

Report No: 8

Food insecurity in times of Covid-19 – an insight into a deepening crisis

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April 2021



**UWS-OXFAM
PARTNERSHIP**



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Acknowledgments

The authors would like to thank the interviewees who allowed us an insight into the problematic discussed in the report. Also, the authors wish to thank Printing Services at UWS for their excellent work.

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Executive summary

The background

This report explores, in the context of the Covid-19 pandemic of 2020/21, the escalating scale of food insecurity with a focus on Scotland and on four demographic groups – the homeless, young carers and young adult carers, (destitute) asylum seekers, and people with disabilities. These groups were chosen because they are at comparatively higher risk of food insecurity even in 'normal times'. Importantly, the report makes a key distinction between 'income problems' and 'access challenges' when it comes to understanding the reasons for food insecurity and its increase.

The report is based on an overview of the existing literature on Covid-19 and how it has impacted on food insecurity across the United Kingdom (UK) and on insights gained through interviews with representatives of organisations providing support to the four groups in the focus. In doing so, it makes a contribution to a better understanding of food insecurity.

The findings

The Covid-19 pandemic has increased food insecurity across the UK. Given this, making progress towards achieving Goal 2 – 'Zero Hunger' – of the United Nations Sustainable Development Goals (SDGs) by 2030 is now likely to be more challenging. Both the UK and Scotland have committed themselves to the SDG agenda, an ambitious roadmap for a healthy planet for present and future generations and for a world free from poverty, injustice, and discrimination. However, even before Covid-19, there was evidence of significant food insecurity and the achievement of Goal 2 was in substantial jeopardy. Yet this report flags up three main factors that have further aggravated food insecurity: 1) rising need driven mainly by income reductions and income crises; 2) new and intensified food access challenges; and 3) the impact of the Covid-19 lockdown on the operation of food banks and their important 'wrap-around' services (e.g. mental health support and benefit advice).

Rising need driven mainly by income reductions and income crises

- Income reductions and income crises have been a prominent feature of the pandemic with these affecting those who were already on low incomes the most, but also introducing new people to the realities of life on low income. These reductions in household incomes have led to more food insecurity; in some accounts, it has quadrupled across the UK;
- The cost of living has risen; for example, because travel restrictions made it impossible for the homeless, (destitute) asylum seekers and young carers and young adult carers to travel to cheaper shops;
- Young carers' households suffered income losses as young carers lost casual work and were not supported by the UK Government's 'furlough' scheme. Covid-19 was a major and sustained trigger which placed young carers' households into income crisis;
- Disabled people were particularly vulnerable to the consequences of the pandemic as they saw their cost of living rising further, struggled (practically and/or financially) with the sudden need to buy groceries online, and found their disproportionately low income and precarious employment at heightened risk;
- (Destitute) asylum seekers who were taken into hotel accommodation for the duration of the pandemic lost their limited cash entitlement as it was replaced with food ('full board') that was not always culturally appropriate and of sufficient nutritional quality.

Food access challenges

- Covid-19 exposed the vulnerability of the UK's food system to shocks and showed how such shocks can increase food insecurity. The pandemic also demonstrated how vulnerable the emergency food aid 'system' is to shocks and the devastating consequences that the closure of food banks can have;
- While rough sleeping was almost ended over the duration of the first wave of the pandemic, the closure of food banks or the suspension of food banks' 'wrap-around' services around benefit advice or mental health support meant that homeless people had more difficulty accessing food and that the important social elements of food aid were lost;
- Travel restrictions made access to food banks and shops difficult – for example, (destitute) asylum seekers found that it was hard or impossible to buy culturally or religiously appropriate food;
- Many young carers and young adult carers found accessing food difficult because of the Covid-19 'lockdown', while many disabled people and their carers found obtaining food and medicine for themselves or the person they cared for more challenging;
- 'Shielding' by those most vulnerable to the coronavirus and 'self-isolation' by those infected with it increased reliance on food aid – for example, there was a mixed experience of government-organised food box schemes, in terms of the quality and quantity of food but also in terms of the reliability of the delivery service;
- Many homeless and disabled people reported not having held official 'shielder' status despite significant health conditions and were thus excluded from food box schemes;
- As online grocery shopping and delivery became more important, those without internet access or the capacity to use it for online shopping, or those without access to scarce 'delivery slots' offered by supermarkets, were at higher risk of food insecurity;
- Destitute asylum seekers, i.e. those with rejected claims and no entitlement to any benefit or accommodation support, were given hotel accommodation and access to food – however, this food was often of poor quality and not always culturally appropriate while no cash support was granted.

Impact on food aid services

- While rising food insecurity meant a rise of demand for food aid, food banks were forced either to close or to re-organise their operation in order to comply with social distancing and lockdown rules;
- Covid-19 and its shielding requirements meant that the many volunteers over 70 years of age could no longer support the running of food banks – this vital human resource was lost at the height of the crisis when it was needed most;
- The many food aid services which remained operational during the lockdowns suspended their wrap-around services. This led, in some cases, to the disappearance of individuals who required support 'off case workers' radars' and to 'setbacks in their recovery';
- When the pandemic started, many food aid services were re-purposed into large-scale food delivery services. They will need to reconfigure again after the pandemic. The concern is that the 'charitable' model of 'doling out food', as it developed with the Covid-19 crisis, persists, as it is antithetical to notions of dignity and agency.

Conclusions

Despite the best efforts of food banks and other food aid providers, the crisis showed that the emergency food aid sector was ill-equipped to deal with the surge in food insecurity created by Covid-19. It seems, therefore, that developing people's financial resilience in advance of crises would be strongly preferable to reliance on a network of emergency food providers. This is particularly the case given that the 'system' of emergency food aid may itself be detrimentally affected by a crisis when it is needed most.

As some policy interventions demonstrated – e.g. the UK Government's 'furlough' job retention scheme and the increase in Universal Credit, but also increases in financial support provided via the Scottish Welfare Fund and to some unpaid carers in Scotland – it is possible to introduce policy innovations and more appropriate social security measures at short notice and, as attitude surveys demonstrate, with popular support.

From this small-scale research, it is clear that the four vulnerable groups focussed on in this report require more support, financial and also through extending services available to them.

The crisis has exposed the need to develop better channels to ensure that the voices of vulnerable groups are heard when it comes to making policies that affect them. The rebuilding of the safety net – widely acknowledged to have been frayed since the 2007/08 Global Financial Crisis – would be the best remedial approach to preventing food insecurity in the future, ensuring people have the money they need to buy their own food.

2. Introduction

Food insecurity has been on the increase across the United Kingdom (UK) over the past decade. Experiences of food insecurity can vary in severity, from worrying about being able to obtain enough food to going hungry, as Taylor and Loopstra show (2017, see Image 1).

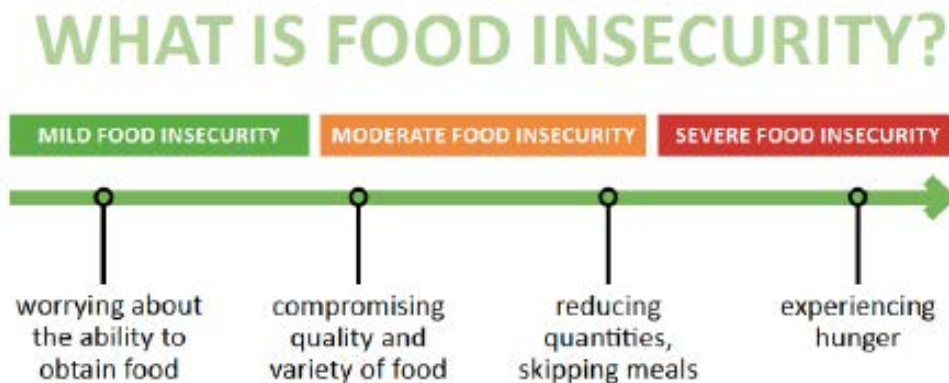


Image 1: What is food insecurity? (Taylor & Loopstra 2017)

Alternative terms, such as 'food poverty' or 'hunger', are also often used, but 'food insecurity' has the advantage of including a wider continuum of experiences (Loopstra & Laylor 2017).

Food insecurity is a risk 'normally' faced by the most vulnerable members of society. This includes those on low incomes or living in poverty and those who lack support networks (Joseph Rowntree Foundation 2018). With regards to the former, a recent review (undertaken for the UWS-Oxfam Partnership) of the existing literature shows that women are specifically at risk of food poverty (Dempsey 2020). This situation is a reflection of wider gender inequalities across society including the gender pay gap. As women head 86% of single parent households in the UK (ONS 2016), it is not surprising that single parent households and children make up the largest number of Trussell Trust food bank users (Loopstra & Laylor 2017),

The rise in food insecurity across the UK – before the start of the Covid-19 virus pandemic, which reached the UK in February 2020 – can be evidenced in different ways. For example, the Trussell Trust – the UK's largest food bank operator (with, in 2019, about 1,200 food banks, 135 of which are in Scotland) – more than doubled the number of food parcels handed out in the UK as a whole between 2013/14 and 2019/20. The number in Scotland has trebled over the same period (see Table 1).

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
UK	913,982	1,091,282	1,112,395	1,201,302	1,354,388	1,606,244	1,900,122
Scotland	72,487	119,212	135,943	150,095	173,526	217,006	237,225

Table 1: Number of Trussell Trust foodbank parcels handed out by year (The Trussell Trust 2020a)

Statistics show a similar direction in Scotland when it comes to independent food aid services, represented by the umbrella body Independent Food Aid Network (IFAN). When comparing April 2017 to September 2018 with April 2018 to September 2019, emergency provision by the 90 independent food banks in Scotland rose from 221,977 parcels to 268,509 – a 20% increase (IFAN & Menu for Change 2020). Further data confirms the problem of food insecurity. For example, the Scottish Health Survey from September 2019 showed that:

9% of adults in Scotland had worried about running out of food in the previous 12 months due to lack of money and other resources. Furthermore, 6% of adults said that they had eaten less than they should and 3% said that they had run out of food due to lack of money or other resources (cited in Scottish Government 2020a, 6).

