THE BROKEN PLATE 2026

The State of the Nation's Food System

The Food Foundation

Our food environment: how it shapes our lives, why it matters, and what must change so everyone can eat healthily and sustainably

ABOUT THE FOOD FOUNDATION

The Food Foundation is an independent charity working to address challenges in the food system in the interests of the UK public. Working at the interface between academia and policymakers (parliamentarians, civil servants, local authorities, business leaders) we use a wide range of approaches to make change happen including events, publications, media stories, social media campaigns and multi-stakeholder partnerships. We also receive extensive direct input from the public to ensure their lived experience is reflected in our policy proposals. We collaborate with many partners on a range of different thematic areas, liaising with academics to generate evidence and campaigners who can drive change. We are independent of all political parties and businesses, and are not limited by a single issue or special interest.

Visit: foodfoundation.org.uk

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WITH THANKS TO OUR FUNDER

The Nuffield Foundation is an independent charitable trust with a mission to advance social well-being. It funds and undertakes rigorous research, encourages innovation and supports the use of sound evidence to inform social and economic policy, and improve people's lives. The Nuffield Foundation is the founder and co-funder of the Nuffield Council on Bioethics, the Ada Lovelace Institute and the Nuffield Family Justice Observatory. This project has been funded by the Nuffield Foundation, but the views expressed are those of the authors and not necessarily the Foundation. Find out more at: **nuffieldfoundation.org**

DESIGN: whitecreativecompany.co.uk

Please cite as: *The Food Foundation (2026), The Broken Plate*. Available from: https://foodfoundation.org.uk/publication/broken-plate-2026. A technical note for this report is available from our website here.

At a glance

FOOD ENVIRONMENT METRICS

AFFORDABILITY

Cost of healthy food P10
Healthier food remains nearly twice as expensive per calorie as less healthy food, and the gap is widening.

Affordability of a healthy diet P14
Households with children in the lowest income quintile would need to spend 85% of their disposable income on food to afford the Eatwell Guide.

Price of sustainable protein alternatives P18
Pre-prepared and convenient plant-based alternative food products are on average 56% more expensive per calorie than equivalent meat products.

WHAT NEEDS TO HAPPEN

- Ensure benefit and wage levels cover the cost of a healthy and sustainable diet and are increased in line with food inflation.
- Strengthen nutritional safety net schemes such as Healthy Start that support low income children and families.
- Invest in community initiatives and social infrastructure that support access to affordable, healthy and sustainable food for everyone.
- Introduce a new levy on unhealthy food that incentivises manufacturers to make food healthier while also raising revenue that can be invested back into supporting access and affordability of healthy and sustainable food.

AVAILABILITY

Places to buy food P24
Fast-food outlets make up 1 in 4 places to buy food in England, rising to over 1 in 3 in the most deprived areas.

Sugar and fibre in children's breakfast cereals P26
Only 1 in 10 children's breakfast cereals are high in fibre, but 1 in 5 are high in sugar.

WHAT NEEDS TO HAPPEN

- Further strengthen local authority planning powers to curb the proliferation of unhealthy fast-food outlets, and provide support to local authorities to do this.
- Rapidly introduce mandatory reporting of healthy sales and fruit and veg sales for all large businesses – to incentivise change and identify where new policies are needed – as a first step towards new healthy sales targets.
- Improve the availability of healthy food options – to support access to healthy and sustainable diets for everyone.

APPEAL

Promotions on unhealthy food P32
40% of food and non-alcoholic drink promotions are on foods high in fat, salt or sugar.

Advertising expenditure on food P34
Fruit and vegetables only account for 3% of traditional advertising food and non-alcoholic drink expenditure, yet unhealthy foods account for at least 29%.

Marketing of infant food P38
74% of baby and toddler snacks with a front-of-pack claim still have medium or high levels of sugar.

WHAT NEEDS TO HAPPEN

- Expand legislation on volume-price promotions to also include price promotions, and expand the number of categories included to ensure full coverage of foods high in fat, salt or sugar.
- Expand current advertising regulations to include brand advertising and outdoor advertising.
- Monitor the impact of voluntary guidance on commercial baby food marketing, and be prepared to legislate if the situation does not improve within the 18-month deadline.
- Ensure the new Nutrient Profiling Model, is applied to existing and new policies – such as advertising, promotions and healthy food standards – in a timely manner.

HEALTH, DIET AND ENVIRONMENT METRICS

HEALTH

Childhood obesity P44
In an average English Reception class of 30 children, three will be living with obesity. In Year 6, this more than doubles to seven children.

Childhood height P48
10-year-olds from the most deprived backgrounds are over 1.5 times more likely to have short stature.

Childhood dental decay P49
More than 1 in 5 five-year-olds in England have tooth decay, rising to 1 in 3 in the most deprived areas.

Healthy life expectancy P50
Healthy life expectancy is at its lowest level since 2013–15, with a nearly 20-year gap between the least and most deprived areas.

DIET

Children's diets P56
Fewer than 1 in 10 teenagers eat five portions of fruit and vegetables a day, while 95% consume above recommended levels of free sugar.

Micronutrient intake P60
People in the most deprived groups are more than twice as likely to have diets lacking in three or more key micronutrients compared to those in the least deprived groups.

ENVIRONMENT

Emissions 'foodprint' P64
The food system is lagging behind: emissions are down just 22% since 2008, compared to a 41% drop across the UK economy.

Deforestation 'foodprint' P66
An estimated 204km^2 – an area larger than Glasgow – was deforested in 2023 to produce agricultural products linked to the UK economy.

Glossary of terms

HFSS	High in Fat, Salt and/or Sugar
NDNS	National Diet and Nutrition Survey
NPM	Nutrient Profile Model
BOGOF	Buy One Get One Free
NOVA	NOVA food classification system (processing-based classification)
UPF	Ultra-Processed Food
WHO	World Health Organization
HLE	Healthy Life Expectancy
GLP-1	Glucagon-Like Peptide-1 (class of medications)
CCC	Climate Change Committee
SDIL	Soft Drinks Industry Levy
EWG	Eatwell Guide
NCD	Noncommunicable Disease
LRNI	Lower Reference Nutrient Intake
OHID	Office for Health Improvement and Disparities

Introduction

Food is all around us wherever we go. It's in our shops, in our schools and workplaces, at our leisure centres, in our homes. And even where it isn't being sold, it's being advertised to us all of the time – on our high street, at the bus stop, on our phones, on the TV, at sports events and in our newspapers. Food simply floods our lives. And as food is essential to us, it's easy to accept this as a part of life. But when we look deeper we can see a huge disconnect between what we should be eating for our health and our planet, and the food that we see all around us. Worse still, we see huge inequalities in what people have available to them and what they can afford. And all of this is to the detriment of the nation's health. Never before has diet-related disease been so high, and the gap between the most and least deprived so great (GBD 2021), (OHID 2025).

So what's going on? As this edition of Broken Plate explores, there are huge imbalances across our food system. We can see that foods high in fat, salt and/or sugar are disproportionately available, promoted and advertised, and sold at relatively cheap prices, while staples and fruit and vegetables are overlooked. Much of our protein comes from unsustainable sources which have high greenhouse gas emissions, rather than from fibre-rich proteins such as beans and pulses. Wealthier areas have ample food choices from a range of food stores and restaurants, while poorer areas are often left behind, with fresh produce and healthy staples hard to find. The citizen stories throughout this report bring to life the realities and challenges faced by many in accessing and affording healthy food in their daily lives.

Our food system has reached crisis point. And it hasn't happened overnight. We've seen years of neglect and a continued mismatch between the incentives across the food system and what's needed to support optimal diets for people and the planet. And with crises in our food system becoming normal, including as a result of geopolitics and climate change, the state of our food system is more concerning than ever. The longer we fail to take strong action and transform the incentives in favour of healthy and sustainable diets for all, the harder the damage will be to unwind.

WHAT'S NEW?

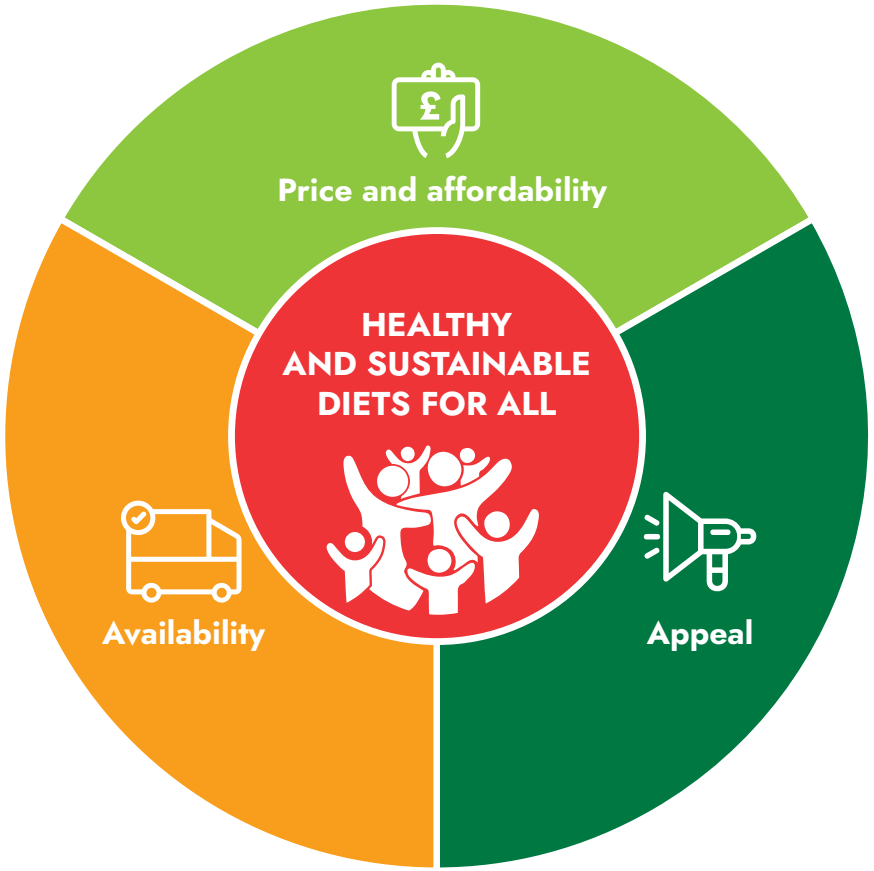
THE 2026 EDITION OF BROKEN PLATE INCLUDES

- **Updated metrics** on the cost of healthier food, affordability of a healthy diet, places to buy food, food promotions, advertising spend, marketing of infant food, greenhouse gas emissions, and childhood obesity and dental decay.
- **Insights from citizens** through photo storytelling about the daily realities they face with the food system.
- **New metrics on deforestation**, the price of sustainable protein alternatives, micronutrient intake and childhood height.
- **New ways of looking at the data**, including looking at prices and advertising by Eatwell Guide section.
- **A greater focus on inequalities** at both a household and regional level.

Food environment metrics

This section sheds light on our food environments and the challenges faced by citizens. It focuses on three key areas: the **affordability**, **availability** and **appeal** of healthy and sustainable diets.

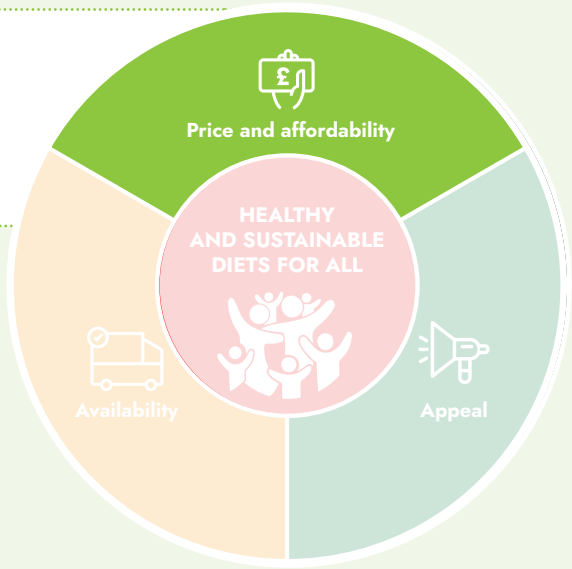
Specifically these areas, and the metrics explored, highlight where there are levers of change in our food system, and where there are opportunities for government intervention to support everyone to be able to eat well.




DIY
Light Bulbs
Motoring
13
Sugar
Tea & Coffee
Long life milk
14
Home baking
Tinned fruit
Eggs
15
Kids confectionery
Confectionery
Biscuits
16
FAJITA FRIDAY
ZERO FUSS
FAJITA

FOOD ENVIRONMENT METRICS

Affordability



The cost and affordability of healthy and sustainable food is a key driver of healthy diets. In recent years, we have seen food prices and food insecurity both increase as a result of the cost-of-living crisis. With such stark dietary inequalities (Metrics 13, p56 and 14, p60), understanding the relative cost of healthier versus less healthy food – and their affordability – is critical.

This section focuses on three metrics:

P10 **Cost of healthier food**

P14 **Affordability of a healthy diet**

P18 **Cost of sustainable alternatives**

METRIC 1

Cost of healthier food

Healthier food remains nearly **twice as expensive per calorie** as less healthy food, with the gap between healthier and less healthy foods widening.

WHY IS IT IMPORTANT TO TRACK COST OF HEALTHIER AND LESS HEALTHY FOOD?

Eating a healthy diet should be affordable for everyone. Yet in the UK today, the price of healthier food remains a significant barrier to good health for many. The cost of healthier food – and what people can realistically afford – is a key driver of poor diets, health outcomes and the nutritional inequalities across the nation (See Health, diet and environment metrics, p42). This metric compares the retail cost (the price paid at supermarkets) of food classified as 'healthier' (e.g. fruit and veg) and 'less healthy' (e.g. crisps) on a per-calorie basis rather than comparing individual products within specific food categories.

Average price of food and drink per 1,000 calories
by Nutrient Profile Modelling score category

Source: Institute of Metabolic Science (IMS) Epidemiology (University of Cambridge)., Analysis of the Consumer Price Index, ONS

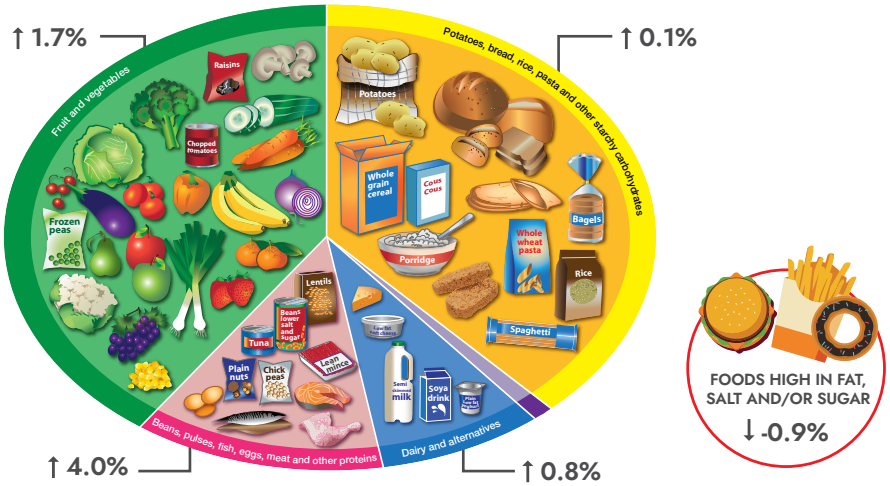
HEALTHIER FOOD IS NEARLY TWICE AS EXPENSIVE, AND THE GAP IS GROWING

The price of healthier food, per calorie, is nearly twice as expensive as less healthy food. The cost of both rose with the cost-of-living crisis between 2021 and 2023. However, since 2023 we have seen the price of healthier food continue to increase, and the price of less healthy food stabilise, and even slightly decline in the last year. The price gap between healthier and less healthy food is now the widest it has been in over a decade, with a 27% increase in the price gap between healthier and less healthy food from 2015 to 2025.

FRUIT AND VEGETABLES ARE THE LEAST AFFORDABLE FOOD GROUP PER CALORIE

When we break down food price increases according to Eatwell Guide categories, we see that food price changes differ by food group. Alarmingly, food and drinks that are high in fat, salt and/or sugar are the only food group to decrease in price from 2024 to 2025. Protein foods saw the largest annual increase in price at 4.0%, followed by fruit and vegetables at 1.7%. On a price-per-calorie basis, fruit and vegetables cost more than twice as much as foods high in fat, salt and/or sugar, while meat, fish, eggs and other non-dairy protein sources are also significantly more expensive, at just under double the cost per calorie. For those on low incomes, this can make consuming a healthy diet an unrealistic option (Metric 2, p14).

Eatwell guide category - Increase or decrease in price from 2024 to 2025



Source: Institute of Metabolic Science (IMS) Epidemiology (University of Cambridge)

JO MCLOUGHLIN, LONDON

Food Foundation Ambassador Photo Story

*I stop at the door, already being watched. Before I even choose food, **I am a risk**.*

*Inside, the foods that keep me healthy are **priced out of reach**. Chicken. Fruit. Cheese. Not luxuries. Just tagged like them.*

*I'm a **"yellow sticker girl"** not by choice, by calculation. I head for the reduced shelf, not for treats, but to plan the meals I can afford. This isn't scarcity; **it's policy made visible**. I fill my trolley for necessity, for health.*

*Yellow stickers: the only way to eat healthy. The system needs fixing, not the people living inside it. When budgeting and freezing becomes the routine, not the exception, **the price was never set for us**.*

Read more about the Food Ambassadors' Photo-Storytelling Project on p69

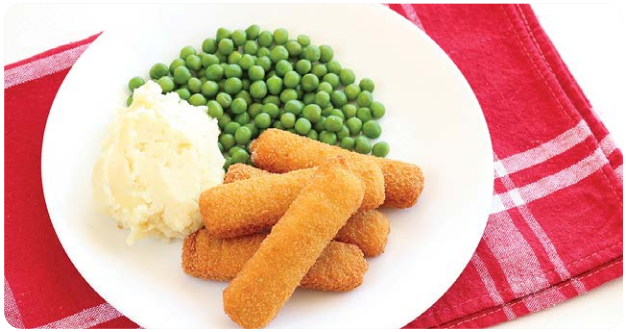
METRIC 2

Affordability of a healthy diet

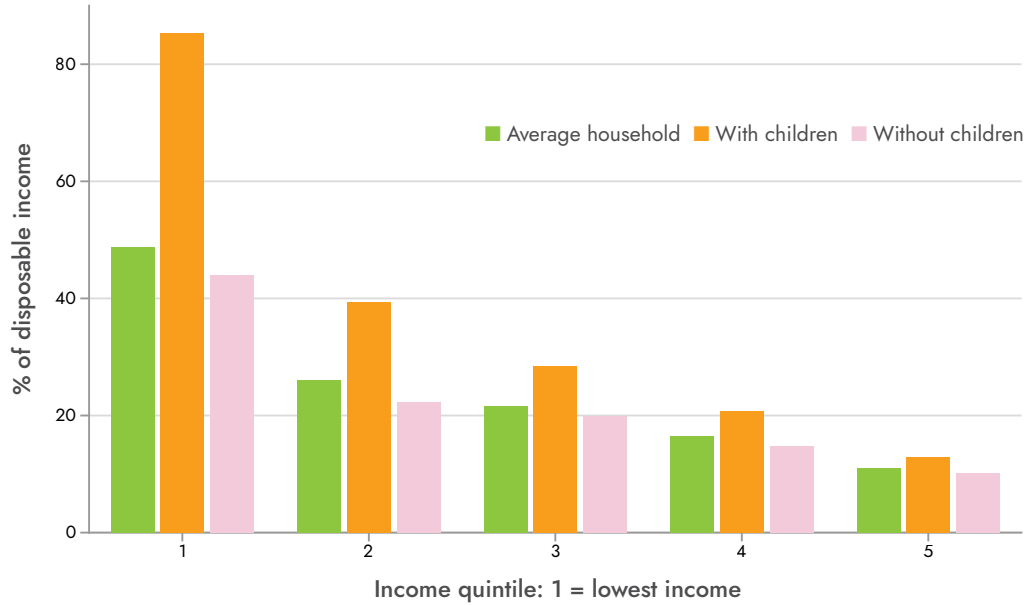
Households with children in the lowest income quintile would need to spend **85%** of their disposable income on food to afford the Eatwell Guide diet.

