HomePlate Project National Survey Report

Maggie Beer Foundation

Data Collected
3 – 31 March 2026

Client Contact
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SQUARE HOLES

Background

Malnutrition among older people living at home is a silent crisis, often rooted in prolonged inadequate nutrition, loneliness and a lack of interest in enjoying food.

The HomePlate Project is led by the Maggie Beer Foundation and funded by the Wicking Trust. The project puts older people at the centre of a conversation about food at home. Through data collection and collaboration, they seek to understand the central place of food for health, pleasure, dignity and independence as we age. Running until 2027, this project will uncover real stories, practical solutions, and new ways to support eating well at home.

As part of this project, Square Holes was commissioned to conduct a national survey of older people still living at home. With the goal to explore how older people experience eating at home as they age to help inform a national roadmap for innovation in food and ageing at home.

Mission

To understand how older people experience eating at home as they age across all dimensions of food, independence, affordability, social connection and life transitions, to identify unmet needs, highlight what is already working, and help inform a national roadmap for innovation in food and ageing at home.

Objectives

- Are older people eating well?
- What role does food play in the lives of older people?
- How do older people participate in food preparation and what influences their ability or willingness to do so?
- Where are the gaps in current behaviours / supports and what opportunities exist to better support eating well at home?
- Where do older people get food-related information and education?

Methodology and approach

An online survey was conducted among older people living at home (aged 65+), combining a nationally representative sample with responses from the Maggie Beer Foundation network.

The national survey (n=1,508) included; n=1,008 aged 75+ and n=500 aged 65–74. This sample was designed to be broadly reflective of the Australian population by gender and location, with a skew towards older age brackets.

To deepen understanding and capture additional perspectives, the study was supplemented by a further sample (n=988) sourced through the Maggie Beer Foundation's contact network. While this extended sample adds valuable depth and lived experience, it is important to note it skews more heavily female and towards certain geographies.

Together, these two sources provide a robust and comprehensive view of older people's food experiences at home, balancing population-level representation with added insight from an engaged cohort.

Data has not been weighted, as the final dataset combines two distinct sources (a nationally representative sample and a Foundation contact sample), making standard weighting approaches less appropriate. To ensure robustness, a comparison between weighted and unweighted results has been conducted (see Appendix 2, p. 83), which shows minimal differences across key metrics. As such, the unweighted data has been used throughout the report.

Survey sample	
Sample achieved	Total: 2,496 National Survey: 1,508 Foundation Contact Survey: 988
Sample source	National Survey: Online only research panel Foundation Contact Survey: Maggie Beer Foundation network
Distribution of survey	National Survey: Square Holes Foundation Contact Survey: Through Maggie Beer Foundation network via social media
Survey length	13 minutes
Collection dates	3 – 31 March 2026

Research overview

Objectives

The HomePlate Project was designed to understand how older people experience eating at home as they age, spanning nutrition, independence, social connection and life transitions. The research explores not only whether older people are eating well, but the broader role food plays in their lives, how they engage with meal preparation, and where barriers and gaps exist. A key objective of this component of the research is to identify opportunities to better support eating well at home, while also understanding how and where older people access food-related information and guidance, with the ultimate goal of informing a national roadmap for innovation in food and ageing.

Approach

To achieve this, a large-scale national survey was conducted among older people aged 65+, combining a nationally representative sample (n=1,508) with additional responses from the Maggie Beer Foundation network (n=988), delivering a total sample of 2,496. The research captures a broad cross-section of experiences across age, gender and location. This approach provides a robust, real-world view of eating behaviours, attitudes and challenges among older people living at home.

Key insights

The findings highlight that while most older people report eating “well enough,” quality and consistency are fragile and decline as pressures such as ageing, financial strain and living alone begin to compound. Eating well for many is less about access and more about human and behavioural factors, particularly motivation, energy and social connection. As these decline, food shifts from something enjoyable to something more functional, with cooking becoming less frequent and less rewarding over time. Social connection plays a critical but under-realised role. While many experience reduced shared eating, there is a strong unmet desire for more connection, reinforcing the link between food, enjoyment and overall wellbeing. Importantly, current support systems known to people are heavily skewed toward food provision (e.g. meal delivery), while significant barriers sit in capability, motivation and connection – highlighting a misalignment between what is currently known or provided and what is needed.

To better support older people to eat well at home, the research points to a need to support provision-based solutions with more holistic, human-centred approaches:

1. Prioritise motivation and enjoyment – addressing energy, appetite and emotional drivers of eating
2. Rebalance support toward capability – enabling people to cook, adapt and maintain independence
3. Identify and support risk earlier – intervening before pressures compound and behaviours decline
4. Rebuild social connection around food – creating more opportunities for shared meals and engagement
5. Simplify guidance and support – providing clear, practical and accessible information

Encouragingly, those experiencing poorer eating outcomes are the most open to new solutions, highlighting a clear opportunity for targeted, impactful interventions.

