

Home, hearth and table: a centennial review of the nutritional circumstances of older people living alone

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ABSTRACT

Survey evidence on the living conditions of older people has a long and creditable history in Britain. Booth's work alerted policy makers to the often dire circumstances of older people, and accounts of their housing, diet, domestic arrangements and general quality of life stiffened resolve to ensure an adequate minimum standard of living in old age. At the start of what has been termed the welfare state, there were two important studies of old age in the works of Rowntree and Sheldon. In their depiction of the lives of independent elderly people, they provided a useful mid-century benchmark on progress.

The question of income and support infrastructure recurs over the decades and, in many ways, these concerns are central to the question of adequate diets with implications for health and wellbeing. The possibility, or otherwise, of being able to afford, buy and prepare food which is of appropriate nutritional and social quality, is fundamental to an independent life in old age. Using food as a focus for review, this article maps what has been said about the circumstances of independent elderly people and what has been done to support them in the community. It is concluded that while considerable progress has been made over the century, their relative position remains problematic. This is especially the case for those living on their own in old age and with a reliance on the basic state pension.

KEY WORDS – food, retirement income, independent living in old age.

Introduction

In Britain, it is now 50 years since a remarkable period of optimism, retrospectively termed the birth of the 'welfare state'. The welter of post-war legislation collectively transformed the relationship between the state and citizen on issues as far apart as primary education and

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terminal care. These issues are still central to British society as judged by the rhetoric of political campaigning for the 1997 UK parliamentary elections. However, it is easily forgotten that it was the condition of older people, and their relative poverty, that formed the empirical basis for arguments about the responsibilities a modern state should shoulder on behalf of its more vulnerable members. With the end of the century in sight, it is appropriate to consider not just the more recent, and more familiar, social welfare interventions but transformations over the longer period.

In this article, we review how the lives of older people have changed in terms of their domestic circumstances, and particularly in relation to that most fundamental of human tasks – ensuring that one is adequately fed.¹ This review goes beyond the adequacy or inadequacy of nutrition to include the domestic arrangements experienced by older people and the capacity of the social infrastructure to support old age. We argue, on the basis of accounts of life in old age, then and now, that massive technological and cultural changes, which have been of undoubted and widespread benefit, have tended to overshadow a number of deep-seated similarities in experience.

Old age in a new century

For most people at the turn of the century, old age was synonymous with impoverishment. Whilst adult life was itself inherently difficult, old age brought with it, at best, a reduced earning capacity. At worst, it brought destitution. In his portrayal of the pathways from pauperism to workhouse admission, Booth (1903) provided a cameo of Martha Strype, an 88-year-old woman who had previously lived with her daughter in a room that ‘was a miserably small kitchen, barely furnished and dirty’ (1903: 374). Joseph Sims and his wife, in their 70s, ‘previous to admission... had had to part with some of their furniture to pay for food; the landlady had taken some for rent, and their son the rest’ (1903: 375). Booth’s summation was eloquent:

Such stories as these last might be multiplied indefinitely. This poverty overtakes old age, and in a large proportion of cases there is not a word to indicate any fault, while story follows story with pathetic recurrence well calculated to crush hope out of the hearts of those who do not read but themselves act these simple dramas of life. (1903: 379)

Independent living, especially for older people on their own, has always been subject to the potential complications of frailty or ill-

health, but such difficulties are compounded by inadequate financial resources. Correspondingly, as early as the 1908 Pensions Act, there was provision for a means-tested allowance (including a Poor Law outdoor relief disqualification) of five shillings (25 pence) to people over 70 years. However, this was not a solution to the problem of old age poverty even for those who qualified. Rowntree (1902) had noted that for the poorest households in York – with under 18 shillings (90 pence) a week – the average food expenditure of two shillings seven pence (12.9 pence) bought little more than bread, potatoes, tea and margarine. Furthermore, setting this in context, it was the poor physical condition of military recruits in World War I that produced concern for undernourishment of civilians of any age, rather than the insights of either Booth or Rowntree. Ironically, even with the late introduction of rationing, there were improvements in general living standards during the war (Burnett 1979).

Gilbert (1970) suggested that it was a combination of fear and political expediency which ushered in the pension provisions of the 1919 Old Age Pensions Act. Political leaders had become seriously worried that pensions would ‘become an issue for which returning soldiers and the increasingly restless working class would auction their votes’ (1970: 236). Equally he noted that in the Widows’, Orphans’ and Old Age Contributory Pensions Act 1925, Chamberlain had hoped ‘to remove the problems of old age from the political arena while the extension of pensions themselves would go a long way toward alleviating the most common form of pauperism’ (Gilbert 1970: 236).

