

# Boosting early years nutrition to support a healthy childhood

MAY 2025



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#### **ABOUT THE FUNDER**

**The Waterloo Foundation** is an independent grant-making charity based in Cardiff, supporting projects in the UK and globally. Its key areas include the Environment, World Development, Child Development, and Wales. Nutrition is a cross-cutting theme, with a particular focus on micronutrients and the developing brain.

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This report represents the efforts of many people working and researching early years nutrition. With thanks to the following people and organisations who have contributed commissioned work or whose research has been featured in this report.

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## Foreword

By the first year of school, more than a fifth of children in England are living with overweight or obesity, a quarter have evidence of tooth decay, and many are not ready for school. It is too late to wait until children start school before considering effective interventions to ensure our children have a healthy childhood – investment in early preventative measures is critical.

This report explores the vital role of nutrition in the early years. We explore the factors that can act as facilitators or barriers to good early years nutrition and positive health outcomes, covering a range of factors related to food consumed in and out of the home, as well as in early years settings.

This report is the third and final in a series This that has progressed, stage-by-stage, report through a child's early years. The first explores the report focused on pre-conception and pregnancy, and the second report on critical role of barriers to breastfeeding. Throughout nutrition in the the series we have investigated the gaps and issues in policy, business practice, early years local authority provision, and formal and informal support that need addressing. Each report has presented a set of recommendations for policies that can enable the consumption of a healthy diet during pre-conception and pregnancy, infancy, and early childhood. As we reach the end of the series, we have built a picture of the underlying systemic failures in the food system that lead to high numbers of children living with overweight or obesity by the start of primary school, and present a range of solutions for improving their health and wellbeing.

For more information on our early years work please visit foodfoundation.org.uk/initiatives/early-years

#### Abbreviations and definitions

DfE:	Department for Education		
DHSC:	Department of Health and		
	Social Care		
EYA:	Early Years Alliance		
EYFS:	Early Years Foundation Stage		
	Framework		
FEYM:	Free Early Years Meals		
FSM:	Free School Meals		

FSS:	Food	s high	in fat,	sugar	and	salt
		_		_		

- **LEYF:** London Early Years Foundation
- NDNS: National Diet and Nutrition

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- Survey **NPPM:** Nutrient and Promotion Profile
- Model
  PVI: Private, voluntary and independent
  settings
- RNI: Reference Nutrient Intake (LRNI = Lower Reference Nutrient Intake) SACN: Scientific Advisory
- Committee on Nutrition
- **UPF:** Ultra-processed foods
- **WHO:** World Health Organization

# Introduction

The early years are a critical period for giving children the best start in life. Providing good nutrition sets them up for years of good physical health and mental wellbeing. It helps them develop healthy food habits and gets them ready to learn in school. However, as this report highlights, the quality of the diets of our youngest children are poor. In the short term, this can hinder health, growth, development and school readiness. Over time, it increases the risk of disease, widening health inequalities and placing a greater burden on the health system.

This report explores some of the critical challenges and barriers faced in providing nutritious food for our youngest children, both at home as well as in early years settings. The report unpicks a range of challenges and inequalities that exist, including around the nutritional quality and marketing of food commonly marketed for young children, as well as the food provision in early years settings.

Throughout the report, we use existing research, case studies and new insights from providers and parents to bring to life some of the challenges and concerns faced when feeding young children. The report ends with a set of policy recommendations, and a call to action.

#### **RECOMMENDATIONS INCLUDE:**

- > Improving the Healthy Start scheme by increasing the value in line with inflation, expanding the eligibility criteria, making the scheme 'opt out' and providing nutrition support to eligible families.
- Ensuring that Free Early Years Meals are accessible to all low income families by expanding the range of eligible settings and extending eligibility to include all children in poverty.



- Strengthening rules around the nutritional composition and marketing of commercial baby foods and formulas.
- Providing funding and support to deliver nutritious food in early years settings, alongside a clear pathway towards fully mandatory nutrition standards.
- > Improving the incentives across the wider food system through taxes, mandatory reporting and reformulation to help deliver better nutrition for all ages.

#### What's in scope?

This report focuses on the diet and health of children aged 1-5. It looks at the commercial baby and toddler food market, as well as food provision in childcare settings for under 5s. Furthermore, reflecting the fact children under 5 also consume family food beyond the commercial baby food aisle, wider considerations related to the nutritional quality, promotion and price of key categories of food from across the retail sector are also explored. The report focuses primarily on England, and policies that exist in England and the UK.

The report draws on a range of new research commissioned by The Food

Foundation for this report including: qualitative insights from parents (interviews conducted by ActivMob<sup>27</sup>) and childcare providers (focus groups carried out by Bremner & Co and Early Years Alliance<sup>29</sup>), quantitative insights from 1041 parents with children aged 1-4 (You Gov survey undertaken online between 24th March - 1st April 2025<sup>26</sup>), new figures for the number of nursery children missing out on FEYM (Bremner & Co<sup>41</sup>), analysis of the inflationary rise of Healthy Start (Imperial College<sup>47</sup>), price of commercial baby snacks and an analysis of commercial baby and toddler snacks, focusing on both the price (University of Leeds<sup>78</sup>) and on

pack claims (Action on Salt and Sugar<sup>59</sup>). In addition, it presents insights on the nutrition and price of the whole commercial baby and toddler foods market (drawing on work by University of Leeds<sup>50</sup>), a range of case studies (Fix Our Food, London Early Years Foundation, Westminster City Council, Essex County Council, First Steps Nutrition Trust), along with a literature review of existing government datasets related to health and dietary outcomes and SACN recommendations.<sup>22</sup>

Full details of the research and methods included are available in the accompanying technical report.<sup>1</sup>

### BARRIERS TO GOOD NUTRITION IN THE EARLY YEARS



## SECTION 1 DIET AND HEALTH INEQUALITIES IN THE EARLY YEARS

## The state of young children's health



#### Child weight

More than one in five children (22%) in England are starting school with overweight or obesity, including 1 in 10 with obesity.<sup>2</sup> A similar pattern is seen in Wales and Scotland, where rates of overweight and obesity in 4-5-year-olds are 25% and 22% respectively.<sup>3,4</sup> In all cases, children from the most deprived households are twice as likely to have obesity, compared to those from the least deprived (Figure 1). Childhood obesity increases the risk of long-term complication's including cardiovascular disease and diabetes.<sup>5</sup>

#### FIGURE 1



Proportion of children in reception with obesity by level of deprivation (England)

Source: OHID, National Child Measurement Programme 2024<sup>2</sup>

#### Child height

Height is another indicator of children's health. In the school year 2023/24, the average height of boys in England age 5 was 110.3cm, while the average height of girls was 109.3cm.<sup>2</sup> Unlike with older children, there are no differences in average height between income groups at this age, however, children in the most deprived groups are more likely to have short stature, defined as below 2% on growth charts. Children in the UK have also been found to be some of the shortest in high-income

countries.<sup>6</sup> In the Netherlands for instance, children are, on average, 7cm taller at the same age.

While genetics play a role in height, short stature can also be a marker of socioeconomic disadvantage and poor-quality diets.<sup>7</sup>

#### Oral health

Oral health is a vital part of overall wellbeing. However, the latest figures for England show that, on average, 22% of 5-year-olds had dental decay in 2024.<sup>8</sup> There are also stark inequalities, with the most deprived children more than twice as likely to have dental decay compared to the least deprived (Figure 2). Dental decay is much lower among 3-year-olds, affecting 11% of children in England in 2020.<sup>9</sup> This marked increase between these ages is likely the result of changing diets and increased sugar consumption as children get older.