On the surface, older people appear to be eating well at home, but this masks underlying vulnerability for certain segments / situations

Quality of eating

79% rate quality of eating as good (58%) or excellent (21%) – with excellent ratings being less common

Appetite

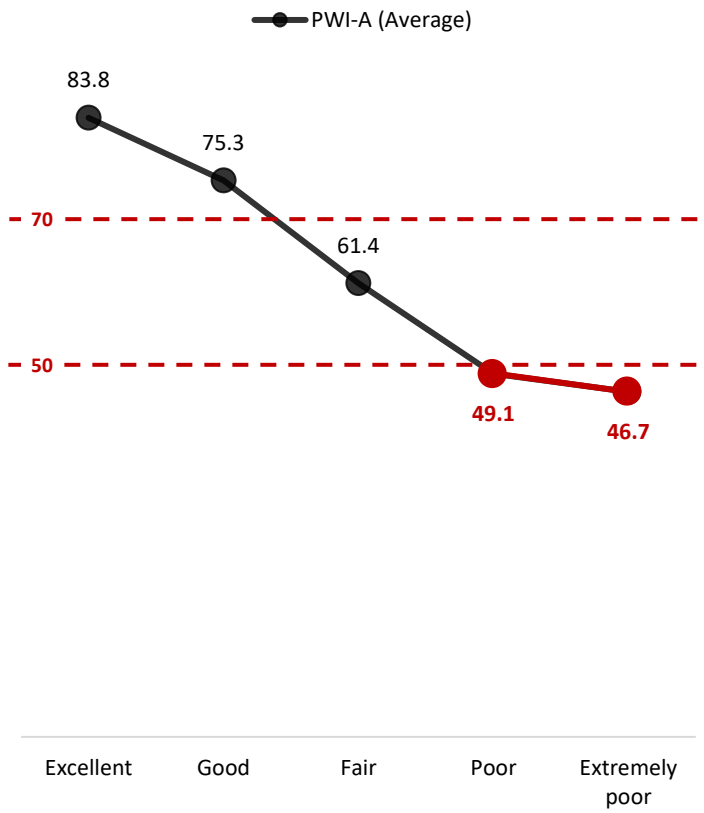
75% rate their appetite as good (49%) or very good (27%)

Access

84% find it easy (36%) or very easy (48%) to access healthy food where they live

Food and wellbeing are deeply linked. Respondents who report better eating quality also report significantly higher overall wellbeing (PWI-A)

	Excellent	Good	Fair	Poor	Extremely poor
10th Percentile (Less than 12 PWI-A)	0%	0%	2%	9%	6%
20th Percentile (12 – 22 PWI-A)	0%	0%	2%	10%	25%
30th Percentile (24 – 34 PWI-A)	0%	2%	6%	7%	6%
40th Percentile (35 – 45 PWI-A)	1%	3%	10%	18%	13%
50th Percentile (47 – 55 PWI-A)	3%	6%	17%	10%	6%
60th Percentile (57 – 67 PWI-A)	6%	15%	23%	19%	6%
70th Percentile (68 – 78 PWI-A)	19%	29%	25%	16%	25%
80th Percentile (80 – 87 PWI-A)	27%	26%	11%	6%	6%
90th Percentile (88 – 92 PWI-A)	19%	13%	3%	1%	0%
100th Percentile (94 or more PWI-A)	25%	7%	2%	1%	6%



Note: Percentiles represent the distribution of PWI-A scores within this sample. For example, the 70th percentile indicates respondents whose wellbeing scores are higher than 70% of the sample. Percentiles are based on this survey sample and are not population benchmarks.

Eating quality is resilient, until pressures and changing circumstances begin to stack

Eating quality rarely declines due to a single trigger. Instead, it erodes as multiple pressures begin to compound (including ageing, health changes, social isolation and financial strain). While many maintain independence, these pressures reduce appetite, motivation and enjoyment over time, shifting eating from something positive to something more functional.

