how he is able to interact with the built environment. For example, he has had to give up driving, and as his mobility deteriorated he found he was struggling to use the bus to get to his favourite supermarket. He now has a carer who accompanies him on shopping trips to help him to navigate the supermarket environment to find food. He walks from his flat to the nearest supermarket using a walking aid with a built-in seat. He has to navigate a series of obstacles *en route*, in particular, cars parked along the pavements, which force him to walk on the road. This adds an additional layer of precarity to his trip. Once in the supermarket, further obstacles impede his food shopping, including other shoppers moving in front of him, aisle trolleys being used by staff to restock shelves and collect food for online shoppers, as well as temporary signage marking hazards such as wet floors. His visual impairment makes it difficult to get around the store and find the food items he needs:

I can make the aisle out and things like that, yeah, but when it comes to reading that notice up the top [overhead signage], that says what's in the aisle, you know, I can't see it.

These three participants explain how a number of factors affected their ability to access supermarkets as well impacting on their retail experience. These influence their choice of food store, and though proximity to their home was a major factor, it was not the only influence. Though Dexter now used the nearest supermarket geographically, for him this was a compromise. Another participant, James aged 70, lives with his wife who is still in employment. Since he retired, he has taken on the food shopping task. He has a car, but thinks he will give it up when it fails the MOT (a mandatory annual check to ensure cars aged over 3 years old are roadworthy). He chose not to use the nearest store for political reasons. He selected his shopping venue based on both price and proximity, as Sainsbury's is at the other side of town, and he thinks the additional travel is not worth the hassle:

Partly it's the easiest one to get to, of the main supermarkets. Sainsbury's is on the wrong side of town and the traffic jams are terrible just getting through the town and it's quite a long way round, by the time you've paid your petrol and added that onto the bill there's no point. There's a new Tesco's, I'm not a fan of Tesco's for political reasons but I will use them in an emergency but not as a matter of course.

James was also averse to online shopping but explained that he might move online if he gets rid of his car.

Clearly supermarkets could make simple, and relatively low-cost changes to support PAH to continue to access stores, which would have commercial benefits for them (International Longevity Centre UK, 2023).

3.2. During Covid

Older people, and those who provided support for them, described facing a number of additional challenges during the pandemic; these were particularly focused on avoiding in-person shopping in-store (Chenarides et al., 2021). Changes made to food acquisition practices included: being unable to physically access supermarkets due to being asked to shield; anxiety and fear of contracting Covid-19 if they went shopping; and being unable to join the long queues that formed outside supermarkets and other shops as the numbers of people in-store were restricted. Two studies feature in this section. The first study was underway as the pandemic began (Dickinson & Wills, 2022). The second study was designed to capture data to enable an exploration of the impact of the pandemic on food practices (Thompson et al., 2022). Pandemic restrictions had consequences for PAH, including loss of independence in relation to food procurement with a resultant decline in physical mobility and lost opportunities for social interaction. Older people were identified as a demographic group that was at higher risk of adverse consequences if they contracted the Covid virus. In addition, some older people had been diagnosed with health conditions that enhanced the risk of severe outcomes from an infection, and these households were asked to take additional precautions to prevent contracting an infection referred to as *shielding*.

The first study presented here, explored older household's experiences of using a meals on wheels (MOW) service and was underway when the pandemic began. Though no longer a universal service in the UK, in some geographical areas a thriving MOW service exists, and the study on MOW (Dickinson & Wills, 2022) was underway in one of these areas. This study provided evidence for the ability of an MOW service to shore up the coping capacity of PAH both before, but especially during the pandemic. Demand for services such as MOW increased dramatically as the pandemic took hold, as people were desperate to secure their food supply. As the MOW service was well established and already serving a large population of PAH, it meant that many vulnerable PAH were already receiving support in the form of MOW to maintain their food security as the pandemic hit (Dickinson & Wills, 2022).

