Access to food, especially healthy food, is an ongoing worry for many in our wealthy country. Access here is applied to a range of considerations: can people get to a shop to buy food, considering car access, mobility restrictions, caring responsibilities? Once there, can they afford the different items to help them achieve a healthy diet? Is there enough choice so they can have the types of food they want?

Often as academics, we focus on the cost and distance elements of these questions. Indeed, the idea of food deserts – areas where healthy food is less accessible and affordable – gained traction in the UK in the 1990s (1, 2). These studies explored the ‘food environment’ or more specifically the retail food sources near where people lived to identify areas and populations with poorer access to food. Supermarkets are the most common proxy measure for ‘healthy’ choices, despite the simultaneous offering of energy-dense options high in fat, salt and sugar.

There were, and are, a multitude of studies which compared the cost of food using a standardised shopping basket, measured the distance to the nearest store/supermarket and commented on the variety of food available once a person reached the nearest shop to their home (3). This ongoing work led by academics, local government and civil society organisations maintains a keen focus on social inequality in a country where health inequalities between populations persist (4). The Food Foundation reports that more than a quarter of households would have to spend over 25% of their disposable income to meet the guidelines set out using the Eatwell Guide (5); while unhealthy food is bountiful and relatively cheap, nutrient-rich food costs far more and a disproportionate burden is placed on those with less resource.

The narrative around food access as a measure of social inequality is changing. In the last decade, we have seen the appearance of emergency food aid most visibly in the form of food banks (6), themselves with a range of access criteria. When we explored food deserts years ago, the trinity of (geographic) access, affordability and availability (choice) were the starting points (7). We see parallels with food banks: who can get to one, when is it open, what choice is there (if any)?
Indeed, the food environment research needs to be extended to include sources of emergency food provision (8). The locations of food banks are where there is capacity: space to store the food and volunteers to help provide the service. Understandably, these resources are finite, which means that some areas will be better resourced while others, particularly rural areas, may have fewer options (9).

Then we must consider the issue of gaining access to this service in the first instance, for example, in the UK to obtain a food parcel, one must first be assessed by a referring agency for need (10). This is understandable in the situation of limited supply for free food, however, it is a known barrier to access for many – either because of the shame or stigma associated with food banks (11), or because of a lack of understanding about the process to ask for a voucher. This situation reminds me of the importance of communication, and how we have observed differences in engagement with health care by social status; are we seeing a similar pattern emerge in emergency food aid, where people who best understand how to communicate their need are more easily able to access emergency food? In addition, we see that people are amending the process of communicating need (12) to express urgency – which may gain access to food banks. However, I want to emphasise that this is in no way a critique of either emergency food providers or their clients, but a hypothesis about how access may be ‘tiered’ further based on communication skills. One additional crucial population group are those with no recourse to public funds (NRPF), who are unable to rely on social support and are quite vulnerable to the locality where they live for decisions on financial, housing and food aid.

Let us add another layer: time. Food banks have different means of determining access and limits on the number of times someone may use them. If your local food bank limits the number of visits in a year to six (with 3-5 days of food each time) your maximum parcel will cover 30 days – and that is the more generous end of the spectrum. Or, the food bank may have a catchment area out of necessity due to limited resources. Whatever the case, food banks are not open 24/7 and tend to limit hours to the working day which creates another barrier to people experiencing in-work poverty. Organisations such as the Independent Food Aid Network and Trussell Trust are providing a service staffed with many volunteers where and when possible, as they are part of third sector response to a population-level situation of increasing household food insecurity.

We have a new conundrum of food access developing, now returning to the traditional focus on access to retail food outlets. With the spread of Covid-19 across the UK, we quickly faced diminished stocks on shelves as panic buying of long-life ingredients or other goods took hold.
The issue of household food security has become a reality for more households, not only due to financial constraints but due to necessary self-isolation and lack of food deliveries (13); NHS employees are coming off shift to empty aisles; restricted movement for all as we practice social distancing and even then supermarkets are struggling to maintain stock and enforce limits on buying. Free school meals are unavailable to many children, though vouchers to one of six supermarkets are being offered – again presenting a challenge to families, in rural areas in particular. With a range of responses depending on local government, or third sector intervention, the lottery of access to this food resource remains. The narrative of food access in the UK, and the very real postcode lottery we experience whether the food source is retail or emergency provision, continues to evolve.