

UK planning for emergencies: mitigating risks of household food insecurity during emergencies

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1. Introduction

This briefing aims to inform planning by governments, local authorities and partners to respond to emergency and supply chain disruption to maintain access to food for people who are vulnerable to food insecurity during such emergency situations. The briefing is centred on evidence and learning from research conducted during and since the COVID-19 pandemic.²

Food is one of 13 Critical National Infrastructure sectors. Different emergencies or shocks (for example flooding, pandemic or infrastructure failure) could impact on the general population's access to food across different dimensions of food insecurity (including availability of food, economic and physical access). The apparent effectiveness of our current just-in-time food system can mask a fragility in times of disruption that can have a disproportionate impact on specific groups. To inform planning for future emergencies, this briefing addresses three key questions:

- Who is at particularly high risk of food insecurity during emergency situations?
- What did we learn from specific interventions put in place during the COVID-19 response that can inform emergency planning to support those groups?
- What roles can different actors play in protecting access to food during times of emergency?

Based on this evidence, the briefing provides recommendations and a tool (see Section 5) which emergency planners can use when looking at the impact of potential emergencies on household food access, and how to make sure this planning focuses on key groups at risk of food insecurity during emergencies. The briefing should also assist those working towards civil food resilience.

2. Vulnerability to food insecurity during emergency situations

Who is at particularly high risk of food insecurity during emergency situations?

The table below is a summative overview of key threats to household food insecurity during the COVID-19 pandemic.

Table 1: Threats of COVID-19 to household food security across the UK³

Impacts on household food access	Impacts on availability of food for individual or household consumption	Impacts on stability of household food supplies	Impacts on individuals' utilisation
<p>Economic Access:</p> <p>Income losses (employment, self-isolating, shielding)</p> <p>Physical Access:</p> <p>Extremely clinically vulnerable unable to go out to purchase food</p> <p>People at moderate risk but also general population avoiding going out to purchase food</p>	<p>Food shortages in shops</p> <p>Food project interruptions (supplies, social distancing requirements, volunteers)</p> <p>Closure of institutional food locations</p> <p>Closure of cafes/restaurants</p> <p>Closure of some food markets</p>	<p>Early weeks: interruptions in supplies in supermarkets; interruptions in operational hours of food projects (e.g. food banks).</p> <p>Changes in regularity of food acquisition</p>	<p>Diets potentially less diverse</p> <p>Access to specialist diets compromised</p> <p>Concerns for food safety in homes</p> <p>Altered food practices</p> <p>Overlaps of clinical risk to complications of COVID-19 with nutritional vulnerability</p>

Emergency planning will need to consider food access issues for the whole population, but there are groups who are at increased risk of household food insecurity and limited access to food during emergencies. Key groups who face barriers to food access over the pandemic identified in the previous research were low-income households, households with children, and disabled people and people with health conditions, as well as those who are structurally or otherwise marginalised, for example due to immigration status.

Food insecurity can be broken down into four key dimensions: the availability of food, the economic and physical access to food, food utilisation and the stability of the preceding dimensions over time.⁴ Analysis of household food insecurity data collected during the COVID-19 pandemic highlighted the risks to food insecurity faced in particular by adults who were unemployed, disabled people, households with children, and Black and ethnic minority groups.⁵ This analysis also found that self-isolation and a lack of food in shops had layered on additional risk of food insecurity for these groups during the pandemic. Some of the key barriers that were identified for these groups during the COVID-19 pandemic response are set out below.

Low-income households

Low-income households were disproportionately affected by shortages of more affordable groceries in stores, the closure of more affordable street markets, and supply disruptions for, and closures of, affordable food projects. In some cases, reduced hours and unemployment meant households had a reduced income to spend on food. These households therefore had a greater risk of insufficient food and a lack of diversity in food.³

Households with children

Households with children were affected by the closure of, or disruption to, childcare, nursery and education settings that provide food as well as supply disruption for these settings. Free school provision or alternatives had to be provided to children in their own homes instead of schools. During periods of school and childcare closures, families were food shopping and cooking more than if their children were in school.³ Households with no recourse to public funds (NRPF) were not automatically entitled to alternatives that were put in place.

