

Written evidence submitted by Dr Megan Blake

Background

1. Dr Blake is a Senior Lecturer in Human Geography at the University of Sheffield. Her research concerns the causes and effects of household food insecurity and how to reduce vulnerability in communities by building local resilience.
2. During Covid, she conducted collaborative research with food charities, local authorities, The Voluntary and Community Service Emergency Response—Food Task and Finish Group, and The Food Foundation to understand how and in what ways COVID-19 was exacerbated by the pandemic.
3. Her work on community resilience as achieved through Food Ladders has informed the approach of an increasing number of local authorities and food support organisations, including Feeding Britain and FareShare. She is a co-investigator on the Fresh Street Fruit and veg voucher research project. She is also a founder member and academic advisor to the Xcess-Network of independent surplus food redistributors.

Summary

4. Food insecurity has been persistent throughout the pandemic. There is also a significant proportion of the population who are at risk of food insecurity.
5. Household food insecurity has strong links to household income and the availability of food, support services and transportation in a local area.
6. Those groups who were disproportionately affected by food insecurity are disabled people, women, and BAME when compared to non-disabled people, men, and white British. In addition, the severely disabled were the most likely to struggle with multiple dimensions of food insecurity—**2008%** more likely than those with no disability.
7. There are also disparities across regions. Wales is particularly an area where food insecurity or risk of food insecurity is present, followed by Yorkshire and the Humber.
8. Geographical disparities widen as we consider smaller-scale units. There is considerable variation across local government areas. At one end of there are five local government areas where we estimate at least one in three people is food insecure. Conversely, in some areas, this rate is below one in twenty. While data is not available for making estimates at a finer geographical scale, it is quite likely that these overall disparities further will widen if considered at the LSOA level.
9. Fiscal policy solutions must address income inequalities across groups and across places, including providing adequate support for those who are reliant on the safety net of state support and, in particular, those who have disabilities.
10. Budget allocations for local authorities must include ringfenced funding to provide social care solutions that support people when they are unable to cook or shop for themselves.
11. We need policy solutions that ensure healthy food is available in the areas where people live, which is available at different price points and offered through dignified means. In many instances, Local Governments will be best placed to help coordinate

- neighbourhood level support. They should be financially supported to do so, particularly in those local governments whose ability to raise money is diminished.
12. Voucher schemes, and in particular Area-based voucher schemes, can be provided through national scale programmes. Area based-schemes have the potential to ensure the demand for food items such as fruits and vegetables is maintained in areas where market demand is weak because of income, thereby also enhancing the sustainability of local businesses in these places.
 13. We need to ensure that there is community infrastructure and support in place that helps to rebuild community resilience, capacity and cohesion. To do this requires a ladder approach that considers all the elements—housing, food, transport, education, community space, employment and self-employment, childcare—that are needed to enable people to rebuild their lives and their communities.

Recent trends in income and wealth inequality in the face of the pandemic

14. Food insecurity is an important indicator of income and wealth inequalities as household food budgets are one of the most flexible elements of the overall household budget. Furthermore, local availability of food resources and support services are also contributors. For those on lower incomes, the cost of transportation to get the food is part of the food budget. To stretch budgets, people trade down on quality and nutrition. If your food budget is £20 per week, you are not going to spend a quarter of that just getting to the shops. If you do, there is not much left to purchase an adequate supply of healthy food. Instead, the £1 frozen pizza becomes a very attractive offer. The UK spends £16 billion of its NHS spending per annum addressing diet-related ill-health.
15. During COVID, we found many households were stretched such that their outgoings were more than what they could afford, and many people skipped meals for a whole day or more because they could not afford or get access to food. In August 2020, approximately 15% of the UK population experienced some level of food insecurity.
16. Food insecurity is driven by many factors. These include lack of income to purchase food, lack of access to food in the locality, lack of ability to utilise the food (e.g., because too ill to shop or cook, or because there is no equipment for cooking in their home), and lack of consistency of any one of these three.¹
17. Analysis conducted by Whitworth and Blake of data from the YouGov Food Foundation wave seven survey conducted in February 2021 indicated that 4.1% of the population had not eaten for a whole day because they could not eat or get access to food in the previous month (severe food insecurity); a further 10.9% sought help from a food bank or other service, skipped or shrank meals, or indicated they did not have enough food in the last month because of affordability or access to food (moderate food insecurity). Another 11.4% indicated that in the prior month they were worried about getting the food they needed (food worry). This latter group, while not typically considered food insecure, are at risk of food insecurity.
18. Those who indicated they were food insecure in August fall into five broadly equal groups: 1. Those who were not well enough to cook or shop; 2. Those who could not