Decline accelerates most for those who are…

Living alone

40% say cooking for one is unappealing – the leading barrier to eating well at home for this segment

Less social reinforcement, lower motivation to cook, and higher likelihood of eating becoming routine or effort-driven rather than enjoyable

Financially constrained

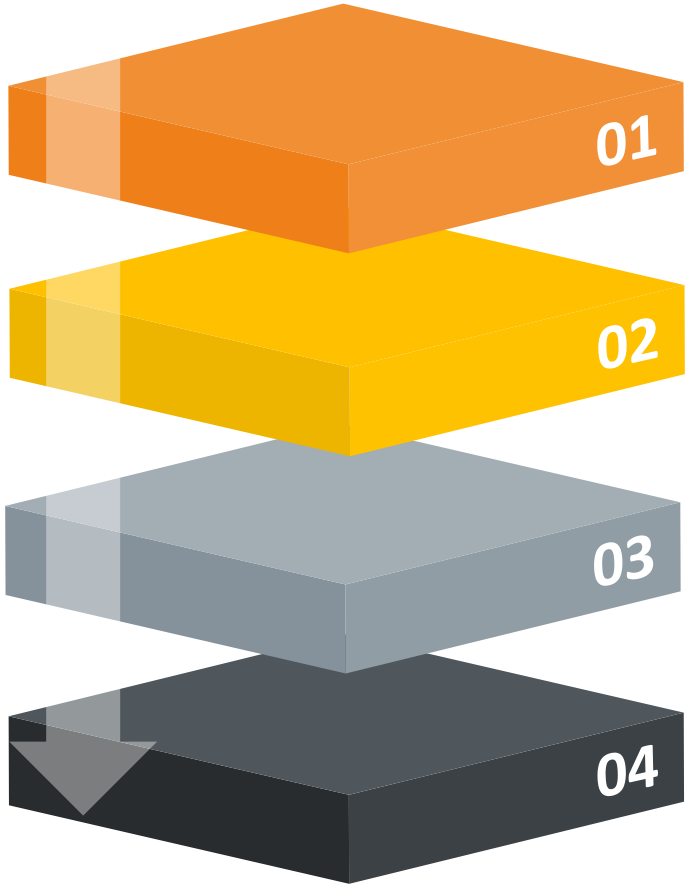
Only 53% rate their eating quality positively (vs. 79% overall)

Reduced ability to maintain quality, variety and consistency of meals, often leading to simpler, lower-quality diets

Aged 85+

Just 30% enjoy and feel confident cooking (vs. 49% overall)

Declining energy, appetite and cooking engagement contribute to reduced independence and a shift toward more functional eating



Stage 1: Stable

Capable, routine, social

Stage 2: Early pressure

Loss of routine, living alone, cost emerging

Stage 3: Compounding pressure

Multiple barriers reinforce each other

Stage 4: Decline

Lower quality, motivation and enjoyment

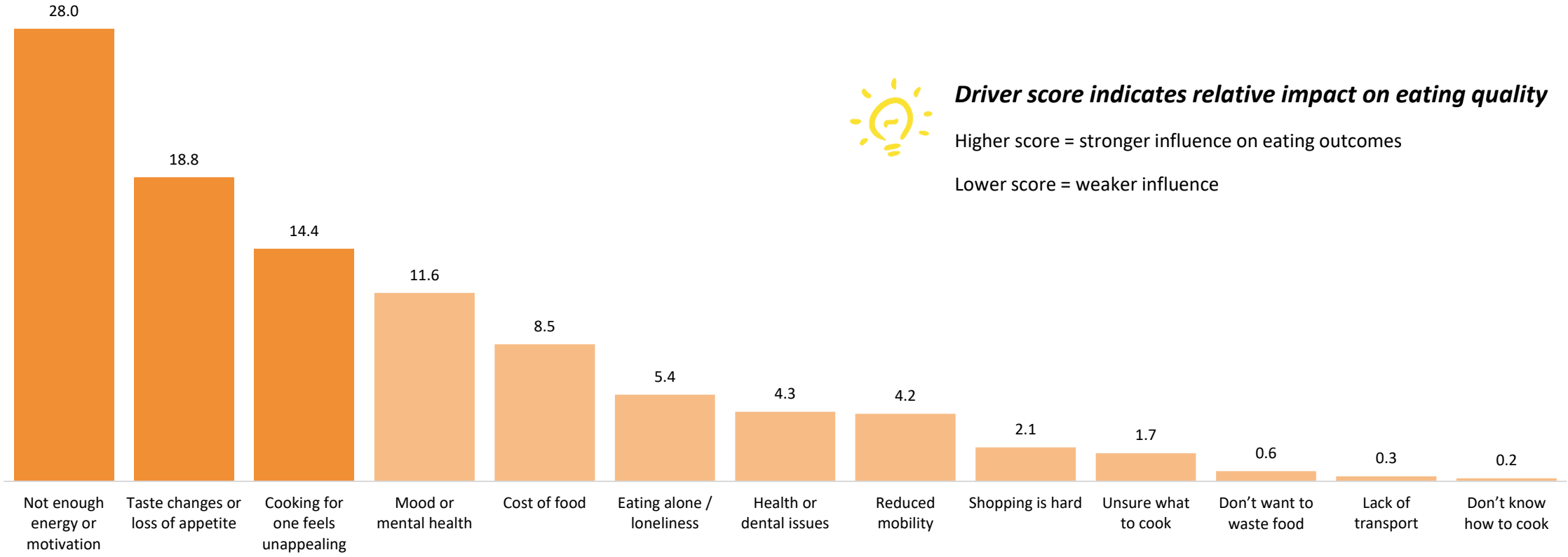
Decline is not inevitable; it is driven by identifiable pressures that can often be managed or supported

