

Leeds  
Older  
People's  
Forum



# Food Security & Older People

## Food Security & Older People

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## Executive Summary

With an ageing population that is set to increase significantly, as well as rising social inequalities, the issues of food insecurity and food poverty facing older people in Leeds are set to grow in importance to city partners, across the public, third and private sectors.

They have implications for health and social care costs, the types of services that the statutory and voluntary sectors will increasingly need to plan for, and even business opportunities for local supermarkets, food shops, cafes and pubs.

There are two parts to this report. The first examines the factors affecting food security for older people and the food barriers that should inform our understanding of their needs, which are often complex. The second part explores what assets exist to overcome these barriers and provide effective services. Leeds is fortunate to have a rich and diverse range of partners and networks that support older people and people facing food insecurity. This report should be used to ensure these assets are harnessed effectively and to improve collaboration between and across the many agencies which are supporting the needs of older people.

Given the extreme financial pressures that statutory and third sector organisations are currently struggling with, particularly in the face of rising demand and increasing operating costs, the need for effective collaboration to make best use of limited - and diminishing - resources has never been greater. Equally important in this context are the complex systems supporting older people experiencing food insecurity: it is vital to consider the unintended consequences when making decisions on disinvesting in services or reconfiguring them to reduce costs.

The report contains a series of recommendations: some are for strategic consideration, while others are more specifically focused on, for example, financial inclusion, transport, digital inclusion and local businesses.

This report should be read in conjunction with Ageing Well: Our Lives in Leeds, the Director of Public Health's Annual Report<sup>1</sup>. The Annual Report's key findings, listed below, resonate strongly with the factors impacting food insecurity detailed in this report, and emphasise their importance when considering what is needed for effective investment decisions, service design, collaborative working and frontline delivery.

- Our ageing population is changing and becoming more diverse

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<sup>1</sup> [Ageing Well: Our Lives in Leeds](#)

- The number of years that people spend in good health in later life is unequal between different communities
- Inequalities exist in later life
- Later life is an opportunity to help citizens keep active and stay healthy
- Identifying health problems and risk factors earlier would help to delay the amount of time that people spend in poor health
- Having strong, positive, social connections is an important factor in ageing well
- People in later life experience negative stereotypes, ageism and discrimination.

In the current economic climate, it is easy to focus on helping people experiencing food poverty, but for older people, it is important that their food insecurity – i.e. age-related issues affecting their ability to shop for food, prepare meals and eat well - is also considered.

This report seeks to flag that, on their own, either the growth of an ageing population or the rising levels of food poverty would have serious implications for current and future investment plans and service redesign. Combined, they are even more important to address.

This means thinking about the way we design our city and our services. This is not just the responsibility of public health and community development workers: we all have a part to play.

It is important for public, private and third sector service providers to understand the importance of ensuring social support is not “designed out” in a bid to reduce service costs, without considering the health impact of isolation and the loss of service provider touchpoints with older people.

For example, the growing trend of digital by default in service design often fails to take account of the unintended consequences of social isolation: connection, community and companionship are particularly important for older people’s mental wellbeing, morbidity and mortality when the usual social touchpoints provided by family, friends and work may reduce or disappear altogether.

Finally, this report does not seek to duplicate the many valuable information, toolkits and other resources that already exist. Wherever possible, these have been referred to in brief and provided links to the source material. We want to make it easier for users of this report to access the rich range of resources that have already been developed by partners here in Leeds, or by organisations tackling food insecurity for older people across the country.

**We are extremely grateful to the many stakeholders who contributed: we hope this report does justice to their unfailing commitment to improving the lives of people living in Leeds, and to helping partners to work together better.**

## Recommendations

### Key findings to consider in wider work on food and ageing well

- **Importance of wider determinants as part of food security for older people.** Health and social inequalities affect both food poverty and food insecurity for older people. This becomes increasingly salient when considering the projected disproportionate increase of people aged over 70 in Leeds, and the increasingly ethnically diverse ageing population.
- **Understanding the importance of social support networks to older people for food security.** These networks facilitate food security, and also enable prevention/early intervention relating to changes in age-related capabilities and changes in age-related circumstances.
- **Visibility and understanding of networks and organisations supporting older people.** These comprise food aid and wider support influencing food security. It is important to ensure they participate in service development/delivery and fostering collaboration and insight. The impact of third sector infrastructure, their networks and delivery are sometimes not seen or fully understood. These are particularly important for health inequalities in a time of extremely limited resources and growing demand.
- **Understanding the distinct barriers faced by a Community of Interest\*, and/or intersecting Communities of Interest in older people's food insecurity.** Learning and best practice about how to support a Community of Interest effectively should inform service planning and delivery. Communities of Interest of particular relevance here include ethnically diverse communities, gendered differences, and people with disabilities. Leeds partners and networks hold a wealth of relevant expertise that should be fully utilised.

*\*'Communities of Interest' are groups of people who share an identity, for example people with a learning disability, or those who share an experience, for example the homeless community. They experience additional barriers to communication and engagement, as well as service access and use.<sup>2</sup>*

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<sup>2</sup> [Communities of Interest - Forum Central](#)

## Overarching recommendations requiring collective system action

1. **Ensure strategic decision-makers, programme managers and frontline staff understand the needs and barriers that specifically relate to older people and food security, and take these into consideration for systems thinking, investment/disinvestment decisions, programme design and delivery, and collaboration across public, third and private sectors.** Consideration should also be given to removing process obstacles that hamper operational cross working. This includes food poverty, wider determinants of health, and healthy ageing:
  - Physical
  - Mental
  - Attitudinal
  - Social
  - Community.
  
2. **Improve the infrastructure of support.** This includes visibility, communication, and coordination between services. This will foster better understanding of networks, organisations and services relating to food security for older people. The aim is to create a more effective environment for a strength-based approach, as well as better coordination of limited resources and support. This is important as Leeds evolves its systems approaches for health and social care, food systems, and for tackling health and social inequalities.
  
3. **Improve access to data:**
  - a) **Supporting partner access to relevant data of individuals, with appropriate consent, to improve provision and coordination of Multi-Disciplinary Team support around each older person.**
    - Improve access to patient data (including GP data and pre-frailty long term conditions population data) to connect local provision more effectively which will enable multi-disciplinary team and multi-sectoral work. Use this to inform support that includes prevention and earlier intervention work, including the Proactive Care Programme

- Ensure every professional that is engaging with the older person's needs are able to access the relevant support to meet their changing and/or new needs.

**b) Sharing data to build a collective city-wide picture of older people's food security needs and relevant assets, provision, etc.**

- Improve availability and use of datasets that can be combined to build a better collective picture from datasets of demographic and inequalities of older people's food insecurity factors to enhance our understanding
  - Consider the use of tools such as the Social Progress Index (nutrition and basic medical care component) to inform work on Healthy Ageing and the Food Strategy; influence what data is collected; use it to forecast and develop plans
  - Combine mapped data on the Food Aid Network and other third sector networks alongside statutory partners datasets
- Consider how we use data when asking whether food security needs are being addressed, and how this is being used, e.g. in service planning, the impact assessment of future planning and funding decisions.

**c) Sharing datasets held by city partners and their networks to improve service planning, coordination and delivery.**

- This should improve Leeds partners' capability to apply an older people health and social inequalities lens for e.g. ethnicity, age band, and gender. Ensure that older people and their relevant food security issues are considered in health and social care, housing services, other services supporting older people, services supporting deprived communities and food systems work.

**d) Improve data quality**

- Identify which data collection includes age-related data, and older people age group data (i.e. a single 65+ field is insufficient to represent older people)
- Recognise the gaps in the data and inform our collective understanding through third sector insight and qualitative data, particularly with reference to the most vulnerable groups of older people.

## Recommendations requiring action from specific Leeds stakeholders

- **Financial inclusion for ageing well**

These comprise recommendations for both national and local work:

- Improve Pension Credit uptake and added capacity to support with this (£30 million unclaimed Pension Credit in Leeds)
- Ensure proper funding for welfare rights and Citizens Advice. National recommendation: people on Universal Credit should automatically be transitioned onto Pension Credit.

Older people are not receiving all the benefits to which they are entitled, which will affect their food security. We know there is £30m unclaimed Pension Credit in Leeds and - now that the Winter Fuel Payment will not be a universal benefit, but linked to Pension Credit - it is increasingly important that all system partners who work with older people check the older person's eligibility for Pension Credit and signpost them to appropriate resources.

Nationally we need to see more capacity funded in local, trusted advice providers to ensure older people are supported to receive the benefits to which they are entitled, and which will support their food security. The Government should also make the process for claiming Pension Credit far simpler and, where people are on Universal Credit, they should be automatically transitioned to Pension Credit.

- **Transport**

Improve access to transport for food shopping, including the Access Bus. Conversations with older people indicate it requires expansion.

- Include older people's voices in the review of Access Bus
- Link in with mass transit plans at city and WYCA level, including consultation plans
- Make better use of 100% Digital and Neighbourhood Networks digital support to apply for/renew Blue Badges, bus passes and Access Bus/community bus bookings
- Ensure transport plans and associated digital services assess the impact of transport on older people's food security and the knock-on effect this has on their physical and mental health.

- **Digital inclusion**

Work with digital teams to upskill older people to use technology to order online shopping, and access other wraparound support that supports food security for older people. Ensure that digital inclusion work with/for older people recognises the need for:

- regular drop-in/hub sessions and or 1:1 engagement, where older people can get regular help relevant to their needs.
  - recognising the value of in-person social support activities, and their importance in minimising the health risks of isolation among older people.
- **Age Friendly spaces / communities**
    - Encourage supermarkets, restaurants, local stores and cafes to consider older people in their offers (e.g. smaller portions, discounts, accessible seating, signing up to be Age Friendly)
    - Age Friendly and Healthy Living teams across the system work together on this agenda
    - Consider planning permission for new supermarkets – build in social value requirements; share good practice and practical resources
    - Age friendly principles in PH commissioned services - older people and ageing well
    - LOPF Age & Dementia Friendly Business Scheme to target food outlets (e.g. supermarkets, cafes and pubs).

- **Undertake food desert mapping**

Mapping supermarket and grocery stores provision (including cultural food providers) to overlay with FAN map dataset, combined with population/demographic (age, disability, ethnicity) data to better identify food insecurity gaps. This will aid with licensing and planning, grant programme development, prioritisation of limited resources, and support Food Strategy work.

- **Funding**

A range of funders have small grants available to support older people around food – learning from Independent Age Grants: encourage principles that make them accessible for small organisations to access, simple applications, facilitating delivery within existing services, flexible offer, simple monitoring and evaluation.

Raise awareness of this report and associated resources for grant funds and grantees to overcome the barriers for older people's food security, particularly for destigmatising support and ensuring culturally competent provision.

Raise awareness of the implications set out in this report for statutory commissioners and their impact on associated health and care costs, both for the current older population and ageing

population. This includes the disproportionate impact of food insecurity experienced by older people living in deprived communities and Communities of Interest.

## Chapter 1: What does older people's food security look like in Leeds?

### 1.1 Who do we mean by older people?

#### How we define age

“How old is an older person? Generally, someone over the age of 65 might be considered an older person. However, it is not easy to apply a strict definition because people can biologically age at different rates so, for example, someone aged 75 may be healthier than someone aged 60. Instead of simply age, ‘frailty’<sup>3</sup> has a bigger impact on their likelihood to require care and support.”<sup>4</sup>

Here in Leeds, frailty - rather than age - means that defining older people and tailoring the support they need is much more nuanced than simply considering a person's chronological age.

There are factors which may “accelerate” frailty, e.g. poor lifestyle habits leading to multi-morbidities associated with older age; poverty; the impact of COVID-19 (e.g. deconditioning and mental health issues) and Long COVID.

This is important when we consider the importance of Healthy Life Expectancy, measured by the prevalence of self-reported good health in the population, and mortality rates.

At 65, people in Leeds can expect to live half of the rest of their life free of disability or in good health, and half of it with a disability or in poor health. Healthy life expectancy in Leeds is 61 years (61.4 years for a man, 63.9 years for woman)<sup>5</sup>.

Health inequalities are starkly displayed: women from the most affluent parts of the city are set to live 14 years longer than those from the least affluent, the gap for men is 12 years. Life expectancy rates for both men and women are below regional and national averages<sup>6</sup>.

Many community organisations that were consulted for this research/report often differentiated between “young old” people and “old old” people, to draw the distinction both in terms of physical abilities and perception/attitude when engaging with help on offer. For example, attitudinal barriers to accessing support included older people's lunch clubs seen as “not for them” by the “young old” people in the target audience, or “old old” people who have become progressively frailer, but who do not want to be seen as a bother and therefore do not ask for support.

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<sup>3</sup> [NHS England » Ageing well and supporting people living with frailty](#)

<sup>4</sup> [NHS England » Improving care for older people](#)

<sup>5</sup> [Ageing Well - Age-Friendly Leeds](#)

<sup>6</sup> [Leeds Observatory – JSA2021](#)

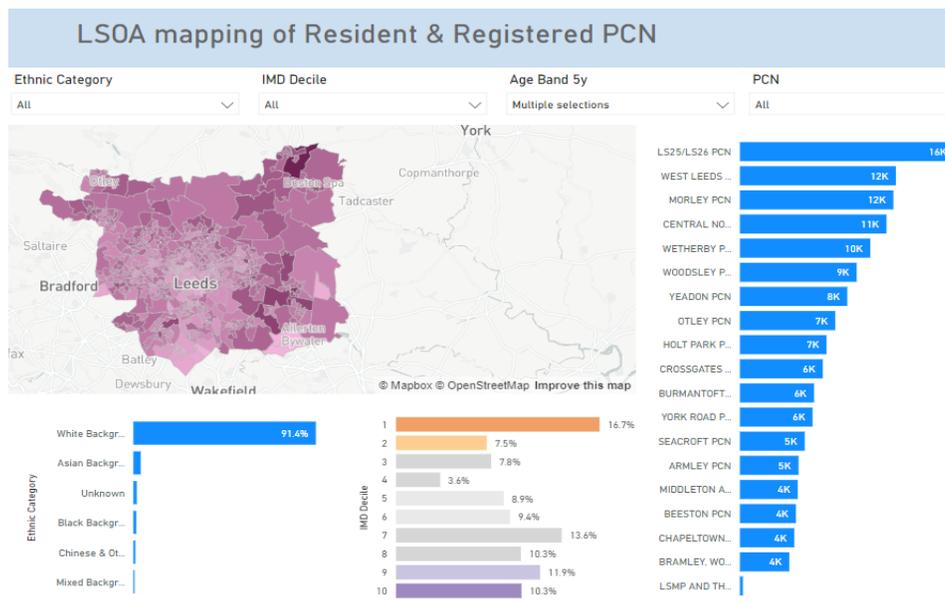
Lastly, people’s own perceptions of their ageing are also important to consider, particularly in service design and communication: “Public attitudes towards ageing and older age are complex and nuanced – with the research highlighting that people in their 50s and 60s are most likely to feel negative about ageing. The language we use matters because it can influence public opinion, which can in turn influence policy choices and decisions. Attempting to change these narratives is often known as ‘reframing’: making conscious and intentional choices about what to include – and what not to include – in communications in order to influence how people think, feel, and act on certain issues.”<sup>7</sup>

### 1.2 Where do older people live?

The density maps below show the resident populations across the city; this informs our understanding of the population distribution for the 65+ years age group, with a further map showing the 80+ years age group. This report also includes the density maps for older people in IMD 1 and 2, given the links between food insecurity and food poverty for older people.

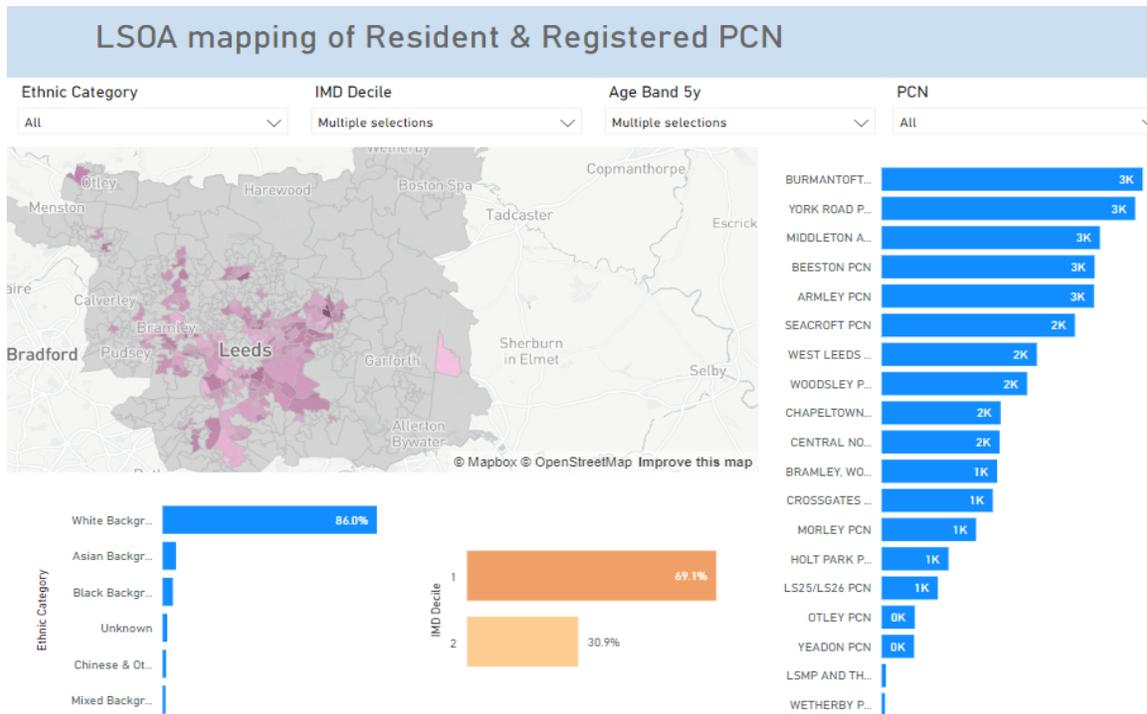
The map areas shaded are PCN footprints showing resident populations – note that *registered* populations do not necessarily live inside the PCN footprint.

