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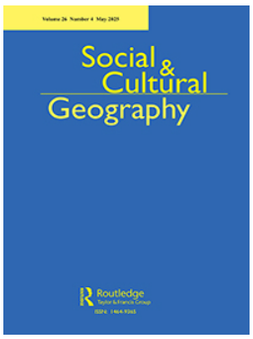

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Using Tronto's care ethics to transform debates about UK emergency food

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ABSTRACT

The rapid growth of UK emergency food projects – predominantly food banks – over the past decade highlights concerns about the ongoing institutionalization of this form of charitable support. The current article analyses these debates through a lens of care ethics, drawing particularly on Tronto's five phases of an ethic of care. Care ethics offers new and transformative ways of exploring longstanding debates about how care is conceptualized, organized, and delivered, and the societal benefits of redefining the scope of care. In parallel, emergency food offers the opportunity to interrogate how care ethics can be applied to a key, internationally significant policy question. Through these explorations, the article argues that the institutionalization of emergency food could be avoided by reframing the challenge of household food insecurity through rights to food that would be secured through a public ethic of care. Doing so would redraw current moral boundaries and thereby move care away from the political margins and onto the mainstream moral and political agenda. While this article focusses on emergency food, care ethics offers valuable insights into diverse policy areas characterized by the growing substitution of paid care work with voluntary activity, including education and social care.

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PALABRAS CLAVE
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Éthiques de soins : transformer les débats sur l'alimentation d'urgence au Royaume-Uni

RÉSUMÉ

La croissance rapide des projets d'alimentation d'urgence au Royaume-Uni – principalement les banques alimentaires – au cours du dernier siècle met en avant des enjeux sur l'institutionnalisation continue de cette forme charitable d'aide. Le présent article analyse ces débats dans le cadre des éthiques de soins, s'inspirant particulièrement des cinq phases d'une éthique de soins conçues par Tronto (1993). Les éthiques de soins proposent de nouvelles manières transformatrices d'explorer des débats établis par rapport à la manière dont on conçoit, organize et dispense des soins ainsi que les bénéfices d'un périmètre redéfini de ce dernier. En parallèle, l'alimentation d'urgence offre l'occasion d'interroger le rôle des

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éthiques de soins dans une question de politiques pertinente à l'échelle mondiale. Par le biais de ces explorations, l'article affirme que l'institutionnalisation des aliments d'urgence peut être évitée en redéfinissant le défi de l'insécurité alimentaire domestique avec des droits aux aliments, qui pourraient être garantis dans le cadre d'une éthique publique de soins. Ce recadrage permettrait de retracer des limites morales actuelles et ainsi d'éloigner les soins des marges politiques pour les popularizer dans l'optique morale et politique du courant dominant. Alors que cet article se focalize sur l'alimentation d'urgence, les éthiques de soins offrent des renseignements importants sur de nombreux enjeux politiques caractérisés par la substitution de plus en plus répandue du travail payé par une activité volontaire, dont l'éducation et les soins sociaux.

Utilizando la ética del cuidado de Tronto para transformar los debates sobre la alimentación de emergencia en el Reino Unido

RESUMEN

El rápido crecimiento de los proyectos de alimentación de emergencia en el Reino Unido, principalmente bancos de alimentos, durante la última década señala la preocupación por la continua institucionalización de esta forma de apoyo caritativo. Este artículo analiza estos debates desde la perspectiva de la ética del cuidado, basándose especialmente en las cinco fases de una ética del cuidado de Tronto (1993). La ética del cuidado ofrece nuevas y transformadoras formas de explorar debates establecidos sobre cómo se conceptualiza, organiza y presta el cuidado, y los beneficios sociales de redefinir su alcance. Paralelamente, la alimentación de emergencia ofrece la oportunidad de analizar cómo se puede aplicar la ética del cuidado a una cuestión política clave y de relevancia internacional. A través de estas exploraciones, el artículo argumenta que la institucionalización de la alimentación de emergencia podría evitarse replanteando el desafío de la inseguridad alimentaria de los hogares a través del derecho a la alimentación, garantizado mediante una ética pública del cuidado. De esta manera, se redefinirían los límites morales actuales y, por lo tanto, se alejaría el cuidado de los márgenes políticos y se incorporaría a la agenda moral y política general. Si bien este artículo se centra en la alimentación de emergencia, la ética del cuidado ofrece valiosas perspectivas sobre diversas áreas políticas caracterizadas por la creciente sustitución del trabajo de cuidados remunerado por actividades voluntarias, como la educación y la asistencia social.

Introduction: using Tronto's care ethics to transform debates about UK emergency food

Almost unheard of before 2014, the rapid growth and reach of food banks over the past decade have made a UK without emergency food difficult to imagine. Emergency food is framed as immediate, short-term provision for specific and temporary hardship. Yet, it may be fast outgrowing this definition, prompting intensifying concerns over the

'*creeping normalisation and institutionalisation*' (Power, 2022, p. 6) of UK emergency food. A public ethic of care offers fresh perspectives on household food insecurity and emergency food use by focussing attention on its structural roots and the corresponding need for an appropriate structural solution. Accordingly, the current article uses the analytical lens of care ethics – specifically, Joan Tronto's five phases of care – to interrogate the UK's increasing reliance on emergency food and to propose alternative ways of thinking about food security. Its in-depth, theoretically informed exploration of existing interdisciplinary empirical research offers an original and detailed provocation of this topic. The article therefore offers a conceptually informed way of progressing critical debates about emergency food while advancing discussions around care ethics by applying the framework to a significant contemporary social challenge.

