HomePlate Project National Survey Report

Maggie Beer Foundation

Data Collected
3 – 31 March 2026

Client Contact
Clare Fargher – Project Lead – HomePlate Project

Square Holes Team
Dylan Jacob – Associate Director
Jason Dunstone – Managing Director
Christine Dunstone – General Manager

SQUARE HOLES

Table of contents

Background, Mission and Objectives 3

Methodology and Approach 4

Survey Respondent Profile 5

Executive Summary 6

- Research Overview 7
- Eating at Home 8
- Food and Wellbeing are Deeply Linked 9
- Eating Quality 10
- Barriers to Eating Well at Home 12
- Drivers to Eating Well at Home 13
- Social Eating 14
- Cooking Frequency and Capability 15
- Profiling for Eating Quality 16
- Support Systems / Initiatives 19
- Opportunities 20
- Summary of Research Findings 21

Research Findings 22

1. Are older people eating well? 23
2. What role does food play in the lives of older people? 35
3. How do older people participate in food preparation and what influences their ability or willingness to do so? 44
4. Where are the gaps in current behaviours / supports and what opportunities exist to better support eating well at home? 51
5. Where do older people get food-related information and education? 59

Appendices 63

- Appendix 1: Additional Analysis 64
- Appendix 2: Additional Methodology and Approach 80

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

Survey respondent profile compared against Australian population figures

Segment	Total survey sample (merged)	Australian population (aged 65+)	Difference (percentage points)
65 – 69	22%	29%	-7
70 - 74	22%	25%	-3
75 - 79	35%	21%	+14
80 – 84	16%	13%	+3
85 – 90	5%	8%	-3
90+	1%	5%	-4
Female	63%	53%	+10
Male	36%	47%	-11
Non-binary	<1%		-
Prefer not to say	<1%		-
New South Wales	24%	32%	-8
Victoria	21%	25%	-4
Queensland	28%	20%	+8
South Australia	15%	8%	+7
Western Australia	9%	10%	-1
Tasmania	2%	3%	-1
Australian Capital Territory	1%	1%	0
Northern Territory	<1%	1%	-1

Within +/- 5pp of population Difference of 5 – 10pp Difference >10pp

Australian population benchmarks are based on Australian Bureau of Statistics data (September 2025), National, state and territory population. Figures for those aged 65+ have been derived from ABS population estimates and are shown for comparison purposes only. Survey results are unweighted and reflect the profile of the achieved sample.

Key considerations

The achieved sample skews slightly, more female, and somewhat over-represents respondents from Queensland and South Australia relative to population benchmarks.

As participation was conducted online, findings may under-represent older Australians with lower digital access.

The inclusion of the Maggie Beer Foundation contact sample may mean some respondents are more engaged or interested in the themes explored in the survey.

Despite these limitations, the sample remains large, diverse and geographically broad, providing a robust evidence base for understanding eating and cooking behaviours among older people living at home.

Executive summary

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

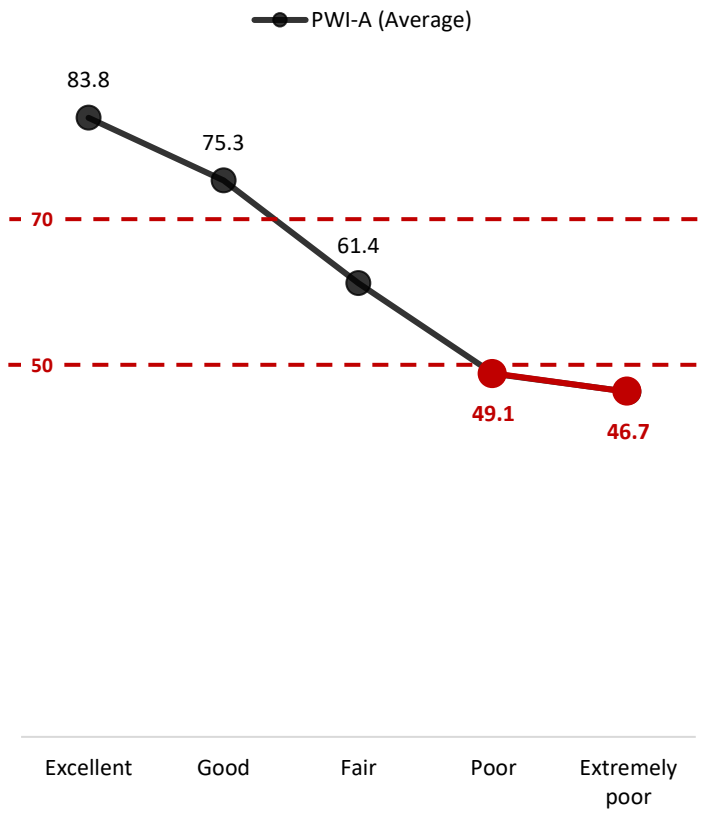
75% rate their appetite as good (49%) or very good (27%)

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

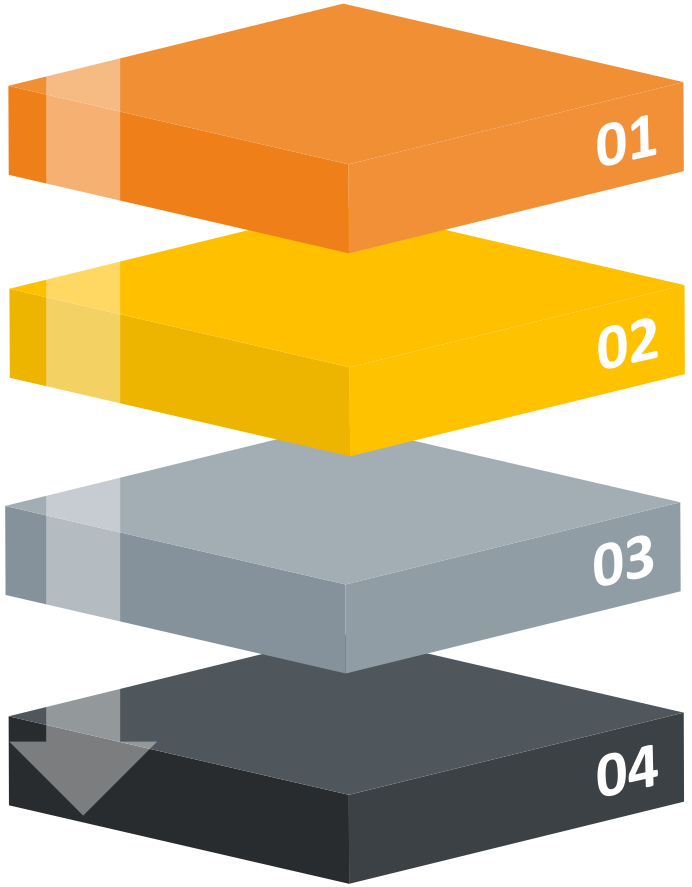
Only 53% rate their eating quality positively (vs. 79% overall)

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

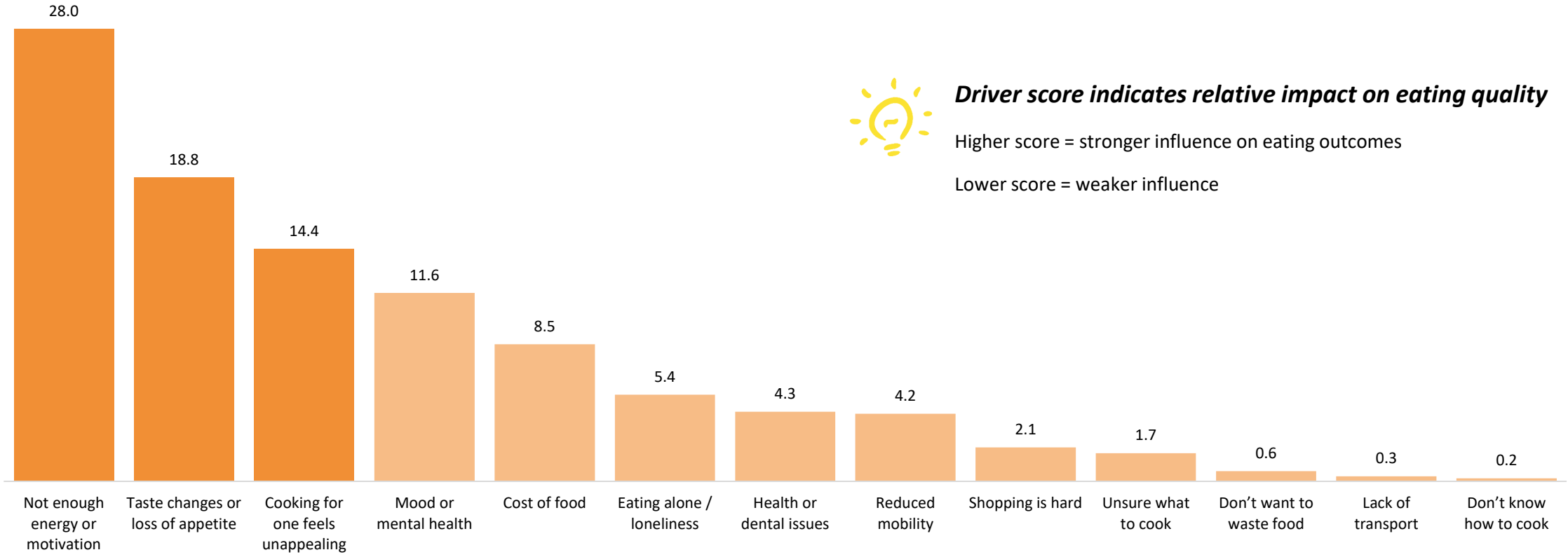
Decline is not inevitable; it is driven by identifiable pressures that can often be managed or supported

"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

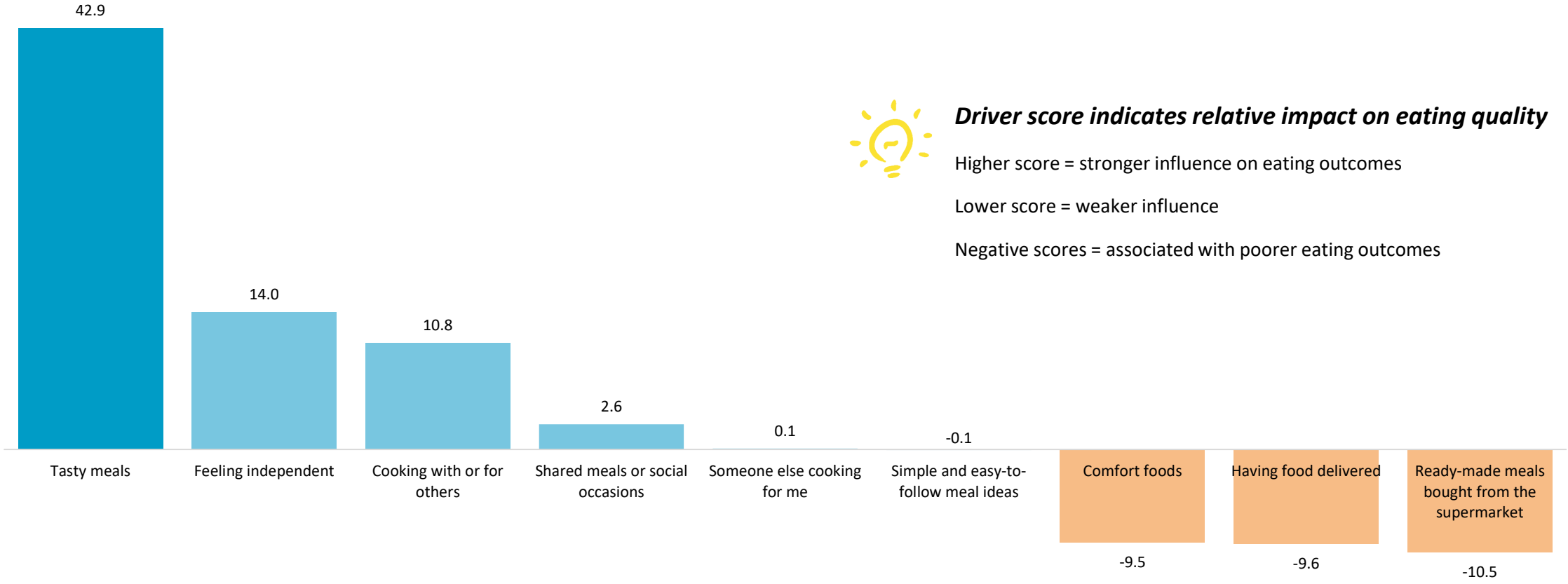
Higher score = stronger influence on eating outcomes

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**.

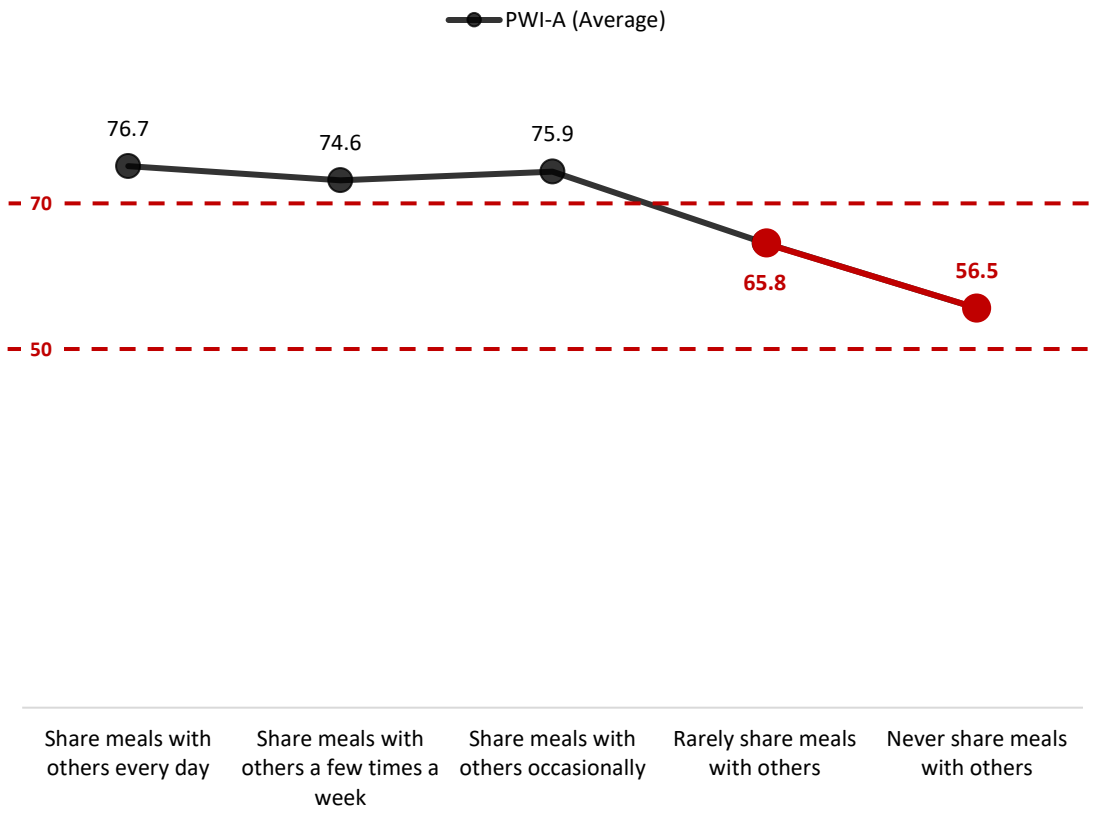
Please note, while ready-made or delivered meals are associated with poorer eating outcomes, this likely reflects their greater use among those already experiencing declining health, energy or capability rather than causing poorer eating quality directly.