The impact of even a rudimentary system of old age pensions was such that a re-evaluation of the circumstances of old age was able to conclude that:

the present rate of the pension is just sufficient to keep above the poverty line an old couple of pensioners living together, but not enough to prevent a recipient living alone from falling into poverty unless it be supplemented from other sources. (Llewellyn-Smith 1932: 15)

However, it was still acknowledged that ‘old age is still an appreciable contributory factor to poverty, although not nearly so important a cause as in Charles Booth’s time’ (Llewellyn-Smith 1932: 15).

This poverty was reflected in the housing of older people where, for many, lack of warmth was cited as a more pressing problem than lack of nourishment. Llewellyn-Smith (1932: 207) reported that nearly one-third of the homes they visited were ‘dark, dilapidated, damp or leaky’. In contrast, they found that older people were mostly able to

allow ‘themselves a special meal at weekends, the remains of which may help over Monday and Tuesday. Not far from half of them have a meat meal or a hot meal every day’ (Llewellyn-Smith 1932: 208). By contrast, the widely-feared workhouse was said to provide ‘adequate food and careful diet, warmth, cleanliness and sanitary conditions’ (Llewellyn-Smith 1932: 205) for those unable to achieve any of this in their own homes.² Described as outdoor relief, the broad objective was to restrict indoor relief to those ‘who by reason of the feebleness and idiosyncrasies of age are unable to keep themselves in safety, cleanliness and comfort, when living alone in lodgings’ (Llewellyn-Smith 1932: 204).

During World War II, older people clearly suffered, along with other sections of the civilian population, from food shortages and bomb damage but gained in terms of minima made available by the rationing introduced in January 1940. There were gains also from the general impact of British Restaurants, a pre-war national system of restaurants. To some extent, a levelling effect was evident with almost everybody ‘now eating at the level of the prosperous artisan of the interwar years... [but] the plain loaf was very much in evidence as the staff of life for all classes’ (Marwick 1976: 83). However, rationing did not apply to all food products and was still subject to supply difficulties.

Although it did not provide financial data, Sheldon’s report (1948) gave further reassurance that the domestic circumstances of independent elderly people were improving. The medical and social surveys, conducted in 1945 among older people in Wolverhampton, revealed a high potential for local family support.

The general fact that an old person, though ostensibly living alone, may nevertheless be part of a family unit spread over several houses, robs a mere statement of the number of old people living alone of much significance. (Sheldon 1948: 19)

Because of this Sheldon was cautious about generalisations from the Wolverhampton study to areas characterised by a more solitary existence for older people. Rowntree (1947) had already alluded to a similar informal subsidy effect in relation to state pension provision. For, while he described rates as leaving:

little for the purchase of small luxuries, it is not unreasonable from the known facts to deduce they probably cover all the daily necessities of life... [but] the conception of bare subsistence is based on the assumption that an old person lives alone, or alone with a spouse, and is thus solely responsible for all his or her needs. The majority of old people do not live in these circumstances but

either as heads of households including their children, or strangers, or as paying guests of their children. (Rowntree 1947: 23–24)

Such arrangements, where they existed, might also provide a potential for non-financial support.

In Sheldon's survey there was evidence that a number of problems due to illness or infirmity led to difficulty in activities such as shopping. He drew attention to older people's reliance on small local food shops, especially as mobility diminished. Those who had to go further afield for larger shops would have an earlier curtailment of their independence. With food rationing at the time of this survey, the difficulties of older people in food queues warranted a separate section in his report.

Little was revealed about the internal features of their housing except that some were in homes that were inconvenient in a post-family phase of life. Stairs posed problems for those with medical conditions that limited mobility. Such conditions also put limits on housework and, without the use of a washing machine, the physical demands of the weekly wash proved too much for some. Overall, the picture was a very positive one of the vast majority coping well with later life. Undoubtedly, though, the lives of some poor older people were hard by any standards.

A woman of 80 has reared six children as a widow, earning her own living at the same time. She now looks after her son, who is a permanent invalid and does all the housework, the cooking and the shopping. (Sheldon 1948: 35)

Only three per cent were classed as undernourished although there were slightly more who had specific dietary defects but whose nutrition otherwise was good. Iron deficiency among women was the most prevalent of these defects. In the main, this sample of older people had good nutritional status by the standards of the day. With relatively few (14 per cent) in the 80 plus age category, and the potential availability of domestic exchange with local kin, the survey does not report the need for, or use of, meals-on-wheels or luncheon clubs. However, on the margins, where older people did live alone and had the added burden of disability or frailty, circumstances were difficult.