Emergency food in the UK

Food insecurity captures *'the inability to acquire or consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so'* (Radimer et al., 1990, p. 1546). 'Emergency food' is food provided free of charge by third-sector organizations to help people meet their food needs. This immediate, short-term support is primarily accessed at food banks,[1] where the quantity and composition of food is determined by the provider, and community pantries and social supermarkets, where recipients have (some) choice over the food they receive.[2] The stigma and shame widely reported by those accessing emergency food identifies such provision as a socially unacceptable means of acquiring food (Garthwaite, 2016; Purdam et al., 2015).

The UK has a longstanding tradition of distributing ambient food parcels, including for prisoners of war and striking miners. In a step change from this historical provision, in the 2010s, formal, professionalized emergency food projects, primarily food banks, established themselves in the UK on a previously unseen pace and scale. Providers expressed visions for a food bank in every community (Lambie-Mumford, 2019). By 2023–24, Trussell (until 2024, the Trussell *Trust*) distributed 3.1 million food parcels from 1,755 sites, a more than three-fold increase from 91,000 parcels from 852 sites a decade earlier (Trussell Trust, 2024). Alongside Trussell, who supplies two-thirds of the UK's emergency food, at least 1,172 independent food banks operate across the UK, of which over 550 are part of the Independent Food Aid Network (IFAN, 2023b). The formality and coordination of services varies. The Trussell network follows a social franchise model in which community-led food banks follow centrally directed procedures (Lambie, 2011), rooted in the Christian ethos of care for the poor. In contrast, independent food banks have more diverse membership and operational features. Around half of independent food banks are part of a faith group, primarily Christian groups, although Muslim and multi-faith food banks also operate (Loopstra et al., 2019). A third key emergency food organization, FareShare, was established in 1994, primarily distributing surplus food to other charities with the twin aims of relieving food insecurity and reducing food waste.

In light of its scale and reach, UK emergency food has arguably become a normalized part of the social landscape. Some food banks have nonetheless resisted the apparent 'success' of their work, instead attributing the growth in emergency food to structural poverty, specifically *'institutional neglect'* (Kiely & Warnock, 2023, p. 317) arising from

austerity measures contained within the Welfare Reform Act 2012. Food banks have largely sought to maintain their separation from the state by refusing to form contractual service-level agreements (Lambie-Mumford, 2017), with Trussell CEO Emma Revie stating in 2018 that the organization would not become *'a pseudo-safety net that lets the state off the hook'* (Butler, 2018). In contrast, FareShare's operating model placed them in partnership with major food companies from their inception.

However, relentless demands for emergency food have placed food banks under increasing strain. Cracks appeared in 2018 in the form of Trussell's £9 million sponsorship deal with FareShare and ASDA (Trussell Trust, 2018), interpreted by some as a sacrificing of longer-term campaigning aims to current operational needs. Such developments signal a shifting role of emergency food from its historical status as radical resistance to a more regressive position (A. Williams & May, 2022).

Alongside these direct partnerships, the state and third sectors are also interwoven in non-financial ways. Three-quarters of independent food banks receive referrals from local authorities, including JobCentre Plus, and local authority websites signpost to emergency food (Loopstra et al., 2019), signalling food banks' prominence within the *'toolkit'* of state-funded services (Lambie-Mumford, 2019, p. 16). Still, Trussell declined to attend the 2019 Global FoodBanking Network conference in London, citing conflict with their goal to create a future without food banks (Butler, 2019), demonstrating ongoing – if uneven – commitment to its campaigning priorities and professed resistance to institutionalization.

The COVID-19 pandemic subsequently fortified the growing overlap between emergency food and the state. The government confirmed its paternalistic, anti-welfare attitude to poverty and food insecurity by providing food, not cash and designating food banks as 'essential services' that remained open during lockdowns (A. Williams & May, 2022), underpinned by £16 million financial support. Although Trussell and IFAN rejected these emergency funds, food banks are each independent organizations, and some did apply for and receive these funds (M. Power, 2022). This funding enabled FareShare to quadruple their scale of operations and, importantly, to purchase (not only redistribute) food for the first time. Government funding for emergency food represents a turning point in the emergence of a shadow state where responsibility for delivering key aspects of welfare shifts to the third sector, who may also be co-opted into aligning their practices with Government's neoliberal goals (Geiger & Wolch, 1986). The subsequent cost-of-living crisis has intensified long-held concerns about food insecurity and the destabilizing role of welfare retrenchment on care (Fraser, 2016). Continued large-scale financial support for emergency food, combined with the current economic climate, places resistance to emergency food under strain and risks institutionalizing these organizations into an uneven and inadequately funded extension of the welfare state. Alternatively, the cost-of-living crisis may offer renewed opportunities for critical discussion over emergency food that could turn the clock back.

Care, care ethics, and emergency food

Feminist scholars developed care ethics in the 1980s as an alternate normative framework to mainstream political and moral theories. Care ethics emphasizes human interdependence, social justice, and the importance of mutual and trusting social relationships in which care is both given and received (Kittay, 2011; Staeheli & Brown, 2003). Care is

identified as a '*critical standard*' (Tronto, 1993, p. 154), where an inclusive, just, and morally good society requires care to be valued and practised. Contrasting with the dispositional yet rule-based moral motivations proposed by virtue-based ethical theories, care is thus both a material and a relational, affective, activity (Tronto, 1993).

