



# Meals on wheels for the 21st century

A report exploring meals on wheels services in London before, during and after Covid-19

## Authors

This report was written by **Morven Oliver-Larkin** who coordinates Sustain's London Food Poverty Campaign encouraging sustainable approaches to improving household food security, particularly where these address root causes. Prior to working at Sustain, Morven's background was in the New Economy Movement, housing activism and environmental campaigning, including with the international student-led movement Rethinking Economics. During Covid-19 coronavirus, Morven has been investigating approaches to food provision for people struggling to access sufficient food, including the use of school and community kitchens to provide cooked meal deliveries, integrated with welfare checks and social connections to overcome isolation.

Sustain's **Simon Shaw, Kath Dalmeny** and **Sara Bailey** also contributed to this report.

## Acknowledgements

Thanks to the generous support of Trust for London this report has been made possible. We are grateful to those who gave time and insights during interviews, including staff at Hammersmith and Fulham Council, Haringey Council, Waltham Forest Council, Lambeth Council, Sutton Council, Food2You Shopping Service, the London Independent Living Service (LILS), The Hertfordshire Independent Living Service (HILS), Connect Hackney, Highgate Newtown Community Centre, Salvation Army Cambridge Heath, and Custom House and Canning Town Community Renewal Project.

Particular thanks to Food2You, LILS, HILS, Waltham Forest Local Area Coordination, and Salvation Army Cambridge Heath for allowing our researcher to spend a day understanding how their services operate. Sincere thanks to all of the older adults receiving these services who spoke to our researcher and gave their invaluable insights on how a service should be run. Throughout this report, several names and identifying characteristics have been changed to maintain anonymity.

Front cover photo credit: LILS



# Contents:

FOREWORD .....	1
INTRODUCTION .....	3
CONTEXT .....	5
CASE STUDIES .....	8
• Existing meals on wheels services .....	8
1. The London Independent Living Service .....	8
2. Council-run services .....	12
3. Findings and conclusions .....	13
• Complimentary services: lunch clubs, shopping services, social prescribing and more .....	15
1. Salvation Army Lunch Club, East London .....	15
2. Food2You: Age UK Lewisham and Southwark's shopping service .....	15
3. Waltham Forest Local Area Coordination .....	16
4. Findings and conclusions .....	18
• New meals on wheels services: the community responds to Covid-19 .....	19
1. Increased pressure on existing services .....	19
2. New council-run services and systems .....	19
• Southwark Council .....	20
• Enfield Council .....	21
3. Voluntary and community responses .....	22
• Made in Hackney .....	22
• Custom House and Canning Town Community Renewal Project, Newham .....	22
• Bayswater Mutual Aid, Westminster .....	22
4. Findings and conclusions .....	24
CONCLUSIONS AND RECOMMENDATIONS .....	25
• Recommendations .....	25
1. Longer-term policy recommendations - for National Government and London's local authorities .....	25
2. Medium-term policy recommendations - for London's local authorities .....	26
3. Immediate recommended action - for London's local authorities, the Greater London Authority and strategic funders .....	26
CLOSING REMARKS FROM THE AUTHOR .....	27

# Foreword

---

My mum has multiple sclerosis, and over the past 14 years her ability to undertake the essential tasks of daily life has been changing. Her MS is ‘relapsing and remitting’; she can lose the ability to do a certain task – like using a tin opener – but regain this six months later. Over the past three years, she has intermittently relied on council funded care workers coming into her home to help her with daily tasks, such as preparing meals.

These care-workers are under immense pressure. At the start of each home-visit, they have to scan a barcode on her file to trigger the start of their pay, which automatically cuts off after half an hour. They are not paid for travel time between visits. The stress this causes is evident – they rush straight to the folder without saying hello, and they rush to get everything done within 25 minutes, aware they won’t be paid for anything that takes extra time. It’s hard to do things in a dignified way, in 25 minutes. And this has profound and lasting implications.

When a carer remembers that my mum likes her tea only three quarters of the way full, with a little cold water in it, and in a big cup with a large saucer, she is seen, remembered, an individual with specific needs and tastes. When it’s plonked down in a rush, in the wrong cup, so full and hot that scalding water may spill on her, she is forgotten, something else on their long to-do list.

Before Covid-19, my mum’s meal options were far from ideal. Carers’ short visits meant cooking was never an option. They had time to microwave a meal or make a cup of tea and some toast. And since the Covid-19 crisis started, she has been completely shielded, seeing no-one. She has chosen to relinquish the care she previously received, due to her fear of infection. This means she spends much of her limited energy on daily essentials like preparing meals. She also writes, draws, plays video games with my nephew from afar – but the space and energy for this is smaller.

What is more, the small daily interactions – however rushed – are now non-existent. There are no more daily and weekly chats with carers, food delivery staff, and her cleaner. These small interactions brought normality, connectedness, a sense of embeddedness within a community. And now that she doesn’t have them, I worry more.

Surely, as a society we can do better than this. We can value the lives of older people and disabled people. There isn’t a silver bullet to fix these problems, and no one service will overcome them all. But I am confident that we can figure out systems that ensure everyone has the basic things that they need to survive – good food, human interaction, participation in community.

Morven Oliver-Larkin, July 2020



Day15: 3rd self-portrait, as part of my mum's '#100dayscotlandproject2020' challenge. Due to loss of function in her left (dominant) hand, she is doing one drawing per day with her right (non-dominant) hand. Drawings are on a touchscreen tablet. Other pictures in the series depict her wheelchair, the view from her window. In this she has shaved her head for hygiene reasons.

# Introduction

---

We began this research in February 2020 by looking into meals on wheels services across London, speaking to service providers, commissioners and users. We learned from them about the intricacies of how these services function, the myriad benefits – beyond just nutrition – that they bring to those who use them. We also learned about some of the difficulties in maintaining them. In the final stages of interviews and site visits, Covid-19 hit the UK.

People with certain health conditions were told they should ‘shield’, whilst older adults were encouraged to ‘cocoon’. Many people with the sorts of medical conditions or disabilities that did not put them formally in the ‘shielded’ category nonetheless felt vulnerable to infection and to the disruption of vital services and access to basic necessities. Covid-19 restrictions highlighted and heightened the existing difficulties that many in these demographics faced in accessing food. New community responses bringing volunteer shopping, support, and free or paid-for meals to older and isolated adults sprang up in communities across the UK. Some were temporary, or only served meals to a very limited number of people, but others show promising signs that they may continue beyond the pandemic and provide significant support. Sustain is especially interested in these models, and the part they could play in reducing household food insecurity for people who need support with food, welfare checks and social connections to overcome isolation.

Given the new circumstances presented by Covid-19 and lockdown, we expanded the scope of this research and began learning about these new ad-hoc meals on wheels services in London. This report reflects learning from before and during Covid-19.

## Research and methodology

The initial, pre-Covid-19 research consisted of interviews with relevant stakeholders, and site visits. The research builds upon a body of work that looks at aging, health, and food access including work looking at the problem of malnutrition amongst older adults<sup>i</sup>, what can be done to address this in the UK<sup>ii</sup>, as well as at international examples of meals on wheels services<sup>iii</sup>. Findings compliment this growing body of work. Interviews were conducted with service commissioners, service managers and service staff (both in council-run services and private enterprises), and with older adults who receive meals on wheels and those who do not.

A total of 22 interviews were conducted, nine of which were with older adults, seven of whom use meals on wheels and two that do not. The remaining 13 interviews were with commissioners, service managers and other service staff. Alongside formal interviews, 12 informal conversations with service staff about their work during site visits informed the research, four of which were long, in-depth conversations whilst accompanying them on their shift.

The second phase of research involved desk-based research and phone calls with people organising and running new, short-term community meals on wheels services. Responses informed development of practicable policy recommendations.