Evidence suggests that food insecurity is closely associated with a lack of income and therefore, in the absence of mitigating action, food insecurity is likely to grow during periods of economic crisis (Menu for Change 2019). The numbers cited above refer, in the main, to the time before the 2020/21 Covid-19 global virus pandemic. The pandemic led to an unprecedented 'lockdown' of most public, social, and economic life between late March and June 2020 in order to reverse the spread of the virus which, by October 2020, had claimed just under 60,000 lives across the UK (UK Government 2020a). In autumn 2020, new lockdowns were introduced to deal with the second wave of infections – however, the number of deaths rose to over 100,000 in January 2021 (BBC 2021).

It is fair to say that the Covid-19 crisis has resulted in a deepening and widening of food insecurity. A survey by the Food Standards Agency (FSA) shows this in two distinct ways: the growth of foodbank use and the extension of food insecurity to social groups hitherto not or barely affected by it. Surveying adults aged between of 16–75 across England, Wales and Northern Ireland, the FSA found that foodbank usage increased between May 2020 and July 2020 by 10% (FSA 2020). This had to do with the critical economic situation that arose out of Covid-19 and the lockdown. The Covid-19 crisis led to reductions in income for millions of households, as people lost their jobs, saw their working hours reduced, watched their business activities grind to a standstill, or were placed on the UK Government's new job retention 'furlough' scheme, which meant that, while they kept their employment, their income decreased by at least 20% for their furloughed hours. For those already on low incomes this decrease certainly meant significant additional strain (e.g. Collinson 2020). Furthermore, people experienced serious challenges in arranging childcare due to schools and nurseries shutting their doors to all but 'key workers'¹ so that many took unpaid leave or reduced their working hours and thereby their income in order to care for their children (e.g. Baska 2020; Mayhew & Anand 2020; Brewer & Tasseva 2020; Bell & Blanchflower 2020). The self-employed faced different challenges with, in many cases, severe consequences for their livelihoods. Lastly, many have fallen ill from the virus or have had to 'shield' (i.e. stay at home on instructions from the NHS) from it because of existing health conditions or have had to care for ill relatives – again, this has led to income reductions in many cases and to food access problems. The Resolution Foundation estimated that 67% of UK households experienced a fall in disposable income due to Covid-19 and that low-income households were worst affected (Brewer & Gardiner 2020). This explains why the FSA note that both financial problems and food access difficulties have driven, during the first wave of the Covid-19 crisis in 2020, a growth in food insecurity. Regarding the latter, the FSA found that 26% of households surveyed had a member that was self-isolating or shielding (FSA 2020).

As the Covid-19 pandemic has increased food insecurity across the UK, achieving Goal 2 'Zero Hunger' of the United Nations Sustainable Development Goals (SDGs) by 2030 has become more challenging. Both the UK and Scotland are committed to the SDG agenda, an ambitious roadmap for a healthy planet for present and future generations and for a world free from poverty, injustice, and discrimination. In some accounts, Scottish progress had been slow even before the Covid-19 crisis (see e.g. Nourish Scotland in Pautz et al (eds) 2019).

¹ While the definitions varied across England, Wales, Scotland and Northern Ireland this category generally included: health and social care; education and childcare; key public services; local and national government; food and other necessary goods; public safety and national security; transport; utilities, communication and financial services.

While it is early days still towards understanding the full impact of Covid-19 in terms of food insecurity, first studies are emerging that give some indication of what the picture looks like, and this is explored within the literature review in this report. However, the main drivers of the surge still await rigorous exploration and precise data is only becoming available slowly in relation to how many people have been affected by food insecurity during the pandemic and in how far the demographic profile of those in food insecurity may have changed compared to pre-crisis times. This report adds to the developing understanding of the consequences of Covid-19 on food insecurity, specifically its impact on the situation in Scotland by providing a 'snapshot insight' into how four specific demographic groups were affected – the homeless, young carers and young adult carers, (destitute) asylum seekers, and people with disabilities. These groups were chosen because their income situation is generally more precarious so that they are at comparatively higher risk of food insecurity even in 'normal times'. Because only limited understanding exists on how these specific groups have been affected by the pandemic with regards to food insecurity, we decided to ask practitioners working with these groups to tell us what they think the impact on these groups has been.

Eleven interviews, conducted in July and August 2020 via the phone and followed up, in some cases, by emails constitute the primary data basis for this report. The interviews lasted between 30 minutes and one hour and followed a short questionnaire. The specific interviewees were approached because they were identified as likely to hold valuable expert knowledge of the situation. The interviews were not audio-recorded and instead notes were taken. Where we quote interviewees, we are confident that the quotes are near-verbatim reproductions of what interviewees told us. Where necessary, we asked interviewees in follow-up emails or phone calls to confirm our notes. All interviewees and their organisations were secured on an anonymous basis to allow interviewees to speak more openly.

Because of the small number of interviews we refrain from calling our report a snapshot 'analysis' – the data generated in the interviews, in combination with the existing literature and data, is not sufficient to make such a claim. However, this report constitutes one of the first insights into how Covid-19 played out for these four specific groups in Scotland and is also a call for further research into what Covid-19 has meant for food insecurity of these and further marginalised groups.

The report is structured as follows: after a literature review on Covid-19 and food insecurity, the four demographic groups are reported upon in turn. Following this there is a short section reflecting upon three key concerns – rising overall need; food access challenges; and the impacts on food aid services – that can be discerned from both the literature review and the research interviews. Brief reflections on what these findings could mean for policy are offered in the closing section.

3. Covid-19 and food insecurity across the UK and in Scotland

This literature review takes into account academic, grey, and journalistic literature addressing the UK and its constituent parts. It broadly follows the methods of the rapid literature review approach – such reviews are conducted over a short period of time, making use of key search terms while being guided by a set of underlying research questions. The rapid review approach is considered useful for identifying gaps and guiding policy interventions (Temple University 2019). In this, a variety of terms related to food insecurity (access to food, food aid and foodbanks) were used in conjunction with terms related to the Covid-19 crisis (such as Covid-19, SARS-COV-II, and coronavirus). These were applied in various combinations and synonyms in both academic databases and general internet search engines. Using general search engines was particularly important to capture the discussions in the political, media, and civil society arenas. The most systematic search was undertaken over the period of June 2020, supplemented with additional searches in July and August. The literature drawn from those searches was also supplemented by literature sent to us by stakeholder interviewees.

3.1 The demographics of food insecurity in times of Covid-19

The Covid-19 pandemic has aggravated existing food insecurity – usually caused by low incomes and income crises – and has also created new access-to-food challenges for people who, under pre-Covid-19 conditions, had few or no reasons to worry about food insecurity.

As Britain was officially in recession in August 2020 (BBC 2020a) due to the lockdown measures introduced in March, Cummins et al (2020) rightly highlight how the effects of the economic downturn will increase the number of households with reduced income due to rising unemployment or reduced working hours. As reduced household incomes can lead to food insecurity, Loopstra analysed YouGov polling data which included answers to questions about participants' experiences of food insecurity. The results were compared with data from the Food Standards Agency's (FSA) mapping of food insecurity in the UK prior to Covid-19. Loopstra found that the crisis led to increased vulnerability to food insecurity as 16.2% of the people sampled experienced food insecurity. These figures suggest a quadrupling of food insecurity in comparison with survey data produced by the FSA in 2018 (Loopstra 2020). Those surveyed who said they were experiencing food insecurity reported skipping or reducing meals sizes, experiencing hunger, and going full days without eating because they could not afford or access food. An additional 21.6% of adults reported feeling 'very' or 'fairly worried' about obtaining the food that they needed during the Covid-19 outbreak.

Children in low-income households have been deemed particularly at risk of food insecurity because of the pandemic. The main reason for this is reduced access to (free) school meals as a consequence of the school closures across the UK – only children of 'critical' or 'key' workers, as classified by central and devolved governments, were able to attend school and receive food there. More generally, children from low-income households are among the most vulnerable to a shock such as Covid-19 as school closures not only mean that children lose a place of learning but also of healthy eating (van Lancker & Parolin 2020). To underpin this claim, van Lancker and Parolin draw on previous research which has shown that access to school lunch is linked to higher educational attainment, whereas food insecurity and irregular or unhealthy diets are linked to lower educational attainment and poor physical and mental wellbeing.

With Covid-19, new forms of social separation have developed between younger and older people, between those deemed at high risk of contracting the virus because of advanced age or existing health conditions and those deemed in good health, and between those showing Covid-19 symptoms and those appearing healthy. Early on in the crisis, those with symptoms were instructed to 'self-isolate' in order to halt the spread of the disease, while those in the 'at risk' category were told to 'shield' by staying at home and avoiding any social contact until further notice. 'Shielding' proved to be a particularly extensive form of isolation. Taylor estimated the number of people at elevated risk from the virus to be as high as 17.6 million (Taylor 2020). This number includes people older than 70 years, people with underlying health conditions, and pregnant women. Loopstra warns about the consequences of social isolation vis-à-vis food security:

People with health conditions are already at heightened risk of not being able to afford enough food to eat, and these social distancing measures will create new risks arising from being physically unable to access food. Thus, these numbers are likely a conservative estimate of how many people are going to have difficulty in accessing food as a result of these measures. Ensuring physical and financial access to food for everyone through this uncertain time is critical not only for health but also for being able to slow the spread of coronavirus (Loopstra cited in Taylor 2020).

As Loopstra highlights, during the crisis the financial element of food insecurity intersected with social distancing rules, 'stay at home' appeals, and self-isolating measures that made physical access to food more difficult so that food insecurity rose significantly (cited in Taylor 2020). This intersection can be demonstrated through highlighting the experience of disabled people and their households. First, there is a much higher risk of poverty for people in families with a disabled member than for people in families not including a disabled member (Joseph Rowntree Foundation 2018). In Scotland, between 2015 and 2018, the poverty rate after housing costs for people in families with a disabled person stood at 24%, compared with 17% for families without a disabled member (Scottish Government 2019). In addition to such existing income problems, many people with disabilities were, and are, within the 'shielded' category and, accordingly, were far more reliant on online grocery shopping and on the internet more generally for information about food aid services. Given the already existing digital exclusion of disabled people (ONS 2019), the Glasgow Disability Alliance (GDA) found that 'Covid-19 is supercharging inequalities already faced by disabled people' (GDA 2020, 1).

