Changing childhoods. Changing lives.

NOURISHING THE FUTURE: making healthy food accessible for every child

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Executive Summary

Food is at the very heart of our health and our happiness. Our experience of food in childhood stays with us throughout our lifetime, and sharing meals with family and friends often forms some of our most precious memories. On top of this, the food we eat as children – and the nutrients we receive even before we are born – has a huge impact on our health and wellbeing.

Unfortunately, there is growing evidence that here in the UK, far too many children and young people are missing out on the nutritious food they need to thrive[1].

All of us – and especially children – need a balanced diet, and which includes enjoying treats now and again. However, too large a share of children's every day diets are coming from less nutritious foods, leaving them deficient in the core nutrients needed for healthy development. This comes at a time when children in the UK are becoming shorter than their European peers and rates of malnutrition and obesity are the highest among comparable countries[2].

We know that for parents and carers, a healthy diet is a priority, and many are making big sacrifices to make sure their children have the best food they possibly can. However, they are coming up against high food costs, confusing advice and marketing, and a food system that often works against them, making it easier and more affordable to buy much less nutritious food. For many families, this is made even more difficult by inequalities in society that both make it harder to buy, cook and eat good food, and result in unfair differences in health outcomes.

POLLING RESULTS

We asked 2,000 parents across the UK about their experiences of buying nutritious food for their families. They told us:

More than a quarter (26%)

of UK parents (of children aged 18 and under) had to buy unhealthy food for their child(ren) because they couldn't afford healthy ingredients/meals **at least once every fortnight.**

60% of parents

who had to buy unhealthy food options because they couldn't afford healthy ingredients/meals **are worried** about what they feed their child(ren).

Source: YouGov: January, 2025

When our founder Thomas Barnardo first started supporting children in East London back in 1866, many of the boys experienced poor health due to malnutrition and food insecurity, including diseases such as rickets. Today, with children's diets worsening and the rate of poor dietary health continuing to rise, it is more important than ever that children's dietary health is addressed.

This report draws on insight from children, young people, parents and Barnardo's practitioners, and experts in child health and nutrition.

They told us:

- Children, young people and their parents want to eat healthier diets, but are struggling to do so.
- Healthy food is out of reach or out of budget for many families and young people in the UK, particularly those living in poverty and/or on Universal Credit.
- There are huge and unfair structural inequalities in the food system that make it harder for certain groups of children and families to buy, prepare and eat nutritious food.
- Advice on how to shop for and prepare healthier food often does not work for people without money, time, space or appliances, including young people living alone and young adult care leavers aged 18-25.
- Government-approved nutritional guidance is not seen as relevant or helpful by many young people and families, particularly those from African, Asian and Caribbean backgrounds, and those who are disabled, neurodivergent or have specific dietary requirements. It is focused too much on the dangers of 'bad' food and not enough on the positives of healthy food.
- Whilst over-reliance on food that is highly processed, or high in sugar, fat and salt, risks harming all children's health, the impact is greatest on poorer children and those facing structural inequalities, who often struggle to afford and access healthier foods, which are more expensive, less accessible and less convenient to prepare.
- The support currently available – including from government - is not doing enough to support families and young people to overcome barriers such as cost and accessibility, that are preventing them from eating more nutritious food.
- Lack of access to healthy food in childhood can have significant long-term consequences for both physical and mental health, leading to shame, loneliness and stigma.

Action on accessible, nutritious food for children and young people cannot wait. We welcome the UK government's commitments to improving children's health, and the anticipated Child Health Action Plan, as well as the wider Child Poverty Strategy.

However, the government's ambition of achieving the "healthiest generation of children and young people" will not be realised unless these initiatives include urgent action to make sure all children, young people and families can eat well, building on the great work already underway.

Summary of Recommendations

Governments in each UK nation should:

Food at home

1. **Work with children, young people, parents and carers to update nutrition advice used in food education (such as the NHS Eatwell Guide** to make sure it provides relevant advice to all children and families, whatever their budget, time, dietary requirements or cultural background.

2. **Increase the value of shopping vouchers given to families with young children living on the lowest budgets, so that all young children across the UK can eat the minimum nutrients they need for healthy child development. We also need to raise awareness of these schemes (Healthy Start in England, Wales, Northern Ireland and Best Start Food in Scotland)** to make sure they reach all those who are entitled to support.

Food in schools

3. **Increase the amount of nutritious food children eat by making school lunches free for all primary school children,** with an immediate extension to all families receiving Universal Credit, alongside automatic enrollment for all children who are eligible, and speeding up rollout wherever this is already happening.