WHY MEASURE HEALTHY DIET AFFORDABILITY?

Food inflation remains high, and food prices are now stating to rise again. As a result, families would have to set aside an increasing share of their budgets to afford a healthy diet. Evidence shows that rising food prices are closely linked to higher levels of household food insecurity (Food Foundation 2026a), as households adjust their spending in response to wider cost pressures. Tracking the affordability of a healthy diet is therefore essential to understanding why so many low income families are being priced out of healthier options, and to identifying where policy action should be targeted.



Percentage of disposable income needed to afford the Eatwell Guide diet



Source: Analysis by London School of Hygiene & Tropical Medicine

LOW INCOME HOUSEHOLDS WITH CHILDREN FACE THE BIGGEST STRUGGLE

For an average household in the lowest income quintile, 49% of disposable income would be needed to afford the Eatwell Guide diet in 2025* – a four percentage point increase from 2024. For the lowest income households with children, this rises to a staggering 85% of disposable income, up 15 percentage points from the previous year. In contrast, an average household in the highest income quintile would need to spend just 11% of their disposable income to afford the same diet.

While it is expected that families with children face higher food costs, the scale of the burden on low income households is striking. The fact that households in the lowest income group must set aside such a large share of their income to afford a healthy diet highlights the structural nature of dietary inequality and helps explain the stark differences in diets and health seen across more deprived households and regions.

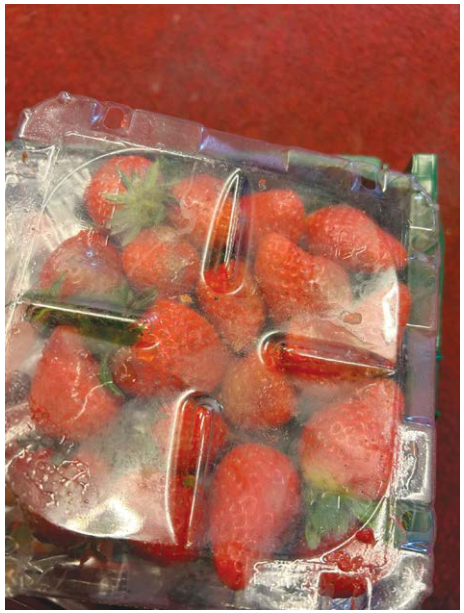
There is slight variation across devolved nations on the challenges of affording a healthy diet, with low income households in England faring worst. Households in the lowest income quintile in England must spend 51% of household disposable income to achieve the Eatwell Guide. But this figure is slightly lower in devolved nations, standing at 47% in Northern Ireland, 45% in Scotland, and 44% in Wales. This may be due to living costs, such as rent, being higher on average in England (ONS 2026), therefore leaving less disposable income for food.

**Disposable income is defined as household income, minus housing costs, such as a mortgage or rent.*

PENNY WALTERS, BYKER (NEWCASTLE)

Food Foundation Ambassador Photo Story

Surplus food



Mouldy strawberries

Bananas not fit for consumption

Mouldy tomatoes

Why
Why is there so much surplus
What is going on
Why are supermarkets over ordering
There is no reason for it to be so much
Giving to the disadvantaged is good
It gives people a chance at healthy
But we are not a dumping ground

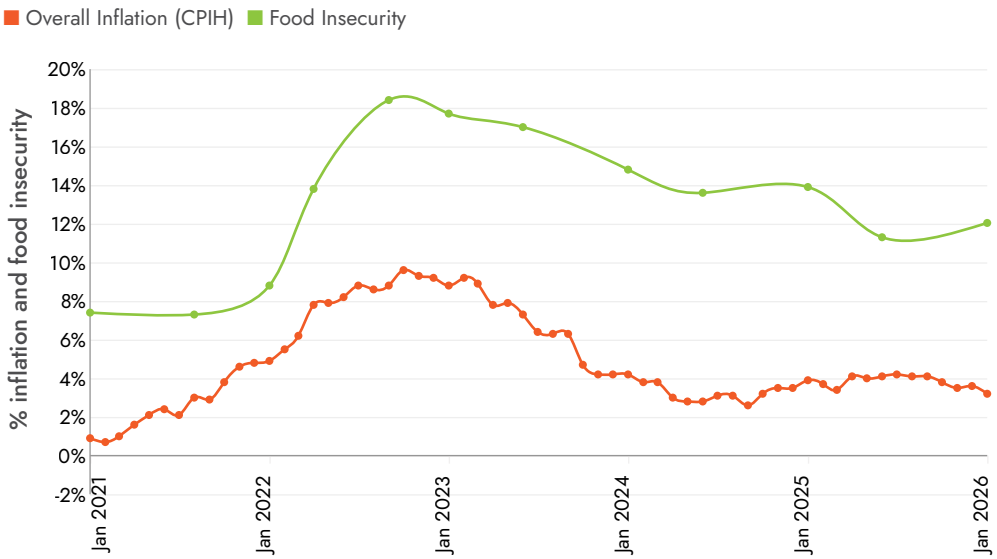
Read more about the Food Ambassadors' Photo-Storytelling Project on pg. 69

Food insecurity, food prices and emergency support

During the cost-of-living crisis, food prices increased significantly, rising by almost 30% between 2022 and 2023 (Food Foundation 2026b). Since then, food prices have remained high, and food inflation regularly exceeds overall inflation. Prices have continued to steadily rise, more noticeably in the first quarter of 2026. At the same time, food insecurity, particularly among households with children, also increased during the cost-of-living crisis (Food Foundation 2026a), closely tracking inflation (Food Foundation 2026c). While we had seen a gradual decline in food insecurity, data from January 2026 suggests it is increasing once again. Food bank use has been steadily increasing from 1.1 million in 2015 to latest figures of 2.6 million, including a spike of 3.2 million emergency food parcels in 2023 (Trussell 2026).

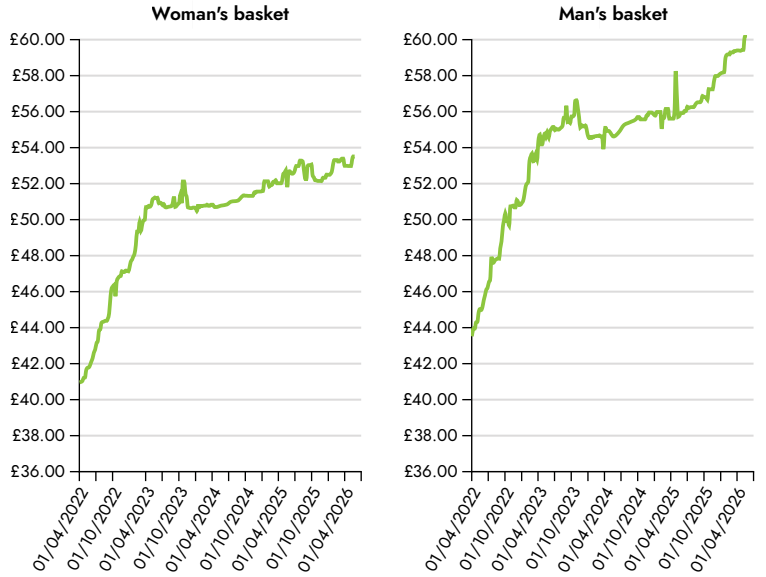
Inflation and its correlation with food insecurity in the UK

CPIH inflation and self-reported household food insecurity in the UK



Source: ONS, Consumer price inflation tables, Food Foundation food insecurity tracker • Inflation is UK monthly CPIH annual inflation rates (12-month rate). Food insecurity is % of households in UK that are food insecure

Cost of a weekly food shop basket for men and women.



*does not include multibuy promotions or meal deals.

The price of the woman's basket (non-clubcard price) has increased by 29.3% and the price of the man's basket (non-clubcard price) has increased by 36.5% since April 2022.

Source: The Food Foundation Tracker Food Price Tracking

METRIC 3

Price of sustainable protein alternatives

Pre-prepared and convenient plant-based alternative food products are on average **56%** more expensive than equivalent meat products.*

*per calorie

WHY MEASURE THE COST OF PROTEIN SOURCES?

Protein is a key component of a healthy diet, but it is also one of the costliest elements (Metric 1, p10) and, depending on the source, can have a high environmental impact.

Increasing consumption of plant-based protein is central to improving population health, as these foods are generally lower in saturated fat and higher in fibre. They are also critical for environmental sustainability, producing significantly lower greenhouse gas emissions and with smaller water footprints than animal-based foods (Food Foundation 2024), and a lower impact on biodiversity and environmental degradation. Supporting this dietary shift will in turn support efforts towards meeting net zero targets.

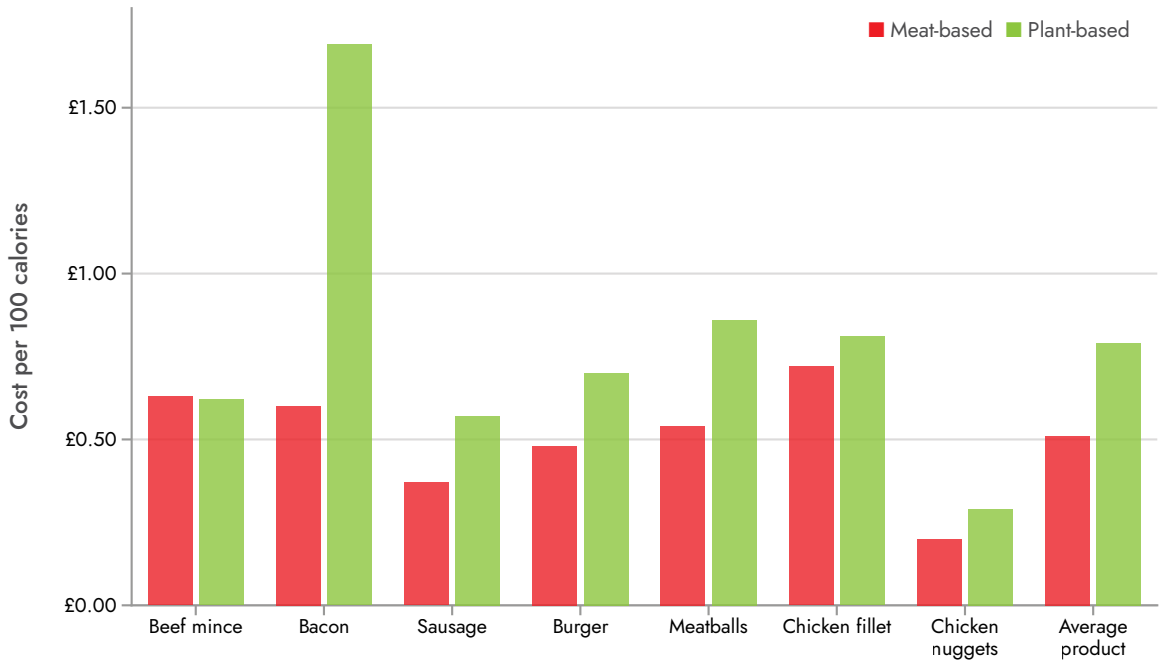
Understanding the relative cost of protein sources is key to determining whether healthier and more sustainable diets are achievable for all households, and is a vital consideration when examining the feasibility of population-wide dietary shifts.

Shifts towards plant-based protein can take two forms: switching prepared products 'like for like', such as replacing a meat sausage with a plant-based sausage, or choosing wholefood alternatives, such as beans, tofu and nuts. Although wholefood alternatives offer the largest number of co-benefits for both health and the environment, and should be an important part of strategies to support the shift to healthy and sustainable diets, in the shorter term like-for-like meat substitutions can offer a more realistic and feasible transition pathway for many. While there is emerging evidence that ongoing food price inflation (which has especially impacted red meat) is leading to the price of many meat products increasing in comparison to plant foods (Green Alliance 2025)(Madre Brava 2025), plant-based alternatives are still generally more expensive than their equivalents.

PLANT-BASED ALTERNATIVE PRODUCTS ARE MORE EXPENSIVE THAN EQUIVALENT MEAT PRODUCTS

Pre-prepared plant-based alternative products, despite performing better on average for health and environmental metrics (Food Foundation, 2024), are more expensive per calorie than meat options, with the one exception of beef mince. The price disparity is largest for bacon, with plant-based options on average costing nearly three times the amount per calorie (£1.69 versus £0.60 per 100 calories). If we take an average price difference across these meat and plant-based products, we find that plant-based options are on average 56% more expensive per calorie. The most affordable plant-based alternative product was 'chicken' nuggets, followed by plant-based sausages, which is true also for the meat-based equivalents.

Cost comparison of meat and plant-based Average cost per 100 calories of products



Food Foundation analysis of key products in category. Data collected in February 2026.

However, while plant-based options on average perform better than equivalent meat products on healthiness and sustainability – particularly when based on ingredients such as peas – some of these products do still have high levels of salt, and many are categorised as ultra-processed. Wholefood plant-based options such as beans should also be encouraged and remain some of the most affordable proteins available to citizens, although they can require more time and resource in terms of preparation.

How to pull the lever on affordability

WHAT NEEDS TO HAPPEN

- Ensure benefit and wage levels cover the cost of a healthy and sustainable diet and are increased in line with food inflation.
- Strengthen nutritional safety net schemes such as Healthy Start that support low income children and families.
- Invest in community initiatives and social infrastructure that support access to affordable, healthy and sustainable food for everyone.
- Introduce a new levy on unhealthy food that incentivises manufacturers to make food healthier while also raising revenue that can be invested back into supporting access and affordability of healthy and sustainable food.

This analysis sheds light on a critical situation: healthy food is becoming increasingly unaffordable, and low income families would need to spend an unrealistic proportion of their income to achieve a healthy diet. For example, low income households would need to set aside around half of their disposable income to afford the government-recommended Eatwell Guide diet, rising to 85% for low income families with children. This is not surprising given that food prices continue to rise (Food Foundation 2026b).It is therefore not surprising that in January 2026, 12% of households were food insecure, equating to over 6 million adults and 2.1 million children across the UK (Food Foundation 2026a).

A similar issue exists for more sustainable food options. Price is a key driver of food choice, and the premium on many plant-based alternatives is a barrier to consumption – with plant-based products on average 56% more expensive than meat products per calorie.

With food prices likely to keep rising in light of the current geopolitics and climate shocks, there is a clear need for action to support the most deprived households to afford healthy, sustainable diets. For instance, it is evident that wages and benefits still remain insufficient to allow households in the lowest income brackets to afford an adequate diet, exposing them to poor-quality diets and the associated health risks – this highlights the need to set benefit and wage levels based on the real cost of healthy and sustainable food.

The analysis, particularly the low affordability for families, also demonstrates the ongoing need for nutritional safety nets to support those most in need to afford healthy and sustainable food. The Healthy Start scheme, for instance, provides support to families with young children to purchase fruit, vegetables and milk – all essentials for growing children. While it has huge potential to help address some of the dietary inequalities and affordability challenges we see, it is currently failing to meet its potential – the value has, despite a recent increase, failed to keep pace with inflation, and the eligibility criteria remains too restrictive. Extending it to all families on universal credit is a must to help increase the affordability of healthy food, particularly for the most deprived families.

Similarly, more could be done at a local level – boosting support in the community with support for social supermarkets, food clubs, community dining and other schemes which link local farmers and growers with those who are struggling to afford healthy food. This provides people with alternative ways to access such food with dignity, moving away from emergency and crisis models such as food banks.

A key issue is not just price but the difference in price between healthy and unhealthy calories. A key part of the package needs to be rebalancing the cost and healthiness of food baskets. One example where this has been a success is with the Soft Drinks Industry Levy (SDIL). This levy provided a strong incentive to companies to reformulate soft drinks – resulting in a 46% reduction in sugar content and a reduced sugar consumption from soft drinks (DHSC, HMT, HMRC 2025), but importantly also raising over £2.2 billion since 2018, which could be reinvested back into children's health (HMRC 2026), (Recipe for Change 2023). New taxes focused on less healthy foods and/or sugar and salt as ingredients have been explored as a potential extension of SDIL (Nesta 2026). These could provide a huge opportunity for supporting families to access and afford healthier foods by creating incentives for healthier food and – where companies do not improve their food – raising revenue that can be reinvested back into schemes like Healthy Start to support families.

Addressing these challenges is essential to ensure that everyone in the UK, regardless of their income or background, can afford a healthy and sustainable diet.

GRACE AKINLEYE, BRISTOL

Food Foundation Ambassador Photo Story

The Aisle of Many Concerns

I look at the prices of these foods and I ask myself: who are these foods for? ***Why is a sustainable diet a luxury?***

I hear media narratives claiming plant-based foods are ***a threat to farmers*** *but what is the truth?*

I see all this ***bright packaging*** *on shelves but no promotion about them on the streets*

I feel like trying them, but I don't know if my tastebuds will feel the same. At nearly ***double the price****, why take the risk?*

I hear all of these ***confusing voices*** *and I don't know which one is true.*

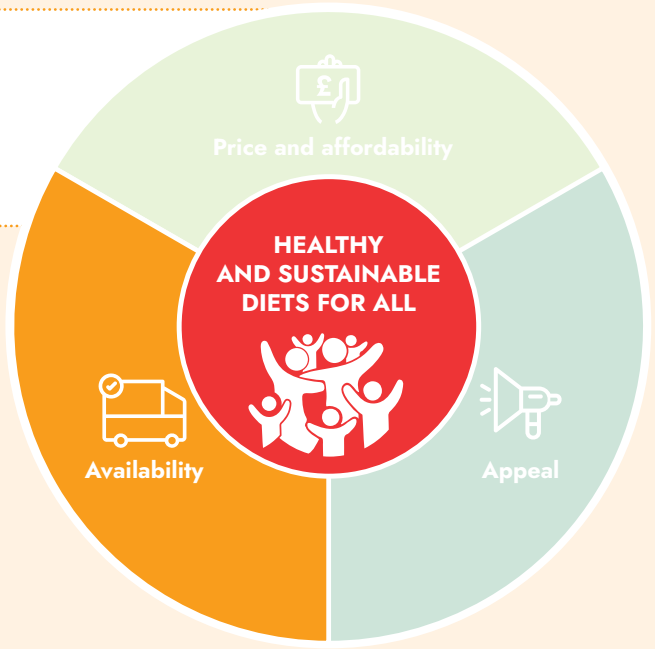
I want the Government to help people to see more, know better, hear the truth, and eat sustainably.