## Broad findings

This research revealed complex reasons that meals on wheels are needed as well as the multiple benefits that this service brings. Detailed findings are discussed throughout the report, but in summary:

- **Meals on wheels services are one important aspect of a comprehensive adult social care system** which facilitates health, independence, connectedness and wellbeing.
- **Meals on wheels are not a requirement for all older adults or disabled adults;** where heightened independence is possible, services such as lunch clubs are more suitable. **Meals on wheels are essential for those who are least able to prepare or cook meals for themselves.**
- Meals on wheels can be paid-for, subsidised or free-of-charge. **Viable models exist for making the service affordable for government and local authorities,** especially where this involves social enterprise and integration with social services.
- **Meals on wheels are an essential preventative service** that alleviate stress from other parts of the adult social care and healthcare system: for example they allow hospital patients to be discharged at an earlier stage of their recovery; they facilitate improved health and strength, thus decreasing the number of GP visits or emergency service call-outs; and they enable frailer adults to remain in their own homes, rather than having to relocate to care homes. Consequently, **meals on wheels services are cost-saving when looking at public spending holistically.**
- **Meals on wheels services bring** about the **benefits** described above because of the nutritional value of the meal, but also **because of the social, relational and psychological value of regular visits** from well-trained delivery staff. Robust meals on wheels services include welfare checks and social interaction, and are linked in with the adult social care services.
- **Overall there was a hugely inadequate level of meals on wheels provision in place in London before Covid-19. The community responses that have emerged to meet real needs will struggle to continue without funding and support.** Malnutrition and social isolation experienced by many by older adults and disabled adults requires urgent examination by local authorities and national government, who need to come forward with a robust plan to sustain meals on wheels provision. This should include funding, policy and other support.

# Context

---

## Who needs meals on wheels? A note on terms

Meals on wheels services do not and should not exist within a vacuum. They serve particular demographics, and at particular times of life. Older adults, disabled adults, and those with mental and physical health problems can require meals on wheels services. Not all within these groups do however, nor at all times. Key factors include whether or not a person is able to leave their house regularly, whether they can easily use the internet and online ordering systems, and whether they are able to prepare and cook meals. There are multiple physical, psychological or other barriers that can prevent a person from being able to do any of these three things. Where this is the case, a meals on wheels service is appropriate.

Several factors put older adults at increased risk of malnutrition, including changes to mobility or dexterity, loss of appetite or decreased motivation to cook, and public health guidance that is not always appropriate for this demographic because it advises low-calorie and low-fat food. Likewise, disability, poor physical health or poor mental health are often linked with difficulty in securing regular meals.

Interviews with service users, providers, and commissioners showed that the majority of people using meals on wheels services – very loosely around 80% – require the service due to age. However, a significant number made use of the service for other reasons. Some were recovering from alcohol or drug misuse, some were disabled, some had mental health issues, and others were recovering from an injury or long hospital stay. Some people use the service for a limited time, as an aspect of and aid to recovery. For others, the service is a permanent feature of their life, which enables them to use limited energy and strength elsewhere, for example to see grandchildren, have visitors, or go out once or twice a month. For others the service is essential to survival and independence, and without it they would have no choice but to move into a care home.

---

Throughout this report we refer to those requiring the service as ‘older and disabled adults’, whilst recognising that in reality the lines of who needs this service, and when, are not so clear-cut: many older and disabled adults do not need the service, and a small but significant number who currently access meals on wheels are young and able-bodied, but need such support for other reasons.



## Meals on wheels services before Covid-19 in the UK

Adults over the age of 65 make up just over 11% of Greater London residents,<sup>iv</sup> with this number set to rise in coming years<sup>v</sup>. Nationally, roughly one third of adults in this age range require help with some daily tasks, and nearly a quarter with essential daily tasks<sup>vi</sup>. Whilst no precise data is available on numbers of adults who require or would benefit from a meals on wheels service, these figures roughly suggest that over 200,000 older adults across Greater London would fit into this category. Added to that are smaller numbers of disabled adults, adults with health conditions and others with poor mental health; figures on this are harder to estimate. In London, as nationally, food insecurity amongst older adults is predominantly caused by factors other than financial hardship such as isolation and inability to prepare meals<sup>vii</sup>.

Despite this clear need, meals services for older and disabled adults, including lunch clubs and meals on wheels, have reduced drastically in recent years. Meals on wheels services have been particularly badly hit. Surveys for the National Association of Care Catering show that meals on wheels provision in London covered 69% of the capital in 2014, 59% in 2016, and down to 41% in 2018<sup>viii</sup>. By 2019, roughly 10 councils out of 33 provided or part-funded a meals on wheels service<sup>ix</sup>.

## Impact: the difference a meals on wheels service makes

The absence of meals on wheels services leaves many older adults and disabled adults at a higher risk of hunger and malnutrition. One in ten adults over the age of 65 are currently malnourished or at risk of malnutrition in the UK<sup>x</sup>. Malnutrition amongst older adults is a major cause of poor physical health, loss of strength and frailty, and therefore increases the financial strain on adult social care services and healthcare services<sup>xi</sup>. We heard time and

time again that this knock-on effect includes increased ambulance call-outs, more frequent GP and hospital visits, longer periods in hospital, and a requirement for higher numbers of at-home care providers.

A survey of London Independent Living Service (LILS) meals on wheels service users shows that 78% visit their GP less, 88% recovered from a period of ill health more quickly, and 93% said the LILS service helped them to stay living in their own home. Over 90% reported feeling healthier, happier, more independent, more secure and less lonely<sup>xii</sup>. These high levels of satisfaction and multiple benefits delivered via the service are backed up by an independent external survey undertaken by the Hertfordshire Independent Living Service (HILS)<sup>xiii</sup>.

As the HILS Chief Executive Sarah Wren puts it:

**“There is so much more to this service than just getting food to people. Our delivery drivers are brilliant at spotting the early signs that show when something might not be right. They’re seeing the same people day in day out, and even though it’s a brief encounter each day, they get to know them, and can tell when there is any cause for concern.”**

When joining a service round with a HILS delivery driver, this skill was apparent. Karen had been working at HILS for several years and was clearly passionate about the wellbeing and rights of older adults. In two hours, she delivered meals to over 30 people. She knew them all by name and remembered the way each liked their food. Although notes are written for each client on the rounds sheet, Karen clearly did not need this. She was quick to spot when something wasn’t right with a client, remarking that a particular client “didn’t seem themselves” that day. For one individual, this had happened a few days in a row, which Karen reported to head office who could convey the information to social services. An interview with a service manager later that day revealed that through this skill, delivery staff had spotted strokes, the onset of dementia, depression and more.

Food is vital in its own right, but such services clearly bring with them broader benefits than nutrition alone. The brief but cheerful chats, the kind words, the awareness of changes to someone's health, are all part of a person feeling and being integrated into a wider social network of care and support. As Joan, 73, a meals on wheels recipient in Camden put it:

**“The people who deliver the meals are very kind. They bring the meal in all the way; they don't just leave it on the doorstep or in the kitchen. And they always shut the gate when they go out, since I asked them to. If it isn't shut properly, it swings and bangs around. And I can't get up to close it, so it'll bother me all day and night, as I've nowhere else to go. It's those small things that make all the difference.”**

## Why cut this service?

Without a statutory obligation to provide this service, many local authorities have seen little choice but to cut meals on wheels services when faced with difficult spending decisions under austerity measures. Yet interviews with local authority staff reveal a general consensus that meals on wheels services have preventative benefits and provide multiple health and social benefits to service users.