A man of 70 is almost blind and lives by himself. Owing to his sight, he cannot cross the street so he does his shopping at a few nearby shops. When visited he was very thin and pale, and his appearance suggested the likelihood of scurvy. He had eaten no meat for 2 months, while for vegetables he depended on chips from a fried-fish shop. His diet appeared to consist of bread, margarine, tea and milk. (Sheldon 1948: 19)

A widow of 68 lives entirely alone, doing her own cooking and shopping. She

is suffering from Parkinson's disease, which severely restricts her capacity for adequate shopping. (Sheldon 1948: 19)

Rowntree's more extensive survey was less reassuring on diet even though there was a similar omission from his questionnaire. The report noted 'many cases of inadequate nutrition among the old came to the investigators' notice [in Cambridgeshire]... a large number of those visited were living on their meat ration, bread and margarine or butter, tea and jam' (1947: 50). Suggested reasons were complex but included the difficulties of coping on single-person rations, the 'unwillingness or inability to queue... [and] also a permanent tendency on the part of the old to think that they do not need to bother about what they eat' (1947: 50). For Amulree (1951) this indicated old people's ignorance of a balanced diet. Their indifference to meal content, provided they felt full, was part of the process which too often resulted in hospitalisation 'where a few weeks of good food usually made a great change in their mental and physical outlook' (Amulree 1951: 33). One has to ask, though, whether the portrayal of indifference was less a product of ignorance than part of a defensive vocabulary to mask the experience of poverty and loneliness. Either way, intervention of a very practical kind was needed.

Supporting an adequate diet

The idea that a delivered meal would help support independent living was not new even in the 1950s. As a limited medical intervention, the Invalid Kitchens of London (founded in 1905) produced, and in some cases delivered, special meals to people with diet-sensitive conditions (Amulree 1951: 34). For a more broadly-based service, there was the model of the relatively fragmented wartime Women's Voluntary Service and British Red Cross Society operations. The service generically known as 'meals-on-wheels', and associated primarily with older people, emerged with strong voluntary sector links.

Set against the advantages of its local voluntary operation were the disadvantages of patchy provision, and perceptions of it as a 'Cinderella' service when compared with those organised and directly operated by the statutory authorities. There was, moreover, a difficulty arising from the official belief that meal delivery had two functions. According to Means (1981), the issue of nutrition was occasionally considered secondary to that of deliveries providing social contact for the isolated, and informal checks on the need for health or social service

intervention. These dimensions are still being signalled as important (e.g. Clavey 1992). However desirable, the reality can be overstated: The tendency to justify one activity (providing a mobile meal) in terms of another (providing contact) is dubious. The usually brisk delivery of a pre-cooked meal can rarely be a viable substitute for worthwhile social relations, and it is hazardous to regard it as such. (Dunn 1987: 13)

Means (1981) also argued that there was an important change in government thinking in the early 1970s, with a greater emphasis on the desirability of direct local authority involvement. This was because ‘meals-on-wheels are an important means of reducing pressure on residential care and they need to be directed towards those most at risk through the application of eligibility criteria. This can only be effectively achieved if the local authority controls the service’ (1981: 21). This represented a clear break with earlier perspectives where ‘the focus was on making the elderly feel wanted and helping those who could not be bothered to cook’ (1981: 21).

Whatever the latent functions subsequently ascribed to the service, there was at least one early acknowledgement that meal content needed some attention. In regard to meals coming from the mass catering kitchens of the Civic Restaurants, Amulree (1951) reported that ‘the lapse of time between the preparing and cooking of the meal and its delivery, even in the best type of container, means that it often arrives in a rather unappetising condition’ (1951: 33). Apart from reconfigurations of the underpinning philosophy and the aesthetics of the meal, there were threats to the quality of meals of a more prosaic nature in the welfare austerity of the 1980s and 1990s. Reductions in local authority budgets not only revisited Beveridge in terms of de facto competition between services for different categories of end-user, but were seen to jeopardise the value of the surviving meals-on-wheels provision for positive health maintenance. ‘At present there are numbers of the elderly who receive a delivered cooked meal only twice a week. Although this may be useful, nutritionists consider that a minimum of four times a week is required if the health of the recipient is to be affected and... many receiving only twice a week may lose the service altogether’ (Veal *et al.* 1981: 18).