Dental caries can cause pain, infections, and difficulty eating, which may contribute to poor nutrition among children.<sup>10</sup> Dental decay can



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#### FIGURE 2





Source: OHID, 2024, Oral Health Survey<sup>8</sup>

also disrupt sleep, speech, social interactions, and school attendance, impacting on development.<sup>11-13</sup>

The presence of dental caries in primary teeth is a strong predictor of future decay in permanent teeth.<sup>14</sup>

#### Cognitive health and school readiness

Good nutrition in early childhood is fundamental to cognitive development, with the brain growing more quickly during the first 1000 days than at any other time.<sup>15-16</sup> Nutrition in these early years provides fuel for brain growth and neural development, supporting the building blocks for cognition, memory and motor skills as children grow.<sup>15,85</sup> Nutrition status also contributes to mental health outcomes<sup>16</sup> and to a child's ability to learn, focus and retain information.<sup>18</sup> In contrast, poor nutrition is associated with higher levels of stress, anxiety and behavioural difficulties and long term impacts on neurodevelopment.<sup>16,86</sup>

School readiness is particularly important for young children; however, in 2022/23 around a third of British children were not school ready, putting many children at a long-term disadvantage.<sup>19</sup> Children who are not school ready are nearly 2.5 times more likely to be persistently absent from school and around three times more likely to be NEET (Not in Education, Employment, or Training) by the ages of 16-17.<sup>19</sup> These gaps in early development can widen over time, limiting opportunities and deepening inequalities. Nutrition is therefore a critical consideration when looking to boost attainment and reduce educational inequalities.

## Nutritional intakes of young children

#### BOX 1:

#### Current dietary guidelines for the early years

The government recommends the introduction of food from 6 months old, and that young children continue to be breastfed, where possible, alongside the introduction of food until they are are 2 years old.

The government's recommended healthy diet – the Eatwell Guide – applies to children over the age of 2.<sup>20</sup> It is recommended that children aged 2-5 should move towards eating the same foods as their family in accordance with the food proportions outlined in the Eatwell Guide. Specific recommendations are also made for young children, ensuring they are given opportunities to repeatedly try new foods like fruit and vegetables, not adding salt to food, avoiding food and drinks with added sugar and emphasising the fact that commercial baby and toddler foods and formula milk after age 1 are not necessary for good nutrition.



Specific nutrient recommendations also exist from 1 year upwards as part of the government's dietary recommendations.<sup>21</sup>

#### Too much sugar, salt and saturated fat

Young children across the UK currently eat more free sugar, salt and saturated fat, and overall energy, than is recommended, which is contributing to poor health outcomes. Of particular concern is sugar, where the average consumption is double what is recommended.<sup>22</sup> Excessive consumption of sugary foods and drinks during early childhood can contribute to obesity; a preference for sweet food and can also accelerate dental decay.<sup>23</sup>

#### FIGURE 3

Proportion of children exceeding average requirements for free sugars, salt and saturated fat, by age group



TDEI = Total daily energy intake. Sugar recommendation is <5% TDEI; Salt recommendation is <2g/day 12-47-month-olds, <3g/day 48-60-month-olds; saturated fat recommendation is <10% TDEI. Source: SACN<sup>22</sup>



#### Too little fibre, iron, zinc

At the same time, young children are also missing out on key nutrients essential for their growth, development, and long-term health.<sup>22</sup> Young children need a range of nutrients to develop and thrive, including iron, vitamin A, vitamin D, iodine, zinc, calcium, B vitamins, omega-3 fatty acids and folate.<sup>22</sup>

While most children meet the recommendations for some nutrients. including protein which is critical for growth and development, intakes of other nutrients such as dietary fibre, iron and zinc are particularly low in many young children, and inequalities exist in vitamin A consumption (Figure 4).<sup>22</sup>

Fibre is crucial for a healthy gut microbiome, and in turn is essential

for brain health.<sup>16</sup> It also supports metabolic health and helps reduce the risk of cardiovascular disease. Iron is critical for immune function. and overall growth, and deficiency can lead to fatigue, poor cognitive development and increased risk of infection. Adequate intake of essential nutrients like iron and zinc are also critical for supporting brain development.24

#### FIGURE 4

Consumption of key micronutrients among 18-60-month-olds, by level of deprivation



- 88% of children aged 1.5-3 years do not **FIBRE:** meet fibre targets.<sup>22</sup> 72% of 4 year olds do not meet them.<sup>22</sup> Intakes of fibre are around 12% lower in the most deprived children compared the least deprived.
- **IRON:** More than **one in ten** children aged 1.5-3 years have iron intakes below recommendations meaning they are at risk of iron deficiency, though this figure reduces as children get older.

While only a small percentage of younger **ZINC:** 

toddlers have insufficient zinc intake (4-8%), the risk rises with age reaching 21% among 4-year-olds.<sup>22</sup>

VITAMIN A: While the average consumption of vitamin A is above the recommended amount, 10% of children still fall short.<sup>22</sup> Inequalities are also seen with vitamin A intakes, with the children from the most deprived quintile consuming 33% less vitamin A than those from the least.

## Food intakes of young children

Overall young children consume too little fruit and vegetables, and too much food which is high in fat, sugar and salt (HFSS). Dietary inequalities are also evident, particularly in the case of healthy food (Figure 5).<sup>22</sup>

FIGURE 5



#### Consumption of key categories of food by children 18-60 months old, by level of deprivation

Income Quintile (1 = most deprived, 5 = least deprived)

Note: Dairy includes milk, cream, cheese, yoghurt and fromage frais. Non dairy protein includes unprocessed meat, fish, eggs, beans and pulses and plain nuts. Excludes processed meat. HFSS foods include sugar, preserves and sweet spreads; confectionery; sugar-sweetened beverages; high sugar breakfast cereals; biscuits, buns, cakes, pastries; puddings, crisps and savoury snacks; salted nuts; ice cream; chips and fried potato products; flavoured milks, dairy desserts, pizza. Source: SACN, 2024<sup>22</sup>



Fruit a an im essen

Fruit and vegetables are an important source of essential vitamins and minerals, as well as

dietary fibre. However, under 5s are consuming too little, equivalent to around 1.5 portions of vegetables (64-82g) and 2-2.5 portions of fruit (93-133g) per day.\* Significant differences can be seen between income groups, with the most deprived groups consuming a third less fruit and a fifth less vegetables than the least deprived groups.<sup>22</sup>

\*There are no specific recommendations on fruit and vegetable portion size for in the early years. We have used a portion size of 50g, based on the recommendation in the School Food Plan.



HFSS foods such as baked goods and puddings, and confectionery are the primary contributors

of sugar to young children's diets.<sup>22</sup> Baked goods and puddings are also big contributors of saturated fat and total energy intake for young children. The contribution of these foods to energy intake increases with age, reaching a third of calories among 4-year-olds.<sup>22</sup>



Milk is a vital source of many nutrients, including protein, zinc and iodine. While

consumption is high among 12-18-month-olds, consumption starts to reduce after this, which may be linked to the jump in the number of children who are deficient in zinc after this age. Inequalities exist in dairy consumption, with the most deprived consuming 18% less than the least deprived.<sup>22</sup>



Meat is a major contributor of protein to young children's diets; however, consumption

of other protein sources such as fish, eggs, beans and pulses is relatively low. Young children are eating much less fish than the recommended 2 portions/week. Oily fish in particular contains omega 3 fatty acids which are vital for brain development.

Some critical dietary shifts once children reach 18 months. For instance, the contribution of formula milks and commercial baby and toddler to sugar intake decrease.<sup>22</sup> Meanwhile, the proportion of free sugars from biscuits, buns, cakes, pastries, fruit pies and puddings increase from 15% to 26% between 12-18-month-old and 4-year-olds, and the contribution of sugar preserves



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and confectionary more than doubles from 11% to 23% between these age groups.<sup>22</sup>

Overall, diet quality is poor among many children, particularly the

most deprived, which is in turn leading to poor health outcomes. Addressing the factors which determine the food children eat is a critical step for improving the health of young children.

#### BOX 2:

#### Sweeteners for young children

While non-sugar sweeteners (NSS) are not allowed in commercial baby foods and drinks marketed for the under 3s, they are found in thousands of food and drink products, many of which are consumed by young children. Examples include fruit squash and fizzy drinks; jellies, ice creams and custard; baked beans, canned spaghetti and ketchup. Although there is limited data, the prevailing opinion is that drinks are the main dietary source.

National data indicate that 65% of 18-36-month-olds consume low calorie drinks. However, the latest recommendations by SACN<sup>25</sup> are that younger children should not be given food or drinks sweetened with either sugar or non-sugar sweeteners. This follows caution from WHO regarding the reliance on NSS as a means to achieve healthy weight or reduce disease risk. There are also concerns about how NSS consumption may cultivate a 'sweet tooth' and cause dental erosion.