Read more about the Food Ambassadors' Photo-Storytelling Project on p69


Order
Collect
We Didn't Say It, Spicy Lovers Did.
TOUCH TO BEGIN
SPICY Chickenjoy
Ube Coconut Pie
UBE CLOUD CRUNCH SUNDAE

FOOD ENVIRONMENT METRICS

Availability



Access to and availability of healthy and sustainable foods is an important determinant of what we eat. When the supermarket shelves are packed with foods that are high in fat, salt and/or sugar, and our high streets are flooded with energy dense fast food, it makes it hard to navigate healthy options. At the same time, while some people are faced with an abundance of food choices in their area, others live in food deserts – meaning accessing fresh, healthy food simply isn't an easy option.

This section focuses on two metrics:

P24
Places to buy food

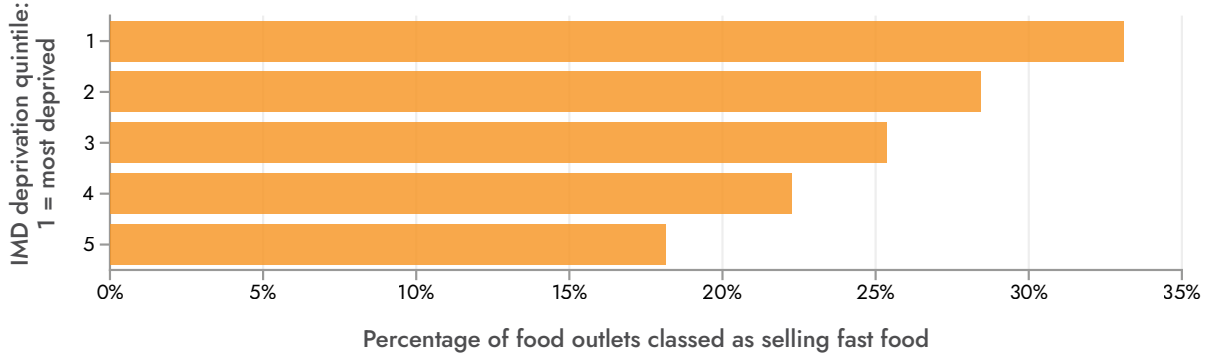
P26
Sugar and fibre in children's breakfast cereals

METRIC 4

Places to buy food

Fast-food outlets continue to make up **1 in 4** places to buy food in England, rising to over **1 in 3** in the most deprived areas.

Percentage of all food outlets in England that are fast-food outlets by deprivation quintile

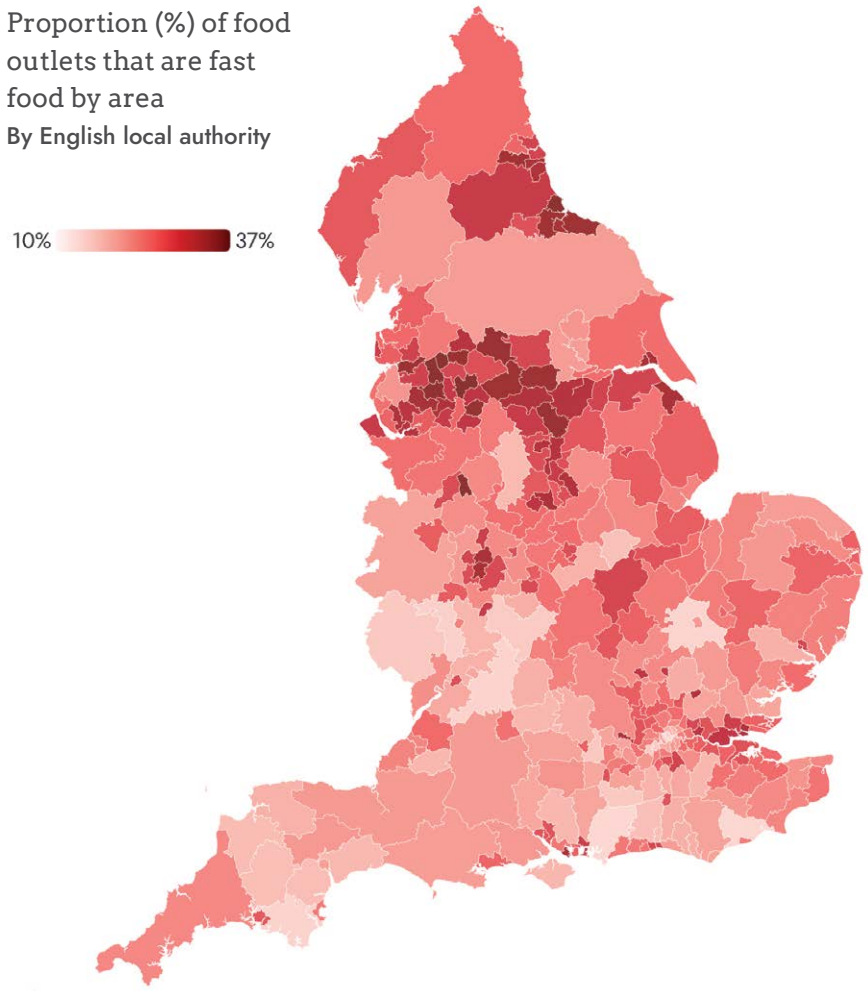


Source: Data from Ordnance Survey and analysed in collaboration with IMS Epidemiology at the University of Cambridge.

WHY FAST-FOOD OUTLETS?

Fast food is widely available, and often a quick and convenient option for busy families. In the latest National Diet and Nutrition Survey (NDNS), 23% of UK adults reported buying food from fast-food or takeaway outlets on a weekly basis (OHID 2025). For younger people, food outlets have increasingly become spaces to gather and socialise (Shaw S., et al. 2023), replacing the youth centres and community spaces that have faced cuts and closures since 2010 (Abreu, et al. 2024).

This easy access to quick, convenient and often unhealthy food – on our high streets, around schools, and at transport hubs – poses a huge public health risk. Exposure to fast-food outlets, and a low household income, has been linked to diet-related ill health (Burgoine T., et al. 2018). The greater concentration of fast-food outlets in deprived neighbourhoods thus places a double burden on public health (ibid.).



Source: Data from Ordnance Survey and analysed in collaboration with IMS Epidemiology at the University of Cambridge. © Crown copyright and database rights 2025 Ordnance Survey (100025252). This product includes data licensed from PointX © Database Right/Copyright (2025) and OS © Crown Copyright (2025). All rights reserved.

FAST FOOD CONTINUES TO BE A KEY FEATURE OF OUR HIGH STREETS

In June 2025, 25% of places to buy food were fast-food outlets. This shows only a small decline compared to last year of -0.5 percentage points suggesting very limited, if any, improvement. Unfortunately direct comparison at a local authority level is not possible due to changes in local authority boundaries.

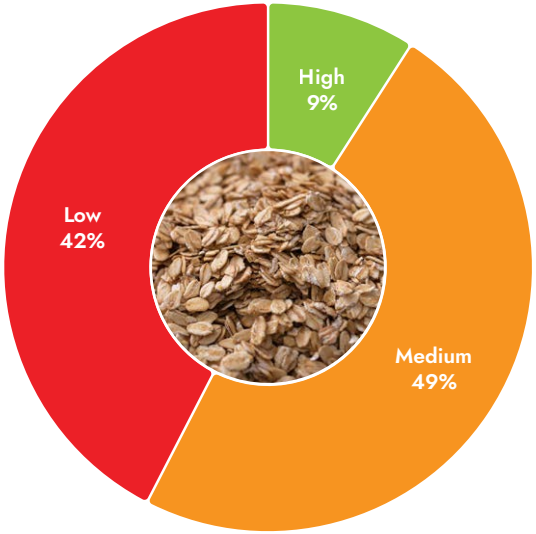
There continues to be a strong association between area deprivation and the proportion of fast-food outlets. The gap between the least deprived local authorities, where fast-food outlets make up 18% of food outlets (see lighter red regions on the map), and the most deprived local authorities, where they account for 33% (see darker red regions on the map), has widened compared with last year.

METRIC 5

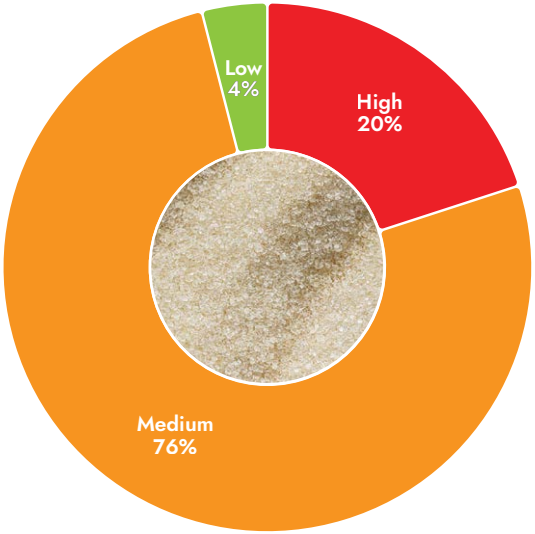
Sugar and fibre in children's breakfast cereals

Only **1 in 10** children's breakfast cereals are high in fibre, but **1 in 5** are high in sugar.

Proportion of children's breakfast cereals that are high, medium and low in **fibre**



Proportion of children's breakfast cereals that are high, medium and low in **total sugars**



Source: Analysis by Action on Salt & Sugar

WHY ARE BREAKFAST CEREALS A FOCUS?

As a staple breakfast choice for many UK children – shaping their energy and concentration for a day of learning and play – breakfast cereals have the potential to support good nutrition. However, they are often high in sugar, while also frequently promoted to children using cartoon characters, colourful imagery and eye-catching packaging, and often accompanied by prominent health claims – making them a category of interest when exploring the healthiness of children's diets.

TOO MANY CHILDREN'S BREAKFAST CEREALS ARE HIGH IN SUGAR AND LOW IN FIBRE

One in five breakfast cereals appealing to children had high levels of total sugars, and more than three in four had medium levels of total sugars. Importantly, we have seen overall progress made in this category: in 2019 nearly half of all children's breakfast cereals were high in sugar. However, the recent figures also show that only 4% of children's breakfast cereals were categorised as low in total sugar, which is less than half of the proportion in 2020, highlighting that progress must continue to ensure that low sugar breakfast cereals are made available and appealing to children to support good nutrition.

ONLY 4% OF CHILDREN'S BREAKFAST CEREALS WERE CATEGORISED AS LOW IN TOTAL SUGARS

Fibre is an important yet widely under-consumed nutrient in children's diets, with only 4% of 11–18-year-olds meeting the recommended daily fibre intake (OHID 2025). Wholegrain breakfast cereals are well placed to provide a good source of fibre, but refined cereals dominate the offer in store. Only 9% of children's breakfast cereals – fewer than 1 in 10 – were classified as high in fibre, whereas 42% were low in fibre. Reformulating breakfast cereals could go a long way to improving the very low levels of fibre intake among UK children.

Applying the government's Nutrient Profiling Model (NPM) to breakfast cereals also shows a bleak picture. The tool is used in policy and is designed to give an overall judgement of the healthiness of products. Using the 2004/2005 model, currently used in food policies for advertising and promotions regulations, we find that of the 130 children's breakfast cereals investigated, one in three (34%) would be considered unhealthy, despite packaging that appeals to children. Furthermore, we estimate that nearly all products surveyed would be considered unhealthy according to the 2018 model, which has been updated to reflect the latest evidence-based dietary guidelines on free sugars and dietary fibre.

How to pull the lever on availability

WHAT NEEDS TO HAPPEN

- Further strengthen local authority planning powers to curb the proliferation of unhealthy fast-food outlets, and provide support to local authorities to do this.
- Rapidly introduce mandatory reporting of healthy sales and fruit and veg sales for all large businesses – to incentivise change and identify where new policies are needed – as a first step towards new healthy sales targets.
- Improve the availability of healthy food options –to support access to healthy and sustainable diets for everyone.

The data presented in this report sheds light on some of the challenges around the food available on our high streets, both in terms of the type of food stores that are present – with large numbers of fast-food outlets – and the poor nutritional quality of food available in supermarkets.

To reverse this pattern, food environments need to be reshaped so that healthy and more sustainable choices are the most available and convenient options, making them the default rather than something people must actively seek out. There are a range of tools that government can use to improve the availability of this food, for instance by improving and strengthening planning policies in support of public health.

On our high street, more needs to be done to prevent further proliferation of fast-food outlets. This has been made easier due to revisions made to the National Planning Policy Framework in 2024 that encourage local authorities to use their powers to refuse planning applications of fast-food outlets – particularly within walking distance of schools, other places where children congregate or in 'locations where they would have an adverse impact on local health'. These planning powers are having a positive impact, as shown in a recent case where Sheffield Council successfully blocked plans for a new McDonald's restaurant within walking distance of three primary schools (BMJ 2026). Additionally, an evaluation of takeaway management zones around schools found these restrictions to be effective. Across 35 local authorities who implemented these regulations, 54% fewer new takeaways opened than would have been expected to near to schools between 2017 and 2023 (Rahilly J., et al. 2024). National action to support local authorities here is crucial, to ensure that the use of these planning powers is the norm, not the exception.

Our research found just 4% of children's breakfast cereals are low in sugar, and that only 9% are high in fibre.

There is also a need for action in our supermarkets. Our research found just 4% of children's breakfast cereals are low in sugar, and that only 9% are high in fibre. And of the 130 children's breakfast cereals investigated one in three (34%) would be considered less healthy, rising to nearly all if using the 2018 NPM. This is alarming given that breakfast cereals were the best performing categories as part of the government's voluntary sugar reformulation programme.

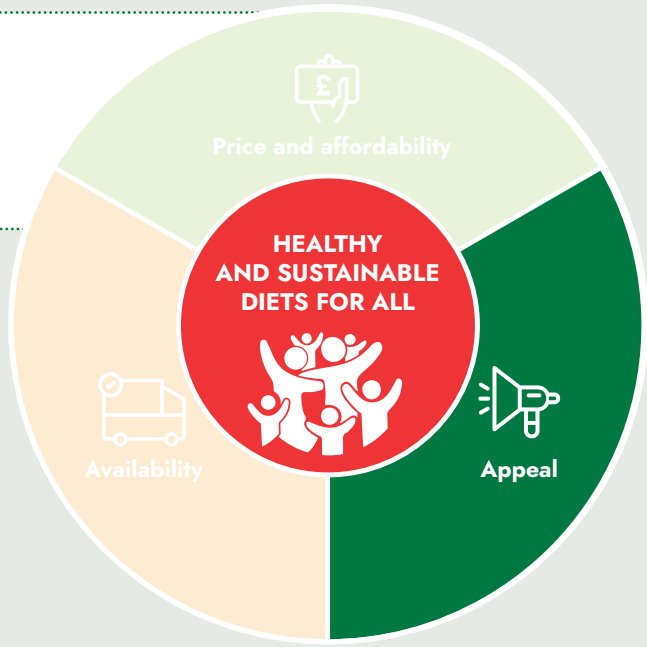
Other categories that contribute high amounts of sugar to children's diets remain high – biscuits, puddings and cakes, to name a few (Olorunnisola, K., et al. 2024). As noted previously, we know government incentives can work to encourage reformulation, with a 46% reduction in the sugar content of soft drinks as a result of the Soft Drinks Industry Levy (DHSE, 2025).

Building on this, it is clear that increasing the availability of healthy food needs further strong government leadership and incentives to ensure healthier food is on the shelves, and on our high streets. Beyond the metrics presented here, there are also other opportunities to improve the availability of healthy food, particularly in schools with the updated school food standards that have the potential to transform the poor diets of children in the UK (see metric 13 on Children's diets, p.56).


SUBWAY
BURGER KING
BURGER KING
BURGER KING
HEMA

FOOD ENVIRONMENT METRICS

Appeal



Food cues throughout daily life – including from advertising, promotions and marketing – influence our food choices. All around us there are cues to buy certain foods, and all too often this is for food that is high in fat, salt and/or sugar, and low in essential nutrients. Rebalancing those cues, particularly for children, is vital for improving their diets.

This section focuses on three metrics:

P32
Promotions on unhealthy food

P34
Advertising expenditure on food

P38
Marketing of infant food

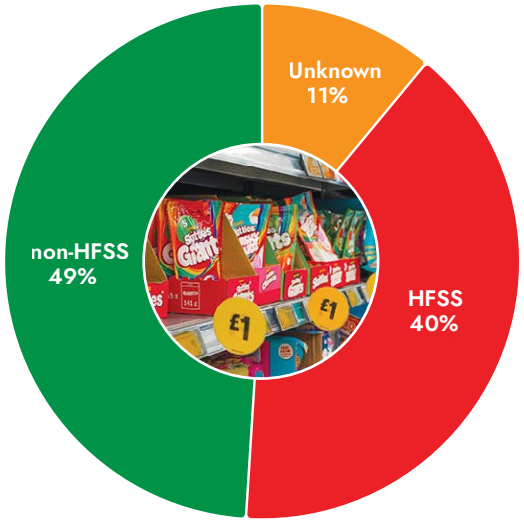
METRIC 6

Promotions on unhealthy food

40% of food and non-alcoholic drink promotions are on foods high in fat, salt and sugar

HFSS vs. non-HFSS promotions on food and non-alcoholic drinks

Both multibuy and price promotions



HFSS refers to foods classified as high in fat, salt and sugar according to the NPM

Source: Data collected by Questionmark Foundation from Tesco, Sainsburys, Asda, Morrisons,, Coop and Iceland (17-22 November 2025), and further analysed by The Food Foundation.

WHAT ARE HFSS PROMOTIONS?

Price promotions are a common form of promotional marketing related to the cost of products – these can either be price-reduction promotions (e.g. 25% off), or volume promotions (e.g. buy-one-get-one-free – BOGOFs). There has been increasing attention on the promotion of high in fat, salt and/or sugar (HFSS) foods in recent years, and in October 2025 the government introduced restrictions on volume-price promotions on 13 categories of food known to contribute high amounts of sugar to children's diets. This means that offers such as BOGOFs and 3-for-2 offers are no longer permitted on HFSS foods within those 13 categories; however, price-reduction promotions and volume promotions on HFSS foods in other categories are still permitted.

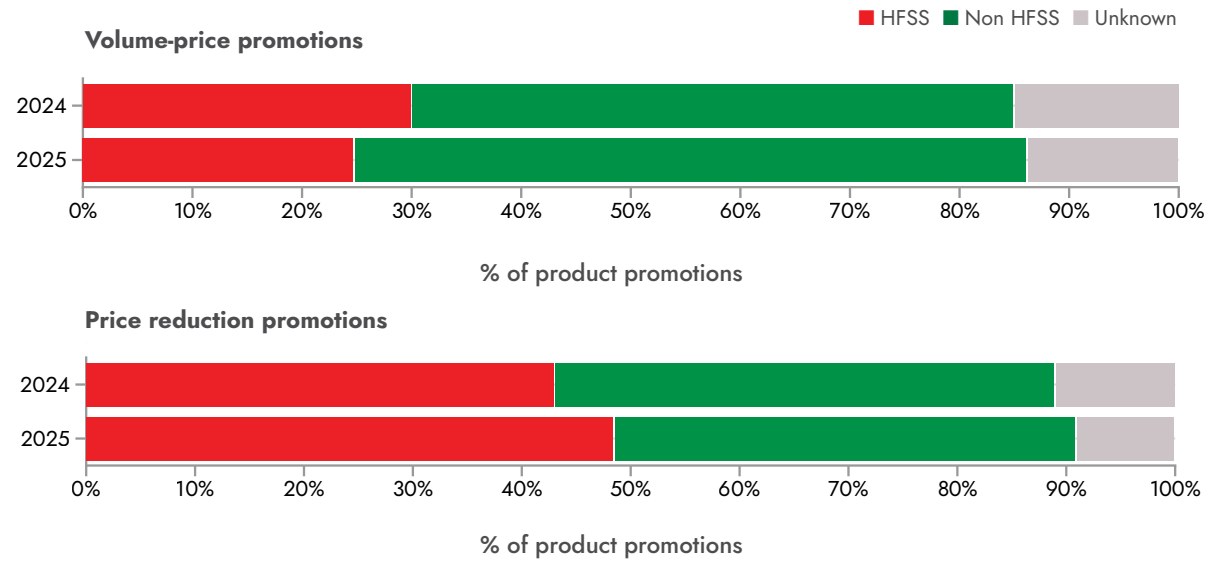
While promotions can be perceived as offering value for money, this is rarely the case in reality. Evidence suggests that volume promotions can increase impulse purchases by around 20%, pushing up the spend on food (DHSC 2025). Even when there is an intention to stock up on an item to take advantage of the promotion, in many cases the presence of a BOGOF actually just doubles consumption (DEFRA 2021).