Although care can arise either spontaneously or through deliberate duty, the process and practice of care has traditionally been considered an individual or familial concern (Noddings, 2002), undertaken in private, primarily by women and other marginalized groups.[3] Yet care bridges the public and private. The capitalist separation of economic production from social reproduction and other forms of care fails to recognize both the reliance of capitalist economies upon care and the ways in which capitalism compromises care (Fraser, 2016). Lawson (2007) warned that framing caring as private work rather than society's work serves to devalue caring activities, distancing them from political intervention and reifying the peripheral status of care. Because care can exist without justice (but not vice versa (Held, 2007)), those in power are able to degrade both care-giving and care-receiving, thereby preserving privilege and perpetuating inequalities (Robinson, 2011; Tronto, 1993, 2013).

Alternatively, drawing attention to the universal experience of receiving care urges caring activities to be included within the formal economy. By enhancing the spatial and political visibility of care, such a reframing challenges the separation between public and private life which currently enables care to remain a natural or essentialised responsibility of a particular gender or race (Midgley, 2016). Notions of care can therefore guide wider judgements about individual responsibilities and collective commitments (F. Williams, 2001). Fundamentally, conceptualizing care as a social, political, and emotional practice requires care to be granted mainstream political attention.

In response to Held's (2007) emphasis on moving beyond *observations* of care to *evaluate* these activities, the current article uses the analytical lens of care ethics to explore the ongoing institutionalization of UK emergency food. The article draws specifically on Joan Tronto's care ethics (Tronto, 1993), in particular her assertion that adopting care ethics would serve to redraw moral boundaries that presently situate care on the political margins. Such a shift would enable care to be incorporated as a serious public value within the mainstream moral and political agenda. Doing so is especially relevant within the UK's neoliberal policy climate, in which the state's ongoing, progressive, and punitive withdrawal has destabilized care (Fraser, 2016) while renewing debates over new forms and spaces of care, and responsibility for these (A. Power & Hall, 2018). Accordingly, Tronto (1993) proposed four connected phases of a political ethic of care: caring *about*, taking care *of*, care-*giving*, and care *receiving*, later adding a fifth phase of caring *with*. The first four phases have corresponding moral values of attendance, responsibility, competence, and responsiveness. Tronto (2013) subsequently added a fifth phase of caring *with*, proposing that democratic political life ought to be organized around not economics, but care.

Tronto's ambition to recast the scope of care as both a moral and a political concept has particular value to critical reflections upon emergency food. Here, Tronto's emphasis on moral boundaries can be leveraged to highlight the moral and practical problems of locating food provisioning within private, individually focused emergency provision. In redrawing moral boundaries in the way, Tronto suggests and pursuing a structural model of care, care ethics also foregrounds how motivations to undertake relational care also

inadvertently contribute to the ongoing institutionalization of emergency food. Thus, care ethics offers a transformative way of rethinking both emergency food and wider divisions of responsibility between public and private organizations. The centrality of care for others in emergency food provides a valuable opportunity to explore how conceptions of care can be shifted beyond a personal, domestic concern to become a moral theory with tangible political applications.

This article is not the first to apply care ethics to emergency food. Lambie-Mumford (2017) explored care ethics' emphasis on structural needs for care, neoliberal influences on definitions and practices of care, and the role of relational care in motivating care providers. Geography scholarship has drawn upon care ethics within rich and varied reflections upon UK emergency food (e.g. Cloke et al., 2017; May et al., 2019; A. Williams et al., 2016). The current article advances these conversations by focussing more specifically on care ethics' contributions to debates about the ongoing institutionalization of UK emergency food,[4] framing these discussions around Tronto's five phases of a political ethic of care. Tronto's ideas can also valuably be applied to broader debates about the division of responsibility between state, private, and third-sector care in key policy areas including health (Abnett et al., 2023), education (Body et al., 2017), homelessness (Johnsen et al., 2005), and social care (Cameron et al., 2022). Considerations of care ethics therefore have wider practical, theoretical, and policy relevance beyond the specific example of emergency food.

Exploring emergency food through Tronto's five phases of an ethic of care

Phase one, attentiveness: the UK government is deliberately failing to care about food insecurity

Tronto's first phase of an ethic of care is attentiveness, or caring *about*. As a fundamental precondition to undertaking care work, attentiveness is a '*moral achievement*' that cannot be taken for granted (Tronto, 1993, p. 127). Attentiveness has two components – noticing the need, then determining that this need ought to be met – that can collectively operate at a range of levels: social, political, and individual.

The UK government has historically demonstrated intolerable inattentiveness – or institutional neglect – towards food insecurity, despite its attentiveness to general poverty through actions such as annual data collection on low-income households. Specifically, its refusal until 2016 to monitor food insecurity enabled public figures to deny its existence, thereby facilitating conscious ignorance of the problem (Silvasti & Riches, 2014). Such attitudes highlight some of the political challenges likely to arise when enacting an ethic of care. In a welcome reversal of this inattentiveness, food insecurity questions have been included in UK household surveys since 2016. Latest figures from 2023–24 show that 24% of households across England, Wales, and Northern Ireland experienced low or very low food security in the previous 12 months, and 4% had used a food bank (Armstrong et al., 2024). In its commitment to monitoring, the UK joins the US and Canada, who have monitored food insecurity since 1995 and 2006, respectively. Here, care ethics valuably highlights how deliberate or inadvertent inattentiveness can sideline policy-relevant challenges like food insecurity and serves as a reminder that paying attention is a vital precondition to thinking about and organizing care. When applied to

emergency food, paying attention in this way has the potential to challenge the ongoing risk of institutionalization by providing powerful and unambiguous evidence of food insecurity, thus keeping the topic on relevant policy agendas.