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

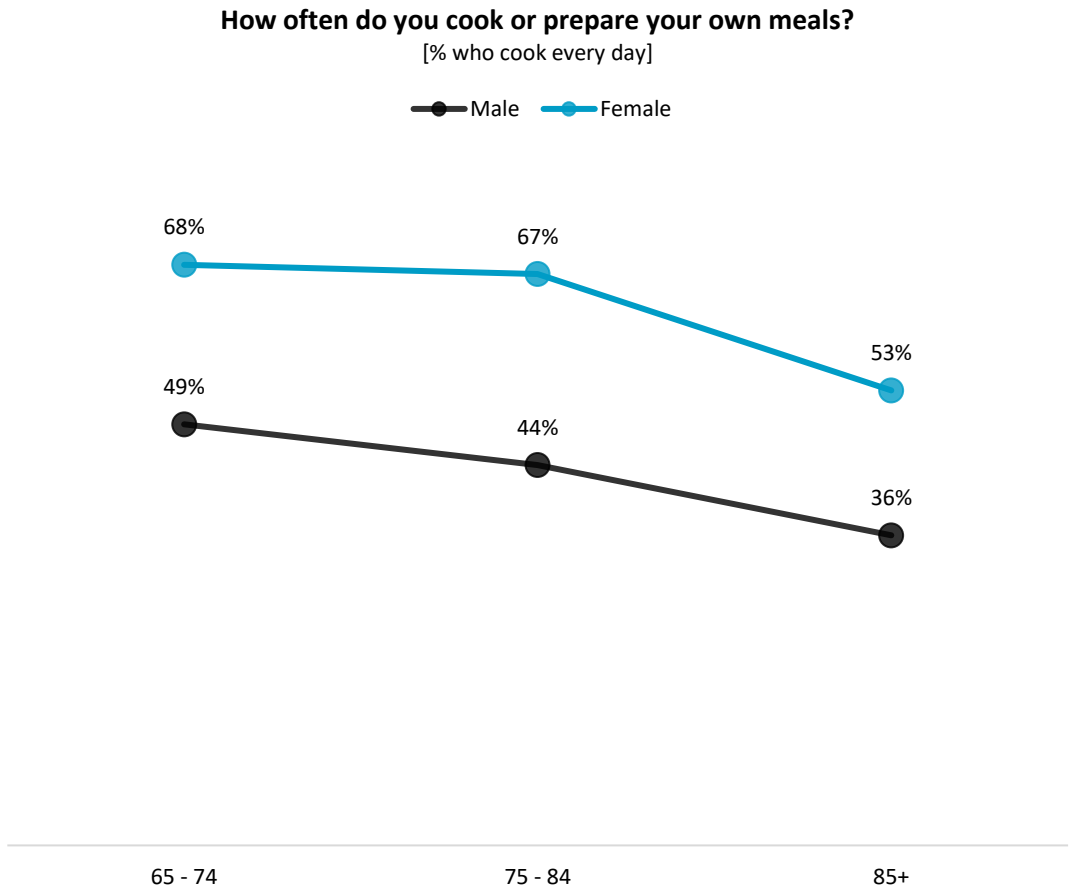
37% for those living alone

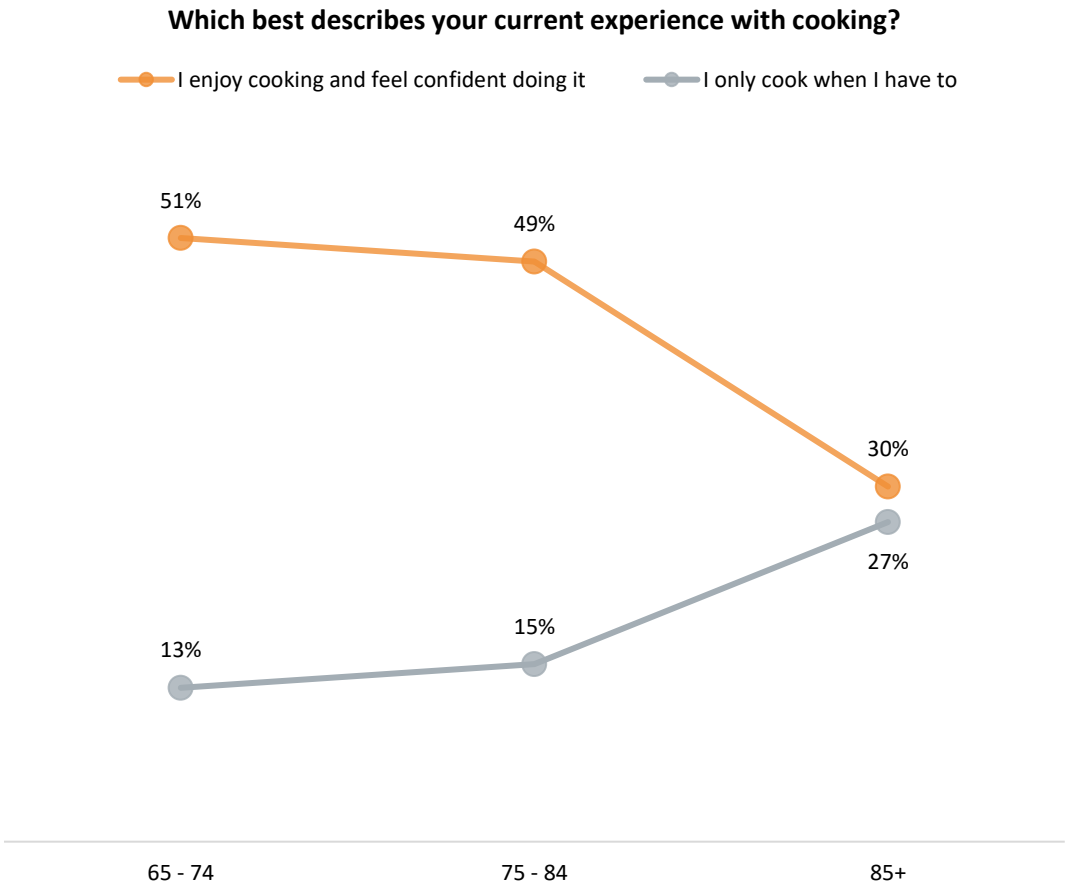
33% rarely or never eat meals outside of home

44% want to share meals with others more often

50% for those living alone

Cooking declines with age and shifts from enjoyment to necessity





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?

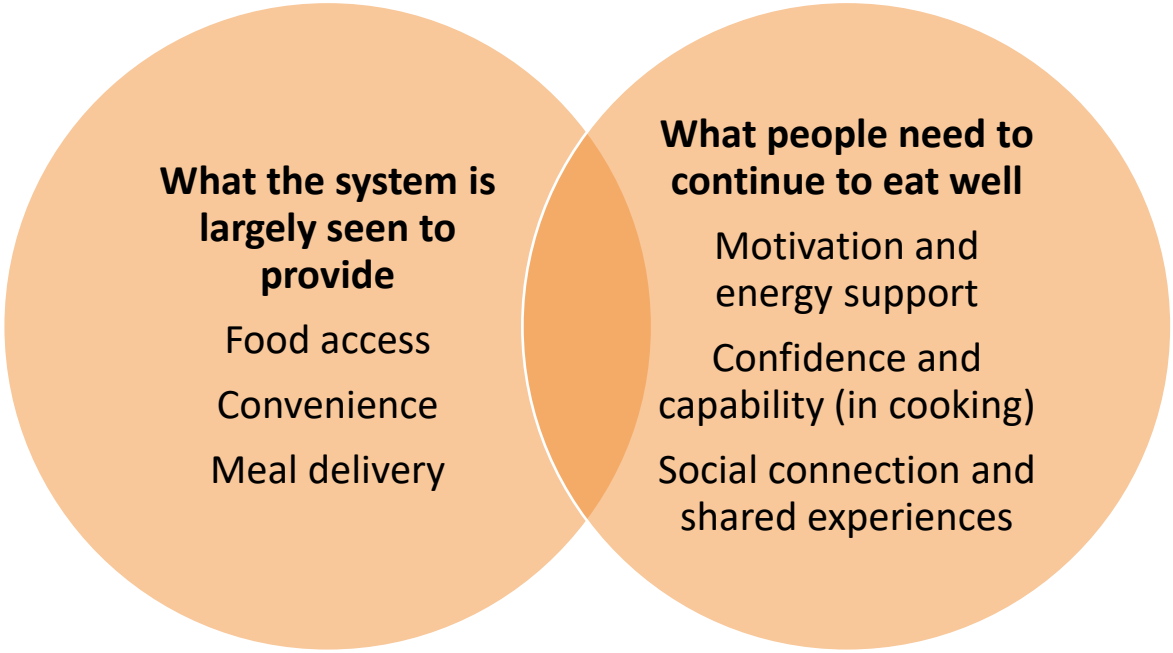
Support is heavily skewed toward provision

- High awareness of meal delivery services and 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?**

Research findings

CHAPTER 1

Are older people eating well?

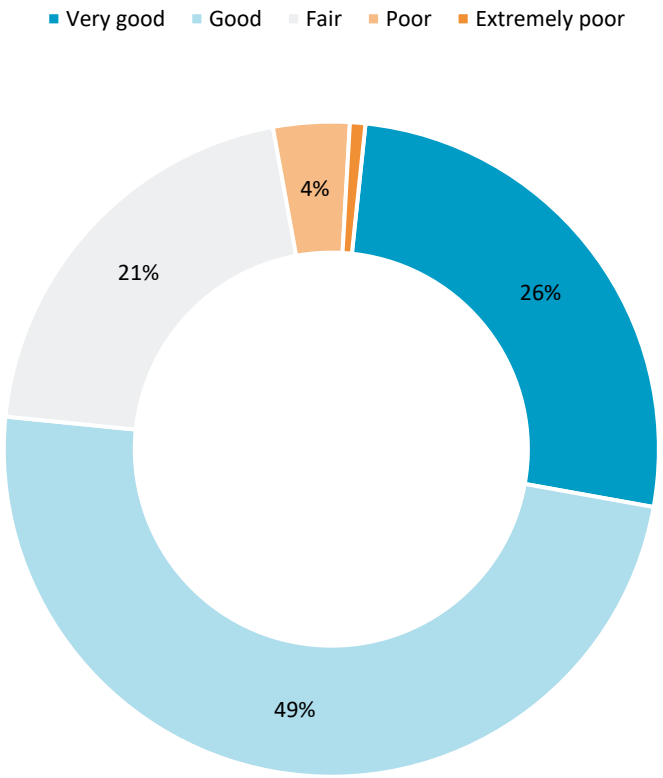
Chapter 1 Summary

1 **Most older people surveyed are eating reasonably well – but “optimal” eating is less common and unevenly distributed.** While around 4 in 5 rate their eating as good or excellent, “excellent” remains relatively low, indicating many believe they are achieving adequacy rather than thriving. Quality is notably lower among those with financial strain and those living alone, highlighting structural and social inequalities in eating well.

2 **Eating well is strongly linked to capability, routine and independence.** Those who cook daily report the highest quality diets, with a clear decline as cooking frequency drops. This points to cooking ability, energy and routine as critical enablers. When these diminish, reliance on meal services and convenience increases, often at the expense of quality.

3 **Declines in eating quality are often driven by overlapping life pressures.** Access to healthy food and confidence in what to eat are generally high, suggesting the issue is not in their own awareness or availability. Instead, changes in health, ageing, social circumstances and cost pressures combine to reduce appetite, motivation and enjoyment – leading to simpler diets, smaller portions and reduced meal quality over time.

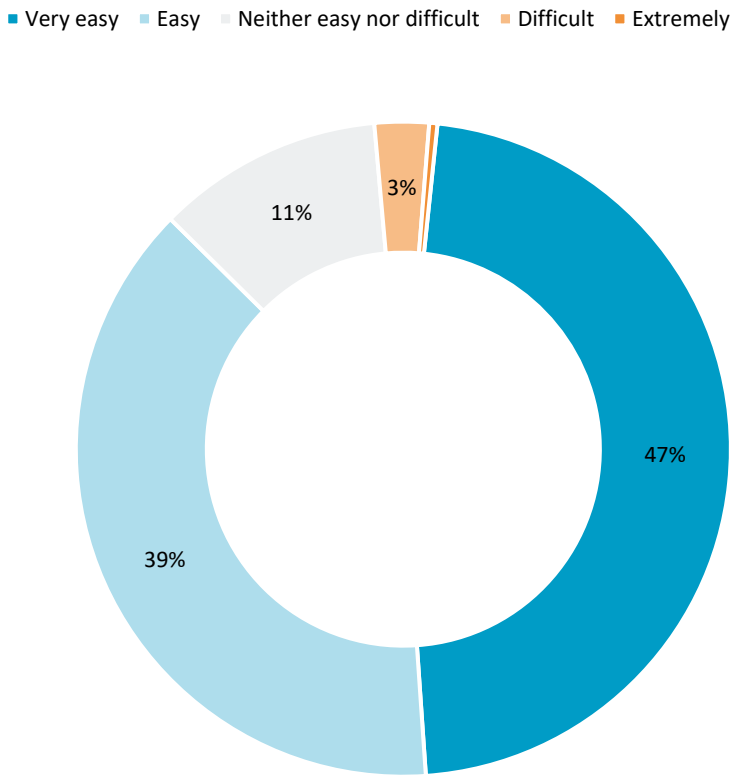
Three in four report a good or very good appetite (75%), but this drops to 67% among those 85+ and is lower for those living alone (69%) or with family / friends (65%) compared to those living with a partner (80%).



	65 - 74	75 - 84	85+	Male	Female	Live alone	Live with spouse / partner	Live with family or friends
Very good + Good	**76%**	**75%**	**67%**	**80%**	**72%**	**69%**	**80%**	**65%**
Very good	27%	26%	20%	27%	25%	23%	29%	19%
Good	49%	49%	47%	53%	46%	46%	51%	47%
Fair	20%	20%	23%	17%	23%	25%	17%	26%
Poor	3%	4%	9%	3%	4%	4%	3%	8%
Extremely poor	0%	1%	1%	0%	1%	1%	0%	1%
Column n	1,085	1,263	148	904	1,584	882	1,434	133

14. How would you describe your appetite most days?

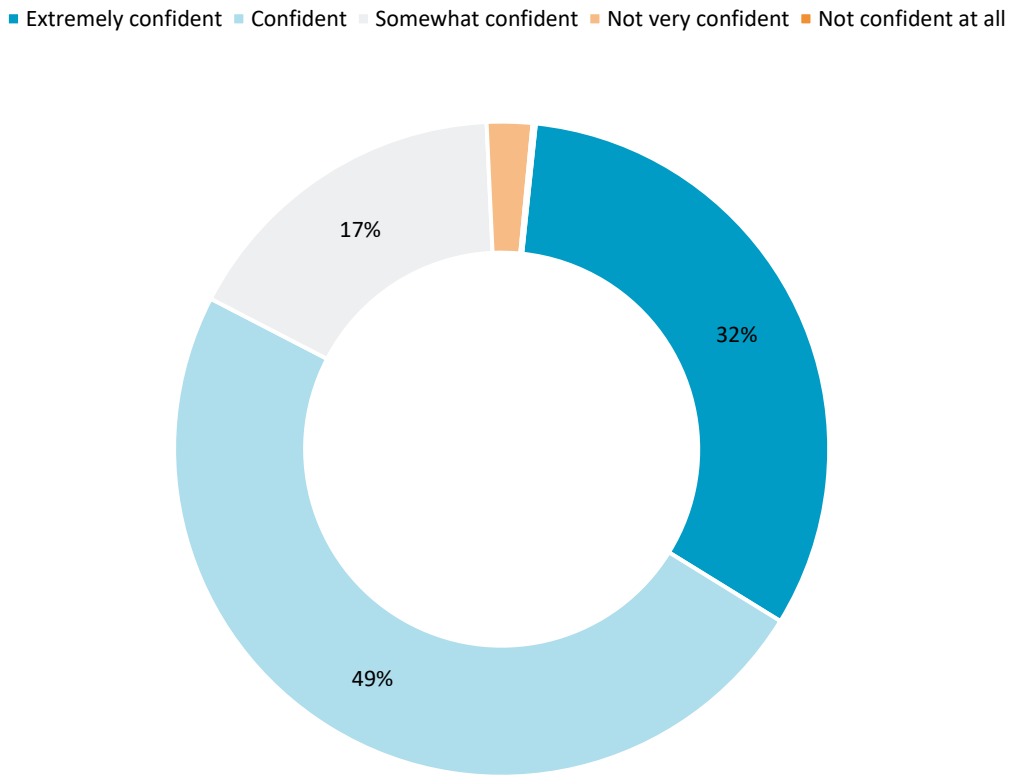
Access to healthy food is widely seen as easy, with only minor friction, though slightly lower ease in regional areas potentially signalling access gaps for older people based in non-metropolitan locations.



	65 - 74	75 - 84	85+	Male	Female	Metro	Regional / rural
Very easy + Easy	**84%**	**87%**	**87%**	**88%**	**84%**	**88%**	**81%**
Very easy	48%	47%	46%	44%	49%	52%	38%
Easy	36%	40%	41%	45%	35%	36%	43%
Neither	12%	11%	10%	10%	12%	10%	13%
Difficult	3%	2%	3%	1%	4%	1%	5%
Extremely difficult	1%	0%	0%	0%	0%	0%	1%
Column n	1,085	1,263	148	904	1,584	1,664	810

15. How easy is it for you to access healthy food where you live?

Confidence in knowing what to eat is high overall, with women more likely to feel extremely confident than men.

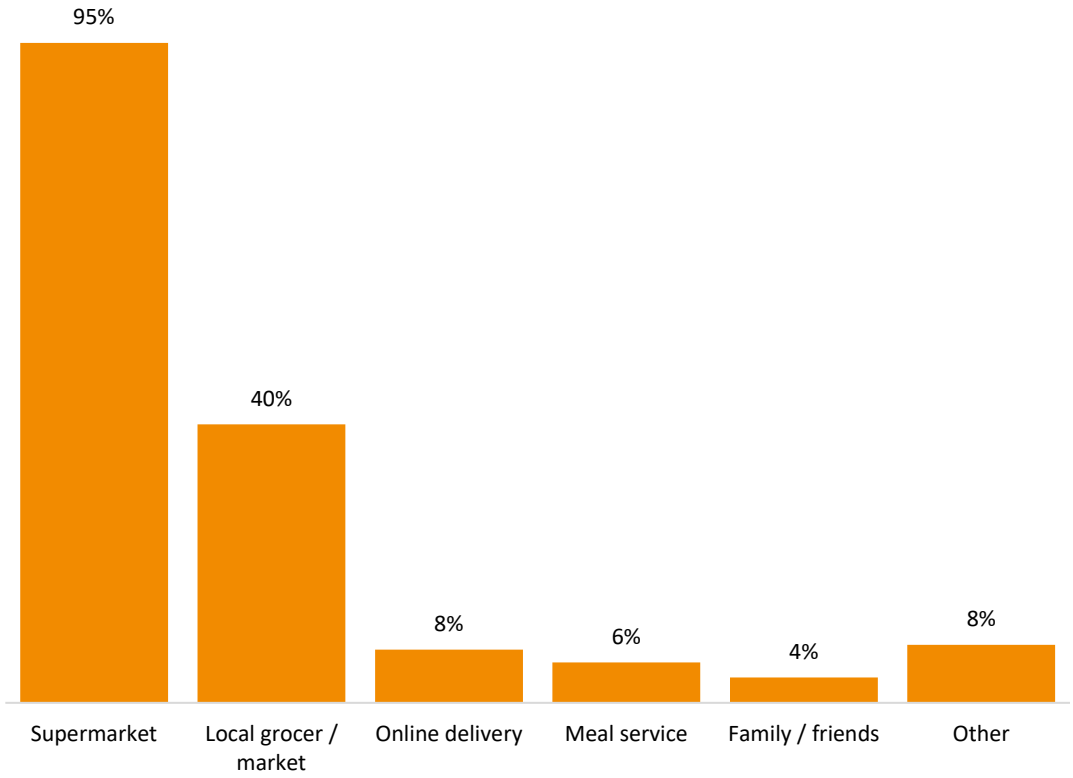


	65 - 74	75 - 84	85+	Male	Female
Extremely confident + Confident	**81%**	**81%**	**80%**	**75%**	**84%**
Extremely confident	34%	30%	33%	23%	37%
Confident	47%	50%	47%	53%	47%
Somewhat confident	17%	17%	16%	21%	14%
Not very confident	2%	2%	4%	3%	2%
Not confident at all	0%	0%	0%	0%	0%
Column n	1,085	1,263	148	904	1,584

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

Supermarkets dominate food sourcing overall, but reliance on meal services increases significantly as cooking frequency declines.