4. **Strengthen the rules on the quality of foods schools can provide (School Food Standards)** to reflect up to date dietary evidence; and make sure that all breakfast clubs and school lunches meet these standards.

Food in communities

5. **Support communities to** develop local solutions to accessing nutritious food, through facilitating and funding Local Food Partnerships between voluntary organisations, food retailers and local government.

6. **Support and fund health workers to refer children and families needing help with their diet,** so they can access non-clinical services such as to community kitchens and food pantries, cooking classes and support provided by local food partnerships.

7. **Fund family centres in all communities** to be a 'one stop shop' for family-friendly food advice including breastfeeding support, cooking skills and culturally informed food education.

Food in society

8. **Use the proceeds of any future taxes on sugar or salt in foods to reduce food insecurity,** by funding the other recommendations advocated in this report. This would reduce health inequalities and make sure higher taxes do not fall on those least able to afford them.

9. **Develop a Children and Young People's Food Strategy, co-produced with children and young people,** to fully address the scale of the challenges facing young people's diet including structural issues with the food system that make it hard for children to eat well. This should guard against a 'one size fits all' approach and reflect the differences in how children live, including related to their age, gender, ethnic and cultural background, abilities and disabilities, family structure, and neurodivergence. It should set clear targets, actions for government departments and local agencies, and measure progress against clear outcomes.

Our recent reports have examined access to food and health and wellbeing for children and young people. You can read these reports here:

- Barnardo's (2023), 'The Missing Link'
- Barnardo's (2024) 'Empty Plates and Cold Homes'
- Barnardo's and Coop (2024) 'A Recipe for Success'
- Barnardo's SEEN (2024) 'Driving Healthy Futures: Fuelling Food Equity'

What do we know about food insecurity and its impact on children's health?

This report focuses on the impact of food insecurity on children's health, and the barriers that families and young people face when trying to eat healthily.

The research on food and children's health is still developing, but the overall picture is not in doubt – a lack of access to healthy food, combined with the accessibility of less healthy food, is taking a huge toll on the health and wellbeing of children and young people.

Rising costs over recent years has made nutritious foods less affordable, and many communities simply do not have access to food outlets that sell healthy meals or ingredients[3].

At the same time, the average height of 5 year olds in the UK is now in decline (with children living in poverty on average up to 1.3cm shorter than their counterparts in the UK by the age of 10 or 11); diseases related to poor nutrition in children are returning; and the health impacts of poor diet are creating health inequalities that last well into adulthood[4].

The scale of child poverty and food insecurity in the UK

More than one in four children in the UK live in poverty - equivalent to nine in every classroom - and of these, one million are living in destitution, meaing they lack access to the very basics[5]. Often, this includes food.

What is food insecurity?

'Food insecurity' describes situations where a household reduces the quality, variety or desirability of their diets[6]. 'Marginal food insecurity' refers to situations in which food is sometimes unavailable, but overall food quantity is mostly unreduced. Food insecurity is sometimes preferred to the term 'food poverty', which does not have a commonly-agreed definition.

Food insecurity is part of a wider experience of child poverty in the Great Britain[7]:

More than 1 in 4

children in Great Britain live in poverty, equivalent to nine in every classroom.

2.4 million children (17% of all children)

are living in food-insecure homes, with an additional 10% in marginal food security.

1 in 4 parents

reported struggling to feed their children, up from 1 in 5 in 2022.

47% of parents

have cut back on food costs to save money, affecting an estimated **6.5 million children in the Great Britain,** more than the population of Denmark.

8% of parents

made use of a local food bank(s), up 2% from February 2023. We estimate this affects **over 1 million children,** twice the population of Liverpool.

Which foods are associated with poor health in childhood?

Evidence highlights several main groups of food associated with poor health in childhood. Government approaches to improving children's food and health have, so far, mostly focussed on discouraging the consumption of these foods or restricting access to them[8].

High Fat, Salt, or Sugar ('HFSS'), sometimes simply called 'low-nutrition food and drink', have a fat, sugar and/or salt content that are higher than recommended for their food type. Current NHS guidance recommends these levels as[9]:

- Salt: more than 1.5g of salt per 100g
- Sugar: more than 22.5g of total sugars per 100g
- Fat: more than 17.5g of fat per 100g

Over-consumption of these foods is associated with a wide range of health concerns in children, including weight-related, dental and metabolic issues[10]. Examples of HSSF food and drink includes many 'fast food' products, confectionary, and energy drinks.