The example of UK emergency food helps advance thinking about care ethics by illustrating the importance of Tronto's emphasis on the *quality* of attentiveness, manifested as an adequate awareness of the care needs in question. Here, the UK's commitment to measuring food insecurity is encouraging, yet attentiveness will only be attained if monitoring is linked with social policies, especially welfare mechanisms. Recognising that resource constraints and conflicts means that care needs cannot always be met, Noddings (2002) urges consideration of the criteria to employ when deciding whether a care need ought to be met or not. Such encouragement promotes a structural approach to care, where linking food insecurity to welfare mechanisms holds public bodies to account for the policies they enact. For example, links between food insecurity and state benefits (Garratt, 2020) and the concentration of UK food insecurity among people with disabilities (Hadfield-Spoor et al., 2022) and households containing children (Garratt & Armstrong, 2024) highlights systematically unmet care needs and confronts responsibilisation agendas that disregard people's wider (care) needs.

These unmet care needs also highlight how wider actions such as parliamentary debates on food insecurity and celebrations of emergency food as examples of Third Way politics or 'Big Society' ideology fail to offer meaningful care. Instead, recognizing these structural needs for care as a political responsibility would enable legislation relating to these care gaps to be developed. Beyond the specific issue of food insecurity, Tronto's consideration of attentiveness – or caring *about* – clearly demonstrates the relevance of a public ethics of care to policy areas characterized by growing supplementation of paid care work with voluntary activity, such as in adult social care (Cameron et al., 2022), homelessness (Johnsen et al., 2005), and primary education (Body et al., 2017).

Phase two, responsibility: the third sector ought not to be responsible for people's fundamental food needs

Tronto's second phase of care is responsibility, or taking care *of*. As the most central component of care, it involves both assuming responsibility for a need, then determining how to meet this need. The key tenet of care ethics – that caring activities need to be granted mainstream political attention – is valuable when thinking about the prominence of voluntary groups and their role in providing key services, both emergency food and beyond. Care ethics problematize such responsibilities in two key ways: first, by exploring the prominence of faith-based organizations (FBOs), and second, by considering the implications of valorizing private, voluntary care.

Thinking first about the prominence of FBOs, while the British welfare state has always been a mixed economy of welfare, the third sector has occupied a growing role since the 1980s. Third-sector groups, particularly FBOs, are especially prominent in emergency food. Ideologically, the prevalence of FBOs is unsurprising given the emphasis on charity and almsgiving, and the symbolic significance of food in world religions. Care ethics helps draw attention to the intuition to provide relational care built on food, which offers volunteers potentially empowering opportunities for a '*public expression of personal religion*' (Power et al., 2017, p. 258) that

extend beyond sacred spaces and into everyday life (Denning, 2021). Practically, emergency food offers accessible opportunities to care, where FBOs typically have access to the physical resources that facilitate an '*infrastructure of care*' (Williams & Tait, 2022, p. 3). These resources may together cultivate caring *relations*, which more strongly exemplify the values of caring than an individual or virtue-based disposition to care (Held, 2007). The prevalence of retired volunteers is likewise unsurprising in light of the conflict between capitalism and care (Fraser, 2016), where it is those who have left the labour market who have the capacity to offer material and relational care.

Drawing on Tronto's (1993) description of care as a means of translating moral ideas into action, the ritual of donating and distributing food reflects motivations to care that transcend religious and secular boundaries (Held, 2006). While the caring activities at food banks can offer personal fulfilment to volunteers – a form of Tronto's fourth phase, care-*receiving*, which may help to maintain volunteers' ongoing enthusiasm and commitment (Denning, 2019) – such positive experiences are not universal.[5] Instead, state withdrawal and mounting dependence on volunteers threatens both the *competence* of care (Phase 3, below) and the *experience* of volunteering. These concerns are relevant beyond emergency food. When exploring social care services for older people, Cameron et al. (2022) observed a role shift where volunteers are sometimes required to substitute for paid care rather than providing supplementary, pastoral care such as music and social activities, intensifying the challenge of recruiting volunteers. Such an example illustrates Lawson's (2007) concern that the separation of private caring from political intervention could serve to devalue care, despite its demonstrated importance.

Notwithstanding the sheer scale of care provided at food banks, care ethics draws attention to the unavoidable exclusion resulting from the prominence of private, unpaid care provided by third-sector groups, especially FBOs, in emergency food and beyond. The potential for FBOs to exclude clearly contradicts the notion of public and universal care, the care whose state withdrawal first facilitated increased charitable involvement. The potential for exclusion on ethnic or religious grounds is particularly concerning. Siting emergency food projects within religious buildings introduces physical and material distance between recipients' identities and the care available that could selectively discourage care-seeking (Conradson, 2003). Concerns have been raised over the disparity between the need for and use of emergency food, where food insecurity in 2022–23 was more prevalent among Arab (23%), Black (21%), Mixed (16%), Pakistani (15%), and Bangladeshi (15%) than White (7%) and Chinese (3%) households (DWP, 2024). Yet, localized research has revealed how the predominantly Muslim population of Bradford is largely served by Christian food projects, raising the possibility of exclusion resulting from a mismatch between need and use (M. Power, 2022) that co-exists uncomfortably alongside racialized attitudes of suspicion, hostility, and resentment towards asylum-seekers at some food banks (M. Power & Baxter, 2024). Such accounts demonstrate the double bind facing people of colour, where racist policies and practices mean that the state cannot be trusted to deliver care, while unequal third-sector provision can produce unintentional exclusion. This exclusion can also have more pragmatic roots, such as geographical variability in access to food banks, particularly in rural areas (May et al., 2020b).