Disabled people and people with health conditions

Disabled people and people with health conditions faced access barriers during the pandemic to groceries, pre-prepared and ready-to-eat food. This included both people who met the shielding threshold and those who did not. If people were in a group considered to be at high risk of severe illness from COVID-19 they were told to 'shield' which meant that they were mandated to not leave the home to shop for food.³ This advice did not include others living in a household containing a clinically vulnerable person, but often others in a household also took extra voluntary precautions where possible. Physical barriers also included challenges in getting out to shop and accessing shops safely, supply shortages in local or easier-to-reach shops and closure of cafes and restaurants, including the most convenient or nearby ones used by disabled people and people with health conditions. There was also closure of, or disruption to community food projects including food aid projects, lunch clubs and other shared meal provision.^{3 6} Some of these people faced additional economic difficulties as well.⁵

We know from other research that disabled people and people with long term health conditions and older people can face multiple barriers to food access within the context of their homes as well, in relation to shopping, preparation and eating. These barriers include the additional costs of buying easy to prepare food and adaptive equipment, access to safe, special and culturally appropriate diets, inaccessible labelling and packaging and digital exclusion. There are some particular at-risk groups including people living alone or without informal family support, and people who have gone through recent changes to their household such as suffering the loss of a partner.⁷ Some disabled and older people are concerned about food supply disruption, and how they will access food in the context of future emergency situations. Government and NGO stakeholders are also aware of the gaps in policy and ownership across the four nations and local areas around whose responsibility it is to ensure disabled and older people have access to food, both during everyday situations and emergencies.⁷

Intersectional issues

Intersectionality can increase risks, for example low-income households with children, low-income households with someone with a disability or long-term health condition, or low-income households with limited access to support due to immigration status or conditions, such as people with no recourse to public funds (NRPF). It is important to note that certain households are at disproportionate risk too; people from minority ethnic groups, disabled people and single parents are at higher risk of poverty.⁸ In the context of the COVID-19 response, households with members who were disabled or older, were more likely to have a member who was clinically vulnerable and shielding.

People who need to access special diets are also at potentially higher risk of food insecurity due to disruptions to supply chains and availability. This disproportionately affects disabled and older people and people with health conditions.³

3. Lessons learned from the COVID-19 response to inform emergency planning

During the various phases of the COVID-19 pandemic, governments, local authorities, charitable and private sector organisations initiated and iterated a range of responses to mitigate the risk of household food insecurity for the different groups. This included those groups identified in Section 2 above, as well as specifically those groups of people who were shielding. This section of the briefing draws on the mapping and monitoring of those interventions that were carried out in the UKRI-funded research, which used a range of methods including workshops with national and local policy makers and practitioners, and participatory research working with a group of experts by experience of food insecurity during the COVID-19 pandemic. The table below summarises the key responses by target group and rationale.

Table 2: Responses to risk of food insecurity during the COVID-19 pandemic by target group^{3 9}

Group	Responses
Low income (to address economic barriers, support people caring for children at home and avoid redundancies)	<ul style="list-style-type: none">• Coronavirus Job Retention and Self-Employment Income Support Schemes (furlough schemes)• Universal Credit and Working Tax Credits uplift for most recipients in England, Scotland and Wales• Local Housing Allowance rates increase for private sector renters• Disability-related benefits reassessments paused• ESA 7-day waiting period suspended• Statutory Sick Pay (SSP) eligibility from day 1 (rather than day 4)• Government-funded and managed hardship assistance schemes in Northern Ireland, Scotland and Wales• Additional government funding for local welfare assistance schemes in England provided under different guises

	<p>including the Local Authority Emergency Assistance Grant for Food and Essential Supplies, the COVID Winter Grant Scheme and the Household Support Fund</p> <ul style="list-style-type: none"> • Local authority funded financial support • Charitable or private sector funded financial support • Emergency food (e.g. food banks, pantries, meal deliveries) provided primarily by charities but also some statutory organisations
Children (to maintain healthy meal support for disadvantaged children)	<ul style="list-style-type: none"> • Free School Meal replacement schemes for lunch (and in some cases breakfast) through groceries, meal deliveries, vouchers or cash transfers • Increasing the value of Healthy Start vouchers in England, Northern Ireland and Wales¹⁰ • Support during the school holidays including food, vouchers and cash transfers • Charitable school breakfast replacement schemes • Hardship payments to families in receipt of free school meals in Scotland (COVID Hardship Payments and Family Pandemic Payments)¹¹
Shielding population (to enable shielding and address access barriers)	<ul style="list-style-type: none"> • Government funded furlough scheme for those unable to go to the workplace due to clinical vulnerability • Government food grocery box schemes • Priority supermarket delivery slots, increased delivery capacity and support for people to access online shopping • Third sector provision of groceries and meals deliveries
Moderately clinically vulnerable (to help minimise contact and address access barriers)	<ul style="list-style-type: none"> • Priority supermarket delivery slots, increased delivery capacity and support for people to access online shopping • Retailers shopping hours • Third sector provision of groceries and meals deliveries