Returning to the UK level, a report by Sheffield University and Birmingham University for Carers UK highlights how unpaid carers have had to increasingly use foodbanks since the start of the Covid-19 pandemic. Researchers found that carers looking after someone outside their own household were twice as likely to use foodbanks than members of the general public during the pandemic. Among these carers, 3.5% said someone in their household had gone hungry in the previous week, an estimated 228,625 carers in the UK (Bennett et al 2020).

3.2 The exacerbation of food access problems through Covid-19

The Covid-19 crisis has made it more difficult for some people to access food and has led to strain on existing food aid services in various ways.

For example, there were those who, despite having sufficient resources to afford food, found it more difficult to access because they were self-isolating or shielding (SPIRU 2020). Also, the closure of restaurants, fast food take-aways, and cafes accounting for just under one third of food consumption in the UK before the pandemic, caused problems (Rayner 2020). Lastly, 'panic-buying' and bulk-buying in the early weeks of the crisis had a detrimental impact on the availability of certain food stuffs, even if only for a relatively limited period (Rayner 2020).

Loopstra discusses some of these new Covid-19 related barriers to accessing food on the basis of survey data. In early April, out of all adults who stated that they had experienced food insecurity, 40% said that it was due to lack of food in shops only. This problem was linked to shocks to the supply chain and to a surge in food demand. For 'economic reasons alone', as the report puts it, around 16% said they experienced food insecurity. An equal percentage cited 'isolation' and 'shielding' as reasons for food access difficulties. About 15% reported food insecurity arising out of a combination of these factors (Loopstra 2020). Given this situation, and as the pandemic and the ensuing lockdown revealed the fragility of the UK's food system, Taylor implored the UK Government to 'reinvent' the way in which the British public can feed itself (Taylor 2020). In this context Rayner accused the UK Government of simply handing responsibility for food supplies to supermarkets while ignoring the lack of capacity for supermarket home deliveries. These had quickly become a vital way of obtaining food not only for those shielding or self-isolating but for many worried about the health risks that came with entering shops. This development, according to Rayner, suggests the need for a more coordinated response from central government (Rayner 2020).

The Covid-19 crisis has also impacted on food aid services. Two reports, by the Trussell Trust and the Independent Food Aid Network, show that there was a sustained surge of food aid demand following the UK-wide lockdown in late March 2020. The Trussell Trust reported an 81% increase in the need for emergency food parcels, along with a 122% rise in food parcels being given to children (The Trussell Trust 2020b). Independent food banks reported that they had witnessed a 175% increase in emergency food parcels distributed between February and May 2020 over the same period in 2019 (IFAN 2020).

This surge for food aid demand happened at the same time – and for similar reasons – as food aid services struggled to maintain their operations, let alone cope with more demand. Power et al (2020) note that the entire UK food system, dominated by ‘just-in-time’ supply chains, was challenged by stock piling and ‘panic buying’ in the first weeks of the pandemic. This also impacted on the supply of food to food banks. Whilst admitting that it was too early to unpick the experiences of the Trussell Trust and independent food banks, Power et al (2020) suspects that the Trussell Trust’s foodbanks proved more resilient because of their long-standing partnerships with supermarkets and also with Fareshare, the charity that acts as a conduit between supermarkets and the Trussell Trust to facilitate a regular supply of surplus food (Power et al 2020). Independent food aid providers tend towards using more informal modes of acquiring food, so that their supply chains are likely to have been more vulnerable to the Covid-19 crisis. Furthermore, the pandemic has had an immediate negative effect on the availability and accessibility of emergency food supplies due to fewer households donating to food banks and a much lower quantity of surplus food from partners who normally were relied on for providing food, such as supermarkets. Also, at least at the start of the crisis, food banks were unable to purchase food in bulk from wholesale vendors and supermarkets as these were rationing their stock (Power et al 2020). Finally, food banks were overwhelmed by the increase in demand so that they needed more volunteers and, at the same time, had to send older volunteers or others in the ‘at risk’ category home in order to protect them from the virus (Butler 2020). Power et al (2020) note that at independent food bank providers, 75% of volunteers are over 70 so that shielding requirements and general precautionary measures meant that this vital human resource was lost at the height of the crisis (The Trussell Trust 2020b).

As the Trussell Trust reports, some of the food banks in its network faced difficult decisions about whether to stay open during the pandemic at all (The Trussell Trust 2020a). UK Government guidance allowed food banks and the buildings that host them to open on condition of ‘social distancing’ rules being observed. Service delivery remained possible, at least to some extent, during the lockdown as staff and volunteers were classified as ‘key workers’. This meant, for example, that their children were allowed to attend school, and volunteers were allowed to travel for purposes around their food aid service roles. Nevertheless, Covid-19 lockdown restrictions meant that food banks had to reorganise their services to ensure that public health needs were met. This included minimising contact in the buildings where the food banks operate, queues being located outside the buildings rather than inside them, and a reduced number of food bank sessions. Other measures included new services such as home deliveries (The Trussell Trust 2020b). IFAN also reports operational changes at independent food banks, including provision of larger food parcels to last more days to minimise interactions between food bank staff and service users (IFAN 2020). Some of the changes in food aid service delivery were said to have a detrimental impact on the wellbeing of service users, in particular those already feeling isolated and lonely before the crisis. As Power et al put it:

There is a danger that care, sign-posting, and choice – essential to the dignity and agency of service users – will be removed from the food bank interaction. This may undermine the role of food banks in addressing social isolation and acting to prevent the reasons for food bank attendance – the root causes of food insecurity – through onward referral, and may exacerbate the pre-existing stigma of food bank use. The additional ‘policing’ of the movement of people (where to stand, sit, hand over the voucher) may be ‘doubly stigmatising’. Such rules, if conveyed insensitively, are likely to intensify feelings of shame, particularly for people who are using the food bank for the first time (Power et al 2020, 8).

Whilst established food banks had to make difficult decisions about if and how to continue their services, the pandemic also saw new food aid providers enter the field. For example, following the governments’

announcements about the vulnerability of some people to Covid-19 and the lockdown, 'mutual aid' groups emerged across the UK, spontaneous associations of volunteers supporting their local community. Early overview research by Volunteer Scotland in April 2020 found that in the 'space of only four weeks or so over 200 mutual aid groups have been formed with an estimated 116,000 members' in Scotland alone (Volunteer Scotland 2020, 3). It is not clear how many of these delivered food aid, but it can be assumed that many supported people threatened by food insecurity caused by access problems because of shielding and self-isolation requirements. Many of these mutual aid groups have disappeared again, but some of them have 'come to stay', a development which further extends the scale of the emergency food aid sector.

3.3 Covid-19, food insecurity and policy

Crises put governance and policy systems to the test. This strain is made worse if inadequate crisis response plans are in place. As crises unfold, policy responses are subject to constant re-evaluation and intervention (e.g. Boin & t'Hart 2007; Connolly 2015). Policies relating to food insecurity in the Covid-19 pandemic emerged quickly within the uneven policy and regulatory geography of the UK. As these policies kept evolving at the time of writing this report, a definite description of policy relating to Covid-19 and food insecurity is difficult to make. Instead, the following account points towards two distinct approaches. These relate, firstly, to the income and expenditure situation of households and, secondly, to the direct provision of food. Using the Joseph Rowntree Foundation's work on food insecurity, these two types of policy responses could also be labelled 'remedial', consisting of efforts to tackle the roots of the problem, and 'palliative', concerned with addressing the symptoms via alleviation efforts (Joseph Rowntree Foundation 2018). These two forms of intervention are common in the literature on routes out of food insecurity, whether at public policy or at community action levels. Examples for both approaches referred to in the following sections are limited to the jurisdictions of the Westminster and Holyrood parliaments; however both approaches also existed and exist in Wales and Northern Ireland.

The loss of income through the closing down of economic activity during the first lockdown in March 2020 was mitigated in different ways. For households with people in-work, this included the 'furlough' job retention scheme introduced in March 2020 by the UK Government. Covering the entirety of the UK, the furlough scheme was designed to prevent mass unemployment (Burchell et al 2020). To achieve this, the UK Government initially offered to pay 80% of wages, capped at a maximum of £2,500 per month, so that employers would not dismiss staff due to the loss of revenue caused by Covid-19 and lockdown. It took some time for a similar scheme to be put in place for the self-employed, meaning that for April and the beginning of May self-employed workers were advised, where necessary, to apply for Universal Credit benefit (Burchell et al 2020). To operate in conjunction with the projected opening up of the economy, the furlough scheme was to be tapered, in September 2020, to 70% of wages with the cap also reduced to £2,187.50. For the final month of this scheme – intended to be October 2020 – only 60% of wages were to be paid for those on furlough. However, the renewed lockdowns in October and November 2020 (the nature of which differed across the UK) – put in place due to a second wave of the Covid-19 pandemic – meant that the furlough scheme was extended, albeit in a slightly different form.

Other areas of support relate to existing social security entitlements. On the 20th of March, the UK Government announced an increase of Universal Credit benefit by £20 a week, starting on 6th of April (UK Government 2020b). Initially meant to last only for one year, the increase was extended in March 2021 for a further six months. Also in April, the UK-wide local housing allowance – to support private tenants on low incomes with rent costs – was increased to cover at least 30% of market rent in the claimant's area (UK Government 2020c). This has operated in tandem with protections for tenants and owner-occupiers to halt evictions or repossessions because of rent or mortgage arrears (UK Government 2020d; Welsh Government 2020a; Scottish Government 2020b; Northern Ireland Government 2020). Such action offered many households a reprieve with regards to their financial situation and thereby mitigated the threat of homelessness, in turn reducing the pressure on local authorities during the Covid-19 crisis (Simpson 2020). In Scotland, the Scottish Welfare Fund was increased to offer support to more people in acute income crises. Between April and June 2020, £5.2 million in crisis grants were awarded, up 77% on the same period a year earlier. Over the same period, the number of crisis grants rose by 63% (Scottish Government 2020c).