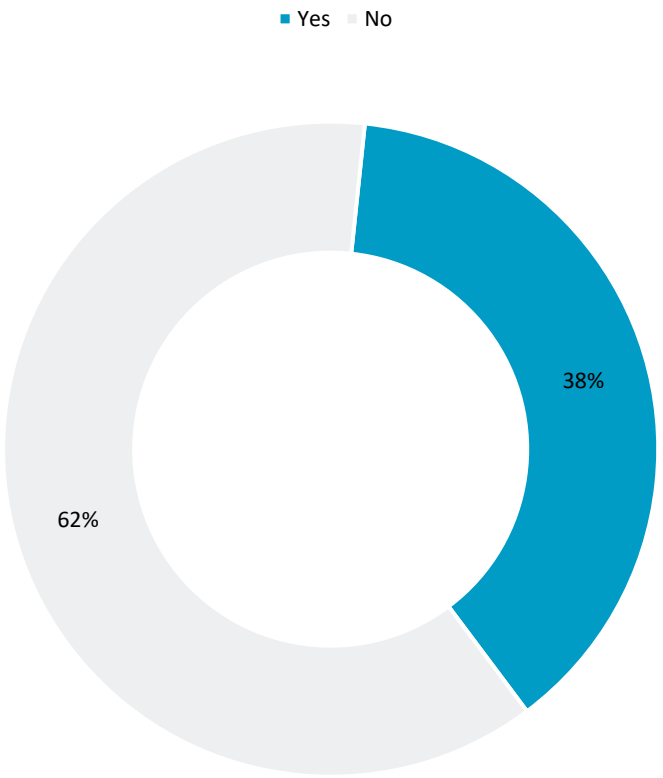
[n=2,496]



	Cook every day	Cook a few times a week	Occasionally cook	Rarely cook	Never cook
Supermarket	95%	97%	94%	91%	75%
Local grocer / market	46%	36%	29%	28%	15%
Online delivery	7%	8%	9%	10%	13%
Family / friends	3%	4%	5%	5%	12%
Meal service	2%	9%	**15%**	**14%**	**17%**
Other	10%	6%	8%	5%	8%
Column n	1,473	559	249	155	60

18. Where do you usually get your food?

Just under 40% of older people have experienced a change in the way they eat or enjoy food due to changes in health, lifestyle or circumstances.



19. Has the way you eat or enjoy food changed due to changes in your health, lifestyle or circumstances (e.g., becoming a carer, recent bereavement, health changes etc.)?

For those who expressed eating changes, they are rarely driven by one factor. Many older people face overlapping health, lifestyle and financial pressures that reshape both what and how they eat.

Health and medical conditions

- Chronic conditions (diabetes, coeliac, heart disease)
- Cancer treatment → taste and appetite changes
- Food intolerance and digestive issues
- Medically-driven diets (e.g., low sugar, low fat)

This creates more restrictive diets and a reduced enjoyment of food

"Having rheumatoid arthritis has made me change the way I prepare food e.g., buying frozen vegetables or pre cut vegetables rather than cutting them up fresh."

Capability and energy

- Physical limitations (mobility, pain, fatigue)
- Difficulty cooking or shopping
- Caring responsibilities reducing time / energy

This creates a shift to easy, repetitive or ready-made meals and nutrition often being deprioritised

"I now have to consider my husbands type of meals due to swallowing issues caused by Parkinson's. He is not an adventurous eater, but I am. I get very bored with the sameness of the meals. I don't have the energy by the end of the day to cook two meals. I don't like the delivered meals for myself."

Resulting changes in eating

Smaller portions / fewer meals

Increased reliance on convenience meals

Less enjoyment

More medically / practically driven choices

Ageing and life changes

- Smaller appetite, reduced taste / smell
- Eating less, simpler meals
- Bereavement → eating alone
- Retirement and routine changes

This creates less motivation to cook, food becomes less social

"Cooking for 1 and eating alone is mostly a chore. I was an enthusiastic and experimental cook before my partner died 18 months ago. We always discussed food and enjoyed planning meals and sharing them together."

Cost and access

- Rising food costs → reduced quality and variety
- Budget-driven choices
- Limited access (transport, based regionally)

This creates reliance on cheaper, less nutritious options and skipping meals / eating less

"Now because of the cost of living, it is difficult for most pensioners to eat anymore than one meal per day."

19. Has the way you eat or enjoy food changed due to changes in your health, lifestyle or circumstances (e.g., becoming a carer, recent bereavement, health changes etc)?

“Old age. **It's a chore to have to cook for another person of whom does not like the food you like yourself and of whom will not accept (ready-made) type meals because they have too small portions** for some men. When you are employed and younger, eating out once a week was very enjoyable and social. But once you stop working you can't afford these things.”

Female, Aged 75 – 79

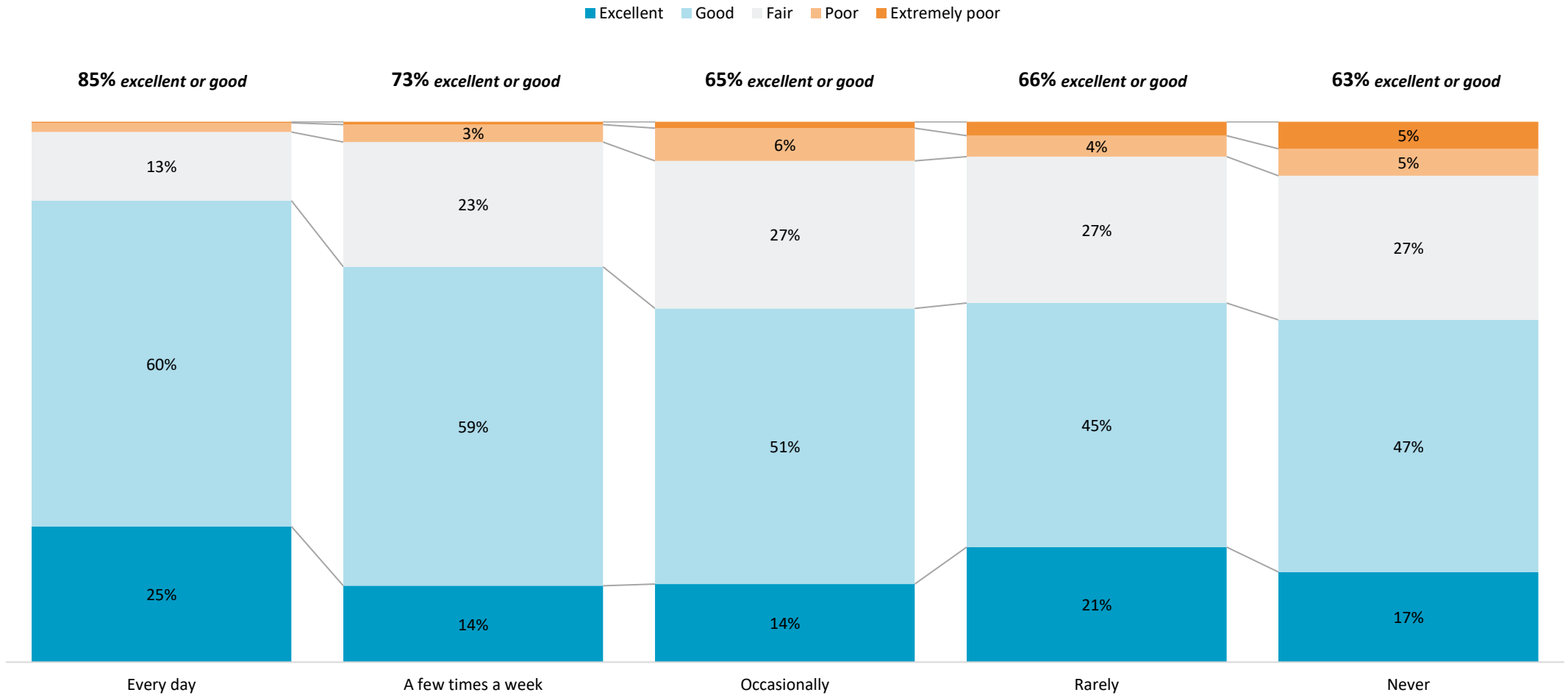
Survey response to *'Please describe how the way you eat or enjoy food has changed'*

Overall quality of eating is high (79% rating good / excellent), yet ‘excellent’ ratings are less common. Quality of eating declines with lower financial security and when living alone, highlighting the combined impact of economic and social factors.

	Total	65 - 74	75 - 84	85+	Male	Female	Live alone	Live with spouse / partner	Live with family or friends	I am very comfortable financially	I am managing well	I am just getting by	I find it difficult to make ends meet	I am struggling financially
Excellent + Good	**79%**	**77%**	**81%**	**78%**	**82%**	**77%**	**71%**	**85%**	**75%**	**90%**	**84%**	**72%**	**61%**	**43%**
Excellent	21%	20%	23%	19%	21%	21%	16%	24%	21%	35%	23%	14%	12%	5%
Good	58%	58%	58%	59%	62%	56%	54%	60%	54%	56%	61%	58%	50%	38%
Fair	18%	19%	17%	18%	15%	19%	24%	13%	20%	9%	14%	24%	28%	38%
Poor	3%	3%	2%	4%	2%	3%	4%	2%	5%	1%	1%	3%	9%	16%
Extremely poor	1%	1%	1%	1%	1%	1%	1%	0%	0%	0%	0%	1%	1%	4%
Column n	2,496	1,085	1,263	148	904	1,584	882	1,434	133	381	1,187	631	137	114

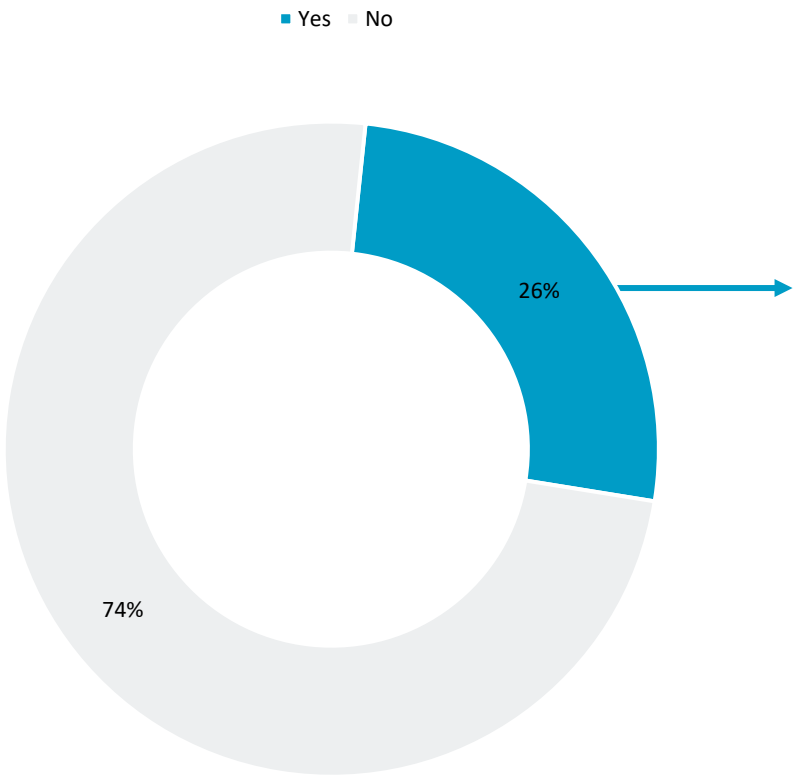
33. How would you rate the quality of your eating in the past month?

Quality of eating is highest among those who cook daily, declining steadily as cooking frequency decreases.



33. How would you rate the quality of your eating in the past month? By 25. If you cook, how often do you cook or prepare your own meals?

A quarter of survey respondents follow a specific diet, and when they do it is largely driven by health conditions. Women are twice as likely to follow a diet compared to men.



Of those who follow a diet, predominantly they are health-condition led (diabetes, intolerances, gut issues), layered with low sugar / carb weight management, while Mediterranean and whole-food eating represent a less consistently followed approach across responses.

Female: 31% follow a diet

Male: 16% follow a diet

32. Do you follow any special diet for health, cultural, or personal reasons?

CHAPTER 2

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

Chapter 2 Summary

1 **Food plays a dual role, both functional fuel and a source of enjoyment, but increasingly shifts toward function with age.** While many older people still associate food with enjoyment and pleasure, it is more commonly viewed as “fuel for the body” or part of a daily routine. This functional framing strengthens with age and among men, suggesting a gradual shift away from emotional and experiential connections with food.

2 **The social role of food diminishes over time, particularly for those living alone.** Food is relatively less likely to be seen as a way to connect with others, and meal sharing declines significantly with age and living alone. Despite this, there is a clear unmet desire for shared meals, highlighting that food retains social importance even as opportunities to engage diminish.

3 **For a meaningful segment, food becomes constrained by health, ageing and circumstance, reducing enjoyment and variety.** Although many maintain a positive relationship with food, a sizeable group experience it as increasingly functional or restrictive due to health conditions, reduced appetite, or life changes. Over time, this leads to simpler, more convenience-driven eating and a reduced emotional connection with food, with some accepting this as a normal part of ageing.

Relationships with food for the majority are largely positive and enjoyment-led, but for a meaningful segment become functional or constrained by health and ageing factors.

Enjoyment and pleasure in food (most dominant)

Love food, enjoy food

Appreciation of flavour, variety and cooking

Food as pleasure or highlight of life

"It is one of the GREAT pleasures of life"

"Very good, varied, enjoy cooking and experimenting"

Health conscious and balanced approach

Try to eat healthy, balanced diet, watch what I eat

Focus on fresh, home-cooked, or whole foods

Moderation

"I eat a healthy diet with lots of fresh vegetables and fruit"

"I feel I have a good healthy relationship with the food I eat. I try to have 2 balanced meals a day. Fruit and protein."

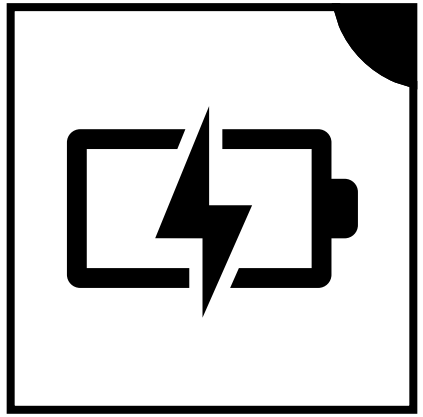
Functional

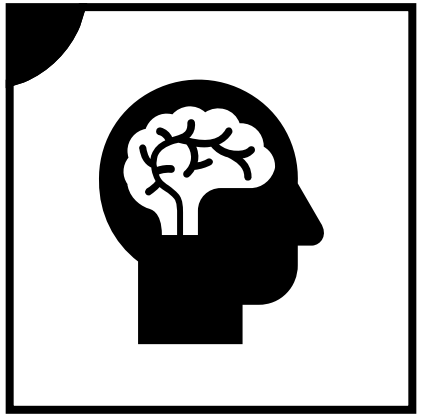
Eat to live, just necessary, fuel

Reduced emotional attachment

"Eat to live not live to eat"

"Food is body fuel, maintain a balanced diet, and eat no more than you need to keep oneself healthy and fit, and maintain a reasonable bodyweight."