3.1 Key interventions designed to support those living on a low income

Responses to the income crisis during the COVID-19 pandemic included changes to social security entitlements, direct financial transfers, support for local welfare schemes for cash, food or other support and emergency food aid. Where available households could apply for, or access, a combination of increased social security entitlements, cash-based and food support.^{3 9}

Emergency financial support

A number of emergency financial support initiatives were initiated at UK-wide and individual nation levels. These aimed to support people both in and out of employment. These were primarily statutory responses but also include charitable initiatives.⁹

Stakeholders that contributed to the research had multiple concerns about the reach of both statutory and charitable schemes. They were worried that there was insufficient and variable promotion and targeted advertising of the schemes. There was also concern about the lack of resources for local authorities to maximise reach, a lack of public knowledge and

awareness of schemes, strict eligibility criteria and busy phone lines. Importantly there was a cohort of newly eligible people facing previously uncharted territory, as they had not previously needed such support. There were also limitations and uncertainty about what could be provided for people with no recourse to public funds due to their immigration status.⁹

As the pandemic progressed initiatives evolved to ensure uptake, including additional funding, changes to eligibility criteria and easier access mechanisms. In Scotland local authority level helplines provided a central, streamlined point of access to the different support available across a council area.⁹ In some cases national-level decisions opened up access to households with NRPF, for example opening up access to free school meals replacements, but in other cases these decisions were left to be made at a local authority level, for example local welfare provision or hardship funds.⁹

There is limited evidence on the impact of the emergency payment schemes implemented during the crisis on households' ability to buy food.⁹ Some charitable funds gathered evidence of need; support with food was the most common reason for applying to a number of these charitable funds.⁹ The availability of non-repayable grants before people's first Universal Credit payment also meant that some people avoided taking on the debt of advanced Universal Credit payments.⁹

The Department of Work and Pensions' Family Resources Survey found that levels of food insecurity in households in receipt of Universal Credit were 37% lower when the £20 uplift was in place compared with before the pandemic, while levels amongst those receiving Housing Benefit (which captures many people on legacy benefits that weren't eligible for the uplift) didn't change substantially. This provides evidence of the impact of economic support on protecting households from food insecurity during the pandemic response.¹²

Key recommendations relating to emergency finance for future emergency planning

- Any new emergency payment schemes should be **well-resourced and communicated**, and they should be simple to navigate (including for people who may not have been in receipt of financial assistance before).
- Financial assistance should be **generous enough** to be effective, and monitored and evaluated on an ongoing basis.
- Whilst emergency financial assistance could be provided at different scales in the UK (local authority, nation or UK level), thought should be given to how to make entitlements **consistent** across the country.

Emergency food aid

Emergency food aid was also part of the response to the income crisis. This was delivered by organisations and groups that pre-existed the pandemic as well as a myriad of new food provision responses provided mainly by other charitable or voluntary organisations.⁹

The pandemic further highlighted and stretched yet further the well-established vulnerabilities in food charity systems: food donation supply chains, reliance on volunteer labour forces and challenges of meeting dramatic increases in need.⁹ Many food and poverty charities, as well as people with lived experience of food insecurity, called for cash-

first approaches and enhanced investment in social security, over increased funding for ad hoc charitable food provision.^{9 13}

Key recommendations related to emergency food aid for future emergency planning

- Adopt a **cash-first** approach as the first response before referral to emergency food aid.
- Recognise the **role of third sector organisations** and the **limitations** of food aid capacity and food supply.

3.2 Key interventions designed to support households with school aged children

School food replacements were interventions responding to the needs of low-income households with school-age children, but given the targeted benefits for children we are covering them separately in this section.

The free school meal replacement schemes put in place varied between constituent countries but also within constituent countries, in terms of the nature of replacements and the timing that it took for them to be in place. Only in Northern Ireland was there a consistent and nationwide approach in the form of cash-based transfers to parents'/carers' bank accounts from March 2020.¹⁴ In England, Scotland and Wales schools offered different combinations of meals deliveries, food parcels, grocery vouchers or cash transfers.³ The four administrations extended the scheme to cover the school holidays periods from summer 2020. The governance structures for schools presented challenges to develop coherent responses. Across the four nations, policy to provide school food replacements was decided at local authority, individual school or academy trust levels, depending on the local situation. With the exception of Northern Ireland, the nature of responses also evolved over time.