"My **relationship with food has dropped off quite dramatically over the past 3 years because my appetite has lessened and only have small meals now which don't have a lot of nutrients**. It's mostly sausages, dim sims, hot dogs and the like because they are easy to cook and can't be bothered to cook other things because I usually stuff them up. My partner works and doesn't eat when she gets home so I have to cook something simple. I also have been diagnosed with diverticulitis, so my stomach hurts quite a lot when having a meal."

Male, Aged 75 – 79.

Survey response to '*10. How would you describe your relationship with food?*'

Eating well at home is limited more by how people feel than what they can access. Human and behavioural factors, particularly energy, appetite and motivation have the greatest influence on eating quality



Driver score indicates relative impact on eating quality

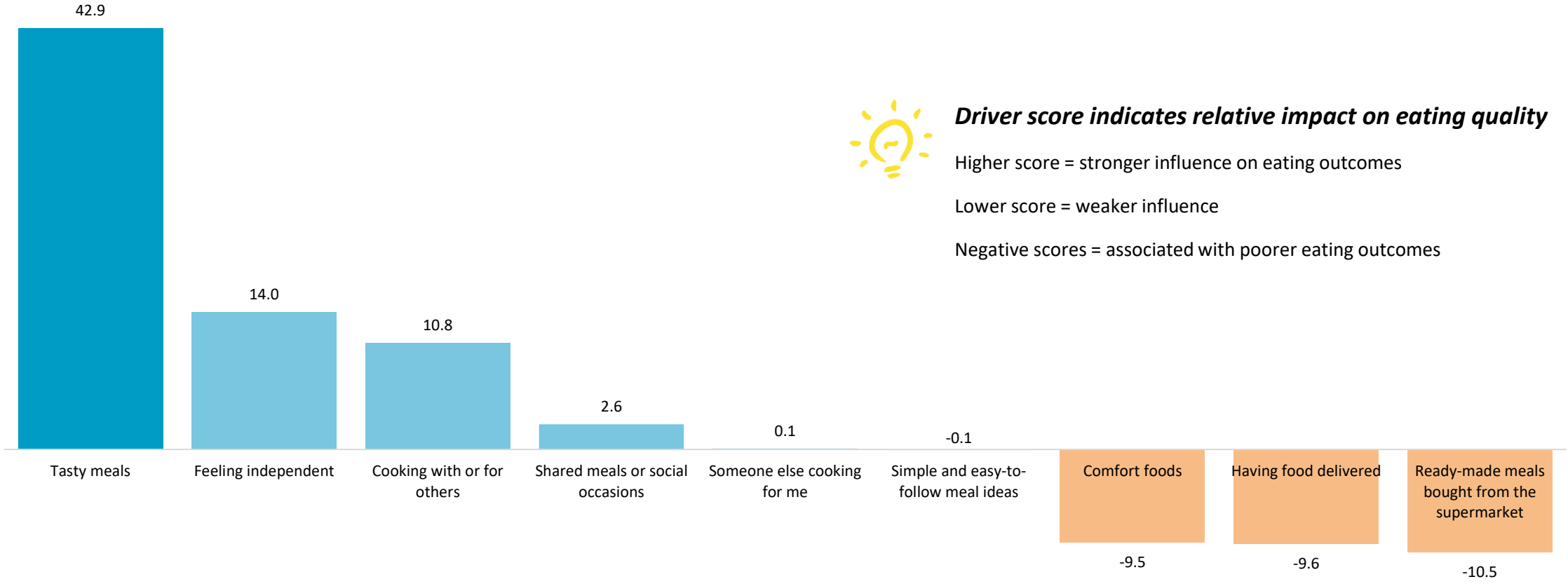
Higher score = stronger influence on eating outcomes

Lower score = weaker influence

Driver analysis identifies the relative impact each barrier has on quality of eating by isolating its independent contribution (controlling for overlap between factors). Higher scores indicate stronger influence on eating outcomes, meaning improving these areas is likely to have the greatest effect on overall eating quality.

Whilst **eating well at home is most strongly encouraged by enjoyment, independence and participation in food**.