In many councils, the survival of the service depends on having a strong advocate for it within adult social care teams. Maria, a service manager in one London council, whose background is in public health, considers meals on wheels an essential tool to ensure the most vulnerable older adults do not fall through the cracks:

**“Almost every year the service comes under review, and I always have to fight off calls for it to be cut. But for the people who receive it – this is their point of contact with the world. This is how they are signposted to other services, this is who they chat to every day, and of course it's their source of**

**good, hot food. I don't know what would happen to them if I didn't keep fighting for the service.”**

## Covid-19, lockdown and shielding

Against a backdrop of reduced services and increasing need, the Covid-19 pandemic hit the UK. People with certain health conditions were advised to shield for at least 12 weeks, avoiding all contact with others unless strictly necessary. If they weren't formally shielding, older adults were still encouraged to 'cocoon', reducing contact with others as much as possible. Meanwhile, many people with the sorts of medical conditions or disabilities that did not put them formally in the 'shielded' category nonetheless felt vulnerable to infection and to the disruption of vital services and access to basic necessities. In the height of lockdown, everyone was advised to go out only for essential activities.

Older age was quickly recognised as something that put people at higher risk from Covid-19 infection, complications, and mortality. Alongside this, many face-to-face services where older adults accessed food had to close, such as lunch clubs. In the nation's public discourse, a new recognition arose that older adults might be isolated, and might struggle to get enough food regularly. Levels of need increased, as did awareness of the pre-existing issue.

In this new context, a flurry of action sprang up. Existing services increased their reach, new and existing community groups started cooking meals for those who needed them. School kitchens, restaurants and catering companies repurposed their facilities – during Covid-19, Sustain and others have helped to share good practice and to document inspirational models. A network of Mutual Aid groups also sprang up across the country, offering volunteer help with shopping, phone calls, and in some cases cooking and distributing meals for neighbours who needed them.

# Case studies

---

## Existing meals on wheels services:

### ① The London Independent Living Service (LILS)

The social enterprise Hertfordshire Independent Living Service (HILS) has been running since 2007, and is a well-functioning, well integrated service that is available to any resident of Hertfordshire who needs it. It is supported and subsidised by Hertfordshire County Council and is linked with Adult Social Care services and hospital admissions and discharge teams. Their service is focused on enabling independence through a ‘more than a meal’ approach, which includes welfare checks with each delivery, medication prompts, plating up the hot meal and bringing cutlery, alongside offering a range of complimentary services including dementia support, active aging classes, nutrition and

wellbeing services, and advocacy. In total these services reach over 14,000 people annually.

Building on their track record in Hertfordshire, HILS established the London Independent Living Service (LILS) in 2017 in Camden and Haringey. In 2019 LILS served over 27,000 hot meals, alongside complimentary services including nutrition and wellbeing training. They use the same ‘more than a meal approach’, thus bringing clients the same array of benefits that HILS does in Hertfordshire. All of the LILS service users interviewed spoke of the multiplicity of benefits that they meals on wheels service brought them.



A client receives a meal. Photo credit: LILS

## It's the small things that make the difference

Jane, 68, had fallen and broken her hip. As soon as it was medically possible, she left hospital, and signed up to receive meals on wheels. She had been receiving them for five months, and planned to slowly stop using them over the next month. She said that although she liked cooking, she was scared to do so whilst still in pain. Having the hot meal service meant that she would not do things that she felt were risky, such as going to get food shopping or cooking. She said she would not have been able to leave hospital for several months longer had the service not been available.

Christine, a woman in her 50s, was in bed when the meals on wheels provider and researcher arrived at 1pm. Karen, the meals on wheels delivery worker, said that Christine had mental health problems and often did not get out of bed for the day. Whilst Karen was plating up her food in the kitchen, Christine got up and slowly came through to the kitchen too. She was in silence for a little while but after a few friendly questions about what was on TV, she started talking a little. The visitors left her eating the meal at her kitchen table, up and out of bed.

Rasheed, a man in his 70s, said that he had no motivation to cook now that he lived alone. He had been a barrister, and had never seen meals as much of a priority. He said he was sad a lot now that he was retired and didn't have the business of work, but also that he didn't like large social spaces – lunch clubs and other community meals made him feel anxious and panicked. He said that without the meals on wheels service, he would just eat flatbread or toast.

Cynthia, a woman in her 80s, could not get up to open her door. She was unable to leave the house now, or to stand long enough to make a cup of tea or even some toast. She said that when the delivery staff come, on request they'll also get her a snack, fill her water bottle, and make a new hot water bottle for her. This can settle her in for the next six hours, before a carer comes to help her to bed. She has lived her whole life in London, and used to have many friends in the area, but most have now passed away.



Whilst the benefits of the service are clear, its financial viability has been difficult to secure. HILS has put significant start-up funding into the service, alongside development funding from Camden Council and Haringey Council and support from Apetito, One Housing Group, and the Social Business Trust. According to their service manager, the service will only be viable in the long term if it reaches an economy of scale so that the customer charge covers the basic costs of the service (on a not-for-profit basis) – they need to have around 25% more customers.

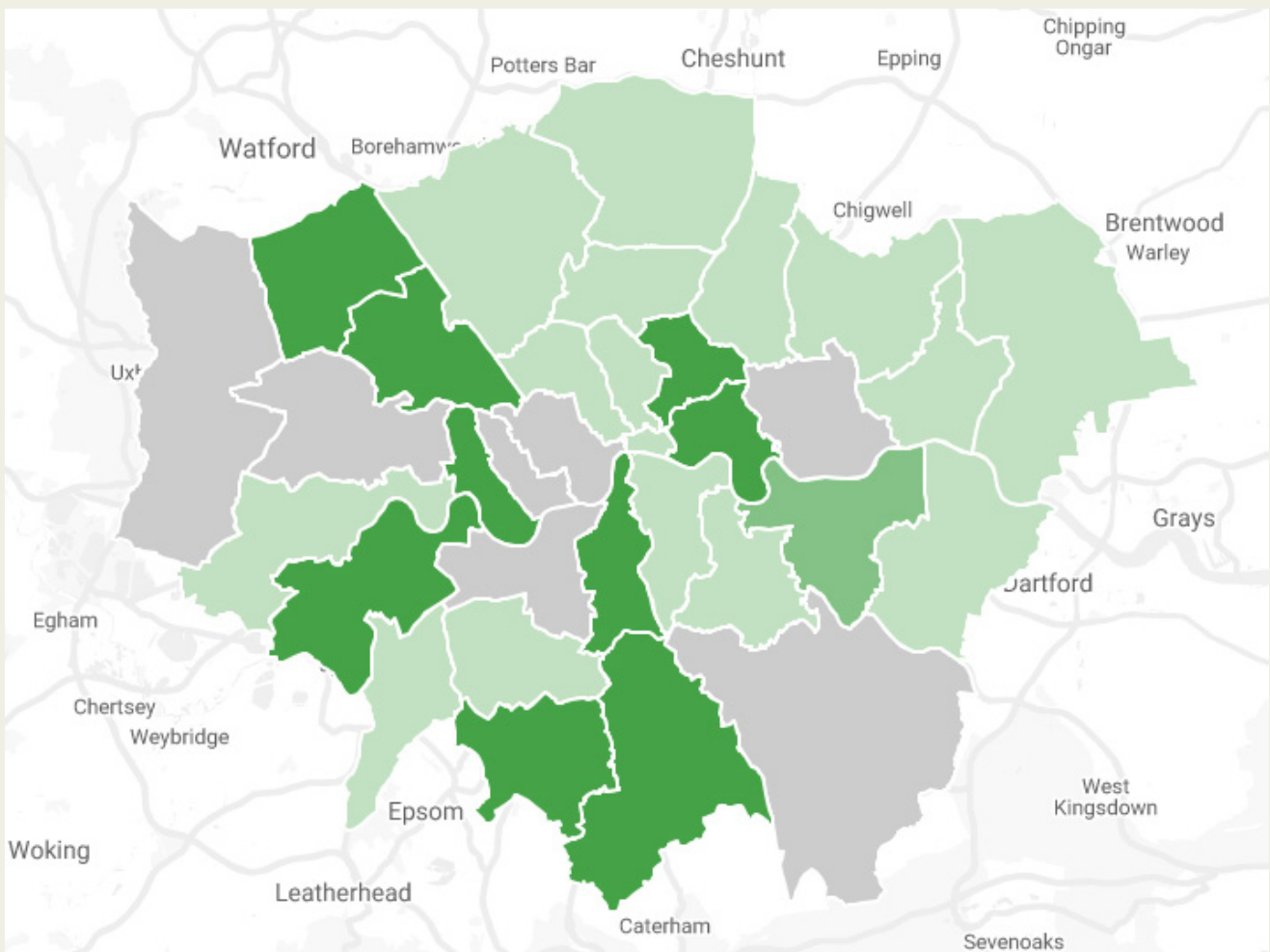
LILS require sustained support from the councils of boroughs they are operating within. This means promoting the service across other departments, refer people to the service and financial support for those unable to pay. In Hertfordshire, each meal is the same price, due to a contract payment from the council that allows for this. This brings culturally specific meals such as Halal to the same price as any other meal, whilst in London, meals have divergent prices due to their differing material cost to supply. Currently councils in London have provided support but have not agreed to provide a longer-term funded contract as is in the case in Hertfordshire.