Such (potential for) exclusion is perhaps inevitable when people's fundamental care needs become the de facto responsibility of the third sector, and the uneven provision of care is a particular concern for emergency food. Exploring the entanglement of state and third sectors in health service provision, Abnett et al. (2023) differentiated 'core' from 'additional' services that focus on wellbeing and welfare. Yet, there exists no equivalent distinction for emergency food; *all* provision is core. In this way, the example of emergency food clearly illustrates the problems arising from the privatization of responsibility for fundamental care needs raised by care ethics scholars including Tronto (1993) and Lawson (2007).

Second, care ethics problematizes emergency food by considering the wider implications of valorizing voluntary care. Taking responsibility – or taking care *of* – people's food needs is a responsive, relational act that lacks the defined objectives, boundaries, and accountability of formal, monetized caregiving arrangements. In taking responsibility for care, emergency food projects provide a '*mode of containment*' (Spring et al., 2022, p. 6) that could enable emergency food to be framed as a substitute for state support and inadvertently accelerate its institutionalisation (Poppendieck, 1999). Equivalent concerns have likewise been raised in relation to health (Abnett et al., 2023) and social care (Cameron et al., 2022). Volunteers' acts of material care also contribute to the '*privatisation of political responsibility*' (May et al., 2019, p. 1254) that distances government from care-receivers and endorses institutional neglect, enabling government to demonstrate privileged irresponsibility (Tronto, 1993) and '*look the other way*' (Riches, 2002, p. 648). The government is thereby able to evade meaningful engagement with questions of care, cementing the devaluing of care (Lawson, 2007). Because it is more challenging to set limits on private than public care, care ethics highlights the importance of boundaries to ensure that the responsibility for care does not transfer to the third sector.

Indeed, such boundaries on the scale and reach of emergency food are evident in some food banks' operating practices. Accessing support from Trussell and 60% of independent providers is contingent on clients being referred (Loopstra et al., 2019), with Tussell maintaining that these systems of governance enable providers to maintain organizational logistics, discourage perceived dependency, and hold the government to account for the underlying reasons behind food insecurity. In this way, such practices could strengthen food banks' resistance to the institutionalization of emergency food. Yet a biopolitical reading of practices such as limiting the scale of help available amounts to '*forms of triage*' (Strong, 2022, p. 1336) that can operate along racialized lines (M. Power & Baxter, 2024).

Food bank referral systems are a contradictory tool, both connecting recipients with the welfare state through (often state-employed) 'referral agents' while simultaneously distancing recipients from state welfare by outsourcing responsibility for eligibility decisions (Lambie-Mumford, 2017). Far from challenging the practice of surveillance as a disciplinary strategy (E. M. Power, 2005), these practices restrict assistance to recipients who have demonstrated their worthiness through shaming '*confessional rituals*' (Möller, 2021, p. 860). Such an exercise of instrumental biopower based on regulatory compliance stands in tension with the affective, relational dimension of care (Roe & Greenhough, 2023; A. Williams, 2023). Providers then engage actively constructed notions of scarcity to legitimize operating practices that replicate and reinforce the conditionality, surveillance, and paternalism of state welfare (May et al., 2020a), such as by monitoring and rationing

the support offered (A. Williams & May, 2022). This transfer of biopower to emergency food projects facilitates a '*growing convergence*' (May et al., 2019, p. 1254) between private, state, and third-sector welfare institutions. Counter to the *'networks of reciprocity'* urged by Askins and Blazek (2017, p. 1097), food banks further demonstrate institutional neglect by withholding material support from those judged not to be engaging appropriately (Kiely & Warnock, 2023). Such dynamics offer a valuable reminder of the need to move beyond care *practices* and foster an *ethics* of care (Held, 2007).

Some interpretations of emergency food have, however, offered alternative perspectives here. Williams and colleagues challenge fears about the potential for food banks to depoliticize these debates, instead noting how food banks offer '*spaces of encounter*' (A. Williams et al., 2016, p. 21). Here, new forms of connection and solidarity have the potential to amplify concerns about the framing of emergency food as an effective response to food insecurity. Some providers *are* critically reflecting upon the volunteer role, food banks' growing prominence in responses to poverty and their limited scope to address longer-term food insecurity. Notably, the '*personal politics working within caring spaces*' (Little, 2023, p. 82) contribute to positive cultures of care (Greenhough et al., 2023; A. Williams; 2023) in independent food banks that offer self-referral to avoid intrusion and stigma, and distance themselves from state welfare apparatus (A. Williams & May, 2022). Attempts to mitigate harm are likewise evident in the physical and emotional labour undertaken by food bank staff and volunteers when contravening operating practices to provide additional food on a discretionary basis (Strong, 2019). Such '*contestation from within foodbanking'* (Spring et al., 2022, p. 6) is itself an act of care that could resist the institutionalization of emergency food by politicizing caring, and contesting the shaming of care needs. Reframing food bank volunteering as '*in the meantime*' (Cloke et al., 2017, p. 704) in this way enables emergency food projects to manage the apparently contradictory demands of offering immediate care while cultivating longer-term and larger-scale political resistance (Denning, 2021) that may promote an ethics of care. For example, Blake's (2019) 'food ladders' model involves tripartite intervention to identify those in crisis, build capacity, and engage in self-organized community change, an approach that both resists passive and precarious emergency food, and seeks to empower and build resilience among communities. Blake (2019) does nonetheless warn that community self-organizing alone is insufficient to enhance resilience in low-income communities, instead emphasizing the necessity of anti-poverty action to strengthen people's material resources. This latter position is vital to safeguard against community self-organizing from becoming a further form of containment that perpetuates private care. Activities that offer *'the promise of a more hopeful politics'* (Jupp, 2022, p. 14) must instead be used to galvanize resistance against the institutionalization of UK emergency food. The risk that these activities could mistakenly reinforce private responsibility for care within the third sector remains ever present and must be challenged.