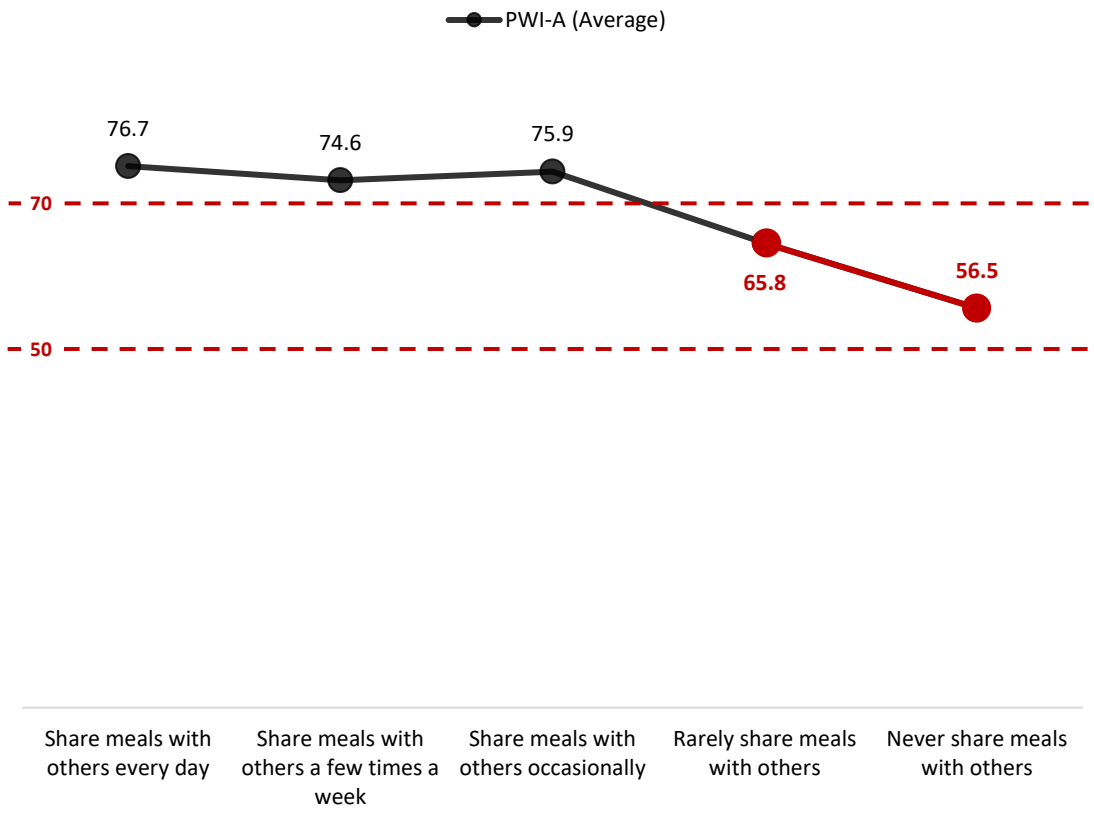
Please note, while ready-made or delivered meals are associated with poorer eating outcomes, this likely reflects their greater use among those already experiencing declining health, energy or capability rather than causing poorer eating quality directly.



Driver analysis identifies the relative impact each barrier has on quality of eating by isolating its independent contribution (controlling for overlap between factors). Higher (and positive) scores indicate factors associated with better eating outcomes, while lower (and negative) scores indicate factors more associated with poorer or passive eating behaviours

As social eating declines, so too does enjoyment, motivation and overall wellbeing, reinforcing the link between food and quality of life

Social connection plays a critical role in eating and wellbeing, yet current behaviours suggest it is not consistently enabled.



18% rarely or never share meals with others

37% for those living alone

33% rarely or never eat meals outside of home

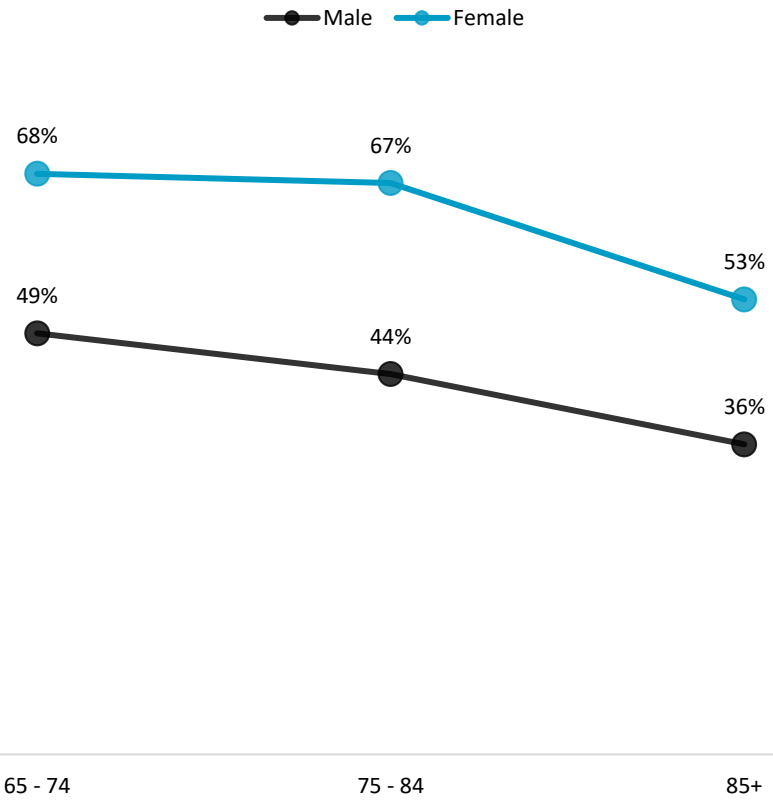
44% want to share meals with others more often