RETAILERS ARE SWITCHING HFSS PRODUCTS FROM VOLUME PROMOTIONS TO PRICE-REDUCTION PROMOTIONS

Data collected in November 2025, a month after the new regulations on volume promotions came in, showed that 40% of food price promotions (both price reduction and volume-price) are on HFSS foods, which is defined using the 2004 NPM. By comparison, in 2024 it was found to be 37%, and though the earlier finding was based on a smaller group of supermarkets it likely indicates an increase.

In particular, we can see a shift in the type of promotions used for HFSS food, likely as a result of the legislation. Specifically, we see a shift away from volume-price promotion (covered by the legislation) towards price-reduction promotions. Between March 2024 and November 2025, volume-price promotions decreased from 30% to 25%, while price-reduction promotions increased from 43% to 48%.

Percentage of food promotions that are price-volume and price reduction



HFSS refers to foods classified as high in fat, salt and sugar according to the NPM

Source: Data collected by Questionmark Foundation from Tesco, Sainsburys, Asda, Morrisons, Coop and Iceland (17 - 22 November 2025), and from Tesco, Sainsburys, Asda, Morrisons, Aldi, and Iceland (4 - 6 March 2024), and analysed by The Food Foundation.

VOLUME-PRICE PROMOTIONS ARE STILL USED ON SOME LESS HEALTHY FOODS

Interestingly, we do still see some HFSS volume promotions (25% of promotions). This is likely due to gaps in the legislation, in particular as a result of HFSS foods that are in categories that are out of scope of the legislation. Furthermore, more than a quarter (27%) of the HFSS products on multibuy promotion contain sweeteners and emulsifiers, and would fall into the NOVA 4 Ultra-processed food (UPF) category. This highlights opportunities for strengthening the legislation to catch more HFSS products.

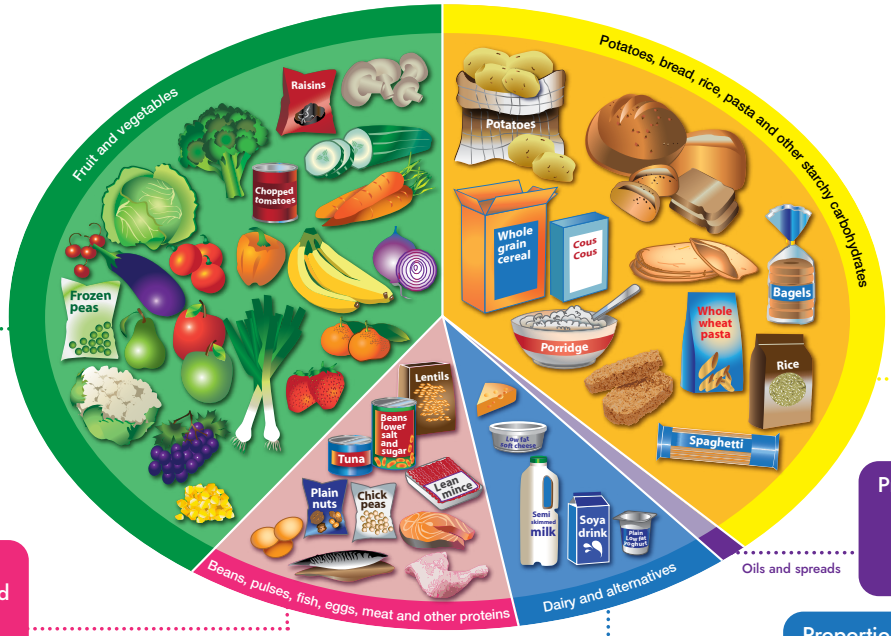
METRIC 7

Advertising expenditure on food

Fruit and vegetables only account for **3%** of traditional advertising food and non-alcoholic drink expenditure, yet unhealthy foods account for at least **29%**.

How does advertising spend on food groups compare to the Eatwell Guide?

Percentage of food and non-alcoholic drink traditional media advertising spend



Proportion of EWG diet	Proportion of advertising spend
40%	3%

Proportion of EWG diet	Proportion of advertising spend
12%	4%

Proportion of EWG diet	Proportion of advertising spend
38%	6%

Proportion of EWG diet	Proportion of advertising spend
1%	1%

Proportion of EWG diet	Proportion of advertising spend
8%	7%

Proportion of EWG diet	Proportion of advertising spend
0%	29%

Eat less often and in small amounts

Source: Nielsen data, independantly analysed by The Food Foundation. · Traditional advertising spend relates to TV, posters, newspapers etc.

WHY IS ADVERTISING CONCERNING?

Advertising plays a powerful role in shaping diets, by influencing people's decisions about food. Heavy marketing of foods high in fat, salt and sugar is a particular concern, as evidence shows that even low-level exposure increases children's immediate energy intake and reinforces long-term preferences for unhealthy foods (Blanchard, L., et al. 2023). When advertising spending is heavily focused on HFSS products, it draws public attention towards them and steers diets away from national dietary guidelines, undermining population health (DEFRA 2021).

UNHEALTHY FOODS ARE HEAVILY ADVERTISED

In one year between August 2024 and July 2025, nearly £680 million was spent on advertising food and non-alcoholic drinks through traditional channels (cinema, direct mail, door drops, outdoor, press, radio and TV) in the UK.

We continue to observe a striking mismatch between the food categories with the greatest advertising spend and those that are recommended as part of a healthy diet. Foods recommended by the Eatwell Guide to be consumed only occasionally and in small amounts – such as sweets, chocolate and crisps – account for more than a quarter (29%) of all traditional advertising expenditure on food and non-alcoholic drinks – totalling £196 million.

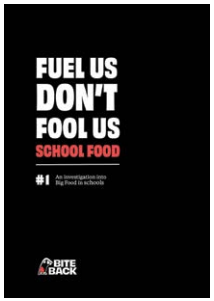
FRUIT AND VEGETABLES HAVE LITTLE ADVERTISING SPEND

By contrast, the foods that should make up most of our daily diet receive very limited promotional investment. Fruit and vegetables, which the Eatwell Guide recommends should make up 40% of what we eat, receive just 3% of traditional advertising spend. In monetary terms, this is just £19 million. To align with the Eatwell Guide's recommended share of the diet, traditional advertising spend would need to increase 14-fold on fruit and vegetables.

BRANDED FOOD SPEND

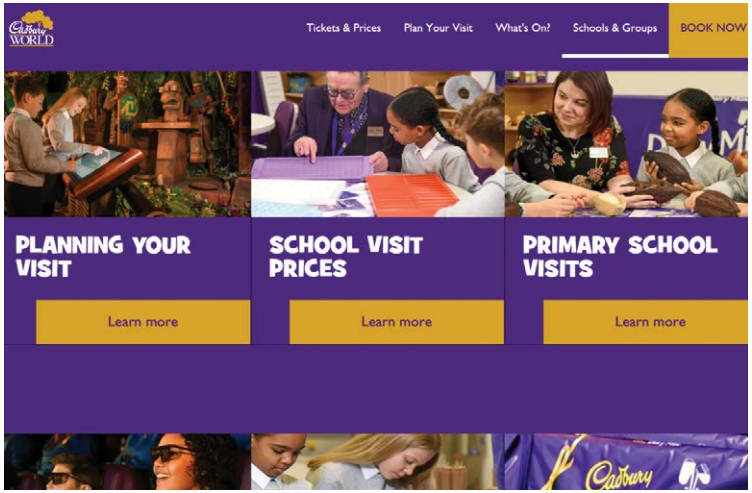
Brand advertising accounted for 23% of traditional food and non-alcoholic drink advertising spend in 2025, totalling £156 million. Of this, 93% was spent on food brand building, 5% on soft drink brand building, and 2% on sport sponsorship. When comparing to last year, we see a 52% increase in brand advertising. This rise is substantially higher than the overall 31% increase in total traditional advertising spend for food and non-alcoholic drinks.

Food marketing in schools



The Fuel Us, Don't Fool Us: An investigation into Big Food in schools report finds that major food and drink companies are deeply embedded in schools in England, using them as spaces to market and sell unhealthy products to children. Based on evidence from young people and over 60 documented examples, the report highlights how 'Big Food' has shifted from overt advertising to more subtle forms of influence – such as branded canteens, sponsored learning materials, school trips and fundraising activities. These tactics build brand familiarity and loyalty from an early age, despite many of the companies' core products being HFSS foods.

Widespread commercial presence undermines school food standards and contributes to unhealthy diets among children, particularly given that pupils consume a significant share of their daily food at school. Stronger regulation, clearer accountability and updated school food standards are needed to limit corporate influence and ensure that healthy food becomes the default.



Source: Biteback, 2025

DEV SHARMA, LEICESTER

Food Foundation Ambassador Photo Story

This is not an ad. It's a system.

Read more about the Food Ambassadors' Photo-Storytelling Project on p69

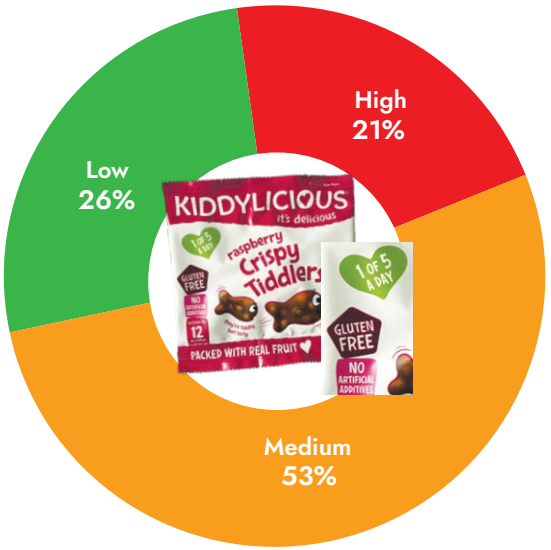
METRIC 8

Marketing of infant food

74% of baby and toddler snacks with a front-of-pack claim still have medium or high levels of sugar.

Total sugars content in baby and toddler snacks with a front-of-pack health claim

Using front of pack traffic light guidance



Source: Analysis by Action on Salt & Sugar. Red (High): >22.5g of sugar per 100g. Amber (Medium): >5g and 22.5g of sugar per 100g. Green (Low): 5g of sugar per 100g

WHY ARE HEALTH CLAIMS ON INFANT FOOD A CONCERN?

High levels of sugar – both added and naturally occurring – in children's food is a concern. It leads to dental issues such as tooth decay (Metric 11, p49), which is the number one cause of hospitalisation for children (OHID 2025). It also leads to children developing a taste preference for sugary foods and drinks, which can contribute to diet-related disease later in life, such as obesity (Food Foundation 2025a). Furthermore, infant food marketing claims make it challenging for parents and caregivers to discern if foods designed for children are healthy.

The UK government issued voluntary guidance on sugar in infant foods in August 2025, three months before the data below was collected. The guidance states that snacks for babies should have no added sugar, that fewer than 10% of energy in the product should come from total sugars, and that products containing high levels of sugar that cannot be reformulated should be classified as 'confectionery' and are not suitable for children under 36 months. In terms of product labelling, this should be honest and not mislead or exaggerate nutritional content or make implied health claims that are not backed by scientific evidence (Action on Salt & Sugar 2025).

SUGAR CLAIMS ARE PARTICULARLY MISLEADING FOR PARENTS

Health marketing begins with food aimed at babies. Of the 142 baby and toddler snack products examined, 99% featured a front-of-pack claim relating either to health (e.g. supports development), nutrition (e.g. no artificial sweeteners) or marketing (e.g. quality of ingredients). There was an average of five claims per snack product.

The most common claim category was 'compositional or nutritional' – defined as promoting the absence or inclusion of an ingredient, such as 'no added sugar', or advertising the naturalness or healthiness of ingredients, such as 'good stuff inside'.

Despite this, 74% of child and baby snack products with a front-of-pack claim contained high or medium levels of total sugars. This is the same proportion as one year ago, although there are fewer products in the high sugar category this year (21% compared to 24% last year). Of the 9 products with a 'no added sugar' claim, 6 had high levels of sugars, and of the 20 products with a more general sugar claim, for example 'reduced sugar', 7 were still high in sugars. Claims of 'no added sugar' or 'no nasties' on products with a high content of fruit purée, a type of free sugar, are particularly common on infant food.

Manufacturer-branded products tended to be higher in sugars than supermarket own-brands, with a greater proportion of own-brand products in the low sugar category, and a smaller proportion in the high sugar category.

99% OF BABY AND TODDLER SNACKS HAD A HEALTH, NUTRITION OR MARKETING CLAIM

What does the World Health Organization (WHO) recommend for claims on baby and toddler food?

The UK government's 2025 voluntary guidance stresses that health and nutritional claims must be evidence-based, not exaggerated, and must avoid creating a misleading "health halo" effect that could lead parents to believe products are healthier than they are.

This is a less restrictive stance than the WHO's pre-cautionary Nutrient and Promotion Profile Model (2022), which recommends that no nutrition and health claims should be permitted on commercial foods for infants and young children aged 6–36 months, regardless of whether the claims are technically truthful or scientifically substantiated. The rationale is that any form of positive claim can influence parental perceptions, undermine public health messaging and reduce confidence in home-prepared foods.

How to pull the lever on appeal

WHAT NEEDS TO HAPPEN

- Expand legislation on volume-price promotions to also include price promotions, and expand the number of categories included to ensure full coverage of foods high in fat, salt and sugar.
- Expand current advertising regulations to include brand advertising and outdoor advertising.
- Monitor the impact of voluntary guidance on commercial baby food marketing, and be prepared to legislate if the situation does not improve within the 18-month deadline.
- Ensure the new Nutrient Profiling Model, is applied to existing and new policies – such as advertising, promotions and healthy food standards – in a timely manner.

Welcome steps have been made to shift the balance on advertising and marketing of unhealthy foods, including restrictions of high in fat, salt and sugar volume promotions and advertising regulations finally coming into force in October 2025 and January 2026 respectively. Furthermore, following increasing pressure, the government has issued voluntary guidance on the marketing of commercial baby foods, giving companies 18 months to clean up the confusing claims that are used.

Outdoor advertising spend by food companies increased by 28% between 2021 and 2024, after the UK government announced its intention to restrict junk-food advertising on TV and online.

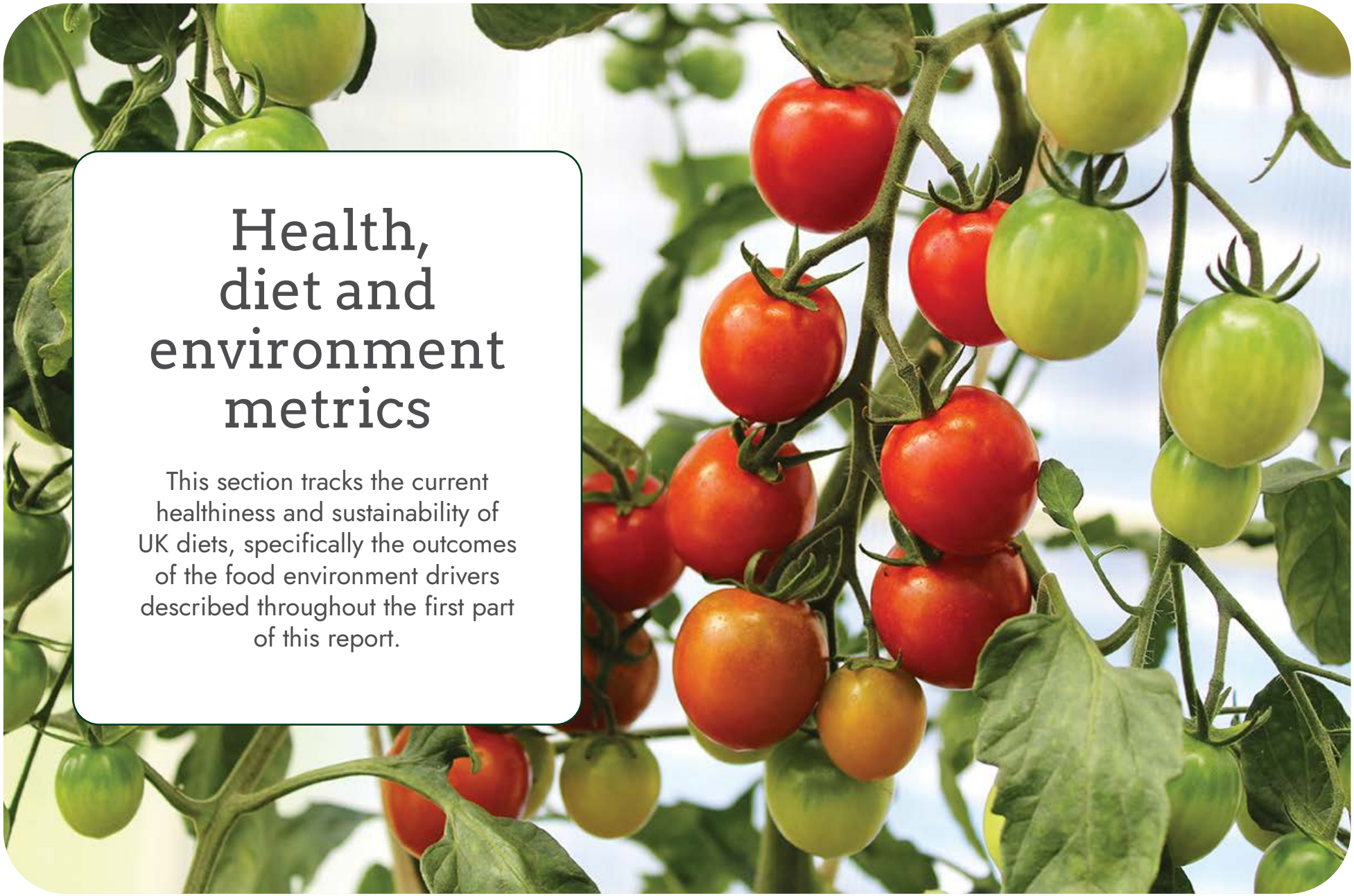
However, evidence shows that more action will be needed to meaningfully shift the dial. Retailers appear to be switching from restricted multibuy deals to permitted price promotions, allowing unhealthy products to remain highly visible and competitively priced. More generally, the scale of the imbalance of advertising spend on healthy verses unhealthy food is stark. Foods that the Eatwell Guide recommends only consuming in small quantities due to their high salt, sugar and fat content (for example crisps and chocolate) account for at least 25% of traditional food and non-alcoholic drink advertising expenditure. By contrast, fruit and vegetables make up just 3% of traditional advertising spend. While it is encouraging that the proportion of traditional advertising expenditure on fruit and vegetables doubled between 2024 and 2025, this progress remains limited in the context of the barrage of advertising messages people receive daily for unhealthy foods.