¹ FAO 2008. An introduction to the basic concepts of food security. Available online. <http://www.fao.org/3/a1936> 2021 <https://www.ageuk.org.uk/our-impact/programmes/malnutrition-task-force/#:~:text=Malnutrition%20is%20a%20real%20issue,people%20in%20the%20UK%20today> [e/a1936e.pdf](http://www.fao.org/3/a1936.pdf)

get to the shops to buy food; 3. Those where we're unable to get a delivery or obtain food another way, 4. those who did not have enough money and 5. Those who were impacted by all these influences (money, health and access/transportation).

19. People on universal credit were **3.59 more susceptible** to being food insecure because of financial reasons (group 4 in paragraph 18) compared to those not on universal credit. This group are also **2.82 times** more likely to be food insecure because of all three things (group 5 in paragraph 18).
20. Qualitative research conducted by Kennard and Blake in the Sheffield City Region identified that while there are those who had previous experience of food insecurity became so again during the pandemic, the pandemic also brought people into food insecurity who had previously been ok.

Carolyn's Story (aged 70-80, retired):

Carolyn's two adult sons moved in with her during the first lockdown in March 2020. She said they did this because they were self-employed and their work disappeared. She described in detail how their resources were stretched, with her sons even sharing fuel by "siphoning diesel out of each other's vehicle depending on who's going out." Caroline's economic strains came about from having to support an increased number of people in her home.

I'm the only one that's really got a steady income, if you want to put it that way, coming in. My pension every week. To keep us afloat. Well, to keep the house afloat and the food coming in if you know what I mean. In a way, I'm supporting my sons, and it's obviously the gas and electric. We've used more of that while they've been here because it's been 24/7 use of electric. My electric bill, my gas bill has gone up. (Caroline, age 70-80)

Kathy's Story (aged 50-60, disabled, unemployed):

Kathy, who had also not been food insecure, had suffered from a brain haemorrhage, and for some time, her adult son was her carer for which they received carer's allowance for her that helped to support them both financially, along with Kathy's Employment and Support Allowance. However, just prior to lockdown Kathy's son moved out, resulting in a loss of the carer's allowance for the household, leaving Kathy struggling to stretch her resources to cover the same bills. Kathy found she could not afford internet and phone service most of the time and was often without food; in some cases, she had to resort to eating out of bins.

21. For many, resources include access to social networks that can help in times of trouble. Kennard and Blake's research found that the pandemic exhausted the social resources for many. In several instances where social networks were still intact, those within those networks were similarly struggling.

Gerald's Story (30-40, Unemployed)

Gerald was food insecure prior to the lockdown and has used food support before; what is particularly new to him has been the depth of his financial problems overlaid with extreme feelings of social isolation.

I've been on the street. I've been homeless for a month last year. It was difficult; I didn't like it at all. It was winter, freezing cold, couldn't sleep. I said [to the people I know] 'I'm at a friend's, I'm all right', even though I was on the street. I kept saying that I was at a friend's; I didn't want them to worry. I just tell a lie to them. It's not a good thing. Don't get me wrong. I'm thinking more about them than my own situation. Luckily it was only a month. Thank God. I don't know how people do it for years.

Martin's Story (aged 50-60, Unemployed)

Martin was on his own during the lockdown. While he was struggling financially before the COVID crisis, he had never used food support before. He said he knows he can rely on his friends, but he doesn't like to ask.

It's very hard because I don't like back to bother them [my friends] or borrow owt off them because they're struggling as well, you see. They've always turned around and said, 'If you're struggling, Martin, we'll help you out as much as we can.' But I don't like asking.

22. People found that as they shielded shops that they had previously purchased food were no longer accessible to them.

Diane's Story (50-60, Unemployed)

Diane is a survivor of domestic abuse. She moved into a women's shelter just before lockdown in March. She was unable to leave the shelter because she had also recently had a medical procedure that required her to shield. She described that the only way for her to obtain food was to send NHS volunteers to the local shops, which increased her food costs considerably compared to where she shopped before. There was no similar alternative in the area where she was living. She said:

I'm struggling to get food. I've had to spend quite a bit at my local shop. I've often sent people [NHS volunteers] to the local shop, which costs three times more than it does in the supermarket.