50% for those living alone

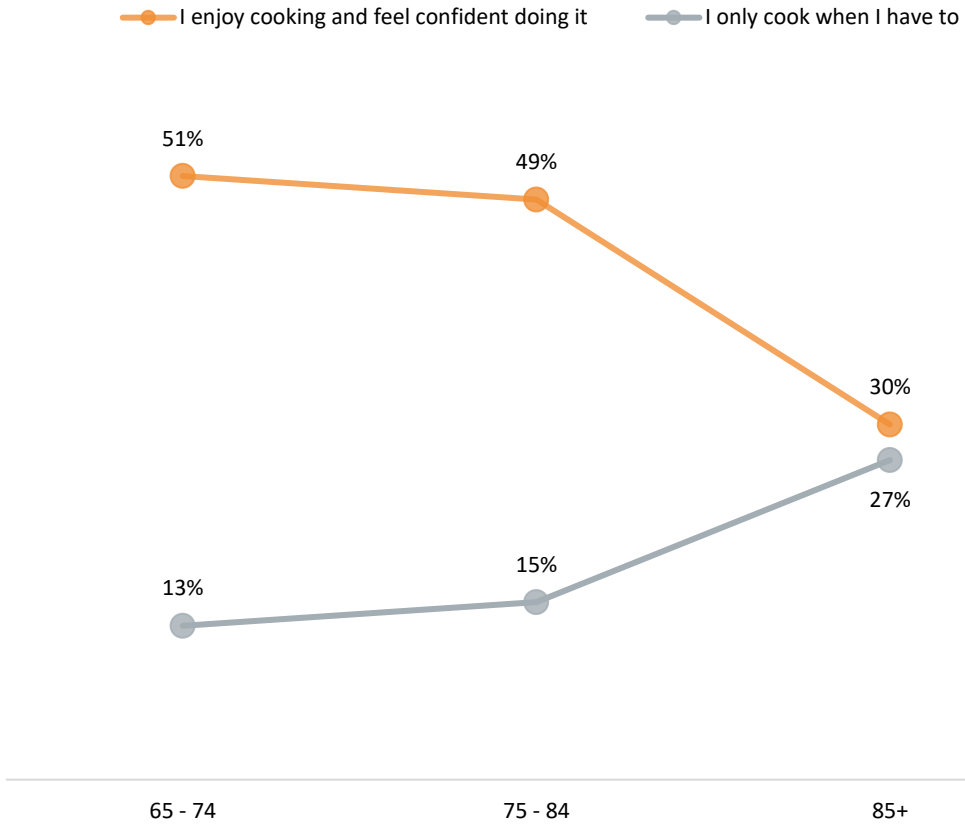
Cooking declines with age and shifts from enjoyment to necessity

How often do you cook or prepare your own meals?

[% who cook every day]



Which best describes your current experience with cooking?



Two distinct experiences: Eating well at home is driven by confidence, routine and social support

Those who rate ***'excellent'*** or ***'good'*** for quality of eating (n=1,971, 79%)

Age

65 – 74	43%
75 – 84	52%
85+	6%

Gender

Female	62%
Male	38%

Confident, capable and supported

This segment benefit from a combination of confidence, enjoyment and routine. They not only understand what it means to eat well, but enjoy cooking and feel confident doing it, making meal preparation a consistent and positive part of their day.

This is supported by stable living situations and finances, with many living with a partner, as well as frequent home cooking and regular shared meals. Together, these factors create an environment where eating well is easy to maintain. It is something that is habitual, enjoyable and socially reinforced, rather than something that requires effort.

Who do you live with?

Alone	32%
With spouse / partner	**62%**
With family or friends	6%
Supported independent living	<1%

Which best describes your current financial situation?

I am very comfortable financially	17%
I am managing well	**51%**
I am just getting by	23%
I find it difficult to make ends meet	4%
I am struggling financially	2%

How often do you cook or prepare your own meals?