Leeds over 65 years:

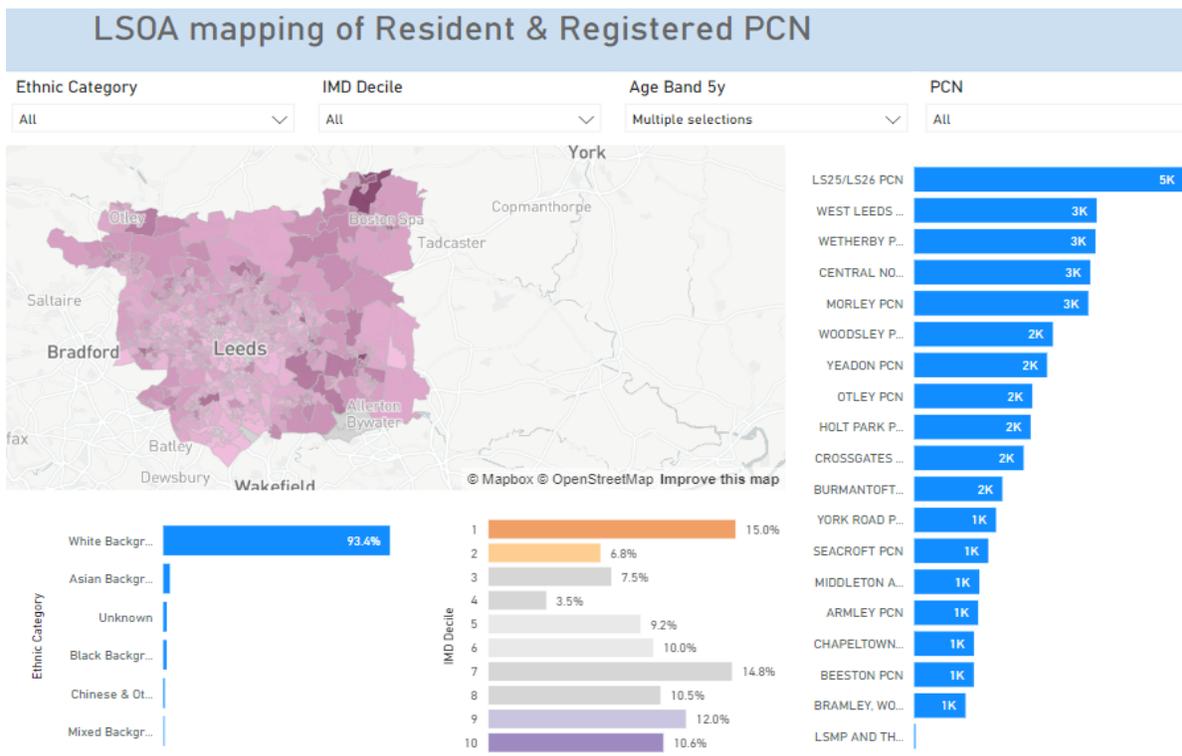


<sup>7</sup> [Reframing ageing: Public perceptions of ageing, older age and demographic change | Centre for Ageing Better](#)

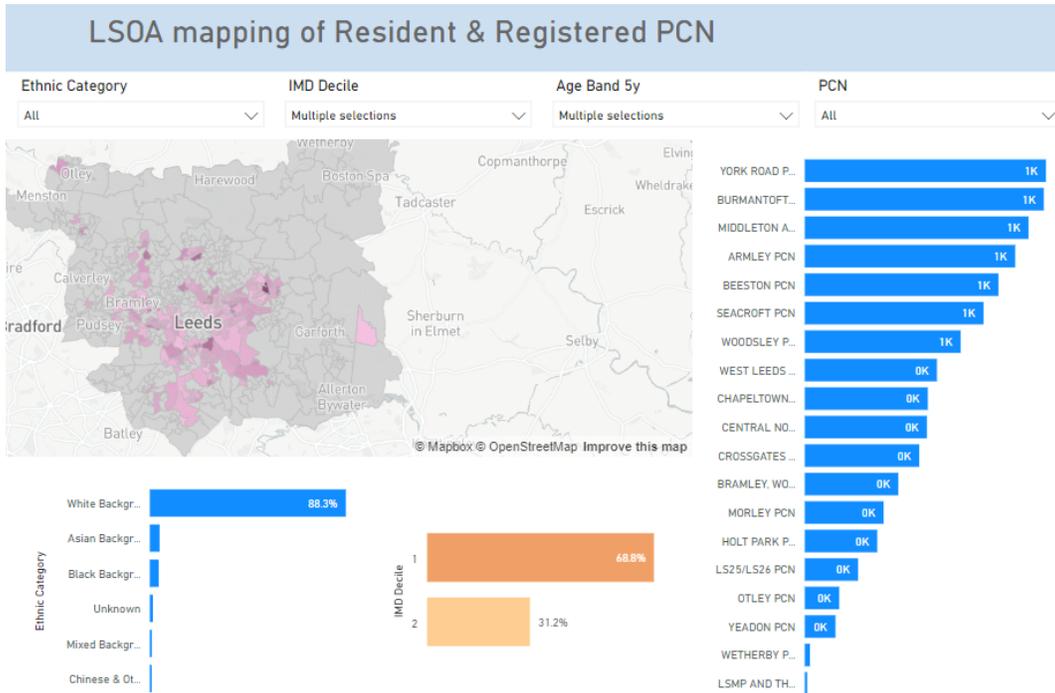
Over 65 in IMD 1 and IMD 2:



Leeds over 80:



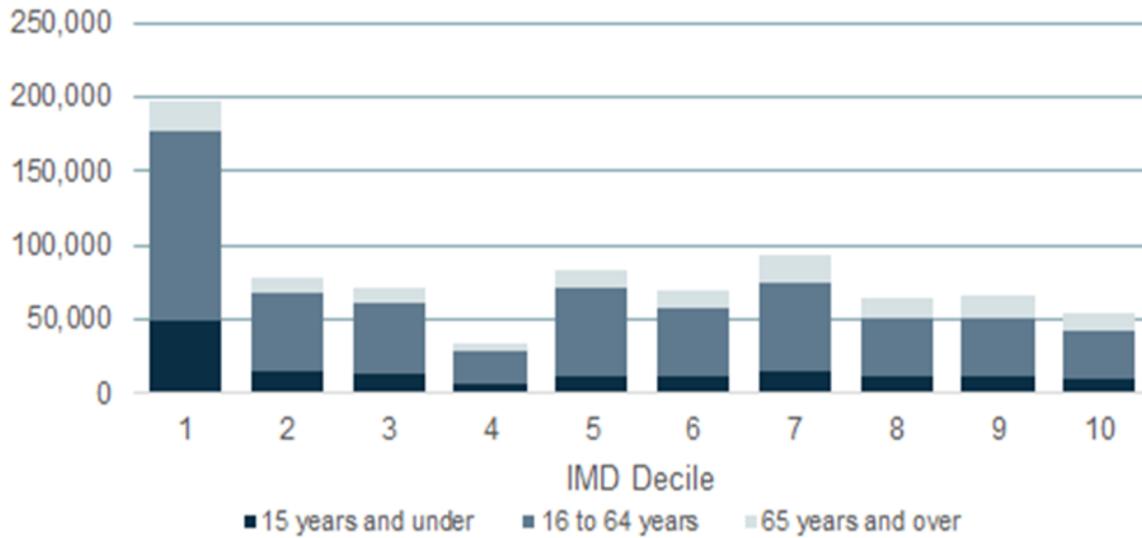
Leeds over 80 IMD 1 and IMD 2:



Age & demographic factors – numbers by:

- Ethnicity
- Male/Female/prefer not to say.
- Single household
- Disability

The table below shows the current population profile by age, distributed against the IMD 2019 deciles. The single largest proportions of the over 65 population are concentrated in the communities which fall within IMD1 – i.e. the most deprived 10% nationally.

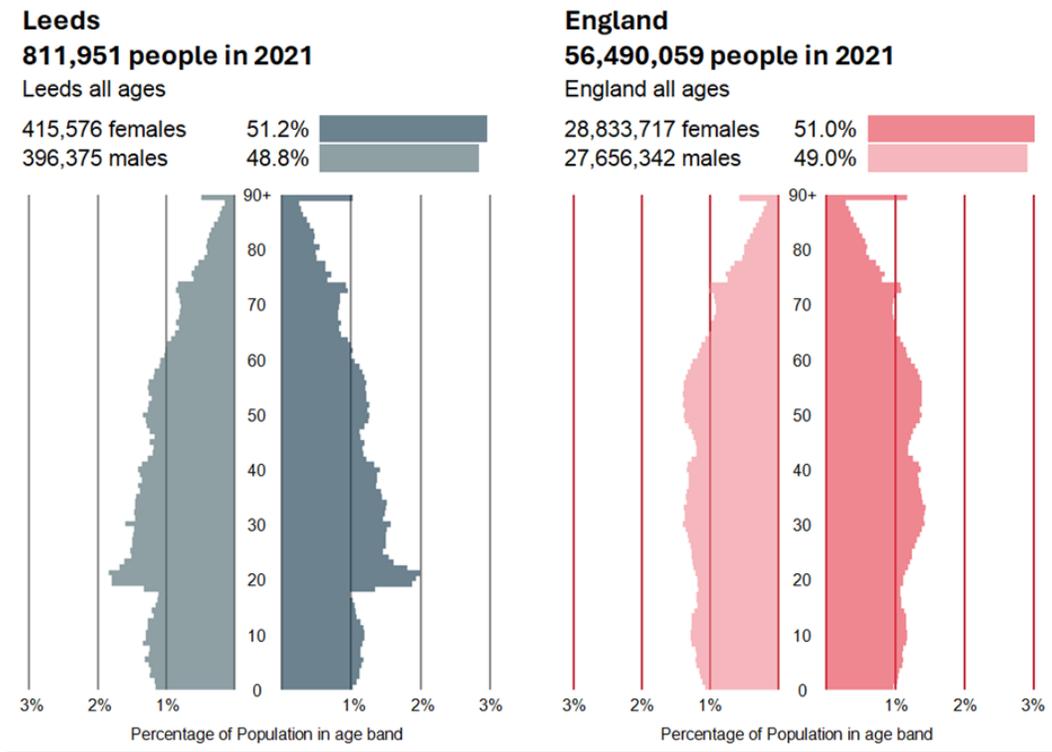


### Ageing Population Trends in Leeds

The Leeds Joint Strategic Assessment 2021<sup>8</sup> noted these key trends about the rapid growth of the older people age groups in Leeds, and the increase of the ethnically diverse older population in our most deprived areas:

- The over 50 population has grown by an estimated almost 30,000 between 2001 and 2019, a 12% to 17% increase in each of the 50 plus age groups, much of the city’s population growth has been concentrated in these age groups.
- In terms of future projections to 2041, the 50-59 population is projected to reduce and there will be little change for the 60-69 population, however the 70+ population is projected to substantially grow, with fastest growth amongst the 80+, which is expected to see a 50% increase. As we see increases in the older age bracket of our old population, structural barriers to food security amplify - transport to shops, digital inclusion for internet shopping - which are likely to impact on the wellbeing / frailty of our increasingly large older population.
- The distribution of the city’s older population should also be considered. There are currently higher numbers of older people living in the city’s outer areas, however this could change as the recent shifts in the composition and spatial concentration of the population work through, resulting in a far more ethnically diverse older population, with a greater concentration in the city’s inner areas....the single largest over 65 population are also found in these areas.

<sup>8</sup> [Leeds Observatory – JSA2021](#)



This points to the growing impact that food security will have for the health and wellbeing of an increasing proportion of the Leeds population, particularly with reference to population health management, and tackling health and social inequalities.

This therefore has implications for everyone involved in planning, commissioning and delivering services across Leeds City Council, the ICB and NHS services and for third sector.

Here in Leeds, as part of the work to tackle health inequalities, city partners work with the network of third sector organisations that support the needs and challenges faced by groups and communities experiencing the greatest health inequalities. We refer to these as Communities of Interest. This helps raise awareness of the importance of intersectionality, where people’s overlapping social identities may mean they experience multiple disadvantages or discrimination.

Communities of Interest’ are groups of people who share an identity, for example people with a learning disability, or those who share an experience, for example the homeless community.

### 1.3 What we mean by food security & older people.

Both global and national factors have combined to create negative impacts on food security in the UK. Global factors include Climate Change, the COVID-19 Pandemic, and geo-political instability, combined with national factors include Austerity, changes to Brexit-related agri-food import supply, and the ongoing Cost of Living/inflationary impact on food and fuel prices as well as mortgage and rental outgoings. There is recognition that these factors disproportionately affect those households living with the greatest levels of deprivation.

At the same time, there are other factors to be considered that relate specifically to older people, regardless of their affluence or poverty. These include:

- Physical
- Mental
- Attitudinal
- Social
- Community

It is important, therefore, to be clear that this report relates to **food security**, of which **food poverty** is just one component, albeit a significant one.

### 1.4 Why food security & older people matters

The financial cost of malnutrition amongst older people is significant, which has serious implications, given our ageing population.

Based on a House of Commons Library analysis<sup>9</sup> of BAPEN\* figures from 2011, **a 2018 report estimated “the total annual cost to our country’s health and social care services of malnutrition amongst older people to be £11.9 billion. We estimate also that this sum will increase to £13 billion in 2020, and again to £15.7 billion by 2030.”**

\*The British Association for Parenteral and Enteral Nutrition (BAPEN) promotes the best possible outcomes in nutritional care.

Whilst the estimates do not appear to have been updated since this report, this data is still relevant: two years ago, in a House of Commons debate, BAPEN estimates of £23bn for the UK,

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<sup>9</sup> Hidden hunger and malnutrition in the elderly | Feeding Britain 2018 by a cross-party group of Members of Parliament and Peers who serve as officers on the All-Party Parliamentary Group on Hunger. Author: Andrew Forsey

and £15bn for England, were cited and not questioned. This supports the recommendation that we need better, more joined up data.

There are factors that are also important for those working to improve food security to consider when planning how best to design services and use limited resources to tackle food insecurity in ways that also meet the specific needs of older people:

### **Ageing population**

As the number of older people living in Leeds grows, the issues relating to keeping this population group will become increasingly important. As mentioned above, by 2041, the 70+ population is projected to substantially grow, with fastest growth amongst the 80+, which is expected to see a 50% increase.

### **Growing and deepening poverty**

We are already seeing the impact of poverty on food security. As this continues to rise, and the number of older people living in deep poverty increases, then solutions for tackling their food insecurity will become more complex.

There has been a sharp increase in demand for Food Aid. The Leeds Food Aid data (presented to the Leeds Aid Network, June 2024, which comprises a number of independent food aid providers and Leeds partners) starkly illustrates the rapid increase in food poverty. From April 2023 to March 2024, Trussell Trust Food Banks in Leeds had given out 32,936 emergency parcels to people in Leeds. This is a 14% increase from last year, and a 36% increase from pre-Pandemic levels.

Number of times people have accessed food banks or food parcel providers:

- 2014: 20,000
- 2022/23: 59,117
- 2023/24: 67,596

Number of food parcels given out informally without the need for a referral increased by 21%:

- 2022/23: 67,616
- 2023/24: 81,959

Number of meals provided increased by 54.3%:

- 2022/23: 92,353
- 2023/24: 142,459

Food pantry packs increased by 27.3%:

- 2022/23: 30,935
- 2023/24: 38,935

### **1.5 Leeds Strategies: food security and older people**

At this stage, it is worth connecting the dots between our ageing population's food security and Leeds' overarching strategies. Indeed, Age Friendly Leeds is one of the priority areas of work set out in the Best City Ambition:

“Our ambition for Age Friendly Leeds is to be the best city to grow old in and a place where people age well.”<sup>10</sup>

This encompasses:

- Housing
- Public and civic spaces
- Travel and road safety.
- Active, included and respected
- Healthy and independent ageing
- Employment and learning.

The Age Friendly Leeds strategy and plan is adapted from the World Health Organisation's Age-friendly Cities Framework of eight interconnected domains of urban life (see diagram below).

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<sup>10</sup> [Age Friendly Leeds](#)



### Leeds Food Strategy - food security and economy

Work to address food security and older people is also integral to the city’s Food Strategy:

“Our mission is to ensure we can all access affordable, nutritious food as part of a diverse, inclusive, and vibrant food economy.”<sup>11</sup>

The Leeds Food Strategy 2022-2030 sets out our vision for the future of how we produce, consume, and dispose of food across the local authority district. The Strategy’s three core missions complement the three pillars of the Best City Ambition, and supports the aims of the Government Food Strategy:

- Health and wellbeing: Helping people to improve their health and wellbeing through eating well.
- Food security and economy: Working to give everyone in Leeds access to nutritious food as part of a diverse, inclusive and vibrant food economy.
- Sustainability and resilience: Ensuring Leeds’ food system is fit for the future and supports our climate action plan.

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<sup>11</sup> [Leeds Food Strategy](#)

There are five objectives on Food Security & Economy<sup>12</sup>, the first three of which explicitly connect to the food security covered in this report:

1. Tackle factors limiting people's ability to afford the food they need
2. Help those in need of support to access affordable and inclusive food initiatives
3. Continue to build a strong partnership approach across all sectors and with the people of Leeds
4. Support and unlock opportunities for local food businesses and workers
5. Promote Leeds as a vibrant food city—celebrating our independent food, drink, events, and culture.

### **Leeds Best City Ambition**

For Leeds to be a place where older people:

- are valued
- feel respected and appreciated
- are seen as the assets they are.<sup>13</sup>

Overall, the Best City Ambition work prioritises reducing health, social and economic inequalities.<sup>14</sup>

“The Best City Ambition is our overall vision for the future of Leeds - at its heart is our mission to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home.”

**Health and wellbeing:** Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, with health and care inequalities reducing, and people being supported to thrive from early years to later life.

**Inclusive growth:** Leeds will be a place where we create growth in our economy that works for everyone, where people and businesses can thrive, and we work together to tackle poverty and inequality.

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<sup>12</sup> [Food security and economy](#)

<sup>13</sup> [Age Friendly Leeds](#)

<sup>14</sup> [Best City Ambition](#)

Zero carbon: Leeds aims to become the first net zero city in the UK, rapidly reducing carbon emissions and reversing the decline in biodiversity, while supporting people to make more sustainable choices which can improve their standard of living.

This last has an explicit focus on “promoting a vibrant and resilient food economy for Leeds so everyone can access and enjoy a healthy diet, where more produce is grown locally, and less food is wasted”.

In June 2023 Leeds became the latest Marmot city<sup>15</sup>, joining over 40 other local authorities in England and Wales to confirm its status as a place where systems and structures have been strategically planned with a view to tackling inequalities. Being a Marmot City means Leeds has made a commitment to building a fairer city and reducing inequalities in health and wellbeing.

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<sup>15</sup> [Leeds Marmot City Report Published - Forum Central](#)

## Chapter 2: Factors affecting food security for older people, and the associated barriers

### 2.1 Change in age-related capabilities & circumstance

These can change a person's food shopping, preparation and eating habits as well as their attitude and capabilities. This may have short- or long-term consequences. They may also reflect a growth of complexity of need associated with poor health and frailty:

- Cumulative and/or progressive changes (e.g. dementia, arthritis, becoming increasingly frail, teeth becoming weaker/looser)
- Changes in circumstances (e.g. newly retired, recently bereaved, recently discharged from hospital, no longer able to drive)

These changes may affect a person's food-related capabilities in a number of ways, and even lead to malnutrition:

- Mobility - access to supermarkets, shops, food aid, and carrying shopping
- Cooking abilities - e.g. opening cans, cooking safely, etc.
- Feeding ability – e.g. fine motor skills
- Oral health – dental problems; denture problems
- Appetite loss.

These factors are explored in more detail in this report. It is also important to keep in mind that the interdependence of these factors is fluid and will change for most older people, not just as they get older, but due to changing circumstances. This makes a person-centred approach to supporting their food security even more necessary.

Examples may include:

- newly retired
- going through a separation or divorce
- recently bereaved
- partner moved into care home
- recovering from a fall
- recently discharged from hospital\*
- planned care as an inpatient or outpatient
- waiting well (i.e. by maintaining or improving one's physical and mental health whilst waiting for surgery or an appointment)
- change in health condition/diagnosis of physical or mental health conditions
- no longer being able to drive/loss of driving licence.

\*While hospital nutrition is out of scope, LTHT launched its Nutrition Mission in March 2023 to tackle worsening malnutrition during hospital stays:

“In the UK, malnutrition affects more than one in 20 people, and this increases to one in 10 for people over 65. 30% of patients admitted to UK hospitals are malnourished and this can worsen during their time in hospital, leading to longer hospital stays.”

For more information: [We're on a Nutrition Mission - Leeds Teaching Hospitals NHS Trust](#)

### **Cumulative and/or progressive changes – examples include:**

- Progressive mental or physical health conditions, e.g. dementia or arthritis
- Decreasing mobility, balance, strength, range of motion or fine motor control
- Progressive loss of hearing or vision
- Diminished appetite.

The progressive nature of these changes may make them more difficult for family members, carers or support workers to spot and suggest interventions for.

This is where the role of community organisations like Neighbourhood Networks s come to the fore: “Thanks to the relationships the Leeds Neighbourhood Networks develop with their members they are in a unique position to spot declines in health and intervene appropriately.”<sup>16</sup>

## **2.2 Housing**

The likelihood of older people renting and/or being in insecure housing is rising, which has implications for the household budget after rent. Even older people who own their own homes are more likely to be asset rich, but cash poor, reflecting a growing trend of homeowner hardship. Where older people live in Leeds has changed in the last fifteen years, and this has implications for planning future support. This includes more multi-generational households, as well as larger homes with a single occupant. The quality of older people’s housing and their housing situation, including local shopping amenities and transport links, will influence their ability to access groceries/meals and store, prepare and eat affordable nutritious meals. It is therefore important to consider the housing picture for an ageing population.

### **Homeowners**

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<sup>16</sup> [Leeds Neighbourhood Network evaluation – Phase two | Centre for Ageing Better](#)

Organisations visited for this report noted that a number of their service users were homeowners, and found themselves to be “asset rich”, but “cash poor”, which negatively impacted available household budget for food and energy costs.

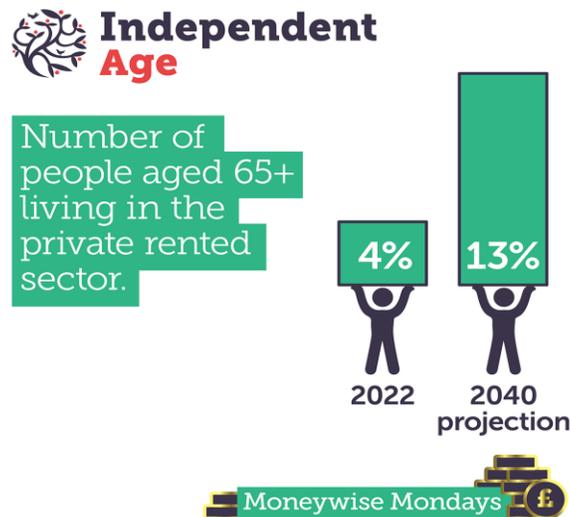
Some older people are still living in a larger house, but now only using a limited amount of the space (too costly, too logistically challenging to downsize). This has implications for their energy bills and the impact on their household budget for food, energy, etc. It can also be a daunting challenge for frailer homeowners to use, heat and maintain cooking and eating areas.