Ultra-processed foods (UPFs) were first identified in the 'NOVA system' of food classification in 2009, and defined as foods that are 'typically created by a series of industrial techniques and processes'[11]. UPFs are often designed to be affordable, shelf-stable, high-volume and easily produced food products, which has made them quickly commercially successful worldwide[12]. Examples of UPFs include highly processed meat and meat substitute products, and pre-prepared food ('microwave meals', ready to eat snacks) as well as items often considered to be 'healthier', such as cereal, flavoured yoghurt and bread.

Research suggests that not all UPFs have negative health impacts, and they are not necessarily less nutritious than home-cooked foods[13]. However, many UFPs do have low nutritional value, are high in fat, salt or sugar, or have unhealthy additives, and due to this UPFs have been associated with cardiovascular (relating to the heart and blood vessels) and cerebrovascular (relating to the blood supply to the brain) diseases, as well as cancer[14]. Current NHS advice recommends minimising the consumption of UPFs[15].

Like HFSS foods, UPFs have become increasingly prominent in many children and young people's diets in recent years. A recent study found that British toddlers get nearly half their calories from consuming UPFs, rising to 59% by the age of 7[16].

Public debate has not focussed enough on access to the foods that we know are healthy, and which promote child development. Current British Dietetic Association guidance proposes that these fall into four main food groups[17]:

- Fruit and vegetables, whether fresh, canned or frozen
- Starchy carbohydrates, such as breads, tubers and whole grains
- Calcium-containing foods, including dairy products and high-calcium non-dairy alternatives
- Protein and iron, whether from plant sources (pulses, nuts) or animal sources (meat, fish, eggs).

These foods are important for child health for a wide range of reasons:

- Their macronutrient content (healthy fats, proteins and carbohydrates), which are important for child growth
- Their micronutrient content (vitamins and minerals), important for immunity and disease resistance.

Why are these foods associated with child health inequalities?

Child poverty has a profound influence on what food is available and accessible to children. It is the lack of access to nutritious foods, rather than over reliance on the 'unhealthy' foods, that primarily drives health inequalities relating to diet. Children growing up in food insecurity are much less likely to have access to nutritious alternatives or additions to less healthy foods.

What are health inequalities?

The term 'health inequalities' refers to the unfair, avoidable and systemic differences in health outcomes between different groups. These can be affected by a wide range of factors, with four factors often used to classify health inequalities in England[18]:

- Personal characteristics including ethnicity, disability status, and sex (and the impacts of discrimination relating to these characteristics, such as racism, ablism and misogyny)
- Socio-economic factors, like family income
- Geographic factors, such as rurality
- Social exclusion, including homelessness

The effects of inequality can be multiplied for those who have more than one type of disadvantage. For example, disabled children living in poverty are likely to face additional barriers to their non-disabled peers who live in poverty.

Many groups of children in the UK experience health inequalities, including (but not limited to) these factors, leading to long term inequalities in physical and mental health with some such as body weight, beginning from birth[19].

The NHS in England recognises these inequalities in children's health, and aims to address them through the NHS CORE20+5 framework. This approach recognises health inequalities in the 20% most economically deprived families ('20'), as well as inequalities experienced due to ethnicity, geography, neurodiversity and care experience (+), and sets out 5 focus areas for this group: currently asthma, diabetes, epilepsy, oral health and mental health[20].

Evidence shows that:

- **The cost of eating a nutritious diet is prohibitively high for many families.** One in five families would have to spend half of their income to be able to afford to meet the minimum government recommended diet, whilst the best-off fifth would need to spend only 11%[21]. Diets with high proportions of UPFs are cheaper, as these foods often contain a high concentration of calories and are cheaper to produce and sell due to their long shelf life[22].
- **This means that food-insecure families are disproportionately less likely to have access to nutritious food.** Of the four food categories recommended by the British Diatetic Association for child health and development, three of them – proteins, calcium sources, and fruit and veg - are among the highest cost foods. 60% of food insecure households have cut down on buying fruit and 44% have cut down on buying veg this year[23].

While children from all backgrounds are eating above the recommended amount of HFSS food, this is particularly the case for children living in food insecurity. These foods are forming a growing part of children's diets in the UK. A very high proportion of all children are consuming above the recommended amount of salt (66%), saturated fat (78%) and free sugars (95%)[24].

Whilst almost all children are eating above the recommended amount of HFSS foods and UPFs, there is a huge disparity in the amount of nutritious food consumed by food-secure and food-insecure children. Children from the most disadvantaged fifth of the population eat 17% less fibre, 29% less fruit and veg, and 75% less oily fish – all foods identified as important for healthy child development - than children from the least disadvantaged fifth[25].

There are several reasons why not all children and families have access to nutritious food:

- **Affordability:** UPFs and HSSF foods are often cheaper than buying fresh, more nutritious produce. Healthier foods are twice as expensive per calorie as less healthy foods, with the gap widening by 21% between 2022 and 2024[26].