By the 1980s, few would have given a second thought to the prospect of malnutrition among independent old people in Britain but, surprisingly, it had not been defeated by some 50 years of purposive action. Kemm (1980) argued that hospital inpatient figures on deficiency diseases were like the tip of an iceberg, such diseases being preceded by less severe conditions which might persist as relatively minor factors in ill-health, or which might develop into more serious

conditions: 'most vitamin deficiencies are reversible and respond rapidly to an appropriate diet, but a few may be irreversible. It is therefore, vital that all members of the population are able to enjoy an adequate diet both before and during old age' (Kemmer 1980: 9). A recent review of the empirical evidence gives no reason to believe that nutrition among the poorest older people has since improved: 'elderly men living alone on lower incomes fared particularly badly – half consumed less than one serving of milk products, meat, fruit and vegetables daily' (Herne 1995: 8). Moreover, resources that would cheapen food purchase (mobility, freezers and refrigerators), and simplify its preparation (microwave ovens, for example), are differentially available according to social class and economic circumstances. This compounds the problem and, despite technological change, provides a statement about independent old age for the poor not dissimilar to those of previous decades.

It is perhaps equally surprising that there are such clear parallels in the following evaluations of the state of knowledge:

Apart from a few rather obvious facts such as, for example, that elderly persons prefer... smaller and sometimes more frequent meals than they enjoyed when they were young, little is known about any special dietetic needs of the elderly. (Amulree 1951: 35)

There is a great paucity of information about the nutritional status of the elderly in Britain and about what elderly non-institutionalised Britons eat. (Webb and Copeman 1996: 126)

This said, there is no apparent lack of dietary advice for elderly people aimed either at health professional intermediaries (*e.g.* National Dairy Council 1992), or directly at the elderly food purchaser (*e.g.* Tesco undated). Also, while there is some reassuring evidence of healthy eating knowledge among older people living in rural areas (Lilley and Johnson 1996), the situation for their urban counterparts is less encouraging. It may be that demonstrations of food and health knowledge are less a response to modern educative campaigns and more a feature of residual 'folk wisdom' in rural settings (Williams 1983). Equally, there are likely to be significant differentials in terms of pre-retirement socio-economic class and retirement income.

The meals service faced many difficulties of coverage, frequency, presentation and nutritional contribution (see Barker and Noble 1983). Nevertheless, especially with its standard fare of the home-delivered hot meal, it has developed and now plays an important role in support of an independent old age. By 1994–95, some 40 per cent of all UK meals-on-wheels deliveries were to recipients aged 85 years or more (Table

8.20, CSO 1997*a*). The service has become something of a symbol for enlightened welfare intervention. In addition, it has found a potentially enlarged role with late-century demographic changes.

A century of progress?

The number of people now surviving to deep old age represent a major transformation in the structure of the British population. In 1901, old people comprised 7.5 per cent of the population and those aged 85 years and over numbered 60,000. By 1993, old people accounted for just over 20 per cent, and it has been estimated that by 2006 there will be 1.34 million aged 85 years and over (CSO 1997*b*). Moreover, many will live on their own as a result of the largely gender-related differential survival rates that have characterised the century.

Sheldon (1948), Townsend (1963) and particularly Tunstall (1966) had reason to comment specifically on those who were old and living alone. Differences between older men and women in terms of domestic skills, financial resources and potential demands on state services, have remained important factors throughout the decades.

Old men as a group are better off financially than old women, while widowed and single women have particularly low incomes. Similarly, lack of a husband correlates strongly with social isolation...increasing age also correlates both with lower income and lower social contact. (Tunstall 1966: 205)

The two groups – the very aged and the single and widowed women – do, of course greatly overlap. It is the older spinster or widow who bears the brunt of poverty in old age. (Wicks 1978: 22)

As we approach the end of the century, gender imbalances in survival and living arrangements remain significant (Glaser 1997). In 1991, there was a male:female ratio of 1:2 for 80–84-year-olds and 1:3 for those aged 85 and over (CSO 1997*b*). Associated in part with this differential longevity is a growing proportion of single pensioner households (CSO 1997*a*).