Every day	**64%**
A few times a week	21%
Occasionally	8%
Rarely	5%
Never	2%

How often do you share meals with others?

Every day	**40%**
A few times a week	12%
Occasionally	33%
Rarely	11%
Never	3%

Which best describes your current experience with cooking?

I enjoy cooking and feel confident doing it	**57%**
I can cook but don't enjoy it much	22%
I would like to cook more, but it feels difficult for me	4%
I only cook when I have to	12%
I rarely or never cook	5%

How confident are you in knowing how and what to eat to stay well?

Extremely confident	**37%**
Confident	**51%**
Somewhat confident	11%
Not very confident	1%
Not confident at all	0%

Has the way you eat or enjoy food changed?

Yes	31%
No	**69%**

PWI-A satisfaction measures (Average score)

How satisfied are you with your standard of living?	**81.5**
How satisfied are you with your health?	71.4
How satisfied are you with what you are achieving in life?	76.6
How satisfied are you with your personal relationships?	**80.4**
How satisfied are you with how safe you feel?	**82.6**
How satisfied are you with feeling part of your community?	75.4
How satisfied are you with your future security?	75.2

62%
Live with a spouse or partner

64%
Cook or prepare meals every day

40%
Share meals with others every day

69%
Say the way they eat or enjoy food has NOT changed

While these respondents currently rate their eating quality positively, 53% face at least one circumstance commonly associated with poorer eating outcomes

53%

Of those eating well still face a potential risk factor

That's 1,040 people out of 1,971
who rate eating quality as Excellent or Good

Living alone

Financially strained

Aged 85+

Where risk factors overlap

761 people (39%)
One risk factor

272 people (14%)
Two risk factors

8 people (<1%)
Three risk factors

Current eating quality may not fully reflect future resilience, with many respondents facing circumstances that could make eating well **harder to sustain over time**

Two distinct experiences: Poorer eating reflects lower confidence, less engagement and greater isolation

Those who rate ***'fair', 'poor'*** or ***'extremely poor'*** for quality of eating (n=525, 21%)

Age

65 – 74	47%
75 – 84	47%
85+	6%

Gender

Female	70%
Male	30%

Less engaged, less confident and more isolated

This segment is characterised by lower engagement and enjoyment in cooking, alongside more limited confidence in knowing what and how to eat well. While many are still able to cook, it is often approached as a task rather than something enjoyable.

They are more likely to be living alone, just getting by financially and less satisfied with their health, with fewer opportunities for shared meals and social reinforcement. These factors create an environment where eating well requires more effort than it often feels worth, contributing to lower overall wellbeing and a greater likelihood that their relationship with food has changed.

Who do you live with?

Alone	**49%**
With spouse / partner	42%
With family or friends	8%
Supported independent living	0%

Which best describes your current financial situation?

I am very comfortable financially	7%
I am managing well	**36%**
I am just getting by	**33%**
I find it difficult to make ends meet	10%
I am struggling financially	12%

How often do you cook or prepare your own meals?

Every day	**41%**
A few times a week	29%
Occasionally	16%
Rarely	10%
Never	4%

How often do you share meals with others?

Every day	24%
A few times a week	12%
Occasionally	30%
Rarely	**25%**
Never	**10%**

Which best describes your current experience with cooking?

I enjoy cooking and feel confident doing it	19%
I can cook but don't enjoy it much	**35%**
I would like to cook more, but it feels difficult for me	11%
I only cook when I have to	**25%**
I rarely or never cook	10%

How confident are you in knowing how and what to eat to stay well?

Extremely confident	12%
Confident	**42%**
Somewhat confident	**38%**
Not very confident	8%
Not confident at all	1%

Has the way you eat or enjoy food changed?

Yes	**65%**
No	35%

PWI-A satisfaction measures (Average score)

How satisfied are you with your standard of living?	64.8
How satisfied are you with your health?	**50.8**
How satisfied are you with what you are achieving in life?	**56.1**
How satisfied are you with your personal relationships?	62.6
How satisfied are you with how safe you feel?	68.0
How satisfied are you with feeling part of your community?	56.8
How satisfied are you with your future security?	**56.5**

45%
Live alone

55%
Don't enjoy cooking or only cook when they have too

35%
Rarely or never share meals with others

65%
Say the way they eat or enjoy food HAS changed

Support systems known to respondents largely focus on food provision, rather than capability or connection

What exists today?