- **Accessibility:** due to the higher cost of healthier foods compared to many HFSS and UPF products, many areas of the UK do not have retailers selling these products[27]. This results in these foods vanishing in some areas, creating 'food deserts' without access to products such as fresh fruit and vegetables[28]. The Priority Places for Food Index, produced by Which and the Consumer Data Research Centre in 2024, found that areas of economic deprivation are more likely to lack access to a local food retailer[29].

- **Appliance poverty:** it was estimated in 2020 that 4.8 million people in the UK are living in 'appliance poverty', lacking at least one essential household appliance, including nearly 2 million without a cooker and 2.8 million without a freezer[30]. The rising cost of white goods, and the energy required to run them, means that many families do not have the means to cook or store fresh food, and rely on takeaway food with little nutritional content[31]. This is particularly challenging for young people living alone and families in temporary accommodation, such as families seeking asylum, who are more likely to remain in temporary housing than households without children and can face prolonged lack of access to cooking facilities[32]. Even where people do have access to appliances, they may find them too expensive to run due to the high cost.

- **Longevity:** many UPFs are processed specifically for the purposes of long shelf-life and ease of storage. Whilst this reduces food waste, lowers the cost of producing (and therefore selling) them, and makes these foods more accessible for food-insecure households or households without appliances (as they do not require long-term cold storage) it also means that many families rely heavily on them, regardless of their nutritional content[33].

- **Promotion and advertising:** some UPFs and HFSS foods are marketed as 'healthy options' for children, despite their nutritional content not living up to these claims. Many UPFs and HFSS foods are directly marketed at children by using colourful packaging or cartoon characters. A review of food packaging found that over half of all food products marketed with cartoon characters were HFSS, with very few fruit or vegetables marketed in this way[34]. The promotion of these foods - often high-calorie, low cost, and with inaccurate claims on nutritional content - is often directly aimed at low-income families, contributing to inequalities in dietary health[35].

- **Nutritional guidance and advice:** Research by Barnardo's SEEN found that families from African, Asian and Caribbean backgrounds are excluded by health advice which typically centres on foods considered as 'typical' in British diets[36]. This leads to wider mistrust over dietary advice.

Taken together, these factors mean that the food system is not set up for any children to eat well, but is especially punitive to families experiencing food insecurity. Children from all socio-economic backgrounds in the UK are consuming excess salt, fat and sugar, but access to the nutritious foods that children need for their health, such as fresh fruit and vegetables – is deeply uneven. Less nutritious food is often cheaper and more available than more the foods needed to promote healthy child development, and is directly marketed at parents and children at a much higher rate.

As a result, children, young people and families experiencing food insecurity are at higher risk of poor health.

What is the impact of food insecurity on children and young people's health?

Over recent decades, recognition has grown that unequal access to more nutritious food is a driving force behind 'health inequalities', or worse health outcomes for certain groups in society compared to others.

Diet can have a long-term impact on children's health, and lower-income families are more likely to experience the negative health outcomes of a poor diet. Children of African, Asian, and Caribbean heritage are more likely to live in the 10% of most deprived neighbourhoods in the UK, and are therefore more likely to be disproportionality impacted by food insecurity and poor dietary outcomes[37].

Children experiencing food insecurity are more likely to experience obesity and eating disorders

Evidence suggests:

- Children from the lowest-income backgrounds are more than twice as likely to experience obesity than children from the highest income backgrounds; obesity is associated with higher risk of serious illnesses such as diabetes and heart disease and also impacts mental health[38].
- Rates of obesity in children living in the lowest income areas are rising, while the rates are decreasing in the highest income areas. 20.3% of reception children living in the lowest income areas were obese compared to 7.8% of those living in the highest income areas; by year 6 this rises to 33.8% of Year 6 children living in the most deprived areas compared to 14.3% of those living in the least deprived areas[39].
- Food insecurity is associated with certain eating disorders, particularly binge-eating disorder and bulimia nervosa. Low income, marginalised groups living with food insecurity are at significantly higher risk of eating disorders[40].
- Food insecure children are at increased risk of experiencing obesity in adulthood, even if they did not experience it in childhood, bringing serious health risks, including heart disease, arthritic problems and cancer. The behavioural effects of having experienced food scarcity and a sense of not having enough to eat is a contributory factor[41].

Obesity and malnutrition

The term 'malnutrition' refers to a state of poor health caused by too much, too little, or the wrong balance of energy and/or nutrients from food[42].

