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**State of Caring 2024**

**Unpaid carers and food insecurity**

## Introduction

The ability to access healthy and nutritious food is of vital importance to the physical and mental health of unpaid carers. A lack of food or a lack of good quality, healthy food can impact on all aspects of health, reducing immunity and increasing the risk of diabetes, cardiovascular illness, certain cancers, malnutrition, under nutrition and obesity[[1]](#footnote-1). This has an impact for individuals but also has wider societal and economic costs, with additional costs to the NHS in treating ill health and chronic diseases.[[2]](#footnote-2)

Far too many households in Scotland experience food poverty and food insecurity. This food insecurity can include where households are forced to reduce the quality and variety of food they have and/or where they reduce the intake of food itself, for example, skipping meals or eating smaller meals.

Recent research[[3]](#footnote-3) by the Tussell Trust in Scotland found that one in six (17%) people across Scotland said that they or their household had experienced food insecurity over a 12-month period. This equates to an estimated 1.2 million people. Over a quarter (28%) of unpaid carers had experienced food insecurity, compared to 14% of non-carers. The House of Commons research library[[4]](#footnote-4) estimated that 9.6% of people in Scotland lived in food insecure households and across the UK found that 17.8% of households with someone with a disability were food insecure.

## Unpaid Carers

An unpaid carer is someone who is providing unpaid care and support to a family member, partner, friend, or neighbour who is disabled, has an illness or long-term condition, or who needs extra help as they get older. This support could be a few hours a week, or it could be round the clock care.

The most recent estimate of unpaid carers in Scotland found that there are 627,715 people providing care, including 13,652 of whom aged under 16. This is an increase of 27.5% since Scotland’s Census was last carried out in 2011. However, many unpaid carers do not recognise themselves as unpaid carers, instead identifying first as a partner, son or daughter, relative or friend. Research[[5]](#footnote-5) by Carers Scotland found that more than half (58%) of unpaid carers take a year or more to recognise themselves as a carer, with 26% taking five years or more. Therefore, the level of caring shown in Scotland’s Census is likely to be a significant underestimate.

Unpaid carers experience poorer physical and mental health and greater poverty than their peers without caring responsibilities. Unpaid carers are 56% more likely to live in poverty, and 60% more likely to live in deep poverty than non-carers[[6]](#footnote-6). They also experience significant levels of poor health with nearly half (54%) experiencing poorer physical health and 27% experiencing bad or very mental health as a result of their caring role[[7]](#footnote-7). The impact of food insecurity only adds to these income and health inequalities they experience.

## **Findings**

State of Caring is the most comprehensive survey into the lives and experiences of unpaid carers in Scotland and, in 2024, received responses from 1561 carers. The findings make clear that food poverty and food insecurity are significant issues for unpaid carers, with many struggling to afford the cost of food, cutting back on essentials including food and using foodbanks to make ends meet.

Over a third of unpaid carers (35%) were struggling to afford the cost of food, 7% were using foodbanks and over a quarter (28%) were cutting back on essentials to make ends meet.

Some groups of unpaid carers – those with lower incomes, more intense or longer caring roles and those caring for more than one person – faced even greater food insecurity. For example, more than four in 10 carers in receipt of Carer’s Allowance (CA) or Carer Support Payment (CSP) were struggling to afford the cost of food, almost a quarter (23%) of carers receiving a carer premium or element in an income related benefit, such as Universal Credit (UC), were using foodbanks and 42% of those caring for more than 35 hours or more were cutting back on essentials to make ends meet.

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| Table 1:  Food insecurity and cutting back on essentials | Struggling  to afford food | Using  foodbanks | Cutting back on essentials |
| All carers | 35% | 7% | 28% |
| Carers who are struggling to make ends meet | 57% | 21% | 59% |
| In receipt of Carer Premium/Addition or Element | 47% | 23% | 46% |
| In receipt of Carer Support Payment (CSP)  or Carer’s Allowance (CA) | 40% | 13% | 38% |
| Disabled carers | 44% | 13% | 39% |
| Working age carers | 37% | 8% | 31% |
| Older carers | 27% | 4% | 18% |
| Carers in paid work | 32% | 4% | 26% |
| Caring for 35 hours or more | 42% | 8% | 42% |
| Caring for 10 years or more | 41% | 8% | 34% |
| Caring for more than one person | 41% | 8% | 35% |

Working age unpaid carers were more likely to experience food insecurity, with over a third (37%) struggling to afford the cost of food and 1 in 12 using foodbanks. However, older carers also faced high levels of food insecurity. Evidence from the Department of Work and Pensions[[8]](#footnote-8) found that 3% of pensioners experienced food insecurity. However, State of Caring 2024, whilst finding comparable levels of foodbank use, identified that over a quarter (27%) of older carers were struggling to afford the cost of food and 1 in 5 (18%) were cutting back on essentials to make ends meet.