Those receiving MOW described experiencing a range of challenges to their food security, which had led to them using the MOW service. Challenges included increased frailty, or cognitive or visual issues, which had affected their ability to safely cook hot meals. They described the MOW service as a "life saver" which had enabled them to live independently in their own homes before the pandemic. All participants had experienced a move towards a more vulnerable position in relation to food security, which accessing the MOW service was able to help reverse.

MOW have been decimated across the UK following austerity policies, with many areas no longer providing this service. Carol, who lived alone with no family living nearby to help with food shopping, had started to receive MOW after surgery. She expressed both relief that she lived in an area where there was still a MOW service, along with concern for PAH living where there was no service operating:

I was told recently that some places don't even have them. Well I wonder how on earth do the poor people manage?

One of the benefits PAH assigned to MOW was the feeling of safety that a daily visit engenders. The relational care developed through a series of brief encounters between clients and those delivering food is valued by PAH, making them feel cared for and helping reduce loneliness.

Those interviewed at the onset of the pandemic explained how they were aware of the challenges other PAH were facing as they saw pictures of empty supermarket shelves as a result of panic buying and disruption in the food system, but felt relieved that they as recipients of MOW were more protected than others. MOW staff were concerned about how clients' contacts with the outside world had reduced drastically, and the consequences this isolation would have on them.

MOW clearly supported the food practices, food security, and agency of PAH, so it could be described as a community asset that supported food security for those using this service. An additional value of this study was being able to study PAH in receipt of MOW during a major societal disruption, and the way that receipt of MOW protected clients from the negative disruption affecting wider society.

The second study in this section explored the impact of the pandemic on food practices including older people. Older people and those working to support them reported a range of challenges around food shopping resulting from adherence to public health guidance and restriction of contact and movement during the lockdown phases. These included reliance on others to do food shopping, and the resultant loss of agency and control over food shopping. Many PAH reported not wanting to make too many demands on others. PAH said they tried to avoid asking too often for food shopping, or felt guilty that they were putting others at risk of catching the virus. People described restricting the amount and type of foods they requested to the extent that some people reported unintended weight loss. Robert aged 72, who lived with his wife, had been advised by his doctor to "shield" due to a medical condition that made him particularly vulnerable to the virus. He explained:

Then I got the letter saying that's it for 12 weeks. So we thought, well how are we going to get to the supermarket? How are we going to get stuff? We've got a neighbour....So she, for the first three weeks, did our shopping....She's got two little kids...and we felt really guilty that she might be going out and catching coronavirus on our behalf...so when we asked her to get stuff, we asked for the bare minimum.

Many people avoided supermarkets (in-store and online) altogether, shifting their place of shopping solely, or mostly, to local stores within walking distance of their homes or those which provided a delivery service. This sometimes started as a short-term response by individuals to avoid busy supermarkets, food shortages, and long queues. As the Covid-19 mitigation measures and restrictions continued, this strategy became a point of pride because it meant engaging with and supporting local businesses. We do not know if these changes have been sustained post-pandemic.

Some people had received official notification that they should be "shielding" as they were deemed clinically vulnerable. This meant that they should have been entitled to priority delivery slots with larger supermarket chains; however, there was uncertainty about how to access these and whether they were eligible. Judith, aged over 70 years and living alone, with a long-term health condition, describes the difficulty she had understanding the process and obtaining a priority delivery slot:

And there were some special slots that weren't there [sic], but were they just for people who were shielding? I wasn't quite clear when I talked to different people about how easy it's been to get those....I have no idea how you got them.

As online shopping replaced in-person shopping, there was increased demand for shopping slots, but it excluded many, in particular those PAH who lacked digital skills. Supermarket systems could not make the transitions required at the pace needed for a large-scale switch from supplying food in-store to food delivery. Although some PAH switched to online shopping, for others this was a challenge and they were reliant on family members to arrange this. Abbie who lives with her family next door to her older parents explained how she was supporting them to access food:

My parents live next door, they are 84 and 78, and they tried to do online shopping in the first week of lockdown, but they couldn't manage, so I have been doing all their shopping [online] for them since whatever date in March.