Constrained

Eating shaped by health conditions, appetite changes or physical limitations

Reduced enjoyment due to restrictions or changing tastes

Simpler, more convenient melas becoming more common

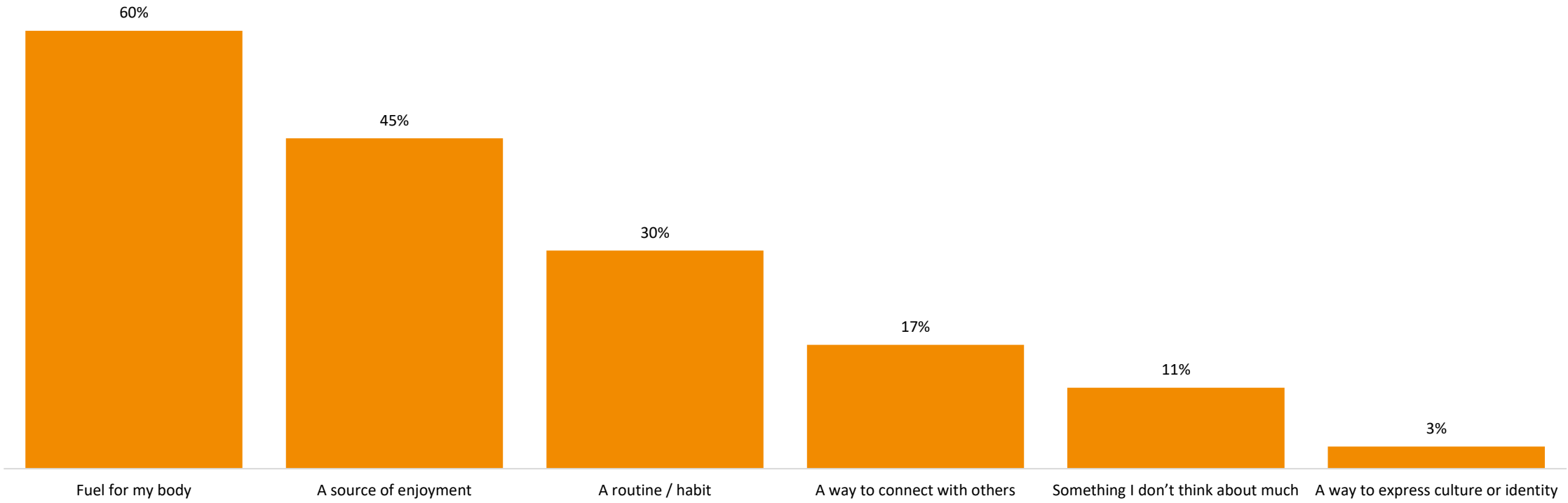
"I no longer cook proper meals, just something quick and easy. I do realise I probably don't eat properly, rarely eat veges but I eat what I what."

"I often forget to eat but when I do I go for simple things like cheese, tomatoes, olives."

10. How would you describe your relationship with food?

Food is primarily seen as fuel, though enjoyment remains important for nearly half of respondents. A strong proportion view food as a routine / habit, whilst social and cultural meanings play a much smaller role for many of the sample.

[n=2,496]



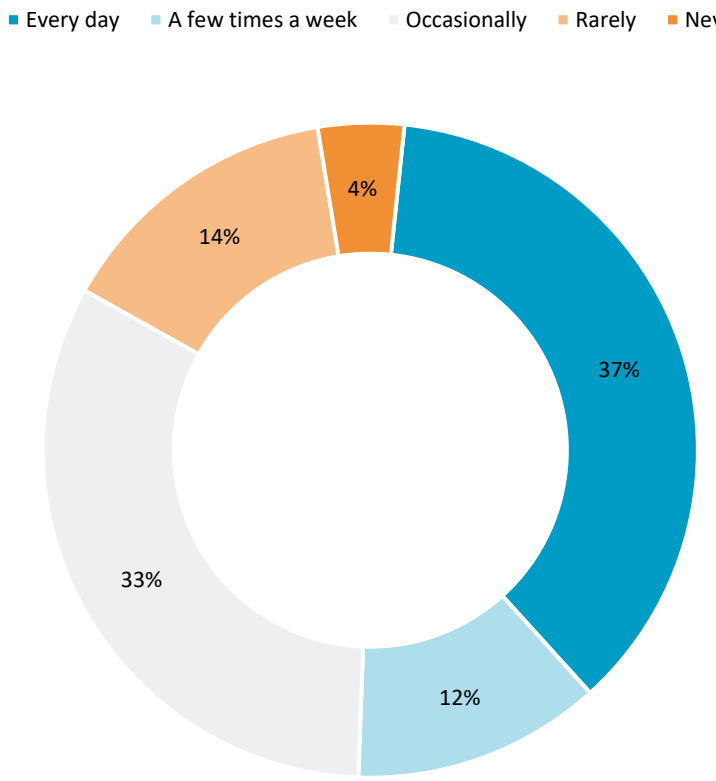
11. Which of the following best describes what food means to you? – Responses were limited to 2 selections only

Food becomes more routine and less social with age, while men take a more functional view and are less likely to see food as a way to connect.

	Total	65 - 74	75 - 84	85+	Male	Female	Live alone	Live with spouse / partner	Live with family or friends
Fuel for my body	60%	57%	62%	63%	67%	56%	61%	60%	62%
A source of enjoyment	45%	47%	45%	39%	47%	44%	41%	49%	36%
A routine / habit	30%	30%	29%	38%	31%	29%	32%	28%	31%
A way to connect with others	17%	20%	15%	11%	12%	20%	15%	19%	17%
Something I don't think about much	11%	10%	12%	11%	11%	11%	12%	11%	12%
A way to express culture or identity	3%	4%	3%	3%	3%	3%	1%	4%	8%
Column n	2,496	1,085	1,263	148	904	1,584	882	1,434	133

11. Which of the following best describes what food means to you? – Responses were limited to 2 selections only

Meal sharing declines with age and is significantly lower among those living alone, with over a third rarely or never sharing meals.



	65 - 74	75 - 84	85+	Male	Female	Live alone	Live with spouse / partner	Live with family or friends
Every day	42%	33%	30%	45%	32%	1%	57%	52%
A few times a week	13%	12%	11%	11%	13%	13%	11%	22%
Occasionally	28%	36%	36%	26%	36%	49%	24%	20%
Rarely	14%	15%	17%	13%	15%	29%	6%	5%
Never	4%	4%	5%	5%	4%	8%	2%	2%
Column n	1,085	1,263	148	904	1,584	882	1,434	133

27. How often do you share meals with others?

There is a strong unmet desire for shared meals (especially among those living alone), yet practical barriers like isolation, health and transport limit opportunities to connect.

44% of the total sample would like to share meals with others more often. 50% of those who live alone indicated a desire for more shared meals.

Who would you like to share meals with?

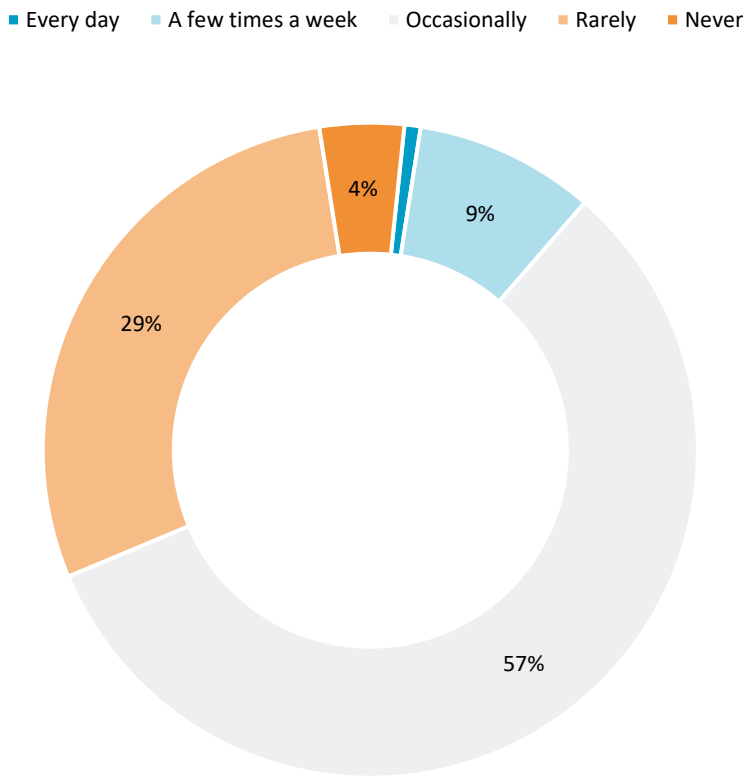
	Total	65 - 74	75 - 84	85+	Male	Female	Live alone	Live w/ spouse / partner	Live w/ family or friends
Family	77%	75%	80%	77%	78%	77%	67%	84%	94%
Friends	71%	72%	70%	72%	67%	73%	75%	68%	65%
People w/ common interests	30%	32%	28%	27%	20%	35%	36%	25%	24%
Other	2%	2%	2%	2%	3%	1%	2%	2%	0%
Unsure	2%	2%	2%	2%	2%	2%	2%	2%	2%
Column n	1,088	491	533	64	392	692	438	574	54

What makes sharing meals with others difficult?

	Total	65 - 74	75 - 84	85+	Male	Female	Live alone	Live w/ spouse / partner	Live w/ family or friends
No one nearby	36%	35%	36%	44%	38%	34%	46%	29%	28%
Health or mobility	12%	11%	11%	30%	10%	13%	13%	11%	17%
Transport issues	12%	9%	13%	22%	11%	12%	14%	9%	20%
No local groups	8%	9%	8%	8%	7%	9%	10%	6%	15%
Feels uncomfortable	6%	8%	5%	5%	7%	6%	7%	6%	4%
Other	25%	29%	22%	25%	16%	30%	26%	25%	15%
Unsure	26%	25%	28%	11%	31%	23%	19%	31%	33%
Column n	1,088	491	533	64	392	692	438	574	54

28. Would you like to share meals with others more often?; 29. Who would you like to share meals with?; 30. What makes sharing meals with others difficult?

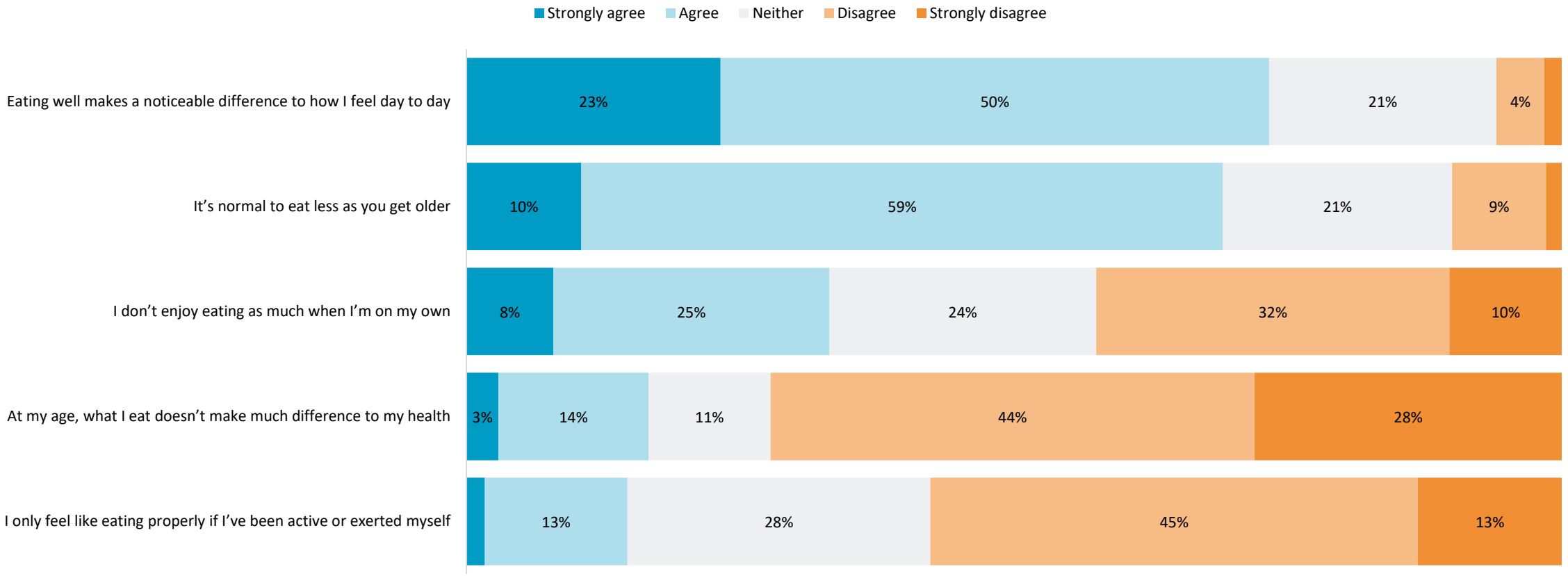
Eating out is infrequent for most of the older people surveyed, with nearly 9 in 10 doing so only occasionally or less.



	65 - 74	75 - 84	85+	Male	Female	Live alone	Live with spouse / partner	Live with family or friends
Every day	1%	1%	1%	1%	1%	1%	1%	0%
A few times a week	11%	7%	10%	9%	9%	12%	7%	9%
Occasionally	58%	57%	52%	55%	59%	52%	62%	52%
Rarely	26%	31%	31%	32%	27%	30%	27%	35%
Never	5%	4%	6%	4%	4%	6%	3%	5%
Column n	1,085	1,263	148	904	1,584	882	1,434	133

21. Do you eat meals outside your home?

Older people surveyed recognise the importance of eating well, but many accept reduced appetite and changing eating habits as a normal part of ageing.



23. The following statements are about eating and food at this stage of your life. For each statement, please indicate how much you agree or disagree…

CHAPTER 3

How do older people participate in food preparation and what influences their ability or willingness to do so?

Chapter 3 Summary

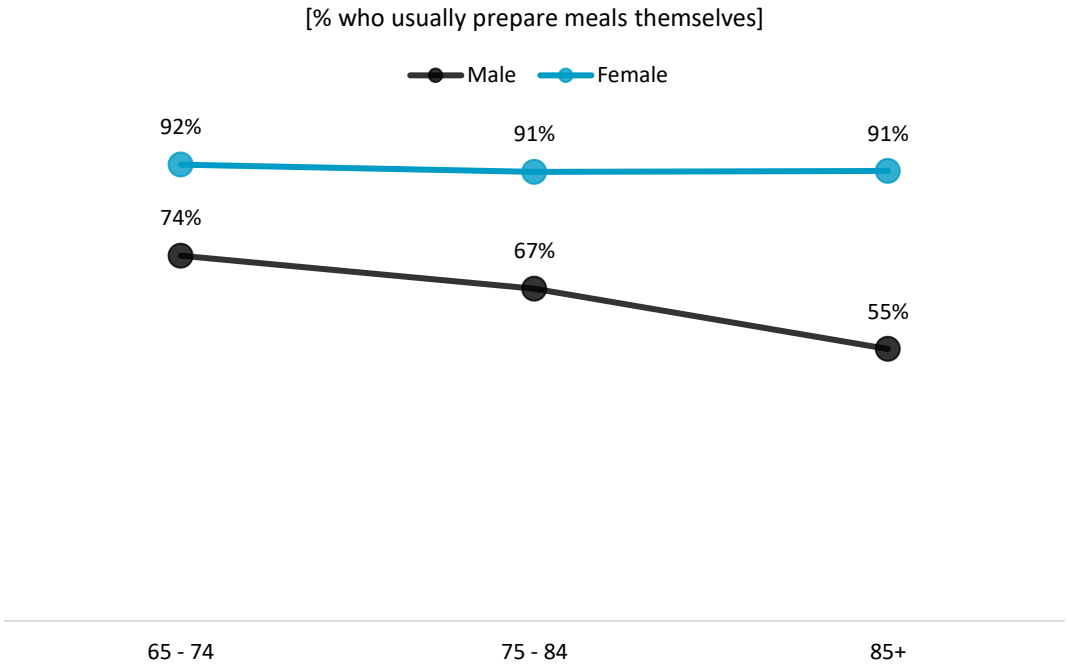
1 **Most older people remain actively involved in meal preparation – but independence declines with age and differs by gender.** The majority still prepare their own meals; however this drops notably in the 85+ group, with increasing reliance on partners, services or others. Men in particular show lower levels of independence and are more likely to rely on others as they age, while women remain consistently more engaged in cooking.

2 **Cooking frequency and enjoyment decline with age, shifting from proactive to necessity-led behaviours.** While many cook daily and enjoy it, this falls significantly among older cohorts, with a growing segment only cooking when required or disengaging from cooking altogether. Among the oldest group, cooking becomes more functional than enjoyable, reflecting reduced energy, capability and motivation.

3 **Practical barriers (especially cost, energy and cooking for one) shape both ability and willingness to cook.** Cost of food is the leading constraint, followed by low energy or motivation and concerns about waste. Living alone amplifies these challenges, making cooking feel less worthwhile and more effortful. In contrast, enjoyment is driven by simple, tasty meals and social contexts, reinforcing that motivation to cook is closely tied to ease and connection.

Most older people surveyed prepare their own meals – but reliance on others increases with age, particularly among men.

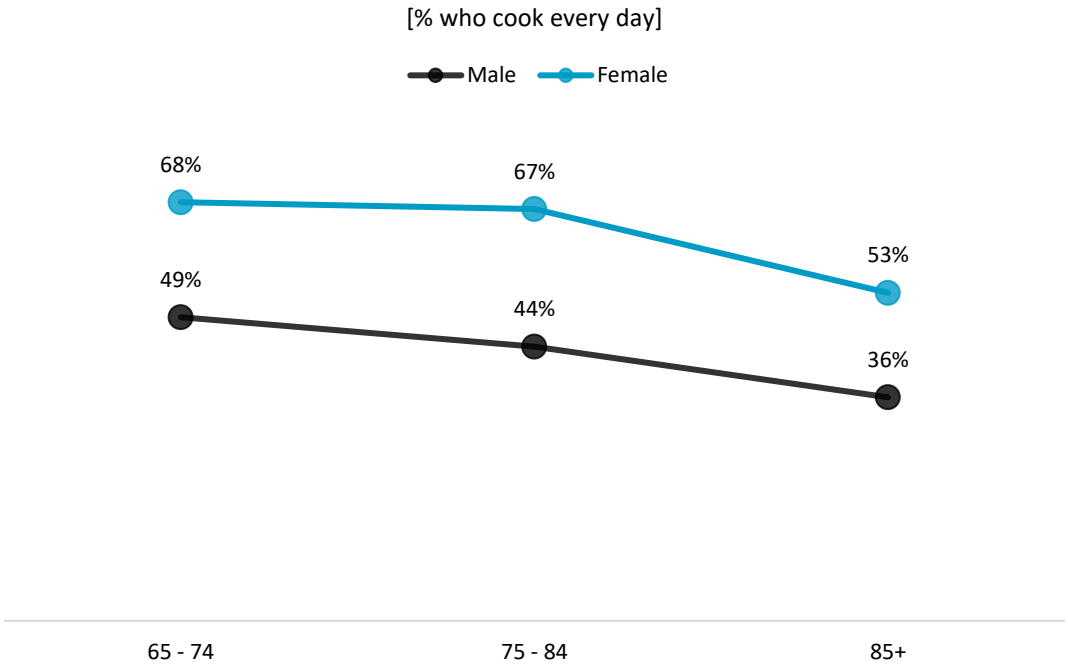
	Total	65 - 74	75 - 84	85+	Male	Female
Me	83%	87%	81%	74%	69%	92%
Spouse / partner	30%	29%	32%	28%	55%	17%
Family / friend	3%	2%	4%	11%	3%	3%
Paid carer	1%	1%	0%	2%	1%	0%
Meal delivery	5%	2%	6%	12%	3%	5%
Other	3%	3%	3%	3%	2%	3%
Column n	2,496	1,085	1,263	148	904	1,584



12. Who usually prepares your meals?

While 59% cook every day overall, this drops sharply in the 85+ group (45%), with men consistently less likely to cook daily than women across all age groups.