Historically, in Britain, the impact of malnutrition in children was most often seen as being underweight or starvation, driven by lack of access to enough food. This has created a lasting perception that malnutrition is associated only or mainly with low weight[43].

However, obesity and malnutrition in children are increasingly linked. The growing consumption of high-calorie, low-nutrition foods increases the calorie intake of children's diets without increasing their consumption of the essential nutrients needed for child health[44]. This means that the increasing reliance on these foods for many families – in particular, highly-processed foods – is driving an increase in both obesity and malnutrition in the UK[45].

Children experiencing food insecurity are more likely to experience poor health outcomes later in life

Evidence suggests:

- **Food insecurity has a long-term impact on general health and wellbeing.** International evidence has found that food-insecure children are at least twice as likely to report being in fair or poor health, and at least 1.4 times more likely to have asthma compared to food-secure children[46].

- **There is a cyclical relationship between food insecurity and long term health.** Children who develop long-term illnesses face further issues surrounding food insecurity in later life, as those with long-term conditions are amongst the highest users of food banks in the UK. Families with children growing up in food insecurity are more likely to earn insufficient money to buy the food they need for health, however carefully they budget and shop. This in turn has long-term health consequences in terms of obesity, diabetes, and other dietary-related diseases[47].

- **Poor diet in childhood contributes to huge inequalities in life expectancy.** Women in the worst-off tenth of the population can expect to live 19 fewer years of life in good health than the wealthiest tenth, and similarly, men experience an 18-year difference on average[48]. Of the top five risk factors for ill health in England - high systolic blood pressure, dietary risks, high fasting plasma glucose, high body-mass index and tobacco usage – four are directly connected to diet[49].

- **Malnutrition is on the rise among children, contributing to their risk of serious illnesses.** The number of NHS admissions for malnutrition amongst 1-17 year olds has increased by 76% between 2007 and 2022[50]. This is accompanied by the persistence of so-called 'Victorian diseases' associated with poor nutrition and health inequalities. For example, rickets - a long-term disease associated with a lack of dietary calcium and vitamin D - disproportionately impacts boys from south Asian or Black backgrounds[51].

Food insecurity can affect children's mental health

Evidence suggests:

- **Living in a household without enough food can seriously affect a child's mental health.** Even when parents try to hide their worry, children notice things like their parents skipping meals. They are alert to the fact that there is anxiety in the family about when food will run out and they may experience it themselves[52].

- **Food insecurity can also lead to feelings of shame and loneliness.** Children from families experiencing food insecurity are often very aware of the inequalities that they are experiencing. They report lower senses of belonging in their community, as well as feeling shame or anger when compared to their peers who do not experience food insecurity[53].

- **Food insecurity is associated with lasting emotional distress for children.** Studies suggest that children living in food-insecure households at ages 7–10 experienced greater emotional problems at age 12 relative to peers living in households that were food-secure but otherwise similar[54]. International evidence similarly suggests that children growing up in food insecure households are more likely to develop depressive symptoms in adulthood[55].

- **Food insecurity in childhood can have a long-term impact on mood and mental wellbeing.** Research shows that diet has a significant impact on mood, and a lack of access to high-nutrition foods – such as fruits, vegetables, nuts and pulses – can contribute to long-term higher risk of low mood, depression and anxiety[56].

- **Food insecurity has a detrimental impact on children's mental and emotional health in school.** In their annual survey of partner schools, Magic Breakfast - one of the leading providers of school breakfasts in England and Scotland - found that **more than 1 in 3 schools said hunger and food insecurity was impacting on children's ability to learn,** including poor concentration, tiredness and behavioural problems.

Children experiencing food insecurity are at risk of worse oral and dental health

Evidence suggests:

- **Tooth decay is one of the most widespread health issues facing children, disproportionally impacting children in poverty.** Almost a quarter (24%) of 5-year-olds in the UK are experiencing dental decay, with 2.5 times as many children in the most deprived fifth of households affected compared with the least deprived fifth[57]. Data from 2022 found that children from families identifying as British Asian were also disproportionately likely to experience tooth decay[58].
- **Tooth decay is closely linked to dietary inequalities.** Children living in food insecure households are more likely to consume foods associated with tooth decay and poor oral health[59]. One study found that the most deprived households consume an average of 108g per day of sugar-sweetened soft drinks, compared with 43g per day for those in the least deprived households[60]. Similarly, high consumption of processed meat products – which is more common in families experiencing food insecurity - has also been found to be associated with greater dental caries in children and adolescents[61].
- **Tooth decay is contributing to severe disruption to children's lives.** Tooth decay is one of the leading causes of absence from school; at least one in nine children have missed school due to dental problems, with a total of more than 15 million school days missed in 2023 for this reason[62].
- **Access to NHS dentistry is extremely uneven and huge inequalities exist in available support.** Even though dental check ups are free for under-18s and are recommended to take place every six months, children are not getting the check-ups or treatment they need. In the year leading up to Sept 2024, around 45% of children had no access to an NHS dentist, up from 38% the previous year[63].

