A Maggie Beer Foundation Initiative
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THE HOMEPLATE PROJECT

What older people told us about eating at home

Findings from one-on-one conversations and focus groups with older people across regional and metropolitan Australia.

MAGGIE BEER FOUNDATION
CREATING AN APPETITE FOR LIFE

ONE-PAGE SUMMARY

The HomePlate Project

Why we did this

Most older people want to stay in their own homes, and most do. But eating well at home quietly becomes harder with age, and malnutrition often goes unnoticed until someone ends up unwell. The HomePlate Project set out to listen, first-hand, to how older people are really eating at home.

What we did

90 one-on-one conversations and 144 people across 15 focus groups, more than 230 older people in total, in regional, rural and metropolitan New South Wales, Victoria, Queensland and South Australia. We met people in shopping centres, neighbourhood houses, coffee groups, men's sheds, community centres, retirement villages and more.

Things we heard most often

1 Eating changes with age. Appetites shrink, portions get smaller, and many people have quietly moved to two meals a day. Lunch is often the meal that disappears.

2 Cooking for one is the turning point. When people live alone, especially after losing a partner, the motivation to cook can fall away. "It's just me" came up again and again.

3 Company changes everything. Almost everyone said they eat better, and more happily, with other people. Shared meals and community gatherings were treasured.

4 Health conditions reshape the plate. Diagnoses, dental problems and difficulty chewing or swallowing change what people can eat, and many are left with a restriction but little guidance on what to actually cook.

5 What people wished were different. Asked what one thing they would change, people wanted someone else to do the cooking, smaller portions, easier-open packaging, more variety, and above all more motivation to want to cook again.

In their words

"When you eat with other people, you always eat more."

"It's the company that matters."

"When she nips off for three months, I'm in survival mode."

"If I'm on my own, I don't bother."

Why it matters

The patterns people described — eating less, skipping meals, low motivation, eating alone — line up closely with the **recognised warning signs for poor nutrition** in later life. What we heard puts a human voice to a problem that is usually invisible until it becomes a health crisis.

THE SNAPSHOT

What we heard, at a glance

WHO WE HEARD FROM

We listened to older people about how they really eat at home. Here is the short version.

234 older Australians, across 4 states

90 in one-on-one conversations

144 across 15 focus groups

WHAT THE ONE-ON-ONE CONVERSATIONS SHOWED

Of the 90 people we spoke with individually. These figures are not drawn from the focus groups but similar patterns existed.

27% skip meals or eat just once or twice a day

24% live or eat alone

28% changed their diet for a health reason

WHAT CHANGES THE WAY OLDER PEOPLE EAT AT HOME

Cooking for one is the turning point

When it's just them, the motivation to cook fades.

Lunch is the meal that disappears

Many have quietly drifted to two meals a day.

Health and cost reshape the plate

Diagnoses, dental issues and prices all bite.

Company changes everything

People eat more, and more happily, with others.

Men are learning to cook

Often after a wife passed away or stopped cooking.

Meal delivery services help

A valued safety net, but provision alone often not enough.

THE BOTTOM LINE

Eating well at home is less about knowing what's healthy than **having a reason to bother,** and company is the biggest difference.

Contents

Executive Summary

Most older people want to grow older in their own homes, surrounded by the things and people they love. The vast majority do. Yet one of the most ordinary parts of daily life, shopping, cooking and sitting down to a good meal, quietly becomes harder with age. When it does, the consequences are serious but easy to miss. Poor nutrition in later life is common, often hidden, and strongly linked to falls, illness, premature hospital admissions, slower recovery and a faster loss of independence.

The HomePlate Project, an initiative of the Maggie Beer Foundation, was created to understand this from the ground up, by listening to older people themselves. This report shares what we heard from 234 older people, 90 people in one-on-one conversations and 144 across 15 focus groups, held in regional, rural and metropolitan communities in New South Wales, Victoria, Queensland and South Australia.

The story that emerged is consistent and human. Eating well in later life is far less about knowing what is healthy than about having a reason to bother. People described shrinking appetites, smaller portions and a gradual drift toward two meals a day, with lunch the meal most likely to fall away. But the single most powerful theme was the difference made by living, and eating, alone.