A dietitian runs through meal choices with a service user. Photo credit: LILS

## Mapping meals on wheels services in London

- Council providing significant support for a meals on wheels service  
e.g. directly running the service
- Council providing moderate support via a meals on wheels service  
e.g. partial funding or subsidising the services
- Council providing limited support via a meals on wheels service  
e.g. signposting to relevant services locally
- No meals on wheels service in the borough or no data provided



This map shows London Borough Council support for meals on wheels services across London. Data for it is taken from Sustain's annual Beyond the Food Bank survey 2019. In response to the survey, out of the 33 London Boroughs, 10 Councils confirmed that they fund, subsidise or commission a meals on wheels service, 18 that they provided some minimal support such as signposting, and 5 did not respond to the survey. Of the 10, only 2 prepare and distribute meals; 4 buy and distribute meals; and 4 put the service to tender and provide some level of funding.

## 2 Council-run services

Before Covid-19, across Greater London councils directly provided, commissioned, or part-funded meals on wheels services in roughly only 10 boroughs.

Several of these services are robust and offer a ‘more than a meal’ approach similar to that offered by LILS. For example, in Croydon, the council tenders a service that reaches roughly 500 clients and includes welfare and safety checks, is linked with adult social care services, and sits alongside complimentary services including malnutrition screenings, community alarms, and shopping services. Conversely in Hackney, meals on wheels were only being delivered to 13 residents, likely due to a less well functioning referral system, and although the service included welfare checks, it was not linked with complimentary services.

Speaking to managers and commissioners across a number of locations, it became clear that robust referral pathways are absolutely key to sustainable, effective provision. It was also clear that robust referral systems are not straightforward to establish. In Hertfordshire, because the service has been running for

so long and the County Council sees the services as a primary provider of at-home care, HILS is automatically suggested as a first referral option for any vulnerable person reporting difficulty in accessing meals when a caseworker enters their notes. This ensures a steady number of appropriate referrals.

In Hammersmith and Fulham, a high number of referrals come through hospital discharge teams, specifically via the social care workers tasked with ensuring their discharge process is safe. A multi-disciplinary team considers each case and makes a decision about whether the patient can safely return to the community. This takes into account their levels of health, but also the services available to them. We heard that where Trusts are aware of local meals on wheels services, multi-disciplinary teams are more likely to discharge patients earlier in their recovery and to signpost to the service.

Due to this unevenly distributed provision, the borough that someone happens to live and grow old in dictates the quality of life available to Londoners as they grow older.



A meals on wheels delivery driver at work. Photo credit: LILS

Findings	Conclusions
<p>Public health <b>professionals within local authorities by and large see meals on wheels services as effective preventative measures. They often feel however that they cannot justify funding a service</b> that stresses their budget and does not fulfil a statutory obligation.</p>	<p>Models of viable and affordable meals on wheels services exist and deliver multiple benefits across a range of individual and local authority priorities. Commissioners and council service providers should feel justified in continuing or commissioning meals on wheels services without the final decision being made based on cost-effectiveness within one narrowly defined budget.</p> <p>Commissioners and council service providers should feel able to take account of longer-term timespans, other public budgets, and a broad span of metrics for evaluating best practice including for example sustainability, wellbeing, dignity, quality, employment and supported employment.</p>
<p><b>Many meals on wheels services successfully employ people who were long-term unemployed</b>, had criminal records, or were long-term under-employed.</p>	
<p><b>Lack of provision leads to longer than necessary hospital stays:</b> public health staff have told Sustain that in areas without a meals on wheels service, patients who cannot use online shopping services and cannot cook at home are kept in hospital, even if they would cope at home other than these two factors.</p>	
<p><b>Where meals on wheels services function well, they bring multiple benefits:</b></p> <ul style="list-style-type: none"> <li>• Adults who need meals in their homes are able to access them, thus malnutrition and hunger levels are brought down.</li> <li>• More vulnerable, isolated adults have regular daily contact and someone who is aware of and monitoring their health and wellbeing day to day.</li> <li>• Where health or wellbeing issues arise, this is spotted early, enabling early intervention by adult social care teams.</li> <li>• If someone has fallen in their house or is not at home, the delivery driver will call the appropriate services.</li> <li>• Clients who have particularly acute or complex needs, such as dementia, can have case notes which instruct delivery staff e.g. to plate up food and be encouraged to eat.</li> <li>• Clients who are physically disabled or have trouble walking can have key safes used by delivery staff.</li> </ul>	



<p><b>Inconsistency between local areas:</b> Meal prices vary greatly between services, as does quality of food and of the level of integration with the adult social care system.</p>	<p>A basic minimum quality and availability of service should exist across the whole of London, so that there is not a 'postcode lottery' of provision.</p>
<p><b>Referral numbers vary greatly:</b> this is likely due to the inconsistent way in which referrals are made, for example that in some areas a meals on wheels service is recommended on internal systems automatically when a person is discharged from hospital or self-reports difficulty cooking at home, whereas in other areas referrals depend on individual caseworkers knowing about the service.</p>	<p>Consistent referral pathway should be in place across all local authorities.</p>
<p><b>Meals on wheels delivery staff require a diverse set of skills, training and experience</b> in order to do this work well. Many enjoy their work and find it fulfilling but struggle with the insecurity it brings.</p>	<p>Meals on wheels jobs should be well paid, respected and secure.</p>
<p>Additional and unforeseen costs and barriers make provision in London more difficult than suburban areas. For example, a lack of free parking.</p>	<p>Meals on wheels delivery staff should not have to worry about parking penalties when delivering meals.</p>
<p>'Economies of scale' that make services financially viable can be difficult within a single borough or if strict eligibility criteria are applied.</p>	<p>Working in partnership across borough boundaries should provide opportunities to find economies of scale; eligibility criteria should be loose.</p>

## Complimentary services: lunch clubs, shopping services, social prescribing and more

Where older and disabled people are independent and able to shop and cook, lunch clubs, shopping services or social prescribing may be more appropriate to tackle malnutrition and isolation than a meals on wheels service, and should therefore sit alongside meals on wheels services within a range of options. These complimentary services are however also unevenly distributed. For example in Hackney there is a strong network of lunch clubs, with clear information online about where these can be found. In many other boroughs there are fewer lunch clubs and information is less readily available.