Source: First Steps Nutrition Trust<sup>80</sup>

# SECTION 2 FACTORS THAT SHAPE ACCESS TO HEALTHY AND AFFORDABLE FOOD IN THE EARLY YEARS

here are a wide range of factors that impact on a child's access to healthy food, including the affordability, availability and appeal of healthy versus less healthy food. Our food environments are making it difficult for families up and down the country to access and afford healthy food for their children. Only 1 in 3 parents with children 1-4 years (30%) feel that they can provide their child with the types of food and overall diet that they would like to all the time, and as many as 1 in 6 (16%) are only able to do so half the time.<sup>26</sup> The most common consideration when deciding what to feed their children is that it provides good nutrition (84%). This is followed by child preference (69%) and price and affordability (56%).

#### FIGURE 6

#### Important factors to parents when deciding what to feed their children



Q: "Thinking about when you select food for your child(ren) under age 5, what are the most important factors that you consider when deciding what to feed your child(ren)? Please select all that apply."

Source: Survey carried out by You Gov. Total sample size was 1041 parents with children aged 1-4. Fieldwork was undertaken between 24th March and 1st April 2025. The survey was carried out online.<sup>26</sup>

When parents were asked about the barriers to feeding children, child preferences (50%), price (35%) and lack of time for preparation (34%) came up most frequently. Just 1 in 5 (18%) said they faced no barriers to feeding their child what they would like to.<sup>26</sup>

This was echoed in a series of interviews with parents of young children where parents described some of their challenges with feeding their children what they would like to,

#### 35% of parents cite price as a barrier to feeding their child what they would like to<sup>26</sup>

and feelings of frustration and guilt when they could not. Parents spoke about juggling tight household budgets, busy schedules and the influence of commercial baby food marketing.<sup>27</sup>

Many children also attend of formal childcare during the day. As the government expands funded childcare hours to support working parents,<sup>28</sup> the importance of food provision in these settings only grows. Focus groups with early years providers highlighted a number of challenges related to food provision

in settings, including the complexity and inaccessibility of nutrition guidance, the impact of funding constraints and operational pressures, differing approaches to packed lunches, and the consequences of national policy decisions on local practice.<sup>29</sup> Participants highlighted the impact of the cost-of-living crisis and inequitable access to nutritional support schemes that are available.

Here we explore and some of these challenges and barriers in detail, along with some of the underlying drivers, to identify opportunities to improve the diet and health of our youngest children.

## Affordability

A critical factor that determines the ability of families to provide nutritious food for their young children is family income and budgets. With wages and benefits failing to keep pace with the high cost of living, budgets are stretched to cover essentials like rent, transport and childcare, as well as food. More than half (56%) of parents with children aged 1-4

said that price and affordability are a key consideration when deciding what to feed their child.26 Furthermore, when asked what support would help them to feed

their child the types of food they would like to, 35% said having more affordable options available.<sup>26</sup>

#### FIGURF 7

Proportion of settings reporting to see signs of food insecurity among their families



#### Poverty and food insecurity

30% of children (4.3 million) in the UK are living in poverty, rising to 36% in households where the youngest child

is under 5.<sup>31</sup> In January 2025, 17% of households with children under 4 were experiencing food insecurity.32

A survey of staff from early years settings found that nearly half (49%) reported seeing at least some signs of food insecurity among families, with many children arriving at nursery hungry (Figure 7).<sup>33</sup> Childcare providers have also expressed growing frustration at the lack of support for vulnerable children, leaving it up to the provider to meet that need instead.29

56% of parents said price and

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when deciding

what to feed

their child<sup>26</sup>

Food insecurity impacts on purchases of healthy foods, with food insecure households reporting to cut back on purchases of fruit (57%), vegetables (42%) and dairy and eggs (48%)<sup>32</sup> which could in turn impact on the diets of young children and may explain some of the inequalities in consumption.

#### Food prices and affordability

Price is one of the biggest influences on food decisions. Healthier foods are more than twice as expensive per calorie as less healthy foods, making nutritious meals more financially out of reach for many low-income households.<sup>34</sup> Of the most deprived fifth of households, those with children would need to spend an unrealistic 70% of their disposable income just to afford the Eatwell Guide, the government-recommended healthy diet.<sup>34</sup>

Furthermore, as a result of the cost-of-living crisis – as well as wider geopolitical factors, Brexit and climate change – food prices have been rising over the last few years and continue to do so. Between April 2022 and April 2025, the price of an average basket tracked by The Food Foundation had increased by around 27%.<sup>35</sup>

#### FIGURE 8

#### Percentage of disposable income needed to afford the Eatwell Guide for households with and without children



Our research shows that while, many supermarkets do offer cheap fruit and vegetables, the poorest 10% of the population would need to spend 34-52% of one person's weekly food budget to afford their 5-a-day. This compares to 17-26% for the wealthiest 10% of families.<sup>36</sup>

Beyond food prices, low-income households also face a number of

practical constraints that limit what these meals they can realistically prepare at home.<sup>37</sup> In 2020 as many as 2.8 stru million people in the UK lived without a ridge.<sup>38</sup> In a freezer, 1.9 million without a cooker mor and 900,000 without a fridge.<sup>38</sup> In a survey of parents of 1-4-year-olds, 5% fillir said that better equipment would help them to provide their child with the types of food they would ideally like to.<sup>26</sup> For some families, even when opti

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these appliances are available, highenergy costs can make using them a struggle. Without the ability to store or cook fresh ingredients, parents are more likely to rely on calorie-dense foods that are quick, cheap and filling.<sup>38</sup> Furthermore, families on low incomes may be more concerned to avoid food waste when choosing foods, in turn limiting the diversity of options.<sup>39</sup>

#### Case study 1: A parent's experience of financial pressures

The pressure of life and finances is very much related to making decisions about food. As a single mother, I struggle with the challenge of trying to make food as unprocessed as possible and as freshly made at home. The current pressure of life and finances mean that the availability of unprocessed and unmodified food is very difficult.

Due to finances, I limit my choice of products, and when my son was younger, he ate more diverse food than he does now when he is older. I have been using crutches for several months now, which further limits my options, I usually order the basics online from Iceland or shop at Aldi.

I often give up better quality products because I can't afford them. I use the Community Larder, but I have to be very careful about the suitability and quality of products due to health safety (going out of date too quickly). As a single mother, I want to provide my son with basic everyday products, which means I have to make various decisions, e.g. give up products that I like in favour of my son.

As a mum I feel helpless and often feel ashamed. Many times, I was afraid to ask for help and support because I blame myself for not having enough finances to meet all my son's health needs. I try as hard as I can to provide a decent life for my son.

I don't have a microwave, so everything is cooked on a gas stove or baked in the oven. I'm not happy that I have to use mainly frozen, ready-made products, such as chicken nuggets and bake them in the oven, I would prefer to have fresh products, but finances and the pressure of life force me to choose.

Source: ActivMob27



#### FREE EARLY YEARS MEALS

FEYM are available to children from low-income households who attend a state-maintained setting, and where the household earnings are less than £7,400 per year and in receipt of qualifying benefits/Universal Credit. However, thousands of vulnerable children in England are missing out on this vital nutritional support because of additional restrictive criteria applied after means testing. Just 24,000 children are currently registered for FEYM,<sup>42</sup> representing around 8% of under 5s in statemaintained settings.<sup>41</sup> By comparison, 18% of children in Reception qualify for means-tested FSM.40

In addition to the barriers that exist for accessing FSM in primary and secondary schools, such as low eligibility criteria and complex registration processes, additional barriers exist for families accessing FEYM. Firstly, only children that attend state-maintained settings\* can access FEYM. Secondly, there is a requirement for children to attend both morning and afternoon sessions to qualify, even though many families rely on part-time and sessional childcare.<sup>44</sup> And finally, unlike in schools, FEYM is not automatically linked to other government benefits or pupil premium, which presents a challenge for registration and reduces incentives for providers/

Approximately 200,000 children in early years settings eligible for child poverty support do not qualify for FEYM<sup>41</sup>

local authorities to promote the scheme to those who are entitled.