When people lose a partner or live by themselves, cooking can stop feeling worth the effort. “It’s just me, it doesn’t matter anymore” was, in different words, the most common sentiment we heard. The same people lit up when they described eating with others; a family dinner, a coffee group, a community lunch. Company, far more than convenience or cost, was what made people eat well and enjoy it.

We heard a distinct story from older men, many of whom are cooking for the first time after a lifetime of being cooked for, some embracing it with pride, others surviving on toast, meal-replacement shakes and takeaway. We heard how health conditions, dental and digestion changes, and the rising cost of food all push people toward simpler and sometimes thinner meals.

And we heard that delivered meal services are genuinely valued for keeping people nourished and giving families peace of mind, while also showing that getting good food to someone is only part of the picture. What people longed for alongside the food was variety, choice, and above all the company that turns a meal into something to look forward to.

Taken together, the patterns people described - eating less, skipping meals, low motivation and eating alone - closely match the recognised warning signs for malnutrition in older people. The value of this work is that it puts real voices and faces to a problem that is usually invisible until it shows up in a hospital.

This report sets out how the listening was done, what older people told us, and why it matters. It deliberately does not propose solutions; its purpose is to record what we heard.

About the HomePlate Project

Food tells the story of a life

Picture a dinner table at the end of the night. A half-eaten plate of pasta. A radio playing to an empty room. A small pile of bills, and a few medicine packets beside the plate. Look closely and that table tells you a great deal: an appetite that has faded, the quiet of living alone, the worry of rising costs, and medications that can take the pleasure out of food. The food we eat at home reflects who we are, how we are, and who is with us.

The Maggie Beer Foundation has spent more than a decade championing the joy of good food in residential aged care homes. The HomePlate Project turns to the next frontier: the food older people prepare and eat in their own homes, where most of us hope to remain as we age.

The hidden problem of eating well at home

People overwhelmingly want to age in place. Research associated with the Royal Commission into Aged Care Quality and Safety found that around 80 per cent of older people want to receive support where they currently live, and 62 per cent want care in their own home.[1] Only a small minority, around 5 per cent of older people, live in an aged care home at any one time.[2]

But ageing well at home depends on eating well at home, and here the picture is concerning.

Among older people living in the community, an estimated 5 per cent are already malnourished.[3,4] That figure climbs steeply with setting and age, reaching 30 to 40 per cent among older people admitted to hospital and 45 to 50 per cent of those living in residential aged care.[5]

Malnutrition in later life rarely looks dramatic. It is not usually the result of going without food, but of slowly eating less, eating the same few easy (and often highly processed) things, and losing the appetite and motivation that once made meals a pleasure. It increases the risk of falls, infection and frailty, and it can quietly accelerate the loss of the very independence people are trying to protect.[6]

What we set out to learn

Often products and services for older people are designed by looking at the system and asking what it needs. HomePlate began the other way around, by asking older people what their lives are actually like. The guiding question was simple:

> “What would make eating at home better as we age?”

To answer it, we listened. This report is the record of what we were told.

How we did this work

This report draws on two streams of listening carried out between late 2025 and mid 2026, reaching more than 230 older people in total. Both were conversations, not surveys, designed to let people describe their food lives in their own words.

HOW WE LISTENED: 234 OLDER AUSTRALIANS IN TOTAL

One-on-one conversations

We spoke with 90 older people individually, mostly in everyday places: shopping centres, Meals on Wheels recipients in their homes, a neighbourhood house, and a Country Women's Association gathering. Conversations followed a gentle guide; a favourite meal, a typical day of eating, shopping and cooking routines, who they share meals with, whether they skip meals, how often they eat out, and what they would change about food at home if they could.

These conversations reached people across a wide range of circumstances, including isolated and frail individuals, people living alone, people managing serious illness, and people relying entirely on others for food.

Focus groups and community sessions

We also held 15 focus groups across four states, involving 144 people. These included socially connected coffee groups, community and neighbourhood centres, men's sheds, retirement village residents, a seniors' citizens group, and a focus group held predominantly with older adults from Chinese-speaking backgrounds. Groups ranged from intimate gatherings to lively shed mornings, and each reflected the shared culture and local realities of its community.

Locations spanned coastal and inland New South Wales (including Yamba, Albury and Wagga Wagga), metropolitan and regional Victoria (including Melbourne, Thurgoona, Shepparton, Rochester and Wodonga), regional Queensland (Toowoomba), and South Australia (Adelaide and the Adelaide Hills).