### Renters and people who are housing insecure

There are a number of issues that can negatively affect food security for renters:

- the potential for rent increases affecting their budgets for food, energy, etc.
- rising energy bills reducing household budget for food/cooking
- renting poor quality accommodation with limited access to cooking facilities/food storage
- renting in multiple occupancy housing, with limited access to cooking facilities/food storage.

Recent research<sup>17</sup> suggests that without changes, the number of people aged 65+ privately renting will increase dramatically by 2040. It is also important to consider the distinction between Council & Private Renters.



<sup>17</sup> Independent Age July 2024

It is useful, therefore, to understand the type of housing to identify likely barriers to food security and provide more relevant support.

There are two further groups of people who are housing insecure, but out of scope for this report:

- people sleeping rough
- people in temporary accommodation.

Consideration should be given to the downward trend in home ownership among the general population, and what this means for their food insecurity when they reach their 60s, particularly given the projected increase in older people.

### **Housing and the poverty premium**

The poverty premium is the extra cost people on low incomes and in poverty pay for essential household products and services, all of which may exacerbate food insecurity for older people.

The COVID-19 Pandemic and Cost of Living crisis have highlighted the disproportionately higher costs that poorer people pay, including:

- Rent - where housing benefit does not cover private rent costs
- Energy bills – using pre-payment meters to pay for gas and electricity
- Food deserts – areas without easy access to supermarkets, making residents reliant on higher cost local food shops
- Digital exclusion - lack of smartphones and/or pay as you go ‘phone costs (making access to online benefits, debt management support and online shopping difficult). This is increasingly a challenge for “digital first” services
- High-cost credit – being restricted to high interest loans and credit cards, and vulnerable to illegal money lending and loan sharks.

### **Single/couple/family**

Anecdotally Neighbourhood Networks, including the staff at Halton Moore & Osmandthorpe Project for Elders (HOPE), will talk about people who are on their own with no family, who take up a disproportionate time of community organisations. Illness, isolation and other factors can combine with a much greater negative impact on them. The impact of bereavement and grief are particularly difficult.

They also find that “when an over 80-year-old starts not to eat, the dominoes fall”. This can be more of a risk than for older people living in a family.

## 2.3 Transport and mobility

This includes older people who become unable to drive to shops, or challenges accessing public transport to reach shops - especially supermarkets where food may be more affordable - or an individual's mobility making it difficult to walk, drive or take public transport as well as to carry food shopping.

### Loneliness and social isolation

The 2021 Census showed that 12% of Leeds one person households are aged 66 years and over. Ageing population trends means this is likely to have increased. This does not, of course, represent the wider picture of social isolation amongst older people (e.g. people living with a partner with dementia or physical health conditions that make it difficult to get out to socialise).

Studies show 15% of older people in Leeds are socially isolated – this is around 37,000 people<sup>18</sup>.

Government statistics indicate that people with a limiting long-term illness or disability were more likely to say they felt lonely often/always than those without (13% compared with 3%) and less likely to say they never felt lonely (16% compared with 24%). Those living in the most deprived areas were more likely to feel lonely often/always than those living in the least deprived areas (9% compared with 4%)<sup>19</sup>.

This has serious implications for older people's willingness and ability to engage with support related to their food security and associated wellbeing. Fostering social connections alongside food support is, therefore, key to ongoing support, especially should an individual's personal circumstances change.

## 2.4 Deprivation & Income

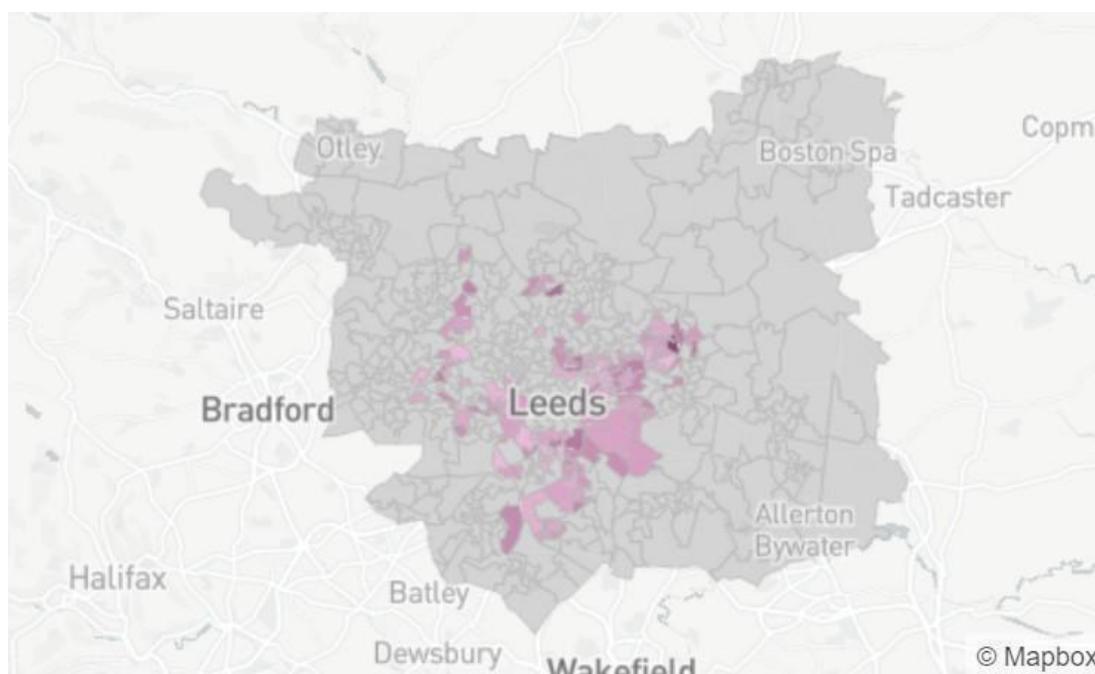
The table below shows which of the most deprived wards have the largest number of people over 65 years. The relationship between deprivation and Leeds' ageing population is also important: in Burmantofts, Harehills & Richmond Hill, 24% of the population is over 50 years.

IMD 1, 65+	IMD 1& 2, 65+
Burmantofts, Harehills & Richmond Hill	Burmantofts, Harehills & Richmond Hill
York Road	York Road

<sup>18</sup> [Leeds Mind Befriending Service](#)

<sup>19</sup> [Official Statistics Community Life Survey 2021/22: Wellbeing and loneliness Updated 3 May 2023](#)

Middleton	Middleton
Armley	Beeston
Seacroft	Armley
Beeston	Seacroft
Chapeltown	Chapeltown (9 <sup>th</sup> )
Cross Gates	Cross Gates (12 <sup>th</sup> )



2022 research into deep poverty in Leeds<sup>20</sup> makes useful distinctions about the rising number of people experiencing deep poverty, which also has implications for how best to understand their experience of food insecurity, and the distinct types of support they therefore need.

These can be readily overlaid with changes to age-related capabilities and circumstances already noted in this report:

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<sup>20</sup> [Deep Poverty: Everyday Financial Crisis in Leeds 2022](#)

- ‘Constant strugglers’ i.e. they had endured a sustained period of extreme deprivation. This was often associated with experiences of housing insecurity and homelessness, familial instability, experiencing violence and/or having complex support needs.
- ‘Slow and steady’ decline into financial difficulty. Problems with physical or mental health, relationship breakdown and child-rearing had often disrupted work histories and made it harder for people to prevent or escape from financial crisis.
- experienced a ‘cliff-edge’ in their living standards. This more recent and sudden decline was often set in motion by job loss, a sudden illness or relationship breakdown. For many in this latter group, the fall-out from the Pandemic caused significant disruptions to their work, social lives and support networks.

### **Pension & Pension Credits**

It should also be noted that, as people turn 67 and become eligible for Pension Credit, they are not automatically moved onto it.

Pension Credit is available to supplement the UK State pension and help lift people out of poverty, but not everyone entitled to Pension Credit claims it, as they are not automatically moved onto it. We know that two out of five people in Leeds who could claim do not, which means that there is an estimated £30 million unclaimed Pension Credit in Leeds<sup>21</sup>.

In Leeds, uptake of Pension Credit is lowest in those areas of highest deprivation.

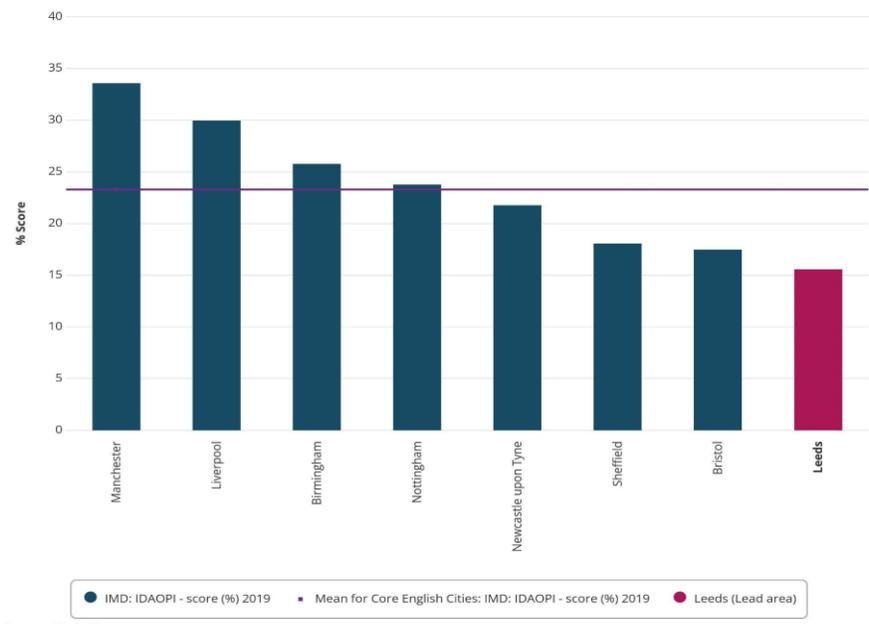
It may also mean, therefore, that the data informing this report is likely to under-represent the number of older people experiencing food insecurity and food poverty.

At the same time, it may be useful to note that Leeds has lower levels of income deprivation affecting older people than the other Core English Cities (last updated 2019).

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<sup>21</sup> [Age Friendly Leeds](#)

IMD - Income Deprivation Affecting Older People Index (IDAOPI) - score (%) (2019) for Core English Cities



Powered by LG Inform

Source: Ministry of Housing, Communities and Local Government

### Food poverty experienced in more affluent areas.

Much of the research undertaken for this report highlights the connection between poverty and food insecurity amongst older people. However, it is also worth noting that thrift may be a factor worth considering for food insecurity in relation to more affluent older people.

Research conducted by the University of Bath<sup>22</sup> notes this: “While there was little to suggest that our participants were unable to afford food, they were acutely aware and sometimes fearful of rapidly rising prices... An attitude of thrift was pervasive across the older people in our sample, regardless of financial security. While thrift was clearly more necessary for some than others, it was sometimes difficult to unpick the boundaries between habitual and moral preference for thrift; long term or more recent need for restraint; and wanting to create a safety net for oneself or a legacy for one’s family.” - the report goes on to cite an older person going hungry in order to keep money aside for her daughter after her death.

It should also be noted that areas of Leeds generally considered affluent will have pockets of deprivation, where the stigma surrounding food poverty may provide additional barriers to people accessing support.

<sup>22</sup> [Older people food insecurity report - August 2023](#)

## Food poverty & insecurity in rural areas

In a city like Leeds, where the focus may be on urban and suburban solutions, it is also easy to forget that there are also areas of Leeds, such as Shadwell and Barwick in Elmet, which experience the specific food insecurity challenges of rural areas. Older residents may face limited public transport, higher transport costs, and a more limited range of affordable food shops, all of which make food security more difficult for older people on low incomes.

## 2.5 Health

The Ageing Well: Our Lives in Leeds report shows how many older people are affected by long term conditions and cancer in Leeds, which are likely to impact their food security, particularly where these rates increase amongst those living in the deprived areas, which highlights the additional impact of food poverty.

In Leeds, more than 1 in 4 people aged 50+ are living with a long term physical or mental health condition or illness. This is when a condition or illness lasts (or is expected to last) 12 months or more and reduces their ability to carry out day-to-day activities “a little” or “a lot”.

In Leeds, over half of the 50+ age group are living with two or more long-term conditions. This rises to more than four out of five of the 80+ age group.

Comparing the most deprived to the least deprived areas in Leeds ‘the risk of’: a dementia diagnosis is 3 times higher; heart disease is 1.5 times higher; stroke is just under 1.5 times higher; chronic obstructive pulmonary disease (COPD) diagnosis is 4.5 times higher; diabetes is over 2 times higher; frailty is almost 3 times higher.

The report also looks at weight and malnutrition.

For adults aged 50+ in Leeds:

- about 30% of people are living with obesity, and a further 36% of people are overweight
- living in the most deprived areas increases the risk of being overweight by over 30%.

The proportion of adults aged 50+ who are living with overweight, or obesity is far higher than for adults aged 18-49.

- around 14,500 people are underweight, which is about 1 in 20 of this age group.
- being underweight is nearly twice as common for women as for men.

National data suggests there may be as many as 13,500 people aged 65+ in Leeds who are living with malnutrition.

### Disability: physical & learning disabilities

Disability data from the 2021 Census for older people is summarised below, which includes older people identifying themselves as living with long term conditions which reduce their abilities to carry out day-to-day activities.

Age	Total	Disabled under the Equality Act: Day-to-day activities limited a lot	Disabled under the Equality Act: Day-to-day activities limited a little	Day-to-day activities limited a lot + a little total	Day-to-day activities limited a lot + a little %
Total (birth to 85+ years)	790,510	52,599	76,814	129,413	16.4%
Aged 55 to 64 years	88,518	9,685	11,065	20,750	23.4%
Aged 65 to 74 years	67,531	7,950	11,006	18,956	28.1%
Aged 75 to 84 years	40,541	6,839	8,372	15,211	37.5%
Aged 85 years and over	15,343	4,750	3,477	8,227	53.6%

In their December 2023 report, “Food insecurity and inequalities experienced by disabled people”<sup>23</sup>, The Food Foundation concluded:

- Disabled people also often have higher expenditure requirements in other essential areas which squeezes the available food budget.
- Other challenges include physical access to food, such as from transport issues, and challenges with food preparation leading to a reliance on more processed, convenience food.

Disabled people have been particularly exposed to food insecurity, facing stark inequalities when it comes to accessing and affording the food that they need.

The Food Foundation noted that, in their “most recent survey has found that food insecurity amongst disabled households persists. Nearly 4 in 10 (37.7%) households with an adult limited a lot by disability experienced food insecurity in June 2023 compared with just over 1 in 10

<sup>23</sup> [Food insecurity and inequalities experienced by disabled people](#)

(13.3%) households with no disability. While these levels are starting to decrease, they remain concerningly high.”

The latest Government data from the Family Resources Survey conducted by the Department for Work and Pensions for the 2021-22 period found that 11% of households with a disabled adult reported experiencing food insecurity, compared to 3% of households without a disabled adult.

This is further reflected in the over-representation of disabled people using food banks. A recent report by The Trussell Trust found that three quarters of people using their network of food banks have someone with a disability in their household and 69% report having a disability themselves. This closely aligns with data from Citizens Advice showing that 61% of people they refer to food banks have a disability or long-term health condition.

People unable to access a healthy diet are more likely to develop diet-related disease leading to disability, which in turn creates greater barriers to accessing a healthy diet which can further exacerbate the severity of the disability.

On top of having lower incomes on average, disabled people also often have additional costs related to their disability. For example, this can include higher energy bills due to increased need for heating, running medical equipment, washing and additional lighting. These higher costs on non-food items can squeeze the available budget that households have for food.

Disabled people use a larger proportion of their expenditure for energy and food and so have been more affected by inflation of these necessities during the Cost of Living crisis.

Disabled people can also have specific dietary requirements related to their condition, which can often be more expensive.

It is also important to include people with a learning disability: in Leeds, approximately 1,346 aged 50+ are living with a learning disability, while by 2030, adults aged 70+ with a learning disability will more than double<sup>24</sup>.

## 2.5 Ethnicity

There are two aspects of ethnicity to highlight which magnify barriers to food security:

- ready access to affordable culturally appropriate foods
- cultural stigma and language barriers coupled with difficulty accessing culturally competent food aid and associated support.

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<sup>24</sup> Registered on GP learning disability registers.

There is evidence of a disproportionate increase in costs for African/Caribbean foods, then Asian foods, then “standard British” foods, an example of which is shown in the graph below<sup>25</sup>.



Access to culturally appropriate foods, either for people paying for themselves or via food aid providers, should include recognition of these disproportionately higher food costs.

Cultural considerations should also be factored in for men who may not be used to cooking for themselves/themselves and their partner. This is important to consider both not only amongst men who may now be living by themselves for the first time, but also men who are carers: carers who are 85 years or older are predominantly men.

“Neighbour Networks (NNs) should be aware that the older population is going to become more diverse. Addressing diversity is a useful tool in seeking to break down barriers to access and improving even provision of services. Seeking to involve the ‘younger old’ is a good way for NNs to monitor how the needs and desires of older people are likely to change in the future. The ‘younger old’ of today are, after all, the ‘older old’ of tomorrow.”<sup>26</sup>

<sup>25</sup> Hamara Healthy Living Centre, Cultural Food Hub work, 2022

<sup>26</sup> [Neighbourhood networks: A model for community-based support \(Web version\) | Centre for Ageing Better](#)

## 2.7 Gender and sexuality

A gendered approach is also important in understanding barriers to food insecurity. These may combine with societal or cultural expectations for older people. Examples cited by organisations visited:

- Men who may not be used to cooking for themselves/themselves and their partner. This is important to consider both not only amongst men who may now be living by themselves for the first time, but also men who are carers: carers who are 85 years or older are predominantly men.
- Women who have been used to cooking for a partner or whole family, who feel unmotivated to cook just for themselves.

The Aging Well: Our Lives in Leeds report shows that 2 in 10 people in Leeds that identify as LGBTQ+ are aged 45 and over. Around 1 in 2 who “prefer not to say” are over 45 years. It noted that there are likely to be more LGBTQ+ people aged over 50 who are not showing in the data.

Isolation for specific Communities of Interest, and its impact on accessing support to combat food insecurity should also be considered.

As a Trustee of LGBT+ third sector Organisation Out Together notes about his involvement with the charity: “I got to hear about Opening Doors through my work LGBT+ network group. I learned about how older LGBT+ people could become isolated from other members of the community, as well as the possible difficulties of dealing with ‘institutions’ (healthcare and such) where people may not be accepting. Hence older people may feel unable to be ‘out’.”<sup>27</sup>

While the acceptance of sexuality and positive support increasingly becomes the norm across the city’s statutory and voluntary services, older LGBT+ people may still feel wary given their lived experience. The role of peers and community organisations is important to help overcome this.

As is noted throughout this report, the negative impact of loneliness and social isolation on a person’s food security is a key factor, making social support networks for Communities of Interest particularly important.

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<sup>27</sup> [Meet Nick, a volunteer and newly appointed Trustee at Opening Doors](#)

### **Factors accelerating/exacerbating frailty & associated food insecurity**

It is worth noting that these factors may also mean that food insecurity more often associated with people aged over 70 years may actually become evident amongst people in their 50s:

- Poverty
- COVID-19 (rapid development of frailty)
- Unhealthy lifestyle habits (e.g. long-term alcohol consumption, smoking, unhealthy eating or sedentary habits whereby accelerated frailty may not relate to deprivation)

This is one reason why some third sector organisations use their discretion regarding access to their support services for older people experiencing food insecurity. LS14 Trust, one of the We Are Seacroft partners, explained how they are finding older people characteristics in under 60s because of the accelerating impact that poverty and/or COVID has had on their frailty characteristics. This makes them more flexible about including such people in their activities targeting the older population.