	Total	65 - 74	75 - 84	85+	Male	Female
Every day	59%	63%	58%	45%	45%	67%
A few times a week	22%	24%	21%	24%	26%	20%
Occasionally	10%	8%	11%	11%	13%	8%
Rarely	6%	4%	7%	15%	11%	3%
Never	2%	2%	3%	4%	3%	2%
Column n	2,496	1,085	1,263	148	904	1,584



13. If you cook, how often do you cook or prepare your own meals?

Nearly half of the sample are confident and enjoy cooking, but engagement declines with age, shifting toward more functional, necessity-led cooking among the oldest cohort. Nearly half of those aged 85+ either only cook when they must or still cook but don’t enjoy it much.

	Total	65 - 74	75 - 84	85+	Male	Female
I enjoy cooking and feel confident doing it	49%	51%	49%	30%	48%	49%
I can cook but don’t enjoy it much	25%	26%	24%	22%	18%	28%
I would like to cook more, but it feels difficult for me	6%	6%	4%	11%	5%	6%
I only cook when I have to	15%	13%	15%	27%	20%	12%
I rarely or never cook	6%	4%	7%	9%	9%	4%
Column n	2,496	1,085	1,263	148	904	1,584

20. Which best describes your current experience with cooking?

Barriers to eating well are driven by cost, motivation and the challenges of eating alone. Cost of food is the leading barrier (33%), followed by low energy or motivation, while those living alone are significantly more likely to struggle with cooking for one and feelings of loneliness that hinder eating well at home.

	Total	65 - 74	75 - 84	85+	Male	Female	Live alone	Live with spouse / partner	Live with family or friends
Cost of food	33%	35%	33%	24%	32%	34%	36%	30%	38%
Not enough energy or motivation	29%	32%	27%	22%	21%	34%	33%	27%	21%
Don’t want to waste food	23%	24%	23%	20%	24%	23%	24%	23%	20%
Cooking for one feels unappealing	22%	21%	23%	25%	19%	24%	40%	12%	18%
Unsure what to cook	19%	20%	19%	21%	21%	18%	18%	21%	15%
Taste changes or loss of appetite	17%	15%	17%	27%	18%	17%	17%	16%	25%
Mood or mental health	14%	19%	11%	11%	11%	17%	16%	13%	14%
Eating alone / loneliness	13%	11%	14%	20%	14%	13%	25%	6%	8%
Health or dental issues	12%	12%	11%	22%	11%	13%	12%	12%	15%
Reduced mobility	9%	6%	10%	21%	7%	10%	12%	7%	14%
Shopping is hard	6%	6%	6%	11%	5%	7%	7%	6%	5%
Lack of transport	3%	2%	3%	5%	2%	3%	4%	1%	5%
Don’t know how to cook	3%	2%	4%	5%	6%	1%	2%	4%	2%
Other	14%	13%	15%	15%	13%	15%	13%	15%	13%
Unsure	11%	11%	11%	9%	14%	9%	6%	14%	11%
Column n	2,496	1,085	1,263	148	904	1,584	882	1,434	133

25. What are the main reasons it can sometimes be hard to eat well at home?

Enjoyment of eating is driven by taste, simplicity and social connection. Tasty meals are the strongest driver (70%), followed by simple meal ideas and shared / social eating, while reliance on others increases enjoyment for some, particularly those living with a partner.

	Total	65 - 74	75 - 84	85+	Male	Female	Live alone	Live with spouse / partner	Live with family or friends
Tasty meals	70%	70%	71%	64%	76%	67%	63%	75%	69%
Simple and easy-to-follow meal ideas	42%	43%	43%	32%	38%	45%	43%	43%	32%
Shared meals or social occasions	33%	34%	32%	32%	29%	36%	26%	38%	33%
Someone else cooking for me (e.g., partner or carer)	32%	32%	32%	30%	40%	27%	10%	45%	35%
Cooking with or for others	31%	34%	29%	24%	27%	33%	22%	35%	36%
Comfort foods	30%	34%	28%	26%	30%	30%	30%	30%	29%
Feeling independent	22%	18%	24%	28%	19%	23%	31%	16%	21%
Ready-made meals bought from the supermarket	11%	11%	11%	15%	11%	11%	17%	7%	13%
Having food delivered	7%	5%	8%	10%	5%	8%	11%	5%	6%
Other	4%	4%	4%	6%	3%	5%	5%	4%	4%
Unsure	3%	3%	2%	5%	2%	3%	4%	2%	4%
Column n	2,496	1,085	1,263	148	904	1,584	882	1,434	133

26. What helps you enjoy eating at home?

CHAPTER 4

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

Chapter 4 Summary

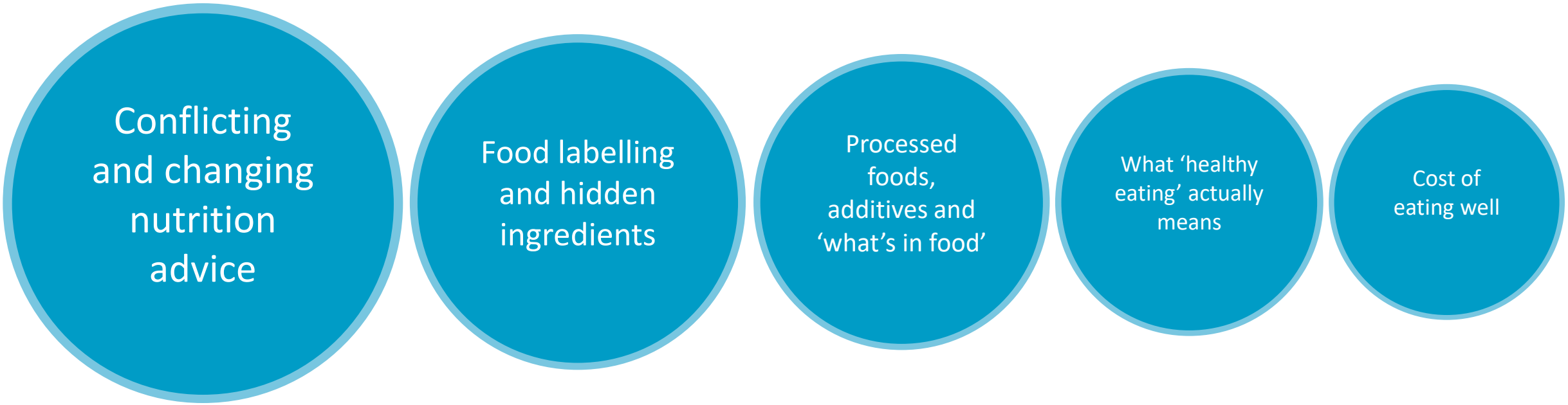
1 **Cost of food is the most consistently cited challenge, and more affordable options are the single biggest lever for improvement.** This suggests current supports are not adequately addressing financial constraints, limiting the ability for many to maintain quality diets at home.

2 **Support systems are overly focused on food provision, with less emphasis on capability, connection and guidance**. Meal delivery dominates awareness, while community programs, cooking support and education are less visible. This points to an opportunity to rebalance support toward enabling independence, building skills and fostering social connection (not just providing meals).

3 **Those most at risk are the most open to new solutions, but need simpler, clearer guidance**. Confusion around nutrition, labelling and what “healthy eating” means highlights a gap in accessible, practical information. Encouragingly, individuals who cite lower quality eating are more open to new approaches, indicating strong potential for targeted interventions that simplify choices and meet people where they are.

Confusion around food, cooking and eating well is often about navigating an increasingly complex, contradictory and commercialised food environment.

A significant proportion of respondents reported that they do not find food, cooking or eating well confusing, often reflecting decades of experience, established routines and confidence in their food knowledge. However, this confidence may also indicate entrenched habits.



Note: Relative prevalence based on qualitative thematic analysis (frequency and consistency of mentions)
24. What do you find most confusing about food, cooking or eating well?

"Conflicting advice on what is good for you or not e.g. salt. Most cooking show **chefs always use salt whereas other health professionals tell us to reduce our salt intake**."

Female, Aged 65 – 69.

Survey response to '*24. What do you find most confusing about food, cooking or eating well?*'

Food cost stands out as the dominant lever to improve eating experiences across all groups, well ahead of any other factor. Beyond this, softer supports like social / shared meals and help with shopping or cooking become more relevant for specific cohorts.

	Total	65 - 74	75 - 84	85+	Male	Female	Live alone	Live with spouse / partner	Live with family or friends
More affordable food	43%	43%	45%	31%	42%	44%	42%	43%	48%
Nutrition advice or recipes	20%	23%	18%	18%	21%	20%	17%	22%	17%
Social or shared meals	16%	18%	15%	17%	12%	19%	22%	13%	14%
Help with shopping or cooking	11%	12%	11%	11%	8%	14%	9%	12%	14%
Better meal delivery services	8%	8%	7%	10%	4%	10%	12%	6%	6%
Cooking classes or demonstrations	6%	9%	4%	2%	5%	7%	5%	6%	5%
Culturally familiar meals	5%	5%	5%	6%	7%	4%	3%	6%	11%
Other	9%	9%	8%	16%	7%	10%	11%	8%	8%
Unsure	25%	23%	25%	30%	30%	21%	23%	26%	22%
Column n	2,496	1,085	1,263	148	904	1,584	882	1,434	133

34. What would make the biggest difference to your food and eating experience as you age?

Awareness of how to support eating well at home is limited – 79% could not name any successful initiatives. Among the 21% who could, the ecosystem is largely understood through a provision lens (delivered meals), with community and capability-building supports being less top-of-mind.

Meal delivery services are the default solution

Meal delivery services and commercial ready-meal providers overwhelmingly dominate responses

"Meals delivered as part of their package, Help with shopping and meal preparation."

…

Meal delivery is **clearly the default mental model** for supporting older people to eat well at home (most consistent mentions in open end responses)

Formal systems (aged care and government programs)

Many referenced initiatives accessed through Home Care Packages and subsidised / government-supported services

"Heard of many older people with home care packages getting subsidised meals delivered… I've often thought about ordering a batch of prepared meals."

…

For some, older people's ability to eat well is linked to formal care infrastructure

Community-based programs and social initiatives

Community kitchens and shared meals, local councils, neighborhood centres, group cooking or dining initiatives

"Some of the towns in our rural region organise a community lunch of three courses for $5 each week: vegetarian foods, usually soup main & desert. This ensures that everyone in the community receive at least one nutritious meal each week."

…

Social / community initiatives exist but are **less top of mind** than delivery services

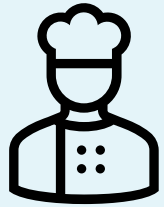
Cooking support, education and skill-building

Some recurring mentions of cooking classes, simple recipes and skill building and encouraging independence in meal prep

"Go to cooking class and learn to cook simple, affordable, nutritious, healthy meals at home.."

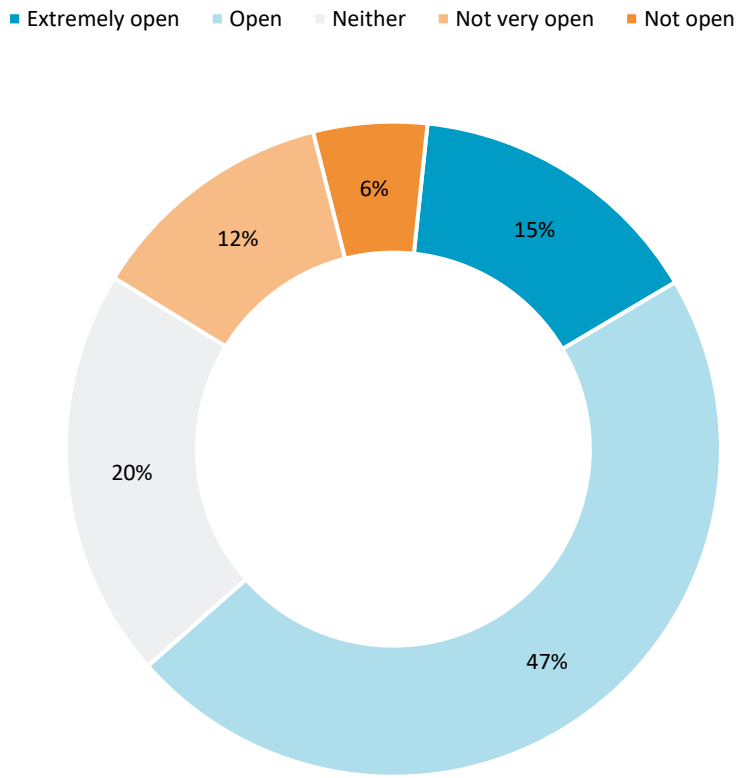
…

Some recognise successful initiatives aren't just about providing food, but also enabling people to cook



36. Do you know of any successful initiatives to help older people eat well at home?

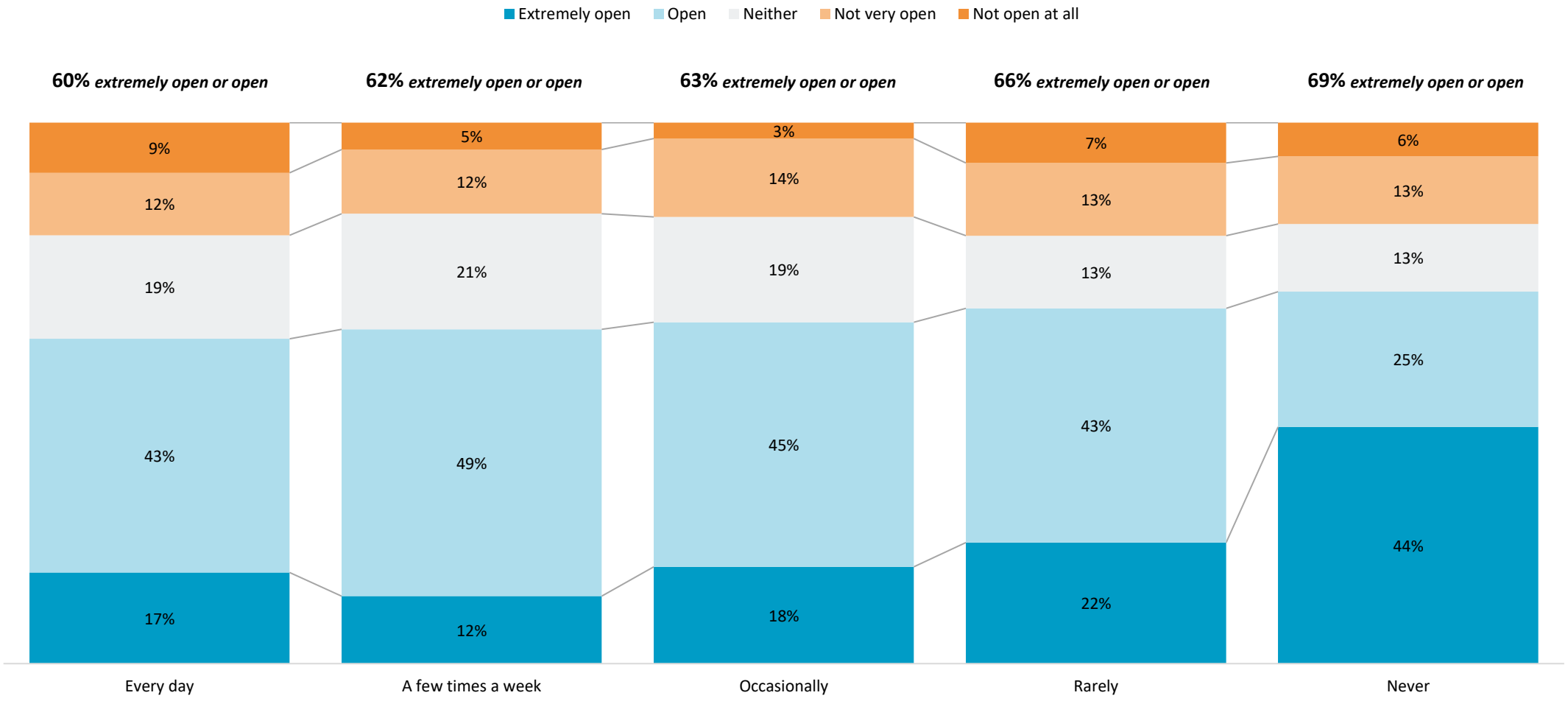
Majority of the sample are open to new ways of accessing meals, food information and support in the future, with females being slightly more engaged than males.