The experiences of participants reflected some of the lack of preparedness of the UK food system for a crisis of this nature.

3.3. Post-Covid

The final study, undertaken after the pandemic, explored the experiences of PAH using food aid. The study was undertaken in response to reports of increasing numbers of older people presenting at food banks. The restriction of the winter fuel allowance in the UK to those in receipt of Pension Credit (paid to those with no private pension, the benefit had previously had been paid to all PAH) was announced during this study. This government policy decision made for the winter of 2024–2025, was raised as a concern by many of the PAH we talked to. This policy change prompted some to seek out food aid to maintain their food security. Food aid is defined as “any type of aid giving activity which aims to provide relief from the symptoms of food insecurity and poverty” (Lambie-Mumford et al., 2014). PAH described being very conscious of increasing food prices and how these added pressure to their household budgets, with some struggling to afford to buy food from supermarkets and many restricting the use of heating in their homes. In the previous studies, food banks had explained that they did not really see older people accessing their services.

Participants using social supermarkets/food larders (where people pay a small membership fee in exchange for a number of food items, generally food surplus) were generally positive about accessing the services. However, the items of food available are variable, and participants described being able to find some but not all of the foods they needed. None of the PAH described being able to find all the food they needed from community food sources; rather, it supported their budgeting by providing some of the food they wanted. Rose who is 70 years of age, and lives alone explains:

With £14 a month you get quite a lot actually. But once you go there, you find [sic], and it's always useful stuff, yes... Because they don't get the same thing every week, no. So...one day you get cereal, another day, you get milk. So yes, it helps.

Participants explained that they had found out about the larder through informal means such as word of mouth, and how they had previously thought it was a foodbank and not for them. Add-ons such as community cafés or low-cost or free meals were popular, and may have begun to replace lunch clubs. Elsie who is aged 79 and lives with her younger husband who is still employed, explained how she really enjoys the social aspects of the larder as well as benefitting from saving money:

I'd never heard of the larder before we joined. I joined the larder. I kind of assumed when I first heard about it that it was a bit like a food bank, you know, means-tested kind of thing. And I must tell you it's revolutionised not only our shopping, but our budget. I cannot believe what a difference it's made and how lovely it is. You know, it's such a nice experience.

As the food offered is so variable, it can be difficult for those with specific dietary requirements to find food they are able to eat. Mike aged 66, who lives on his own and retired early due to experiencing a number of health issues explains that he uses the larder as he is struggling financially. He uses a mobility scooter. His medical conditions include diabetes and kidney failure which require dietary management, limiting the food he can use:

Well, I've got kidney disease as well. I have to eat stuff that is fresh or hasn't got any potassium in it, so I can't eat bananas, tomatoes. There's lots of foods with potassium in it. I've got a very limited diet. I can't use any processed food. You've just gotta be really careful and it's not cheap. It's usually a meat, loads of vegetables. I've got. [sic] I don't take everything [from the larder] because a lot of it I can't eat.

Community food support varies substantially in what they offer, with some requiring people to queue, and some PAH struggled to carry food home. Rose explains how carrying the food from the larder could be difficult for some people:

And the bags are quite heavy when you take them out at the end, and if you are an elderly person, you can't always carry these on and off of buses. It must be harder for other people, I don't know if they could do a service where people pick stuff up for them or something, but then it's going to be costing people money.

Use of food banks is frequently associated with stigma and shame, particularly by older people (Purdam et al., 2019; Slocombe, 2023), and this was reflected in this study, e.g., Mary who works in the voluntary sector commented:

I think there still needs to be a lot of work around the poverty stigma of it. You shouldn't feel embarrassed to go to a community fridge, social supermarket, a meal. It's sad that people will avoid getting the help because of that.