### Chapter 3: Pressures on the system and the Leeds response

Research by the University of Kent in 2024 on “Food and drink-related needs/outcomes of older people who use community-based social care”<sup>28</sup> identifies barriers and suggests some implications for both policy and practice.

Their research started with the following context for both the need and opportunities for change:

- An estimated 1.3 million UK older adults, aged 65+, are undernourished
  - Malnutrition and dehydration are major causes of health deterioration
- Older people using adult social care services are at higher risk
  - Complex inter-related risk factors
- How we understand food and drink-related needs/outcomes
  - Thinking beyond (risk of) malnutrition and dehydration to also consider quality of life
- Community-based adult social care services play a vital role
  - In England, ASC includes homecare, meals services, day activities/centres
  - Role of these services is relatively underexplored, especially homecare.

They used a range of data sources, including the survey data from the Adult Social Care Outcomes Toolkit (ASCOT).

They found an estimated 4% to 8% of older adults living at home using social care have unmet food and drink care-related needs, and that this had increased between 2011 and 2022.

They noted the following barriers to deliver person-centred care<sup>29</sup>:

- “The existing evidence indicates that short visits do not always allow enough time for care workers to support older people in a person-centred way.”
- “Therefore, even in contexts like the UK where induction programmes for care workers include training on food and drink, the limited length of visits represents a major challenge to adequate person-centred care.”
- “The lack of recognition of the role of homecare in supporting older people with their food and drink needs resulted in homecare workers not being included in studies and interventions that evaluated or developed cross-professional collaborations.”
- “Despite the importance of personal, social, cultural or religious preferences to quality of life and care delivery, our literature review indicates that these are not properly captured

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<sup>28</sup> [Food and drink-related needs/outcomes of older people who use community-based social care](#)

<sup>29</sup> [Food & Drink in Later Life: The Role of Homecare](#)

or understood in policy and research.” Nor are “changes in food consumption and personal preferences of older people.”

They noted “The contribution of homecare in supporting older people with food and drink needs and preventing these from getting worse is often overlooked and undervalued. The tasks, expertise, interpersonal and communication skills and knowledge needed to support people with eating and drinking are often considered ‘common sense’, despite being complex and highly skilled.

Overall, self-reported unmet needs related to food and drink have increased from 4.3% of older people surveyed in 2011 to 8.1% in 2022. This increase has been reported both by older people who receive publicly managed support for food and drink and those who use homecare, but do not use it directly for support with eating and drinking. This indicates a problem with addressing known needs through care planning and delivery, as well as identifying unmet food and drink needs of older people who live at home and are already receiving some form of social care support.”

The researchers recommend “... a system-level perspective is needed... And reframing the discourse = not only to avoid healthcare costs due to hospitalisation as a result of malnutrition, but also social/societal benefit to older people and carers.”

### **3.1 Leeds Adult Social Care Services**

Leeds City Council’s Adults and Health services do not restrict the length of visit, therefore all needs described in an older person’s support plan should be able to be met within timescales. Until recently, visits were ‘prescribed’ in half hour blocks. In response to feedback from people and families, this has now been changed to allow this to be varied, but only with the person’s consent and agreement. The service is trialling a digital tool to monitor risk areas such as hydration and nutrition (intake); if it proves successful, it may be rolled out further.

Leeds is also implementing changes to support its social care workforce. The new Community Health and Wellbeing Service (also referred to as the Homecare Transformation programme) will move away from paying carers for time on visits to shift payment, the aim being to move away from time and task and enable better quality of care and staff time management. The pilot is just about to start in West Leeds.

### 3.2 Unpaid carers

Support for and connections to carers are an important asset when considering how to mitigate food insecurity for older people. In addition, there are over 10,000 unpaid carers aged 65-79 years and nearly 3,000 unpaid carers aged 80 and over in Leeds. This means that the food security of carers themselves is also important.

Statistics provided by Carers Leeds<sup>30</sup> show the scale and importance of support for carers: unpaid carers provide 1.5 million hours of unpaid care per week in Leeds. That is the equivalent of £1.4 billion a year in paid for care. (Assuming 37.5 hrs/week, this is equivalent to 40,000 FTE staff)

Carers Leeds Annual Survey 2022 findings also showed the top three concerns for unpaid carers in Leeds, all of which relate to the causes and impact of food insecurity:

- My own health & wellbeing needs
- The changing needs of the person I care for
- Money and the Cost of Living.

Almost **3,000** (5%) of **unpaid carers** in **Leeds** are **aged 80 and over**<sup>31</sup>

Age Group	Female	Male	Total
Under 18	785	630	1,415
18-24	1,970	1,595	3,565
25-64	26,500	16,810	43,310
65-79	5,560	4,650	10,210
80 and over	1,435	1,555	2,990
<b>Total</b>	<b>36,250</b>	<b>25,240</b>	<b>61,490</b>

#### Older people as unpaid carers

From the age of 80 years onwards, males are statistically significantly more likely to provide unpaid care<sup>32</sup>. This has implications for gendered issues related to food security, and support for carers.

<sup>30</sup> <https://carersleeds.org.uk>

<sup>31</sup> Carers Leeds

<sup>32</sup> [Unpaid care by age, sex and deprivation, England and Wales: Census 2021](#)

Findings<sup>33</sup> suggest that men may have a gendered approach to caregiving based on dominant masculine norms. This can be manifested in a reluctance to ask for or accept help and a desire to retain control over caregiving. Findings also revealed isolation and loneliness experienced by older male caregivers, along with a preference for support to address this within a male-specific context.

In Carers Leeds last annual survey there was evidence of carers going without essentials, such as skipping meals. The latest annual survey (due to be published in March/April) shows an increase in carers reporting using foodbanks.

Carers Leeds: “Our Dementia team supported 376 carers this year. The team also delivered dementia information workshops and offered quarterly session on legal issues (e.g. Power of Attorney and making a will in partnership with a local solicitors’ firm).”<sup>34</sup>

### 3.3 Organisations and services as enablers of food security for older people

So far, this report has covered the range and complexity of the issues and barriers to food security for older people.

Leeds is fortunate to have a range of support for older people and for food insecurity, and this provision includes statutory and third sector partners. Over recent years, and accelerated by the COVID Pandemic, collaboration between these organisations has increased.

This gives us the opportunity to consider older people’s food security from a strength-based approach rather than a deficit-based approach. This is important for removing multiple barriers to and fostering greater use of the wraparound support that reduces food insecurity. It also enables us to understand what good practice looks like for different communities, and to identify improvement opportunities that harness existing assets.

Key organisations and networks are identified and summarised below.

#### Statutory organisations

Statutory partners work together and across with their third sector partners through the programmes, networks and mechanisms noted below.

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<sup>33</sup> [Examining the support needs of older male spousal caregivers of people with a long-term condition: A systematic review of the literature](#)

<sup>34</sup> [Carers Leeds Impact Report 2022/3](#)

In order not to duplicate information elsewhere, links to these programmes, etc. are provided.

#### Leeds City Council Teams & Services

- Public Health - Resources: [Public health](#) & [Winter wellbeing checklists](#)
- Adults & Health - Resources: [Adult social care](#)
- Communities, Housing & Environment - Resources: [Communities, Housing and Environment | Leeds Jobs](#) & [100% Digital Leeds](#)
- Financial Inclusion Team, including work with the 16 Priority Neighbourhood Areas and through the LCC Community Hubs - Resources: [Financial Inclusion](#) & [Welcome to the Money Information Centre](#)

#### Leeds Observatory Resources:

- [Leeds Poverty Fact Book](#)
- [Welcome to the Leeds Observatory – Cost of Living Dashboard](#)

#### Leeds Health & Care Partnership & Integrated Care Board in Leeds - Resources:

- [Leeds Health and Care Partnership](#)
- [Healthy Leeds Plan](#)
- [Tackling Health Inequalities Toolkit - Leeds](#)

#### Work associated with Frailty population health management- Resources:

- [Frailty - Leeds Health and Care Partnership](#)
- [End-of-Life - Leeds Health and Care Partnership](#)
- [Long-Term Conditions - Leeds Health and Care Partnership](#)

#### Leeds Primary & Community Care - Resources:

- [Leeds Community Healthcare](#)
- [LCH - Neighbourhood Teams](#)
- [Leeds GP Confederation](#)
- [Practices & Primary Care Networks - Leeds GP Confederation](#)
- [Local care partnerships](#)

### **Third sector networks**

It is important to note that the following third sector organisations and associated networks play a crucial role in addressing the multi-factorial food insecurity facing both individuals and communities, including those experiencing the most extreme health and social inequalities. This

makes them a vital lynchpin at key stages of changes in age-related capabilities and/or circumstance, most notably prevention, earlier intervention and crisis intervention.

The services provided by these networks, and their impact, are often less visible and poorly understood, so examples and anonymised case studies have been provided to improve understanding. Here is a brief example from the Enhance programme<sup>35</sup> that reflects the range of support for multiple impacts:

“Sally at Feel Good Factor, Chapeltown: Sally, living with dementia and diabetes, received regular home visits, food vouchers, and medical attention for foot issues. Enhance facilitated a care needs assessment, preventing further health complications and improving overall well-being.”<sup>36</sup>

### **Leeds Older People’s Forum**

Leeds Older People’s Forum<sup>37</sup> is a network of third sector organisations working with and for older people. They work to ensure older people have the opportunities, choices and support they need to live the life they want.

Strategic developments, e.g. Neighbourhood Networks, Enhance programme, supporting businesses to provide Age and Dementia Friendly services<sup>38</sup>, and distributing funding to other TSOs to support older people.

Support and promote their membership (99) of registered charities and informal groups, ranging from faith-based groups to community transport projects, housing associations to health charities.

Leeds Older People’s Forum also works in partnership with Volition to deliver Forum Central, the collective voice for the health and care sector in Leeds. This ensures effective representation and engagement of older people’s needs and the third sector organisations that work with them, in the work of the Leeds Health and Care Partnership.

### **Neighbourhood Networks (NNs)**

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<sup>35</sup> [Enhance programme - Leeds Older People’s Forum](#)

<sup>36</sup> [Enhance Learning Briefing 16a Summary report Stories from the frontline: holistic, person-centred support January 2024](#)

<sup>37</sup> [Leeds Older People’s Forum](#)

<sup>38</sup> [Make your business Age & Dementia Friendly - Leeds Older People’s Forum](#)

The Leeds Neighbourhood Network (NN)<sup>39</sup> comprises 37 voluntary organisations working across the whole of Leeds.

Each area works with members and volunteers to deliver a range of activities to improve and promote health and wellbeing, including advice and information, help around the home, healthy living activities, leisure and recreation, transport and general support.<sup>40</sup>

Neighbourhood Networks are community-based organisations seeking to support people in later life to achieve the capabilities and outcomes associated with healthy ageing. NNs help to arrange social events, such as clubs and outings, offer befriending services to people in their own homes, and essential signposting to other services, such as health and social care, where needed. NNs engage the services of full and part-time staff, along with suitably trained volunteers.

It is important to remember that volunteers are often older people, which enables peer support and helps overcome some of the attitudinal barriers to food support amongst older people. It also, of course, keeps older people who are volunteers more socially active and engaged in the community.

This makes NNs ideally positioned to respond continuously and adaptively to older people's food insecurity, as well as to their food poverty where relevant.

The NN model can be regarded as a progressive framework, founded on the concepts of healthy ageing and functional ability. The need to address issues in access to services that may arise when attempting to deliver such a model is a core element of the framework<sup>41</sup>.

“LNN 5 is situated in a market town to the north-west of Leeds. The area has a relatively elderly population when compared to other parts of Leeds. In terms of deprivation, it is ranked in the mid-range of the city. LNN 5 has over 1,000 members, a small staff team and a strong volunteer base. It provides a range of activities and services for its members, including lunch clubs, dance and exercise groups and classes, trips out, a memory café, health clinics, befriending, and outreach (some of which had to be paused during COVID-19 when the key focus was on food deliveries and befriending).”<sup>42 43</sup>

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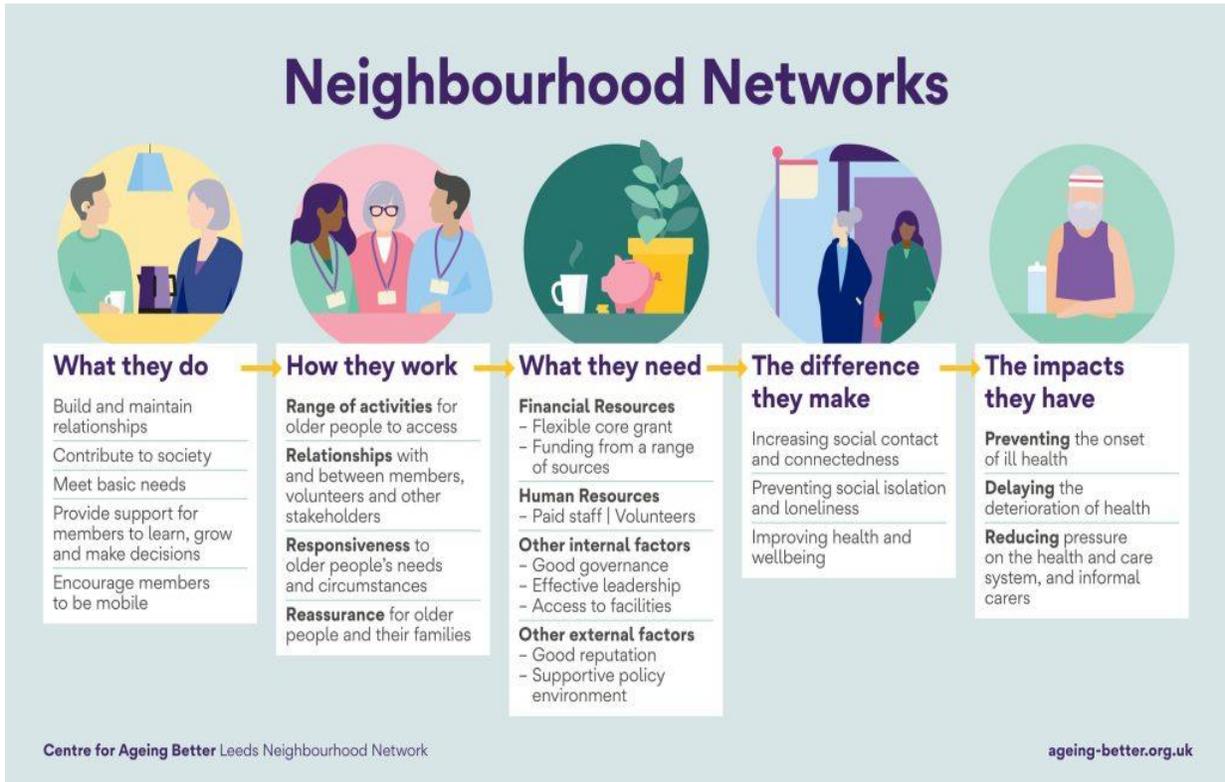
<sup>39</sup> [Neighbourhood Networks - Leeds Older People's Forum](#)

<sup>40</sup> [LCC Neighbourhood Network interactive map](#)

<sup>41</sup> [Leeds Neighbourhood Network | Centre for Ageing Better](#)

<sup>42</sup> [How community organisations contribute to healthy ageing](#)

<sup>43</sup> [Evaluation of Leeds Neighbourhood Networks | Sheffield Hallam University](#)



### Leeds Community Anchor Network (LCAN)

The Leeds Community Anchor Network currently comprises 28 local organisations (11 of which are also Neighbourhood Networks) supported by Voluntary Action Leeds that have built partnerships with other local organisations to provide a wider package of support to local citizens. They build on local citizen-led activities and partnerships, and they also connect to city partners and city-wide strategic work.<sup>44</sup>

“The Community Anchor Model has emerged as a result of relationships built through initiatives such as the [COVID Response] Community Care Hub. These relationships have involved closer ways of working both within the third sector and between third sector organisations and statutory partners such as Leeds City Council.

<sup>44</sup> [Leeds Community Anchor Network](#)

This model is seen by these Anchors as a long-term method of potentially re-shaping the current cross-sector relationships in Leeds and empowering communities at both ward and citywide level.”<sup>45</sup>

### **Social Prescribing**

Linking Leeds is the city-wide, free social prescribing service that helps people address concerns that are having a negative effect on their physical and mental wellbeing. This includes social isolation, emotional issues or wellbeing concerns. Older people can self-refer, or professionals supporting the older person can refer. [Support - Linking Leeds](#)

### **Leeds third sector citywide organisations supporting older people**

In addition to the support, advocacy and services provided by community organisations and their networks, there are two city wide organisations providing resources that are particularly relevant for older people’s food security:

Age UK Leeds works strategically with system partners, provides support to other third sector organisations, works in partnership with other organisations providing support to older people and delivers a range of services that can be accessed directly by older people in Leeds. A full list of their services for older people and their carers can be found at [Age UK Leeds | Our Services](#)

Alzheimer’s Society Leeds supports people living with dementia, their family and carers, and provides guidance on helping to manage problems with eating and drinking experience by people with dementia. As part of a national network, it provides resources<sup>46</sup> and support<sup>47</sup>, of which examples are shown below.

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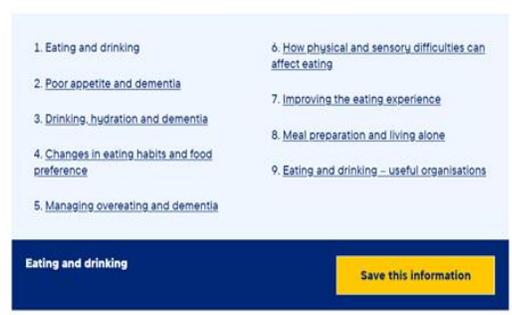
<sup>45</sup> [Shaping the ‘Community Anchor Model’ for Leeds, Voluntary Action Leeds](#)

<sup>46</sup> [Memory Support Worker Service | Alzheimer's Society](#)

<sup>47</sup> [Eating and drinking | Alzheimer's Society](#)

## Eating and drinking

People with dementia often experience problems with eating and drinking, but there are ways to help manage these.

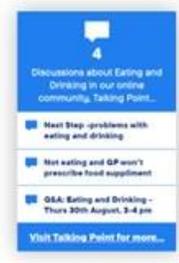


1. Eating and drinking  
2. Poor appetite and dementia  
3. Drinking, hydration and dementia  
4. Changes in eating habits and food preference  
5. Managing overeating and dementia  
6. How physical and sensory difficulties can affect eating  
7. Improving the eating experience  
8. Meal preparation and living alone  
9. Eating and drinking – useful organisations

Eating and drinking Save this information

A person with dementia may struggle to recognise the food and drink in front of them. They may also be unsure how to begin eating. These problems may start because:

- of changes that dementia causes in the brain
- the person is given unfamiliar food
- the food is presented differently.



4 Discussions about Eating and Drinking in our online community. Talking Point...

Meet Steph - problems with eating and drinking

Not eating and GP won't prescribe food supplement

GSA: Eating and Drinking - Thurs 20th August, 9-11pm

Visit Talking Point for more...

### Weight loss and dementia

A person with dementia may not eat or drink for these reasons, even when they feel hungry. This can lead to weight loss.

Respecting the preferences of a person with dementia will support them to eat and drink well. Similarly, eating and drinking can be made more difficult if a person's routine and diet are changed.

For example, if a person is not used to spicy foods, they may not enjoy the sensation of eating heavily spiced meals. The person may be used to having different portion sizes, eating more or less regularly throughout the day, and may also not eat some foods because of their religious beliefs. By understanding a person with dementia's preferences, you can support them to eat and drink.

As dementia progresses, the person is likely to need more support to meet their needs. While eating a balanced diet is recommended, sometimes it is more important to make sure they are eating enough, even if that means eating unhealthy foods. They may also need more support with drinking.

### How can I support a person with dementia to eat and drink well?

- Keep in mind that problems with eating and drinking are common for people with dementia.

Mum's eating problems got worse as her dementia progressed

## The Malnutrition Task Force (MTF)

This national collaboration is supported by the Department of Health and national charities.

It aims to tackle preventable and avoidable malnutrition and dehydration among older people in the UK. The MTF works with partners across sectors and settings to raise awareness of undernutrition in later life and its causes, provide information and guidance, and spread best practice and innovation to improve the lives of older people in the UK. This includes UK Malnutrition Awareness Week. [About us | Malnutrition Task Force](#)

## Third sector citywide services supporting older people.

- **Enhance**

Leeds Older People's Forum, on behalf of the Forum Central Partnership, coordinates Enhance in partnership with Leeds NHS Community Healthcare Trust. Enhance supports safe and sustainable discharge from hospital and Neighbourhood Teams into a secure home environment. This includes ensuring access to food, support for self-management as well as advocacy, liaison and referrals. Discharge can be a significant change in circumstances requiring support to acquire or adapt to new ways of accessing, preparing and eating food (e.g. changes in dietary requirements, restrictions in mobility/motor skills)<sup>48</sup>.