"There are no dentists. All we can find is private, if at all."

Parent supported by Barnardo's

Children experiencing food insecurity experience delays in physical and social development

Evidence suggests:

- **Dietary inequalities are contributing to height differences in young children.** The height of five-year-olds has decreased in the last decade, with UK children now shorter than those in all comparable countries[64]. By the age of 10, children in the worst-off 10% of households are over a centimeter shorter than those in the best-off 10%[65].

- **Children living in food-insecure households are likely to develop slower than their peers.** In 2021 to 2022, just over half (50.9%) of children who were eligible to receive free school meals had not achieved a good level of development at age 5, compared to 31.2% for children who were not eligible for free school meals[66]. In particular, boys receiving free school meals report the lowest level of development[67].

- **Children who have grown up in food insecurity may experience long-term impact on brain development.** Whilst more research is needed, current evidence suggests that food insecurity impacts brain development both due to a lack of the important micronutrients that children's brains need to develop, but also due to the mental stress of food anxiety[68].

Diet-related poor health is causing massive – but preventable – costs for families and public services

Evidence suggests:

- **The impacts of poor health due to poor diet are costing the state, and society more widely, a huge amount of money every year.** Estimates of the 'hidden costs' of the food system – for example, the cost to the health system of range from £40-69 billion a year, with the costs to the health system consistently among the largest proportions of this expenditure[69].

- **The cost of poor dietary health is long-lasting, and causes preventable health problems.** Estimates of the cost of 'late intervention' (the cost of social security and services that are required when children and young people experience significant difficulties in life that might have been prevented) was £16.6 billion by 2016, including increased costs of social security payments and the long-term costs of absence from education[70].

Policy context

Westminster

Childhood diet and nutrition have increased in visibility since the 1990s. In the last 30 years, around 700 policies to tackle obesity have been proposed by successive governments, though a lack of long-term strategy and a focus on changing individual behaviour rather than the wider food system has meant these efforts have been limited in their success[71].

Some key developments in food and health policy include:

The **Healthy Start** scheme was launched in 2006, aiming to provide a 'nutritional safety net' by providing pre-paid cards to parents earning a combined income of below £408 a month to help purchase healthy sources of nutrition, such as vegetables and fruit, and vitamins[72]. Originally valued at £2.90 a week, Healthy Start vouchers increased to £3.10 in 2009, and then to the current rate of £4.25 in 2021[73].

Universal Infant Free School Meals (UIFSM) were introduced in 2014, with all state schools in England required by law to provide free food to pupils between Reception and Year 2. Beyond this age, families are eligible for free school meals if they or their parents are receiving certain benefits, such as Universal Credit, and their income does not exceed £7,400 annually. This threshold has not been increased since 2018, unlike other benefits increasing in line with inflation during this time.

The UK Government released its first **Childhood Obesity Plan** in 2016, which received two updates in 2018 and 2019. The plan aimed to recognise the health concerns relating to children and young people's diets. It set the goal of halving childhood obesity within 10 years, and reducing the gap in obesity between children from the most and least deprived areas by 2030. In setting this target, the government said that "obesity is associated with reduced life expectancy" and a "risk factor for a range of chronic diseases". Reducing children's exposure to advertising of HFSS products on television and online was an important part of the government's approach to reduce childhood obesity.

The plan introduced several key measures to tackle childhood obesity in England by influencing consumer behaviour, including a soft drinks industry levy (SDIL), or 'sugar tax'. Coming into force in 2018, this tax applies to soft drinks (but not juices or milk-based drinks) containing sugar – 18p/l on soft drinks with 5-8g of sugar per 100ml, and 24p per litre on soft drinks containing more than 8g of sugar per 100ml.

Initially, revenue from this tax was used to fund programmes tackling childhood obesity, but gradually this direct link has been weakened, and the tax is now part of general taxation[74]. Evaluations of the sugar tax have found positive results, with the sugar content of drinks decreasing by 29% after the tax was introduced and led to a reduction of weekly sugar intake from soft drinks by 2.7% per household[75].

The Holiday Activity and Food (HAF) Programme was launched in 2018 to provide support with access to healthy food to children of families eligible for free school meals. The programme is funded by government and delivered by local authorities, some of whom allow normally ineligible children to participate for a fee.

