

Beyond emergency relief: making nutritional security a strategic priority for local food systems



Summary

Household food insecurity is a feature of UK community life, yet its true scale is likely underestimated as coping behaviours such as meal skipping and parents foregoing food to feed their children are rarely disclosed.

Food aid initiatives in the UK long pre-date the pandemic, with food banks emerging in the early 2000s, but the combined pressures of austerity, the pandemic, and the cost-of-living crisis have since embedded them within local welfare systems. However, the surplus food on which most depend is nutritionally inconsistent, unpredictable, dominated by processed items, and lacking in fresh, protein-rich, and culturally appropriate produce. Research by the FixOurFood programme found that only 46% of surveyed food aid initiatives felt able to provide nutritious food consistently, and most expected demand to rise.

To address hidden hunger and preventable diet-related illness:

- Local authorities should make nutritional security a strategic priority, support dignified food access models, and link food aid settings with wraparound services.
- The central government should reinforce this by embedding nutritional security in the UK government's food strategy for England, and providing long-term, stable funding for local food partnerships.

Description of the problem

Household food insecurity remains a persistent feature of UK life, with household food insecurity estimated at between 10% (Department for Environment, Food & Rural Affairs, 2024) and 12% (The Food Foundation, 2026).

The coping behaviours associated with food insecurity, such as portion reduction, meal skipping, and parents going without to feed children, are routinely under-reported (Morales & Berkowitz, 2018). Food aid initiatives, originally founded as emergency relief, have become part of local welfare infrastructure. Yet the surplus food on which most depend is nutritionally inconsistent: unpredictable, heavily processed, and lacking in fresh, protein-rich, and culturally appropriate items (Stahacz et al., 2024). Consequently whilst beneficiaries might receive adequate calories, they are not able to receive enough nutrition. Despite this, local authority food strategies and commissioning frameworks often approach food aid as a crisis response rather than a strategic lever for improving nutritional health.

Research Findings

This research was conducted by [FixOurFood](#) researchers in partnership with the [FixOurFood Commission](#), [Food for the Future North Yorkshire](#), and FareShare Yorkshire, the region's largest and longest-serving surplus food redistribution charity (Jackson et al., 2025). It combined a scoping review of academic and grey literature, an online survey of forty food aid settings, and in-depth interviews with fourteen food aid initiatives alongside a dedicated focus group with FareShare Yorkshire. Yorkshire was used as a case study due to its national significance in food production and its disproportionately high levels of household food insecurity.

Three findings stand out for local authorities:

- **Nutrition is rarely treated as a primary outcome.** Most initiatives focus on immediate hunger relief. The unpredictable, processed-heavy nature of surplus supply and the absence of nutritional measures in commissioning make consistent nutritious provision difficult to achieve at scale.
- **Dignified food access models support progression and independence.** Community pantries, social supermarkets, and cafés were repeatedly identified as more effective than parcel-based emergency provision at supporting choice, food agency, and gradual movement away from reliance on aid. Blended provision allows households to move between models as circumstances change.
- **Wraparound services significantly increase impact.** Initiatives that connected food provision with cooking education, financial advice, or primary care reported far greater improvements in nutritional security and wellbeing. However, most lacked the funding stability, partnerships, or commissioning pathways needed to sustain this work, despite being trusted spaces that reach communities, public services struggle to engage.



Policy recommendations

1. Make nutritional security a strategic priority in local food systems. Local authorities should embed measurable nutritional outcomes into upcoming refreshes of local food strategies, health and wellbeing plans, and joint strategic needs assessments. Food policy and public health teams, working with local Food Partnerships where they exist, should establish a baseline measure of nutritional adequacy in commissioned and grant-funded food provision and monitor it annually. Requiring basic nutrition reporting from voluntary-sector recipients would shift local strategies from throughput metrics to dietary health outcomes that justify public health investment. Progress can be assessed through improvements in nutritional adequacy, reductions in repeat food aid use, and stronger alignment between food policy and public health goals.

2. Support dignified food access models as alternatives to emergency provision. Local authorities should use planning policy, business rates relief, and small grant programmes to enable community pantries, social supermarkets, and food cafés, and ensure commissioning frameworks explicitly allow blended provision so households can move between emergency and choice-based models. These approaches reduce stigma, increase food agency, and help prevent long-term reliance on emergency aid. Impact should be measured through uptake of choice-based models, user-reported dignity and agency, and reductions in long-term emergency aid dependency.

3. Link food aid settings with wraparound services that address root causes. Local authorities should facilitate integration between food aid initiatives and health, housing, financial inclusion, and primary care services. This means recognising food aid settings as preventative public health infrastructure and building commissioning pathways that connect them with health visiting, debt advice, housing support, and primary care outreach. Impact can be assessed through changes in dietary adequacy, repeat usage rates, and reductions in demand for crisis interventions.



Priority Actions

Local authority food policy and public health teams should jointly designate nutritional security as an explicit, measurable outcome within their food strategy or, where no strategy exists, within the most relevant local food system plan.

Local authorities should map existing food aid provision and infrastructure gaps, particularly cold storage, kitchen space, and culturally appropriate sourcing.

Local authorities should convene cross-sector partnerships with health, housing, financial inclusion, and primary care teams to commission joint pilots in priority wards for supporting wrap-around services in food aid settings.

The central government should embed measurable nutritional security outcomes in national food policy and replace year-by-year mechanisms such as the Household Support Fund with long-term, ringfenced funding that enables public health teams and local food partnerships to plan beyond the next financial year.



FixOurFood

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