However, Pat aged 74, who lives alone, explains that she is not ashamed of using a food bank:

It doesn't bother me at all. People look down and think, "Ohh well ohh you go to a food bank?" And it doesn't bother me. Why should it?

Food quality and short use-by dates on food were brought up as an issue by some PAH and raised issues of food safety that require further exploration. Short-dated food stuffs could promote engagement in unhealthy risk-taking in relation to expired food, particularly for those who have other medical conditions or who are immunocompromised. Vera, aged 79 who lives alone, explained a change in the quality of food on offer in the Larder she attended:

When it [Larder] first started, we used to get a lot of things like fresh meat every now and again. And lots of things that were handy to use like the meat might last you for two days, and then you could do two different things with the meat. Then all of a sudden that seemed to die off and now some things are a bit past their sell-by date. And they were sort of so bad that you really couldn't use them. But I don't think the people that donated them should have even had the cheek to sort of pass them on because they were really quite bad and you couldn't really use them.

As community food support is unable to fully meet PAH food needs, they still need to purchase food items to meet their needs. This means additional food shopping journeys, adding complexity to food acquisition practices. Therefore, food aid can only contribute to the food needs of those who have the skills and competency to respond to varying food options, as well as the physical ability and stamina required to take advantage of these kinds of community support.

4. Discussion

Recent macro-level threats impacting the UK food system have led to a cost-of-living crisis, resulting in major and rapid changes to the food practices of some PAH. The pandemic exposed the shortcomings of government policies regarding food welfare and the reliance on the voluntary sector to support those who are food insecure (Barker & Russell, 2020). Broadbent et al. (2023) note that this may be the first of many crises, given the economic and climate issues facing the UK; thus, it requires an understanding of the type of policies that can most effectively support the most vulnerable households.

This QSA highlights how PAH can be particularly vulnerable within a rapidly changing food system. As well as the financial threats experienced by all households, PAH are subject to other factors that amplify their risk of food insecurity and restrict their ability to accommodate rapid change. A changing food system and policy landscape add to the threats that some PAH are already experiencing and can shift them towards a vulnerable state. These include physical and mental health issues, but also structural factors such as access to transport and a supermarket environment that is not designed in an inclusive way to support PAH to continue to shop in their preferred place. Community food support is increasingly being used by PAH to support their food security, but currently has not adapted to accommodate their needs.

The cost-of-living crisis is continuing to affect PAH, and recent changes, e.g., loss of the winter fuel allowance for many PAH (reversed in 2025 following political pressure), pushed more of these households into food insecurity and towards reliance on support to access food. Analysis of the impact of winter fuel payments in the UK found that they increased the quality of life for poorer PAH, those living in the north of England, and people living in newer homes (Cartagena-Farias et al., 2024). The announcement of the restriction of the winter fuel allowance to only those older people who are in receipt of Pension Credit came with little notice for older people to make preparations for the sudden reduction in income.

The Covid pandemic both amplified as well as added additional threats to those already being experienced by PAH who were struggling before the pandemic. The pandemic rapidly shifted a large number of PAH who were living independently without any notion of vulnerability into a vulnerable state. A rapid shift in food practices resulted in people being forced to change the places they were familiar with in relation to food procurement. People moved to different modes of food acquisition, such as online shopping, and became reliant on social networks or organisations that were supporting individuals in their communities to access food. Some people changed food suppliers—either using different supermarkets, or moving to local shops and farm shops. Although we know that the levels of online shopping dropped after the lockdown phases, a substantial number of older people continue to access food via this mode. It is unknown what the longer-term impact of this shift is. We do not know whether this impacts levels of social isolation or physical activity and mobility. Older people were disproportionately and adversely affected by the Covid pandemic, and policymakers and food providers need to be better prepared for any future major disruptions to the food system. The pandemic highlighted the value of local services that deliver prepared hot meals (MOW) directly to vulnerable households, and the decimation of these services across the country should be reversed.