New estimates for the number of children not currently eligible for FEYM have been calculated by Bremner & Co for this report<sup>41</sup> based on government datasets: they have estimated that there could be more than 300,000 children under 5 living in poverty and attending formal childcare who may not qualify for FEYM due to these barriers. This includes approximately 200,000 children in early years settings who may be eligible for other means-tested child poverty interventions but do not qualify for FEYM; 84,000 children who are not eligible due to the type of setting they attend; and 31,000 children who likely qualify on all grounds but face barriers to registration or sessional care use.

The one thing I'd say about free school meals is sometimes the children that we think would really benefit from them don't get it. I have given many a meal away because I know the parents really can't afford it and we just sweep that under the carpet. You know, it has to be done." State-maintained nursery<sup>29</sup>

> Addressing the barriers to FEYM and increasing the eligibility income threshold could, therefore, support many low-income children. Furthermore, Universal FEYM has been rolled out across all settings in some local authorities, such as in Westminster City Council, which has resulted in a high uptake of hot meals which in turn will help reduce inequalities and boost consumption of nutritious foods (Box 3).

\*State-maintained settings are defined as nurseries, primaries, secondaries, special schools and AP schools that have early years children as registered pupils of their school. It excludes childminders and private voluntary, and independent (PVI) settings, as well as school-based nurseries where the child is not a registered pupil of the school, such as governor-led settings.



FIGURE 9



#### Inflationary increase of foods included in the Healthy Start scheme compared to the scheme value

Source: Imperial College London<sup>47</sup>

#### HEALTHY START AND BEST START

The Healthy Start scheme (England, Wales and Northern Ireland)<sup>45</sup> and Best Start scheme (Scotland)<sup>46</sup> offer means-tested financial support to pregnant women and young children (under 4 for Healthy Start, under 3 for Best Start). They are also available to pregnant teenagers regardless of income. The schemes provide a digital card that can be used to purchase essential items like fruit, vegetables, pulses and milk.

The Healthy Start scheme faces a number of problems.

The value of the weekly payment has failed to keep pace with inflation so its real value has been diminishing (Figure 9). The value has only increased twice since it was introduced in 2006. What could be purchased for £2.80 in 2006 now costs £5.19, but the current voucher is worth only £4.25, leaving a £0.94 shortfall per week.<sup>47</sup>

2 The eligibility criteria for Healthy Start is highly restrictive meaning many children in poverty are missing out: currently only those in receipt of Universal Credit with a household income of £408 per month or less excluding benefits are eligible. The Scottish equivalent, Best Start, however, is available to all families on Universal Credit.

In April 2025, just 330,500 children under 4 and pregnant women were registered for Healthy Start,<sup>48</sup> equating to around 10% of the total population in these groups.<sup>43</sup> We know, however that 36% of households with children under 5 experience poverty.<sup>31</sup> This disconnect highlights a clear gap between the number of families able to access Healthy Start, and the true number of those who need this vital nutritional safety net.

**3** There is a gap between Healthy Start ending at the age of 4 and children's access to Free School Meals when they start school. As many children are unable to access FEYM due to its restrictive criteria, extending Healthy Start until 5 years is an opportunity to ensure that children are supported to access healthy food at every stage of life.

4 Even for those families who are eligible for Healthy Start, many are still missing out due to barriers for application. By switching to an opt-out system, all families in need and who want the scheme would be able to access this essential nutritional safety net.

#### BOX 3: Free meals in early years settings across Westminster

Following the decision by the Mayor of London/GLA to fund Free School Meals in primary schools across London state schools, Westminster City Council decided to extend the free lunch offer to support more pupils in the Borough, including the most vulnerable two-year-old children and all of our three- and fouryear-old children. The additional funding aims to give infants the best possible start in life through a balanced nutritious meal, developing good food habits, increasing their attendance, and learning more effectively.

Funding has been given directly to early years providers (private, voluntary, independent, and maintained nurseries and includes childminders in receipt of funded

places). Participating early years providers have the flexibility to choose between hot meals, cold lunches, or food vouchers for parents and carers, ensuring that children in their care received a nutritious and balanced meal.

Alongside the additional funding, the Public Health England-commissioned Change4Life service developed a bespoke offer to support both early years settings and parent/carers. For early years settings this includes a webinar aimed to support practitioners to provide healthy lunches, a 50-minute 1-2-1 advice session for practitioners to discuss their individual circumstances and receive advice and recommendations regarding their lunch provision, and the option to book an appointment with a Registered Nutritionist and/or Registered Dietitian from the service for 1-2-1 advice about improving the health and quality of food provision at their setting. For parents/ carers this includes a parent-carer workshop and ongoing core support offer from the service to settings in the borough. In both cases, a range of resources are also provided to support settings and parent/carers.

Evaluation has found that there was a high uptake of hot meals, with the majority of providers opting for this option. This suggests a preference for freshly prepared,



nutritionally balanced meals that align with the Council's objectives of improving children's dietary intake.

Evaluations have also shown positive feedback from providers, with most reporting that the funding had a meaningful impact on their ability to improve food provision. The financial support enabled them to offer more consistent and high-quality meals.

Two key operational challenges for providers were also identified. Firstly, staffing capacity – many providers struggled with staffing levels, particularly in managing meal preparation and distribution. Secondly, allergy documentation and management – Providers highlighted difficulties in handling documentation and procedures for children with food allergies. Clearer guidance and additional training in allergy management and compliance could help address these concerns.

Overall, the additional funding to early years settings and bespoke support has delivered significant benefits to participating providers, parents/carers and the children the settings provide care for. Moving forward, there is an opportunity to strengthen provider engagement with the full range of available support.

Source: Westminster City Council

# Availability and appeal of food in retail settings

Frequent consumption of ultraprocessed foods, accounting for around 61% of total energy intake in UK children aged two to five<sup>49</sup> is of concern, along with specific concerns that commercial baby and toddler foods are undermining children's health and diets by contributing to high amounts of sugar and low amounts of important micronutrients.<sup>50</sup>

#### Nutritional quality of foods consumed by young children

The commercial baby and toddler food market has grown in recent years<sup>49</sup> and are widely consumed by young children, with almost half of parents in one survey reporting to use them always or most of the time.<sup>50</sup> The consumption of these products is particularly high in 12-18-month-olds, when they contribute 13% of free sugar consumption.<sup>22</sup>

They have everything you need in them so they are very good- you can now get fruit with veg so I can get veg in her " Parent<sup>27</sup>

## FIGURE 10 Composition of the commercial baby and toddler food aisle



However, despite being a common feature in many children's diets, SACN has stated that commercially manufactured foods and drinks marketed for infants and toddlers are not needed to meet nutritional requirements.<sup>22</sup>

Parents told us that they assume that commercial baby foods are designed by nutritionists and experts on young children's dietary needs and follow UK standards, therefore they could trust them.<sup>27</sup> At the same time, a survey found that 59% of parents are concerned about high levels of naturally occurring sugars from fruits and vegetables in commercial baby foods.<sup>50</sup>

Research focused on the commercial baby and toddler food retail offer including snacks, cereals, meals and pouches found a vast range of products in the aisle, including many snacks and items that resemble confectionary (Figure 10).<sup>50</sup> When assessed against the WHO Nutrient and Promotion Profile Model (NPPM) model (Box 4), 63% of snacks had excessive portion sizes, 18% exceeded recommended salt levels and 18% had added sugar/fruit juice, rising to more than half when snacks alone were evaluated.<sup>50</sup> At the same time, many products are falling short of essential micronutrients. Furthermore, there is a particular concern about the number of these products that come in pouches with a spout (38% of all baby foods identified), as these may be particularly harmful for dental health due to the high amount of free sugars in pureed products.<sup>50</sup>

While some legislation does exist to protect children from harmful products, and parents from harmful marketing, it is widely considered inadequate and has not kept pace with business behaviours.<sup>51</sup> For instance, it does not adequately address nutritional composition, with no limits on sugar or energy density; it does not prevent products from being marketed as suitable from 4 months of age even though government guidance is to introduce solids from 6 months; and no provisions exist to regulate the marketing of these products. Following an evidence review,<sup>52</sup> DHSC has been developing voluntary guidance on the nutritional composition of baby foods; however, these have not yet been published.