Who we heard from

Across both streams we reached 234 older people. The one-on-one conversations alone reached the mix of people shown below. Focus group participants spanned a similar age range and included older men, particularly through the men's sheds and older men's networks.

234 older people engaged

90 one-on-one conversations

15 focus groups (144 participants)

77 average age (age range of 60-93)

2/3 two thirds women, one third men

South Australia

New South Wales

Queensland

Victoria

How to read these findings

This is qualitative work. Its strength is depth and honesty, real voices describing real lives. The percentages in this report describe the people who took part; they show how often a theme came up in our conversations, not how common it is among all older people generally. Throughout the report we group what we heard in the one-on-one conversations together with what we heard in the focus groups, because the themes were remarkably consistent across both.

Where the two methods differed, the difference was mostly about who each method reached rather than what they believed. The focus groups, by their nature, tended to attract more socially connected, confident and capable older people; those already part of a coffee group or a shed. The one-on-one conversations, held in shopping centres and lunch programs, reached more people who were isolated, frail or vulnerable. As a result, the hardest stories, of skipped meals, very low motivation and loneliness, came through more strongly in the individual conversations, while the focus groups offered a clearer view of what helps people stay well. We flag these differences in the findings where they are notable.

A note on quotes: Quotes drawn from the one-on-one conversations are shown with the speaker's gender and age, as recorded. Quotes from the focus groups are attributed to the group or setting: participants completed a short anonymous demographic form separately, so individual comments are not linked to a specific age or gender.

What we heard

Ten themes came through clearly. They are presented here from the meaning of eating well, through the changes that come with age, to the practical realities of getting food on the table, and finally to what people themselves wished were different. Where we give a percentage, it refers to the share of the 90 people in one-on-one conversations who raised that theme unprompted.

01

What "eating well" means to older people

Asked what eating well means, very few people reached for rules or nutrition science. They talked about pleasure, balance, variety and enjoyment, and about "common sense" built up over a lifetime. Eating well meant a bit of everything in moderation, not following fads, allowing treats without guilt and, importantly, eating enough. Many made the point that food is about quality of life, not just health.

> "Food, exercise and social connection — you need all three."
>
> **Coffee group participant, Albury**

Several of the more confident, socially connected participants were quick to say they already ate well, often contrasting themselves with other people they knew. This confidence was itself revealing, highlighting that many people believe they are managing well and do not require support, even when they may be at risk of malnutrition: the people most at risk can often be doing fine until they are not.

> "We used to get two meals from a pot of soup; now we get three."
>
> **Focus group participant, Rochester**

02

Eating changes as we age

Almost everyone described their eating changing over time, in the same broad direction: smaller appetites, smaller portions, and less interest in heavy or rich meals. Many had gradually moved from three meals a day to two, and lunch was the meal most often dropped, replaced by a cup of tea and a biscuit, a piece of fruit, or some cheese and crackers.

> "I don't usually eat lunch… a cup of tea and a biscuit, maybe."
>
> **Focus group participant, Yamba**

Taste and texture change too. People told us they had become less tolerant of spice and chilli, and that some foods no longer agreed with them. A number described food simply tasting less interesting than it used to. They wanted more flavoursome meals, and that fading of flavour took some of the joy out of everyday eating. In the one-on-one conversations, this drift toward eating less was striking: more than a quarter of the people we spoke with individually (27%) described regularly skipping a meal or eating only once or twice a day.

Reported reasons for eating less varied; reduced appetite, lower energy needs, illness, medication, or simply being too busy or unbothered, but the pattern was widespread. As one woman put it, the danger is gentle and gradual.

03

Cooking for one: the turning point

If there was a single tipping point in people's food lives, it was cooking for one. Time and again, people who had cooked happily for families all their lives told us that, once it was just them, the motivation drained away. This came through most powerfully in the individual conversations, where almost a quarter of the people we spoke with (24%) were living or eating alone, and around one in nine (11%) directly linked their changed eating to the loss of a partner.

Bereavement was often the trigger. Losing a husband or wife meant losing not just a companion but the person you cooked for, ate with, and planned meals around. Several widows and widowers described eating alone in front of the television, where they would once have shared a proper meal at the table.