<sup>48</sup> [Enhance - Forum Central](#)

Enhance case studies<sup>49</sup>, showing the connection to wraparound support and progressive food security support:

Haitao's story: Haitao came out of hospital and would have returned to an empty, cold house, so the Neighbourhood Team contacted Enhance for help. Within the hour he had enough food to last over a week and we had topped up his electricity account by £100. This proved a major reason why he didn't get readmitted into hospital. We are now supporting Haitao with his weekly shopping and he has started to access services from our Neighbourhood Network Scheme.

Keith's story: Keith had a broken leg and was unable to access food. Our Enhance worker went round each day and brought food to him (for a period of four weeks).

Petra's story: Petra recently had a heart attack while she was at her lunch group and was in hospital for a while. After discharge, the Enhance worker visited her home regularly as Petra doesn't have many family members around her. Petra told us that the two most important areas she needs help with are food shopping and help to manage her anxiety. She has been really anxious since the heart attack and doesn't feel confident enough to get back to her lunch clubs or other social groups, even though Petra is otherwise a very social person. The Enhance worker meets Petra once a week to help with her weekly grocery shopping, with chores around the house and to provide a befriending service. Petra's anxiety has reduced, and she is feeling better about getting out and about as she accompanies the Enhance worker for shopping trips. Petra now visits her lunch groups - irregularly - but she hopes to resume her regular routine soon.<sup>50</sup>

### **Grassroots third sector organisations, formal and informal (voluntary, community, faith and social organisations)**

The power and effectiveness of these networks relies on the many organisations and groups - both formally constituted and informal - that make up the Leeds third sector. These often have strong, long-term, trusted relationships with individuals and communities of interest. For more information on what the third sector looks like in Leeds: [State of the sector - Forum Central](#).

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<sup>49</sup> [Enhance-learning-briefing-9 -Stories-from-the-frontline](#)

## **Voluntary Action Leeds (VAL)**

VAL provides third sector infrastructure support, including support for several forums and networks, as well as services that support organisational and volunteer development.

One of these forums is Third Sector Leeds, which works closely with Leeds City Council and the Leeds Health & Care Partnership.<sup>51</sup>

- **Forum Central**

Forum Central is the collective voice of the health and care third sector in Leeds. It is delivered in partnership by Leeds Older People's Forum and Volition. It provides support to its membership, as well as third sector representation and advocacy for the Leeds Health & Care Partnership.<sup>52</sup>

- **Leeds Community Foundation (LCF)**

LCF secures funding and distributes vital grants alongside trusted advice to community organisations across Leeds. Their impact reporting provides useful insight that supports better partnership working as well as enabling further funding to be secured.<sup>53</sup>

## **3.4 Food Insecurity Support**

### **Pathways out of food insecurity and into food resilience – the Leeds Model**

There is unprecedented pressure on scarce funding, food supplies and staff capacity across the food system, coupled with unprecedented demand. (As mentioned before, Trussell Trust Food Banks in Leeds gave out 32,936 emergency parcels to people in Leeds in 2023, representing a 14% increase from the previous year.) It is imperative to support better coordination and a consistent approach to make the best of limited resources meeting demand and supporting food resilience rather than only addressing emergency provision.

Building food resilience is essential in order to enable people and communities to be supported to move away from emergency and crisis support to creating pathways to independence.

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<sup>51</sup> [About Voluntary Action Leeds](#)

<sup>52</sup> [Forum Central](#)

<sup>53</sup> [Leeds Community Foundation](#)

The Building Food Resilience Toolkit<sup>54</sup>, currently being updated, seeks to establish a city-wide approach on how to provide compassionate, practical support to people experiencing food insecurity and aims to build resilience, so recipients are less likely to need support in the future.

The Toolkit offers practical help to frontline workers, volunteers and organisations providing or looking to provide food aid to people experiencing food insecurity.

It provides an overview of options available for people who require support to access food, and signposting advice to help organisations in Leeds explore people's longer-term food options and deliver effective food aid provision.

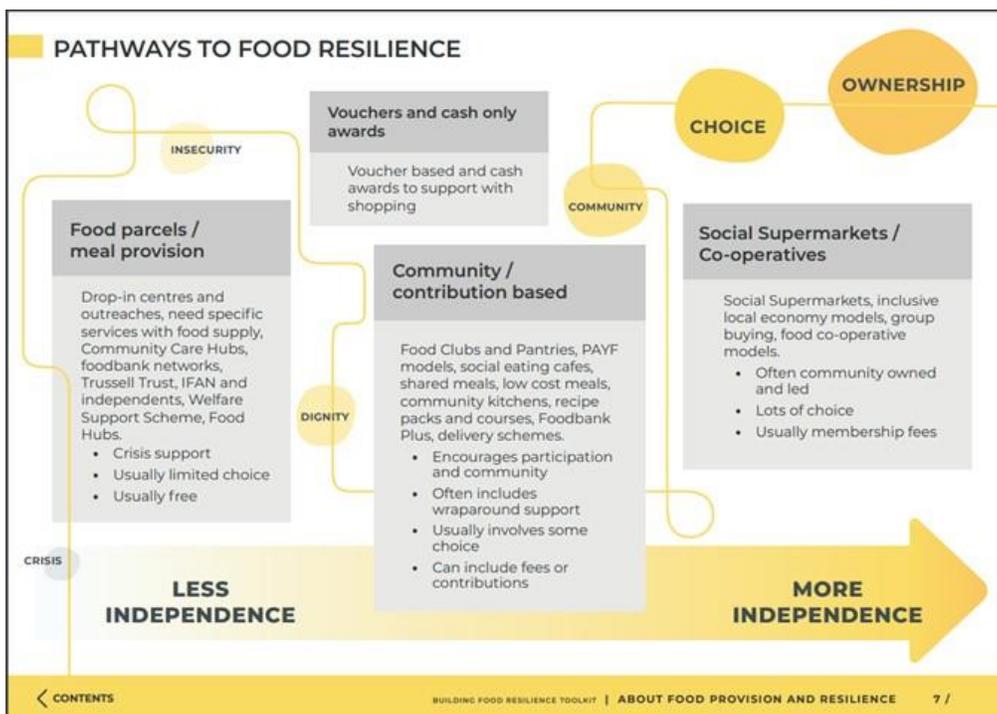
The Toolkit reflects the work of city stakeholders working together to shift food aid provision where possible from emergency crisis support to creating pathways of independence, and to supporting choice and dignity.

Resources cover:

- Food aid provision and resilience
- Signposting to services that can offer support.
- Information for food aid providers.

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<sup>54</sup> [Food Resilience Toolkit](#)



## Key networks and resources

- **Leeds Cost of Living Silver Group**

This group brings together statutory and third sector partners and reports into the Silver Group Communities meeting and the quarterly Financial Inclusion Steering Group.

- **Leeds Food Insecurity Taskforce**

This forum helps develop strategic approaches to tackling food insecurity in Leeds. The Food Insecurity Task Force feeds into the FoodWise Leeds Strategic Food Partnership, the Financial Inclusion Steering Group, and the Leeds Food Strategy Group.

Its work is aligned to two Food Strategy objectives:

- Tackle factors limiting people's ability to afford the food they need
- Help those in need of support to access affordable and inclusive food initiatives.

- **Leeds Financial Inclusion Team & Leeds Money Information Centre (MIC)**

Through the Leeds MIC, Leeds City Council provides free, confidential and impartial help and advice on a range of money related matters such as debt, money, energy and utilities. One-to-one tailored support is available via digital, telephone and face-to-face appointments.

Leeds MIC works with the third sector to maximise service support through third sector networks.

Leeds MIC has created an interactive map<sup>55</sup> to help you find your nearest advice centres. Locations on the map include debt and money advice centres, Housing Leeds advice points and more.

For information all Leeds MIC services: [Welcome to the Money Information Centre](#)

- **Leeds Food Aid Network**

The Leeds Food Aid Network (Leeds FAN)<sup>56</sup> is an informal network tackling food poverty in Leeds. It brings together food provision services in the city which benefit people experiencing food poverty or food insecurity. These include drop-ins, soup kitchens, outreaches, foodbanks

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<sup>55</sup> [Money Information Centre Map](#)

<sup>56</sup> [Leeds Food Aid Network](#)

(both Trussell and independent foodbanks), cafes, food pantries, food club membership, and social enterprises. Leeds FAN fosters learning, development and networking opportunities.

Crucially, Leeds FAN also brings together Leeds City Council, and agency partners, providing an important systems conduit to facilitate coordination, resource deployment and communication.

Established in 2014, Leeds FAN is part of FoodWise Leeds, an initiative to improve the entire food system in Leeds, and the West Yorkshire Food Poverty Network<sup>57</sup>, which is connected to the national initiative Feeding Britain<sup>58</sup>.

- **Leeds Food Provision Map**

Leeds FAN also coordinates the Leeds Food Aid Provision Map<sup>59</sup>: a geographical map showing locations of food aid providers across Leeds, including foodbanks, Food Pantries, drop-ins, Community Hubs, cafes, businesses, and social enterprises.

It enables food aid providers and service users to see the organisations offering food aid nearby. It also shows what support is available, on what days and where it is located.

The map helps people get the right support at the right time and enables collaboration between providers.

This helps organisations collaborate more easily and minimises duplication e.g., sharing excess surplus, connecting users to other local support, etc.

- **FoodWise Leeds**

FoodWise Leeds<sup>60</sup> supports action by the public, private and third sectors, as well as local residents to create a healthy, sustainable and fair food system for our city that tackles social, economic and environmental issues. They contribute to policy, research, campaigning and social action. Current campaigns include recruiting residents, food business owners and local organisations to sign up and get involved: [Take Action](#)

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<sup>57</sup> [West Yorkshire Food Poverty Network - Feeding Britain](#)

<sup>58</sup> [Feeding Britain](#)

<sup>59</sup> [Food Aid Provision Map 2024](#)

<sup>60</sup> [FoodWise Leeds](#)

## Emergency food parcels/meal provision

Leeds City Council's Local Welfare Support Scheme (LWSS)<sup>61</sup> can provide support with:

- food and fuel costs
- the purchase of essential appliances and furniture
- the purchase of carpets
- removal costs for people fleeing violence or the threat of violence.

The service will connect people to local food or associated support if they do not meet their criteria.

- **Household Support Fund**

Funding has been provided directly to local residents, and indirectly via local community organisations. It has been crucial for supporting vulnerable people on low incomes to pay for their energy, food and essential household item needs.<sup>62</sup>

- **Vouchers/cash**

Some funding assistance programmes have provided vouchers for local supermarkets, or cash. Vouchers that are valid at specific supermarkets can be challenging for older people in terms of transport accessibility, or for older people from racially minority communities needing culturally appropriate food items.

- **Community or contribution-based**

There has been a marked increase in the number of community groups providing community or contribution-based food aid - this has been particularly noticeable since the Pandemic, with many organisations evolving their COVID-response emergency food parcels to a system that provides more dignity, choice, healthier options and sustainable solutions to reducing food insecurity.

As well as providing suitable food items in appropriate amounts for older people, they provide a regular touchpoint for older service users as their needs change.

Many of these organisations are part of the evolving food and food security systems in Leeds and the region<sup>63</sup>.

These types of food access schemes include:

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<sup>61</sup> [Leeds local-welfare-support-scheme](#)

<sup>62</sup> [Household Support Fund](#)

<sup>63</sup> [Food Resilience Toolkit](#)

- Food clubs & pantries
- Cooking groups, including cooking courses for air fryers and slow cookers
- Lunch clubs.
- Social supermarkets & co-operatives.

Examples of these are illustrated in the case study examples in this report.



Food Hubs is an umbrella term for entities that gather food from growers and suppliers and distribute it to customers. Food Hubs perform various activities such as food aid or surplus food redistribution, food skills training (e.g. food growing and cooking classes), community engagement (e.g. cafés and shared meals), social supermarkets, business training and advice. They often serve disadvantaged communities in deprived urban areas where fresh fruit and vegetables are not very accessible (AKA food deserts), therefore performing a crucial role in addressing household food insecurity.<sup>64</sup>

<sup>64</sup> [Research on the impacts of Food Hubs](#)

### 3.5 Removing barriers to wraparound support that mitigate food insecurity

In Leeds, statutory and third sector partners work together to overcome the barriers to food insecurity and do this with the additional considerations that need to be applied given the more specific physical, mental and emotional barriers experienced by older people.

Associated support is important for removing barriers to food security, such as:

- Financial barriers (maximising household budget available for food, fuel, cooking equipment, and white label goods)
- Transport/access for food shopping, or food/meal-related activities.
- Carer support, enabling carers to do food shopping, meal preparation, support with feeding, post-meal cleaning.

This includes leveraging private sector resources, including funding, food supplies, volunteers and supermarkets, bars and cafes.

LOPF members interviewed for this report use a creative combination of expertise, practical support and emotional encouragement to overcome these barriers, based on the individual's situation: these help to create an environment that mitigates food insecurity risks.

The main barriers and examples of support that are combined to provide the most relevant support are summarised below, and then explored in more detail.

Third sector organisations interviewed assess the needs of older people (either formally or informally), and then either help them directly or connect them to relevant support, based on need. Some organisations scheduled partner organisations to attend relevant activities at set times in order to support their service users more easily.

#### **Financial support & Debt Management**

- Benefits (incl. Pension Credit, Savings Credit)
- Universal Credit
- Carers & Attendance Allowances
- Disability benefits
- TV Licence
- Wi-Fi deals & Mobile Phone deals

#### **Energy Support**

- Energy Costs support

- Warm Home Discount
- Winter Fuel Payment

### **Housing support**

- Household bills review
- Housing benefits
- Council tax
- Water savings

### **Transport & travel support**

- Bus pass
- Blue Badge application/renewal
- Community transport & Access Bus

### **Digital inclusion**

- Financial support for Wi-Fi & broadband
- Support from TSOs with online services.

## **Chapter 4: exploration of issues through good practice examples**

This section explores the support available to tackle these issues, but it feels important to preface it with a couple of examples of how this support is designed, communicated and delivered. This is crucial to reducing barriers to access support for older people and/or their carers. Equally important, these examples show how providers also use engagement through food to help older people tackle the other issues that they experience, and which adversely impact their food insecurity.

### **4.1 Financial support & Debt Management**

#### **Pension Credit Uptake Project/Campaign**

Led by Leeds Older People's Forum, this multi-agency pilot project is working to identify opportunities and effective ways of increasing awareness of pension credit.

The multi-agency approach includes Leeds City Council Benefits, Housing and Welfare Rights, Financial Inclusion and Public Health colleagues, as well as LOPF member organisations.

LCC benefits, housing & welfare rights colleagues are offering targeted support to a sample cohort of individuals identified by LCC benefits system as likely eligible for Pension Credits, but not claiming.

Since November 2023, 138 letters were sent out, comprising 68 to Housing Leeds tenants, 35 to owner occupiers, and 35 Housing Association tenants. These were followed up by contact from the Housing Income Officer.

To date, at least 28 people have claimed, resulting in total gains of £2,106 a week, with claimants receiving between £26 and £162. Over a year this equates to over £100k. The Pensions Credit Award is usually backdated three months from the date of award.

### **4.2 Transport & travel support**

#### **Bus pass application/renewal**

Whilst anyone eligible for a state pension qualifies for free bus travel across Leeds<sup>65</sup>, there are disparities with uptake:

- 80% of eligible people have claimed their bus pass
- this reduces to 60% or less in some inner-city areas
- people living in more deprived areas are twice as likely to use their bus pass if they have one, highlighting a greater need to promote uptake in these communities.

For some older people, it can also be difficult to renew, particularly online.

### **Blue Badge application/renewal**

While some community groups will help their service users to apply, Cross Gates & District Good Neighbours' Scheme CIO did note that they had been advised by Leeds City Council that, due to staff cuts, there was a backlog of 300 applications (Nov 2023).

### **Access Bus**

Access Bus<sup>66</sup> is a dial-a-ride bus service providing door-to-door local transport and is free for over 65s. Driver assists passengers from door-to-door, including boarding and alighting. The buses are fully accessible, fitted with seatbelts and wheelchair restraints.

Most trips are for shopping purposes, e.g. to the local supermarket or shopping centre, but a limited number of journeys can be provided for social purposes, e.g. to local community centres, places of worship and visits to family and friends.

The Access Bus serves certain areas on set days, allocating places to customers to travel on the day when the bus is in their area.

### **Community transport**

A number of community organisations provide community transport.

Health for All has four minibuses and community cabs, staffed by a team of eight drivers serving almost 300 regular customers, primarily schools, community and faith groups and charities.<sup>67</sup>

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<sup>65</sup> [Senior Pass | Metro](#)

<sup>66</sup> [Access Bus \(Metro\)](#)

<sup>67</sup> [Community Transport - Health For All](#)

Holbeck Together, for example, offers twice weekly return transport to the supermarket for older people, as well as other regular trips.

### Community Transport

Our Community Transport offer is a vital part of delivering our services.

We support those with mobility difficulties to remain active and prevent social isolation for many local people, providing opportunities to engage in trips and activities.

As well as providing twice weekly return transport to the supermarket for older adults in the community, Holbeck Together also provides transport to a variety of shopping centres on the second Saturday of every month, coordinated by Roy.



We're committed to making community transport work for as many people as possible and support a number of other Neighbourhood Network Schemes and other community groups to utilise the two community buses. Our buses are in use every day of the week, operated by staff and volunteer drivers who help to transport our clients safely.

Our VW Crafter minibuses have full disabled access facilities and can carry fifteen passengers plus the driver and the capacity to take two fixed wheelchairs with the removal of the three rear seats.

You can also hire our Community Transport - get in touch to find out more.

Holbeck Together's community transport includes weekly trips for older Holbeck residents to the Morrisons supermarket in Morley each Wednesday, and the Cross Gates shopping centre every other Saturday morning,

It is notable that, as well as food shopping, many service users also go to their bank or building society, preferring to talk in person with staff rather than using online banking services (despite digital inclusion support at Holbeck Together), and to use the Post Office. They value the in-person service they receive, since banking services have reduced in Holbeck.

Service users pay £2.40 each way, and have the entire morning to shop, stroll and visit one of the local cafes, as well as to chat on the minibus. If needed by older people who cannot manage to carry their shopping, the bus driver, Roy, will then carry their shopping

onto the bus, and transport it from the bus to their kitchen table.

They can take local residents in their wheelchairs and take them around the shops to provide them with the independence to browse and choose their own items. The bus can take 14 people, although wheelchairs and scooters will take up the space of two seats.

Roy uses the opportunities for friendly chat and an informal wellbeing check, chatting with each user to check how they are doing in order to raise any issues with the rest of the Holbeck Together team.

The Saturday service is very popular, as it helps older people to combat weekend loneliness, and Holbeck Together sometimes use both of their buses to meet this demand. At the other end of the scale, when some service users have been unwell or in hospital, the bus only takes two passengers. As the Holbeck Together CEO observed: "but we couldn't cancel the service if there were only two people booked on it, because we know it is so much more than just a food shop to them. We understand how much they depend on it for getting out of the house, socialising,

feeling independent, enjoying a hot meal with friends, casually flagging an issue they need our help with, and even sorting out their banking and finance problems”.

Rising running costs are a challenge, when even a full bus does not cover its costs, but the team is exceedingly mindful of its value for local older people.

It is important therefore, when considering that supporting online food shopping may be deemed more cost-effective by service funders and providers, that they factor in these hidden values and benefits that help with the physical and mental wellbeing of older people.<sup>68</sup>

### 4.3 Digital inclusion

Digital exclusion continues to be a barrier for both older people and people in deprived communities. People aged 65+ are 12 times more likely to be non-digital users (Source: Ageing Well: Our Lives in Leeds)

Digital exclusion in this context covers everything from a lack of broadband access/Wi-Fi to a lack of digital devices, through to a lack of digital capability.

Opportunities to access online shopping may be limited by factors, several of which are more common in older people:

- inability to get online, i.e. lack of easy/free online access.
- inability or lack of confidence in skills online skills, including online banking and payments.
- visual impairments or limited fine motor skills may make using digital devices without help difficult or impossible.
- The minimum spend limit for online shopping is too high.
- fear of scams.