Similarly shopping services and social prescribing are available at very different levels from borough to borough. This does not reflect local demographics and levels of need; rather it depends on what has been prioritised by that borough council, or what is available via the local voluntary and community sector.

### 1 **Salvation Army Lunch Club, East London**

In Hackney, a strong network of lunch clubs exists. Some operate weekly, others daily, others a few days per week. One such lunch club sits in a church's dining hall, behind a Salvation Army charity shop. Lunch is served Monday to Friday, followed by different optional social activities, such as singing or craft groups, as well as an optional church sermon. Many of the older adults who attend regularly have been doing so for years, or in some cases decades, and have a social network through this. Most attend on one or two specific days each week, although for some it was their daily meal.

Meals are hearty, nutritious, and cost £3.50. They are served canteen style, from 12 noon to 2pm. At the time of our researcher's visit, one table of five women in their 70s, 80s and 90s discussed what they got out of coming to the club regularly:

**“Now that I live alone, it just feels pointless to cook properly for myself. I'll have sandwiches, salads, snacks, that kind of thing at home. So when I come here it's a real treat, a big hot meal like this – you barely need anything else for the rest of the day! And it's a reason to get out of the house, a bit of exercise. Plus you get to know people, it's a way to see each other regularly.”**

Doris, in her 90s, had been coming for over 30 years. She knew most other people in the place, pointing them out to the researcher and talking about their back stories. The community feel and friendliness was evident.

Hackney's lunch clubs retain funding from the local council, although this is under threat once again. A coordinator for the network told us that over the past five years, lunch clubs in the borough have had to adapt and some have had to close. He said that he is concerned that with further cuts on the horizon, more will close.

### 2 **Food2You: Age UK Lewisham and Southwark's shopping service**

Food2You is based on the Food Train Scotland's model. Food Train operates across Scotland and offers a shopping service for “anyone over the age of 65 who has difficulty getting their grocery shopping”<sup>xiv</sup>. Teams of volunteers work together to shop for and then deliver the lists of shopping requested by older people.

Food2You operates like a Food Train branch, but currently is the only one of its kind in London. They have a small fleet of vans, a cohort of volunteers, two paid staff, and operate out of an Age UK centre. The service is a membership scheme, costing each member £1 annually, plus £5 per delivery. Delivery slots are available twice per week, and members sign up for a specific weekly slot. They receive

phone calls from volunteers weekly, the day before their usual delivery slot. They can then tell the volunteer call handlers their order, or can choose not to have food delivered that week. The shopping is then paid for by the client when it is delivered.

Delivery volunteers can put clients' shopping away, and this is always offered. The service provides a small informal welfare check, as well as regular social contact. A group of volunteers spend the morning of each delivery day finding and packing shopping, which is then taken out to client's homes in the afternoon.

The service is popular, with a waiting list that predates Covid-19. Many clients need this service, specifically, as they are unable to use online shopping services. Client's noted how much they appreciate the choice and control that the service provides over their shopping, and liked that it was a service they paid for, rather than 'a handout'. Volunteers enjoy the work, getting meaning and fulfilment from doing something so practical that had such an immediate impact on someone's life.

### 3 Waltham Forest Local Area Coordination

Waltham Forest Council run a programme aimed at supporting older adults, disabled people and others with mental or physical health problems. The programme helps people connect with their community, and access services activities and groups in their local area. The service is delivered by coordinators who each have drop in sessions that anyone can come to in their community. Coordinators work with the individuals to identify their interests and talents and connect them accordingly, focusing on the positive aspects of their lives rather than their deficits.

For almost all of the coordinators interviewed, signposting to food related services featured heavily. This included local cafes offering weekly free meals, lunch clubs for older adults, food banks and more.

**"Each person is different, and their needs are different. You can't generalise. Lots of people can't afford food, so the food bank or other places offering free food – like churches or mosques – are very important. The ones that do free meals help people to socialise and feel part of their community. But for some people, big group settings can be overwhelming or stressful, so these don't work. There are a fair few services and charities out there locally, so usually you can find a way to help, but not always."**

For Dianne, a Local Area Coordinator, the people she struggles to help most are those who cannot cook for themselves or cannot leave the house. For this group, there just isn't a service that will give them the support that they need.

**"I worry that some people just aren't eating. Not really. They are living on tea and biscuits, if that. When people can go out and get at least one decent meal every few days, I worry less. But for others their health can just plummet, and quickly."**

Dianne's clients said that they feel lost without her assistance. From her referrals and signposting, they are able to access local independent food banks, and visit 'pay-as-you-feel' cafes.

David, a Zimbabwean-born man who had travelled to the UK in his early 20s to study and work, said that when he first lost work in his late 50s, he would often go for days without eating anything at all. Unable to access welfare because of the immigration condition 'no recourse to public funds', he would survive on pre-packaged sandwiches that cafes were throwing away at 11pm.

Now in his 60s, David is losing his eyesight, so struggles to cook. He lives in sheltered accommodation and was made redundant five years ago from his work in a car factory as his worsening sight meant that he could not keep up the work safely. In his early 20s he learnt bodywork on cars at a UK institution, and

has worked in this highly-skilled part of the manufacturing process since. His daughter lives in a neighbouring borough, and now travelled to his sheltered accommodation twice a week to cook for him, using the supplies he has picked up from the local food bank.

**“My daughter’s very good at coming to help cook. But I worry about when she’ll have to go back to work full time, once my grandson is a bit older. Now she can fit it in, but she’s a single mum and she’s juggling. As he gets older, she’ll get less financial support, so will have to work more than her current part time job. With my eyes the way they are, I just can’t cook safely.”**

Despite living here for over 40 years, he was facing deportation and cannot access any benefits payments such as Jobseeker’s Allowance.

Social prescribing and other strength-based approaches such as Waltham Forest Local Area Coordination depend on the existence of local initiatives, the community, services and organisations existing in any given area. Where a certain service does not exist, specific needs will not be met. Where broad and multifaceted support exists, such approaches help to connect people to support and activities most appropriate for them. By focusing on people’s strengths and the resources available in their local community, they promote independence and help people to feel in control of their own lives and futures.



Food2You volunteers get ready to drop off shopping. Photo credit: Food2You



Findings	Conclusions
<p><b>Strength-based approaches such as social prescribing can work well but are flawed if certain services or assets are not available locally.</b> If there is nothing to signpost to in order to meet a specific need, there is very little a caseworker can do. Because they foreground choice, control and collaboration they add value to the existence of services. Where strength based services have replaced directly provided services, this can cause problems.</p>	<p>Meals on wheels services should be a key part of social care and healthcare services aimed at ensuring older adults and disabled adults' nutritional, psychological, social and physical health needs are met.</p> <p>Commissioners should feel able to run or support a range of services including lunch clubs, shopping services, social prescribing and meals on wheels; they should not feel that they have to choose between them and select only one option for older adults.</p>
<p><b>Physical spaces where people come together to eat and socialise have multiple psychological and physical health benefits.</b> Many older adults can get out to access these, and where this is the case they are often more appropriate than a meals on wheels service. As with social prescribing however, they should not be seen as a replacement for meals on wheels. By and large lunch clubs and meals on wheels serve different demographics of older people.</p>	
<p><b>Voluntary models are difficult to sustain:</b> Many of these types of services rely on volunteers, which can make them difficult to manage sustainably. Where staff are employed this is easier. Additionally, paying the London Living Wage would help food and community workers out of poverty.</p>	<p>Service commissioners and managers should be able to choose to employ people (and on the London Living Wage) rather than rely on volunteers, especially for essential aspects of any service.</p>
<p>Despite the multiple benefits of shopping services, it seems likely that some older adults who use them could access a similar, commercially available one, <i>if supermarkets adapted their model slightly</i>. Given that these services have long waiting lists, this presents issues because others who definitely do need the service are unable to access it.</p>	<p>Older adults should be able to choose between using an online shopping service, if they are able to, and a tailored shopping service if these better suits their need.</p>

## New meals on wheels services: the community responds to Covid-19

Since Covid-19 lockdown, communities across the UK have been responding to the needs of others at impressive scale and pace. Mutual aid groups have been set up, which self-organise to help neighbours with essentials and support those self-isolating over the phone. Some school kitchens (suspended for use for school meal provision, or running under capacity) have diversified or temporarily altered their model to also cook meals for people who need them in the community. Individuals have been cooking hot meals for their older neighbours, and new community groups have been set up specifically to cater for people in the community who are unable to leave their home or to cook meals. Existing meals on wheels services are facing large spikes in demand and anticipate that high level of need will continue long after lockdown. Many community food organisations have also reoriented their work to what is most needed.