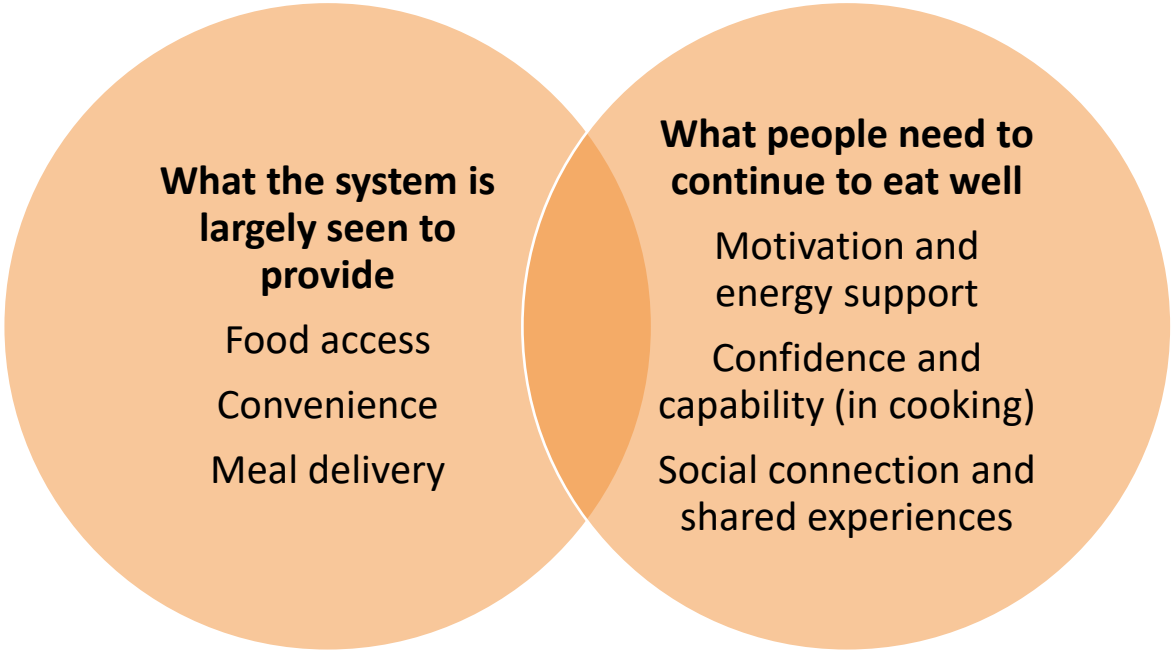
Support is heavily skewed toward provision

- High awareness of meal delivery services (e.g. Meals on Wheels, ready-made meals)
- These services play an important role in addressing access and convenience

However, awareness of broader support is limited

- 79% did not mention any successful initiatives
- Some, but limited references to programs supporting:
  - Cooking skills
  - Motivation or confidence
  - Social connection

62% are open to new solutions / initiatives, with openness highest among those experiencing lower eating quality



The biggest barriers are human and behavioural, but top-of-mind solutions (whilst critical) are largely practical and provision-based.

Addressing this gap may require a broader focus beyond food itself

The opportunity lies beyond food, enabling people to continue to eat well at home

Explore opportunities beyond provision to help support capability

Shift focus from delivering food to enabling people to cook, adapt and maintain independence

Address motivation as the primary barrier

Interventions should prioritise energy, appetite and enjoyment

Rebuild social connection around food

Eating well is reinforced socially, creating opportunities to share meals is critical

Identify and support at-risk moments earlier

Decline is gradual and predictable, earlier intervention can prevent compounding pressures

Simplify guidance and support

Simple, trusted guidance can help people navigate support earlier and with greater confidence





Summary of research findings

While **most older people feel they are eating "well enough," truly quality eating is less widespread and declines with financial strain, living alone and ageing**. Eating well at home is achievable, but sustained quality is fragile and shaped by structural and social factors

1 **Are older people eating well?**

Food continues to play a meaningful role but increasingly becomes routine and necessity-led with age, particularly among men and those living alone. As social eating declines, as does enjoyment, despite a clear latent desire for more shared and connected food experiences

2 **What role does food play in the lives of older people?**

Most remain engaged in meal preparation, yet this independence erodes over time, especially among men and the 85+ cohort. **As energy, confidence and motivation decline, cooking shifts from a proactive, enjoyable activity to a functional** or avoided task

3 **How do older people participate in food preparation?**

Low motivation, cost and cooking for one are significant barriers, often reinforcing each other. **Top of mind support systems are heavily skewed toward meal provision rather than building capability, confidence and social connection** – potentially missing an opportunity to address root causes

4 **Where are the gaps in current behaviours / supports and what opportunities exist to better support eating well at home?**

Food knowledge is largely shaped by habit and trusted relationships rather than active seeking, particularly among older cohorts. While confusion exists and engagement declines with age, **those experiencing poorer outcomes are the most open to new solutions** – highlighting a clear opportunity for simple, trusted and targeted interventions

5 **Where do older people get food-related information and education?**

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