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This affects older people’s food security by making services like online food shopping more difficult to access, as well as their inability to take up other online services that can help them

<sup>68</sup> [Community Transport - Holbeck Together](#)

manage or reduce their financial outgoings, which may restrict the money they have available to spend on food.

City partners work together to improve digital inclusion amongst older people, and some examples are provided below. The examples show the importance of ongoing support that older people need, and the range of digital inclusion provision on offer.

Some organisations, like the Old Fire Station in Gipton, one of the most deprived areas in Leeds, offer regular digital drop-ins.

### **Case study example from LOPF**

After her son moved out, Rekha wanted to be financially independent. Through our digital inclusion project supporting increased financial inclusion with older people (funded by the UK Shared Prosperity Fund and delivered in partnership with 100% Digital Leeds), LOPF has been supporting her.

This has included moving her household bills into her name, showing her how to install and use her energy supplier's app, calling the supplier to request paper bills and moving her utility bills into her name. We also explained to her why her energy bills appear to be low due to credit in her account. She is currently paying £39 per month, although the actual cost of energy usage is £100 per month, so Rekha will need to budget for a £71 increase soon, but that she will be able to use the winter fuel payment to cover some of the winter increase.

Rekha was also supported to transfer her broadband and phone package over to a social tariff available to people on certain benefits, including Pension Credit. The social tariff is cheaper than regular packages so Rekha's monthly bill will reduce.

She has also been supported to research savings accounts and has found one which allows her to withdraw at any post office rather than having to find a branch of her bank.

### **Digital health hubs**

There are 26 digital health hubs in Leeds (Aug 2022) <sup>69</sup>

Digital health hubs are responsive to people's interests as well as their needs, they take a holistic approach in supporting people to:

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<sup>69</sup> [Digital Health Hubs](#)

- Manage their health and wellbeing.
- Access digital health services (using NHS and GP services online)
- Developing their digital skills and confidence and overcoming digital inclusion barriers.

### **Cross Gates and District Good Neighbours Digital Health Hub**

The 100% Digital Leeds team partnered with Cross Gates & District Good Neighbours Scheme to launch the first Digital Health Hub in Leeds in 2019 after a successful funding application to Good Things Foundation. This enabled Cross Gates & District Good Neighbours Scheme to embed digital support and resources into their already successful programme of activities. Their 1,200 members received support on topics such as ordering repeat prescriptions online, making a GP appointment online or using the NHS app to self-manage their long-term health conditions.

Cross Gates & District Good Neighbours also partnered with “100% Digital Leeds to deliver Multiply, a government-funded scheme to improve adult functional numeracy skills. 100% Digital Leeds worked with Employment and Skills to award grants to trusted third sector delivery partners working with communities who are most likely to be digitally excluded, feeling the effects of the Cost-of-living crisis, and facing barriers to accessing learning in a more formal or traditional setting. Those supported include people on low incomes, people with learning disabilities, people with mental health needs, refugees and asylum seekers, and older people.”<sup>70</sup>

### **Digital by default & social isolation**

The growing trend of digital by default in service design often fails to take account of unintended consequences of social isolation: connection, community and companionship are particularly important for older people’s mental wellbeing, morbidity and mortality when the usual social touchpoints provided by family, friends and work may reduce or disappear.

It is important for public, private and Third sector service providers to understand the importance of ensuring social support is not “designed out” in a bid to reduce service costs, without considering the health impact of isolation/loss of service provider touchpoints.

## **4.4 Food as a ‘way in’ for providing support**

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<sup>70</sup> [Partner profile: Cross Gates and District Good Neighbours Scheme](#)

**Cross Gates & District Good Neighbours Scheme CIO (Cross Gates Good Neighbours) - combining food aid with partners' wraparound support onsite.**

The food pantry is located in the Cross Gates & Whinmoor Community Hub, which is in the Cross Gates shopping centre, with easy access to Cross Gates Good Neighbours and local food shops.

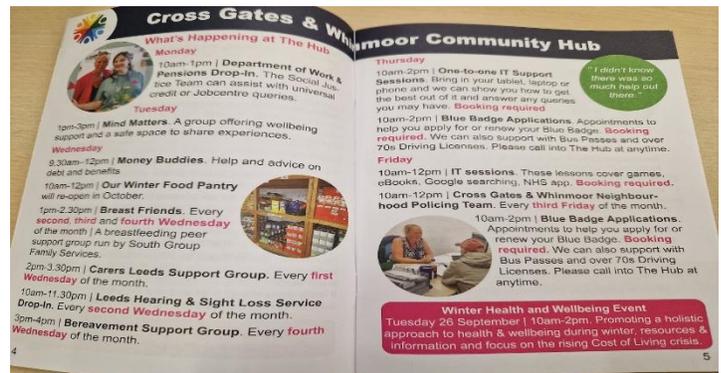
For £5.00, people struggling financially receive a choice of foods such as bread, milk, vegetables and fruit, plus a number of non-perishables such as tinned meat and fish, and some treats. Rising prices mean they have had to reduce the number of items that users can select.

People start to queue from 8.00 am: the pantry opens at 10.0 am.

They have 66 registered users, and 42 were booked to attend that day (Oct 2023), with 80 people attending the coffee morning.

Onsite support is also available for associated Issues that users were seeking help with: Cost of Living, Attendance Allowance, Pension Credit, water bills, broadband offer for those receiving Pension Credit.

They note that 20% of their grandparents are kinship carers, hence the inclusion of the benefits/support for children and young people.



Money Buddies attend the Hub every Wednesday to provide direct support. Users can also book onto 1:1 session at the Hub for online or telephone help with services. This is particularly useful for older people who struggle with online services and communication (either because they do not have online access at home, or their age/visual impairment/motor skills make it difficult to use online interfaces), and telephone help is available for people who are hard of hearing.

Joan, 85 years old, usually travelled by bus from the Templeton Gate estate to attend. She told staff that the bus times had changed, so she now needed to walk to get to the pantry in time. The pantry staff were quick to reassure her that she could come later by bus and they would hold the pantry open for her.

The team noticed that Joan wasn't wearing gloves despite the cold weather. They walked her over to their free coats, hats, gloves and scarves section and helped her pick out some gloves to wear.

She appreciated the small, varied portions of fruit and veg that they provided (e.g. a week's fruit bowl), as the larger packs available at the supermarket were heavy to carry, and had more than she could eat in a week. She appreciated the variety that this enabled her to have.

Joan called Cross Gates Good Neighbours “A bit of a lifesaver”.

“If you've got a problem, they sort it out” (they had helped her obtain a Blue Badge which her daughter could then use to get Joan to appointments, etc.).

She also pops in for a coffee “it's nice to know there's someone you can turn to”.

The staff incentivise attendance of their Cost of Living workshop for new pantry members: they can attend more pantry sessions and receive a supermarket voucher. The workshops are open to all adults and are an important touchpoint to ensure new users are maximising their uptake of benefits for older people and support provided by Cross Gates Good Neighbours and their partners. This ensures that service users can maximise the household budget available for food shopping. A list of the benefits and support is summarised in Appendix 4.

Staff noted that the local shopping centre staff had told them that they had caught four shoplifters who were in their 70s recently, highlighting how much older people were struggling financially in Cross Gates.

Bill had received help with his allowance applications and noted “the attendance allowance had changed his life”. The team had encouraged him to attend GP events, including a winter wellbeing event and dementia session. He has the confidence to speak to staff about his worries and concerns.

Back at The Newman Centre site, a mixed activities session which included arts and crafts, hot drinks and biscuits as well as lots of chat, had ended to make way for the lunch club. There were lively conversations over a hot meal, with some of the members observing that, as well as a hot meal, this was an important social event for them each week (for one attendee, it was their only weekly social activity), and an opportunity to ask for help from the staff.

The kitchen staff were also prepping hot meals for delivery to local residents.

Staff also promoted Shared Tables at venues offering Cross Gates Good Neighbour deals: this actively encourages people who have recently been bereaved to take part and connects them to bereavement support services. Case study (visit: October 2023)

## Shared tables and stimulating self-organising social eating

Cross Gates Good Neighbours started developing the Shared Tables project in October 2015, after local older people found a lack of social opportunities in the evenings and at weekends as a main barrier to social inclusion. While there are often activities available during the working week, evenings and weekends can be particularly lonely...

...As a result of meeting people at Shared Tables, participants have shared unfacilitated meals or coffee together and gone to the cinema...

Shared Tables participants report how the project offers a different experience from traditional social opportunities laid on for older people, because the times, dates and venues for Shared Tables are decided by older people themselves. Being in a smaller group having a meal at a local restaurant at the weekend creates a different atmosphere from larger drop-in events during office hours.<sup>71</sup>



© Centre for Ageing Better 2018

## Feel Good Factor - an example of culturally competent food and associated support for older people

Feel Good Factor Leeds<sup>72</sup> in Chapeltown works with all age groups, including a number of activities with older people. They have a mixed community: the largest group is African Caribbean, followed by South Asian and Polish, together with a recent increase in people from Eastern Europe.

They understand that with older people there is a generational issue of pride in terms of asking for help, which is why activities are designed to make it easier to ask for help, or for the Feel Good Factor team to provide it sensitively. As they noted, many of their communities treat their elders with a significant degree of respect for their seniority, so for them to come forward to ask for help from younger members of their community can be difficult.

<sup>71</sup> [Age-friendly case study: Shared Tables – Older people eating out together](#)

<sup>72</sup> [Feel Good Factor Leeds](#)

A common local challenge is older people who own their own homes where they raised their family (sometimes quite large homes), but where they now live alone. These people tend to be “asset rich and cash poor”, tending to live in just one room, and are part of the growing trend of homeowner hardship.

The three nearest supermarkets are a Lidl, Aldi and Tesco, but the local high street is well used for its cultural food shops.

They have provided cooking activities for a long time: making sure they were sociable, encouraging local people to share recipes and knowledge from their cultures, and sitting down to eat together. The courses included managing budgets and using pantry staples to encourage healthy eating on a budget. The meals made are ones that can be recreated at home: stir fries, pasta bakes, soups and stews. It also enables the team to support healthy food swaps and salt reduction when cooking traditional dishes together.



Feel Good Factor ran a Saturday older men’s slow cooker group that provided the slow cookers and vouchers for shopping at the local supermarket. They note that some older men will know how to cook but are out of practice. Other men have told them that, now they are just cooking for themselves, they cannot be bothered to, so they value cooking at Feel Good Factor and sitting down after to eat socially. It is the cooking equivalent of the Men’s Sheds network, using communal activities to converse and connect.

Feel Good Factor co-produced resources with Leeds University:

- [Developing healthy eating recipe resources for African Caribbean multicultural communities in Leeds | Faculty of Environment](#)
- [Co-produced culturally appropriate multi-ethnic healthy eating resources | Migrant Health Research Group | Leeds Beckett University](#)

The Cost of Living crisis has seen a rise in demand for support, whereby they have switched more to vouchers for support. Both to support dignity and choice for their members and make planning manageable for their stretched staffing capacity.

The local Primary Care Network (PCN) link workers and health & wellbeing coaches can access FGF services and support. FGF are working with the local general practices to ensure that they are put in touch with the people on the practice’s frailty list and housebound residents. They are also working with the Chapeltown Neighbourhood team to encourage more referrals to the FGF

services, including their Enhance support. This helps FGF to engage with some of the most vulnerable older people in the area and use their services, including relevant food support.

The stigma and shame around food poverty is significant. They have found a common situation with residents coming to them through the PCN workers “people don't ask for food, they talk about something else first, and then ask for food”.

The importance of building the relationship and trust to encourage local people to share more about their problems and the help they need.

Apart from food, the most common requests for help relate to getting more active, support to manage their Long-Term Conditions, housing queries, taxi affordability, budget support, energy bills.

Feel Good Factor opens at weekends as their older members had told them they feel more isolated at weekends and nothing else is open for them.

The team has noticed that they do much more one-to-one work that they used to, with many more people wanting to have a conversation about the help they need in private.

Feel Good Factor also runs intergenerational activities, e.g. after school and knitting clubs are co-located and encourage the older people to teach their younger members and pass on their experiences. For local children who don't have grandparents, or whose grandparents don't live locally, it can provide important social and cultural connections for the young as well as the old.

Older members are also encouraged to volunteer and offer supervisory guidance to more hands-on volunteers and members, for example with gardening activities. This builds gardening confidence and know-how, including social interaction, and helps older members to pass on their experience and expertise. The community garden, managed by volunteers includes some bathtubs that have been repurposed as beds. People are encouraged to help themselves to herbs in the rotunda, fruit from the trees, etc.

Rather than duplicating local food aid provision, FGF connects their members and users to the local food pantry and other providers, e.g. Leeds Black Elders for their meals on wheels deliveries and is a trusted voucher distributor for the local food bank. They also connect to other local partners, e.g. Care & Repair Leeds<sup>73</sup> for home improvements supporting people to live

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<sup>73</sup> [Care and Repair Leeds](#)

independently. They signpost some people to Money Buddies<sup>74</sup> to debt advice but keep in touch to see if the help has worked.

### **Halton Moore & Osmandthorpe Project for Elders (HOPE) - insights on food security attitudinal behaviours differences between over 60s and over 70s**

HOPE<sup>75</sup> provides services and activities for older people (60+) in Halton Moor, Osmondthorpe and Sutton Park. Their food pantry enables vulnerable people to pay £3.00 per week for 12 items for refrigerated, ambient and frozen foods. In addition, users can take fresh fruit, vegetables and any items on special offer.



Interestingly, the HOPE team discussed some of the differences in attitudes between the bands of older people, requiring them to engage with them differently. For example, one difference they found between the over 60s and the over 70s, was that the oldest users were the most reluctant to accept the help on offer, tending to take the lowest amounts of food until the staff encourage them to take what they need, and to need a much more proactive approach from the team to find out what help they might need. This also makes their home visits important.

During the November visit, the team was already planning ahead to provide supplies for a Christmas dinner for their pantry users to cook at home for Christmas Day.

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<sup>74</sup> [Money Buddies Leeds](#)

<sup>75</sup> [HOPEproject Leeds](#)

They also had stocks of thermal clothing and gloves to provide for their local users.

The team is also aware that newer families settling in the (largely white) area tend to be more culturally diverse, so they are working to expand their service offer to meet their needs, particularly in anticipation of what their ageing population may look like in the future.

### **FoodSavers - combining food pantry schemes with credit union savings to improve future food resilience**

FoodSavers<sup>76</sup> helps the partnership between a community organisation's food pantry and the local Credit Union, enabling customers to save into Leeds City Credit Union. The model started in Bradford, and is now being rolled out in Leeds, where five food pantries have already joined and a further 12 are in the process of signing up. The impact in Bradford:

- Members have saved over £1.5m on their food shopping
- 450 tons of food saved from landfill
- £57,500 saved into the Credit Union.

Average saving on food costs is £25/week (for older people)

The Anti-loan shark team reports that 100% of people reporting to them have no savings, and 65% of their clients are borrowing money for food. The FoodSavers service helps people build up savings of £100+; it has found that most of their members then keep this saving for a raining day, which reduces their risk of falling victims to loan sharks.

### **Using a meal to offer a range of support**

Note how the language is welcoming, supportive, compassionate and the activity is designed to be accessible, inclusive and enables the person with dementia and well as their carer to connect to other social activities as well as to dementia support.

Armley Helping Hands social media post: *“Are you caring for someone with Dementia? Do you want to meet people who are having the same experiences? Why don't you and the person you care for come and join us tomorrow for a nice cup of tea, a light lunch and a friendly face?”*

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<sup>76</sup> [FoodSavers Network](#)



### Help with associated items squeezing household budget associated with food insecurity

The case studies in this report show how community organisations provide other items that affect food insecurity for older people. By relieving these costs on older people’s household budgets, they free up money that can be spent on food and relieve anxieties that may prevent older people from prioritising expenditure on eating healthily. The most common items reported by third sector organisations include:

- Warm clothing, blankets, etc.
- White label items, cooking equipment
- Personal hygiene, laundry and cleaning products
- Pet food & pet care.

### 4.5 Food suppliers

Leeds is fortunate to have developed what is now a mature network of food suppliers. These include:

- FareShare Yorkshire
- Rethink Food

- Cultural food hubs
- Ready meals delivery services for older people
- Local supermarkets
- Local food stores (cultural food suppliers, butchers, etc.)
- Supermarkets/grocers - online & delivery.

### **FareShare Yorkshire**

This charity redistributes surplus food waste to food aid providers and community organisations across Leeds. They also provide training resources and recipes to enable community groups to make the most of the surplus food provided. <https://www.fareshareyorkshire.org/>

### **Rethink Food CIC**

Rethink provides intercepted food, training and support for community groups, and schools. <https://www.rethinkfood.co.uk/surplus-food-offer/>

### **Cultural food hubs**

The cultural food hub was part of the city's Pandemic food response to recognise the food needs of culturally diverse communities. It comprises Hamara Health Living Centre and Give a Gift, who provide supplies to other organisations requiring cultural foods for their food aid provision, as well as being food aid providers themselves. The main communities supported are African, Caribbean, South Asian, Middle Eastern and Eastern European.

Hamara, which has grown to be the largest ethnic minority third sector organisation in Leeds, combines access to healthier culturally appropriate diets; the example below shows how Hamara incorporates this in their programme of services.

**Health Inequalities – Holistic Services**

**Hamara**  
Bringing Communities Together

People supported	Awareness to prevent, self manage and reduce number of health risks for the below	Resource and Knowledge Sharing with communities about	Workshops / Trainings provided
<ul style="list-style-type: none"> <li>• People with Low income</li> <li>• Refugees and Asylum seekers</li> <li>• People with mental health</li> <li>• Deprived people in minority communities</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer Awareness</li> <li>• Hyper Tension</li> <li>• Maternity</li> <li>• Chronic Respiratory disease</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy Eating</li> <li>• Mental Health and Well being</li> <li>• Reduce Social Isolation</li> <li>• Reduce Hospital Admission</li> <li>• Referring patients to befriending and available activities</li> </ul>	<ul style="list-style-type: none"> <li>• 5 Ways of well being</li> <li>• Food sustainability</li> <li>• Healthy Leeds Strategic Indicators</li> <li>• Housing, benefits and financial inclusion</li> <li>• 1 to 1 organization support – Governance, applying for funding, safe guarding</li> </ul>
<ul style="list-style-type: none"> <li>• Hamara trains the organisation lead, they become a community champion/leaders on the above topics, they run workshops to their community.</li> <li>• Hamara to hold in person and online workshops/training, where the other organisations invite their communities to participate.</li> </ul>			

**Ready meals delivery services for older people**

Home delivery services of hot or ready meals can be an important touchpoint for older people, providing social contact and an opportunity for an informal check-in, especially if they are house bound.

As mentioned previously, some third sector organisations deliver hot meals.

Leeds City Council’s Civic Enterprise Leeds offers meals on wheels as part of its Presto service provision. The nutritionally balanced meals available include culturally appropriate options, and options that meet dietary needs. [Presto](#)

Commercial options, such as Wiltshire Farm Foods and Oakhouse Foods, can deliver frozen ready meals.

**Current and potential contribution of supermarkets to mitigating local household food insecurity**

This supermarket research with a Leeds roundtable<sup>77</sup> brought together representatives from the supermarkets with the third sector and council and NHS partners to identify benefits and

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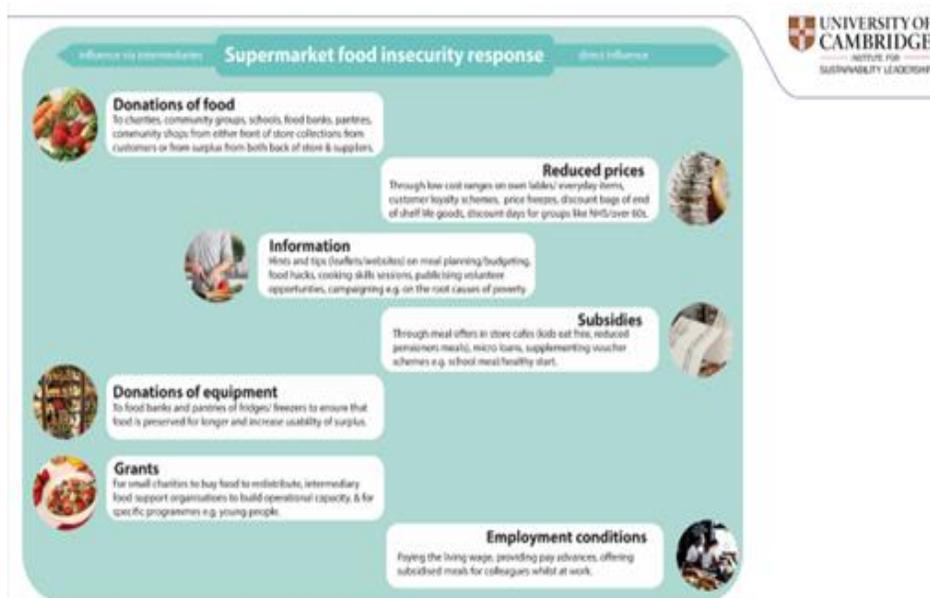
<sup>77</sup> Supermarket research themes arising from the Leeds roundtable, January 2023, Caroline Lee & Catherine Hammant, University of Cambridge

challenges in working together, as well as areas of potential collaboration to improve community wellbeing.