Nationally, multiple forms of unhealthy food advertising remain permitted, including outdoor advertising, sports-based advertising and brand advertising. Outdoor advertising spend by food companies increased by 28% between 2021 and 2024, after

the UK government announced its intention to restrict junk-food advertising on TV and online (Food Foundation 2025b). Recent estimates about HFSS foods suggest that just 8% are captured by the current restrictions, due to the categories used and exclusion of brand advertising and outdoor advertising. Looking ahead, there is an urgent need for stronger government action. This includes tightening legislation to close promotional loopholes, expanding advertising restrictions, and significantly improving monitoring and enforcement.

At the same time, misleading health messaging on infant foods continues to undermine parents' ability to make informed choices. Alarmingly, 74% of baby and toddler snacks carrying a front-of-pack health claim are medium or high in sugar, despite the government publishing voluntary guidance on the marketing, labelling and composition of commercial baby foods and drinks. This is consistent with other studies investigating a wider range of children's food products. One example is a 2025 study by the University of Leeds analysing 632 commercial baby and toddler food products across a range of categories including pouches, tray meals, cereals and snack foods. The research found that 41% of meals exceeded recommended sugar levels and some derived most of their calories from sugar. The study also highlighted concerns about fruit-based purées and snack products in particular – which were often high in free sugars despite being marketed as healthy – and pointed to the widespread availability of nutritionally poor options across the baby food market aisle (Threapleton, D., Morpeth, A. and Cade, J., 2025). Given the scale of misleading claims, there are extensive calls for this guidance to be made mandatory and aligned with WHO recommendations.

Overall, the current food environment – characterised by pervasive promotion of unhealthy foods and confusing or misleading marketing claims – places an unreasonable burden on individuals to make healthy choices. Government must keep advertising promotion policies under review, and strengthen them when needed to curb industry's influence over the quantity of unhealthy food products that we see and are persuaded to buy and eat.

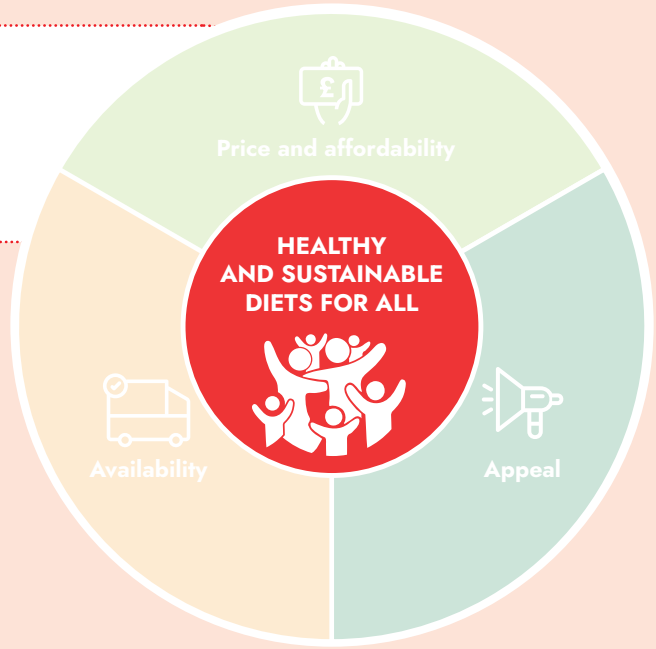


Health, diet and environment metrics

This section tracks the current healthiness and sustainability of UK diets, specifically the outcomes of the food environment drivers described throughout the first part of this report.

HEALTH, DIET AND ENVIRONMENT METRICS

Health outcomes



Our food environments have a direct impact on health outcomes, starting early in life with implications from childhood to adulthood.

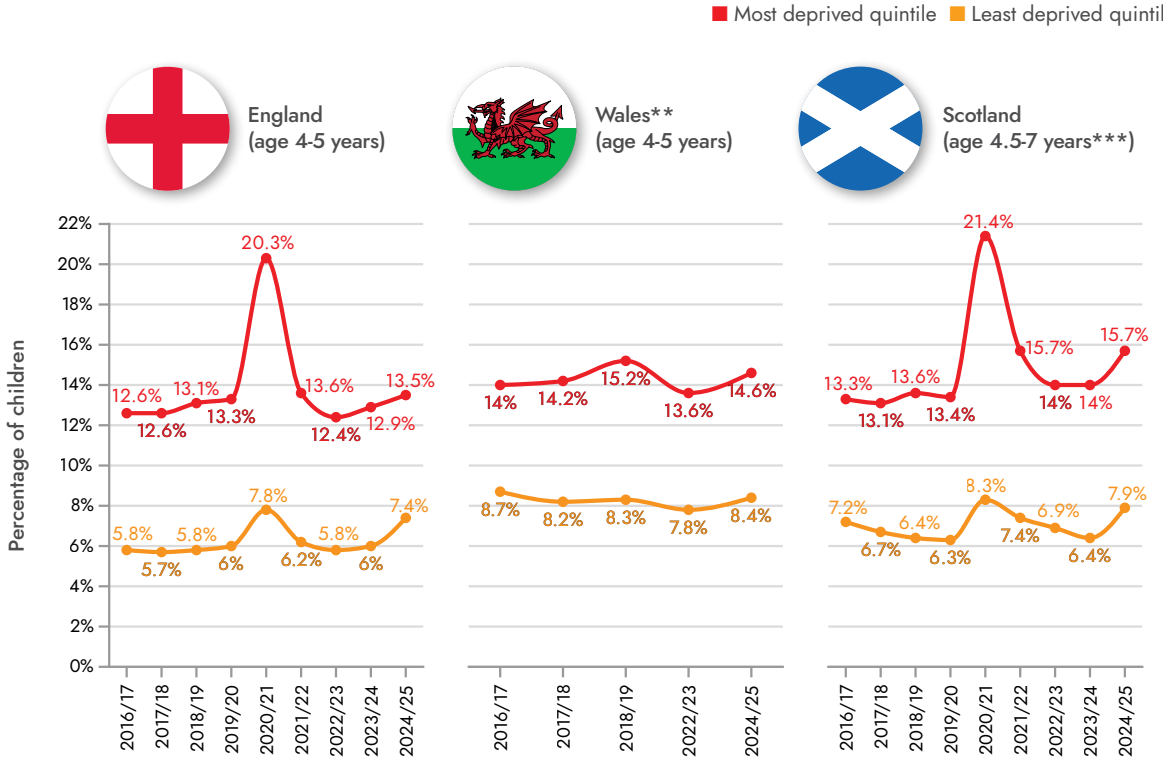
This section focuses on four metrics:

METRIC 9

Childhood obesity

In an average English Reception class of 30 children, **three will be living with obesity**. In Year 6, this more than doubles to **seven children**.

Percentage of children in the first year of school living with obesity in the most and least deprived groups*



Source: NHS Digital, Public Health Scotland, Public Health Wales NHS Trust

England measures IMD deciles, Wales and Scotland measure IMD quintiles.**Due to insufficient data in Wales for the 2019/20 official statistics report and limited data for the 2020/21 and 2021/22 years, a data gap remains within those years. *** For Scotland, from 2016/17 to 2019/20 data covers children aged 4.5-6.25 years. For 2020/21 - 2045/25, this ranges from 4.25-7 years.

WHY CHILDHOOD OBESITY MATTERS

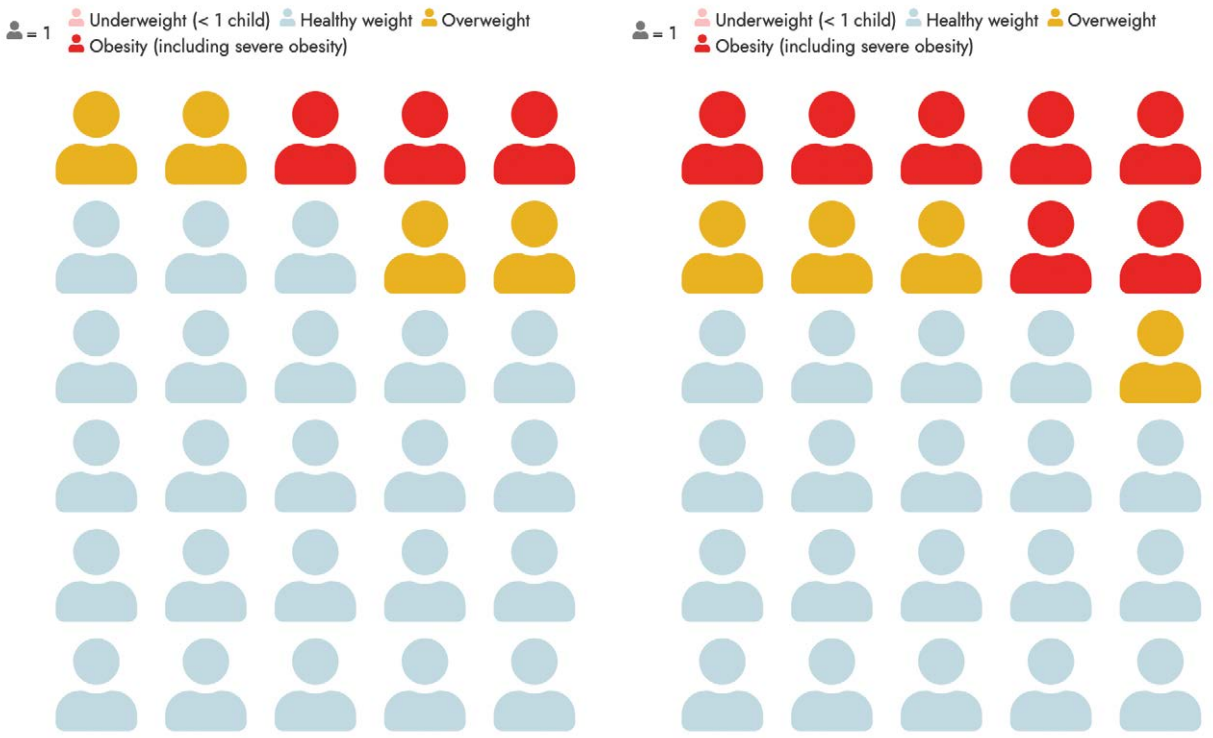
Children living with obesity are more likely to develop high blood pressure, high cholesterol, insulin resistance, joint problems and breathing difficulties (like asthma). They face more mental health challenges too, with higher risk of low self-esteem, anxiety and depression, which can in turn affect social development and school performance. Obesity often continues into adulthood, when it is associated with a wide range of health outcomes, including type 2 diabetes, heart disease, stroke, certain cancers and shortened life expectancy.

CHILDHOOD OBESITY IS WORSENING

Childhood obesity rates are rising in England, Scotland and Wales. Scotland and Wales have the highest level of Reception-aged* obesity at 11.8% of children, followed by England at 10.5%.

Obesity rates in Year 6 are approximately double those of Reception. In England for example, Reception-aged obesity rates are 10.5%, but at Year 6, this is 22.2%. This means than in an average Reception class of 30 children in England, three will already be living with obesity and four with overweight – and in a Year 6 class, seven will be living with obesity and four with overweight.

**'Reception-aged' is the term used to include the slightly different ages that data is collected across England (4-5 years), Scotland (4.5-7 years) and Wales (4-5 years).*



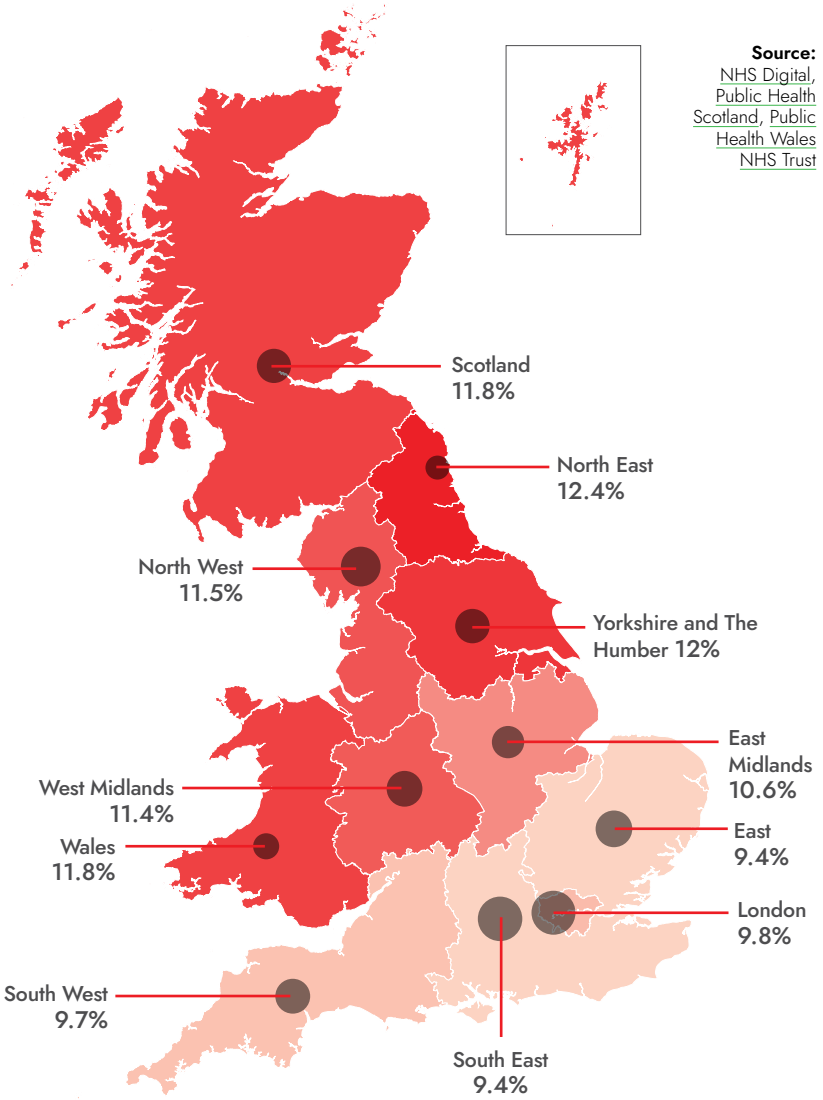
Source: NHS Digital. Number of children is rounded up or down to the closest round number

OBESITY RATES IN DIFFERENT AREAS

In England, Scotland and Wales Reception children in the most deprived group are nearly twice as likely to develop obesity than those in the least deprived group. Since the last data collection in 2023/24, the gap in obesity rates between the least and most deprived has increased in Scotland and Wales.

In England, the region with the highest level of Reception-aged childhood obesity is the North East (12.4%), where Reception-aged children are 32% more likely to be living with obesity that those in South East or East of England (9.4%).

% of Reception-aged children living with obesity by region



Source:
NHS Digital, Public Health Scotland, Public Health Wales NHS Trust

If we compare local authorities, the differences are even more stark. Halton in the North West has a Reception obesity rate of 15.4%, compared to 4.3% in Uttlesford in the East of England, or 4.6% in Richmond upon Thames – meaning the worst affected local authority has Reception obesity rates more than three times that of the least affected. Similarly in Wales, Carmarthenshire has the highest Welsh Reception-aged obesity rate at 14.1%, which is significantly higher than Monmouthshire at 9%.

Reception-aged children in the North East are 32% more likely to be living with obesity that those in South East or East of England

Childhood obesity often tracks into adulthood, where it regularly co-exists with a whole range of diet-related conditions, such as high blood pressure, diabetes and cancer. And the obesity in adults is a major driver of low productivity, costing the UK economy around £31 billion a year, while the combined cost of obesity and excess weight to the NHS is around £12 billion per year (Nesta 2025).

METRIC 10

Childhood height

10-year-olds from the most deprived backgrounds are over **1.5** times more likely to have short stature.

WHY SHORT STATURE MATTERS?

Children's height, when observed at a population level, can serve as a good indicator of nutritional health. Short stature – sometimes termed 'stunting' – is defined as a height significantly below average. While short stature is not necessarily problematic on an individual level, if at a population level its occurrence is corelated with, for example, deprivation, this indicates a wider health and nutrition inequality. Suboptimal nutrition during the critical development period of childhood can have lifelong implications.

WHAT IS THE TREND?

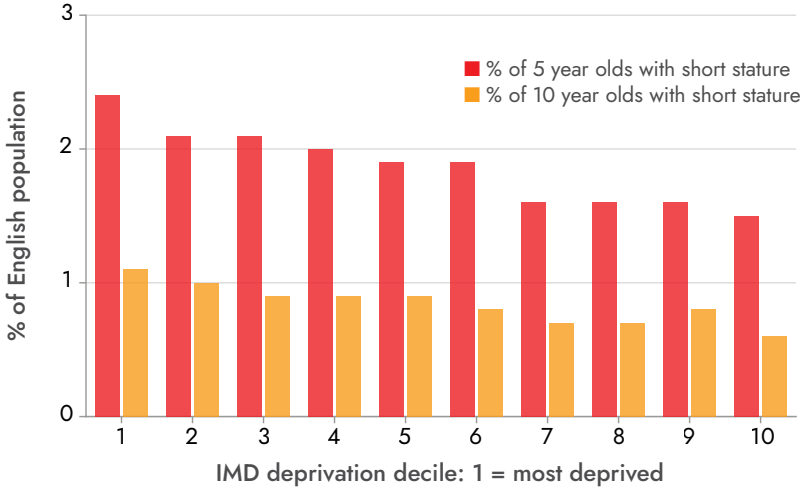
In England, 1.9% of 5-year-old children and 0.8% of 10-year-old children are classified as being of short stature. Short stature is more common in 5-year-olds because early-life growth deficits are most visible at that age, and some children experience catch-up growth by age 10, reducing the prevalence.

Although short stature affects a smaller proportion of children compared with those affected by conditions such as obesity, its strong association with deprivation points to underlying nutritional inequalities in more deprived areas.

HOW DEPRIVATION AFFECTS SHORT STATURE

When looking at the proportion of children that are of short stature, we see that there is a correlation with deprivation – the higher the deprivation, the more likely children are to be of short stature. For 5-year-olds, being in the most deprived decile makes you 62% more likely to be of short stature than in the least deprived decile. For 10-year-olds, this is 69% more likely. Therefore, despite the proportion of children affected by short stature lessoning from age 5 to age 10, its correlation with deprivation deepens by age 10, with the most deprived children less likely to catch up in height by age 10.

Percentage of 5 and 10 year olds with short stature in England



Source: NHS Digital

METRIC 11

Childhood dental decay

More than **1 in 5** five-year-olds in England have tooth decay, rising to **1 in 3** in the most deprived areas.

WHY DENTAL DECAY MATTERS?

Tooth decay (also known as dental caries or cavities) is the most common noncommunicable disease (NCD) worldwide, affecting 2.5 billion people (WHO 2025). The consequences of untreated dental caries can be severe, including:

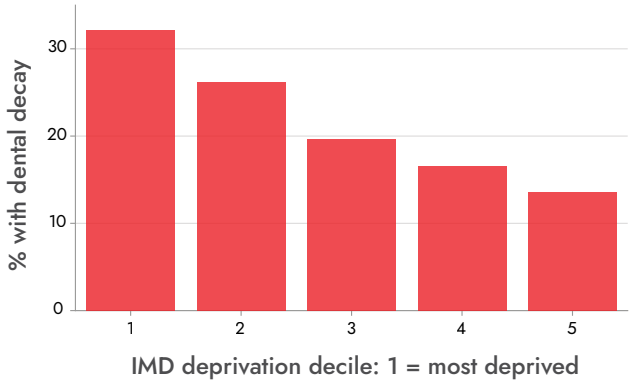
- Pain, discomfort and infection
- Challenges in eating, speaking, breathing or sleeping
- Detrimental impacts on emotional, mental and social wellbeing (ibid)

Tooth decay is primarily driven by sugar: bacteria in the mouth feed on sugars and produce acid that damages tooth enamel. Frequent consumption of sugary foods and drinks increases this acid exposure, significantly raising the risk of decay.