One woman, five years after losing her husband, described sitting alone with the television on for company, something she would never have allowed at dinner before. Another spoke simply of what she would most like to change about food at home: that her husband was still alive.

> "If I'm on my own, I don't bother."
>
> **Female, 72 (one-on-one conversation)**

> "My wife did all the cooking. She can't now, so it's up to me. I'm actually loving learning the new recipes"
>
> **Male participant (79), one-on-one conversation**

04

Company changes everything

The flip side of cooking for one was the single most hopeful theme in the whole project: people eat better, and more happily, with others. This was close to universal, across every group and every conversation.

> "When you eat with other people, you always eat more."
>
> **Coffee group participant, Albury**

People described family dinners as the highlight of their week, community lunches as something they planned their week around, and morning teas at the neighbourhood house as small but vital pleasures. For those living alone, a weekly shared meal was often the main, sometimes the only, social meal they had. One grandmother described the night her daughter comes to cook while she minds her grandchild as "the best thing ever."

In the regional Victorian town of Rochester, this community spirit was a strong example. Participants described a remarkable web of shared meals; a Monday family meal at the pub (delivered to anyone who can't come), a free Red Cross lunch, café lunches, and cheap take-home hospital meals, that together kept people fed and connected.

05

The men who are learning to cook

A clear and distinctive story came from older men, especially in the men's sheds and older men's networks. Many had been cooked for throughout their married lives and were now, in their seventies and eighties, learning to feed themselves, either because a wife had become unwell, had passed away, or had simply handed over the kitchen.

Some men embraced this with real pride, cooking from recipe books and finding a new lease of life in the kitchen. Several spoke warmly of dishes a late wife had taught them. Others, though, had very few cooking skills to fall back on. We heard, from family members and from men themselves, of older men relying on meal-replacement shakes, protein bars, or takeaway because that was the limit of what they knew how to do.

This pattern was echoed in the one-on-one conversations, where a number of the men interviewed had taken over the cooking only after a partner's illness or death, some thriving, some clearly struggling.

> "What she made me realise is how important my wife is. She's a first-class cook, and when she nips off for three months, I'm in survival mode."
>
> **Male participant, Men's Shed**

06

Health conditions reshape the plate

Health was woven through almost every conversation. Of the people we spoke with one-on-one, more than a quarter (28%) described a health condition that had directly changed how they eat; among them diabetes, cancer, heart disease, stroke, reflux, coeliac disease, Parkinson's and multiple sclerosis, as well as dental problems and difficulty swallowing.

Some changes were positive and deliberate, such as cutting back on red meat, sugar or salt, eating more vegetables, choosing softer or lighter foods. But people repeatedly told us they had been given a diagnosis and a dietary restriction with little practical guidance on what to actually cook and eat. Dental issues and difficulty chewing or swallowing were a recurring barrier: one woman longed for a steak she could no longer chew, and another could not eat the spinach in her delivered meals because it caught in her throat.

> "Food makes a massive difference to how I feel."
>
> **Focus group participant, Thurgoona**

07

Getting the food: shopping, cost and access

Beyond cooking itself, people described the practical hurdles associated with getting good food into the house.

COST

The rising cost of food was a common practical worry, raised by more than a quarter of the people we spoke with individually (28%). Many described shopping to the specials, buying less protein and seafood than they would like, and watching prices "creep up week by week." For those on the age pension, cost was a serious daily constraint.

BUYING FOR ONE

A practical frustration came up in almost every group: supermarkets are built for families, not for one or two older people. Pack sizes are too big, fresh produce spoils before it can be used, and "two-for-one" deals encourage waste. People wished they could simply buy a quarter of a cabbage or a single portion of meat.

REGIONAL ACCESS AND QUALITY

In smaller regional towns, access and quality were real problems. People described a single expensive supermarket, poor-quality fruit and vegetables, and long drives to reach better or cheaper food. The contrast with home-grown or farmers' market produce was felt keenly.

Home and community vegetable gardens, farmers' markets, produce boxes and cheap or free fruit and vegetables offered through neighbourhood houses and food banks were all mentioned as valued alternatives where they existed.