All of these measures were designed to relieve the pressure on household budgets and can thus be expected to have prevented or reduced food insecurity. However, the furlough scheme was criticised

because it reduced incomes by 20% across the income scale, including those at the lower end (Collinson 2020). In other words, already low incomes were further diminished so that, for example, those in in-work poverty before the crisis and now furloughed had even less to live off. While benefit increases were welcomed alongside other measures to mitigate income reduction when the pandemic struck, concerns have been expressed regarding the five-week delay period for the first Universal Credit payment to new applicants (Power et al 2020). Also, further benefit increases were demanded. For example, the Child Poverty Action Group's (CPAG 2020) recommended that Child Benefit be increased by £10 per week to protect vulnerable households. Support given for mortgage holders was criticised as inadequate because of its accessibility only to those in receipt of Universal Credit, Income Support, Job Seeker's Allowance or Pension Credit (Joseph Rowntree Foundation 2020). There were also demands made to increase financial support for carers. For example, Carers UK said that the UK Government should increase the 'basic level of Carer's Allowance and provide a one-off Coronavirus Supplement' to match the rise in Universal Credit (Bennett 2020, 9). While the UK Government maintained the level of Carer's Allowance, the Scottish Government built upon the already existing Carer's Allowance Supplement paid to recipients of Carer's Allowance in Scotland since 2018, by implementing a one-off Coronavirus Supplement in June 2020. This resulted in recipients receiving an additional payment of £230.10 (Scottish Government 2020d). However, it should be noted that not all unpaid carers in Scotland qualify to receive Carer's Allowance and therefore did not benefit from this payment. Calls by Oxfam Scotland and others for the one-off additional payment to be repeated as the pandemic continued were not acted upon.

The second discernible set of policy interventions that deals directly with preventing food insecurity is that which supports access to food. The most prominent interventions were the food box schemes for helping to protect clinically vulnerable people from exposure to Covid-19 by allowing them to stay at home and away from shops (UK Government 2020e; Scottish Government 2020e). Both the UK Government in relation to England and the Scottish Government provided guidelines on the delivery of free food parcels with standardised content to shielders' doorsteps. In England, the responsibility for delivery was given to local authorities which coordinated it mainly through existing 'local resilience forums' – multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others (UK Government 2020f; Power et al 2020). The Scottish Government followed a similar approach, using the 'resilience partnerships'. These can include local authorities, the police, community groups, or local businesses (Ready Scotland 2020; Scottish Government 2020f). The local authorities were the agencies tasked with leading the coordination of shielding services and were encouraged, by the Scottish Government, to augment food boxes with items such as chilled products, eggs, and dairy produce or food that supports various dietary needs (Scottish Government 2020f). Delivery to people's doors of these free food boxes was contracted by the Scottish Government to the food and distribution company Brakes and Bidfood (Scottish Government 2020f), similar contracts were made in England. In Scotland, the doorstep delivery was financed through a new £70 million 'Food Fund' which also supported food aid delivered by local authorities to other demographic groups deemed at risk of food insecurity, namely families with children eligible for free school meals, older people, those with long-term health conditions, and pregnant women (Scottish Government 2020h).

Many large supermarkets also supported vulnerable people by giving them priority access to delivery slots for online grocery shopping. Some required evidence of being on the shielding list, others requested referrals from the local authority (Monro 2020). Criticism of the governmental food box schemes were raised concerning delays, nutritional quality, and how the standardised contents was not always adequate vis-à-vis cultural or religious needs (McNeil et al 2020). The programmes ended in late July in England and Scotland, and it can be assumed that the cessation of food box deliveries has created new challenges for those who wish to continue shielding in order to protect themselves from the virus in its 'second wave' since autumn 2020.

Another area of support involves the provision of food for children and young people through schools – in the form of breakfast clubs, school lunches, or holiday clubs (Power et al 2020). School closures as a result of the lockdown decision in late March meant that these forms of food provision stopped. But the UK Government for England and the Scottish Government continued some form of food support for school children during lockdown. Again, this was implemented at the local level so that the forms of this support varied significantly across localities. For example, East Dunbartonshire Council offered a voucher scheme for food redeemable only at Farmfoods, whilst North Ayrshire Council offered a voucher scheme redeemable at a wider range of outlets (East Dunbartonshire Council 2020; North Ayrshire Council 2020). However, it

has been noted by many Scottish civil society organisations that the most dignified approach should be cash over vouchers – indeed, the Scottish Government’s guidance to local authorities also suggested a cash-first approach (Scottish Government 2020i). To cover the school holiday period, the UK Government introduced for England a ‘Covid Summer Food Fund’ to provide food vouchers for those who would be eligible for school lunch vouchers (UK Government 2020h). Similar schemes were put in place in Scotland, Wales, and Northern Ireland (Welsh Government 2020b; Scottish Government 2020i; Northern Ireland Government 2020b), thereby ensuring that those entitled to free school meals benefited from continuity of support during the school holiday period.

Food aid services were also directly supported by governments across the UK. For example, the UK Government announced in early May 2020 that it would set aside an initial £16 million to allow charities in England to buy and distribute food during lockdown. Using this funding, millions of meals were to be provided over the following 12 weeks and at least ‘5,000 charities and community groups’ in England were to benefit, including those running refuges, homeless shelters, and rehabilitation services (UK Government 2020i). Some have criticised these measures as inadequate to deal with the surge in food aid demand in England. Sustain, the Alliance for Better Food and Farming, said that the UK Government

has consistently side-stepped its responsibility to help people who are running out of money to pay for food during Covid-19. They expect a fanfare for giving £16m to frontline charities, but this represents just a few days’ worth of food for the hundreds of thousands of people now struggling to put food on the table due to low income. What happens when these temporary, piecemeal handouts run out? (Sustain 2020).

As food banks in England, in May 2020, were at ‘organisational capacity’, Power et al were not alone in recommending Westminster should follow the Scottish Government’s ‘cash-first’ approach and significantly increase hardship funds, administered by local authorities (Power et al 2020; Sustain 2020).

Government efforts to increase food supplies to food banks and build their capacity to provide more food were in addition to attempts to increase food donations by supermarkets, hospitality businesses, wholesalers, smaller retailers, suppliers, and manufacturers. These were co-ordinated by the Institute of Grocery Distribution (IGD) (UK Government 2020j). For example, Tesco provided a £30 million package of support for local communities tackling Covid-19, including a £25 million food donations programme; Sainsbury’s donated £3 million to FareShare, and Asda donated £5 million to community charities; Morrisons promised £10 million of stock to be set aside in their stores to be donated; and the Co-Op donated £1.5 million worth of food to FareShare.

With regards to existing food banks and also to new services set up to prevent food insecurity during Covid-19 in Scotland, a survey amongst 211 community-based organisations found that, overall, the coordination of emergency food provision at the local level, between community organisations and local authorities, was appropriate and that resources were sufficient to meet the demands on their services. However, the report also highlighted anxiety amongst food providers about future sudden rises in food insecurity (SPIRIU 2020) and how they would affect their activities.

Concerns about the coordination of resources for emergency food provision in Scotland were expressed, however, by the Scottish Poverty and Inequality Commission, following engagement with some organisations who provide emergency food support. Overall, the Commission commends the efforts at both the Scottish Government and local authority levels in proactively working with emergency food organisations noting that ‘the scale and nature of support had changed dramatically’. However, the Commission says that at times their efforts were ‘hampered by lack of coordination of access to food and resources, communication and funding’ (Poverty and Inequality Commission 2020, 1).

4. Food insecurity during Covid-19 – the snapshot insight

This section presents the 'snapshot insight' of how four specific demographic groups were affected by food insecurity in Scotland – the homeless, young carers and young adult carers, (destitute) asylum seekers, and people with disabilities. These groups were chosen because their income situation is generally more precarious so that they are at comparatively higher risk of food insecurity even in 'normal times'. Interviews with expert stakeholders form the main source of the insights, but we also used relevant publicly available data and analysis.

4.1 Homeless people

The term homelessness is used here as a category that includes people who are living 'on the street' and in temporary accommodation, but also those who are considered homeless under the Housing (Scotland) Act 1987. The Act stipulates that a person should be treated as homeless by statutory agencies even if they have accommodation, provided that it is not reasonable to continue to stay in this accommodation. Shelter, a charity that seeks to end homelessness, elaborates on what this looks like in practice, stating that homelessness includes staying with friends or family, staying in a shelter, night shelter, bed and breakfast, and squatting. The homelessness category also refers to being at risk of violence or abuse in one's home, living in poor conditions that affect one's health, or living apart from one's family if not having a place to live together (Shelter 2020). According to the Scottish Government, 31,333 households were assessed as homeless in 2019/20 – a 4% increase on 2018/19. A total of 51,365 people were living in these households, including 35,654 adults and 17,711 children (Scottish Government 2020j).

Agencies tasked with preventing homelessness often operate with the concept of 'tenancy sustainment' which involves supporting people to 'avoid the premature end of tenure' (Boland et al 2018). This approach seeks to deal with determinants of homelessness that operate at the individual, interpersonal, community, and structural levels (Boland et al 2018). In practice this can mean providing advice and information and signposting to services. In Scotland, there has been a shift towards a 'rapid rehousing' model of homelessness prevention in which permanent housing tenures in the social rented sector should be offered swiftly along with 'wrapped around' tenancy sustainment support (Evans & Littlewood 2018).

The literature from before Covid-19 shows that homeless people feature highly among those who access food banks. Clair et al (2020) used data from 598 households who accessed food aid from 24 foodbanks operating in the UK between 2016 and 2017. They found that nearly 18% of these households were homeless. Similar quantitative data does not appear to exist for Scotland alone; however qualitative research with practitioners in the field recognises homeless people as one of the most at-risk groups of food insecurity here, too (Douglas et al 2015). Older data from the Trussell Trust suggests that in 2014/15, homelessness accounted for 3.4% of referrals to their foodbanks in Scotland (cited in CPAG 2015). With the start of the lockdown in March 2020, the Scottish Government, local authorities, and charities started to support those sleeping rough or staying in congregate shelters to move into self-contained accommodation to protect their health (Marks 2020; HRSG 2020; Douglas et al 2020).