The research<sup>78</sup> and roundtable discussions undertaken in Leeds by the University of Cambridge Institute for Sustainability Leadership usefully summarises:

- The opportunities seen by supermarkets to be part of the food insecurity response, and also specific opportunities in Leeds.
- Opportunities based on Leeds priorities.
- Supermarket potential for social infrastructure, community capacity and social capital.

The resulting study, considered opportunities particularly food retailers with a physical ‘footprint’ in the heart of communities is particularly interesting, given the reductions and closure of other local community-based assets. In terms of older people’s food security, we have seen formal and informal examples of community orgs and older people’s use of supermarket cafes as social spaces and dementia friendly checkouts that mitigate some of the obstacles to food security for older people.



<sup>78</sup> Supermarket support to local communities: presenting a typology of current activities and identifying pathways to impact January 2023, Caroline Lee & Catherine Hammant, University of Cambridge

The Alzheimer’s Society has compiled useful guidance to support retailers: “Find out how dementia affects people's experience of shopping, and how retailers can support them.”<sup>79</sup>

Other local businesses such as cafes, pubs, bars and restaurants can really help to reduce social isolation and loneliness whilst also increasing their customer numbers, by introducing ‘chatter and natter’ tables and developing Memory Cafes. Examples of these are included in the case studies in this report.

### Social action apps supporting food security

Food apps like Olio<sup>80</sup>, where, as the population ages, people who currently use apps may be more likely to use apps like Olio to continue to access affordable local food. The app enables people to give and get items locally, including food items to reduce waste and support better community usage.

Another is the Bank the Food app<sup>81</sup>: "Our free app will remind you what your local food bank needs most when you arrive at the supermarket.



### 4.6 Mapped assets

City partners have created a number of resources that map local assets. This informs strategic planning and investment, as well as local coordination, and minimises duplication. It is also invaluable when stakeholders want to understand how different types of provision fit together - for example, older people’s support, with food provision, and how to make signposting and connecting to other services more effective.

<sup>79</sup> [Dementia-friendly retailers | Alzheimer's Society](#)

<sup>80</sup> [Olio](#)

<sup>81</sup> [Bank the Food](#)

## Leeds City Council

The Money Information Centre Map<sup>82</sup> brings together key mapped assets:

- Leeds Community Hubs and Libraries
- Debt and Money Advice Services
- Benefits Advice and Universal Credit
- Advice in Healthcare and Community Venues
- Advice in Children's Centres\*
- Advice on Job Searching
- Housing Leeds Advice Points
- Leeds Credit Union
- Leeds Community Gambling Service
- Leeds Food Provision Map
- Digital Support
- Leeds School Uniform Exchange\*

\*Useful for older people who are kinship carers

**Leeds GP Confederation** provides a strategic voice and leadership for its 87 GP practice members. A map of its practices and Primary Care Networks can be found here: [Practices & Primary Care Networks - Leeds GP Confederation](#)

The [Public Health Resource Centre \(PHRC\)](#) offers support to anyone with a responsibility for or professional interest in public health or promoting health and wellbeing in Leeds, including students and volunteers.

Resources include membership, campaign material, leaflets/posters, sessions and a newsletter<sup>83</sup>.

## Third sector

[Leeds Food Aid Network \(FAN\)](#) – this includes protected information available for system partners for planning purposes.

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<sup>82</sup> [Money Information Centre Map](#)

<sup>83</sup> [Public Health Resource Centre](#)

[Leeds Green Activity Provider Network \(LGAP\)](#) – this includes growing food sites.

[Green Doctor](#) - Groundwork's Green Doctors help UK residents stay warm, stay well, and save money on household bills.

[Care and repair](#) – Help people with disabilities, older people with less mobility, people who struggle to pay their heating and energy bills or who struggle to repair their home.

[Step Change](#) – Debt and money advice.

[Money Buddies](#) – Free impartial independent debt advice, budgeting support, letter writing, energy bill saving, income maximisation services and much.

- Feed Leeds – sustainable food growing network, encouraging and connecting individuals, communities & organisations in Leeds.
- Warm spaces
- Communities of Interest Network
- Ethnic groups
- Refugees & Asylum Seekers
- Single women
- Single men
- PSI
- Disabilities
- LTCs
- Mental Health
- Alcohol & substance misuse
- Domestic Violence & Abuse.

#### **4.7 Grant funding**

Grant funding plays a key role: funds are often designed to support smaller, emerging groups as well as registered charities with activities like lunch clubs and microgrants for social activities. Local funders like Leeds Community Foundation, which secures funding from businesses, philanthropists and family trusts, as well as from statutory partners, provide invaluable development and connections across community organisations.

Grant funding for third sector organisations has also been provided by Leeds City Council and the Integrated Care Board (ICB) in Leeds.

Through their strategic work with statutory partners, they are also well-placed to coordinate and channel limited funding resources. Although some of the annual grants can be small, a number

of organisations routinely combine them with their rolling annual programme of food support to enhance and sustain their provision to older people.

Some examples of small grants and their impact on older people's food insecurity are listed below.

### **Independent Age Grants 2023**

Fifty-seven community organisations received small grants totalling £60,000 during winter, summer and autumn of 2023. Funded by [Independent Age](#), the grants provided immediate one to one support to overcome the Cost-of-Living Crisis as well as activities to alleviate the impact on isolation and loneliness.

This included food vouchers for local supermarkets, delivery of warm meals to older people with mobility issues and provision of items such as slow cookers to reduce energy costs. Warm items were also distributed to those in need including thermal underwear, hot water bottles, sachets of warming drinks such as hot chocolate and in some cases heating and electric blankets.

Group activities included the provision of warm spaces along with access to a warm breakfast or lunches and increased weekend meals such as Sunday lunch. Provision of transport and paying travel bills meant that those unable to afford to travel could attend activities, not just to access warm and nutritious food but to connect socially.

Grants were used to enable people to take part in and provide food parcels to ensure access to culturally relevant foods for religious festivals such as Passover. Grant holders provided Christmas parcels to those living alone with essentials and treats to send a message that they had not been forgotten.

Daniel regularly attends lunch clubs at the OPAL Neighbourhood Network. He has enjoyed attending the warm session on Wednesday evenings as it means he gets a warm evening meal. Daniel loves spending time with people of all ages and making friends and gets stuck into the crafts activities and loves making something new each week. Through the Wednesday warm sessions, he has also ventured out of his comfort zone and tried food he has never had before. OPAL has provided transport so he can attend, and he can relax knowing that he will be safely home, especially when it was dark.

On receiving the warm pack Millie said "I can't remember such a stressful time, I'm constantly worried and dreading a cold day. Thank you for this kind gesture. HOPE

## Stay Well this Winter Grants 2023

Almost £80,000 was invested in 29 Leeds Community Organisations thanks to Stay Well this Winter Grants. The programme is funded by Leeds City Council Public Health and enables Community Organisations to support people most at risk of becoming unwell over winter. The activities that have been funded include providing warm clothing and winter essentials, hot food and cooking equipment, sharing information on how to be winter-ready and social clubs to prevent isolation.

The Stay Well this Winter Grants programme is now in its 13th year. To date, more than 25,500 local people have been supported by the grants.

In 2022/23, 20 projects ran across the city throughout the coldest months, providing a range of support for local people in their communities including home visits, social sessions and warm spaces, items to keep people warm, food pantries and meal provision. Many of the organisations provided referrals to other services to support people's individual needs.

Aireborough Voluntary Services to the Elderly (AVSED), supported more than 280 people through their programme. They ran weekly drop-in sessions for older people to share information and socialise, conducted home visits and distributed wellbeing packs. They also provided more in-depth, personalised support to their most vulnerable community members and ran cookery sessions where attendees left with slow cookers and affordable nutritious recipes.<sup>84</sup>

## Lunch Clubs 2022

Over £1m has been invested into Community Organisations across Leeds that provide lunch clubs to tackle loneliness and isolation amongst older people. Leeds Community Foundation and Leeds City Council first launched the Lunch Club Grants in 2016 to support the vital work of lunch clubs, food provision and ongoing support for older people in Leeds. The programme has proved vital for a number of organisations, with over 559 grants made across the seven years Lunch Club Grants has been running. The low cost of the lunch clubs allows older people to attend every week safe in the knowledge that participation is affordable. In 2022, 78 grants were made, supporting 11 brand new lunch clubs.<sup>85</sup>

'Burmantofts Community Friends support older people in the community. Their activities include lunch clubs, friendship groups and fitness & health sessions. They've received a range of

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<sup>84</sup> [Stay Well this Winter Grants](#)

<sup>85</sup> [Over £1m Invested into Lunch Clubs Bringing Older People Together | Leeds Community Foundation](#)

funding from Leeds Community Foundation, including grants for their lunch club and the organisation's strategic development.

"I've been coming here for 10 years. I come on Wednesday for the Lunch Club. I used to do sequence dancing, but my legs are a bit wobbly now. As long as I've got somebody to hold me, I'm all right. I don't do sequence and I don't do line dancing because with that you're on your own.

When this all started up again [after the Pandemic lockdown] we all flocked to it, for company."<sup>86</sup>

"When I retired, I thought 'It's my time now, I'm going to do whatever I can'.

I do a bit of cooking. If they want a corned beef hash, they come to me. If it's sandwiches, soup or something like that, we all chip in. I've volunteered for the trips and if they've any events coming up, I'll do those. It brings me enjoyment. Because if I didn't have this, I'd be sat at home. It gives me a purpose. I'm 74 and I'll go on as long as I can."<sup>87</sup>

### Warm Spaces

As part of the Warm Spaces provision funded by Leeds City Council, the following data was reported by the third sector (including faith groups) for November & December 2023. The summary shows that 42% of respondents were of pensionable age, and no breakdown is available for this cohort, but it illustrates the most common problems with which attendees presented. The example below shows how many third sector organisations enhanced the Warm Spaces provision by including food and supporting socialisation to tackle loneliness. They then connected the attendee to more regular activities, thereby connecting him more sustainably to food provision, social activities and other support.

What were the common themes people presented with?

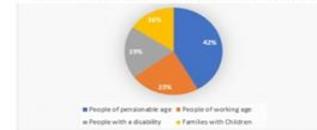


Utilities / Energy	38	
Mental Health	25	
Loneliness / Isolation	24	
Food	24	
Benefits	20	
Grief and loss	20	
Finance / cost of living generally	13	
Homelessness / Housing Repairs	8	
Drugs /alcohol	2	
Unemployment	2	
Debt	2	
Dementia	1	
Transport (access to)	1	
Access to health services	1	

\*Please note that Welcome Spaces were asked to name one or two of the most common themes people present with; just because some points have low numbers it doesn't mean that they are insignificant to our findings



Estimated breakdown of visitors



On the next page are some examples from Welcome Spaces, showing what these figures mean to real people

"Mr. F started coming to us after he was robbed by a neighbour of his pension. He used to catch the bus into town and get a meal at a cafe. Nobody would talk to him, and he would get a bus

<sup>86</sup> [Our Stories: Meet Rita | Leeds Community Foundation](#)

<sup>87</sup> [Our Stories: Meet Brenda | Leeds Community Foundation](#)

back home in the afternoon. Since coming to the Warm & Welcome Centre, he gets free transport to and from the venue, he gets a free bacon butty every session and a cup of tea. He says he has made new friends and enjoys talking to other people and staff and volunteers are very welcoming and jovial!

He has also started attending our Lunch Club and gets his lunch every Tuesday. He also enjoys coming out and about on our trips and outings on Wednesdays. This funding has helped our charity by getting more older people to attend our 59 Club.

They have been grateful for the warm space provision and the free food. Many have commented that if it was not for our Warm Spaces, they wouldn't bother with having a breakfast at all! They have also found it very useful that our Outreach Worker has attended these sessions and they have been able to seek help and advice through signposting and also our Outreach Worker handling case work for them with other agencies. We have created a more coherent and inclusive older community in Belle Isle through this funding provision.”

#### **4.8 Growing challenges mean difficult choices**

Many stakeholders consulted for this report showed a recognition that we now have developed better partnerships across and within sectors, and a better understanding of the needs of older people's food security leading. Both of these have resulted in a more responsive, tailored and diverse provision than ever before.

However, there was increasing concern about the growth of need and collective frustration that the worsening financial pressures on funding streams was making provision to meet rising demand difficult and even unsustainable. This has deeply worrying consequences for the ability to meet the growing and deepening demand in an ageing population in terms of food aid provision and the wraparound support to mitigate food insecurity.

Food Aid Providers are all reporting a drop in food donations, whether these are from members of the public, supermarkets or commercial food suppliers' intercepted food. This means that food aid providers are having to purchase food supplies, putting further pressure on their income.

Leeds City Council, and NHS funding provided through the Integrated Care Board in Leeds have all reduced their funding to third sector organisations, in some cases ceasing funding altogether. Other key income streams, such as the Household Support Fund, have not been confirmed by central government.

Alongside this is, of course, the growing combination of challenges making both current provision and future sustainability a real concern for the entire third sector in Leeds.

Forum Central conducts a quarterly Cost Pressures survey<sup>88</sup> of its members, which includes Leeds Older People's Forum membership. Key concerns for third sector organisations supporting older people's food security include:

- Rising operating costs, reduced funding (contracts, grants, donations - including food donations) in the face of growing demand/more complex need

“We are working together and where possible helping partners to manage their waiting lists. We fear that this crisis will have more impact than COVID did.” (Jan 24)

“No uplift in three years we subsidise the contract by approx. 15%.” (Oct 23)

“We are surviving using up our reserves! It won't last forever!”

- Services are closing or are at risk of closure.

“We have also closed our Shopmobility service in the city centre. “William Merritt Centre Apr/May 2024

- Services are reducing, or operating waiting lists.

“We have a waiting list for our Lunch Club; also, our transport is at full capacity even with two minibuses and could offer more. Transport is vital for health and wellbeing, so we are fundraising for a third minibus.”

- The third sector workforce - both paid staff and volunteers - is reducing, with additional challenges recruiting and retaining new staff.

Changes between 2020 and 2022: 34% drop in paid workforce and 25% drop in registered volunteers.<sup>89</sup>

The medium to long term sustainability of services and organisations is a major concern, particularly with regard to older people in the most vulnerable groups that rely on them.<sup>90</sup> For example, we have already seen the loss of some organisations, including the Leeds Bereavement Forum.

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<sup>88</sup> [Forum Central Leeds: Cost Pressures Survey Results April/May 2024](#)

<sup>89</sup> [State of the sector - Forum Central](#)

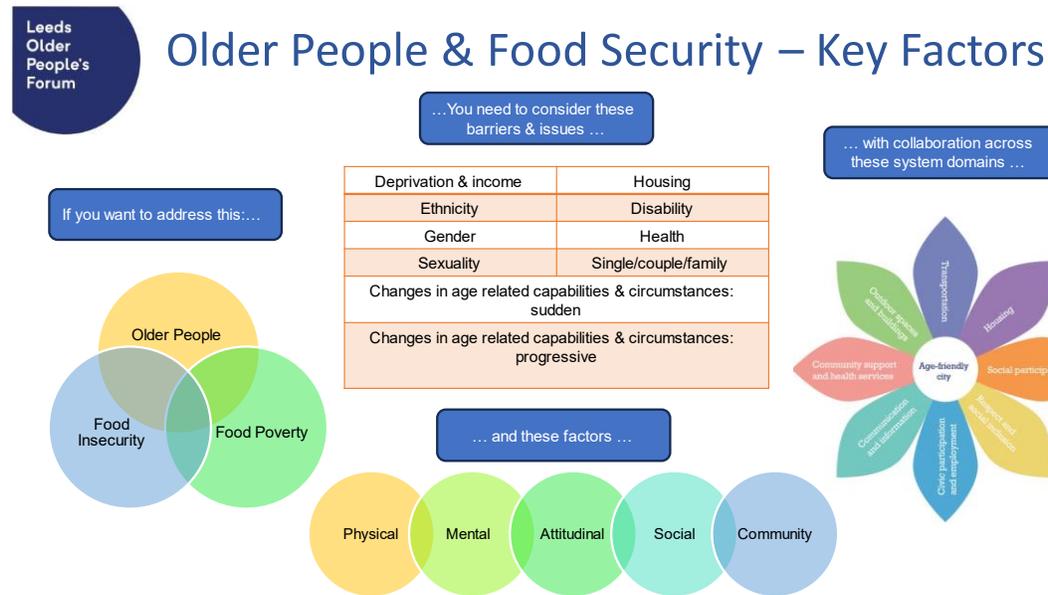
<sup>90</sup> [Forum Central Cost of Living Crisis](#)

Other funding streams, like that which funds Enhance (detailed below) are short term, one-year funds, which risks building support networks which will have to cease should funding not be available in future years.

This has significant implications for how older people's food insecurity will be addressed; this reduced capacity in the third sector will result in more crisis support demand from older people from statutory services.

## Conclusion

Producing this report shows that the systems work by partners in Leeds across both food insecurity and food poverty for older people is complex.



On top of this, system partners are working in a highly fluid situation: cost and capacity pressures on existing service provision and partnerships means further changes are inevitable. Health and social inequalities will continue to widen. Future funding streams that partners currently rely on are uncertain. Our ageing population in Leeds will continue to increase sharply.

In the face of these difficulties, all partners will be under pressure to do even more with even less.

The need for a shared understanding of the city’s assets, networks and partners – and how best to harness them - is fundamental to working as efficiently as possible in this context.

The recommendations have, therefore, been co-produced and organised in a way to provide clear actions and support improvements in collaborative working.

### Appendix 1: LKAN, NN & Enhance providers by ward

NB of the 14 Enhance providers 8 are NNs and these are: OPAL, Armley Helping Hands, Burmantofts Community Friends, Seacroft Friends, Cross Gates & District Good Neighbours, NET Garforth, Action for Gipton Elderly, MAE Care.

Neighbourhood Networks and Enhance providers are geographically specific, below are mapping links for Enhance and NNs respectively.