> "It's cruel not being able to access proper fresh food."
>
> **Focus group participant, Yamba**

08

When cooking stops: delivered meals and services

Many people had turned, at least sometimes, to delivered meals, and they spoke about them with real appreciation. These services were valued as a genuine support, especially after illness or when energy and motivation were low; a reliable way to stay nourished and a reassurance for families. What came through just as clearly, though, is that getting a meal to someone is only part of what makes it nourishing.

People shared thoughtful ideas for how delivered meals could suit them even better. Many would love a little more variety and choice, the option to swap out the rice or potato, or to have fresh as well as frozen, so the food feels chosen rather than simply provided. Several also pointed to packaging as an easy win, describing how fiddly seals and film lids can be difficult for older hands.

People also valued feeling in control of how much help they receive. One participant described asking simply about meals and being offered a much larger package of shopping and cooking support, more than she felt she needed, and wished the meal itself could be the starting point of the conversation.

Finally, many spoke warmly about the human side of delivery. Where a service had moved to frozen, drop-and-go meals, people missed the daily visit that once came with it, a friendly face at the door, and saw that small moment of connection as part of the value, alongside the food itself.

> "I burned my fingers again because I couldn't tear the film back."
>
> **Focus group participant, Wagga Wagga**

> "I just asked about meals. I'd have loved to start there, rather than signing up for everything at once."
>
> **Focus group participant, Yamba**

09

Culture, food and identity

A focus group held predominantly with older adults from Chinese-speaking backgrounds highlighted how deeply food is tied to culture and identity. For these participants, eating well meant traditional, balanced meals; vegetables, fish, rice and soups, lightly cooked, with less oil and salt than Western food. Home-cooked, culturally familiar food was strongly preferred, and shared meals at weekly community gatherings were highly valued.

> "Traditional food suits us best."
>
> **Focus group participant, Chinese-speaking group**

The barriers here were distinct. Limited English reduced confidence and independence; transport and mobility made it hard to reach Asian grocery stores and to carry shopping home; and there was little awareness of, or access to, culturally appropriate meal services. Notably, this group was reasonably confident that everyone in their community ate well. That assurance may itself be a risk, since a community certain no one is struggling is less likely to notice those who are.

10

What people wished were different

At the end of each conversation we asked what one thing people would change about food at home. Their answers, offered here as their words, not our recommendations, painted a clear picture of unmet wishes.

By far the most common wish, said with a smile but real feeling, was for someone else to do the cooking, "a personal chef would be nice." Behind the joke was a genuine fatigue with the daily decision of what to cook. Others wished for cheaper groceries, the ability to buy smaller portions, fresh rather than frozen delivered meals, easier-to-open packaging, and more variety. Some simply wished for more people to share a meal with.

And a few answers cut straight to the heart of the project - the quiet wish, after a lifetime of cooking, simply to want to be bothered to cook again.

> "More motivation to cook."
>
> **Male participant (82), one-on-one conversation**

Why this matters

The purpose of this report is to record what older people told us, not to prescribe what should be done about it. But it is worth drawing the threads together, because the picture people painted is meaningful in itself.

The everyday patterns described in these conversations — eating less, moving to two meals a day, skipping lunch, losing the motivation to cook, and eating alone after the loss of a partner — are not just incidental routines. They are, almost exactly, the recognised early warning signs of poor nutrition in later life. The people describing them were not in crisis; they were ordinary older people going about their lives at home. That is precisely the point. Malnutrition in older age rarely announces itself. It builds quietly, meal by missed meal, until it surfaces as a fall, an infection, or a hospital admission.

What this listening adds is a human voice to a problem that is usually counted only in clinical statistics. It shows that the barriers to eating well at home are less about knowledge and more about motivation, company, capability and circumstance. It shows that the people most at risk, the isolated, the recently bereaved, men who never learned to cook, those managing illness alone, those confident they are not at risk of malnutrition, are often the least likely to recognise or report a problem, and the least visible. And it shows, in the warmth with which people spoke about shared meals, where the protective factors lie.

Above all, it confirms the premise behind the HomePlate Project: that to understand how older people eat at home, the most important thing to do is the simple: ask them, and listen.