This temporary measure almost ended rough sleeping in Scotland, but worries over a significant rise in homelessness emerged again in summer 2020 – particularly with the risks entailed with rising unemployment and the cessation of renting and mortgage protections (e.g. Merson 2020). More recently, Shelter have raised concerns that the Scottish Government have backtracked on their commitment to end the use of temporary accommodation during lockdown (Scottish Housing News 2021). The Scottish Government's new Food Fund, discussed earlier, was also used to support food provision to the homeless, for example through funding charities and social enterprises to expand their services or add to them. Social Bite is one example of the latter; they claim that between late March and early August 2020 they distributed over 500,000 free food packages to the homeless either from their 're-purposed' cafes in Aberdeen, Edinburgh and Glasgow, via doorstep delivery, or in cooperation with partners such as care homes (Social Bite 2020; Diouri 2020).

The data from three stakeholder interviews sheds further light on how the homeless were affected by the pandemic with regards to food insecurity. The interviewees' organisations offered services which, before Covid-19, were geared towards supporting people to 'steady their lives before readying them' for, for example, volunteering opportunities or other employability measures (Interview 1). These steadying

interventions involved elements such as advice and information for income maximisation, building skills to manage budgets, teaching cooking skills, confidence building activities, and also registering with the local GP. Many of these activities were in the form of individual case work and required close and trusting relationships. Other activities were group-based and aimed at developing people's social capital and to help them integrate into the wider community. We were told that food aid services 'such as cookery clubs are a useful forum for introducing this relational approach that's so important to ensure the other services work' (Interview 1). With regards to food insecurity, supporting the homeless or those at risk of homelessness in such ways was described to us as an important help to mitigate the most damaging elements of poverty that can also open pathways out of homelessness while 'promoting dignity through participatory coproduction of food aid' (Interview 1).

Interviewees emphasised that food insecurity had been a regular part of the lived experience of their service users already before Covid-19:

Most are living lives where poverty is the norm. This includes low and irregular incomes, loneliness, lack of support networks. Often they have to make tough choices between different necessities that compete with food (Interview 2).

Some organisations have sought to base their services on participatory principles with the objective of promoting dignity and agency amongst users. This approach differs from charitable approaches to food aid delivery which some have criticised as perpetuating power relationships as agency here lies solely with the service provider and the recipient has little choice (Powers 2016). In relation to their community kitchen, which was running before the Covid-19 crisis, one interviewee reported:

The community kitchen's function is to provide a space for providing community cooking clubs for the service users from the homeless community. They also do cookery masterclasses that engage with the refugee community in the weekends. There were supper clubs offered as well, offering food and space for wider engagement. These services were more than simply the provision of food for those at risk of food insecurity. By developing the skills of people regarding how to cook on a tight budget it was more dignified than the 'doling out' of food parcels, healthier also. This kitchen allowed for the development of other skills that could reduce the risk of food insecurity (Interview 2).

Another interviewee confirmed how 'cooking classes were a means to bring people together, provide wider support, and help them develop skills to sustain a healthy and regular diet when facing circumstances of low income and instability' (Interview 3). However, when food aid services suspended all activities beyond supplying food, the wider objectives and participatory approaches also came to an end. In combination with the shielding requirements of many among the homeless, these changes meant that the social element of food aid disappeared as a consequence of the lockdown and that the isolation of already marginalised people increased.

In addition to worries about the social impact on how food aid services had changed, practical concerns existed around the delivery of food aid to the homeless. While individuals who were both homeless and officially shielding received food supplies via the government's food box schemes, those without official shielding advice were not eligible. This meant that they had to rely on the continuation of charitable food aid and on its delivery to their doorstep. Another issue was how the lockdown increased the cost of living. For example, travel restrictions – designed to limit the spread of the disease – and the need to 'buy locally' reduced both the choice of shops and the choice of products.

Due to Covid-19 and the lockdown, as we heard in interviews, community kitchens changed their objectives drastically – from providing a service to the homeless that was both practical and social, to producing large quantities of food for home delivery: 'We went from providing classes for 38 people to over 100 people getting doorstep delivery from us. We went from 300 meals in week one to 5,000 meals' (Interview 2). This change led to worries about a return to purely 'charitable' forms of food provision that would become part of the 'new normal':

While this was useful [the change to a production kitchen], the support provided through participating in the community kitchen was lost. The ability to build support networks through eating together was also lost (Interview 2).

Related to this change and to the concerns about – in the eyes of the interviewees – the ‘damaging’ charitable approach were worries about the disruption of non-food related services that community kitchens and foodbanks offer to the homeless. For example, as a consequence of the lockdown, individual relationships between practitioners and service users were diminished. People were described as disappearing ‘off case workers’ radars’ and becoming more difficult to contact:

A lot of my work since the lockdown has been about trying to get back in contact with people who we have lost because of us re-purposing our services. I have managed to get in contact with all bar one [out of the interviewee’s case load], and I am now dealing with relapse. The changes around Covid mean I now deal with them at the doorstep as much as I can, and we get food deliveries to them, but much has been lost by losing the services integrated with the cookery clubs (Interview 3).

The results of closing, changing or repurposing community-based services were, according to our interviewees, that service users were suffering setbacks in their ‘recovery’ from homelessness and also had increased difficulties with mental health and self-esteem: ‘Food being handed out in this way rather than as part of a participatory service means that all semblance of dignity is lost, which is a big part of how we build the confidence of our clients’ (Interview 3).

4.2 (Destitute) Asylum seekers

Food insecurity features prominently amongst asylum seekers resettled in high income countries (Henjum et al 2019), including Scotland (Douglas et al 2015). Much of this relates to the economic constraints imposed on refugees at different stages of the asylum process. In the UK, these stages carry different levels of support from the UK’s Home Office. An ‘asylum seeker’ is someone who is awaiting the Home Office’s verdict as to whether their claim for asylum is granted. Throughout the duration of their assessment, asylum seekers are not entitled to mainstream benefits and they are not permitted to work. They receive instead ‘Section 95’ support which provides financial allowances significantly lower than non-working benefits such as Universal Credit (ASAP 2018) – the cash support of currently £37.75 per week for each person in the asylum seeker’s household is loaded onto a debit card (ASPEN card) which also permits cash withdrawal (UK Government 2020k). They are also entitled to accommodation support for the duration of their asylum claim but cannot choose where in the UK they may be given such. A ‘refugee’ is someone who has had their claim granted. Formally, a refugee has access to mainstream benefits and is allowed to take up paid work. However, many reasons refugees are at high risk of poverty as, when in work, they are frequently working in low pay jobs and are often not claiming entitlements due to barriers to advice and information (Lindsay et al 2010). A person who is refused asylum loses Section 95 support and is not allowed to take up paid work or to receive any benefits. If they agree to returning to their country, are too sick to leave the UK, or have successfully applied for a judicial review of their asylum claim rejection they might be eligible to ‘Section 4’ support – consisting of accommodation and a payment card unless full board is provided, but no cash support. These narrow criteria are met by relatively few people, so that it can be assumed that most refused asylum seekers are destitute – a situation in which homelessness and food insecurity often become intertwined and acute (c.f. Refugee Action 2019; McKenna 2019).

The following focusses on asylum seekers and those refused asylum. In June 2020, there were 48,809 asylum seekers in the UK receiving Section 95 support. Of these, 42,289 were living in ‘dispersed accommodation’, meaning that the UK Government provided financial support to local authorities willing to accept refugees for resettlement. With 3,756 asylum seekers, Glasgow is the local authority with the most dispersed asylum seekers per head of population in the UK (Sturge 2020). The number of asylum seekers who have had their

claim rejected and are therefore at risk of destitution is more difficult to state as the 'Home Office does not publish data on the numbers of asylum seekers living without support' (McKenna 2019, 26). However, official figures allow an approximation of this situation with McKenna estimating, in 2019, that there were around 1,000 refused asylum seekers living in destitution in Scotland (McKenna 2019).

To those awaiting an asylum claim decision, food insecurity had been a daily lived experience already before Covid-19, according to one of our three interviewees from this field (Interview 4). The reason was that the small weekly benefit entitlement places purchase of food in competition with other essentials. The problem of budgeting is aggravated by the fact that many areas where refugees and asylum seekers live do not have a food retail sector that can meet the cultural or religious needs of this diverse population. One interview told us that 'the money competes with travel, as shops sell little locally, especially nutritionally or culturally appropriate food' (Interview 4).

With the outbreak of Covid-19 and the lockdown, the situation for asylum seekers changed in a number of ways. Regarding access to food, the requirement to travel to buy appropriate food meant that asylum seekers were affected by Covid-19 as lockdown restrictions stipulated that all travel should be avoided – this, of course, included travel to food banks. Fewer changes were noted with regards to the income situation of most asylum seekers as they were 'already in the system' of Section 95 support, as it was put by one interviewee (Interview 4). They did not receive any additional support because of Covid-19, but also lost none. Of course, factors described earlier – such as stock-piling, panic-buying and travel limitations – impacted on living costs also of asylum seekers. However, dramatic changes happened to some 400 asylum seekers with 'fresh claims', when Mears Group, the company contracted by Glasgow City Council to provide housing and social care to asylum seekers, moved them from flatted self-contained accommodation to full board hotel accommodation in early April 2020. These moves happened at very short notice and were reported as being justified on the basis of 'flat maintenance issues' (Interview 6). Problematically, asylum seekers lost all cash support after this move because the full board in the hotels was deemed an adequate replacement for it, as per Home Office guidelines. Mears justified the move on health grounds as full board accommodation would remove the need to go to food banks or to take trips to buy food and thus reduce the risk of infection (Stuart 2020).