Over a decade of austerity policies weakened the capacity, resilience, and preparedness of community-level formal services that would have supported PAH in the past, and reduced their ability to respond rapidly to the pandemic in order to support vulnerable people. As state responsibility and action have declined, responsibility for supporting people with food has fallen to the charitable sector, which has grown rapidly to fill the gap. Food aid organisations are often begun in response to concerns by people driven by concerns about food insecurity or the environment and reducing food waste. Therefore, there are a wide range of interventions, with diverse operational styles and different approaches to supporting vulnerable people. The number of PAH using food aid services, particularly food banks, is currently relatively low, but increasing. The number being relatively low could be due to perceptions of stigma and shame (Slocombe, 2023). Some food aid organisations offer access to additional support and services such as benefit support and other advice. Additional services offered alongside food appear to be dependent on what drives the people organising the service, and there appears to be considerable variation between services. We do not know how many of these services have awareness of the specific needs of older users, or indeed which of these services offer the best benefit to PAH.

The lack of preparedness by the UK government for the pandemic, the impact on the health of the population, and the massive disruption of the whole food system were unprecedented in living memory, and this lack of preparedness put many people at risk of food insecurity, and a bad outcome (Barker & Russell, 2020). The pandemic led to the early release of part one of the *National Food Strategy*, which noted that Covid-19 has highlighted the inequities and failings of the UK food system (Dimpleby, 2020). More recently, Lang et al. (2025) stated that “the UK is generally reluctant to consider its own food security as of major political significance. This is a mistake.” This report goes on:

Food resilience preparation must take account of a variety of problems such as wide inequalities in consumption and health, poor access, cost of living effects, changed skills and expectations, and, above all, a systemic reliance on just-in-time food logistics, a nigh magical belief that food just appears on shelves. (Lang et al., 2025)

The pandemic affected everyone's food practices, particularly in relation to food acquisition. However, older people were particularly affected, and for some, this challenged their coping capacity and shifted them towards vulnerability within the food system. Despite the challenges associated with the pandemic and lack of government preparedness, and the threat of the pandemic being highlighted as a threat to the country, there is little evidence that this experience has been translated into learning and preparedness for future disruptions to the UK food supply. This means that the UK remains vulnerable, with those who are most vulnerable (including PAH) being most at risk.

4.1. Strengths and Limitations of the Study and Further Research

A strength of this QSA is that the author was involved in all four of the studies included and thus was familiar with the context of the studies and was involved in the co-production of both the data and the analysis.

Like any QSA, the analysis is limited in that the original studies and data were not designed specifically to answer the questions posed in this article. The data are not longitudinal, and each study recruited different participants, so it was only able to show how different cohorts appeared to be changing their food practices, rather than following participants over time. There is scope for further research in this area that includes different geographical contexts. Further research is also needed to explore specifically how older people are currently interacting with the food system. In particular, how changes such as online shopping and accessing community food support affect the health and well-being of PAH. Evidence is required to show how PAH who live in places which lack food support services such as MOW are managing within their local food system. Finally, studies measuring the economic cost associated with food insecurity in community-dwelling PAH are required.

5. Conclusions

A *perfect storm* of food system challenges have added to household and wider structural pressures and have adversely impacted the food practices of PAH and their interactions with food spaces and places. Although these major challenges to the food system affect all age groups, PAH have been disproportionately and adversely affected by food system challenges. Governments and food providers need to be better prepared for future major disruptions to the food system, and be particularly aware of, and prepared to support, PAH. The pandemic highlighted the value of local services that were aware of many vulnerable people in their local community and could rapidly scale up to deliver food to vulnerable households, and thus the decimation of these services across the country should be reversed.

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Conflict of Interests

The author declares no conflict of interests.

Data Availability

Data from the Dickinson et al. (2021) study can be accessed at <http://reshare.ukdataservice.ac.uk/853050>. For the other studies, please contact the author.

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