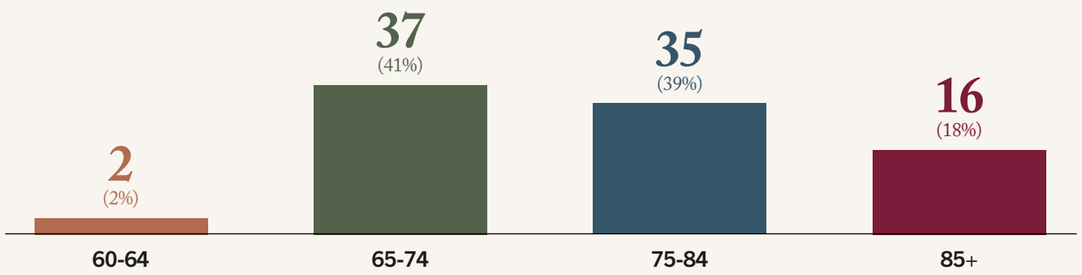
Appendices

The following detail is provided for readers who wish to see the data behind the findings. As noted in the methodology, these figures describe the people who took part in this listening exercise; they are indicative of what we heard, not a statistically representative survey of all older people.

Appendix A: Who we spoke to (one-on-one conversations)

The 90 one-on-one conversations reached older people across six settings in Victoria and South Australia. The charts and tables below describe this group. (Focus group participants completed anonymous forms and are summarised separately in Appendices C and D.)

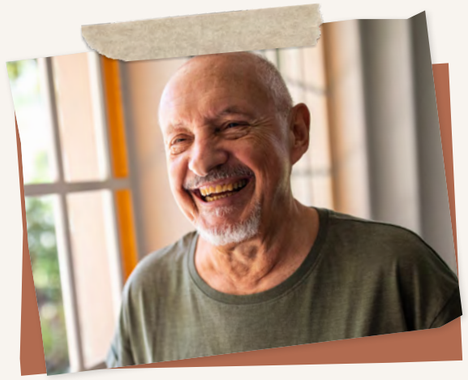
INTERVIEW PARTICIPANTS BY AGE



BY AGE

Age Group	Number of People	Share
60 to 64	2	2%
65 to 74	37	41%
75 to 84	35	39%
85 and over	16	18%
Total	**90**	**100%**

Appendices



BY GENDER

Gender	Number of People	Share
Women	57	63%
Men	33	37%
Total	**90**	**100%**

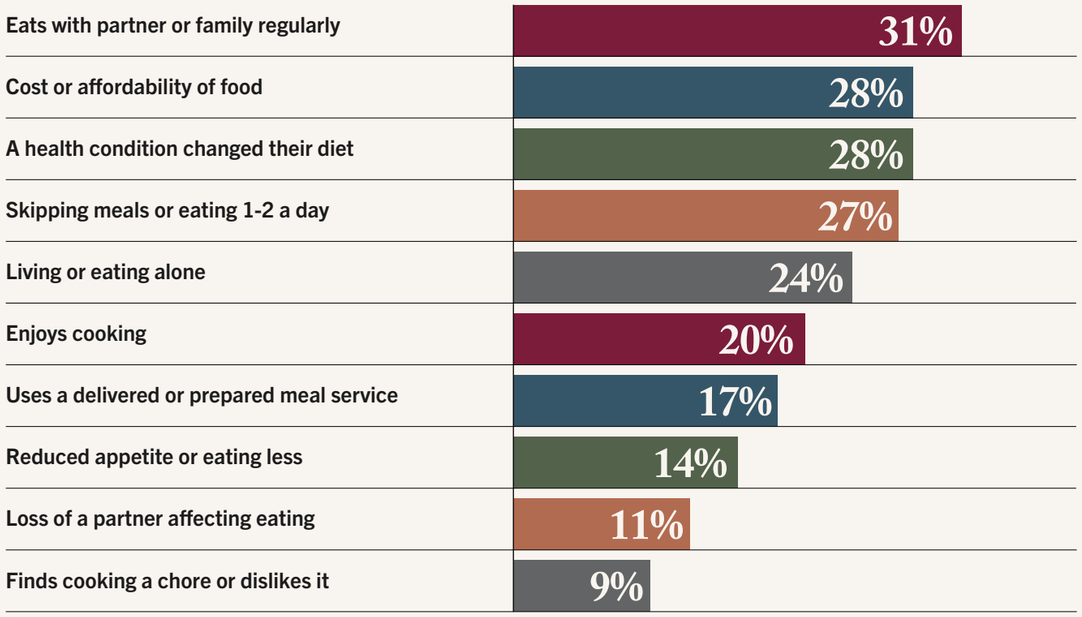
BY LOCATION

Location	State	Number
Bacchus Marsh (Shopping Centre)	Victoria	23
Power Neighbourhood House, Ashwood	Victoria	9
Mildura (Meals on Wheels)	Victoria	8
Mildura (Shopping Centre)	Victoria	20
Greater Adelaide, Castle Plaza	South Australia	23
Stirling (CWA Meeting)	South Australia	7
Total		**90**