	65 - 74	75 - 84	85+	Male	Female
Extremely open + Open	64%	60%	59%	53%	67%
Extremely open	17%	14%	12%	9%	18%
Open	47%	47%	47%	44%	49%
Neither	20%	20%	19%	26%	17%
Not very open	11%	13%	14%	14%	11%
Not open at all	5%	6%	7%	7%	5%
Column n	1,085	1,263	148	904	1,584

38. How open would you be to trying new ways of accessing meals, food information or support in the future?

Openness to new food initiatives / information increases with poorer quality of eating, indicating those most at risk are the most receptive to better solutions.



38. How open would you be to trying new ways of accessing meals, food information or support in the future? By 33. How would you rate the quality of your eating in the past month?

CHAPTER 5

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

Chapter 5 Summary

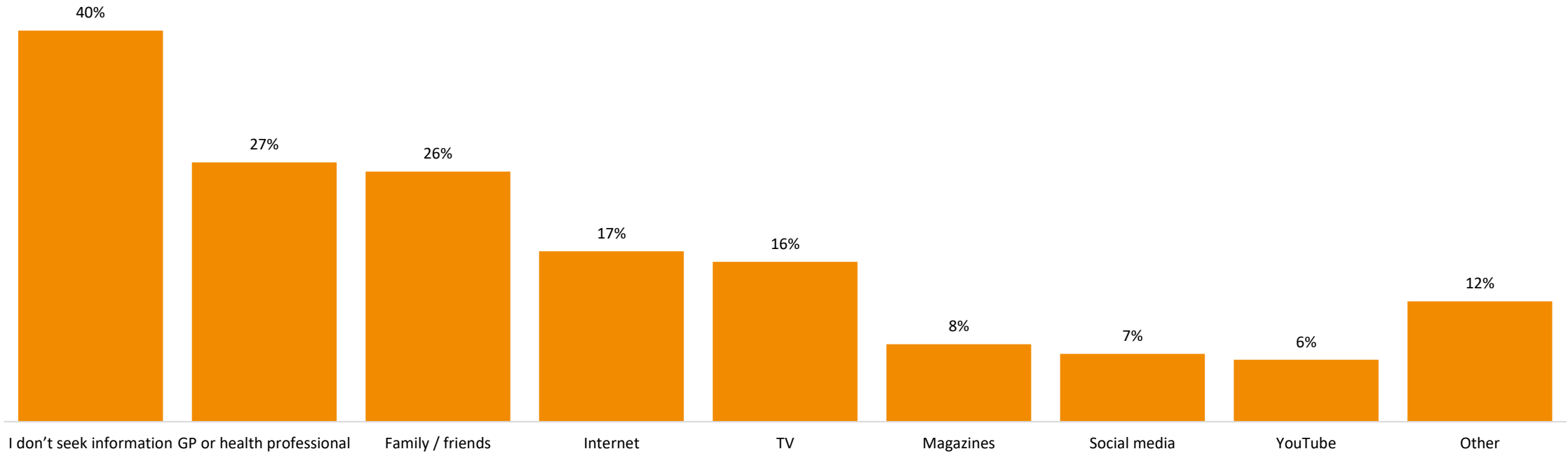
1 **Food knowledge is largely passive and experience-led, with many not actively seeking information.** Around 40% of older people do not seek out food or nutrition information, relying instead on personal experience and established habits, suggesting learning is often incidental rather than proactive.

2 **Trusted, human sources outweigh digital channels.** When information is sought, it is more likely to come from GPs, health professionals, and family or friends rather than online or social platforms. Trust, familiarity and interpersonal networks playing a central role in shaping food knowledge.

3 **Information seeking declines with age, with gender differences in how people engage**. Those aged 75+ are less likely to seek information, indicating increasing disengagement over time. Men tend to rely more on GPs and informal networks, while women show slightly broader engagement but also reduce active information seeking as they age.

Food knowledge is largely self-directed, driven by personal experience with 40% of the sample not seeking information about food or eating well. Trusted relationships such as GPs and family / friends are more utilised than social digital channels.

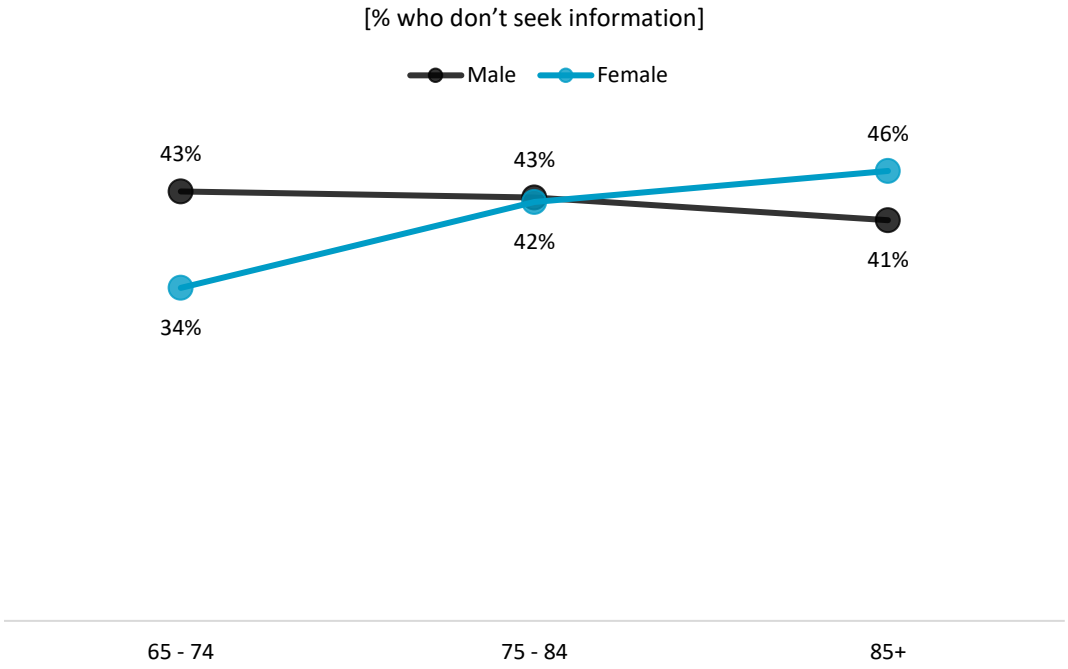
[n=2,496]



Note: Other responses includes mention of recipe and cookbooks, personal / life experience and other books
17. Where do you usually get information about food or eating well?

Those aged 75+ are less likely to seek information, with women increasingly disengaging with age, while men are more likely to rely on GPs and informal networks.

	Total	65 - 74	75 - 84	85+	Male	Female
I don't seek information	40%	36%	43%	43%	43%	38%
GP or health professional	27%	27%	27%	20%	30%	25%
Family / friends	26%	26%	25%	25%	29%	24%
Internet	17%	20%	16%	15%	12%	21%
TV	16%	18%	14%	19%	19%	15%
Magazines	8%	8%	8%	11%	4%	10%
Social media	7%	9%	5%	4%	3%	9%
YouTube	6%	7%	6%	7%	7%	6%
Other	12%	12%	13%	13%	7%	15%
Column n	2,496	1,085	1,263	148	904	1,584



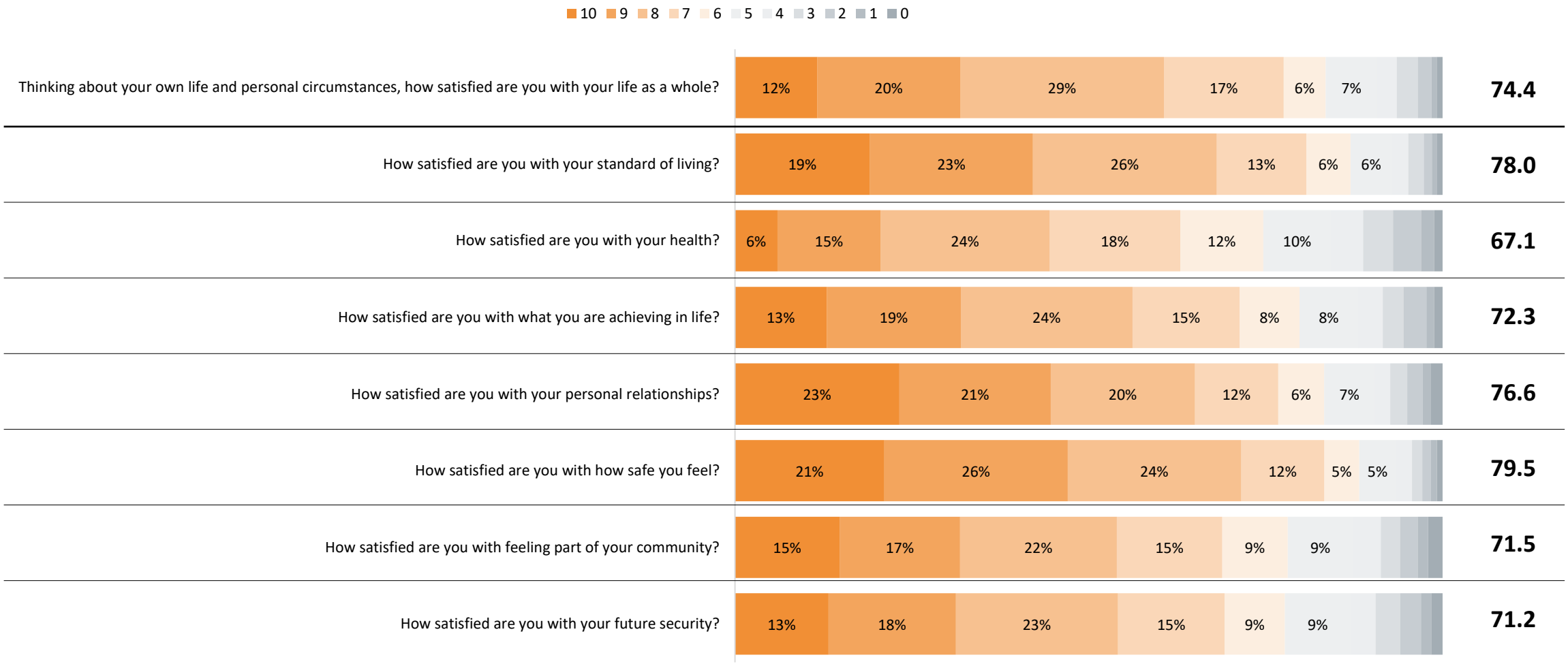
17. Where do you usually get information about food or eating well?

Appendices

Appendix 1: Additional analysis

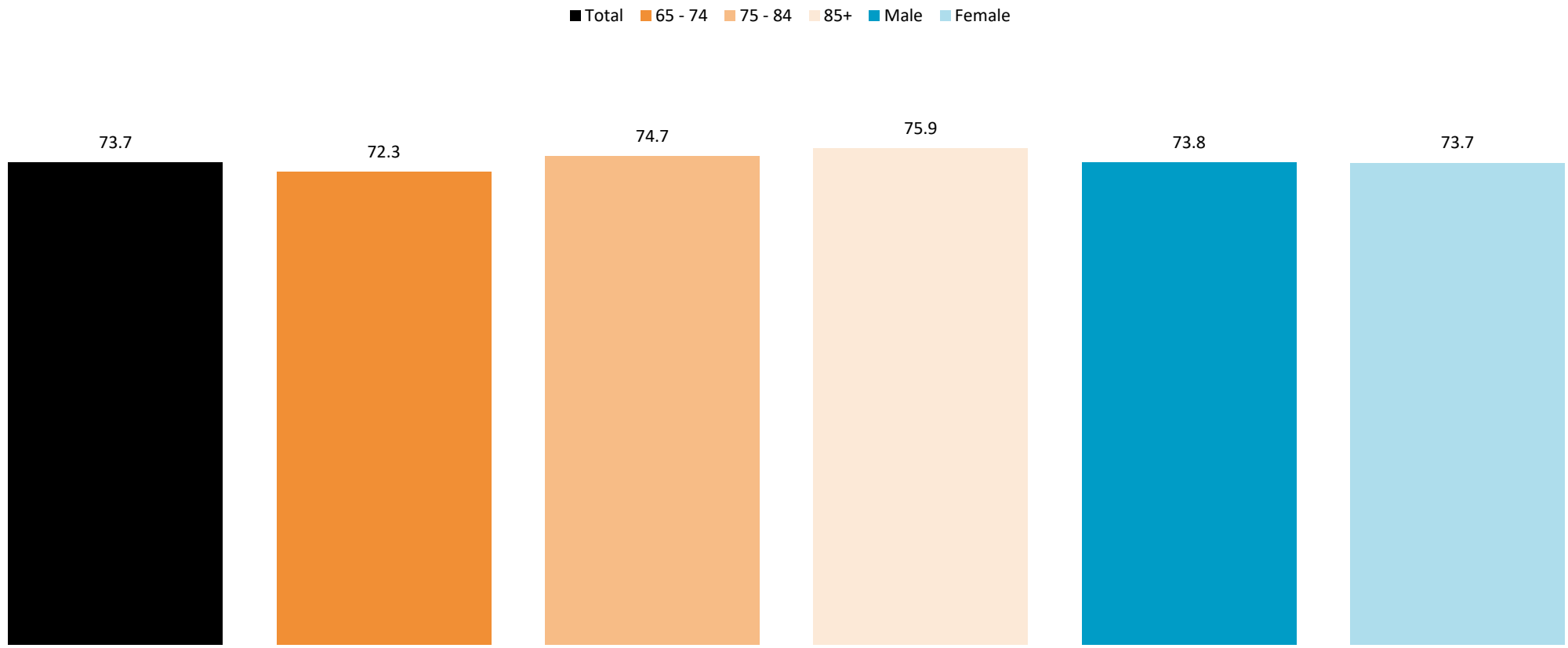
Considering the measures that make up the PWI-A, overall wellbeing remains within a healthy range, though health and future security lag behind other life aspects.

[n=2,496]



9. The following questions ask how satisfied you feel on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied… (PWI-A measure)

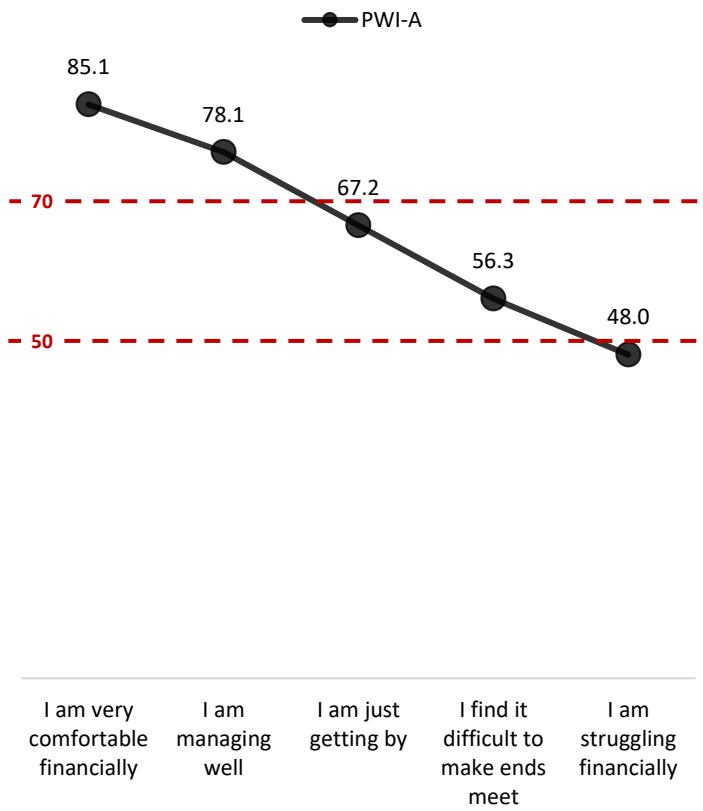
PWI-A scores



9. The following questions ask how satisfied you feel on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied… (PWI-A measure)

PWI-A significantly decreases with financial stability

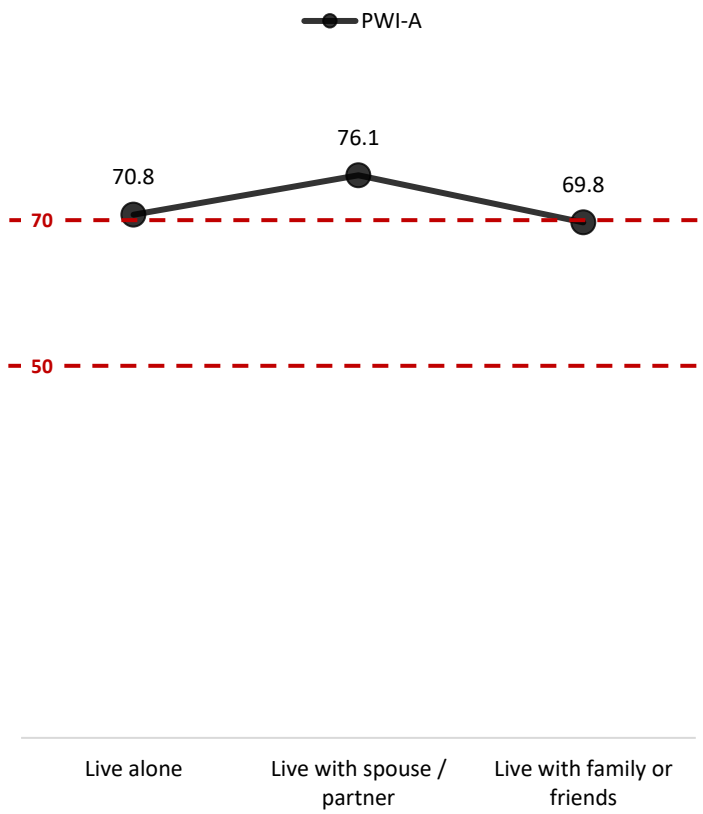
	I am very comfortable financially	I am managing well	I am just getting by	I find it difficult to make ends meet	I am struggling financially
10th Percentile (Less than 12 PWI-A)	0%	1%	0%	3%	7%
20th Percentile (12 – 22 PWI-A)	0%	0%	1%	4%	13%
30th Percentile (24 – 34 PWI-A)	0%	0%	4%	9%	10%
40th Percentile (35 – 45 PWI-A)	0%	2%	7%	15%	15%
50th Percentile (47 – 55 PWI-A)	1%	5%	12%	15%	14%
60th Percentile (57 – 67 PWI-A)	6%	12%	21%	21%	23%
70th Percentile (68 – 78 PWI-A)	17%	28%	30%	19%	8%
80th Percentile (80 – 87 PWI-A)	32%	27%	16%	10%	7%
90th Percentile (88 – 92 PWI-A)	21%	15%	6%	1%	1%
100th Percentile (94 or more PWI-A)	23%	11%	3%	2%	3%



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.
9. The following questions ask how satisfied you feel on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied…

PWI-A strongest for those living with a spouse / partner

	Live alone	Live with spouse / partner	Live with family or friends
10th Percentile (Less than 12 PWI-A)	1%	0%	2%
20th Percentile (12 – 22 PWI-A)	2%	0%	2%
30th Percentile (24 – 34 PWI-A)	3%	2%	2%
40th Percentile (35 – 45 PWI-A)	5%	3%	8%
50th Percentile (47 – 55 PWI-A)	9%	5%	11%
60th Percentile (57 – 67 PWI-A)	16%	13%	14%
70th Percentile (68 – 78 PWI-A)	26%	25%	25%
80th Percentile (80 – 87 PWI-A)	19%	26%	17%
90th Percentile (88 – 92 PWI-A)	10%	14%	11%
100th Percentile (94 or more PWI-A)	9%	10%	10%



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.
9. The following questions ask how satisfied you feel on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied…

Key metrics by cultural background

Differences between English and non-English speaking backgrounds are relatively modest. Those from non-English speaking backgrounds are slightly more likely to eat out (12% vs 9%) and share meals with others (53% vs 48%), suggesting more social eating behaviours. In contrast, English-speaking respondents report higher wellbeing, confidence in food choices (81% vs 77%), and slightly better perceived eating quality (79% vs 77%). Overall, non-English speaking groups appear more socially oriented in their eating, while English-speaking groups show marginally stronger confidence and outcomes.