Phase three, competence: third-sector food provision is too fragile to ensure competent caregiving

The third phase of Tronto's ethic of care is competence, or care *giving*. This phase foregrounds the *consequences* of caregiving, where – regardless of its motives (Sevenhuijsen, 1998) – successful caregiving must directly meet the needs of care recipients. Care ethics

problematizes competence in emergency food by focusing on two particular weaknesses: (1) Security of supply, and (2) The suitability of care.

First, care ethics highlights emergency food providers' inability to offer a competent and secure supply of food. While distinct, Tronto's (1993) phases of care are also interrelated, with Tronto emphasizing the inevitable connections between the *competence* of care and who has taken *responsibility* to provide care. Food sourcing methods exemplify this symbiotic relationship, where charitable organizations rely upon precarious personal and corporate philanthropy that is necessarily unable to assure competent care. Its primary reliance on publicly donated food threatens the competence of UK emergency food, both the short-term need to balance supply against demand (Poppendieck, 1999) and longer-term considerations of sustainability and donor fatigue (Garthwaite, 2016).

In parallel, in distributing surplus food, FareShare follows the prevalent approach of the US, Canada, and many European countries. Despite evidence that corporate philanthropy neither reduces surplus nor addresses food insecurity (Mansfield et al., 2015), contentions that surplus food can address food insecurity are compelling, widely held, and difficult to challenge. FareShare's work to redistribute surplus from major food companies, partly supported by government funding, is itself an act of care. In the UK, falling public donations (IFAN, 2023a) may open up space for Fareshare and other redistribution efforts to increase their reach, potentially supported by state finances. For example, in June 2023 the South Yorkshire Mayoral Combined Authority pledged £150,000 to strengthen emergency food provision, including expanding surplus redistribution (Sheffield City Council, 2023), reinforcing connections between third sector and state. Here, short-term competence risks jeopardizing the longer-term quality of care. Offering a cost-effective solution to corporations' surpluses reinforces power relations that encourage the ongoing involvement of corporate donors, thereby reinforcing a model of poor-quality, incompetent care. Indeed, Riches (2002) warned that receipt of corporate donations represents a turning point in the institutionalization of emergency food, recognizing how shifting the vital care work of food provision onto unregulated corporate philanthropy reinforces the status of care as a private, personal concern. Here, the focus on emergency food provides clear empirical evidence that the constraints of private care render it unable to offer *competent* care.

Second, relying upon emergency provision cannot assure food of adequate quality and suitability. There remains an ever-present risk that food banks must either downgrade the size or composition of food parcels or turn people away entirely (Garthwaite, 2016). Contradicting recipients' desperation of emergency food as a *'last resort'* (Purdam et al., 2015, p. 1083), some food banks co-opt notions of scarcity to limit support (May et al., 2020a) or frame their provisioning as a '*symbolic gesture*' (Tarasuk & Eakin, 2003, p. 1505). M. J. Williams and Tait (2022) relatedly draw attention to emergency food providers' necessary inability to respond to recipients' cultural, religious and health needs, and food preferences. Repeat use of emergency food – suggesting the existence of long-term need that directly contradicts the 'emergency' framing of such provision – makes these considerations particularly concerning (Garratt, 2017). Such necessary limitations on material care can also be stigmatizing, thus potentially also constraining relational care. These features highlight the challenges to competence arising when the third sector takes responsibility for care. Such challenges to competence are also evident in social care, where managers consider it 'irresponsible' for volunteers to undertake the role of paid

staff (Cameron et al., 2022), and tensions also exist between the motivation to pursue competence through appropriate training for (voluntary) carers against concerns that extensive training may deter volunteers.

When exploring security of supply and the suitability of care, the perspective offered by care ethics is therefore valuable in disrupting increasingly accepted notions about responsibility for meeting people's fundamental care needs. Tronto's (1986) definition of good care emphasized the importance of adequate resources: goods, time, skill. The lens of care ethics illustrates how resource constraints render voluntary care too piecemeal and fragile to provide competent care. A different form of care is therefore needed. Adequate incomes from work or benefits would enable people to afford sufficient food that is appropriate to people's specific cultural, religious and health needs, and food preferences, and with recognition to groups such as lone parents and people with disabilities, who are known to face particular food provisioning challenges.

Phase four, responsiveness: third-sector care is often inadequate and undignified to care receivers

In foregrounding responsiveness, or people's reaction to care, Tronto's fourth phase considers the sometimes overlooked experiences of care *receivers*. The person being cared for must recognize the attitudes of the carer and the care they are receiving (Noddings, 1986). In describing spaces of care as '*shared accomplishments*', Conradson (2003, p. 508) highlights how the value of emergency food rests upon harmony – or, in Tronto's terminology, integrity – between the material and relational care being offered and recipients' responses to this care. Descriptions of such harmony or integrity include Garthwaite's (2016) account of the tea and biscuits served at tables with checked tablecloths at Trussell food banks in northeast England, while Purdam et al. (2015) contrasted participants' encounters at food banks against stressful exchanges with welfare institutions, a distinction vividly portrayed in Ken Loach's 2016 film, *I, Daniel Blake*. These juxtapositions between third-sector care and punitive policies in mainstream provision that can discourage engagement are likewise evident in care for asylum seekers (Darling, 2011) and homeless people (Johnsen et al., 2005).