As previously highlighted, a large amount of the salt, sugar and saturated fat intake of young children for babies and toddlers also comes from highly processed foods beyond those marketed specifically at the 6-36-month-old age group, such as biscuits, cakes, baked goods and puddings, as well as breakfast cereals and yogurts, many of which contain added sugar.<sup>22</sup> For instance, our research found that just 3% of cereals and 5% of yogurts marketed to children were classified as low in sugar (Figure 11).<sup>34</sup> Despite recommendations that children under 5 should only have unsweetened dairy,<sup>22</sup> there are still very few plain, unsweetened yogurts available for sale in single portion, childfriendly pots,<sup>36</sup> although it has been encouraging to see some recent new product launches in some retailers in this category.

#### FIGURE 11





Source: Broken Plate, 2025<sup>34</sup>



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While many of these family food items are subject to frontof-pack nutrition labelling and reformulation programs, the policies are voluntary and progress towards reducing salt and sugar has been slow. Across the categories included in the sugar reformulation programme (selected based on contributing high amounts of sugar to children's diets), the sugar reduction seen between 2015 and 2020 was just 3.5% compared to the 20% target.<sup>53</sup> While better progress was made in some categories commonly consumed by young children, such as breakfast cereal (15%) and yogurts (14%), other categories which contribute a high amount of sugar to the diets of young children made smaller progress.<sup>53</sup> This highlights that, as well as targeted changes to improve foods specifically designed for young children, wider mandatory policies to incentivise change across the range of products consumed by young children are needed to protect children's diet and health. Such policies should ensure reductions in sugar and salt, as well as the sweetness and saltiness, limiting reliance on the use of sweeteners (Box 2).

Another contributor to the diets of young children is the food available out of the home, in cafes, restaurants and pubs. Many of these outlets provide children's meals, but are rarely tailored to early years specifically. Research has shown that many of the meals and meal deals offered are high in salt, sugar and fat, contain limited fruit and vegetables and are served in big portions. As part of the Soil Association's 'out to lunch' campaign, the provision for children has been compared, both on nutrition and sustainability grounds, and many popular chains fall short of expectations.<sup>54</sup> Research by Action on Salt in 2024 found that many meals on children's menus exceed daily recommendation of salt for children aged 4-6.55 Similarly, research carried out by FSA Northern Ireland found that 43% of meals contained more than half the average daily energy recommendation for 5-year-olds, 47% of meals contained more than half the average daily maximum of saturated fat and 70% of meals contained more than half the daily maximum amount of salt.<sup>56</sup> Given the recommended nutrient intakes for under 5s are lower than for older children, the impact of this on health may be even more pronounced.

While improvements have been seen,<sup>54-55</sup> the out of home sector does not have as many policies in place to ensure that food served out of the home is healthy and nutritious. For instance, while calorie information is available in some out of home outlets, front-of-pack nutrition labelling that clearly states the content of all nutrients is not required, and the out of home sector largely falls outside of the voluntary reformulation programs.

#### BOX 4:

#### WHO's Nutrient and Promotion Profile Model<sup>57</sup>

The WHO's Nutrient and Promotion Profile Model (NPPM) makes recommendations regarding the nutritional composition of products for infants and young children aged 6–36 months, as well as around the claims that are made on these products. With regards to composition, the model has nutrient thresholds for different categories, including energy, salt, total sugars, added sugar, protein, fruit and veg content and labelling. Furthermore, the guidance states that promotional messaging and claims should not be permitted, to avoid such claims undermining public health

messages or confidence in home-prepared foods. Products are scored according to both a marketing criteria and a nutrition criteria, as well as given a combined score. According to the WHO:

- A nutrition claim is any representation which states, suggests or implies that a food has particular nutritional properties, including but not limited to the energy value and the content of protein, fat and carbohydrates, as well as the content of vitamins and minerals.
- A marketing claim is any product promotion, distribution, selling, advertising, product public relations and information services.
- > A health claim refers to a statement, suggestion or implication that a relationship exists between a food (or a constituent of that food) and health. Promotion is broadly interpreted to include the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand.

#### BOX 5: Growing up and toddler milks and drinks<sup>58</sup>

The government recommends that children are breastfed until the age of 2, and where that is not possible formula milk is used until the age of 1, followed by cow's milk. Commercial milk formula is not recommended for young children beyond the age of 12 months; however, milks and their plant-based alternatives (marketed for use from 12+ months), are still consumed by many young children above this age. Over a third (36%) of 12-18-month-old children in the UK consume commercial milk formula, and between the ages of 18-47 months they are still consumed by 7% of children.<sup>22</sup>

Formula milks are the top contributor of free sugars to the diets of children 12-18 months old: for children drinking formula milk nearly half their sugar intake comes from these products alone.<sup>22</sup> Consuming 350ml of growing up or toddler milks or drinks would, in most cases, result in a child exceeding the recommended free sugar intake.<sup>58</sup>

In turn, this high sugar can have poor health outcomes, contributing to dental caries, and higher weight. Furthermore, the high level of sweetness may encourage the development of preferences for sweeter food which persists throughout childhood and beyond. High consumption of these products has been linked to fussy eating and the displacement of foods.

While regulations exist to protect parents from marketing of first infant formulas, the same restrictions do not apply to follow-on formulas (marketed for use from 6-12 months of age) growing up milks and drinks. Common marketing tactics include idealising the use of formula and positioning it as equivalent or event superior to breastmilk, using health and nutrition claims, and offering support for parents to build trust and brand awareness. The packaging is often similar to first infant formula and thus risks cross promotion and undermining government messages regarding infant feeding. Aside from the high sugar content of growing up and toddler milks and drinks, there is also a concern that marketing can make parents feel like their toddlers need these products, despite them being considerably more expensive than cow's milk (and plant-based alternatives).

Source: First Steps Nutrition Trust.58



#### Marketing and promotion of foods consumed by young children

In addition to concerns around the nutritional composition of commercial baby foods and manufactured foods, there are also problems with how heavily they are marketed.

Claims on pack are a very pervasive tool. Research carried out by Action on Salt & Sugar found that across the packaging of 113 baby and toddler snacks, there were more than 2000 individual claims (Figure 12).<sup>59</sup> All products had at least one 'composition and nutrition' or 'marketing' claim according to WHO NPPM definitions, and half (51%) had a 'health' claim. Individual products had between 9 and 43 claims, averaging at 20 claims per pack. Other studies have found similar results.<sup>36</sup> Parents take note of these claims: one survey found that 85% of parents consider the nutritional health benefits claimed on pack as an important factor when choosing products, while 56% of parents find it challenging to identify healthier/ nutritionally appropriate products using packet information.<sup>50</sup>

The most common types of claims relate to the natural or healthful

#### FIGURE 12

Breakdown of claim types on commercial baby and toddler foods



nature of the ingredients (28% of all claims), followed by claims related to the presence or absence of certain ingredients (21%).<sup>59</sup> Other popular claims included those related to taste (12%), optimum feeding (11%) and food texture (9%).

Many of the products with claims contain high amounts of sugar, with 20% containing high levels of sugar and a further 50% containing medium levels of sugar, according to government guidance on front-of-pack labels.\* There is also some evidence of a weak but positive association between the number of claims and the nutritional quality of the products, with more claims being linked to a poorer nutritional profile.<sup>59</sup>

While these claims are currently permitted under UK legislation, the WHO recommends restricting most promotional messages on commercial baby and toddler foods (with the exception of gluten free, vegetarian, vegan and similar) to avoid confusion and contradicting public health messages (Box 4).<sup>57</sup>

\* Based on adult thresholds used for front of pack labelling.

#### Most frequent claim types

Statements relating to the natural or healthful nature of ingredients Statements relating to the presence or absence of ingredients generally perceived to be harmful or beneficial Statements relating to ideal taste Statements conveying ideals on optimum feeding Statements relating to ideal food texture

Statements relating to convenience or lifestyle



Source: Action on Salt and Sugar

Concerns regarding the marketing of food for children goes beyond the baby aisle. Even before a child has learnt how to read, they can readily recognise brands.<sup>82,83,84</sup>

Half (51%) of food and drink products featuring cartoon characters are classified as 'unhealthy', yet they remain a powerful draw for young children and can influence their diet.<sup>49,81</sup> In many cases confectionery and drinks are also marketed as suitable for children under 3, despite their high sugar content and the presence of sweeteners, and not being recommended for this age group.<sup>50</sup>

#### They are designed for kids and kids know all about them- that's all she wants when we go shopping " Parent<sup>27</sup>

Parents report that supermarket trips often turn into battles over branded products, with children demanding items simply because of the familiar characters on the packaging.<sup>27</sup> Furthermore, parents have said they feel compelled to buy branded baby and toddler foods to help their child "fit in" with their peers. Some express guilt when they cannot provide these products, reinforcing a cycle where marketing tactics shape both children's expectations and parents' purchasing habits.