	Non-English-speaking background [n=297]	**English speaking background** [n=2,189]
PWI-A Average Score	71.3	74.1
13. If you cook, how often do you cook or prepare your own meals? (% who cook at least a few times a week)	79%	82%
14. How would you describe your appetite most days? (% who rate very good or good)	74%	75%
16. How confident are you in knowing how and what to eat to stay well? (% who rate extremely confident or confident)	77%	81%
19. Has the way you eat or enjoy food changed due to changes in your health, lifestyle or circumstances?	37%	38%
21. Do you eat meals outside your home? (% who eat out at least a few times a week)	12%	9%
27. How often do you share meals with others? (% who share meals with others at least a few times a week)	53%	48%
33. How would you rate the quality of your eating in the past month? (% who rate excellent or good)	77%	79%

Key metrics by cultural background

Cultural differences are most pronounced in social eating, confidence and perceived eating quality. South-East European and South-East Asian respondents are more likely to share meals regularly (65 – 66%), while New Zealanders are less socially engaged around food (34% sharing). Confidence in knowing what to eat is highest among New Zealanders (87%) and lowest among Indigenous Australians (50%). Indigenous Australians also report the lowest wellbeing, diet quality and cooking frequency, indicating a more vulnerable group across multiple measures.

	Australian [n=1,698]	Anglo-European [n=522]	North-West European [n=131]	New Zealander (not Māori) [n=79]	South-East European [n=73]	South-East Asian [n=31]	Indigenous Australian [n=28]
PWI-A Average Score	74.1	73.1	72.4	73.6	74.6	72.4	68.1
13. If you cook, how often do you cook or prepare your own meals? (% who cook at least a few times a week)	81%	80%	79%	86%	79%	84%	71%
14. How would you describe your appetite most days? (% who rate very good or good)	74%	75%	76%	84%	82%	61%	71%
16. How confident are you in knowing how and what to eat to stay well? (% who rate extremely confident or confident)	81%	83%	79%	87%	79%	68%	50%
19. Has the way you eat or enjoy food changed due to changes in your health, lifestyle or circumstances?	39%	37%	25%	37%	25%	45%	46%
21. Do you eat meals outside your home? (% who eat out at least a few times a week)	9%	10%	11%	5%	14%	16%	18%
27. How often do you share meals with others? (% who share meals with others at least a few times a week)	48%	50%	53%	34%	66%	65%	36%
33. How would you rate the quality of your eating in the past month? (% who rate excellent or good)	79%	81%	79%	84%	84%	71%	64%

Note only responses from cultural backgrounds with 20 or more responses have been included in the table above. Excluded cultural backgrounds are North American (n=18), North-East Asian (n=12), Prefer not to say (n=12), Southern and Central Asian (n=11), Māori Melanesian Papuan Micronesian and Polynesian (n=8), Sub-Saharan African (n=5), South and Central American and Caribbean Islander (n=4), North African and Middle Eastern (n=4) and Other (n=81)

Key metrics by support services received

Lower eating quality among those receiving support services appears to reflect greater underlying vulnerability rather than the impact of the services themselves. These individuals report lower wellbeing, reduced appetite and less frequent cooking – indicating higher health or lifestyle challenges driving both service use and eating behaviours. Outcomes also vary by service type, with community dining supporting social connection, while delivered meals are associated with more isolation.

	Delivered meals [n=86]	**Home Care Package** [n=332]	**NDIS** [n=26]	**Community meals / social dining** [n=11]	**Receive at least one support service** [n=560]	**None** [n=1,936]
PWI-A Average Score	67.4	68.6	66.4	73.9	69.8	74.9
13. If you cook, how often do you cook or prepare your own meals? (% who cook at least a few times a week)	50%	69%	73%	64%	74%	84%
14. How would you describe your appetite most days? (% who rate very good or good)	49%	58%	69%	36%	64%	78%
16. How confident are you in knowing how and what to eat to stay well? (% who rate extremely confident or confident)	72%	73%	77%	73%	77%	82%
19. Has the way you eat or enjoy food changed due to changes in your health, lifestyle or circumstances?	62%	49%	38%	55%	50%	35%
21. Do you eat meals outside your home? (% who eat out at least a few times a week)	8%	11%	8%	27%	10%	10%
27. How often do you share meals with others? (% who share meals with others at least a few times a week)	31%	44%	46%	55%	41%	51%
33. How would you rate the quality of your eating in the past month? (% who rate excellent or good)	63%	67%	81%	55%	72%	81%

Please note small sample sizes for those who receive support services. Results should be interpreted as indicative rather than representative.

Key metrics by location

Rural respondents are more likely to cook frequently (87%) and feel confident in their food choices (85%), yet report lower appetite, slightly poorer diet quality and significantly lower access to healthy food (69% vs 88% metro). Metropolitan respondents are more likely to eat out (11%), reflecting greater access to external food options, with this declining in regional and rural areas.

	Metropolitan areas [n=1,664]	**Regional areas** [n=615]	**Rural areas** [n=195]
PWI-A Average Score	73.8	74.3	72.4
13. If you cook, how often do you cook or prepare your own meals? (% who cook at least a few times a week)	81%	81%	87%
14. How would you describe your appetite most days? (% who rate very good or good)	75%	76%	70%
14. How easy is it for you to access healthy food where you live? (% who rate very easy or easy)	88%	85%	69%
16. How confident are you in knowing how and what to eat to stay well? (% who rate extremely confident or confident)	80%	81%	85%
19. Has the way you eat or enjoy food changed due to changes in your health, lifestyle or circumstances?	37%	39%	45%
21. Do you eat meals outside your home? (% who eat out at least a few times a week)	11%	7%	5%
27. How often do you share meals with others? (% who share meals with others at least a few times a week)	50%	47%	51%
33. How would you rate the quality of your eating in the past month? (% who rate excellent or good)	79%	79%	76%

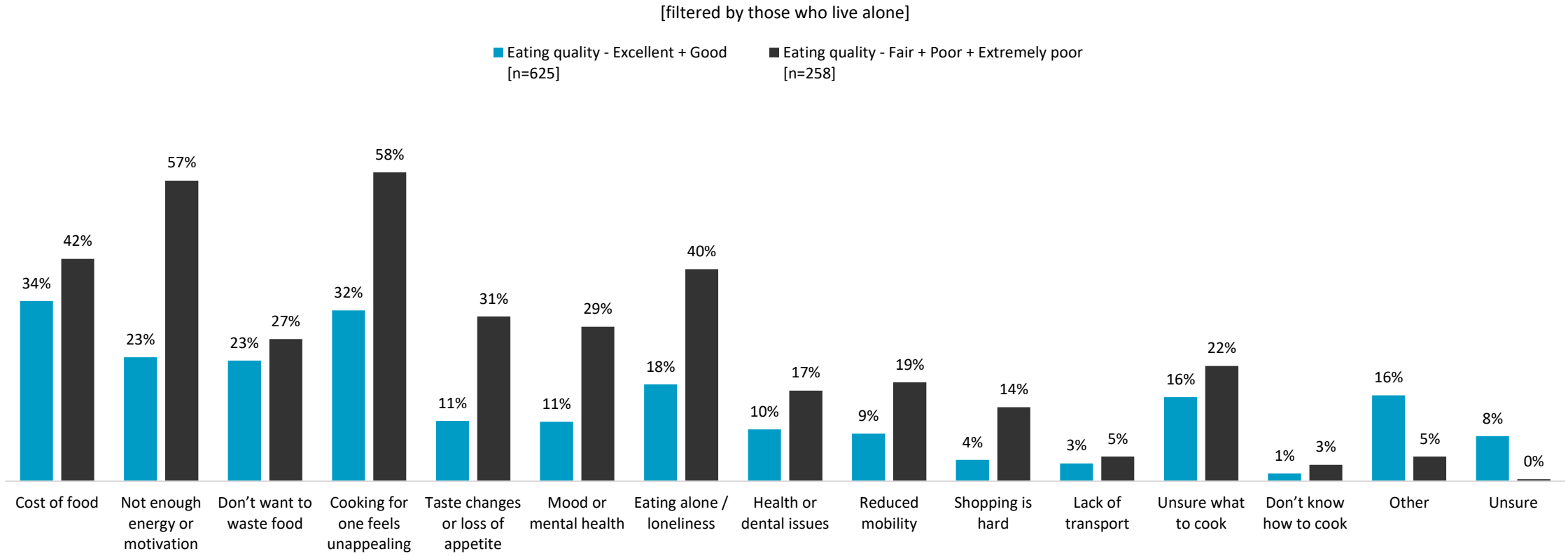
Key metrics for those living alone by eating quality

Among those living alone, quality of eating is strongly linked to confidence, routine and appetite. Those who eat well are far more likely to cook regularly (90% vs 71%), feel confident in what to eat (89% vs 56%) and enjoy cooking (57% vs 16%), alongside significantly higher appetite. In contrast, those with poorer eating quality are much more likely to report that life or health changes have disrupted their eating (72% vs 35%) and have substantially lower wellbeing. Overall, for those living alone, eating quality appears driven by capability and resilience, while poorer outcomes reflect disruption and reduced confidence.

	Excellent or good [n=625]	**Fair, poor or extremely poor** [n=258]
PWI-A Average Score	76.0	58.3
13. If you cook, how often do you cook or prepare your own meals? (% who cook at least a few times a week)	90%	71%
14. How would you describe your appetite most days? (% who rate very good or good)	83%	35%
16. How confident are you in knowing how and what to eat to stay well? (% who rate extremely confident or confident)	89%	56%
19. Has the way you eat or enjoy food changed due to changes in your health, lifestyle or circumstances?	35%	72%
21. Do you eat meals outside your home? (% who eat out at least a few times a week)	13%	11%
27. How often do you share meals with others? (% who share meals with others at least a few times a week)	16%	9%
20. Which best describes your current experience with cooking? (% who responded I enjoy cooking and feel confident doing it)	57%	16%

Data shown is limited to respondents who live alone. Results compare differences within this ‘at-risk’ group between those who report eating well and those who report poorer eating quality.

Among those living alone, those with lower eating quality are far more likely to cite lack of energy / motivation (57% vs 23%) and finding cooking unappealing (58% vs 32%), alongside higher feelings of loneliness and mental health challenges. Practical barriers like cost and mobility are present, but less differentiating between groups.



Data shown is limited to respondents who live alone. Results compare differences within this 'at-risk' group between those who report eating well and those who report poorer eating quality.
25. What are the main reasons it can sometimes be hard to eat well at home? by 33. How would you rate the quality of your eating in the past month?

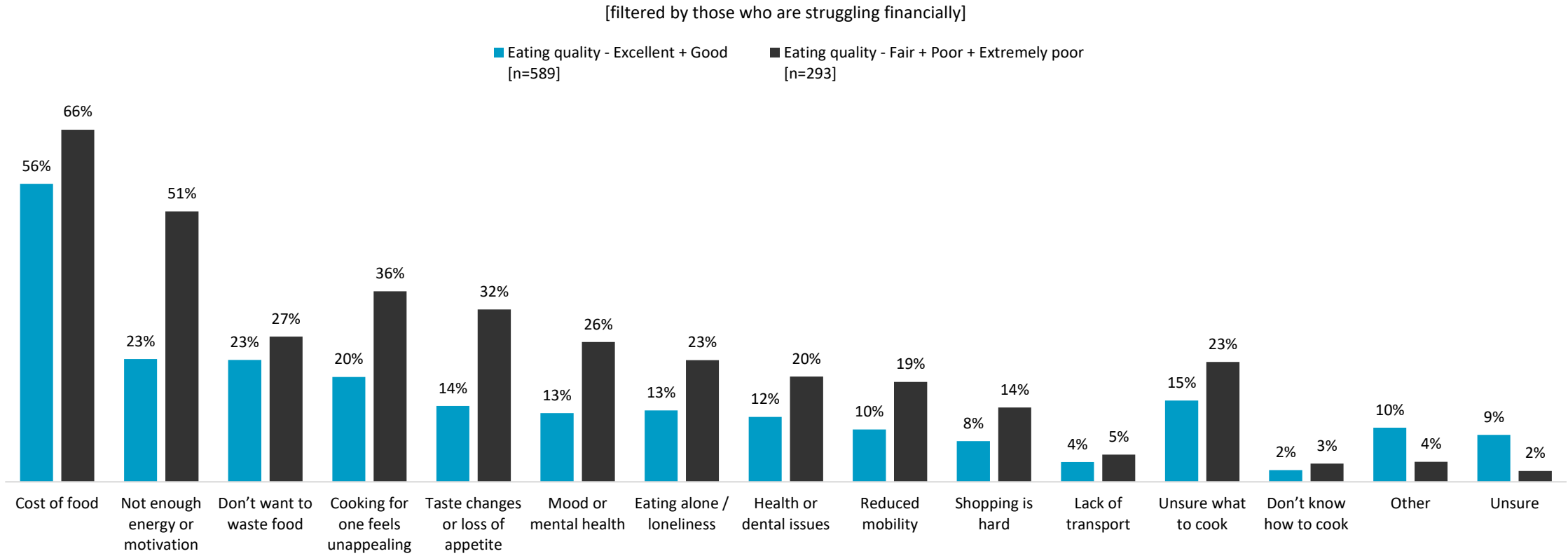
Key metrics for those who are just getting by or worse (financial status) by quality of eating

Among those experiencing financial strain, differences in eating quality are strongly linked to confidence, appetite, and ability to cook rather than frequency of eating out. Those who eat well are significantly more likely to cook regularly (84% vs 69%), feel confident in their food choices (83% vs 50%), and enjoy cooking (55% vs 19%), alongside much higher appetite. In contrast, poorer eaters are far more likely to report that life or financial pressures have disrupted their eating (68% vs 35%) and have substantially lower wellbeing.

	Excellent or good [n=589]	**Fair, poor or extremely poor** [n=293]
PWI-A Average Score	68.7	51.7
13. If you cook, how often do you cook or prepare your own meals? (% who cook at least a few times a week)	84%	69%
14. How would you describe your appetite most days? (% who rate very good or good)	80%	32%
16. How confident are you in knowing how and what to eat to stay well? (% who rate extremely confident or confident)	83%	50%
19. Has the way you eat or enjoy food changed due to changes in your health, lifestyle or circumstances?	35%	68%
21. Do you eat meals outside your home? (% who eat out at least a few times a week)	8%	6%
27. How often do you share meals with others? (% who share meals with others at least a few times a week)	49%	30%
20. Which best describes your current experience with cooking? (% who responded I enjoy cooking and feel confident doing it)	55%	19%

Data shown is limited to respondents who report their financial status as ‘just getting by’, ‘I find it difficult to make ends meet’ or ‘I am struggling financially’. Results compare differences within this ‘at-risk’ group between those who report eating well and those who report poorer eating quality.

Among those experiencing financial strain, cost is a universal barrier. Those with poorer diets are far more likely to cite low motivation (51% vs 23%), finding cooking unappealing (36% vs 20%), and mental health challenges (26% vs 13).