23. There is considerable evidence that being poor and food insecure has additional effects on individuals. For example, the stress of trying to feed one's family and

Liam's Story (40-50, Unemployed)

Before the pandemic, Liam was not financial insecure and had never used food support. The stress of the pandemic created additional tensions in Liam's relationship, which ultimately led to troubles in managing his alcohol addiction. Because of this, he was kicked out of his house during lockdown by his partner of six years, causing him to live homeless in his car for some time before being taken in by his sister and then moving on to a shelter. He describes how lockdown influenced the deterioration of his relationship and his ongoing impacts on his mental and physical health. :

If we could have gone out and done stuff, maybe it would have been a little bit different. Just being locked in for all this amount of time, yes, I should imagine that caused what it caused [getting kicked out of the house]. That's why I'm here today [in the shelter]. The first day I got in here [emergency accommodation], I just couldn't believe where my life had gone, to be fair. The amount of days that I've just been in tears and not having a clue what to do, and just thinking shall I bloody end everything?...It's caused me to drink a few cans every night because I've stopped with - why I ended up here in the first place [drinking]. I haven't got bottles of vodka every single day. I've really reduced my alcohol intake, but I still like to have it in in case I feel as though I need a bit. The money situation is just horrendous at the minute. I just struggle and struggle and get so uptight and stressed about it.

make ends meet on a budget that just won't stretch and the shame that goes along with that takes a mental and physical toll as it also isolates. For some, the inability to cope has meant turning to drugs, alcohol, gambling or other addictions. These impacts further limit the ability of the household to recover and move forward out of their situation.

How the economic impact of the crisis is affected by disability, gender, and race inequality

24. Analysis of the YouGov wave 6 data, which examines adult experiences of food insecurity during August 2020, identifies a number of inequalities across disability, gender and race. The next points in this section draw on this analysis to demonstrate these inequalities.

25. **Severe disability** versus no disability: People with a severe disability are **11.55 times more likely** (1155%) than those with no disability to experience food insecurity because of illness (group 1, paragraph 18). This group is **20.05 times** (2005%) more likely to be in the in-group who was insecure because of financial, health and access reasons (group 5, paragraph 18) compared to those with no disabilities.
26. **Mild disability** versus no disability: Those with a mild disability were also more likely than those with no disability to experience food insecurity. This group were **3.5 times** (350%) more likely to be food insecure because of illness (group 1, paragraph 17) and **5.85** (580%) times more likely to be in the multiply impacted group (group 5, paragraph 18).
27. **Women** versus men: Women are **50%** more likely to report being food insecure compared to men. This is most likely to be related to delivery and transportation issues (groups 2 and 3, paragraph 18).
28. **Households with three or more children** versus households with no children: Households that have three or more children are **3.7 times** more likely (370%) to be food insecure because of transportation and access issues compared to households with no children. Households with three or more children are **3.9 times** more likely (390%) to be food insecure because of multiple reasons (group 4, paragraph 18).
29. **BAME** versus White British: This group was **186%** more likely food insecure because of illness only (group 1, paragraph 18), **129%** more likely to be food insecure for financial reasons only (group 4, paragraph 18), but **229%** to be in the group affected by all factors (group 5, paragraph 18).

Inequalities across regions

30. This section draws on data collected by YouGov for the Food Foundation wave seven survey that was conducted in February 2021. This survey was smaller (4,231 responses compared to 10,845 in Wave 6) but, unlike previous waves, have geographical identifiers that enable Local Authority Area Estimations. Rates of adult food insecurity are relatively stable across these two survey waves.
31. Direct estimates for each region indicate that there are some regional variations across the whole of the UK in terms of the risk to or experience of food insecurity, as illustrated in this table of analysis conducted by Moretti, Whitworth and Blake. Definitions of Worry, Severe and Moderate are explained in paragraph 17.
32. All regions have some presence of food insecurity; however, this is not evenly distributed.