The imbalance of advertising is clear, with just 2% of advertising spend going on fruit and vegetables, compared to 36% which is spent on snack items such as confectionery, snacks, desserts and soft drinks.<sup>34</sup> Furthermore, approximately 5% of multibuys are on fruit and vegetables, compared to nearly a third (29%) going on products high in fat, sugar and salt.<sup>36</sup> Similarly, while 7% of price promotions are on fruit and vegetables, two-thirds of promotions are on HFSS products.<sup>36</sup> It is not surprising that this exposure adds to the problem of on-pack claim imbalance and presents challenges for parents when trying to navigate shops and high streets to find healthier options for their children.

#### Children recognise the brand and put it into the trolley " Parent<sup>27</sup>



#### Price, nutrition and marketing

There is also a relationship between the nutritional quality, extent of marketing and price of many commercial baby snacks. Based on the combined NPPM scores for both nutritional quality and marketing, the better performing products cost, on average, 77% more than the worst performing products ( $\pounds4.64/100g$  compared to  $\pounds2.61/100g$ ) (Figure 14).<sup>78</sup>

#### FIGURE 14

Price variation across commercial baby and toddler snack market, based on WHO baby foods nutritional evaluation



Note: Evaluation based on WHO NPPM nutritional criteria Source: University of Leeds<sup>50</sup> Similarly, we found that plain unsweetened yogurts come at a price premium, costing on average 26% more than sweetened and flavoured yogurts in August 2023.<sup>36</sup> Furthermore, in the case of fruit and vegetables, 1 in 7 (14%) of the lowest priced fruit and veg products identified in the research contained added salt and/or sugar. Packaged vegetables were more likely to contain added salt or sugar than fruit products, with baked beans, tinned peas and tomato sauces most likely to contain added salt and sugar. This is concerning given that young children are advised to have only very limited amounts of salt and added sugar in their diets, and fruit and veg universally considered a healthy choice.

Overall, it is clear that families face a range of challenges in navigating their food environment to access and afford healthy and nutritious food for their young children. These challenges are most pronounced for lower income households, who are also struggling with financial pressures that prevent them from affording healthier food. Policies are urgently needed to protect parents from misleading marketing of unhealthy foods, and to ensure that food sold in supermarkets is healthy for the whole family so as to protect the health of our youngest children.

#### Case study 2: A parents experience of marketing when shopping

It's an absolute nightmare to go shopping with him because he knows exactly what he wants and where it is in the shop! The small bright packets are just at his level, so he can access them whether he is walking or in the trolley.

If I do go shopping with him, there are things I have to think about. It doesn't really matter what time of the day it is but it's probably best not to go when he's hungry. What I usually do is avoid the aisle with the snacks made for toddlers, so things like the little biscuits, the bakes and oaty bars, the veggie straws, melty sticks or little fruit yogurt packs. They are very colourful and are all aimed at your toddler.

I know that I do get them for convenience, especially to use for when we are out and on the go, they are just so easy.

But they are also really expensive, even when they try to get you to buy them with their offers. I do find I waste a lot; he doesn't eat them all and then they go stale. That is very upsetting.

It's frightening how he knows what he wants from such a young age! He is just over 2. He doesn't get this type of food and snacks at nursery. They get snacks through the day but it's not from a packet. I know he spots the oaty bars, fruity melts and veggie straws in the supermarket because we have got them at home. I guess they are made to taste good, and he makes the connection when he sees them in the store and wants them. I suppose it's my own fault, I feel a bad as he really wants them, and I don't want awkward moments with him kicking off in the shop if I don't let him have them – so I continue to buy them. You get to feel like a bad mum not buying them, there is just so much pressure, and the marketing lets you think they are an easy and good option. They aren't.

I am trying to reduce how many he has the best I can and save them to have only when we go out. When I'm shopping, I try to look at the info on the packs if I have time and if he lets me, to find those with less sugar and additives for him.

The packaging uses words like, fruity, organic, melt in the mouth taste, fruit alternatives, portion-controlled packaging etc – it's really confusing and there seems to be a lot about making sure your child does not eat too much!

I am also trying to remove the outer colourful packaging when I get home and put the snacks into Tupperware boxes. Hopefully this might stop him seeing them in the shop and asking for them.

It's really hard and you have to be one step ahead all the time. He is so mobile now and can get himself up to the 'snack' cupboard. I have also started replacing the tasty supermarket snacks with plainer ones (like rice cakes) and these are now in the snack cupboard. The supermarket ones are hidden. It's working at the moment.

Source: ActivMob<sup>27</sup>

# Availability and appeal of food in childcare settings

In England, around 1.3 million children under 5 attend formal childcare.<sup>77</sup> It has been estimated that if a child eats all their meals in an early years setting, it could account for up to 90% of their calorie intake for a day.<sup>60</sup> Early years environments are not just spaces for learning and play, they also play an important role in establishing children's dietary patterns, food preferences and overall health outcomes.<sup>22</sup> And this goes beyond the food itself, with staff playing a role in shaping children's engagement with food through shared mealtimes, discussions about food and sensory experiences (see Case study 3).



## Food provision in settings

There is a mixed picture in terms of what food is provided by early years settings, with some providing a choice of catered food or packed lunches, others just providing snacks, and others requiring all food to be brought from home. For those children who eat meals provided in childcare, it is vital that the food is nutritious and healthy to support their growth and development. Providing food in childcare can help to reduce inequalities by ensuring that all children have access to the same food throughout the day. In addition, many parents report benefits when meals are provided, particularly for the convenience (48%), for helping to introduce new foods (48%) and because they think that meals are more nutritious than packed lunches (32%).<sup>26</sup> Families also report that it simplifies decision-making, reduces the mental load of meal planning, and helps them stretch their weekly food budget.27

There is limited research on the quality of meals in early years settings; however, the research that has been done indicates that it often fails to provide adequate nutrition for children. One study found that, while

Knowing that for those days I don't have to budget for his food helps the money last the week." Parent<sup>27</sup>

68% of parents said the most important factor when preparing a packed lunch is ensuring it is nutritionally balanced and healthy<sup>26</sup>

fizzy drinks and salty snacks were rarely served, desserts were common on half of menus.<sup>61</sup> Furthermore, many failed to provide enough healthy food – while 92% served enough fruit, only 70% served enough vegetables, just

28% served enough oily fish, and 31% served enough pulses, legumes and lentils. In all cases, the offering was worse in settings in the most deprived areas, risking exacerbating inequalities. A more recent study looked at menus of early years settings across Essex and found a similar pattern - while 88% met the fruit and vegetable recommendations, only 40% met oily fish guidance.62 Furthermore, concerns have been raised about the portion sizes being too large, particularly in settings attached to schools, which in turn is associated with higher energy intakes.<sup>22,63</sup>

#### **Packed lunches**

While many children have food provided by their setting, not all children benefit from this. A survey of parents with 1-4-year-olds found that as many as 1 in 4 (28%) provide packed food and a further 1 in 5 (20%) said their child had a mix of packed food and setting-provided food.<sup>26</sup> Parents also reported that the most important factors when preparing a packed lunch were, ensuring it is nutritionally balanced and healthy (67%), ensuring the inclusion of foods that their child will eat (55%) and 26% mentioned price/ affordability as a consideration.<sup>26</sup>

26

However, many of the challenges of accessing and affording healthy food described in the previous sections are likely to contribute to the quality of packed lunches. Research based on the lunches of school aged children found that fewer than 2% of packed lunches met the School Food Standards and packed lunches were found to be consistently worse nutritionally compared to school meals, even where school meals also do not meet standards.<sup>64</sup> Emerging evidence raises similar concerns about the quality of packed lunches in early years settings, revealing that lunchboxes brought from home were often dominated by ultra-processed foods and foods high in fat, sugar

We do take it off the child, but in a nice way, and sometimes we'll give them something in replacement, like a piece of fruit out the kitchen. And then I will talk to mum and explain why they can't bring that in, so it is trying to work with parents as well."