Furthermore, while the state retirement pension has increased to £62.45 for single persons, with the possibility of income support and additional benefits in relation to disability, the people who will struggle financially are the very old and particularly those living on their own. Using 1938 figures, Beveridge had estimated that food constituted nearly 34 per cent of the single person's pension and, while immediate post-war pensions were paid at a slightly more generous rate than that required for minimum subsistence, price inflation had all but removed any advantage (Rowntree 1947). Although not a direct comparison for

single pensioners, it is currently estimated that food spending in retired households mostly dependent on the state pension still accounts for 26 per cent of income. By way of contrast, the equivalent figure for better-off retired households is 19 per cent (Table 6.8, CSO 1997a) and, for all households, the average proportion spent on food has come down from 18 per cent in 1971 to 12.2 per cent in 1995 (Table 6.2, CSO 1997a). Using another source, *Family Spending 1994–95*, expenditure on food and non-alcoholic drink in one-adult households (mainly dependent on the state pension) was reported as being £19.09 on an average total weekly expenditure of £75.67. Wealthier retired couples (with additional retirement income sources) were spending £46.87 on food and non-alcoholic drink with an average total weekly expenditure of £236.83 (£118.42 per person) (Table 4.1, CSO 1995). It was also reported that households with a head aged 75 years and over spent a higher proportion of income on food and non-alcoholic drink than those where the head was 65–74 years (Table 2.2, CSO 1995). This reflects the relatively greater impoverishment of ‘older’ households where there is a greater depletion of savings and a lower likelihood of adequate occupational pensions. The fact of higher proportional food spending in the poorest households is consistent with data from earlier this century. For example, the 1936–37 People’s Food survey (Crawford and Broadly 1938) only gathered data in terms of socio-economic class and income but estimated food expenditure as being 11.8 per cent of income for the wealthiest class and 46.6 per cent for the poorest class.

These same households are also more likely to demonstrate poor dietary practices with a reliance on manufactured foods that are noteworthy for their predictability, cheapness and convenience (Leather 1992, 1993). The net result is that dietary inadequacies cannot be readily divorced from income deficiencies.

The first target for health is that income support be set at a level which truly covers all the normal day-to-day living expenses including the real cost of a healthy diet. (Leather 1992: 91)

Long-standing concern about the reliance of older and poorer people on the least cost-effective food shopping arrangements is still valid (Leighton and Seaman 1997). Older people are still more likely to shop every two or three days and are disadvantaged by trends towards out-of-town shopping centres. Even with the home deliveries and the free buses that are sometimes available, these are ‘no substitute for local neighbourhood shops’ (Henson 1992: 114). Local shopping environments are made less viable by in-store and retail park diversification which results in the relocation of important services such as pharmacies

and post offices. The situation can be acute in rural areas. A recent survey revealed that 26 per cent of English parishes had no permanent food shop (Rural Development Commission 1994). Although the same survey found that 55 per cent of parishes were visited by a mobile shop, this response to the decline in shopping facilities and the availability of public transport brings with it the inevitability of higher food costs. Addressing the problem of supplying good and reasonably priced food in both rural and urban settings is the province of piecemeal initiatives rather than coherent policy (Malseed 1990).

The continuities of relative impoverishment and difficulties with food shopping also have to be viewed in the context of an apparent strengthening in the commitment to maintain older people in the community for as long as possible. Means and Smith (1994) argue that, under the 1948 National Assistance Act, domiciliary services have been something of an 'extra'³. During the latter half of the century, however, positive features of domiciliary care have been recognised even if they have remained on the margins. Unfortunately, these same positive features have acquired the status of rhetoric with 'community care debates...[becoming] debates about the cost and quality of institutional care' (Means and Smith 1994: 229). The 1990 National Health Service and Community Care Act, with subsequent financial and administrative changes, has done little to establish a high quality, uniform and sustainable framework of domiciliary care (Baldwin 1993):

It remains to be seen how far the community care machinery will produce the outcomes of greater user choice, more flexibility and better quality domiciliary services with more efficient targeting on those most in need. (Hughes 1995: 12)