Key findings relating to the different forms of school food replacements

- Where grocery **boxes** were provided they were often not appropriate or adequate, and provision during term-time only did not address needs during the holidays.
- Where **vouchers** were used this also presented a number of challenges. Initially they could be used in a limited range of shops, which was particularly problematic for those with limited local access. Some vouchers were not compatible with online shopping and did not necessarily align with vouchers from other welfare assistance or hardship funds.
- Where **cash transfers** were put in place, they offered many benefits with regard to food choices and the scale and speed with which they could be transferred to recipients. A cash-first approach enabled families to more easily afford the food and other essentials they need than in-kind provision or food vouchers.⁹

Prior to the pandemic, governments and local authorities had started to recognise that families with school age children also needed food support outside of term time and had started to develop and fund holiday food provision. However, at the time of the pandemic, there was not a consistent approach to school holiday provision. Responses were put in place in different ways across the four nations and there was some hesitation to apply the same school meal replacement schemes to school holiday periods.⁹

There was also a delay in opening up support for households with no recourse to public funds (NRPF) under the income threshold. Decisions were made locally about whether children from households with NRPF could have access to free school meals. The lack of a national entitlement meant that nationally-led replacements during the pandemic did not automatically include children from households with NRPF. There was variability about whether eligibility was extended across the four nations of the UK and local authority areas. In some nations the entitlement was extended for children from households with NRPF, in others it was left to local authorities to make the decision on whether to include families with no recourse to public funds in the scheme.³

Key recommendations relating to supporting households with school aged children in future emergency planning

- **Cash-first** approaches including cash transfers should form the initial response to enable rapid, accessible and dignified support
- School food alternatives should **not be tied to term times only** and be determined by the duration of an emergency rather than whether it is term time or not
- There should be a level of **consistency** across local areas, avoiding the shortfalls of locally determined support.
- Take action to maintain supply and access to appropriate foods so that families can continue using the **Healthy Start/ Best Start** schemes.

3.3 Key interventions designed to support people with health conditions, including disabled and older people (people who were shielding)

Deliveries from supermarkets, families, friends or voluntary schemes

During the pandemic, some people who were shielding were able to make use of a range of delivery options including priority supermarket delivery and major retailers' offered shopping hours specifically for older people and other clinically vulnerable people.³ We do not know how effective the delivery slot prioritisation was for improving access to food for these groups at scale, and exploring this retrospectively would be useful to inform future emergency planning.

However, several compounding factors compromised access to food through these means. Demand for supermarket delivery slots was extremely high in the early weeks of the pandemic and changing shopping patterns across the population at that time (who were all asked to only go out when absolutely necessary and as infrequently as possible) affected the availability of food in shops. In some cases retailers limited the amount of food that could be purchased by customers or the times that different groups of customers could enter shops.

Shielding grocery boxes

In spring 2020, governments across the UK put in place food box schemes to protect access to food for the population told to 'shield' from COVID-19 (i.e. not leave their house for any reason). Local authorities played a crucial role, implementing and supplementing the national provision of food box schemes.

Three key shortcomings of the schemes were identified: coverage, contents and accessibility. In England and Wales, the scheme only provided food for shielding individuals, not their household members. Across the schemes, box contents were criticised for not containing sufficient amounts of fresh or healthy food and for not being able to meet individual dietary requirements. They were also inaccessible for people who required support with lifting or preparing food.

The inadequacy of shielding food box schemes may have undermined people's ability to shield during the first UK lockdown. The COVID-19 pandemic required rapidly implemented policy responses, but these findings underscore the importance of universal provision and nutrition, physical accessibility and cultural food needs when formulating public health nutrition interventions.⁶

Some local authorities took on provision of food parcels to people who were shielding in the first wave of the pandemic for a number of reasons including providing a wider range of fresh food than the national schemes; providing rapid support in crisis situations; providing food as a 'stop gap' before receipt of national government food parcels; and providing tailored support for individual households.⁶

The grocery boxes were not continued after summer 2020 even though groups were advised to shield until mid-2021. It is clear that national governments felt the responsibility for the provision of food to people who were clinically extremely vulnerable sat elsewhere during later waves of the pandemic.⁶

Key recommendations relating to supporting people with long term health conditions in future emergency planning

- Maximise, shore up and address disruption to **existing support** including homecare, meals deliveries and lunch clubs.
- Consider the potential for more work with **retailers** to expand and prioritise delivery (though it would be important to understand how well it worked during COVID-19) and potentially model this as an emergency planning intervention.
- Whilst there were significant shortcomings in the government shielding grocery box scheme, planning for future emergencies should include considerations for **mass food provisioning** in different forms, and how these could be designed to promote access to safe and appropriate food (including taking account of dietary requirements).
- Put in place a **universally available mechanism** to respond to different dietary and cultural needs in emergency contexts. The provision of healthy food, especially appropriate amounts of good quality fresh fruit and vegetables, is also a critical nutrition requirement and again should be built into the design of food provisioning interventions.