Those with their asylum claim rejected and therefore not entitled to Section 95 support and not receiving Section 4 support either were significantly affected by food insecurity before Covid-19, as we were told by our interviewees. Evicted from their accommodation and without access to homelessness services and not having the right to work or to receive any benefits, interviewees said that 'hunger' rather than 'food insecurity' would be the better term to apply to this group of people. Asylum seekers, after having their claim rejected, were highly reliant on support from the charitable sector for food aid and other support as they could not access 'normal' foodbanks operating on a voucher system and 'requiring referral by a case worker, and that creates bureaucratic barriers which are hard to get over if you're destitute' (Interview 5).

When the lockdown was announced in late March 2020, a dramatic change of policy towards destitute asylum seekers occurred. The UK Home Office announced that they would, for reasons of public health, seek to accommodate all destitute asylum seekers and provide the basic necessities for them along the lines of Section 4 support (Home Office News Team 2020). However, refused asylum seekers still had to go through 'the usual application process and provide destitution evidence before they are approved' (Interview 5), according to one of our interviewees. Nonetheless, this announcement meant that destitute asylum seekers previously receiving no state support now received some support and could therefore hope that their situation with regards to food insecurity and appropriate accommodation would improve, albeit only temporarily.

In Glasgow, Mears found accommodation for destitute asylum seekers in city centre hotels or, in some exceptions, in flats (Brooks 2020). The allocation of either was not led by needs assessments but happened randomly, we were told. A key difference between those in the two types of accommodation was that refused asylum seekers in hotel accommodation were not given a payment card. Rather, food was provided and served by the hotel's regular staff as it could not be made in the hotel rooms. This arrangement meant that people had no choice over what to eat and when. Food was not only served at regimented times, but we were told it was also generally found inappropriate both nutritionally and with regards to cultural needs. For example, the regimented times meant that for those observing Ramadhan only cold food was available as they were unable to reheat food after the fasting period due to the lack of microwaves in the hotel rooms. The quality of the food was described as often problematic from nutritional and health points of view – for example, one interviewee noted that a resident suffering from diabetes (and shielding because

of it) could not eat the food offered in the hotel (Interview 6). Moreover, the regimented nature of mealtimes and of how food was 'slopped out' was described by interviewees as akin to jail conditions (Interview 7). Such descriptions also made it into the media, with some food described as not 'fit for human consumption' and reports of malnourishment among those living in hotels (Horne 2020). One of our interviewees confirms that they have 'been receiving a lot of complaints about the quality of food to the extent that some clients ended up in the hospital' (Interview 5). This situation aggravated mental health problems and, we were told, fed into the tense atmosphere in some of the hotels. According to one of our interviews, this atmosphere was further charged, on some occasions, by a hotel management who at best were acting insensitively and at worst outright racist:

The staff at the hotels were entirely untrained for dealing with people with complex needs – they are trained to deal with tourists, they are not social workers. They tried their best and were sensitive, but ultimately could not deal with this situation. There were cases of management being outright intimidating and racist, saying 'we'll kick you out if you keep complaining' (Interview 6).

In Glasgow's Park Inn Hotel it was claimed that this atmosphere created the conditions for an incident involving the stabbing of six people by a resident who was then shot dead by police (Brooks 2020). In summary, while on the surface food insecurity for destitute asylum seekers was at least temporarily suspended, in reality the type and quality of food and how it was made available meant that the change can hardly be fully welcomed.

Regarding the few refused asylum seekers who were settled in flatted accommodation during the Covid-19 lockdown, interviewees told us that their experience of food insecurity changed in form. This was the result of being transferred onto Section 4 support for the duration of this pandemic policy. The peripheral areas in which destitute asylum seekers were given accommodation meant that the distance and travel to obtain appropriate food was an issue. As people were given payment cards rather than cash, they could not only not buy the food they wanted but also were unable to pay bus fares to reach food aid services which catered for their requirements and tastes. For example, Glasgow's central mosque offered food aid throughout Ramadhan but is a long distance to travel by foot from, for example, Glasgow's Springburn and Castlemilk areas.

4.3 Disabled people

Around one million people in Scotland – that is one fifth of the country's population – defined themselves as disabled in 2014 (Scottish Government 2014). Statistics demonstrate that disabled people experience higher levels of income inequality compared to non-disabled people. The Joseph Rowntree Foundation found a much higher risk of poverty for people in families with a disabled member than for people in families not including a disabled member (Joseph Rowntree Foundation 2019). In Scotland, between 2015 and 2018, the poverty rate after housing costs for people in families with a disabled person stood at 24%, compared with 17% for families without a disabled member (Scottish Government 2019). Given this picture, it may not be surprising to find that over 50% of UK households using one of the Trussell Trust's foodbanks included someone with a disability (Loopstra & Laylor 2017). Our two interviewees from disabled people's organisations confirm this evidence as they told us that 'prior to the pandemic food insecurity was already part of disabled people's experiences of poverty, acquiring food was already pressing for many disabled people' (Interview 7). In fact, it was an all too common experience which intersected with other inequalities experienced by disabled people:

The situation for disabled people prior to Covid-19 in relation to food insecurity was not good. Poverty, unemployment, earning less, this is a part of the experiences of disabled people. Disabled people face a number of challenges and barriers such as their physical environment, how services and systems work. A United Nations inquiry in 2017 stated that the situation was so bad for disabled people in the UK that it constitutes a basic violation of human rights. We also know that research shows concerns with access to food for disabled people, a large percentage have issues accessing foodbanks (Interview 8).

Covid-19 exacerbated this situation as the literature and our interviews suggest. A September 2020 report by the Glasgow Disability Alliance (GDA) discusses food insecurity amongst its members during the lockdown. GDA found that disabled people have been triply threatened by the pandemic – first, as people with pre-existing health conditions they are under higher physical risk from the virus; second, already existing barriers and inequalities make it harder for disabled people to respond to the health and social challenges of Covid-19; and, third, continuing exclusion from planning and delivering services has exacerbated inequalities (GDA 2020). Further insight into how Covid-19 has affected the disabled comes from a survey amongst Inclusion Scotland's members on how the disabled and their carers dealt with the impact of Covid-19. Detrimental impacts included the reduction or suspension of social care support as local authorities and other providers took measures to reduce the risk of care staff getting infected and spreading the infection. The removal of such formal care services resulted in additional caring responsibilities falling upon the households and their extended networks. Together with social distancing and the isolation this impacted on the mental health of disabled people and their carers (Inclusion Scotland 2020). Both reports also find that food insecurity increased due to the pandemic. According to Inclusion Scotland, 64% of those who responded to their survey stated that the crisis had made obtaining food and medicine for themselves or the person they cared for more difficult (Inclusion Scotland 2020). Similarly, the GDA's survey among their membership demonstrates that pre-existing inequalities have been 'supercharged' by Covid-19 and that food insecurity has worsened as a result. Here, digital exclusion plays a significant role. The GDA report that only 37% of its members have 'broadband' at home and that many do not have the skills to use the internet confidently. The suddenly increased reliance on online grocery shopping and doorstep delivery meant that digital exclusion effectively became another barrier to accessing food for the disabled: 'Online shopping, for instance was already an issue before Covid, and digital exclusion played a part in that. Digital exclusion like food insecurity is part of having a very limited disposable income', as one interviewee told us (Interview 7).

The pandemic had a detrimental impact also on access of disabled people to food aid services, we heard:

Covid-19 has cast a light on accessibility issues for disabled people for food support. We want to emphasise why this is the case. During Covid, the provision wasn't necessarily tailored to be accessible for disabled people. It was obviously geared towards providing a rapid response for people when they face destitution. The problem is that in doing rapid responses it's easy to overlook the needs of disabled people (Interview 7).

Our interviewees said that some of the policy responses to Covid-19, particularly in relation to people with health conditions and their shielding requirements, had negative consequences for disabled people's food access. For example, they reported issues with regards to the Scottish Government's food box support getting to people on time. Those who did get access to shielding boxes often found that the contents were insufficient for their needs:

The food quality of shielding boxes left a lot to be desired. For example, the nutritional quality was questionable, and there was food that could not be cooked on a normal cooker and only in a microwave which some of our members do not have. Also, some boxes contained catering-size tins of beans, dried food and tinned food. But there was no fresh food. Some of this was not exactly suitable for those with underlying health conditions such as diabetes, Crohns disease and other dietary needs (Interview 7).

We were told, furthermore, that some disabled people were not granted official 'shielding status' and were therefore not eligible for the food box support, despite being told by their own GP that they should be shielding:

A large percentage of people with disabilities were not officially shielding but were advised to do so by health professionals or felt they should be shielding. So, these people did not get any of the support that was available for those who were officially shielding (Interview 7).

Where this was the case and where social care support was reduced or suspended and family, friends or neighbours could not help, disabled people had to expose themselves to the virus in order to do food shopping:

People who were shielding weren't supposed to go out there into the shops, but often had no other option – social care support was removed, and help in supermarkets, for example, shop workers assisting the disabled, was no longer possible due to social distancing (Interview 8).

The impacts of the pandemic also increased the cost of living, we heard:

Some people tend to shop around for cheaper options but have not been able to do that due to restrictions. Staying at home for longer periods introduces further costs, heating and electricity, and these will also aggravate food insecurity when competing with other essentials (Interview 8).

Given such impacts on income and expenditure, the pandemic further increased the 'premium' cost of living that disabled people already face vis-à-vis non-disabled people. Such costs averaged at £583 a month (Scope 2019) before the crisis. For this reason, one interviewee told us that it is the income situation of disabled people that needs to be looked urgently at:

In terms of wider policy we need a renewed effort to deal with the underlying structural issues that perpetuate disabled peoples' inequalities. [...] So, dealing with income is fundamental. Disabled people need more support, they need to be able to address the social care costs as, otherwise, for food insecurity this means less money in the household for food (Interview 7).

The interviewees expect that, unless a sufficient policy response is put together, the economic effects of Covid-19 on people with disabilities will get worse. Specifically, they discussed how job losses will be more likely in sectors with a greater concentration of disabled people working therein. If this happens, the difference between the employment rates for disabled and non-disabled people will grow further. Another reported source of concern was over the consequences of future austerity measures to tackle the costs of the Covid-19 crisis: if they come in the form of benefit cuts, interviewees expect them to have a disproportionate effect on disabled households.