TOOTH DECAY IS WORSENING IN THE UK

Tooth decay presents a major health burden in the UK, and one that is getting rapidly worse. The 2024 Office for Health Improvement and Disparities' Oral Health Survey found that more than 1 in 5 (22.4%) 5-year-old children in England are experiencing tooth and/or enamel decay (OHID 2025). There were 33,976 dental extractions due to tooth decay among 0–19-year-olds in 2025, an increase of 11% from 2024 (ibid). It remains the leading cause of hospital admissions for children aged 5 to 9 (ibid) which in turn can cause absence from school.

Percentage of 5 year olds with tooth decay in England
By level of depreviation



Source: NDEP

MORE DEPRIVED CHILDREN AND THOSE LIVING IN THE NORTH OF ENGLAND ARE MORE LIKELY TO HAVE TOOTH DECAY

Tooth decay in 5-year-olds rises to 32.2% in the most deprived areas, which is more than double that of those in the least deprived areas (13.6%). There's also a clear pattern of regional inequality in children's dental health. London aside, the regions of England split along the north/south divide, with the three southern regions having the lowest levels of dental decay, followed by the midlands, and lastly the highest regional levels are in three northern regions. The North West has the highest levels of dental decay among 5-year-olds of any region at 28.7%. Brent in London has the highest level of tooth decay of any local authority, with 43.4% of 5-year-olds experiencing tooth decay.

METRIC 12

Healthy life expectancy

Healthy life expectancy is at its lowest level since 2013–15, with nearly a **20-year** gap between the least and most deprived areas.

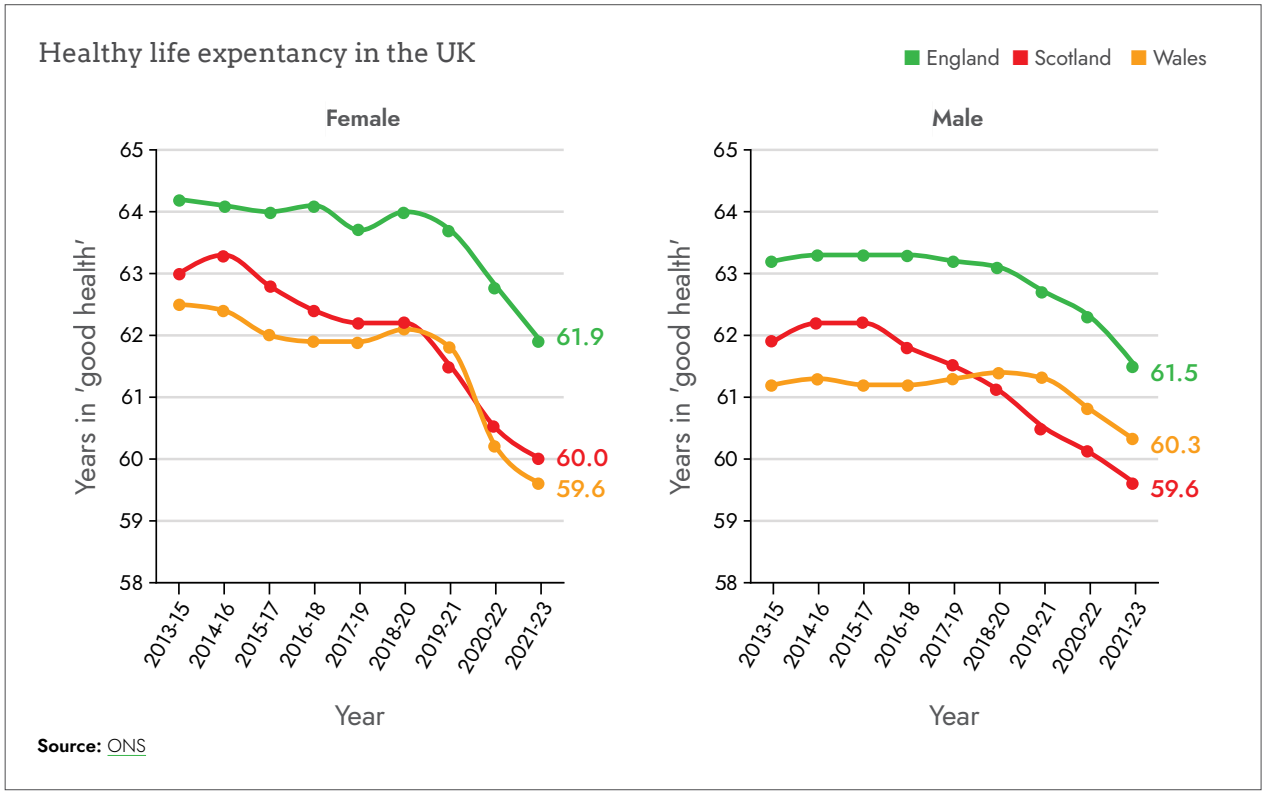
WHY HEALTHY LIFE EXPECTANCY MATTERS?

Healthy life expectancy at birth captures not how long people can expect to live, but how long they can expect to live in good health and free from physical and mental illness or disability. Unlike life expectancy, healthy life expectancy is captured by self-reported questions on physical and mental health, and therefore its decline can be due to a deterioration in health status or changes in how individuals perceive their health. Poor healthy life expectancy has consequences not only for individuals, who may experience prolonged periods of poor health and reduced quality of life, but also for their families and wider society. When someone lives for many years in ill health, family members – including working-age adults and even children – may need to reduce their hours or leave employment to provide care, lowering household income and limiting economic participation.

At the same time, higher levels of chronic illness increase demand for public services, including the NHS and social care, and for welfare support such as sick pay and disability benefits. Individuals experiencing long-term ill health are also more likely to have interrupted careers, lower lifetime earnings and reduced productivity.

As a result, low healthy life expectancy creates a reinforcing cycle of economic strain – for households, public finances and the broader economy.

HEALTHY LIFE EXPECTANCY IS FALLING



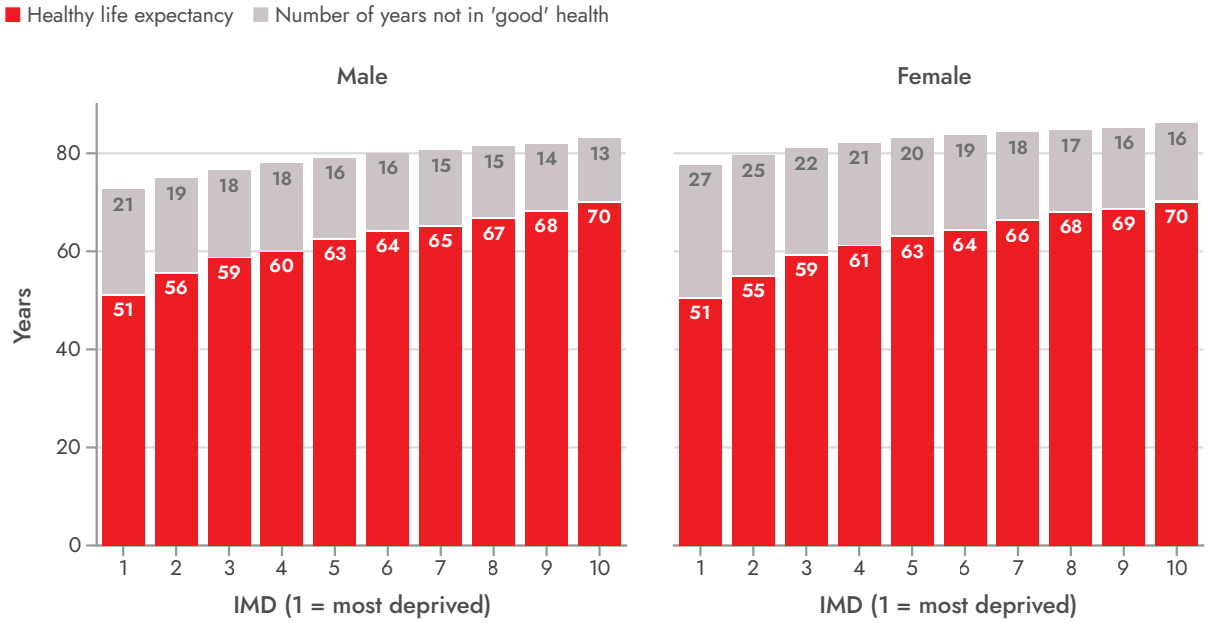
Source: ONS

In England, Scotland and Wales, healthy life expectancy is falling sharply, and is now at the lowest it has been since records began in 2011. Scottish men had the lowest average healthy life expectancy at just 59.6 years. Although women have a longer life expectancy than men, they spend a higher proportion of their longer lives in poor health compared to men. At the same time, life expectancy has remained fairly stable, meaning people are spending a higher proportion of their lives in poor health.

DEPRIVATION IS SIGNIFICANTLY CORRELATED WITH A SHORTER HEALTHY LIFE EXPECTANCY

English life expectancy and proportion in "good" health

By Index of Multiple Deprivation (IMD)



Source: ONS 2020-2022

There is almost 20 years' difference in healthy life expectancy in England between the most and least deprived groups – 18.9 years for men and 19.6 years for women. This means a child born in the most deprived areas can only expect to live just over 50 years in 'good' health, whereas in the least deprived areas, this is just over 70 years.

An average woman in the most deprived decile will spend 35% of her life not in 'good' health

The healthy life expectancy deprivation gap is around double the total life expectancy deprivation gap (difference in life expectancy between the most and least deprived areas), which stands at 10.4 years for men and 8.4 years for women.

GLP-1s – an important medical intervention to address obesity, but are they a silver bullet?

There has been a rise in awareness about GLP-1 medications, such as Ozempic and Wegovy, as a treatment for obesity. Nearly 1 in 20 (4%) of the UK adult population have reported that they are currently taking GLP-1s, and a further 8% of the population stated they are considering or had considered taking this medication. With two-thirds of the UK population living with overweight and obesity, it is unsurprising that there is so much interest in these treatments (NHS 2026).

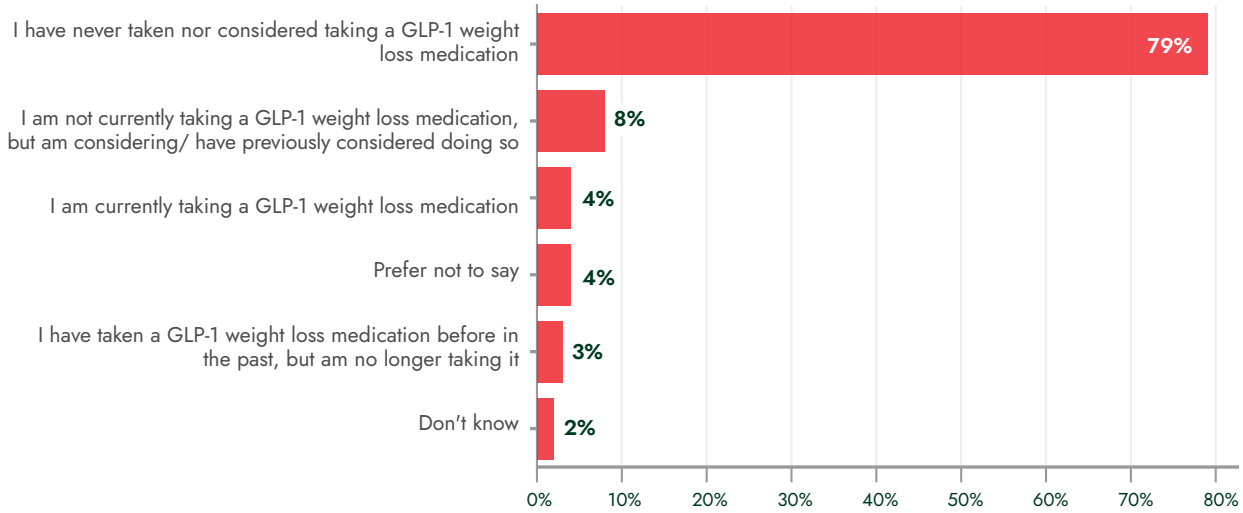
However, while they are an important development for providing much needed support for people living with obesity and the associated co-morbidities, concerns have been raised about their widespread use, inequitable access and the risks of them being seen as a replacement for prevention.

For instance, GLP-1 treatment, while highly effective for weight loss in the short term, fails to address some of the wider determinants of obesity and diet-related ill health. Importantly, as this report has shown, many of the diet and health inequalities we see start from birth and are evident throughout childhood.

Source: (The Food Foundation 2026c)

Levels of current and potential GLP1 use in the UK

Response to question on whether they had ever taken GLP1 medications

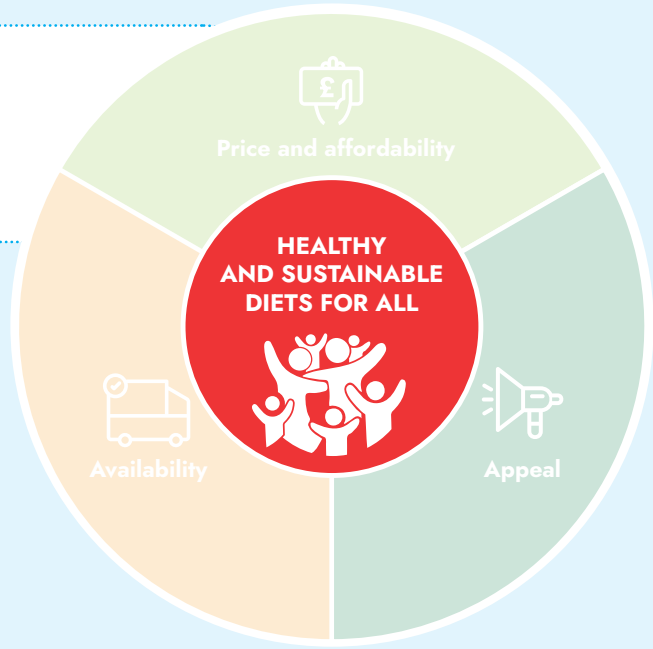


Source: YouGov 2026 survey commissioned by the Food Foundation. These figures are from a survey conducted by YouGov Plc on behalf of the Food Foundation. The total sample size was 6055 adults. Fieldwork was undertaken between 23rd January - 3rd February 2026. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

Unless we address the early drivers, such as unhealthy food environments, we will remain locked in a cycle with ever growing economic costs and are setting our children up for a life of ill health. GLP-1s are an important part of the solution for people living with obesity, but are just one part of the holistic package of solutions needed to reduce obesity across the population, which must start with prevention.

HEALTH, DIET AND ENVIRONMENT METRICS

Dietary outcomes



The food that is available and affordable has a clear impact on dietary patterns, and in turn on health trajectories. Previous metrics have shown that UK diets are being influenced by confusing packaging claims on children's food products (Metric 6, p32) and a high level of advertising on unhealthy foods (Metric 7, p34). Children's diets are of particular concern, as they can shape development and lifelong health trajectories, but poor diet quality can impact all age groups.

This section looks at two key metrics on health outcomes:

P56 **Childhood diets**

P60 **Micronutrients**

METRIC 13

Children's diets

Fewer than **1 in 10** of teenagers eat their 5-a-day and **95%** consume above recommended levels of free sugars.

WHY ARE CHILDREN'S DIETS PARTICULARLY IMPORTANT?

Current food environments drive consumption of unhealthy diets, which increases the risk of both macronutrient and micronutrient dietary deficiencies (Metric 14, p60) and high rates of childhood overweight and obesity (Metric 9, p44). Dietary habits established during childhood often persist into adulthood, influencing the lifelong risk of developing diet-related diseases, such as type 2 diabetes. Overall, there are clear patterns of excess consumption of less healthy food and nutrients, and low consumption of critical nutrients needed for good health.

We have examined intake of:

1. Fruit and vegetables
2. Fibre
3. Free sugars
4. Saturated fats

1. Fruit and vegetables

DAILY RECOMMENDATION: **At least five portions a day.**

UK teenagers* have strikingly low levels of fruit and vegetable consumption:

- On average, teenagers in the UK eat just 2.8 portions of fruit and vegetables per day – roughly half the minimum recommended amount.
- Fewer than 1 in 10 (9%) of teenagers (aged 11–18) meet the 5-a-day target.
- 41% of teenagers eat one portion or less of their 5-a-day

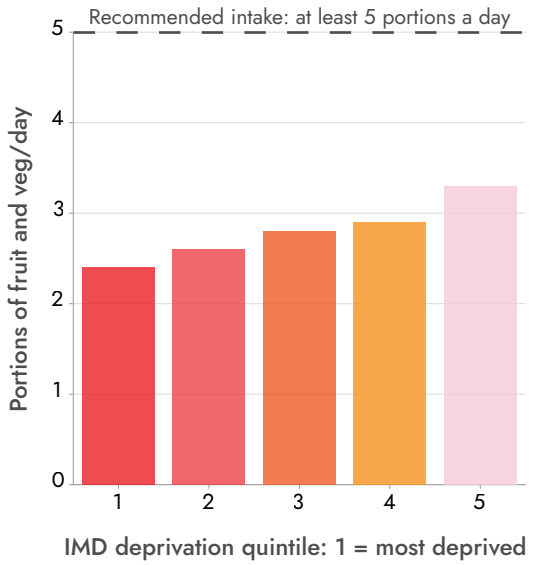
There has been no significant progress on teenagers reaching their 5-a-day for a decade, highlighting how action to improve teenage diets is long overdue.

Teenagers mostly consume vegetables as an ingredient in a dish. Vegetables on their own account for only 36% of total intake, vegetables in meat-based dishes for 20% and pizza for 9%. If we group pizzas, burgers and kebabs together, this accounts for 50% of vegetable intake for 1 in 10 teenagers. Additionally at the extreme end of the spectrum for fruit, 1 in 20 teenagers get over 90% of their fruit intake from pineapple toppings on pizza. It is alarming that some teenagers source nearly all their fruit and vegetables from less healthy and processed dishes, such as salad in a burger or the pineapple toppings on pizza.

**'Teenagers' in this metric refers to children aged 11 - 18 years.*

Beans and pulses can count towards a maximum of one portion of 5-a-day and are an excellent source of protein that is low in saturated fat and high in fibre. However, intake among teenagers remains low: on average, they consume just 53g per week – equivalent to a little over half a portion. Haricot beans (commonly eaten as baked beans) make up just over half of total bean consumption among children, followed by lentils and chickpeas (Food Foundation 2025c).