### 1 Increased pressure on existing services

Since Covid-19, many older adults have had to self-isolate, lunch clubs and other services have closed their doors, and demand for meals on wheels and shopping services has consequently spiked. Although these services are not the norm, where they do exist the need for them has been made even clearer. For example, in the first three weeks of lockdown, despite expanding its delivery capacity considerably, in Lewisham and Southwark Food2You's waiting list doubled. In this same time period LILS saw a 40% increase in demand, alongside welcome additional support from Haringey Council.

### 2 New council-run services and systems

Councils across the UK set up emergency response hubs immediately following lockdown, many of them focusing on emergency food for both shielded and non-shielded vulnerable people. In London, to our knowledge, each borough set up at least one physical food hub, with most establishing or supporting two or more as lockdown progressed. These hubs have operated in various ways, although many employ a 'hub and spoke' model – food or meals are delivered to a coordination hub, which distributes to existing and new voluntary and community groups, which in turn distribute to individuals and families in need. In many cases the hub coordination also played a vital role in taking calls from possible recipients, triaging the need and making referrals to a range of options – money or food – and managing relationships with welfare assistance programmes, food suppliers and logistics.



A volunteer drops off a meal. Photo credit: Chris Skarratt

## Southwark Council

In Southwark, eight local VCS hubs were set up quickly, to support food distribution alongside the local authority's central 'Community Hub' offer. The Council matched food enterprises (who had offered the use of their empty kitchens) to local hubs; the enterprises cooked meals for the hubs to distribute every week. Each hub, and each food enterprise, varies significantly in size and scope. For example, one catering company is providing 2,500 meals per week, whilst smaller independent restaurants have been providing around 50 each.

Recipients of the meals vary. They are intended for those who cannot afford to buy food and who cannot cook at home. This includes many older adults and disabled adults, but also a significant number of families with children, and working-age adults. These are predominantly people who were already in financial hardship or who have lost work during Covid-19. Their inability to cook is likewise caused by multiple factors: for some they have inadequate access to cooking facilities, others have multiple caring responsibilities so lack time and energy, whilst others cannot afford the gas or electricity.

Ingredients to cook most meals comes via the London Food Alliance (a partnership of City Harvest, FareShare and The Felix Project) which exist to redistribute surplus food from the supply chain; during Covid-19 lockdown FareShare also received a temporary large-scale government grant to buy and deliver food for some frontline food charities feeding vulnerable people. Some additional food is bought by restaurants via their existing supply lines. Labour comes from volunteer chefs currently furloughed, and volunteer delivery drivers organised by the individual hubs.

Southwark also participated in a purchasing contract with the wholesaler Bestway, as a cost-effective way to access basic foodstuffs to help with the emergency food response. Sustain's report on **wholesale food guidance** for emergency food responders was written for a London audience but is adaptable for other local authorities.

In Southwark, ways of maintaining these relationships between businesses, the council and the VCS are being explored. Potential models for supporting affordable food access outside of an emergency are being explored, such as through a 'pantry' model.

### *Explainer: pantries*

Pantries are membership schemes that enable people to drastically bring down the cost of their food bills. Members pay a small monthly fee and access food. Many argue these are more dignified and sustainable than food bank models.



Meals being prepared by chef volunteers in Fooditude's kitchens in Southwark.  
Photo credit: Fooditude



## Enfield Council

When schools closed in Enfield due to Covid-19, the council's in-house school catering team altered its service and started supplying meals for older people and others who needed them in the community. The council realised that a meals on wheels service could compliment food parcels being sent from their food hubs because the local Age UK branch was receiving numerous requests for a hot meal service.

This service was for those unable to cook for themselves, and made use of underused resource in the school catering team.

Volunteers from Enfield Council's Enfield Stands Together Covid-19 response group carried out the deliveries, while Enfield Council oversaw the logistics to ensure there is smooth running between every aspect of the operation. The operations started on 6 April 2020, and two weeks in, the school catering team was serving hot meals to 60 older residents every weekday, as well as 120 rough sleepers who had been re-housed in hotels without cooking facilities. For more details of this case study please see Sustain's report *School Caterers Put Their Meals on Wheels*<sup>xv</sup>.



Enfield's school catering team during a visit from Age UK Enfield representative and a local MP.  
Credit: Kenny Newey



## Voluntary and community responses

### ① Made in Hackney

Made in Hackney are a vegan community cookery school. Before Covid-19, they taught food growing and cookery classes to people across London using produce from community veg box schemes such as Growing Communities in Hackney. Their mission is to inspire people to grow, cook and eat more plants – to improve not only the health of people, but the planets too.

As lockdown was approaching, Made in Hackney predicted the spike in need for meals delivered direct to people's home. A rapid crowdfunder enabled them to begin this service ten days before lockdown started as many people were already shielding or their livelihoods had been affected. Meals are prepared in Angelina, a local restaurant, delivered daily to people in the community who need them. People were referred onto the service by local GPs, social services, community groups and their friends and family.

### ② Custom House and Canning Town Community Renewal Project, Newham

This Community Renewal Project in Newham usually runs a weekly over 50s club in its premises. The charity has been running for over 20 years, out of the same building, and has various projects that operate out of the premises. The 50s Club has been running for a little over a year, and is well attended, with most attendees in their 60s, 70s and 80s. When lockdown began, the project coordinator, Linda, quickly decided to start offering delivered meals to those who had attended. Using corporate donations of food, and Custom House staff time and kitchen facilities to cook meals, they were able to quickly move to regular meal deliveries.

They are delivering meals every week to older people in the surrounding community. Many of

these were people who previously attended the over 50s club, but other referrals have come in too. They operate by calling who is signed up for the service once per week, and record their weekly orders, which are delivered twice per week. They usually have around five meal choices each week, with meals being made fresh twice per week.

Linda would like to make the service available into the long-term, and is considering grant funding applications to be able to do so. She would also like to turn this into something that has solidarity and mutual support at its core – one idea is to turn it into a members club, and, once they reopen, have cook-along classes where older adults would make the meals that are then distributed out to other older adults. Given that part of their over 50s club used to involve cookery classes, she feels confident that this will work well.

### ③ Bayswater Mutual Aid, Westminster

Bayswater Covid-19 Mutual Aid group is a group of local residents supporting fellow neighbours across north Westminster. This area is characterised by affluence, with its smart townhouses and close proximity to central London. There are however also people living in real hardship, often hidden from view in the bustle of a densely populated area.

From the start of lockdown people facing destitution were contacting the group. Jobs had been lost, benefits applications were delayed or confused, and many had no income at all. Families with young children struggled to access school meals vouchers and spent increased amounts on utility bills and food while confined to their homes. In these circumstances Bayswater Mutual Aid fundraised and started offering supermarket vouchers and baskets of shopping to people in need, whilst also referring many on to the services of the North Paddington Food Bank. The Food Bank

had seen demand increase from around 120 people weekly to over 700 and it was clear that many local people were battling to afford basic food supplies.