The ultimate reliance on kin which underpins much of the support for independent living, otherwise attributed to the community, is arguably much less certain than it was in the earlier years of the century. In part this is a product of urban reconstruction and suburban development following World War II. In part also, it is related to the mobility of the young for post-school education, employment and marriage. There are higher levels of labour market participation for women who, in consequence, might not see themselves as being routinely available for regular contact, let alone intensive support. For example, while there is some reassurance to be found in an analysis of family contact patterns between parents and adult own-household children (McGlone *et al.* 1996), there is little to suggest an adequacy of contact in relation to the needs of older people. Furthermore, sharply rising divorce rates are important in any assessment of the future

potential for informal care in the UK. This results in more complex patterns of household formation, with related changes in understandings about obligations to older people in families of orientation. For example, Finch and Mason report that their findings give evidence of the ‘normative strength and importance of filial ties, but also underline that they do not entail unconditional responsibilities’ (1993: 104). In some circumstances there may be neighbourhood support networks (Howarth 1993), but these will not be a feature of all housing areas. Even in British Asian communities, where there is a relatively low take-up of domiciliary services, this is arguably related as much to poor knowledge of service availability as it is to extended family self-sufficiency (Gunaratnam 1993; Bowes and Dar 1996).

Set against these financial and structural changes, however, there is little to suggest that the desirability of independent living is regarded any differently now than it has been in previous decades:

Old women often refer to having their own door-key, their own hearth, their own kitchen or other symbols of domestic autonomy. The popular preference, given reasonable health, is to maintain regular contact with children, siblings and others – without imposing on them, or becoming too dependent on them. (Tunstall 1966: 56)

How much change?

For the increased number of older people in single-person households, supported independence remains problematic. Sheldon’s study in the 1940s was based in an area generally offering considerable opportunities for help by kin. Equally, Townsend’s study in the mid-1950s was able to report strong local bonds even for many who were living on their own. He noted, however, very real problems for the few who were not able to rely on such support when they needed it:

The poorest people, socially as well as financially, were those most isolated from family life. (Townsend 1963: 188)

While this is as true today as it was when written, it has to be acknowledged that there has been a remarkable improvement in living standards which has been of benefit to people of all ages. Compared with the start of the century, commentary on the grinding poverty of old age and associated undernourishment does not now describe life for the majority of older people in Britain. A formal infrastructure exists to facilitate independent old age, and state retirement pensions and income support benefits are in place for even the poorest among the current cohorts of older people. These achievements have to be

recognised as remarkable transformations which from the beginning, or even mid-century, Booth and Rowntree would have thought Utopian. That said, for some there remains an enduring truth to old age poverty.

Poverty means something different to those who sink below the line in their old age. They know they will spend the rest of their lives below it... The minimum standard allows very little beyond bare necessities... a poor drab ending to life. (Rowntree 1941: 99)

In all of this, one thing remains disturbingly constant. Evidence from different decades shows that lone older people are not only more economically disadvantaged than other sections of society but also that they are faced with a greater struggle in daily living, in comparison with contemporaries living with partners or children. The uncertain future of state welfare provision, the inadequacies of personal pensions plans in the context of serial and late-life unemployment and, less obviously, the future effects of changing patterns of divorce, kin proximity and shop location, all conspire to extend historic problems with new difficulties. In many ways, those who end their days as lone old people with limited means are just as subject to the process of social exclusion as those in their parents' and grandparents' days, earlier this century. Finally, there is the reassurance that, as history is not a finite process, further dramatic improvements are possible. Conversely, nothing is guaranteed about the future. At the end of the twentieth century, concern for *food poverty* is both paradoxical and rational. The future erosion of gains made this century is just as possible as further improvements.

NOTES

- 1 Perhaps it is inevitable that with the current interest in nostalgia foods (see Lyon *et al.* 1997), perspectives on the British diet in years past tend to focus on its wholesomeness rather than on shortages and dietary inadequacies.
- 2 Doherty (1992) describes the achievements of Bob Selkirk, the communist councillor for Cowdenbeath, and Mrs Stewart on the local Social Welfare Committee. They both fought to improve the conditions in the Poor House, the Scottish equivalent of the workhouse, in Dunfermline: 'The Poor House was where men and women no longer able to work and with no money to support themselves, were given food and a roof over their heads. The only old age pension at that time was the 10/- one paid to people 70 years of age and over. In the Poor House they had no papers, no games, no wireless. They just sat there all day looking at one another waiting on death. Bob and Mrs Stewart got big improvements and even got them eggs which they hadn't seen for years' (1992: 276–277).
- 3 Beveridge had taken the view that... 'it is dangerous to be in any way lavish to old age, until the provision has been assured for all other vital needs, such as the prevention of disease and the adequate nutrition of the young' (cited in Rowntree

1947: 24). Difficult policy and financial choices were being made and, as Means (1981) pointed out, Rowntree also had an eye for cost in his conclusion that, while domiciliary services to support an independent old age were to be applauded, they could also exceed the cost of institutional care.

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