Fruit & veg portions eaten per day by teenagers (aged 11-18)

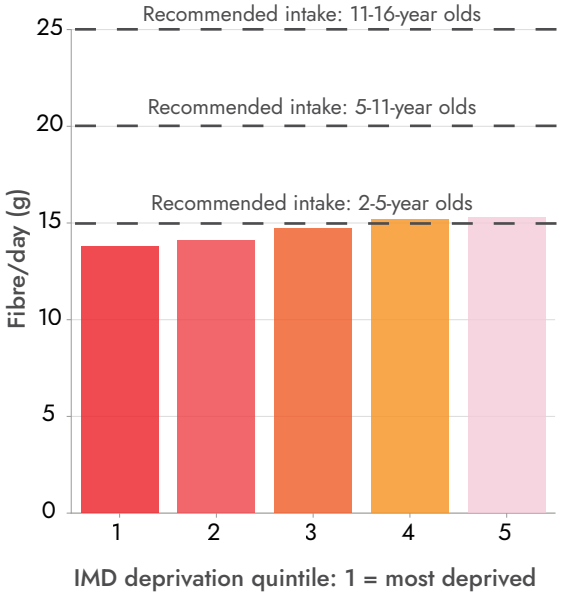


Source: NDNS, analysis by Imperial College London

2. Fibre

DAILY RECOMMENDATION: **15 grams for 2–5-year-olds, 20 grams for 5–11-year-olds and 25 grams for 11–16-year-olds.**

Average daily intake of fibre among children aged 1.5-18 years

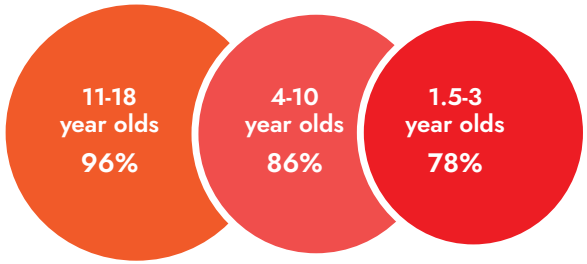


Source: NDNS, analysis by Imperial College London

Perhaps unsurprisingly given the low levels of fruit and vegetable consumption, UK children of all ages have diets that are very low in fibre. Overall, 90% of children between the ages of 1.5 and 18 years do not meet fibre recommendations. The problem worsens with a child's age, since government recommendations for fibre intake increase as children get older, but teenagers' diets do not adjust accordingly. As a result, fibre deficiency is particularly pronounced among older children.

Cereals and cereal products contribute the most to children's fibre intake, followed by vegetables and vegetable products and dishes.

Percentage of children not meeting fibre intake recommendations



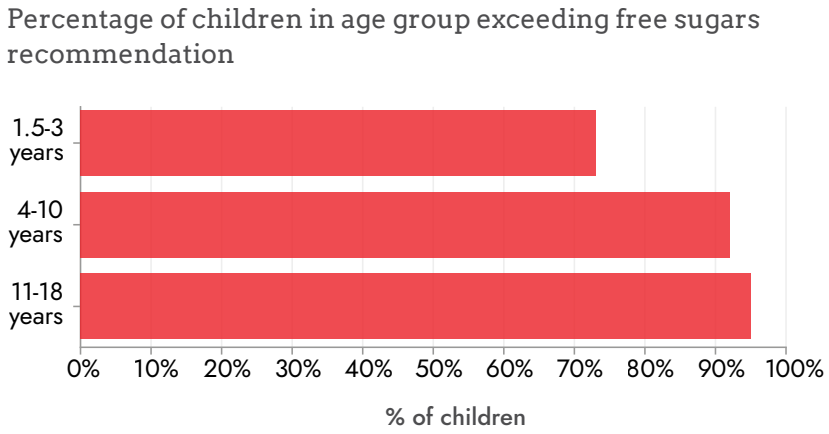
Source: NDNS

3. Free sugars

DAILY RECOMMENDATION: **No more than 5% of energy intake from free sugars.**

Sugar has long been a problem in children's diets. High free sugar intake is a leading dietary cause of dental decay (Metric 11, p49), as well as being associated with overweight and obesity and its associated health impacts (Metric 9, p44).

Yet NDNS data from 2019 - 2023 shows this problem is still acute. The following percentage of children are consuming above the recommended levels of free sugars:

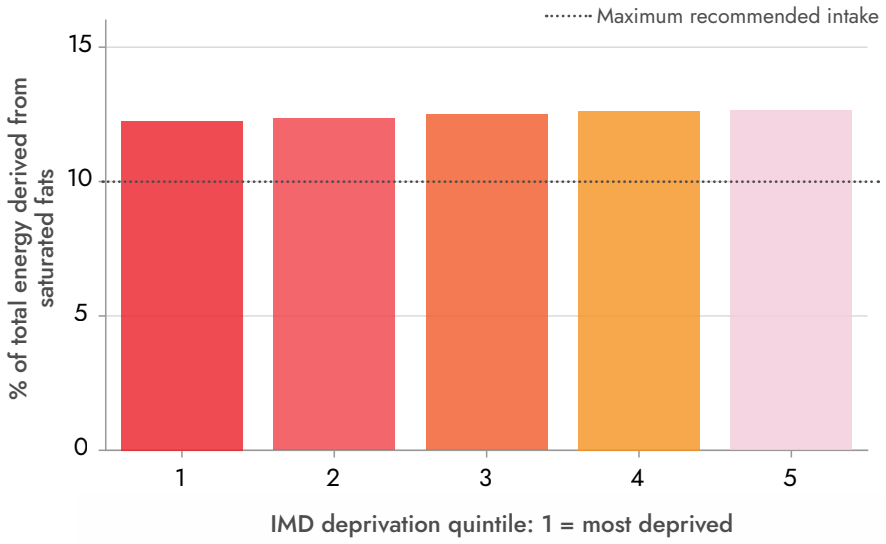


Source: NDNS - The UK government recommends not consuming more than 5% of calories from free sugars

4. Saturated fat

DAILY RECOMMENDATION: **Saturated fat should provide no more than 10% of total daily energy intake.**

Saturated fat intake as a percentage of total energy among children aged 1.5-18 years



Source: NDNS survey, analysis by Imperial College London

Children's diets that are high in saturated fat are associated with poor health outcomes that run into adulthood. Children consuming high amounts of saturated fat are more likely to develop overweight or obesity (Public Health England, 2020), which in turn increases the likelihood of type 2 diabetes, hypertension and metabolic syndrome later in life (Reilly & Kelly 2011).

A high proportion of children consume saturated fat well above government-recommended levels:

- 85% of 4–10-year-olds
- 84% of 11–18-year-olds

For children aged 4–18 the 'cereals and cereal products' group was the largest contributor to saturated fat – mainly coming from sandwiches (which also includes spread and fillings), pizza, sweet biscuits and cakes. 'Meat and meat products' was the third largest food group contributor to saturated fat intake.

DEPRIVED CHILDREN HAVE LOWER FRUIT, VEGETABLE AND FIBRE INTAKE

Eating a healthy diet in the UK is associated with a higher cost (Metric 1, p10), so it is unsurprising that we see a correlation with household deprivation and poorer diets.

Teenagers from the most deprived areas eat a portion less of fruit and vegetables a day compared to those from the least deprived areas. However, even teenagers in the best-off areas have an average intake well below the 5-a-day recommendation, averaging just under three and a half portions per day.

Similarly, fibre consumption is negatively correlated with deprivation. Those from the most deprived areas eat 1.5 grams less fibre per day than those from the least deprived – roughly the amount found in a small slice of wholemeal bread or a handful of berries.

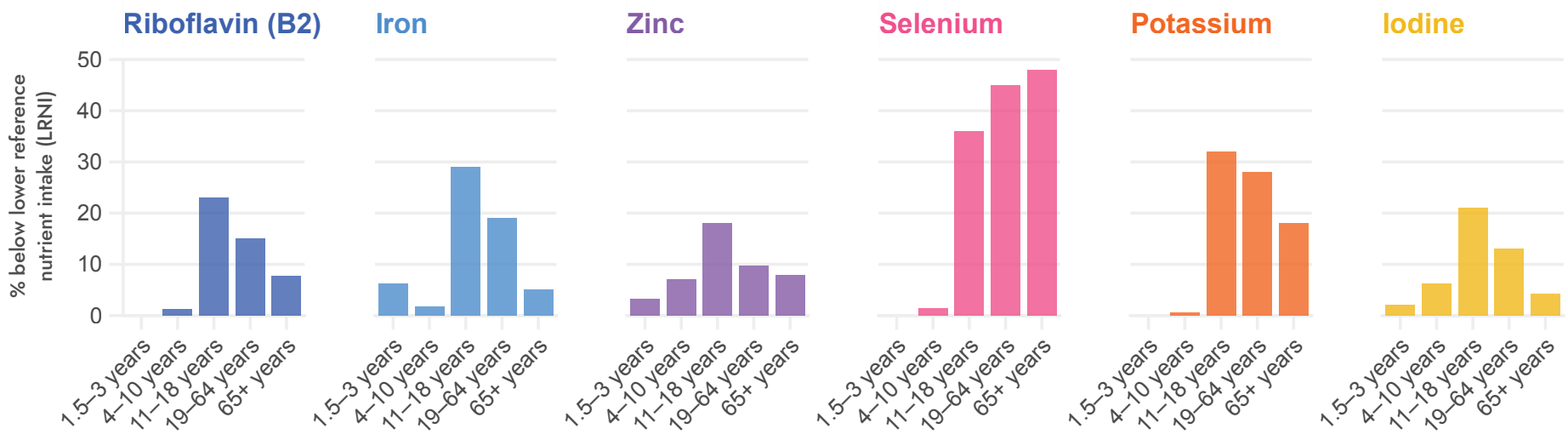
Free sugar and saturated fat do not have as strong a correlation with deprivation. Children in all deprivation levels consume more than double the recommended energy from free sugars, but consumption is higher in the most deprived compared to the least deprived group. Whereas all groups consume similarly high levels of saturated fat.

METRIC 14

Micronutrient intake

People in the most deprived groups are more than twice as likely to have diets lacking in three or more key micronutrients compared to those in the least deprived groups.

Micronutrient intake by age group



Source: NDNS. Micronutrients where more than 10% of the UK population has a diet with below the LRNI

WHAT IS MICRONUTRIENT INTAKE?

Micronutrients remain a major public health concern because vitamins and minerals are essential for maintaining healthy growth, metabolism and normal immune function (WHO 2024). Fruits and vegetables are excellent sources of several micronutrients. UK diets have low levels of fruit and vegetable consumption (Metric 13, p56), which can result in diets deficient in micronutrients.

When micronutrients are lacking in diets, even marginally, they can impair cognitive development, reduce resistance to infection and increase the risk of chronic disease. For example, inadequate iron or folate intake can lead to anaemia, and insufficient iodine can disrupt thyroid function and brain development. In high income settings like the UK, deficiencies often result from unbalanced diets rather than food scarcity per se – they can remain 'hidden' despite adequate calorie intake and co-exist with obesity. When individuals are continuously exposed to diets that are low in micronutrients, their body stores become depleted over time, likely leading to clinical or subclinical deficiency and its associated health risks.

The UK government recommends that the majority of the population should be able to get the vitamins and minerals they need from a healthy, balanced diet, highlighting the importance of policies and food environments that enable access to healthy, sustainable and affordable food which is rich in micronutrients (NHS 2025).

Micronutrients	Percent of UK population with diets below recommended micronutrient intake
Riboflavin (B2)	13%
Iron	15%
Zinc	10%
Selenium	40%
Potassium	23%
Iodine	11%

DIETS DEFICIENT IN MICRONUTRIENTS ARE WIDESPREAD

Diets with low micronutrient intake are widespread in the UK population across all age groups.

Selenium – which supports immunity, muscle, thyroid and heart function – is of particular concern, where 2 in 5 (40%) of the population has a diet with insufficient intake. Low levels of selenium intake are more prevalent as people get older with 48% of those aged 65 and over not consuming enough. Nearly 1 in 4 (23%) of the population are not consuming enough potassium, followed by iron (15%).

TEENAGERS ARE AT HIGHER RISK

Low micronutrient intake is not spread evenly across the population, and certain groups are more vulnerable. Overall, teenagers have the highest prevalence of diets with low micronutrient intake. Around 3 in 10 teenagers are not consuming enough iron (29%), selenium (36%) and potassium (32%).

WOMEN HAVE HIGHER RISK THAN MEN

Women are more at risk than men of having low micronutrient intake, particularly teenage girls. The diets of 1 in 4 (25%) adult women have low intakes in three or more micronutrients, compared to 1 in 7 (14%) of adult men.

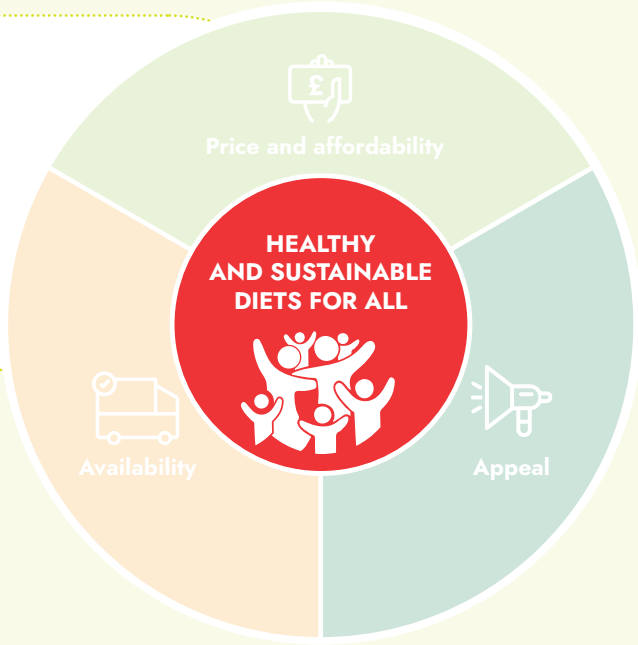
Nearly half of teenage girls are not consuming enough iron (49%), nor selenium (45%). Overall, 43% of teenage girls have diets that below recommended intake for three or more micronutrients, which is nearly double the rate for teenage boys (22%).

DEPRIVED AREAS HAVE HIGHER LEVELS OF LOW MICRONUTRIENT INTAKE

Deprivation plays a key role in whether a person's diet is low in micronutrients. Of those in the most deprived areas, 1 in 3 (29%) adults have diets below recommended levels for three or more micronutrients, compared to just 1 in 8 in the least deprived areas (14%). This means deprivation can double your chance of having a diet below recommended intakes for three or more micronutrients.

HEALTH, DIET AND ENVIRONMENT METRICS

Environmental outcomes



Environmental indicators shine a light on the sustainability of the UK food system, and the impact it is having on our environment and ability to achieve net zero targets. More sustainable protein options have been shown to have a price premium compared to meat counterparts – which on average have a higher emissions and deforestation footprint.

This section looks at two key metrics on environment outcomes:

P64 **Domestic emissions**

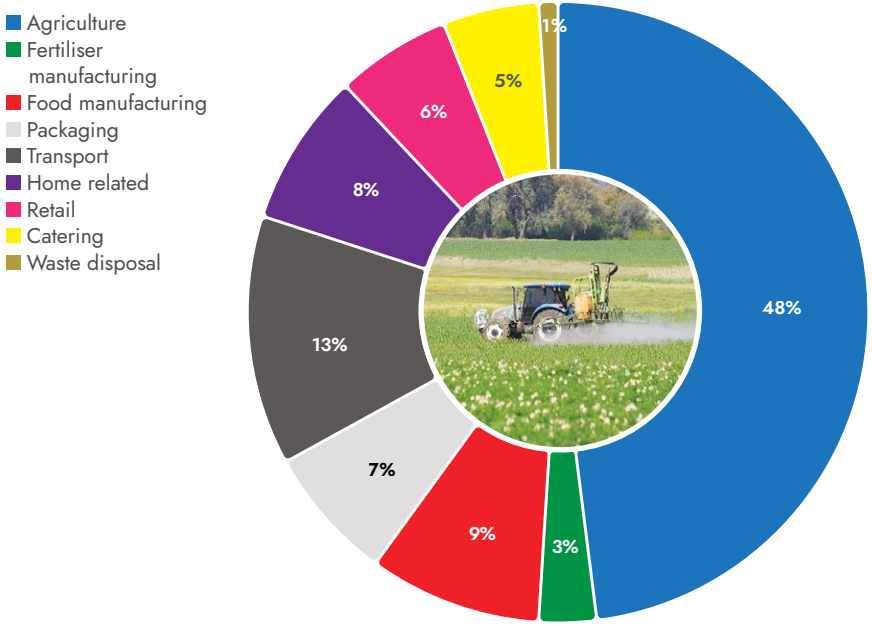
P66 **Deforestation**

METRIC 15

Emissions 'foodprint'

The food system is lagging behind: emissions are down just **22%** since 2008, compared to a **41%** drop across the UK economy.

Greenhouse gas emissions in the UK food system in 2023



Source: DESNZ; Analysis by Green Alliance

WHAT IS AN EMISSIONS 'FOODPRINT'?

An emissions 'foodprint' refers to the emissions footprint (CO2 equivalent) from the food system. Globally, 2025 was one of the warmest years on record and only marginally cooler than 2024, the warmest year to date. This trend of rising temperatures has significant implications, particularly as 2024 saw annual average temperatures exceed 1.5°C above pre-industrial levels – although this represents a temporary exceedance rather than a breach of the Paris Agreement target (Met Office 2025). This threshold is critical for mitigating extreme impacts of climate change (IPCC 2018).

The food system plays a crucial role in decarbonisation, being the third largest contributor to global greenhouse gas emissions (estimated to be 21–37%), ahead of all transport emissions (Dhakal, et al. 2022), highlighting the urgent need for sustainable practices. The effects of climate change are challenging food security and supply chains, which is in part causing food price rises (ECIU 2023).

FOOD SYSTEM EMISSIONS ARE DECREASING TOO SLOWLY

The UK's food system is a major driver of the UK's climate change emissions – yet it is decarbonising far too slowly. While total UK domestic emissions fell by 41% between 2008 and 2023, food system emissions have fallen by only 22%. The total domestic emission reductions seen have been largely driven by the decarbonisation of electricity systems through shifts from coal and gas to renewable sources (Climate Change Committee 2025a). More encouraging are the recent reductions we saw between 2022 and 2023: while overall emissions reduced by 3%, emissions from the food system fell by 5%.

Comparison of domestic greenhouse gas emissions from whole UK economy and food sector from 2008 to 2023

Source: DESNZ; Analysis by Green Alliance

AGRICULTURE ACCOUNTS FOR A LARGE PORTION OF UK FOOD EMISSIONS

Agricultural emissions – which include methane emissions from cattle and fertiliser application – account for 48% of total emissions. Transport makes up 13% of total food system emissions, followed by emissions caused in consumers' homes (8%), which encompasses cooking.

Despite making up the largest portion of food system emissions, agricultural emissions have seen particularly limited progress, having only reduced by 7% between 2008 and 2023. This is a slow rate of progress, and if projected forward, would not be fast enough to meet the 39% reduction in UK agricultural emissions needed by 2040, according to Climate Change Committee (Climate Change Committee 2025b).