4. The roles of different actors in protecting access to food during times of emergency

The UK has no law on either food security or resilience and local authorities do not have a general duty to provide food, but have duties to provide food to particular groups in particular circumstances, including schools and care settings.¹⁵ The response to the COVID-19 pandemic involved a wide range of actors across the UK, individual nations, regions and

local areas. Variable levels of forward planning shaped the initial responses during Spring 2020 and the pandemic period, though to different extents across nations and local areas.¹⁴

Table3: Roles of different actors in responses to food insecurity during COVID-19 ^{3 16}

Actor	Role
UK Government	<ul style="list-style-type: none"> • Furlough and self-employment schemes; Universal Credit and Working Tax credits; Statutory Sick Pay Availability of food • Changes to competition laws and drivers' hours rules
Government for each nation	<ul style="list-style-type: none"> • Funding and guidance for grocery boxes, volunteer networks, referral to online delivery. • Funding and guidance for free school meal replacements and extension into summer holidays; funding, guidance and (for some countries) delivery of emergency grants • Funding to voluntary sector organisations
Local authorities	<ul style="list-style-type: none"> • Local welfare assistance/ emergency payment schemes; free school meal replacements (some countries); delivery and coordination of grocery boxes • Helplines, financial advice or assistance, direct food provision, support for third sector food response
Local food poverty alliances or food partnerships	<ul style="list-style-type: none"> • Co-ordinated food responses, facilitated collaborative working, channelled resources, collated and shared information on available support
Third sector (including existing food aid providers, food banks and other community food projects and new initiatives)	<ul style="list-style-type: none"> • Financial support or vouchers • Food parcels and prepared meals for collection or delivery • Coordinating efforts and joint working in food provision • Established local helplines, promoted support and identified households who would benefit from support • Adapted previous food responses such as food parcels or hot meals for collection or delivery • Smaller food packs to minimise shopping trips for people who were staying at home • Support with shopping and prescriptions for people shielding
Informal or mutual aid groups	<ul style="list-style-type: none"> • Support with shopping, informal 'neighbourhood food banks', 'pop-up food banks'
Food industry	<ul style="list-style-type: none"> • Food supply to shops • Prioritising delivery slots, working with government • Changing shopping practices: delivery expansion, opening hours for older people and other groups • Delivering government food parcels • Funding / donations / in-kind support to voluntary sector projects
Local businesses	<ul style="list-style-type: none"> • Donations, resources, in-kind support

While significant amounts of funding came from national governments, much of the implementation and work to ensure uptake of support was locally-led. Especially after the first lockdown in spring 2020, there was a marked shift for action being increasingly led by local actors, rather than national.¹⁴ The major exceptions being country-wide social security entitlements and nationally administered school food replacement voucher schemes (though there was locally-led activity to ensure uptake).

Food policy responsibilities are dispersed across numerous government departments at UK and nation levels,¹⁷ as well as local authorities and other local statutory organisations. This also applies to policy and practice to ensure access to food for disabled and older people.⁷ It was therefore not surprising that during the pandemic the lack of understanding and confusion about responsibilities across nations, as well as inconsistency between the four nations and local areas, came to the fore. Added to this, there were also multiple assumptions at play about which actors were best placed to deliver responses.

Prior to the pandemic, emergency food providers had been providing increasing amounts of food support. This significantly increased during the pandemic, with providers adapting existing provision as needed and this scale of demand has continued in the cost of living crisis.¹⁸ The pandemic also saw a rapid expansion of new community responses and actors, including actors that had not previously offered food support such as housing associations or sports clubs as well as grass-roots mutual aid responses.