	Region	Worry	Severe	Moderate
1	East Midlands	10.8	4.1	9.3
2	East of England	9.7	1.4	5.8
3	London	14.1	4.4	12.8
4	North East	12.5	4.0	9.4
5	North West	11.8	4.5	11.4
6	NI	17.0	4.3	8.6
7	Scotland	7.9	4.0	11.1

8	South East	11.3	4.1	11.3
9	South West	12.2	5.0	12.1
10	Wales	12.5	5.5	13.0
11	West Midlands	10.6	4.0	13.2
12	Yorkshire & Humber	10.1	5.6	13.1

33. Regions with the highest percentage of adults reporting severe food insecurity in January 2021 were Yorkshire and the Humber, Wales, and the South West. Areas where we directly estimate the greatest percentage of people experiencing moderate food insecurity in the previous month were in the West Midlands, Yorkshire and the Humber and Wales². Those areas where people are not yet food insecure but are at risk are located in London, the North East, and Wales. The area with the lowest presence of food insecurity was in the East of England.
34. Food insecurity is also not equally distributed across local government regions, with some having a severe impact and others a relatively small one. Moretti, Whitworth and Blake have calculated local area estimates at local authority level to identify local authority regions where worry (risk), severe, and moderate food insecurity are present. The estimates are a combination of direct and indirect estimation drawing of the YouGov Food Foundation wave seven survey and indirect estimates deriving from harmonised IMD and other local authority population estimates. We note that in some localities, such as Hull, rates of overall food insecurity (moderate and severe) as many as one in three people are struggling. At the other end of the spectrum, this rate falls to around one in twenty.
35. A number of places with high rates of food insecurity are also those that have experienced reductions in local government spending between 2009/10 and 2017/18 well above the national rate of -14.3%. In particular, Stoke had a 24% decline, and Hull had a 23.1% decline. If we are going to expect local authorities to help with the levelling up agenda, sufficient and ringfenced funding is needed that allows them to be able to do that work.
36. While there considerable variation between local government regions, it is extremely likely there will be even more variation within each region, although no data is available that is suitable for making such small-scale estimates.

Combating the inequalities that have been exacerbated as a result of the pandemic.

37. Current fiscal policy is impacting the disabled, particularly the severely disabled, in terms of their wellbeing and health. Stakeholder analysis that specifically considers the disabled should be conducted when budget line items are considered and allocated.
38. While spending on social care has increased recently, this comes after years of funding withdrawal, which has resulted in the cutting of important wrap-around services that give people the support needed to develop their capability and capacity to move forward. Furthermore, certain groups will need support with their ability to

² Based on direct estimates using the YouGov Food Foundation wave 7 data.

eat a healthy diet; this is something the health services should be considering but it will need funding from government.

39. Research on area-based voucher schemes, as opposed to group targeted schemes, suggests that such schemes have the capacity to support local food businesses and redress the problems of access to healthy food that many places face. These schemes also reduce acceptability barriers faced by other vouchers because they use locality characteristics such as high IMD, low rates of fruit and vegetable consumption, high prevalence of children's overweight and obesity as the gateway mechanism as opposed to individual-level characteristics. An example of such a scheme is FreshStreet³, which has been trialled previously in Barnsley and Sheffield, and is about to be part of a larger trial in Doncaster. One barrier to this scheme is that there is no central government funding for the vouchers. Vouchers are £5/week to households regardless of size. This could be something the treasure could consider supporting.
40. Spending that enhances community resilience and social connectivity removes vulnerability to food insecurity. In the longer run it can save the government money or drive down the rising need for spending on issues such as prisons, poor mental health, poor physical health associated with diet-related illness. This spending also enables us as a country to achieve individual levels of health, wealth and wellbeing that should be the case for a wealthy nation.
41. We need to move away from a system that relies on food banks to one that provides a ladder approach. A ladder approach moves people from hunger to budget-stretching and capacity building and eventually into accessing healthy and affordable food locally from businesses that are part of those communities. Those who struggle with moderate food insecurity, but are not in crisis, are more able to engage with additional services that help them to move into a more stable position, including employment. The FoodLadders⁴ Framework is one such approach and the levelling-up fund would be an ideal vehicle for supporting these efforts.
42. While the availability and affordability of food in the places where people live may not seem initially like a Treasury concern, the fact is that food insecurity is a real and significant proxy measure for social inequalities that has very real consequences for those who experience it. Addressing the issue is something that cuts across a wide number of government departments, including but not limited to the departments for DCMS, Education, Transport, Work and Pensions, Health and Social Care, EFRA and the Ministry for Housing, Communities and Local Government. Each of these departments and ministries should be tasked with considering how they can contribute to the solution and be directed to allocate efforts and budgets accordingly.
43. Unless people are able to feed themselves and their families, moving forward to reduce inequalities, enhance economic recovery and progress regeneration will not happen.

May 2021

³ Detail about the FreshStreet voucher scheme is available from <https://freshstreet.uk/>

⁴ For more on the Food Ladders framework see: <https://www.sustainablefoodplaces.org/news/using-food-ladders-to-create-household-and-community-resilience/>

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