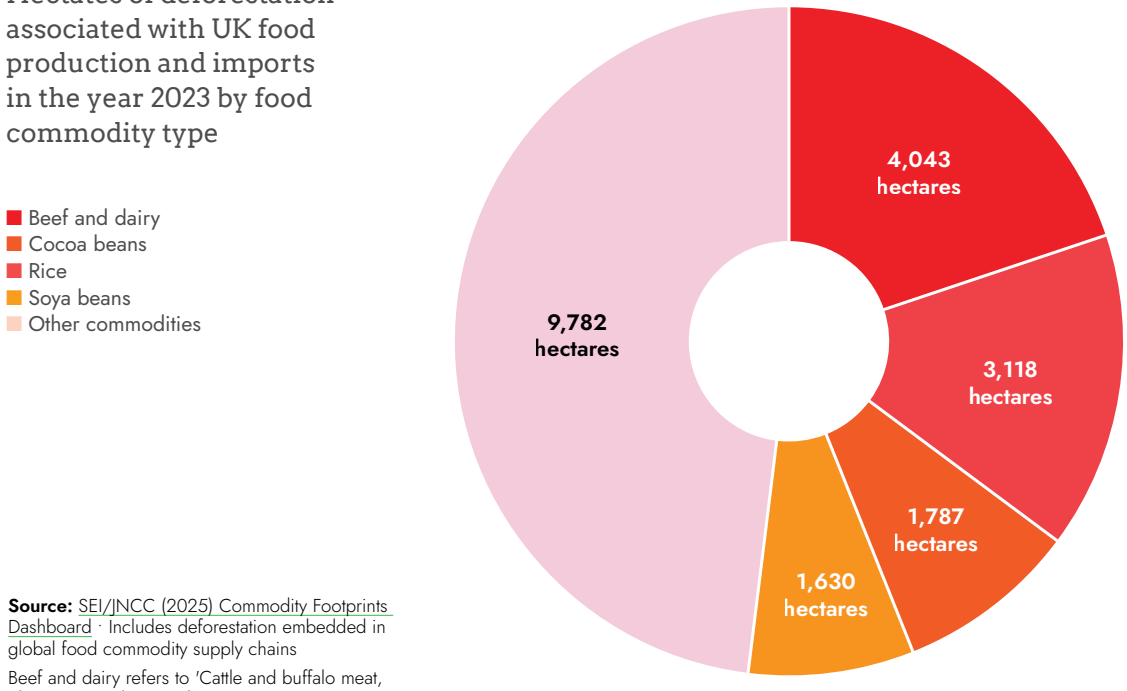
Increasing the proportion of plant-based foods, particularly beans, in UK diets and agriculture, could play a key role in reducing emissions from the UK food system, and lessen the deforestation impact of food imports (Metric 16, p66).

METRIC 16

Deforestation 'foodprint'

An estimated **204km²** – an area larger than Glasgow – was deforested in 2023 to produce agricultural products linked to the UK economy.

Hectates of deforestation associated with UK food production and imports in the year 2023 by food commodity type



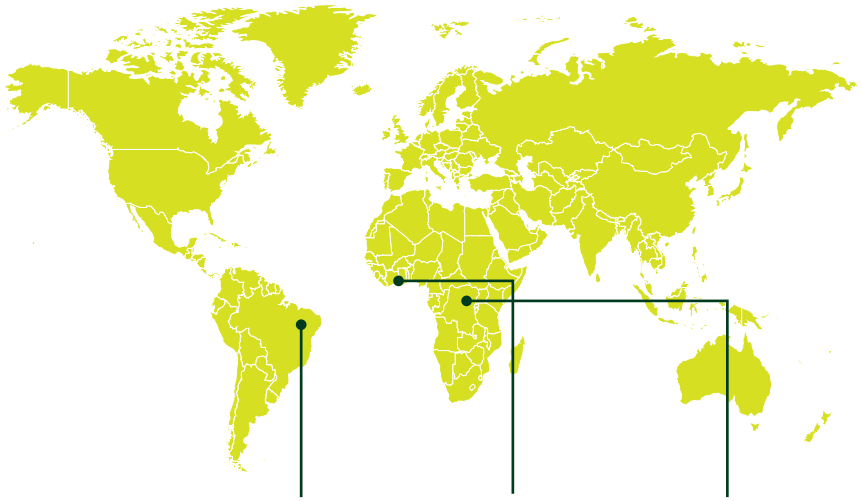
Source: SEI/JNCC (2025) Commodity Footprints Dashboard · Includes deforestation embedded in global food commodity supply chains

Beef and dairy refers to 'Cattle and buffalo meat, plus associated co-products'

WHAT IS A DEFORESTATION 'FOODPRINT'?

Consumption of food in the UK is linked not only to domestic environmental impacts, but also to environmental harms overseas – most notably deforestation. Deforestation occurs when forests are cleared either for cropland (for example, soya grown for livestock feed) or for pasture (such as land used for beef production). Given that around 40% of the UK's food is imported (DEFRA 2024), the UK's overseas deforestation 'foodprint' is substantial.

An area larger than Glasgow was deforested in just one year



	Brazil	Côte d'Ivoire	Democratic Republic of the Congo (DRC)
Percentage of UK food commodity deforestation foodprint	17%	17%	14%
Key commodities (over 100 hectares of deforestation in the country)	Beef and dairy, and associated co-products; soya beans; maize; coffee beans	Cocoa beans; cassava; coffee; mangoes, guavas and mangosteens; plantains and cooking bananas; cashew nuts	Rice; cassava

Table footnote: Top three countries of the UK's food commodity deforestation foodprint abroad. Beef and dairy refer to cattle and buffalo meat and its associated co-products

In 2023, an estimated 204km2 (20,361 hectares) of food-related deforestation was associated with the UK economy and its imports. This is an area larger than Glasgow, and equivalent to around 28,500 football pitches. While some of this production is associated with the use of agricultural products in other industries, such as palm in beauty and cleaning products, much of this production is for the food that we eat. This deforestation is estimated to have occurred across 164 countries, with Côte d'Ivoire, Brazil, the Democratic Republic of the Congo (DRC) and Nigeria accounting for just over half of the UK's total deforestation foodprint.

BEEF AND DAIRY HAVE THE WORST DEFORESTATION IMPACT

The commodity associated with the largest area of deforestation in 2023 was 'cattle and buffalo meat, and associated co-products' – in other words, mostly beef and dairy products. This category accounted for around one-fifth of the UK's overseas deforestation foodprint, largely driven by production in Brazil. Overall, just over half of the deforestation foodprint is linked to four commodities: cattle and buffalo meat and associated co-products, cocoa beans, rice and soya beans (predominately used in livestock feed and so is embedded in meat products).

Some commodities that are often strongly associated with deforestation – such as palm fruit – did not appear among the top deforestation-linked commodities in 2023. This is largely because these crops are increasingly being grown on land that was deforested in earlier years.

Deforestation and land conversion have a devastating impact on biodiversity. It is estimated that 95% of the biodiversity loss linked to UK imports is attributable to agricultural production abroad (Ball, T.S., 2025).

Conclusion

This report has described the reality of the imbalances of the UK food system today, and the very real impact this is having on our children's health and on the environment. Good food, something which should bring joy to people's lives and provide the foundations for good health, has become increasingly hard to access and afford for many people up and down the country, as highlighted by the citizen stories throughout this report.

Since our first *Broken Plate* report in 2019 we have seen little evidence that the situation regarding access, affordability and availability of healthy and sustainable food is improving.

Children in the UK continue to have some of the poorest diets among high income countries. Intakes of fruit, vegetables and fibre remain far below recommended levels and diets contain insufficient micronutrients, while consumption of free sugars and saturated fat is persistently too high. While seen across the population as a whole, these patterns are particularly true in the most deprived children.

These dietary patterns are harming our children's health and development, setting them up for a life of poor health and failing to meet their potential. High rates of obesity, tooth decay and decreasing healthy life expectancy are all common for our children today. Again, these patterns are most apparent in the most deprived children, with stark health inequalities clearly seen.

At the same time, we see harm to our environment and planet – with our food system, particularly the high reliance on unsustainable agricultural practices, contributing substantially to greenhouse gas emissions, to deforestation and loss of biodiversity. This is unsustainable, with frequent warnings emerging that we have exceeding planetary boundaries.

The persistence of these trends underscores the scale of the challenge – and the urgent need for sustained, systemic action to improve children's diets and health across the UK and protect our planet from further harm. As described in this report, much of these health and dietary patterns are driven by the food environments we live in. But unless action is taken, the consequences will continue to place avoidable pressure on the NHS and on the UK economy.

But there is reason to feel encouraged. In recent years we have seen a variety of policy commitments, strategies and ambitions from government that relate to food. From new advertising and promotions regulations through to wider access to free school meals, a food strategy and a child poverty strategy. These have also come with commitments to '*raise the healthiest generation of children ever*', 'give all children the best start in life', address inequalities and 'end mess dependency on emergency food parcels', to name a few. These are all positive steps in the right direction for strengthening our food system.

However, to really get to grips with the challenges faced, and to meet these commitments, we need much greater ambition. There must be a joined-up approach to food policy, a mix of short term and long-term strategies that together disrupt the current system from a 'junk food cycle' to a 'good food cycle', and a mechanism to lock in food system transformation once and for all.

We could be on the brink of change. And it is within our collective power to do this. But achieving what is needed will require bold and decisive action today. We cannot wait any longer.

More about...

THE FOOD FOUNDATION AMBASSADORS' PHOTO STORIES

Citizens' voices are a powerful part of The Food Foundation's work. Our Food Ambassador programme consists of a community of citizens from across the UK who are passionate about changing the food system. Crucially, the programme aims to amplify the voices of people with lived experience in decision-making processes, research and the media.

Building on a tradition of including citizens' experiences in our annual Broken Plate report, this year The Food Foundation has been working with four Food Ambassadors on a Photo-Storytelling Project to bring light to the realities behind the statistics in the report.

Inspired by the work of PhotoVoice, they have used the medium of photography to describe their food environments. We provided support and training; however, central to the project has been the Ambassadors' agency over the images they choose and the stories they share.

These photographs carry messages for politicians, policymakers and businesses. The Ambassadors have used captioning to underline their experiences and call for change.

Across these pieces, the theme of food insecurity is consistent, intertwining with fuel poverty, housing, parenthood, culture, disability, nutrition and health.

Go to:

- Page 12 for Jo McLoughlin's photo story, "Yellow sticker girl"
- Page 16 for Penny Walters' photo story, "Why"
- Page 21 for Grace Akinleye's photo story, "The Aisle of Many Concerns"
- Page 37 for Dev Sharma's photo story, "This is not an ad. It's a system."

METHODS

See the Technical Report on the Food Foundation website for a more detailed methods description.

METRIC 1: COST OF HEALTHY FOOD

The Institute of Metabolic Science (IMS) Epidemiology at the University of Cambridge updated earlier food price research by linking Consumer Price Index data from the Office for National Statistics (2014–2025) with dietary data from the National Diet and Nutrition Survey. Prices were calculated per 1,000 kilocalories for each item across quarterly and annual averages, allowing for meaningful comparison of foods within overall diets rather than by individual product categories. Items were classified as "more healthy" or "less healthy" using the Food Standards Agency's nutrient profiling model, and outliers were excluded from the analysis.

METRIC 2: AFFORDABILITY OF A HEALTHY DIET

The analysis used the Households Below Average Income (HBAI) dataset alongside an updated estimate of the cost of following the Eatwell Guide to calculate the share of household disposable income (after housing costs) required across income quintiles. The Eatwell cost was modelled using an expanded food price dataset and rose from £7.48 per adult per day in 2022 to £9.53 in 2025 after adjusting for food inflation. A secondary analysis of the Family Resources Survey applied the McClements equivalence scale to account for household composition and economies of scale. Disposable income was defined as income after taxes and housing costs, including earnings, benefits, and pensions. The study then assessed affordability across income quintiles and compared households with and without children. The methodology differs from earlier Broken Plate reports (2019–2021), meaning results are not directly comparable.

METRIC 3: PRICE OF SUSTAINABLE PROTEIN ALTERNATIVES

The Food Foundation compared commonly consumed and purchased meat products with plant-based alternatives available in the UK. In total, 104 products available at Tesco—the UK's largest grocery retailer—were analysed according to the average cost per 100 calories.

METRIC 4: PLACES TO BUY FOOD

Data on food outlets by local authority were taken from Ordnance Survey's Points of Interest (OS POI) dataset (June 2025), one of the most comprehensive sources of food outlet locations in England. Fast-food outlets were defined as takeaway outlets, delivery services, fish and chip shops, and bakeries, and used as a proxy for unhealthy food outlets. The proportion of fast-food outlets relative to all food outlets was calculated for each local authority, consistent with previous Broken Plate reports. Local authorities were grouped into deprivation quintiles using the Index of Multiple Deprivation (IMD) 2025, and the average fast-food outlet density was calculated for each quintile.

METRIC 5: SUGAR AND FIBRE IN CHILDREN'S BREAKFAST CEREALS

Action on Salt & Sugar collected nutritional data on breakfast cereals in June 2025 from major UK retailers, using strict inclusion criteria to identify products with "child-friendly" packaging (e.g. cartoons, bright colours, licensed characters, child-themed language, or activities) and exclusion criteria such as logo-based designs or duplicate products. Eligible products were then assessed using Government Front-of-Pack Nutrition Labelling guidance to categorise sugar levels as high, medium, or low, with data gathered in-store and supplemented online where necessary if products were unavailable. Differences in sample size across years reflect changes in product availability, packaging design, and new product development. Nutrient Profiling Model scores were calculated based on the on the current 2004/2005 model which is currently used for policy, and estimates made based on the consulted 2018 version of the model.

METRIC 6: FOOD PROMOTIONS ON UNHEALTHY FOOD

The Food Foundation, in collaboration with the Questionmark Foundation, analysed multibuy and price reduction promotions across six major UK supermarket websites (Asda, Iceland, Morrisons, Sainsbury's, Co-op, and Tesco) over 17–22 November 2025. A total of 22,321 promotions covering 19,848 products were identified, with price reductions prioritised where products had multiple offers. Nutritional data were scraped for each product and assessed using the UK Government's 2004 Nutrient Profiling Model (NPM) to classify items as HFSS (foods scoring ≥4 points and drinks ≥1 point). Products with missing nutritional data were categorised as "unknown," while non-food items, alcohol, and baby/toddler foods were excluded. The analysis calculated the proportion of HFSS and non-HFSS products within different promotion types, with additional screening for sweeteners and emulsifiers based on NHS and FSA-approved lists, with a few additions.

METRIC 7: ADVERTISING EXPENDITURE ON FOOD

Nielsen provides data on advertising expenditure across all media channels, which is widely used by advertisers and broadcasters to inform media buying decisions. Data covered August 2024–July 2025). The dataset included advertising spend across 240 food and non-alcoholic drink categories spanning seven traditional media channels (TV, radio, press, outdoor, cinema, direct mail, and door drops). These categories were then mapped onto Eatwell Guide categories, although some products (such as ready meals) could not be directly mapped, and were put in a 'mixed' category.

METRIC 8: MARKETING OF INFANT FOOD

Action on Salt & Sugar collected data on baby and toddler snacks between 12th November and 10th December 2025 from major UK supermarkets and retailers, assessing both nutritional content and front-of-pack marketing claims. A total of 142 products met the inclusion criteria.

METRIC 9: CHILDHOOD OBESITY

The Child Measurement Programmes are annual surveillance systems measuring children's weight across the UK. Data used covers Reception children (4–5 years) and uses the 2019 Index of Multiple Deprivation (IMD) based on school postcode, with statistical weighting applied in 2020/21 due to Covid-19 disruption. The Food Foundation averages the two most deprived deciles to estimate quintile outcomes for England. In Wales, data cover ages 4–5 but are incomplete in several years due to the pandemic, with deprivation measured using WIMD based on home postcode. In Scotland, data covers Primary 1 children (4.5–6.25 years) and are broadly comparable over time, using SIMD-based deprivation measures and epidemiological BMI definitions. Northern Ireland is excluded as it uses different definitions of overweight and obesity, making results non-comparable.

METRIC 10: CHILDHOOD HEIGHT

The data focus on England only, as this provides the most complete dataset for measuring child growth outcomes. It covers children in Reception (ages 4–5) and Year 6 (ages 10–11). Due to Covid-19 disruptions, fewer children were measured in 2020/21, so statistical weighting was applied to ensure estimates of underweight, healthy weight, overweight, obesity, and severe obesity are nationally representative and comparable over time. Deprivation is measured using the 2019 IMD, based on the postcode of each child's school.

METRIC 11: CHILDHOOD DENTAL DECAY

The data are taken from the sixth National Dental Epidemiology Programme survey of Reception-aged children (4–5 years) in England (2024), conducted by the Office for Health Improvement and Disparities using data collected during the 2023/24 school year. Deprivation is measured using 2019 IMD scores based on participants' home postcodes, with weighting applied to reflect the population distribution across deprivation quintiles. Outcomes are reported as the percentage of children with dentinal decay (D3MFT>0). Hospital-based tooth extraction data for 0–19-year-olds are drawn from NHS Digital Hospital Episode Statistics (HES), specifically Admitted Patient Care records covering inpatient and day-case activity in NHS hospitals. Each record represents a finished consultant episode under a single clinician. The data are presented as published by the UK Government, with no additional analysis by the Food Foundation.

METRIC 12: HEALTHY LIFE EXPECTANCY
Healthy life expectancy data are sourced from the Office for National Statistics (ONS), with no additional analysis conducted by the Food Foundation. Estimates are based on the Annual Population Survey (APS), combined with health state prevalence data from the 2011, 2021 (England, Wales and Northern Ireland) and 2022 (Scotland) censuses. Because data are not routinely collected for those under 16 and are limited for those aged 85 and over, the method uses imputation and modelling. Healthy life expectancy is calculated as a period estimate using a Sullivan life table approach, which partitions total life expectancy into years spent in "good" and "not good" health across age groups.

METRIC 13: CHILDREN'S DIETS
This metric uses NDNS survey waves 12–15 (2019–2023) and includes participants aged 1.5–18 years only. Individuals with missing dietary data were excluded, and analyses are weighted to account for the NDNS survey design to ensure population representativeness. Nutrient intakes are reported as average daily "usual intake" per person, in line with NDNS methodology. Fruit and vegetable intake is measured in 80g portions using the 5-a-day metric and is calculated only for children aged 11 years and over. Other measures include AOAC fibre (g/day), saturated fat as a percentage of total energy intake (excluding alcohol), and free sugars as a percentage of total energy intake (excluding alcohol).

METRIC 14: MICRONUTRIENT INTAKE
This metric uses NDNS survey waves 12–15 (2019–2023), with participants missing dietary data excluded. Analyses are weighted to account for the NDNS survey design to ensure population representativeness. Nutrient intakes are reported as average daily "usual intake" per person, following the NDNS methodology. The Lower Reference Nutrient Intake (LRNI) is used as a benchmark for inadequacy, representing the level of intake sufficient for only 2.5% of the population; individuals consuming below the LRNI are therefore likely to have inadequate nutrient intake.

METRIC 15: EMISSIONS 'FOOTPRINT'
This analysis provides an updated assessment of food system emissions, building on the National Food Strategy. It breaks emissions down into agriculture, fertiliser manufacturing, food manufacturing, packaging, transport, retail, catering, home-related emissions, and waste disposal across 2008, 2018, 2022, and 2023. The 2008 estimates were sourced from Garnett (2008), with 2018 figures updated by the National Food Strategy authors and 2022–2023 data produced by Green Alliance for the Broken Plate.

METRIC 16: DEFORESTATION 'FOODPRINT'
The data is produced using SEI's Input-Output Trade Analysis (IOTA) framework, based on a hybrid physical-financial Multi-Region Input-Output (MRIO) model described in Croft et al. (2018, 2025). This model combines commodity-level production and trade data with monetary flows to estimate how goods move from production to final consumption across complex global supply chains, while also incorporating environmental impact indicators to capture embedded impacts. The Food Foundation did not conduct additional analysis beyond filtering out non-food commodities (e.g. timber), meaning the dataset was used largely as provided within the IOTA framework.

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