In May, the group established a partnership with a local hotel that offered its kitchen facilities and furloughed staff to cook prepared meals, in support of struggling local people. Requests primarily come from two categories of people. Firstly, there are older adults and others with health conditions who are shielding and are struggling to cook for themselves. Secondly, there are parents with young children who are financially stretched and battling with the added demands of caring for and educating their children due to childcare, nursery and school closures.

Nicola, Bayswater Mutual Aid's leader explains:

**“This is about making sure people get enough to eat and can have a hot meal. It's the basics of survival, but it's also giving a break to parents who are really at their wits' end. Living off a food bank diet is grim; you don't receive great choices, it can be monotonous and hard to eat a properly balanced, varied and nutritious diet when you're eating mainly tinned food.**

**On top of this many of our service users are caring for loved one or trying to home-school their children with very limited resources. People deserve a break and it can be relentless having to cook every night. So we wanted to offer our neighbours the healthy equivalent of a Friday night takeaway.”**

Nicola says that co-ordinating the group has been intense, but worth it. They are now delivering more than 60 meals a week to people in need, most of whom have self-referred. They plan to keep delivering meals throughout the summer and then reassess – so far, requests have been slowly increasing each week and it seems evident that food insecurity is rising in this part of London. Nicola believes this rise in numbers is due to people's limited savings running out, more people being made redundant or losing work, or delays in obtaining

benefits. She is worried that demand for food aid will continue to rise across the area, especially as the government furlough scheme will end and more people will lose jobs.

Findings	Conclusions
<p><b>Reliance on food that would otherwise be surplus can detract from the quality of the meals and is not reliable in the long-term.</b> This also has potentially damaging long-term consequences in that it further entrenches an unjust food system<sup>xvi</sup>.</p>	<p>Meals on wheels commissioners and service managers should not feel that they have to do things at the lowest cost possible. 'Food aid' more broadly should be situated within a rights-based framework.</p>
<p><b>Newer services that have recently started are struggling</b> to maintain the work that they are doing.</p>	<p>Councils should take a strategic and holistic approach to supporting meal provision to continue.</p>
<p><b>The use of professional chefs and kitchens helps to ensure that meals are high quality</b> and meet health and safety guidelines.</p>	<p>The positive elements of the food distribution hub model should be maintained. Local food VCS actors, community kitchens and repurposed food businesses should feel supported by their council and able to continue their work.</p>
<p><b>Mutual aid approaches can mitigate stigma:</b> Where emphasis is on people doing this for one another, and reciprocity, the stigma associated with receiving food aid is somewhat mitigated.</p>	<p>Food distribution should be continued in a more sustainable but somewhat scaled back manner. These hubs should provide meals to those who for a complex set of reasons cannot cook at home.</p>
<p>Current council run services that make use of professional chefs and kitchens are securing large numbers of meals to those in need.</p>	
<p><b>When food businesses reopen, the kitchens currently being used to cook food will likely be unable to sustain their meal contributions.</b> Furloughed chefs will also have to go back to work, as will many voluntary delivery drivers.</p>	
<p><b>Accepting self-referrals and having no specific eligibility criteria also helps to overcome stigma.</b></p>	
<p><b>Much of the food insecurity that these hubs are addressing is caused through financial vulnerability.</b></p>	<p>People should have access to adequate financial security through living wages and social security.</p>
<p>Some community responses struggle to maximise referrals, and/or are not getting meals to everyone who needs them.</p>	<p>Community responses should be linked in with adult social care and hospital discharge teams.</p>

# Conclusions and recommendations

---

In London, adequate provision of meals on wheels services is not in place. Where such services are in place, many face the possibility of being cut, annually. New, innovative services were being established in a few locations, before Covid-19, demonstrating that viable, affordable and effective solutions exist that could improve lives for thousands of older and disabled adults. But unfortunately, this is rare.

When Covid-19 broke out in the UK, this shone a light on the problem of food access, malnutrition and hunger that faces many older adults and disabled adults. Communities and local authorities responded by working together to establish meal delivery services for those who needed them, and also helped to overcome isolation. Many of these systems are working very well – but face a sudden lack of resources as funding dries up, restaurants re-open to ‘normal business’, and furloughed chefs and other volunteers go back to work.

Analysis, planning, funding and support are needed across London so all Londoners of all ages are able to access good food in a way that is healthy, dignified, affordable and safe, no matter their age or ability. This is one key way that together we can build a positive legacy from the consequences of the Covid-19 pandemic.

## Recommendations

At the end of each section of this report we have summarised findings and conclusions. Below we set out recommendations for action accordingly.

### Policy recommendations (longer-term) – for national government and London’s local authorities

- Implement national legislation that puts a statutory obligation on local authorities to ensure all adults can access at least one good meal per day, accompanied by funding to fulfil this requirement.
- Use multiple metrics to monitor and evaluate meals on wheels services to assess their benefits, including: employment figures and quality of jobs; levels of supported employment; health and wellbeing; sustainable and local food supply lines; meal quality; dignified service provision; cost-saving across multiple budgets including both adult social care and healthcare.
- Commission, fund and support meals on wheels services, lunch clubs, social prescribing and shopping services from adult social care and healthcare budgets.
- Finance the social security system and local authority welfare assistance programmes to enable household food security.



## Policy recommendations (medium-term) - for London's local authorities

- All London Borough Councils commit to ensuring that every older adult in their borough is able to access at least one good meal per day.
- Create a streamlined referral pathway standardised across London, learning from good practice elsewhere.
- Create a range of various meal choices with standardised prices, ensuring that dietary requirements, cultural requirements and tastes can be catered for.
- Establish a pan-London service and/or several multi-borough services so that boroughs work together to reach appropriate economies of scale and can benefit from collaborative purchasing and wholesale prices.
- Pay the Real London Living Wage for all jobs in this sector; provide secure contracts with additional benefits, such as sick pay.
- Buy food from sustainable, local supply lines wherever possible, supporting local businesses and the ethical priorities and values of the Mayor of London's Food Strategy; avoid using surplus and donated food.

## Recommended action (immediate) - for London's local authorities, the Greater London Authority and strategic funders

- Launch a London-wide inquiry into food access for older adults and disabled adults by the end of 2020. This could begin with a London-wide conference on aging, disability and food access.
- Help food delivery hubs that have been established or supported during Covid-19 to continue and build on the systems established. Council staff can coordinate the hubs and referral systems, whilst community kitchens are built into these

hubs and chefs and delivery staff are employed.

- Set up training and shared learning sessions that help newer services to professionalise and establish sustainable, robust models and structures.
- Provide funding to the responses that have the best chance of being sustained in the long-term and those that provide 'more than the meal'. Support them to professionalise and become integrated with the social care system, with funding arrangements that encourage services to include, or be working towards incorporating:
  - » Essential: Welfare checks, including full training for staff on how to complete these properly
  - » Essential: integration with adult social care and hospital discharge systems
  - » Essential: meals are healthy and aligned with the NHS EatWell plate
  - » Essential: basic meal choices are available including culturally appropriate meals and meals meeting specific dietary requirements
  - » Desirable: extended choice of meals
  - » Desirable: employment of staff on Real Living Wages rather than reliance on volunteers
  - » Desirable: Use of local, sustainable food and support for local businesses
- Self-referrals and relaxed eligibility criteria should be maintained alongside any integration with the adult social care system.
- All roles that are essential to keep services running are paid roles.
- Parking fines are not applied to delivery staff.