It is nonetheless important to avoid making assumptions about the sometimes complex dynamics between private caregiving and care receiving. Here, Noddings (1986, 2002) directs attention towards the desires, feelings, and experiences of those cared *for*, thus emphasizing the affective, relational quality of care (unlike virtue ethics, which focuses on the care-*giver*). Flores (2014) account of how charity shop volunteers channel their own social dislocation into compassion for others illustrates the intertwined interests of care-givers and care-receivers. However, unequal power relations introduce tensions between the dynamics of care and control, where '*therapeutic encounters*' (Conradson, 2003, p. 507) in UK food banks risk prioritizing the needs of care-*givers* in priority to care-*receivers*. Normative expectations of submission, obedience, and gratitude (Möller, 2021) encourage a *'climate of hostility'* (Bruck & Garthwaite, 2021, p. 157) defined by structural violence (Greenhough et al., 2023; Roe & Greenhough, 2023), potentially reinforcing totalizing identity of service users as *recipients* of care (Wiles, 2011). Such attitudes reflect the influence of neoliberal ideologies that designate those seeking care as having failed in their responsibility for self-care (Little, 2023). It is likewise important to remember

F. Williams (2001) assertion that disabled people have sought independent living, not private care, and such *'non-aligned gestures and reception of support'* (Askins & Blazek, 2017, p. 1098) risk eroding dignity among care receivers. This reminder is equally relevant to reflections upon emergency food, which is characterized by feelings of stigma and shame among recipients (Garthwaite, 2016; Purdam et al., 2015). Care ethics therefore urges consideration of how recipients experience care, acknowledging the value of dignity, choice, and power. Notwithstanding the activities of emergency food projects '*in the meantime*' noted above (Cloke et al., 2017, p. 704), such reflections underscore the difficulty facing third-sector providers in light of constrained resources and unequal power relations (Greenhough et al., 2023) to maintain promises of solidarity, not charity. These accounts reinforce care ethics' assertion that privatized, charitable care is not inherently more acceptable to care receivers than mainstream, public care.

Phase five, caring with: caring must consider justice, equality, and freedom

While not included in her original four phases of an ethic of care, Tronto (2013) later added a fifth phase of caring *with*, which expanded the focus of care beyond citizens to additionally include caring for democracy. A caring democracy that emphasizes caring *with* would reconfigure the boundaries of public and private, enabling care to be conceived as a public value with associated public practices (Lawson, 2007). Tronto argued that centring care within democratic political agendas would serve to prioritize the injustice and inequality that currently undermines democratic societies. Political decisions about how to meet caring needs ought to be guided by universal commitments to justice, equality, and freedom.

Here, Tronto's proposal to redraw moral boundaries has transformative value when thinking about emergency food: by integrating responsibility (taking care *of*) and competence (care-*giving*), care can be incorporated as a central social and political priority. This enables attitudes towards care to shift from the current model of spontaneously occurring natural caring onto ethical, or dutiful caring resulting from deliberate reflection (Noddings, 2002). In this scenario, where Tronto's moral boundaries are redrawn and state care is both adequate and acceptable to recipients, the third sector will no longer need to provide fundamental care. Here, caring *with* is possible through rights to food, which offers an alternative way of conceptualizing care that rests on structural responsibilities to care based on entitlements, not charity. Enacting rights to food would shift responsibility from emergency food projects back onto the government to implement a formal and enforceable framework for the legal duty to respect, protect, and fulfill the right to food (Dowler & O'Connor, 2012; Silvasti & Riches, 2014). Doing so would give food an unparalleled prominence on the public and policy agenda since wartime rationing and more recent debates about school food during the COVID-19 pandemic.

When outlining the phases of care, Tronto (1993) identified attentiveness (Phase 1) as a precondition of responsiveness (Phase 4). Enshrining rights to food through legal rights and accompanying legislation would demonstrate attentiveness – or caring *about* – clearly frame the issue and delineate the responsibilities of different actors. Public sector regulatory requirements would promote high-quality care while also incorporating food-related care within the mainstream. Robust regulation would offer a more promising means of delivering care than the existing model of privatized emergency food and the

exclusion this risks. Legislation to support rights to food can itself be considered an act of care that foregrounds care for both citizens and democracy, and offers an alternative to the current prominence of emergency food that is crucial to dignified care and avoiding a politics of abandonment.

To date, legislation to support enforceable duties to rights to food has however proven challenging to enact (Dean, 2008). The UK has signed the International Covenant on Economic, Social and Cultural Rights, which entails a commitment to provide food of sufficient quantity and quality to meet people's dietary needs (United Nations, 1999). Yet, the UK's dualist legal system has enabled the government to consistently resist ratifying these commitments through a relevant Act of Parliament or secondary legislation (Daly, 2015). Consequently, no direct legal action can be mounted in response to the government's inaction on fulfilling rights to food (Richmond Bishop & Singh, 2021).

The current legal abyss demonstrates a moral challenge to the current reliance on privatized charitable care, where recipients have neither entitlements nor legal recourse if emergency food projects are unable to provide materially competent care. This fragility, lack of accountability, and absence of rights demonstrates limits to caring relations and denotes emergency food as inherently unsuited to the role it has come to play. Here, focussing on care reminds us of the inescapable dependency of human relations, where everyone is dependent on others at various (sometimes all) stages in their lives (Kittay, 2011). Acknowledging the unavoidable nature of dependence demonstrates that a different approach is needed, where rights to food would compel state-facilitated capabilities for people to feed themselves through appropriate wages and social safety nets, not charity (Dowler & O'Connor, 2012).