Appendix B: What the one-on-one conversations showed

The figures below show how many of the 90 people we spoke with individually raised each theme, as a count and as a share. People often raised more than one issue and the effects may have compounded, however the absence of a mention does not mean it did not apply, so these are best read as a guide to how often a theme came up in open conversation, not as exact rates among all older people.

WHAT PEOPLE RAISED IN ONE-ON-ONE CONVERSATIONS
(% OF PARTICIPANTS WHO MENTIONED EACH THEME)



BY THEME

Theme Raised	Number	Share
Eats with a partner or family regularly	28	31%
A health condition changed their diet	25	28%
Cost or affordability of food	25	28%
Skipping meals / eating only 1–2 a day	24	27%
Living or eating alone	22	24%
Enjoys cooking	18	20%
Uses a delivered or prepared meal service	15	17%
Reduced appetite / eating less	13	14%
Loss of a partner affecting their eating	10	11%
Finds cooking a chore / dislikes it	8	9%
Total	**90**	**100%**

Appendices

Appendix C: Focus groups and community sessions

Fifteen focus groups were held across four states between November 2025 and May 2026, involving 144 participants in total; 126 in the regional and rural groups, plus two metropolitan Melbourne groups. They are grouped below by region and round.

BY DEMOGRAPHIC

When	Region (State)	Groups Included	People
Nov 2025	Yamba (NSW)	Regional older adults group	14
Dec 2025	Melbourne (VIC)	Wellington Street neighbourhood house group	6
Feb 2026	Albury & Thurgoona (NSW)	Coffee group; community centre fitness group; community centre morning-tea group	30
Mar 2026	Shepparton & Rochester (VIC)	Library group; Rochester community group	15
Mar 2026	Melbourne (VIC)	Chinese-speaking community group	10
Apr 2026	Wagga Wagga (NSW) & Wodonga (VIC)	Coffee group; Wagga Wagga Men's Shed; afternoon-tea group	33
May 2026	Toowoomba (QLD)	Palm Lake group 1 & 2; Older Men's Network; Senior Citizens	36
Total	**15 groups, 4 states**		**144**

Appendix D: Themes raised in the focus groups

The table (right) summarises the themes that came through across the 15 focus groups. Because this is qualitative work, the middle column shows how widely each theme appeared rather than a precise count. A theme not marked for a group means it was not prominent there, not necessarily that it was absent.

BY THEME

Theme	How widely it appeared	What we heard / where it was strongest
Eating well means pleasure and balance	Most groups	Defined as enjoyment, variety and moderation rather than rules, with treats allowed without guilt.
Eating changes with age	All groups	Smaller appetites and portions, a drift to two meals a day, lunch the weakest meal, and less tolerance for spicy or rich food.
Social connection and eating with others	All groups	The most consistent theme of all: people eat more, and more happily, with others. Family dinners, coffee groups and community lunches were treasured.
Living alone and loss of motivation to cook	Several groups	"If I'm on my own, I don't bother." Strongest in the more vulnerable groups; notably weaker among the confident cohort.
Older men learning to cook	Men's groups and others	Widowers, or men whose wives stopped cooking; some thriving, some relying on toast, shakes or takeaway.
Health conditions reshaping the plate	Most groups	Diabetes, heart disease, reflux, coeliac, Parkinson's and MS, plus dental and swallowing issues, with little practical guidance after diagnosis.
Cost and affordability	Several groups	Shopping to the specials, buying less protein, prices "creeping up." Acute for pensioners; acknowledged but downplayed in the more comfortable groups.
Buying for one, pack sizes and waste	Several groups	Supermarkets built for families; produce spoils; "two-for-one" deals encourage waste. A wish for smaller portions.
Regional food access and quality	Regional groups	One expensive supermarket, poor produce and long drives for fresh, affordable food. Offset by home and community gardens and markets, foodbanks.
Delivered meals and services	Most groups	Meal delivery services valued as a safety net. Some described as bland, repetitive, too salty, hard to open and "not the same" as a shared meal.
Navigating My Aged Care	Several groups	Described as confusing, inflexible and poorly matched to food needs, sometimes over-offering help.
Culture, language and transport	One group	Unique to the Chinese-speaking group: traditional food and identity, limited English, and transport barriers to Asian grocers.
Community-led food resilience	Several groups	Shared meals, pub nights and café and Red Cross lunches that buffer risk.