Supermarkets should offer an age-friendly service. This includes a telephone ordering system available to over 65s, and longer delivery slots that include the offer of shopping being put away

# Closing remarks from the author

All food services should be delivered with dignity at their core, and meals on wheels are no different. Nourish Scotland's *Dignity Project* sets out core principles upon which community food provision should be based. These are that people should feel:

- A sense of control
- Able to take part in community life
- Nourished and supported
- Involved in decision-making
- Valued and able to contribute

These principles are a benchmark to strive towards; it is hard to embed all of them fully into any service. A meals on wheels service, delivered well, treats recipients with respect and dignity, offers choice and control over several aspects of the service, and supports and nourishes recipients.

*Dignity in Practice* repeatedly emphasises that 'dignity is in the detail'<sup>xvii</sup>. The way someone speaks to you, listens to you – or doesn't. The range of meal choices on offer, that cater to your needs and tastes. How the food looks, whether it's hot. These make the difference between feeling seen and heard, or not. They're the difference between whether you feel you matter.

This brings me back to my mum, and her cup of tea. Or her bowl of soup – nice and piping hot, or lukewarm with some of it spilling down the side. I know it's difficult to always get things right, and so does she. But we can try. We can pay people well to do this work, we can offer good training. We can respect care work for what it is – skilled and challenging.

And we can recognise that food is more than just about calories, nutrients, and survival – important though these are. Food is about community, connectedness, a sense of belonging and counting. Our elders deserve better than what they have now.

To get involved in Sustain's action to promote meals on wheels in London and across the UK please visit [www.sustainweb.org/mealsonwheels/](http://www.sustainweb.org/mealsonwheels/), or contact [morven@sustainweb.org](mailto:morven@sustainweb.org). On [our page](#) you can learn about upcoming campaigns and actions, access support, advice and guidance, or get involved in our community support forum for anyone involved in running meals on wheels services or advocating for them.

## References

- <sup>i</sup> Malnutrition Task Force (2017) State of the nation: Older people and malnutrition in the UK today. Available online at <https://www.malnutritiontaskforce.org.uk/sites/default/files/2019-09/State%20of%20the%20Nation.pdf>
- <sup>ii</sup> Elia, M. for the Malnutrition Action Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre. (2015) The cost of malnutrition in England and potential cost savings from nutritional interventions. Available online at <http://www.bapen.org.uk/pdfs/economic-report-full.pdf>
- <sup>iii</sup> Shaw, S. (2020) “Something to be proud of”: Taking an enterprising approach to meals on wheels. Available online at [https://www.sustainweb.org/resources/files/reports/Something\\_to\\_be\\_proud\\_of\\_Simon\\_Shaw\\_FINAL.pdf](https://www.sustainweb.org/resources/files/reports/Something_to_be_proud_of_Simon_Shaw_FINAL.pdf)
- <sup>iv</sup> Data extrapolated from Office for National Statistics UK wide population data (2018). Available online at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerisage70thenewage65/2019-11-19>
- <sup>v</sup> Office for National Statistics, Statistical bulletin, Subnational population projections for England. Available online at <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2016based#the-number-of-older-people-is-projected-to-increase-in-all-areas>
- <sup>vi</sup> National Statistics, Health Survey for England 2018 – Social Care for Older Adults, 3 December 2019; <https://files.digital.nhs.uk/83/BB997F/HSE18-Social-Care-rep.pdf>
- <sup>vii</sup> Greater London Authority (2018) The London Food Strategy. Available online at [https://www.london.gov.uk/sites/default/files/final\\_london\\_food\\_strategy.pdf](https://www.london.gov.uk/sites/default/files/final_london_food_strategy.pdf)
- <sup>viii</sup> The Association for Public Service Excellence and the National Association for Care Catering (2018) Meals on wheels survey 2018. Available online at <https://www.apse.org.uk/apse/assets/File/Meals%20on%20Wheels%204pp%20Report.pdf>
- <sup>ix</sup> Sustain (2019) Beyond the Food Bank. Available online at [https://www.sustainweb.org/publications/beyond\\_the\\_food\\_bank\\_2019/](https://www.sustainweb.org/publications/beyond_the_food_bank_2019/)
- <sup>x</sup> ENHA, BAPEN, ILC-UK (2006). Malnutrition among older people in the community: policy Recommendations for Change. Available online [https://www.bapen.org.uk/pdfs/malnut\\_in\\_the\\_community.pdf](https://www.bapen.org.uk/pdfs/malnut_in_the_community.pdf)
- <sup>xi</sup> Wilson, L. (2013). A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions. Available online at [https://ilcuk.org.uk/wp-content/uploads/2019/01/Costs-Benefits\\_Report\\_Jun13.pdf](https://ilcuk.org.uk/wp-content/uploads/2019/01/Costs-Benefits_Report_Jun13.pdf)
- <sup>xii</sup> The London Independent Living Service (2019). Impact Report 2019. Available online <https://www.lils.org.uk/Handlers/Download.ashx?IDMF=cb4ce027-9229-4a1c-80e2-c8471387819b>
- <sup>xiii</sup> HCPA (2019) Hertfordshire Care Providers Association impartial survey 2018/19. Accessed June 2019 <https://hertsindependentliving.org/workspace/uploads/files/hils-evaluation-analysis-report-april-2019.pdf>

<sup>xiv</sup> Food Train shopping service website (accessed June 2019). Available online at <https://www.thefoodtrain.co.uk/index.php/shopping-delivery>

<sup>xv</sup> Sustain (2020) School caterers put their meals on wheels: a guide for local authorities and school caterers on delivering to older adults during Covid-19. Available online at [https://www.sustainweb.org/publications/school\\_caterers\\_put\\_their\\_meals\\_on\\_wheels/](https://www.sustainweb.org/publications/school_caterers_put_their_meals_on_wheels/)

<sup>xvi</sup> For a review of this problem in the US context see Fisher, A (2017) Big Hunger: The Unholy Alliance between Corporate America and Anti-Hunger Groups; for a review of how this problem is beginning to replicate the system in the US, see Lambie-Mumford, H (2017) Hungry Britain: The Rise of Food Charity.

<sup>xvii</sup> Nourish Scotland (2018) Dignity in Practice: Tools for Community Food Providers. Available online at [http://www.nourishscotland.org/wp-content/uploads/2018/10/Nourish\\_Dignity\\_in\\_Practice-Tools-for-Community-Food-Providers-Jan-2018.pdf](http://www.nourishscotland.org/wp-content/uploads/2018/10/Nourish_Dignity_in_Practice-Tools-for-Community-Food-Providers-Jan-2018.pdf)

## Thank you

We are grateful to the generous support of our funder Trust for London for making this report possible. We also thank all of the many people who contributed their time and insights during interviews, conversations and site visits. Without them this report would not have been possible. Particular thanks go to all of the older adults who shared their personal experiences of their struggles to access food and of what a meals on wheels service means to them.





# Meals on wheels for the 21st century

A report exploring meals on wheels services in London before, during and after Covid-19

**A Sustain publication**

July 2020

## About Sustain

Sustain: The alliance for better food and farming, advocates food and agriculture policies and practices that enhance the health and welfare of people and animals, improve the living and working environment, enrich society and culture, and promote equity. It represents around 100 national public interest organisations working at international, national, regional and local level.

**Sustain: The alliance for better food and farming**

[sustain@sustainweb.org](mailto:sustain@sustainweb.org)  
[www.sustainweb.org](http://www.sustainweb.org)

Sustain, The Green House  
244-254 Cambridge Heath Road  
London E2 9DA  
Tel: 0203 5596777

**sustain**  
the alliance for better food and farming

  
LONDON FOOD LINK

  
Trust for London  
Tackling poverty and inequality

Sustain is a Registered Charity No. 1018643