4.4 Young carers and young adult carers

The Carers Trust speaks of a young carer as 'someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled, has a mental health condition or misuses drugs or alcohol' (Carers Trust 2020a). 'Young adult carers' are 'young people aged 16–25 who care, unpaid, for a family member or friend with an illness or disability, mental health condition or an addiction (Carers Trust 2020b). Sometimes the term 'young carer' describes both age ranges. In the following, we use the term young carer to describe both groups unless otherwise indicated.

It appears as if precise up-to-date figures on how many people can be classed as young carers and young adult carers are difficult to come by. As Vizard et al (2019) outline, the 2001 census indicated that 175,000 children and young people under 18 in the UK provided unpaid care to family, friends or neighbours. The Carers Trust used the very same census data to calculate that there are 215,000 under 18 young carers across the UK. However, Vizard et al argue that both figures are likely to under-estimate the number of children providing unpaid care as they are often 'hidden from view'. That means that unpaid care is 'unrecognised, undisclosed or even concealed' (Vizard et al 2019, 5).

Perhaps an estimate from early 2020 indicates a realistic picture of the situation. Here, over 700,000 young carers were thought to live in England alone (BBC 2020). In Scotland, numbers from 2017 suggest that around 7% of young people (93,000) have caring responsibilities. This comprises 29,000 carers aged 4–15 and 64,000 carers aged 16–24. This is likely to be an underestimate as well because some may not see themselves in that role, or because they are, for reasons not discussed in the report, concerned about revealing their caring responsibilities (Scottish Government 2017).

Young carers' responsibilities typically involve domestic chores (cleaning, cooking, shopping), personal care (washing, dressing, toileting), family responsibilities (caring for younger siblings, managing money, paying domestic bills), medical care (administering medication, moving and handling or operating mobility aids), and giving emotional support to other family members and the person they care for. Such responsibilities often have detrimental impact on young carers. These impacts range from education (e.g. being late or missing school, difficulty in completing homework, class concentration), mental health (e.g. experiencing high levels of anxiety in respect of the cared for person's health), physical health (e.g. exhaustion through interrupted sleep, physical injuries through supporting or moving someone with poor mobility), to their social life (e.g. making and maintaining friendships, difficulties in attending out of school activities) (Fife Young Carers 2020). For young adult carers, the responsibilities are similar while the impacts may vary.

In surveying the literature related to young carers and their education, Vizard et al state that

qualitative research and social surveys/in-depth-interviews with young carers point towards high proportions of young carers having low educational qualifications and experiencing under-engagement in educational activities including lack of concentration, poor homework environments and absences associated with caring activities (Vizard et al 2019, 6).

Not only do such caring responsibilities impact on the life chances of young people, their households are also more likely to experience poverty and therefore food insecurity. Our two interviewees emphasised that low income is a pressing problem for young carers and their families. Many of these families rely solely on benefits or on a combination of benefits and low paid part-time work. This part-time work is often casual and undertaken by the young carers themselves and adds to the pressures on them (also see Pautz (ed) 2020).

Turning to the impacts of Covid-19 on young carers and the food security of their households, a Carers Trust survey of young carers (12–17) and young adult carers (18–25) showed that 11% of young carers found accessing food difficult because of the Covid-19 'lockdown', whilst 20% of young adult carers reported finding it hard to access food during this time (Carers Trust 2020c). Bennett et al found that among 'younger carers' between 17 and 30 and caring for someone outside their own household, 12% had stated that there had been 'hunger in the household' (2020, 4).

According to our interviewees, the drivers of food insecurity among young carers included the need to shield, panic-buying, low incomes, social distancing, the requirement to 'buy local' during the 'stay at home' phase of the lockdown, the loss of support networks and services, and the loss of employment during lockdown. These are discussed in turn.

One of our interviewees told us that many young carers lived in households that had a member shielding and that this affected how they could buy food. In a similar vein, the Carers Trust noted that techniques to minimise Covid-19 risks – e.g. having to wipe down shopping – added a lot of time to the shopping trip, time the carers could seldom afford given their many responsibilities and pressures (Carers Trust 2020c).

Young carers, owing to time constraints, are sometimes reliant on takeaway food for household meals. But with lockdown, access to this source of food was made more difficult due to the requirement to leave one's home only for essential reasons and because many takeaways closed down. Also, of course, going to takeaways – as any activity involving contact to others – became considered to be risky with regards to health: 'Young carers sometimes make use of takeaways as they are time poor, or don't have the knowledge and resources to cook food; so when the takeaways shut this had an impact also' (Interview 9).

One form of food support came through shielding boxes. While they were welcomed, there were also concerns:

Shielding boxes took a long time to organise, were often insufficient, and many who needed them didn't get them. We had instances of families who were shielding, and definitely should have shielded, but were not placed on the official shielding list and were therefore not able to access emergency food provision (Interview 10).

The interviewees reported that the 'panic-buying surge' in March 2020 impacted greatly on young carers, making access to essential shopping items more difficult, at least for a short time. The requirement to 'stay at home' and not travel added to young carers' problems regarding access to food as 'shopping locally' meant that young carers could not go to the locations where food items might be cheaper and where they knew they would obtain what they needed. Young carers were also not given priority status by supermarkets, unlike key workers and older people, to help reduce waiting times in queues. Furthermore, some young carers lost their casual jobs and thus were not covered by the furlough scheme so that household incomes were further reduced. Lastly, support networks – whether through family, friends or the wider community – were diminished during the Covid-19 crisis because of lockdown restrictions.

The organisations supporting young carers altered how their services operated. Prior to Covid-19, many of the services, such as school holiday get-togethers and teatime clubs, were activities with 'disguised food elements to take away the stigma of such services' (Interview 11). But now cookery classes could no longer operate in person and, once re-instated as digital classes, excluded those carers without internet access. Therefore, digital exclusion also features as part of the Covid-19 'food insecurity mix' for young carers. Where services for young carers – for example, as one interviewee reported, cookery classes focussed on batch cooking as 'food education' (Interview 11) – were replaced by food delivery services, immediate needs for food support may have been met, but social interaction between organisations and young carers came to an end. This had an impact on the mental health of young carers already under significant pressures, we were told, and 'living already pretty isolated existences, with no one to just phone to give a helping hand' (Interview 9). At the same time, our interviewees noted how resilient young people were in developing strategies to deal with challenging circumstances.

To sum up, Covid-19 had a range of impacts on young carers and their household budgets and thus increased the risk of food insecurity:

We found that Covid-19 was a major and sustained trigger to place such households into crisis. Whilst the risk of food poverty was always there, the lockdown put further financial strain on young carers and their families. Some families who were on zero-hour contracts lost their jobs, children were no longer able to access free school meals, families who had to shield found it difficult to access food and foodbanks. All these factors in various combinations made accessing food very difficult (Interview 10).

Given such developments under conditions of Covid-19, we were told that drastic change in how young carers are supported is required:

To the extent that services such as ours – which offer respite through groupwork, resilience through building community links and so on – are lost through that, the whole model of supporting young carers is lost. There needs to be recognition of this at policy level and ongoing support needs to happen to refashion such services in a digital fashion. So, this means support for access to the internet, laptops and so on (Interview 10).

5. Reflections

A reflection on the literature review and on what we heard about how Covid-19 impacted on young carers, the homeless, people with disabilities, and (destitute) asylum seekers brings to the fore three distinct areas of concern. Firstly, an increase of the overall level of income pressure (resulting, in the main, from income reductions) has led to more food insecurity. Secondly, new types of food access challenges emerged and existing challenges were intensified by the crisis. Thirdly, the lockdown had an impact on the operation of food banks, including upon their important 'wrap-around' services (e.g. mental health support and benefit advice). This, in turn, affected food bank users. In the following, these three areas are discussed in more detail before, in the Conclusion, we present some brief views on how policy needs to change in the light of these findings.

Rising income pressures

Income reductions have been a prominent feature of the pandemic. While this has created additional pressures for those already on low incomes, it has also introduced new people to the realities of life on low income. Income loss has been driven by job losses, a reduction in work hours, business activities coming to a standstill, or shielding and self-isolating requirements. While the 'furlough' scheme has kept people in employment and self-employment, it has reduced incomes by at least 20% for furloughed hours. These developments resulted in, as discussed earlier, 67% of UK households experiencing a fall in disposable income with low-income households being the worst affected (Brewer & Gardiner 2020). Such reductions in incomes have contributed to the rise of food insecurity which, in some accounts, quadrupled across the UK (Loopstra 2020). At this point it is worth highlighting how low incomes are also associated with access challenges – for example, digital exclusion is often a manifestation of low income and has, certainly during the first stage of the Covid-19 crisis, intensified food access problems with regards to both grocery shopping and access to food aid.

Pressures on incomes also impacted on the four demographic groups at the centre of this report. Young carers' households often have to make do with low incomes even in 'normal times', while young carers themselves often work on 'zero hour contracts' to allow a maximum of flexibility around their care responsibilities. Because of the lockdown, many such jobs were lost and were not covered by the furlough scheme. Young carers' households were under further strain due to school closures and the loss of school meals. Disabled people were particularly vulnerable to the consequences of the pandemic in that they found their cost of living, already higher than that of non-disabled people, rising further. They also struggled with the sudden need to buy groceries online and found their disproportionately low-income and precarious employment at heightened risk. Similar concerns were expressed over the increased cost of living for homeless people, related to travel restrictions and the consequent need to buy in often more expensive shops with less food choice. Asylum seekers who were taken into hotel accommodation for the duration of the pandemic lost their limited cash entitlement as it was replaced with food – i.e., 'full board' in the hotel – that was not always culturally appropriate and of sufficient nutritional quality. Destitute asylum seekers were also allowed hotel accommodation and given food – for them, the Covid-19 crisis made no difference with regards to income but provided regular access to food. However, again, this food was not always appropriate and of sufficient quality or often served in ways that were seen as 'undignified'. Due to concerted efforts, rough sleeping was almost ended over the duration of the first wave of the pandemic. However, the closure of food banks or the suspension of benefit advice or mental health support services offered at food banks meant not only that access to food was made more difficult but also that the important social element of food aid was lost.