- [Enhance postcode lookup \(arcgis.com\)](https://arcgis.com)
- [Find a group or Neighbourhood Network - Leeds Older People's Forum](#)

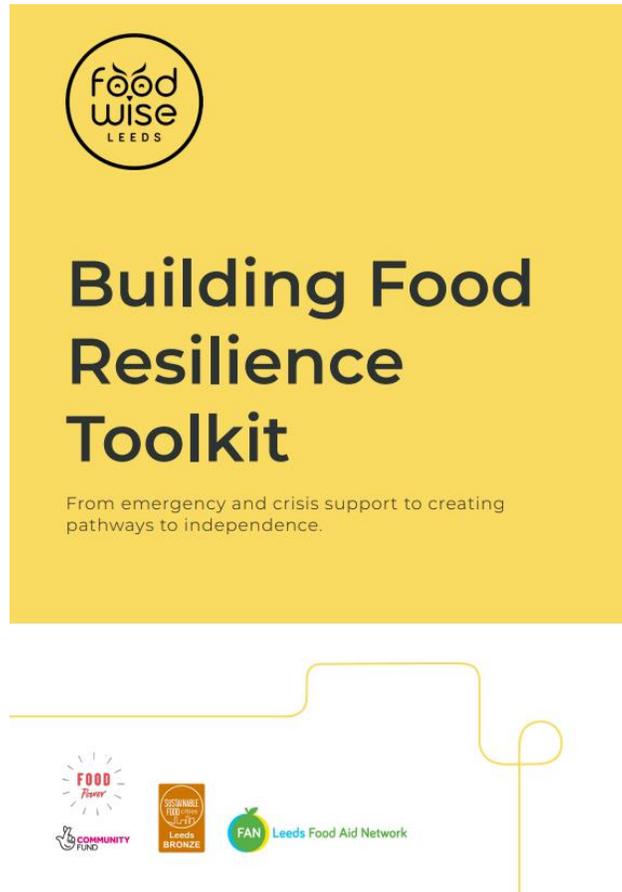
Ward	LCAN	NN	Enhance
Adel & Wharfedale	Older People's Action in the Locality (OPAL)	OPAL	OPAL
Alwoodley	Moor Allerton Elderly Care (MAE Care)?	Moor Allerton Elderly Care (MAE Care)	MAE Care
Ardsley & Robin Hood		MHA Communities Rothwell & District	Health For All
Armley	Armley Helping Hands	Armley Helping Hands	Armley Helping Hands
Beeston & Holbeck	Hamara Holbeck Together	Hamara – Beeston & Holbeck Holbeck Together – Holbeck  MHA Communities South Leeds (Beeston)	Health for All
Bramley & Stanningley	BARCA	Bramley Elderly Action	Armley Helping Hands
Burmantofts & Richmond Hill	Leeds Mencap- on behalf of Burmantofts and Richmond hill Partnership	Burmantofts Community Friends  Richmond Hill Elderly Action RHEA	Burmantofts Community Friends
Calverley & Farsley		MHA Communities Farsley	Armley Helping Hands
Chapel Allerton	Black Health Initiative (BHI)	Chapel Allerton Good Neighbours (RVS)  Leeds Black Elders Association (Chapelton)	Feel Good Factor (Chapelton)  Leeds Irish Health & Homes (Chapelton)

Ward	LCAN	NN	Enhance
Cross Gates & Whinmoor	Cross Gates & District Good Neighbours' Scheme CIO	Cross Gates & District Good Neighbours' Scheme CIO  Swarcliffe Good Neighbours Scheme	Cross Gates & District Good Neighbours' Scheme CIO
Farnley & Wortley	New Wortley Community Centre?	Armley Helping Hands  Neighbourhood Action in Farnley, New Farnley & Moor Top	Armley Helping Hands
Garforth & Swillington	NetGarforth	Neighbourhood Elders Team (Garforth & Villages)	NET Garforth
Gipton & Harehills	The Old Fire Station	Action for Gipton Elderly	Leeds Irish Health and Homes
Guiseley & Rawdon	Aireborough Voluntary Services to the Elderly (AVSED)	AVSED	AVSED
Harewood		Wetherby in support of the Elderly	Age UK Leeds
Headingley & Hyde Park	Rainbow Junktion	Older Wiser Local Seniors (Burley, Hyde Park, Little Woodhouse, Headingley & parts of Kirkstall)  Supporting the STEP (Elderly People)	Age UK Leeds
Horsforth	Horsforth Community Assets Project (Hcap)	MHA Communities Horsforth	OPAL Age UK Leeds
Hunslet & Riverside		MHA Communities South Leeds (Hunslet)	Health For All
Killingbeck & Seacroft	LS14 Trust – on behalf of We Are Seacroft	Seacroft Friends & Neighbours	Seacroft Friends & Neighbours
Kippax & Methley			NETGarforth Kippax
Kirkstall	Kirkstall Valley Development Trust (KVDT)	Hawksworth wood older people support services (HOPS)	Age UK Leeds

Ward	LCAN	NN	Enhance
		Older Wiser Local Seniors (Burley, Hyde Park, Little Woodhouse, Headingley & parts of Kirkstall)	
Little London & Woodhouse		Caring Together in Woodhouse & Little London  Older Wiser Local Seniors (Burley, Hyde Park, Little Woodhouse, Headingley & parts of Kirkstall)	Leeds Irish Health & Homes
Middleton Park	Health For All	Belle Isle Senior Action (BISA)  Middleton Elderly Aid	Health For All
Moortown	Moor Allerton Elderly Care (MAE Care)  InterACT on behalf of My Meanwood partnership	Community Action for Roundhay Elderly (RVS)  Moor Allerton Elderly Care (MAE Care)	Leeds Irish Health & Homes (Meanwood)  Moor Allerton Elderly Care (MAE Care)
Morley North	Groundwork?	Morley Elderly Action	Health For All
Morley South	Groundwork?	Morley Elderly Action	Health For All
Otley & Yeadon	Aireborough Voluntary Services to the Elderly (AVSED)	AVSED  Otley Action for Older People	AVSED  Otley Action for Older People
Pudsey	Pudsey Community Project	MHA Communities Pudsey	Armley Helping Hands
Rothwell		MHA Communities Rothwell & District	Health For All
Roundhay		Community Action for Roundhay Elderly (RVS)	Leeds Irish Health & Homes
Temple Newsam	Halton Moor & Osmondthorpe Project for Elders (HOPE)	Halton Moor & Osmondthorpe Project for Elders (HOPE)	Cross Gates Good Neighbours Scheme

Ward	LCAN	NN	Enhance
Weetwood	Older People's Action in the Locality (OPAL)		Age UK Leeds
Wetherby	Wetherby In Support of the Elderly (WiSE)	Wetherby in support of the Elderly	Age UK Leeds

## Appendix 2: Building Food Resilience Toolkit: support signpost overview



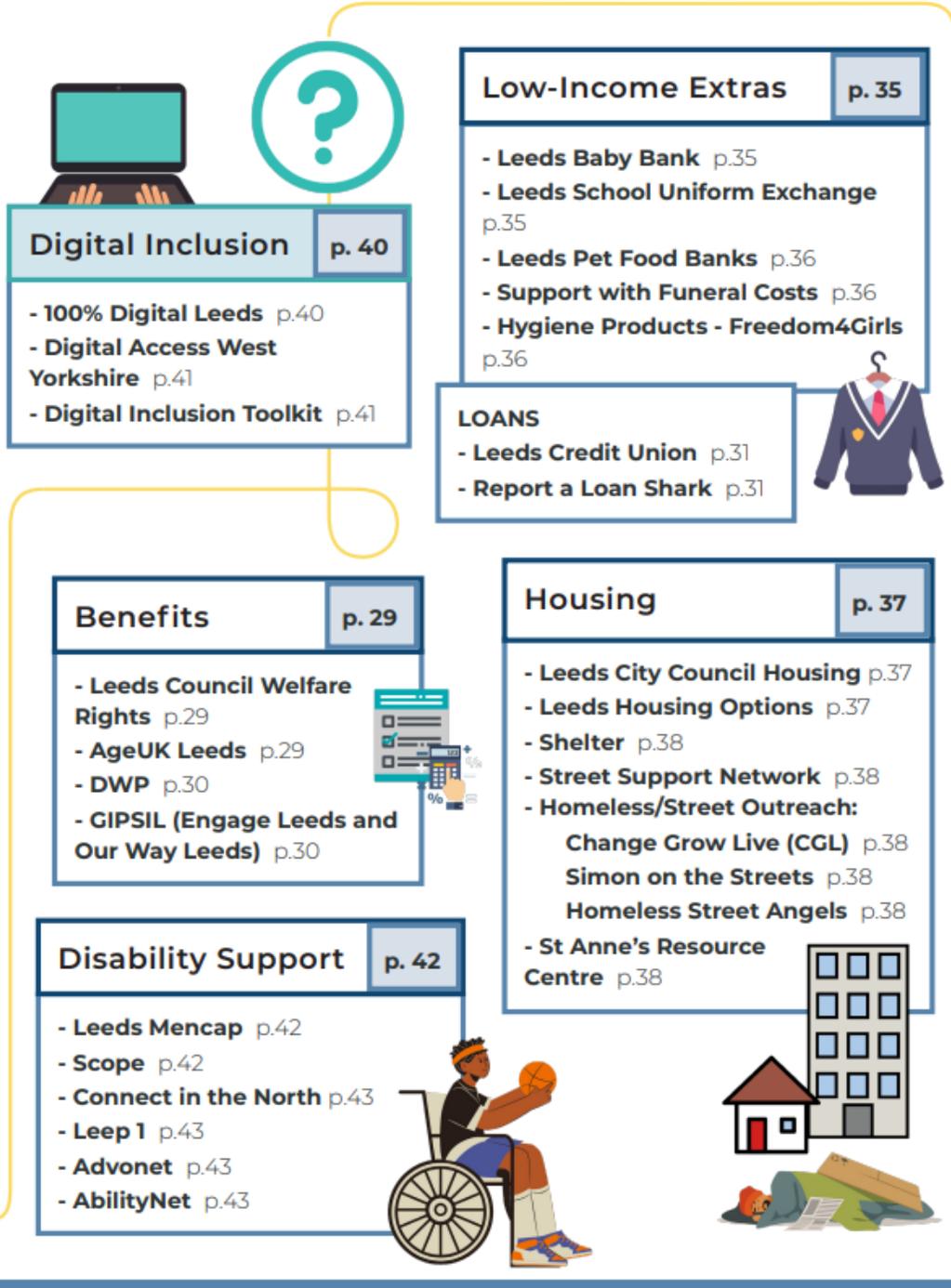
1. About food aid provision and resilience
2. Signposting to services which can offer support.
3. Information for food aid providers

This document is currently being updated, but the support services summarised below is useful to understand the range of services that older people may need to access to improve their food security.

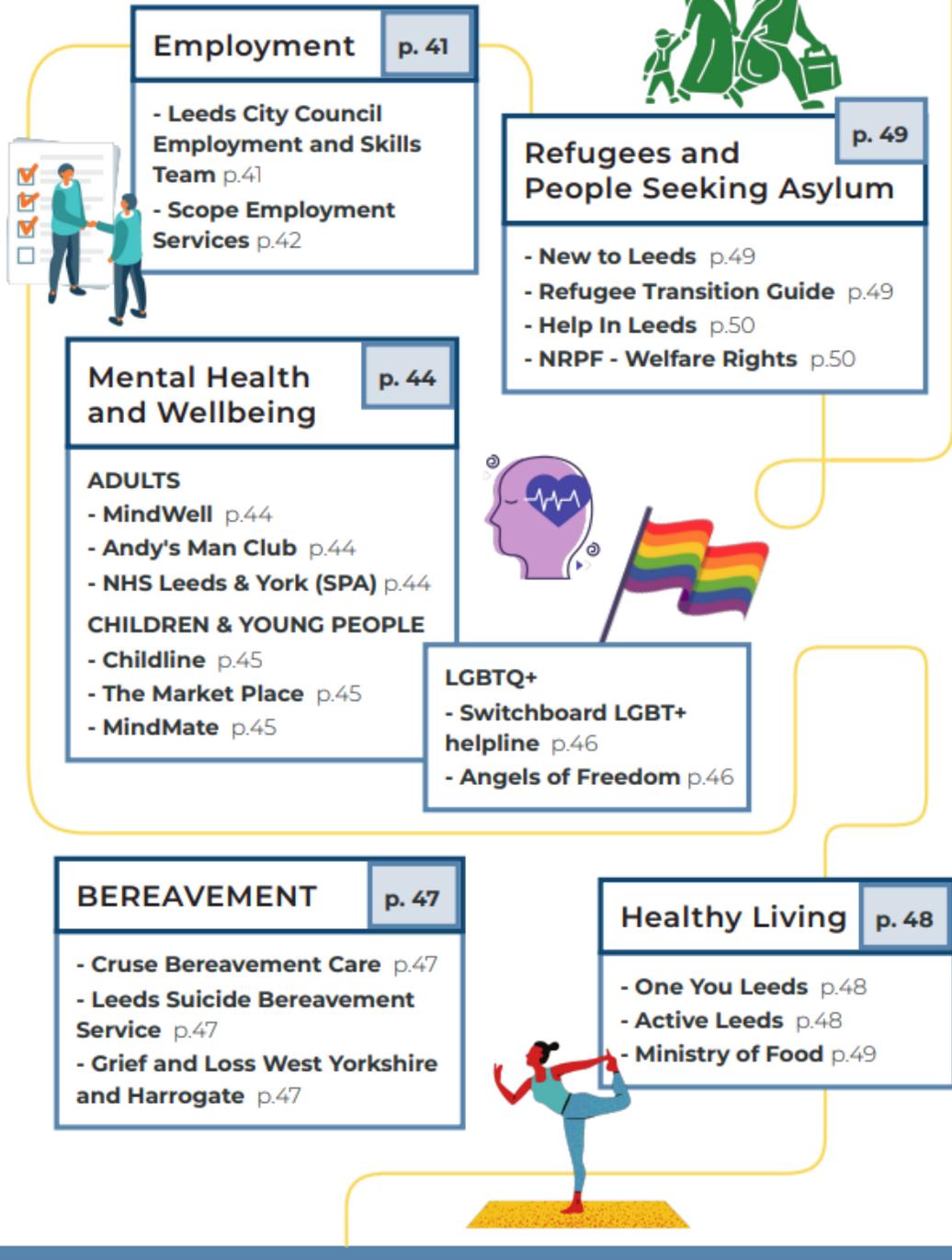
SUPPORT SERVICES IN LEEDS 1/4



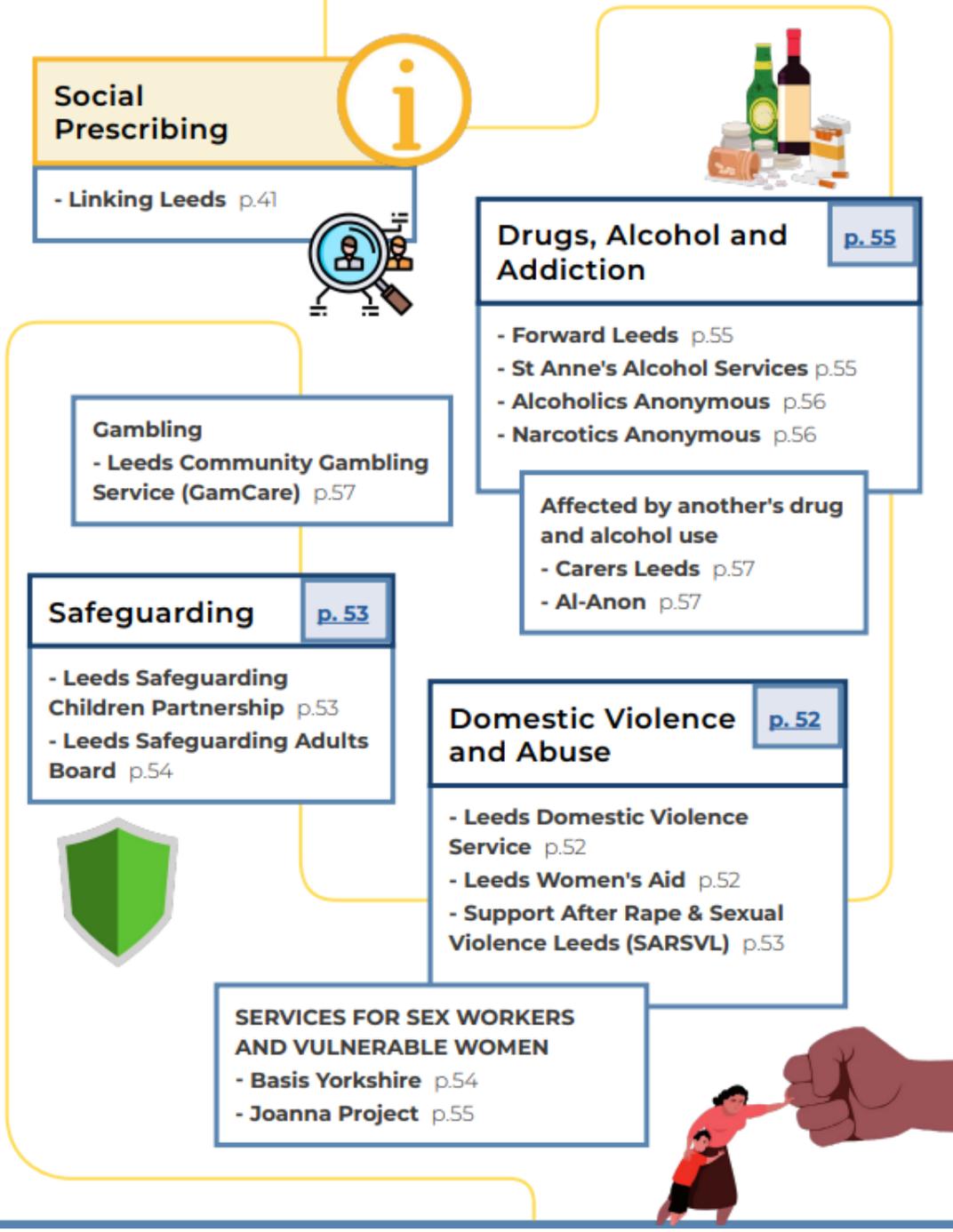
SUPPORT SERVICES IN LEEDS 2/4



SUPPORT SERVICES IN LEEDS 3/4



SUPPORT SERVICES IN LEEDS 4/4



### Appendix 3: “Hidden hunger and malnutrition in the elderly” report

This report was published on Monday 22nd January 2018 by a cross-party group of Members of Parliament and Peers who serve as officers on the All-Party Parliamentary Group on Hunger.

Author: Andrew Forsey

#### [Hidden hunger and malnutrition in the elderly | Feeding Britain](#)

The evidence we have received suggests that malnutrition is most likely to arise amongst older people following an accumulation of setbacks – bereavement, illness, a loss of community transport services, and a nearby shop closing, for example – which leave them unable to easily access food. Over and above these cumulative setbacks, the evidence we received crystallised around three underlying causes of malnutrition: loneliness and social isolation, the diminished availability of Meals on Wheels, and inadequate social care packages.

Based on a House of Commons Library analysis of BAPEN figures from 2011, we estimate the total annual cost to our country’s health and social care services of malnutrition amongst older people to be £11.9 billion. We estimate also that this sum will increase to £13 billion in 2020, and again to £15.7 billion by 2030.

What are the underlying causes of hunger and malnutrition amongst older people?

- Medical and physical causes
- An accumulation of setbacks
- Loneliness and social isolation
- The diminished availability of Meals on Wheels
- Inadequate social care packages.

What new approaches are required to protect older people from hunger and malnutrition?

The report concludes with the following recommendations, and highlighted two new approaches:

“We recommend that social care providers, including third sector organisations, should be given a duty, and the appropriate funding to carry out this duty, of ensuring all older people at risk of malnutrition, and particularly those in receipt of formal social care, receive at least one hot meal every day with nutritional supplements provided if necessary.

We recommend also that through either a more flexible social care package, or the provision of additional support from third sector organisations, this duty should extend to ensuring older people receive the necessary help to prepare that meal and undertake any other brief activities that could, in the longer run, keep malnutrition at bay.”

“Two new approaches received particular attention in the evidence that was submitted to us:

- an enhanced home-visiting service through which adequate meals and support are delivered by community projects to those older people who might struggle to leave their own home.
- and a new role for supermarkets in both maintaining older people's independent shopping habits and providing weekly lunch clubs.”

### Appendix 4: Summary of benefits available for older people

<b>Attendance &amp; Carers Allowances</b>	
Attendance Allowance	Up to £4,600 per year
Carers Allowance	Up to £3,515 per year
<b>Credits &amp; Benefits</b>	
Pension Credit	Up to £3,000 per year
Savings credit	Up to £927 Per year
Universal Credit	1.25 million people working on low income and not claiming
State Pension Check your Entitlement	Increase your state pension by £1000s.
<b>Housing Benefits/Support</b>	
Housing benefits	Up to £76.00 average savings pw
Council Tax	Certain people qualify for nil council tax to 25% reduction
	Discretionary Housing Payments (DHP) are extra payments for rent or housing costs
<b>Utilities support</b>	
Water Savings	Up to £600 per year
	Warm Home Discount
Winter Fuel payment	Up to £600 including Cost of Living payment
<b>Children's support (for kinship carers)</b>	
Child Benefit	up to £1885 for two children
Childcare vouchers & Free Childcare	
NHS Healthy Start Vouchers	Milk vouchers up to £8.50 pw
Free school meals	Save up to £10.00 per week.
	School uniform Exchange
<b>Healthcare costs</b>	
Eyesight	60+ free NHS sight test
Medications	60+ free prescriptions
<b>Transport costs</b>	
Travel Cards	Up £200 per year
Access bus	Free travel to the local places for older people

	Railcard, coachcard discounts
Blue Badge	Free parking save money every time you park
<b>Mobile Phones, TV and Digital</b>	
Phone contract deals	Change your plan save up to £300 per year
Wi-Fi Savings	Up to £360 per year on WiFi/TV package
Free TV licence	£156.00 per year

## Out of scope

The following aspects relating to Older People's food insecurity were out of scope for this report. They require further investigation as part of future planning needs.

- Hospital nutrition
- Sheltered accommodation
- Care Homes
- People sleeping rough
- People in temporary accommodation.