State-maintained setting<sup>29</sup>

and/or salt, with limited fruit and vegetables, while nursery provided meals higher nutritional quality with more fruit and vegetables<sup>62</sup> (Box 6).

Providers have also echoed concerns about the quality of packed lunches, reporting concerns about the inconsistency in nutritional quality, with some packed lunches containing high-sugar snacks and sugary drinks among other unhealthy items.<sup>29</sup> There is also concern that allowing packed lunches risks reinforcing inequalities and could disrupt the learning and social benefits of mealtimes.

Our research shows that a healthy packed lunch could cost parents 45% more on average than an unhealthy one.<sup>36</sup> While this research was not specific to early years, the same pattern would likely be seen in packed lunches for our youngest children. This affordability gap means that parents on tighter budgets and not eligible for FEYM may feel they have no choice but to opt for cheaper, less nutritious options, risking deepening inequalities over time.



#### BOX 6: Nourishing Our Future: Exploring food provision in Essex early years settings<sup>62</sup>

Nourishing Our Future (NOF) is pioneering research, commissioned by Essex County Council Public Health and researched by Anglia Ruskin University (ARU), that explored the provision of food and nutrition for children under 5 years old in Essex.

Through collaborative mixed methods (survey, workshops, photo and menu analysis, and interviews), 58 day nurseries, 67 preschools and 94 childminders from the private, voluntary and independent (PVI) sector in Essex, and five parents, contributed valuable insights across six core themes: requirements and guidance, nutrition and portion size, food environment, food inclusivity, food education, and sustainable food.

41% of meals in Essex are provided by parents, rising to 70% in preschools; however, one preschool reported that "children's lunchboxes consist of a lot of processed unhealthy food". Photo analysis of over 400 submitted food photos revealed variation in nutritional content, with more processed foods in lunchboxes compared to setting-provided food, particularly in areas of higher socioeconomic status. Comparatively on average, settingprovided meals demonstrated greater adherence to nutritional guidelines, including providing more fruit and vegetables, smaller portion sizes for carbohydrates, and more protein sources. Furthermore, 81% of settings have a food policy in place, many (41%) informed by the Eat Better, Start Better guidelines.

Additionally, 58% of early years settings (rising to 62% of childminders) reported increasing challenges regarding children's food preferences; challenges that parents and practitioners attribute to a highly marketised environment.

Through NOF, early years educators are urgently calling for clearer nutritional guidance, access to nutrition expertise (45%) to support menu planning and strategies to address children's preferences. They also advocate for appropriate funding (49%) to extend food provision into the early years.

https://www.nourishingourfuture.co.uk



#### Examples of packed lunches

#### Barriers to good food in settings

A range of factors have been identified which hinder the ability of settings to deliver nutritious, sustainable and culturally appropriate food. These range from a lack of clarity on the guidance and how standards are monitored, through to financial pressures and challenges faced by the sector<sup>65</sup> (Box 7). Furthermore, there is a feeling across the sector of being insufficiently consulted and undervalued, meaning that guidance is not always appropriate for their settings.<sup>66</sup>

Multiple sets of guidance on food provision exist in England and across the devolved nations but none of these are mandatory and the presence of multiple guidelines is confusing and overwhelming for providers.<sup>67-72</sup> DfE has recently updated its guidance for settings in England with regards to the food that is served, suggesting that providers should have regard to the guidance unless there is good reason not to.<sup>74</sup> This is a positive step forward, but they are still not mandatory and, unless appropriate support and funding to settings is provided, risks uneven quality in provision between settings.

While there is broad recognition among providers of the value of clear guidance for building staff confidence and adding credibility to the food decisions made in settings, there is a sense of frustration with the fragmented and unclear landscape of existing resources.<sup>29</sup> Furthermore, awareness and use of these guidelines is inconsistent<sup>29,62</sup> and many providers say they do not use them even though they know they exist.<sup>29</sup>

# It's just juggling which guidance to use."

State-maintained setting<sup>29</sup>



I just think their policies and guidance and their timing of guidance is so ill thought out. You know, it's not joined up. And I just feel that the policymakers don't understand the complexities of early years. That's the bottom line, really, you know? I know it's coming from a good place but why don't they talk to the people on the ground?" PVI setting<sup>29</sup>

Monitoring of the standards is also weak, with many providers monitoring their own standards but with no consistent, sector-wide approach. The costs and time investment required make it difficult to maintain robust quality checks. While Ofsted does do some monitoring of food quality, there is frustration amongst providers that it often being overlooked or inconsistently assessed.<sup>29</sup> In some cases, it was felt that packed lunches or drinks brought from home could unfairly impact the setting's overall rating, even if the food provided by the nursery itself met high standards. Monitoring is a challenge that is echoed in the school sector, and this is widely recognised as a priority area for improving food quality and compliance with guidelines.73

I think you'll always have the single-owned and smaller groups that actually struggle to have all of that in place because it is so expensive and timeconsuming." PVI setting<sup>29</sup>

Ofsted didn't take a lot of interest in what the children were eating. I don't think they would have bothered what I'd put on the plate." Childminder<sup>29</sup> In addition to the gaps in standards and monitoring, and concerns around packed lunches, funding is also a major barrier to the quality of food provided, made worse by the recent food price inflation and cost-of-living crisis. As part of the expansion of free childcare, DfE has issued new guidance stating that the funding does not cover the costs of food and other consumables and that parents should not have any mandatory charges to access the free childcare hours, thus requiring food to be itemised on bills.75 This risks more parents opting out of food provided by the setting, and making it harder for providers to ensure children have access to nutritious food when in their care.

During focus groups, representatives from settings where healthy food is a core part of their offer expressed some anger and frustration at this decision, suggesting it undermines their ability to provide nutritious food to all children and risks widening inequalities, while at the same time We spend a lot of money on our food because we think it's really important. Nutrition is a big, big thing for us, and it makes me so angry that the government are treating it as an optional extra because it's madness." PVI setting<sup>29</sup>

presenting operational challenges regarding allergies, storage and monitoring of lunch quality if more packed lunches are brought in.<sup>29</sup> However, some providers, particularly childminders, do express a preference for packed lunches, citing the flexibility and efficiency it offered during outings and reducing the need for staff to spend time preparing food.<sup>29</sup>

As well as the cost of food itself, providers have told us about some of the additional challenges and costs associated with recruiting and training staff, particularly chefs and kitchen assistants, who are deemed essential to healthy and safe food provision.<sup>29</sup> In the absence of mandatory guidelines there is a risk that food quality gets deprioritised. Overall, the proportion of providers' budget allocated to food is low (ranging from 1% of provider costs in maintained nurseries, to 9% for childminders).76 A survey of providers found that the biggest barrier to providing healthy food was increasing food prices (79%), followed by insufficient government funding (49%).<sup>33</sup> To counter these costs, providers reported to be using cheaper ingredients and passing higher costs on to parents (Figure 15). Providers also report asking for more food to be brought from home - even though they know it might be of poorer quality - and making cuts to the quality of their service.<sup>33</sup> This presents a worrying trend of reducing quality of meals and increasing financial implications for families.

#### FIGURE 15



#### How settings respond to rising food prices

Source: Early Years Alliance and London Early Years Foundation<sup>33</sup>

(Sample size = 265)

A survey found that as many as 82% of setting providers would support a call for additional earmarked money for snacks/meals in settings.<sup>33</sup> However, without additional funding there is some concern among providers that any introduction of mandatory guidelines could place an unmanageable burden on an already stretched sector.<sup>29</sup> I think obviously if funding was higher, then perfect. But introducing something that would become compulsory at a time when the sector is stretched anyway... but I do think having starting point would then be kind of beneficial." PVI setting<sup>29</sup>

#### BOX 7:

#### Enablers and barriers to food procurement and provision in early years settings: A Yorkshire case study<sup>65</sup>

As part of the UKRI funded Fix Our Food program, researchers from The University of York, Bremner & Co and The Food Foundation carried out mixed method research – desk-based research, interviews and menu analysis – to better understand the experiences and challenges of procurement in early years settings across Yorkshire, where 140,900 children were registered to attend childcare in 2023.