## Drivers of food insecurity

There are a range of drivers of food insecurity identified by the Tussell Trust[[9]](#footnote-9) including low incomes, access to the labour market, disability and ill health. These drivers align with the findings of State of Caring 2024, and will strike a chord with many unpaid carers.

In particular, unpaid carers experience food insecurity because of a lack of income. For many carers, paid work is restricted, with research[[10]](#footnote-10) showing that a significant proportion are forced to give up work to care or reduce their working hours because of their caring responsibilities. This leaves too many relying on social security benefits, which are failing to meet the costs of essentials[[11]](#footnote-11). This means many carers are unable to meet the costs of their core needs, including food, and this results in difficult choices on how to spend their limited incomes.

Four in 10 (41%) unpaid carers on CA or CSP and 50% of those receiving an addition/element in an income related benefit such as UC are struggling to make ends meet and already cutting back on essentials. They are also struggling to afford a range of other core needs in their lives.

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| Table 2:  Struggling to afford core essentials: | In receipt of CSP or CA | In receipt of Carer Premium/Addition or Element |
| Electricity and gas | 67% | 63% |
| Clothes and shoes | 71% | 74% |
| Transport | 42% | 50% |
| Internet and/or phone | 40% | 35% |

Other drivers of food insecurity[[12]](#footnote-12) include a lack of savings, arrears and debt. Our research found that these are common amongst unpaid carers. A third (35%) of carers who were struggling to make ends meet were in debt, 60% had used their savings and 89% had used credit cards to make ends meet. A quarter (25%) were in arrears with their utility bills.

Most (87%) of these unpaid carers had already cut back on important activities that also help maintain their health and wellbeing including leisure activities and the vital support and connections of friends and family (79%). However, for over a quarter (27%) of carers, there was simply nothing left to cut.

“Most days I live on a packet of biscuits or toast and tea because I cannot afford to eat a proper meal. My weight is going up because my diet is so deficient but I will not use a food bank, warm spaces etc. because I don't want people to know my situation… Very, very few people know how bad things are but all I am interested in is paying my bills [and] keeping a roof over my head (…)”

## Impact of food insecurity

Unpaid carers were asked about the impact of struggling to afford the cost of food and the measures they had taken to try and make ends meet. Food insecurity can be a source of stigma and embarrassment[[13]](#footnote-13) and could be difficult for some carers to answer. Therefore, a smaller number of carers (298) responded. Due to this smaller sample size, the table below illustrates the impact on those who provided information and as a proportion of the full survey, together with the impact on the 58% of these carers who responded to the question who also said that they were struggling to make ends meet.

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| Table 3:  Impact of food insecurity | Carers who responded to  this question | Carers who responded to question who were struggling to  make ends meet | State of Caring respondents |
| Reduced size of meals | 60% | 67% | 12% |
| Skipped a meal | 61% | 79% | 12% |
| Not eaten for a whole day | 22% | 31% | 11% |
| Felt hungry but didn’t eat | 43% | 57% | 8% |
| Have lost weight because of not eating | 25% | 30% | 5% |
| Have been unable to eat a balanced diet | 57% | 63% | 4% |

“I often don’t eat for 3-4 days a week.”

“I barely eat meat; I am fortunate enough to be able to grow fruit and vegetables and freeze the excess and I can forage food.”

The impacts increased for those who told Carers Scotland that they were struggling to make ends meet. Over three quarters (79%) had skipped a meal and almost a third (31%) had not eaten for a whole day.

Given the level of struggling to meet the costs of essentials and the conflicting demands placed upon their limited incomes, it is not surprising that more than half of unpaid carers (57%) who answered this question said that they were unable to eat a balanced diet. The comments from unpaid carers reflect that they know that this is having an effect on their health but, with both limited funds and limited time because of their caring responsibilities, they had few choices available to improve their situation.