Pursuing rights to food may initially seem inconsistent with the extant neoliberal policy climate that extols emergency food as an example of the 'Big Society' in action. Yet, how cash payments enable low-income groups to engage with markets to purchase food and other necessities (Ferguson, 2010). Thus, improving state care through improved benefits and higher wages is not inherently inconsistent with neoliberalism. By boosting purchasing power, rights to food can instead succeed in serving both neoliberal markets and more progressive ends.

Conclusions: how Tronto's care ethics can transform debates about UK emergency food

This article has explored the ongoing institutionalization of UK emergency food through the theoretical perspective of an ethics of care. Avoiding the institutionalization of emergency food is important both for people experiencing poverty and food insecurity, and to avoid valorizing the delegation of responsibility for social problems from central government onto an unaccountable third sector that is necessarily unable to respond effectively. The analytical lens of care ethics has value in promoting new and transformative ways of thinking about how care is conceptualized, organized, and delivered, alongside the societal benefits of redefining care. In parallel, applying care ethics to a specific example – that of UK emergency food – has potential to advance discussions around care ethics. Tronto's moral boundaries are especially instructive in demonstrating how conceptions of care can be redrawn from a private, personal concern to place it on the mainstream moral and political agenda. One possibility for a public ethic of care is

through the enactment of rights to food. Specifying adequate, professionally delivered social protection could promote food security in more effective and sustainable ways, and thereby eliminate the need for emergency food.

This article has drawn particularly on Joan Tronto's (1993) five phases of care to offer a direct application of care ethics to a contemporary social challenge, that of emergency food. While the right to food movement is already centred upon an ethics of care, Tronto's five phases support a more detailed and nuanced exploration. First, a focus on attentiveness, or caring *about*, reveals that attentiveness requires food insecurity monitoring to be connected with relevant social policies. Other care ethics scholars (e.g. Lawson, 2007) have likewise emphasized the need for a transformed social and political response to food insecurity extending beyond the immediate, individual need for private, food-related care. Considering responsibility, or taking care *of*, care ethics highlights both the inherently exclusionary and thus unsuitable nature of care provided by FBOs, and the risk that without appropriate boundaries, responsibility for food-related and other forms of care could permanently shift from the public to the private sector. More optimistically, discussions around responsibility also offer new, more progressive perspectives on caring in which emergency food projects can take care of people's immediate needs while simultaneously fostering political resistance. When thinking about Tronto's third phase, competence, or care *giving*, factors including the fragility of food sourcing methods and the unsuitability of distributed food demonstrate that UK emergency food clearly lacks competence. Next, Tronto's fourth phase foregrounds the experiences of care *receivers* by emphasizing their reactions to the care process. This focus enables care ethics to counter both the dignity violations and expectations of compulsory gratitude surrounding emergency food. Finally, Tronto's later, fifth phase of caring *with* proposes expanding the focus of care to consider both citizens and democracy. Taking a structural approach to care and pursuing rights to food has the potential to reverse the structural violence of austerity that created a hostile policy climate and further marginalized care work. Here, responsibility to respect, protect, and fulfill the right to food would be firmly placed on government, not on ad-hoc localized, and unaccountable charity, as well-meaning as their acts of material and relational care might be.

Events in recent years have further normalized the ongoing institutionalization of UK emergency food. The government's decision to provide food not cash during the COVID-19 pandemic demonstrated its priorities and may have '*fatally undermined*' (M. Power, 2022, p. 141) ongoing attempts to resist the institutionalization of emergency food. This approach brings the shadow state ever closer, which may both diminish and complexify advocacy opportunities. More optimistically, the pandemic simultaneously intensified the challenge of food insecurity and disrupted boundaries between public and private spheres, potentially encouraging renewed thinking around responsibility for new forms and spaces of care (A. Power & Hall, 2018).

Beyond the current example of emergency food, the analytical lens of care ethics has wider significance in bringing fresh, detailed thinking to debates about the division of responsibility between state, private, and third-sector care in diverse policy areas including healthcare (Abnett et al., 2023), education (Body et al., 2017), homelessness (Johnsen et al., 2005), and social care (Cameron et al., 2022). Of course, political challenges arise in enacting a public ethic of care across these different spaces. The necessity of redrawing moral boundaries to incorporate

care as a mainstream political and public value requires transformative thinking over both normative questions about the type of societies we hope to create and more prosaic considerations about the material and relational care that we practice. The current economic, social and policy context provides a timely opportunity for transformative thinking about caring in pursuit of a more inclusive, democratic, and just society.

Notes

1. 'Food *pantries'* in the US and Canada.
2. Emergency food excludes statutory support (eg: food vouchers), more routine arrangements (eg: Meals on Wheels), provision that involves a contribution (eg: community cafes), and mutual aid.
3. Recognising traditionally gendered patterns of caregiving, gendered austerity measures that precipitated the growth of food insecurity (Hall, 2022) and the feminist nature of care ethics (eg: Gilligan, 1982), it is surprising that the gendered burdens of both care-*giving* and care *receiving* in emergency food spaces has not yet been subject to dedicated detailed research, so cannot be explored here.
4. While there are broad similarities between emergency food across the Global North, granular differences preclude a detailed international exploration. In specific places this article nonetheless contextualizes UK practices within wider international geographies.
5. Both Strong (2022) and Lambie-Mumford (2017) caution against romanticizing the volunteer experience.

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