Overall, it seems clear that those people who were living on low incomes prior to the pandemic not only faced greater risk from the financial pressures created by the pandemic but were also more likely to experience the realities of food insecurity as a result.

Food access challenges

The literature shows how Covid-19 exposed the vulnerability of the UK's food system to shocks and how such a shock can increase food insecurity. The pandemic also demonstrated how vulnerable the food

aid system is to shocks and how the closure of food banks can have devastating consequences on the availability of food aid for those who require it. We heard about a certain inadequacy of food box provision, affecting those who already had their access to food diminished through shielding. As online grocery shopping and delivery became more important for many because of travel restrictions and shielding advice, those without internet access or the capacity to use it for online shopping, or those without access to scarce 'delivery slots' offered by supermarkets were at higher risk of food insecurity. This meant that digital exclusion developed into a driver of food insecurity even where no financial problems existed.

Young carers and young adult carers found that accessing food was made more difficult because of the Covid-19 lockdown. Disabled people and their carers found obtaining food and medicine for themselves or the person they cared for more difficult. For example, those who were shielding found that food boxes took a long time to organise and were often insufficient in content. Also, it seems that not all who felt they had good reason to shield from the virus were allowed onto the official shielding list so that they could not access emergency food provision. This left them more vulnerable to Covid-19 as they had to go to supermarkets and thereby expose themselves to risk. Homeless people have been identified as one of the most at risk groups of food insecurity before Covid-19. As such they were particularly vulnerable to changes of access to food through the pandemic. The general reduction of food choice through the closure of shops and travel restrictions resulted in cost impacts on homeless people. This shows that income and access aspects of food insecurity throughout this pandemic were closely related.

Some policy responses to the crisis also, at least on the surface, improved the food security of the homeless and of destitute asylum seekers. For example, the re-housing and housing initiatives meant that access to regular food was provided, too. In the case of destitute asylum seekers, however, it seems that the approach taken was one that had a number of adverse consequences on individuals' mental and physical health. Certainly, the re-housing in hotels and the way that food was provided there, in combination with a no-cash approach and the often insufficient quality of food, was hardly in line with the concept of the 'right to food' and the 'cash first' approach promoted by many in Scotland (e.g. Independent Working Group on Food Poverty 2018; A Menu for Change 2019; Nourish Scotland 2019; Smith 2020).

Impact on food aid services

The pandemic had significant implications for the operation of food banks. While rising food insecurity meant a rise of demand for food aid, food banks were forced either to close or to re-organise their operation in order to comply with social distancing rules in place to reduce the spread of the coronavirus. At the same time, travel restrictions and shielding advice to those most at risk of a virus infection meant that food banks lost the crucial support of volunteers. The many food aid services which remained operational increased their provisions and often introduced delivery services, whilst being hampered by fewer food donations from supermarkets and problems in the general food supply chain.

The Covid-19 restrictions around lockdown and social distancing in combination with the upscaling of food aid services led to the suspension of most 'wrap-around' services with significant impact on food bank users. Services lost included those around mental health, financial and employment advice, and skills development. And, of course, the social aspect of food aid services was mostly lost. Some services have experimented with online cookery classes, but this just brings to the fore the problem of the digital divide again. The focus on food aid and its delivery also meant that food bank users lost opportunities to engage in participatory coproduction of these services, such as in cookery classes or wider volunteering opportunities. This affected, in particular, the homeless and (destitute) asylum seekers and meant a loss of dignity and agency. It seems, therefore, that Covid-19 has brought about a return of purely 'charitable' forms of food provision. If this approach becomes the 'new normal', it will result in a regression of the good practices developed since the steep rise in numbers of food banks in the austerity years.

Covid-19 also saw new food aid providers enter the field, including those known as 'mutual aid' groups. While some have disappeared again, others have 'come to stay'. Worry has been expressed that there is a danger that these new entrants only 'dole out' food and do not provide, for example, the important wider wrap-around services and are not based on the participatory principles of coproducing food aid.

Conclusion

Food insecurity across the UK had been on the rise before the Covid-19 pandemic. However, it is clear that Covid-19 led to a further rise. The evidence shows that this rise was again closely associated with acute income crises and with the fact that the pandemic and its economic consequences pulled more people into low incomes and poverty, perhaps for the first time. Also, food insecurity increased because of challenges around accessing food. Often, income problems and access challenges have intersected. The pandemic has therefore added complexity to the problem of food insecurity.

While an end of this pandemic should mean that many of those shielding will no longer be in food insecurity as a result of access issues, in early 2021 it seems safe to say that Covid-19 will continue to cause severe disruptions to people's day-to-day activities, including those around obtaining food, for some time still. However, access challenges stemming from 'panic buying' and from severe limitations on leaving the home have eased as even those on the shielding lists are no longer asked not to go to shops. Governments in England and Scotland have ceased offering food box schemes and now advise those who wish to continue to shield - and therefore do not wish to do their own grocery shopping - to ask 'others' for assistance in sourcing food or to call helplines (UK Government 2020; Scottish Government 2020).

This report was deliberately focussed on four groups that are likely to have experienced food insecurity before Covid-19. Young carers, the disabled, the homeless and (destitute) asylum seekers have, because of Covid-19, experienced food insecurity in more severe and/or in different forms. These groups share some experiences, while others are unique. While some of the food access challenges have diminished, in particular some of the challenges around income are likely to persist even if the health threat of the virus recedes. The 'post-Covid economic recovery' will take time, leaving many people on much-reduced incomes in the period ahead. It is also likely to take time for the wrap-around services, which are so important for people accessing food aid to tackle acute income crises or problems around mental health, to resume.

Earlier, we made the difference between the 'palliative approach' to food insecurity and the 'remedial' approach. The former is concerned with the symptoms of food insecurity, such as through food aid provision, while the latter is geared towards addressing the underlying situations that produce food insecurity in the first instance. Food aid practitioners often attempt to deal with both dimensions as the spaces where palliative efforts occur - the food banks, community kitchens, and pantries - are also the places where advice or employment services are provided to help individuals out of food insecurity altogether. The spaces where food support is delivered have also been, on occasions, the starting points for political challenges - for example, through campaigning efforts - to the underlying structural factors of food insecurity. There is a real risk that, as services have moved towards more exclusively palliative forms of support, the crucial opportunities for long-lasting interventions that can spring from deeper engagement between service users and practitioners are lost.

It is not the intention of this small project to issue recommendations for policy on the basis of what we heard in the interviews and found in the literature. Nevertheless, a few reflections on what the interviews and literature suggest can be made. These are again framed around the three main areas of concern highlighted earlier and bring to the fore the need for renewed efforts to challenge the factors that make people vulnerable to food insecurity in the first instance.

Overall, what the examined impacts of Covid-19 on food insecurity indicate is that the food aid sector, despite its best efforts, was ill-equipped to deal with the surge in food insecurity created by Covid-19. The findings highlight the need to build people's financial resilience at the household level, meaning that everyone should have the money they need to buy food and has access to the digital means to buy food, rather than leaving some to rely on a network of emergency food providers. To us, this means there is an urgent need to acknowledge that the social security net - local, devolved and UK-wide - has become unacceptably weak over the decade prior to Covid-19. For some time, analysts of the rise of food insecurity have described food insecurity as an outcome of the erosion of the welfare state (Cooper & Dumbleton 2013; Cooper et al 2014; Lambie-Mumford & Green 2015; MacLeod 2018). Policy interventions must, in the future, ensure that resources are distributed across society in a more equitable fashion. Encouragingly, measures such as the furlough job retention scheme and the increase of Universal Credit demonstrate that it is possible to make significant and fast changes to bolster incomes, including via social security, when the political will to do so exists. There are strong lessons here for the Covid-19 recovery.

Changes made to the social security system in response to the pandemic should be made permanent, as a step towards embedding an increasingly 'remedial' approach to preventing food insecurity. Beyond social security, increasing the statutory National Minimum Wage to the level of the real Living Wage would help to reduce in-work poverty. These suggestions point to the long-standing contention in the food insecurity literature of the necessity to ensure people have access to sufficient income with which to buy their own food, including by rebuilding the social safety net. The alternative to this approach is the sustained rise of charitable practices alongside a deepening of food insecurity.

Beyond these cross-cutting anti-poverty measures, the insights from this report may be used to point out further areas where more support is required, financial or otherwise. For example, asylum seekers, including those refused asylum, need cash support in order to mitigate the risk of food poverty. Young carers and their households need more financial support. Disabled people also require further financial help to deal with the fact that their living costs are higher than those of non-disabled people. Alongside this, some need more support to access and use the internet – this applies to many disabled people but also to many young carers as they needed the internet to not only maintain social contact with friends, family, and support agencies during lockdown, but also to buy food. The homelessness crisis requires a complex set of ongoing interventions, but these must include attempts to improve the income situation of homeless people.

In the wake of Covid-19, public opinion polling appears to suggest an opportunity for change now exists. For example, a recent NatCen survey suggests there has been a 'dramatic softening in attitudes towards welfare'. While primarily relating to entitlements for those who are unemployed, the number of people who believe that benefits are too high has decreased significantly to only about a third of respondents (NatCen 2020). Policy change is not conditional on social attitudes, but such shifts, which have been driven by Covid-19 and its fallout, could create an environment in which the introduction of measures to help make food insecurity history could command more public and political support. Enshrining a basic right to food in law would be one significant step, with growing calls for Scotland to lead the way in this regard. However, the introduction of this legal right would need to be shored up with decisive and detailed policy action to support its progressive realisation. With regards to what the Scottish Parliament can do, in addition to the use of devolved powers in relation to social security, Covid-19 might give new impetus to making the right to food a key element of the Good Food Nation Bill that the Scottish Government decided not to introduce in 2020 due to the pandemic crisis.

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