Appendices

Appendix E: A note on method and limitations

- This was qualitative listening, not a representative survey. Findings describe the people who took part and should not be read as precise rates for all older people.
- The one-on-one conversations and focus groups reached different kinds of people. Group conversations tended to attract more confident, socially connected participants; individual conversations reached more isolated and vulnerable people. The hardest stories therefore came through more strongly one-on-one.
- Quotes from one-on-one conversations include the speaker's gender and age as recorded. Focus group participants completed anonymous demographic forms separately, so their comments are attributed to the group rather than to an individual age.
- Some quotes have been lightly tidied for readability without changing their meaning. All quotes are drawn from the project's own conversation notes, summaries and transcripts.
- Counts in Appendix B are based on what people chose to mention in an open conversation, so they understate rather than overstate how common each experience is.

Appendix F: Sources and references

The contextual statistics in "The hidden problem of eating well at home" are drawn from the following published sources. Full web links are provided so each figure can be traced.

Advocare (2025) Why older People thrive in their own space.
advocare.org.au/why-older-people-thrive-in-their-own-space

Australian Ageing Agenda (2020) Most want home-based aged care.
australianageingagenda.com.au/royal-commission/most-want-home-based-aged-care

Charlton K and Walton K (n.d.) Starvation in the land of plenty: why People are malnourished, The Conversation.
theconversation.com/starvation-in-the-land-of-plenty-why-people-are-malnourished-27640

Griffith University (2024) Four in ten residents in Australian aged care homes are malnourished, Griffith News.
news.griffith.edu.au/2024/07/25/four-in-ten-residents-in-australian-aged-care-homes-are-malnourished

Independence Australia (2025) Malnutrition and ageing.
independenceaustralia.com.au/health-articles/nutrition/malnutrition-and-ageing

Lost in Transition: Insights from a Retrospective Chart Audit on Nutrition Care Practices for Older People with Malnutrition Transitioning from Hospital to Home (2024), PMC (US National Library of Medicine).
pmc.ncbi.nlm.nih.gov/articles/PMC11357024

Monash University (2024) 4 in 10 residents in Australian aged care homes are malnourished, first large-scale study reveals, Monash University News.
monash.edu/news/articles/410-residents-in-australian-aged-care-homes-are-malnourished,-first-large-scale-study-reveals

Tan et al. (2025) 'Comprehensive analysis of Australia's aged care system to inform policies for a sustainable future', Frontiers in Public Health, 13:1525988.
frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1525988/full

[1] Australian Ageing Agenda (2020) Most want home-based aged care; and Advocare (2025) Why older People thrive in their own space (Royal Commission survey of 10,000+ People).

[2] Tan et al. (2025) 'Comprehensive analysis of Australia's aged care system to inform policies for a sustainable future', Frontiers in Public Health, 13:1525988.

[3] Caughey GE, Lang CE, Bray SCE, et al. Quality and safety indicators for home care recipients in Australia: development and cross-sectional analyses. BMJ Open. 2022;12:e063152.

[4] Scholes G. Protein-energy malnutrition in older Australians: a narrative review of the prevalence, causes and consequences of malnutrition, and strategies for prevention. Health Promot J Austral. 2022;33:187–193

[5] Scholes G. Protein-energy malnutrition in older Australians: a narrative review of the prevalence, causes and consequences of malnutrition, and strategies for prevention. Health Promot J Austral. 2022;33:187–193

[6] Monash University (2024) 4 in 10 residents in Australian aged care homes are malnourished — malnutrition is associated with increased risk of falls, fractures, infection and slower recovery.

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