Improving access to nutritious meals is among the core aims of the programme. A review of the HAF programme found that 62% of local programmes provided nutrition support at least a few days a week, and that 93% provided at least one nutritious meal a day[76]. The UK government has indicated it intends to extend the scheme until March 2026, but as of February 2025 this has not been confirmed.

Most recently, in the wake of the 2024 election, the current UK government has proposed a range of measures intended to address children and young people's dietary health:

- Advertising restrictions on unhealthy foods online
- Breakfast clubs in all schools in England, currently proposed in the Children's Wellbeing and Schools Bill
- Raising the Soft Drinks Industry Levy
- Restricting fast food outlets opening in close proximity to schools and colleges.

Scotland

The Scottish Government introduced a range of devolved Scottish benefits in 2018.

Among these was **Best Start Foods**, replacing Healthy Start in Scotland. The scheme makes changes from Healthy Start:

- Eligibility: under-18s do not need to be on any payments or benefits to apply, and parents over 18 years can apply whether they are in work or not so long as they are receiving certain benefits

- Payment amount: as of 2024, £4.50 per week for pregnant women and families with children aged 1-2 and £9.00 per week for families with children aged under 1.

Since then, the Scottish Government has legislated at the devolved level to change the food environment in Scotland. **The Good Food Nation Act,** made law in 2022, introduced a requirement for Scottish Government, local councils and health boards to establish food plans, with a requirement to address a range of food-related policy goals, including child poverty[77]. The draft National Good Food Nation Plan was released in 2024, with commitments including:

- Providing daily portions of fruit or vegetables and milk or non-dairy alternatives to all children in preschool childcare
- Providing children in funded Early Learning and Childcare with a free, healthy meal in their childcare setting
- Rollout of free school meals to all primary school pupils.

Wales

After a Food Bill for Wales was voted down in the Senedd in 2022, the Welsh Government laid out its food policy objectives in its 'Food Matters: Wales' paper in July 2024, including a commitment to extend free school meals in Wales[78], which has now been fully rolled out, and a new approach to regulating the advertising of unhealthy food in Wales announced in February 2025.

The Welsh Government introduced free, universal breakfasts in schools in 2004[79]. By 2022, over ten million breakfasts had been provided, with one in four low-income families reporting it had supported their access to healthy food, although barriers relating to the capacity of breakfast clubs in some Welsh schools limit the scheme's effectiveness[80].

Northern Ireland

The Northern Ireland Executive released its Food Strategy Framework - the first devolved food strategy in Northern Ireland - in November 2024, including a recognition of the impact of food insecurity on poor health and the importance of addressing young people's dietary health[81]. An action plan with commitments from the NI Executive is due in 2025.

The Department for Communities in NI is currently responsible for administering many benefits, including Healthy Start, and collects data on the scheme in NI. Some evaluations have suggested that the fact that responsibility for delivering Healthy Start in Northern Ireland was devolved at a time when the Northern Ireland Executive and Assembly were not sitting had a detrimental impact on efforts to increase uptake of the scheme in Northern Ireland[82].

London

Whilst more limited in policy capacity than other devolved administrations, London has enacted several policy measures to tackle dietary ill health.

In 2019 the Mayor of London restricted advertising of high sugar, salt and fat (HSSF) foods on the London Underground with the aim of reducing childhood obesity. Evaluations of the policy found that it had contributed to a 6.7% lower calorie intake from these foods in London, with the most notable reduction in sugar consumption from confectionary at 19.4% lower[83].

In 2023, the Mayor of London launched announced free school meals to every primary aged child in state-funded schools in London, making over 270,000 children eligible for free school meals in the capital. An independent evaluation of the rollout of Universal Free School Meals in London over the 2023/2024 academic year found that the rollout had had a positive impact both on families' access to food and to the nutritional content of children's diets[84].

What support do families and young people access to help with food?

What?	Where?	Who can apply?	How much?
Free school meals	UK-wide (subject to eligibility)	England: recieving universal credit, household income <£7,400 annually Wales: All primary-aged children Scotland: All children in P1-5, and older children from low-income families Northern Ireland: recieving universal credit, houshold income <£15,000 annually	1 meal per school day, compliant with school food standards
Healthy Start	England, Wales and Northern Ireland	Families with children under four and women over 10 weeks pregnant, with an income under £408 per month	£4.25 per week
Best Start Foods	Scotland	Families with children under 4, women over 10 weeks pregnant	£9 per week for families with children aged 0-1; £4.50 for pregnant women and families with children aged 1-2
Breakfast clubs	Wales: Universal since 2008 England, Scotland and Northern Ireland: available in some schools	Universal	Varies

Food support at home

Healthy Start and Best Start Foods Programmes

The Healthy Start scheme in England, Wales and Northern Ireland, and its Scottish counterpart Best Start Foods, are among the main food assistance programmes supporting low-income families to access healthier food. Families with children under the age of four and pregnant mothers on low incomes are eligible to apply. The schemes provide a pre-paid card which can be used to purchase products including fruit, vegetables and vitamins.