“I've ended up with acid reflux & vitamin deficiencies because I don’t eat outside of 4pm-10pm each day. I can’t afford to have the oven on/gas on to cook from scratch so everything is microwaved/ready meals or cold food like sandwiches. It means I've put on a lot of weight because I can’t afford to cook from scratch due to high food & fuel costs.”

“*The minute I wake up my husband [calls] me from the other room and asks for water refill or coffee most times before my eyes are fully open. I prepare the morning medications cups plates the evening before as my husband's 22 morning medications require food with some that's the day started and by the time it's done my coffee n toast is usually cold so mostly, I don't bother now as it is wasted. I eat when I can before washing showering routine begins. My husband doesn't realise on most days that I haven't ate. I also have stomach problems diagnosed by doctors.”*

## Conclusion and recommendations

This evidence in State of Caring 2024 and research from a range of organisations, including experts such as the Tussell Trust, are clear that too many unpaid carers are experiencing food insecurity. Restricted incomes from employment, inadequate social security, arrears, a lack of savings and debt along with challenges meeting the costs of other core essentials such as gas and/or electricity mean that many unpaid carers are left with unenviable choices, often between heating and eating. These choices, along with the impact of their caring responsibilities, can have profound impacts for the health and wellbeing. This has an impact for individual carers but will also have wider societal and economic costs, with additional costs, including to the NHS in treating ill health and chronic diseases. There is a clear and urgent need for the Scottish Government, NHS and other public bodies to act.

A range of actions are needed to raise awareness of food insecurity amongst the unpaid caring population and to establish measures to respond and to prevent food poverty and improve the health of unpaid carers. This must also include improving the foundations upon which financial security for carers can be built, namely social security, income replacement and social care and services that support carers to retain or return to paid employment.

### Raise awareness

* The Scottish Government should develop a national plan to work with partners secondary and primary care including GPs, NHS Boards and Health and Social Care Partnerships (HSCPs) to raise awareness with staff of the issue of food insecurity and unpaid carers, to identify opportunities to deliver support and advice on nutrition and wider health and to refer to appropriate support.

### Respond

* HSCPs should ensure that their local carer strategies include action on responding to food insecurity amongst unpaid carers as part of their wider plans of support. They should work with local carers centres, including improving capacity, to ensure that their local Adult Carer Support Plans and Young Carers Statements provide opportunities to identify unpaid carers at risk of food poverty with referral routes into income maximisation, foodbanks and food pantries.
* The Scottish Government should set out how they intend to deliver health checks for unpaid carers, including working with general and community health services to deliver flexible healthcare appointments. These health checks must also include a focus on nutrition and, where required, referral to community and secondary services.

### Prevent

* The Scottish Government should bring forward plans to increase the incomes of unpaid carers through social security and income payments by:
* bringing forward plans to improving the value of and eligibility for Carer Support Payment including plans to increase the ability of unpaid carers to receive such support alongside paid work without penalty and, to continue to receive the payment for 6 months following bereavement.
* committing to delivering a Minimum Income Guarantee pilot for unpaid carers to deliver a [minimum income level](https://www.jrf.org.uk/a-minimum-income-standard-for-the-united-kingdom-in-2024) and a range of supports to reduce carer poverty and improve health and wellbeing.
* The Scottish Government should ensure that they provide the foundations to support unpaid carers to return to our remain in employment by:
  + ensuring that social care reform and investment are at the heart of health and social care reform in Scotland. It is vital to deliver sustainable care for the future, including replacement care that supports unpaid carers to remain in paid work.
  + increasing support for carers to remain in employment by actively encouraging all employers, including through the procurement process, to become Carer Positive. The Carer Positive award is presented to employers in Scotland who have a working environment where carers are valued and supported. Carer Positive employers recognise the importance of retaining experienced members of staff, reducing absence, and cutting down on avoidable recruitment costs. [www.carerpositive.org](http://www.carerpositive.org)
  + reforming employability services to better support unpaid carers, including former carers to return to the paid workforce.
* The Scottish Government should develop a dedicated Carer Health Strategy to better support the health of unpaid carers. This should include measurable actions and investment to tackle long term health inequalities and progressively improve carers’ health, including ensuring carers have access to good quality, healthy food.

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