This diverse mix of responses had strengths and weaknesses. A diversity of initiatives offered a level of choice to some people, including in relation to meeting specific needs, for example special diets, cultural needs or need for ready-to-eat meals. It also avoided placing excessive pressure on one provider. However this complex web of provision across multiple actors and levels created significant tensions. A key tension was competing priorities for food supply, for example between statutory-led and charitably-led initiatives, or pre-existing and new actors.¹⁴

There is ongoing concern that policy makers continue to rely on assumptions that food will continue to reach people during emergencies resulting in insufficient individual, household, community and regional planning for civil food resilience or food security. However, there is evidence that local resilience forums are increasingly aware of the gap in attention to food matters, but that they lack the support to address this gap.¹⁹ The next section presents a concise tool designed to assist future emergency planning for food security.

The authors would be grateful to hear about experiences of using the tool to assist with planning. Please share your experiences with h.lambie-mumford@sheffield.ac.uk.

5. Tool for future emergency planning for food security

The following table provides a tool aimed at actors planning for food security and food resilience within emergency planning, including local resilience forums and food-focused forums such as food partnerships or the recently proposed Food Resilience Committees.¹⁹ This table sets out recommendations for the process of emergency planning in terms of the overall approach for the whole population and to ensure consideration of the needs of different groups, particularly low-income households, children, and people with long term health conditions.

Table 4: Recommendations for emergency planning for food security

Key questions	Key considerations
Who is potentially vulnerable to food insecurity during emergencies?	<ul style="list-style-type: none"> Consider how different emergency or crisis scenarios in the future could impact food access for different groups. Review the potential impact on groups who may be at heightened risk of food insecurity during emergencies, including low-income households, children, and people with long term health conditions. Have a clear process to consider the likely impact on different groups, including how different scenarios may impact on people's usual shopping, cooking and eating habits and behaviours, their adaptations and the informal care and formal responses they access. Explore how different scenarios exacerbate existing barriers and create additional barriers for specific groups. Consider intersectionality across different household types, especially where barriers are compounding.
How should the response be designed?	<ul style="list-style-type: none"> Focus response design on providing universal access to responsive, appropriate and effective support. Be clear whether interventions aim to reduce the risk of food insecurity occurring or respond to food insecurity once it has occurred. Consider, and be clear on, the planned role for both economic support and food provision in each of these circumstances and for different groups. Map what services and assets are available and can be harnessed and how they can help to meet the needs of specific groups where they are vulnerable to food insecurity. Look at this specifically in relation to individual groups, including (but not limited to) low-income households, children, and people with long term health conditions. Decide if provision is best organised at a local or national level. If organised at the local level, ensure equitable provision across different areas and the four nations (subject to the geographical impact of the emergency).

	<ul style="list-style-type: none"> • Develop clear criteria to maximise choice and control, even in emergency situations. • Ensure interventions meet nutritional needs, special diets, dietary preferences and cultural needs. In planning for this, engage with a range of practitioners and stakeholders to establish actionable plans for how this would be done in different scenarios. • Consider the needs of households as a whole, alongside the specific needs of individuals within them, rather than one or the other, including where individuals within a household are at greater risk. • Plan for overcoming barriers to emergency responses functioning as they should, including barriers faced by specific groups e.g. accessibility, transport, income, health conditions.
Which actors should play a role in the response?	<ul style="list-style-type: none"> • Have a clear framework, rationale and boundaries to shape the roles of statutory, private and voluntary sector actors in any emergency response. • Decide which actors may be best-placed to reach specific groups. • Understand the gaps in policy, responsibilities and ownership that could weaken the emergency response as well as be exacerbated during an emergency. • Be clear on the roles and responsibilities of statutory or non-statutory actors. • Plan to maximise the role of existing provision and mechanisms. • Identify the workforce with the right skills and are they in the right role to respond and address workforce skills shortages.
How should plans be communicated and evaluated?	<ul style="list-style-type: none"> • Communicate plans in advance and ensure communications reach diverse audiences, including those most at risk and/or face barriers to accessing information, whether in hard copy or online formats. • Facilitate the participation of low-income groups, disabled and older people, Disabled People's Organisations (DPOs), older people's organisations, providers and other key stakeholders in emergency planning, including local resilience forums and the proposed food resilience committees, and actively seek feedback on the effectiveness of previous responses. • Evaluate the effectiveness of responses, share learning and enable changes, including by involving people with lived experience.

References

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- ¹⁰ Prior to the pandemic, the Scottish Government had already taken responsibility for Healthy Start in Scotland and incorporated the scheme into the Best Start scheme and increased the voucher value.
- ¹¹ In 2021 the Scottish Government also introduced the Scottish Child Payment, an additional social security payment for households receiving certain benefits or payments, on top of Child Benefit. This aimed to help tackle child poverty and provide additional support for low-income families.
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