Data shown is limited to respondents who report their financial status as 'just getting by', 'I find it difficult to make ends meet' or 'I am struggling financially'. Results compare differences within this 'at-risk' group between those who report eating well and those who report poorer eating quality.
25. What are the main reasons it can sometimes be hard to eat well at home? by 33. How would you rate the quality of your eating in the past month?

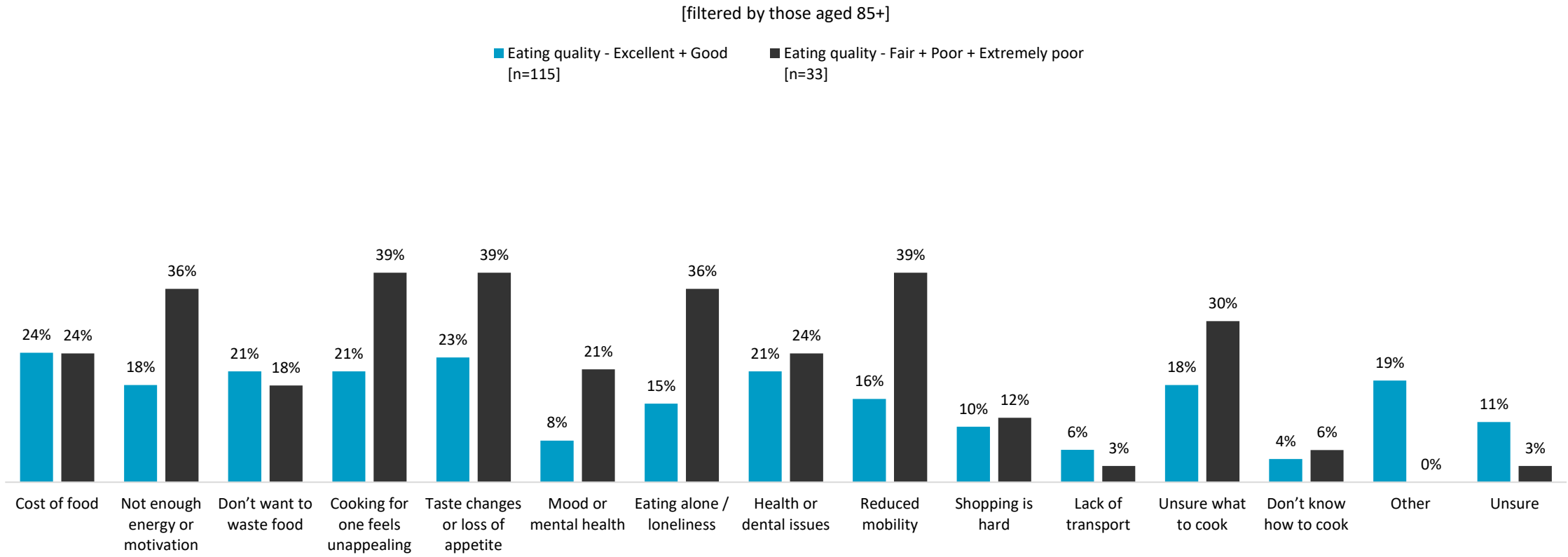
Key metrics for those aged 85+ by quality of eating

Among those aged 85+, eating quality is strongly linked to appetite, confidence and ability to maintain independence in cooking. Those who eat well are significantly more likely to have a good appetite (79% vs 24%), feel confident in what to eat (86% vs 58%) and cook regularly (74% vs 55%), while also being more likely to enjoy cooking. In contrast, poorer eaters are more likely to report that health or life changes have disrupted their eating (64% vs 41%).

	Excellent or good [n=115]	**Fair, poor or extremely poor** [n=33]
PWI-A Average Score	79.7	62.5
13. If you cook, how often do you cook or prepare your own meals? (% who cook at least a few times a week)	74%	55%
14. How would you describe your appetite most days? (% who rate very good or good)	79%	24%
16. How confident are you in knowing how and what to eat to stay well? (% who rate extremely confident or confident)	86%	58%
19. Has the way you eat or enjoy food changed due to changes in your health, lifestyle or circumstances?	41%	64%
21. Do you eat meals outside your home? (% who eat out at least a few times a week)	10%	12%
27. How often do you share meals with others? (% who share meals with others at least a few times a week)	41%	42%
20. Which best describes your current experience with cooking? (% who responded I enjoy cooking and feel confident doing it)	36%	12%

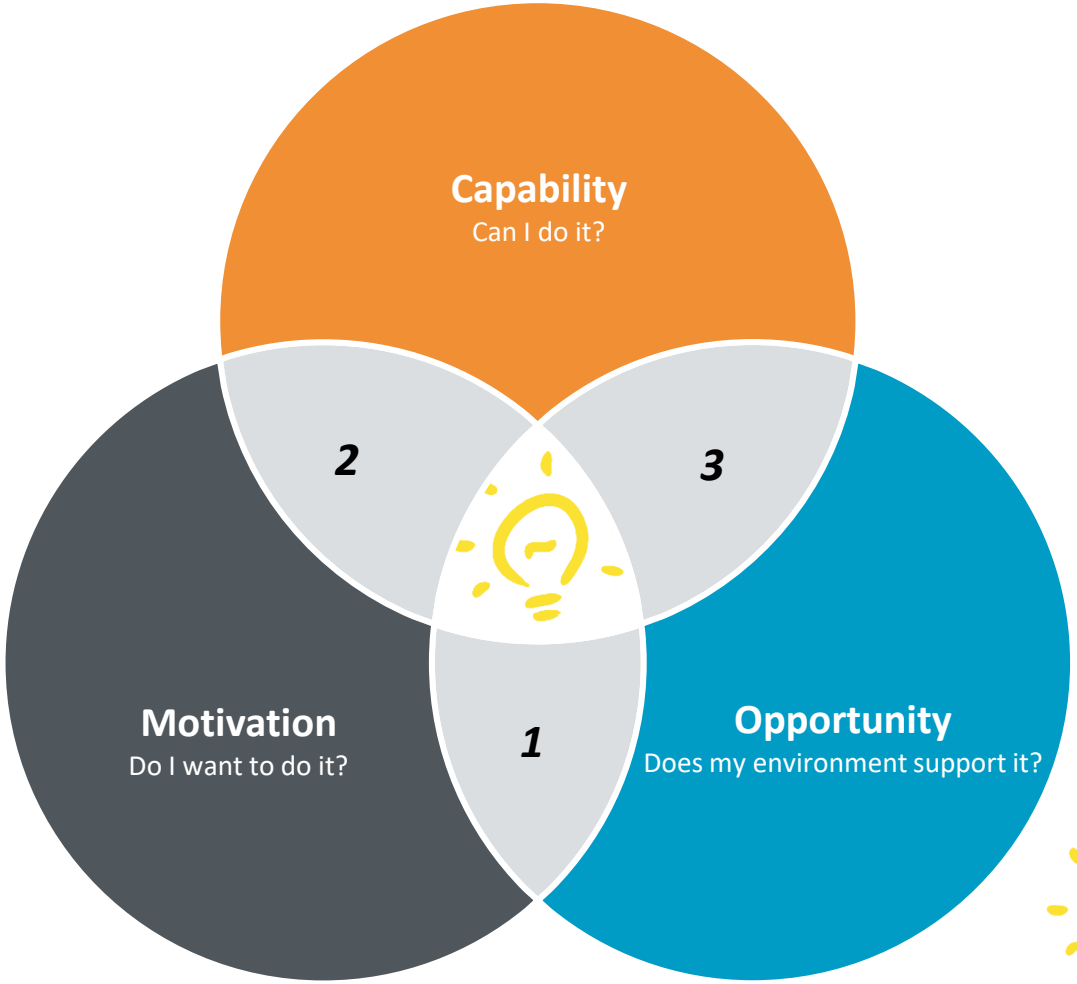
Data shown is limited to respondents aged 85+. Results compare differences within this ‘at-risk’ group between those who report eating well and those who report poorer eating quality. Please note some small sample sizes.

For those aged 85+, barriers to eating well are driven less by cost and more by physical, emotional and motivational challenges. Those with poorer diets are far more likely to cite low energy (36% vs 18%), finding cooking unappealing (39% vs 21%), loneliness (36% vs 15%) and reduced mobility (39% vs 16%). Health-related issues and appetite changes also play a significant role, widening the gap between groups.



Data shown is limited to respondents aged 85+. Results compare differences within this 'at-risk' group between those who report eating well and those who report poorer eating quality. Please note some small sample sizes.
25. What are the main reasons it can sometimes be hard to eat well at home? by 33. How would you rate the quality of your eating in the past month?

Eating well is shaped by capability, opportunity and motivation and declines when these fall out of alignment



Capability	Opportunity	Motivation
• Cooking skills and knowledge • Confidence in preparing meals • Physical ability / mobility • Ability to cook for one	• Access to affordable, healthy food • Availability of support services • Social opportunities to share meals • Living situation (alone vs w/ others)	• Energy and fatigue • Appetite and taste changes • Enjoyment of cooking and eating • Habits and routines

1. **Motivation + Opportunity (Intent without confidence):** Older people may have access to food and a desire to eat well, but lack the confidence, skills or physical ability to cook, leading to reliance on simple, repetitive or ready-made options

2. **Capability + Motivation (willing but constrained):** Many have the skills and motivation to cook, but are limited by cost, access, or lack of social context, reducing variety, enjoyment and consistency in eating well

3. **Capability + Opportunity (supported but disengaged):** Even with access to food and the ability to cook, low energy, appetite or motivation prevents action – making this one of the most common and hardest-to-address barriers

Capability + Opportunity + Motivation (sustained eating well at home)

When capability, opportunity and motivation align, older people are able to maintain quality, variety and enjoyment in their eating, supporting overall wellbeing

The COM-B model is a behavioural framework used to understand why behaviours occur and what needs to change to support them. It proposes that behaviour is shaped by the interaction of Capability (physical and psychological ability), Opportunity (external factors and environment) and Motivation (internal drivers and desire to act). The COM-B model is used in this report as a practical framework to bring together the key behavioural barriers influencing eating quality at home, and to help identify where support and intervention opportunities may exist. More information about the COM-B Model and its implementation can be found in Appendix 2, p. 85

Appendix 2: Additional methodology and approach

Survey respondent profile

Age, gender and CALD status		
65-69	22%	547
70-74	22%	538
75-79	35%	869
80-84	16%	394
85-90	5%	126
90+	1%	22
Female	63%	1,584
Male	36%	904
Non-binary	<1%	2
Prefer not to say	<1%	6
Non-English-speaking background	12%	297
English speaking background	88%	2,189
Prefer not to say	<1%	10

Location		
New South Wales	24%	610
Victoria	21%	529
Queensland	28%	688
South Australia	15%	365
Western Australia	9%	216
Tasmania	2%	47
Australian Capital Territory	1%	30
Northern Territory	<1%	11
Within 10km of a capital city CBD	18%	455
Greater suburbs of a capital city	35%	876
Non-capital city	13%	333
A regional town / township	25%	615
A rural area	8%	195
Other	1%	22

Household situation, support services and income source		
Live alone	35%	883
Live with spouse / partner	58%	1,447
Live with family or friends	7%	163
Supported independent living	<1%	3
Delivered meals	3%	86
Home Care Package	13%	332
NDIS	1%	26
Community meals / social dining	<1%	11
Other	7%	185
None	78%	1,936
Age pension	60%	1,510
Superannuation income	45%	1,133
Savings from own account	22%	553
Investments	17%	433
Wages or salary from employment	8%	209
Government benefits other than the Age Pension	5%	117
Financial support from my family	1%	32
Other	3%	77
Prefer not to say	1%	34

Survey respondent profile compared against Australian population figures

Age, gender and location				
	General population	Magie Beer Foundation contacts	Total survey sample (merged)	Australian population (aged 65+)
65-69	16%	32%	22%	29%
70-74	18%	28%	22%	25%
75-79	42%	24%	35%	21%
80-84	19%	11%	16%	13%
85-90	5%	5%	5%	8%
90+	1%	1%	1%	5%
Female	48%	88%	63%	53%
Male	52%	12%	36%	47%
Non-binary	<1%	<1%	<1%	-
Prefer not to say	0%	1%	<1%	-
New South Wales	28%	19%	24%	32%
Victoria	25%	15%	21%	25%
Queensland	24%	33%	28%	20%
South Australia	10%	22%	15%	8%
Western Australia	10%	7%	9%	10%
Tasmania	2%	1%	2%	3%
Australian Capital Territory	1%	2%	1%	1%
Northern Territory	<1%	1%	<1%	1%

Australian population benchmarks are based on Australian Bureau of Statistics data (September 2025), National, state and territory population. Figures for those aged 65+ have been derived from ABS population estimates and are shown for comparison purposes only. Survey results are unweighted and reflect the profile of the achieved sample.

Consistent results across weighted and unweighted data validate the approach

	Unweighted	Weighted
PWI-A Average Score	73.7	73.1
13. If you cook, how often do you cook or prepare your own meals? (% who cook at least a few times a week)	81%	79%
14. How would you describe your appetite most days? (% who rate very good or good)	75%	75%
16. How confident are you in knowing how and what to eat to stay well? (% who rate extremely confident or confident)	81%	79%
19. Has the way you eat or enjoy food changed due to changes in your health, lifestyle or circumstances?	38%	37%
21. Do you eat meals outside your home? (% who eat out at least a few times a week)	10%	10%
27. How often do you share meals with others? (% who share meals with others at least a few times a week)	49%	51%
25. What are the main reasons it can sometimes be hard to eat well at home? (top three most selected)	Cost of food (33%) Not enough energy or motivation (29%) Don't want to waste food (23%)	Cost of food (33%) Not enough energy or motivation (28%) Don't want to waste food (23%)
33. How would you rate the quality of your eating in the past month? (% who rate excellent or good)	79%	79%
34. What would make the biggest difference to your food and eating experience as you age?	More affordable good (43%) Nutrition advice or recipes (20%) Social or shared meals (16%)	More affordable good (42%) Nutrition advice or recipes (20%) Social or shared meals (16%)

Weighted data adjusts the sample to better reflect the Australian population by applying weights across key demographics (age, gender and location). Minimal differences between weighted and unweighted results indicate findings are robust to sample composition. Given the combination of a representative and an engaged sample, weighting could risk distorting genuine behavioural differences; testing shows minimal impact, supporting use of unweighted data.

To understand not just how older people eat, but how eating relates to overall wellbeing, we use the Personal Wellbeing Index (PWI-A) within this report. The PWI-A allows us to connect everyday food behaviours to overall quality of life, not just what people eat, but how they live.

What is the Personal Wellbeing Index (PWI-A)?

The PWI-A is a validated measure of subjective wellbeing, capturing how satisfied people feel with life overall. It assesses satisfaction across key life domains:

- Standard of living
- Health
- Achievements in life
- Personal relationships
- Safety
- Community connection
- Future security

Scores are combined into a single index (0–100), where higher scores indicate greater wellbeing. Unlike single-question measures, it provides a more holistic and reliable view of wellbeing.

How to interpret scores:

- 70 – 90: Typical / healthy wellbeing range
- Below 70: Wellbeing likely under pressure
- Below 50: Indicative of significant distress

Why we use the PWI-A in this study

- Provides a robust, evidence-based measure of overall wellbeing, allowing us to move beyond individual attitudes or behaviours
- Captures the broader life context in which food behaviours sit (including health, social connection, and financial security)
- Enables consistent benchmarking against established population norm
- Helps identify at-risk groups, where wellbeing may be under pressure and more targeted support is needed
- Sensitive to real-world influences, meaning it can reflect the impact of factors such as isolation, cost of living, and physical health

How the PWI-A is used in this report

- Used as a core outcome measure to understand overall wellbeing across respondents
- Analysed alongside key variables such as: Living situation, social connection (e.g. sharing meals) and quality of eating
- Helps uncover key drivers and associations, showing how food-related behaviours and circumstances link to wellbeing
- Provides a unifying metric to compare different groups and identify meaningful differences

The Personal Wellbeing Index – Adult (PWI-A) is a widely used, validated measure of subjective wellbeing. For more information, see: https://novopsych.com/assessments/well-being/personal-wellbeing-index-adult-5-pwi-a/

How the research findings map to COM-B

Themes identified throughout the survey findings and open-ended responses consistently reflected interacting capability, opportunity and motivation pressures shaping eating quality at home.

The COM-B framework was used as a practical synthesis tool to bring these themes together and identify potential intervention opportunities.

Capability

- Cooking skills and knowledge
- Confidence in preparing meals
- Physical ability / mobility
- Ability to cook for one

Opportunity

- Access to affordable, healthy food
- Availability of support services
- Social opportunities to share meals
- Living situation (alone vs w/ others)

Motivation

- Energy and fatigue
- Appetite and taste changes
- Enjoyment of cooking and eating
- Habits and routines

Examples reflected throughout the report:

- Cooking frequency strongly linked to eating quality (p. 32)
- Motivation and energy identified as the strongest behavioural driver (p. 12)
- Living alone associated with lower social eating and poorer eating quality (p. 40 and p.32)
- Cost pressures limiting food quality (p. 32)
- Existing supports heavily focused on provision rather than motivation or capability (p. 56)

The COM-B model is a behavioural framework used to understand why behaviours occur and what needs to change to support them. It proposes that behaviour is shaped by the interaction of Capability (physical and psychological ability), Opportunity (external factors and environment) and Motivation (internal drivers and desire to act). The COM-B model is used in this report as a practical framework to bring together the key behavioural barriers influencing eating quality at home, and to help identify where support and intervention opportunities may exist.

Jason Dunstone
Managing Director | jason@squareholes.com

Square Holes Pty Ltd
8–10 Regent Street Nth
Adelaide, South Australia 5000
1800 038 257 | www.squareholes.com

Job No. 260103