Overall, there were mixed perspectives on the challenges from different settings across the region. The research found that messaging about healthy eating was prominent on webpages and fruit and veg appeared to be prioritized across the menus. 1 in 5 of the menus mentioned the use of local food, but did not refer to Yorkshire specifically. Most of the menus suggested food was prepared by an in-house chef but, while details were not given of the proportion of children who ate setting provided food versus packed lunches, only one had a packed lunch policy. Between the settings looked at, there were inconsistent references to existing guidelines on food in early years settings and to relevant awards, reiterating the confusion amongst providers of what to use to inform their practices.

The research identified several barriers and enablers that affect the consistent offering and consumption of healthy food in early years settings, as shown in the table below.

Overall, it was concluded that the voluntary guidelines are not fit for purpose, and the sector is facing many challenges related to funding and resources which are hindering the ability to provide healthy, nutritious and sustainable meals for young children.

### Barriers and enablers which affect the consistent offering and consumption of healthy, sustainable and local nutritious food

Barriers	Enablers			
Lack of political will and government support for	Better local authority and government support for nutrition in the EY			
the EY sector	Dedicated EY leads within local authorities			
Prioritisation of school food over EY food	Dedicated resources within settings - chefs/cooks and adequate nutrition			
Staffing/resourcing and capacity	training for EY professionals			
Funding and food costs	3rd sector funding support to enable settings to procure locally sourced			
Lack of local authority support for PVIs	food			
Minimum order challenges due to EYS size	Engaged policy teams within local authorities who support all settings			
Box-ticking and procurement barriers	Dynamic procurement which overcomes minimum order challenges			
	An overarching food strategy which encompasses 0-5s and the			
	procurement of local and sustainable food			

(Source: Fix our Food)

#### **Case study 3:** The power of nutrition in early years settings

Nutrition in the early years is often overlooked and misunderstood. When we talk about diet and nutrition we often think of what's on the plate, but there's more. Eating is habitual, and therefore the environment is key. All mealtimes in early years settings should be an experience, after all, children come to nursery to learn and play. Children should be sat in appropriate seats at a table, with family style dining being a great way to let children make informed choices whilst learning to share with their peers and take turns.

Adults are role models to children and therefore should be sat with the children at mealtimes eating the same food and same size portions, showing the children good mealtime behaviour and being there to talk about the food, tastes, textures and so on. This isn't to say that we should JUST talk about food at the table. Real world conversations about the children's interests can help reduce food anxieties and build stronger relationships between adult and child. Peer to peer role modelling is also a factor. If you know there are good eaters in the room try sitting them next to the cautious eaters to role model positive eating behaviours.

Another important factor to consider is time. Rushing children to finish their food can create or reinforce food anxiety and ultimately, lead to fewer new foods being eaten. A recent study found that children ate up to 7 mouthfuls more when given 30 minutes to eat versus 20 minutes.

As a massive advocate for early years chefs, I can't stress enough the benefits of having one in your setting. Having a chef that understands the importance of childhood nutrition and how children learn from play can be a massive boost to the children's acceptance of new food and experience. Chef's that come into the room when the children are eating and lead sensory food play activities will significantly improve children's attitude towards food. In my experience children get a sense of pride and accomplishment when they show the chef how much they've eaten or that they've tried new food, a relationship with the chef is paramount to a relationship with food.

Getting children to eat well is a marathon not a race, and building a happy, healthy environment is a perfect place to start.



Source: Sean Cowden; Health & Food Programme Manager at LEYF



# SECTION 3 RECOMMENDATIONS: WHAT NEEDS TO HAPPEN TO GIVE ALL CHILDREN THE BEST START IN LIFE?

t is clear that there are a range of challenges and barriers for ensuring our youngest children have nutritious food, both in the home and in childcare, and that a lot more needs to be done if we are to improve early years nutrition and improve the state of children's current and future health.

The following policy recommendations draw on the evidence presented, and form part package of interventions laid out across The Food Foundation's series of *Early Years* reports that cover preconception to age 5.



Strengthen existing nutritional safety nets so that they effectively support families on a low income. We know that families on a low income are at a greater risk of food insecurity and related health outcomes. Targeted interventions supporting these families to access and afford healthy food in the critical early years will help reduce health inequalities across the UK.

#### THE GOVERNMENT SHOULD

strengthen the Healthy Start scheme by:

- Increasing the value in line with inflation and ensure the value remains indexed to inflation.
- Expanding eligibility to include all families on Universal Credit, families with children up to the age of five years old and permanently extending the scheme to all eligible families with no recourse to public funds
- Improving coverage and remove barriers by making the scheme 'opt-out' rather than 'opt-in'.
- Supporting the scheme to meet its nutrition objectives by giving beneficiaries information on healthy eating in pregnancy and the early years, vitamin supplementation and evidence-based guidance on infant nutrition, including breastfeeding support.
- Making the multivitamin supplement component of the of the Healthy Start scheme universal and not means tested.

## Ensure that Free Early Years Meals (FEYM) reach all low-income families who need them by:

- Making FEYM available in all types of early years settings beyond just statemaintained settings.
- Removing the requirement that children attend before and after lunch to qualify for a free meal.
- Expanding entitlement to ensure all children in poverty who use childcare can access FEYM.

Strengthen standards on the marketing and nutritional quality of commercial milk formula and foods. All parents have the right to decide how they feed their child, but this choice can be unduly influenced by inappropriate marketing and non-verifiable health claims on products. It is critical that parents are protected from misinformation and can make informed decisions when purchasing food for their children.

THE GOVERNMENT SHOULD:

- Revise and strengthen the UK regulations governing commercial baby and toddler foods by introducing new mandatory guidance in line with WHO Europe's Nutrient and Promotion Profile Model (NPPM) and UK public health recommendations.
- Strengthen the UK law on the marketing of breastmilk substitutes, so that advertising restrictions include follow-on formula and toddler/growing up milks.
- Effectively and independently enforce compliance with the regulations of marketing of commercial baby foods and formula milks.



Support early years settings to deliver nutritious food for all young children. It is essential that early years settings provide a healthy food environment, establishing positive dietary patterns and food preferences. To achieve this, providers need to be given the resources and guidance to ensure good food is a priority and reaches all children regardless of their circumstances.

THE GOVERNMENT SHOULD:

- Ensure funding for food is covered as part of funded hours to support settings with the costs of providing nutritious, sustainable and culturally appropriate food, alongside wider measures to address the funding and staffing pressures in early years settings.
- Support settings with the implementation of the updated Early Years foundation Stage nutrition guidance (launching Sept 2025) with a clear roadmap; including ringfenced funding, training, and practical support for settings.
- Establish a standardised monitoring process to check compliance against standards.



Improve the incentives in the wider food system, to help deliver better nutrition for all ages. Children from as young as 18 months eat a range of food types designed for the whole family. To give them the best start to life, and continue supporting their health through childhood, it is essential to create incentives across the system to support healthier food.

THE GOVERNMENT SHOULD:

- Implement a tax on food manufacturers based on the amount of salt and sugar in their products, to incentivise healthier products reducing both sugar and salt, as well as sweetness and saltiness.
- Invest any revenue raised from a tax back into children's health, with a particular focus on lower income families.
- Introduce mandatory reporting by businesses of on the healthiness of their sales, to monitor progress and identify where further interventions are needed to improve food for the whole family.
- Identify opportunities to bring the out of home sector in line with retail and manufacturing, particularly through expansion of reformulation programmes and labelling requirements.

## Conclusion

o give our children the best opportunities and start in life, we must invest in supporting good nutrition in the early years. Doing so can set the younger generations up for lifelong learning and good health, in turn boosting the economy and reducing pressure on the NHS. As this report has shown, the chronic lack of investment and attention on the early years is resulting in widespread health and diet inequalities, creating unnecessary barriers to providing nutritious food, something which is critical for supporting our children to develop to their full potential.

We are calling for the government to ensure that health and nutrition policies take a life-course approach and include attention to the specific needs of the under 5s. This report outlines how more financial support for families can help them to afford healthier foods, while better protection against commercial pressures and marketing can help them make informed decisions when buying food for their children. Furthermore, attention is needed to support early years settings to provide healthy meals for all children. The government has acknowledged the need to "give children the best start in life" and to raise "the healthiest generation of children ever", but unless early years nutrition is prioritised, they will fail.



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