Evaluations of both Healthy Start and Best Start Foods have been positive, with participants reporting that the schemes provide a 'nutritional safety net' that helps improve their children's diets[85,86].

However, barriers are preventing the scheme from supporting families as well as it could:

- **Access:** take-up of Healthy Start is low, and many families who could be claiming the vouchers are not doing so. Some families are unaware of the scheme's existence, whilst others – especially those facing challenging situations – are unable to complete the application process.

  Most recent data for takeup rates are as follows[87]:

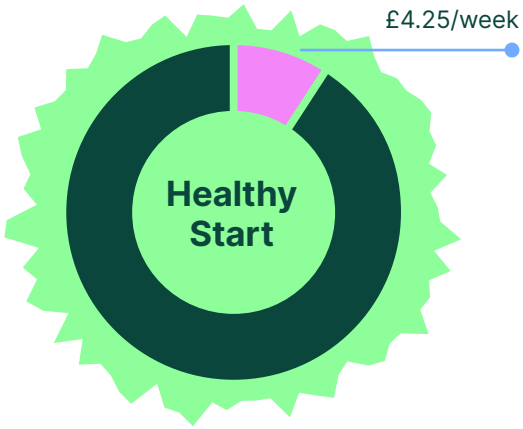
  - 66% in England
  - 69% in Wales
  - 55% in NI

  Take-up of Best Start Foods in Scotland is higher, at around 92% as of November 2023[88]. The higher take-up of Best Start Foods relative to Healthy Start has been attributed to the wider eligibility criteria and the higher value of the payments[89].

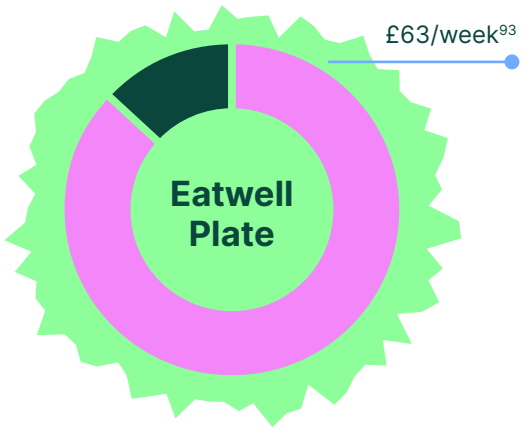
- **Value and coverage:** the value awarded through Healthy Start and Best Start Foods is insufficient to cover the rising cost of the food they are intended to purchase. The value of Healthy Start vouchers has not kept pace with the rapidly rising price of fresh produce, limiting the scheme's impact on diet and for some applicants making applying for the voucher not worth the administrative burden[90]. Similarly, evaluations of Best Start Foods have found that despite its increased value relative to Healthy Start, the voucher still does not cover several essential food items[91].

- **Stigma:** in common with other voucher schemes, the use of the pre-paid Healthy Start is associated with a significant amount of stigma, and even families who find the support provided by the scheme helpful still feel stigmatised[92].

Value of Healthy Start



Value of Healthy Start: £4.25/week



Weekly cost of a diet for one individual meeting the Eatwell Plate guidance : £63/week[93]

'Families who most need Healthy Start are often the least likely to apply. It's a horrendous process to claim for and is often different in different local authorities.'

Samantha Murray, Strategic Lead for Health Visiting, Barnardo's

Food support in schools

Food eaten at school makes up on average around 30% of what a child in primary school eats in a day, and since eating habits and patterns are formed in the early years, expanding the availability of nutritious, free school meals represents a real opportunity to reduce nutrition-related inequalities[94].

Free school meals are delivered differently in each UK nation:

England: In England, universal infant free school meals (UIFSM) were introduced in 2013, providing FSM to pupils in reception, year 1 and year 2. The Mayor of London introduced free school meals for all primary school pupils in London introduced for the 2023/24 academic year. This has since been extended to the 2024/25 academic year.

Wales: All primary-aged children are entitled to free school meals. The Welsh Government also recently announced extending free school meals to nursery-aged pupils attending maintained schools.

Scotland: Free school meals are currently available for all children in Primary 1 to 5, and older children from qualifying families on low incomes. The planned expansion of provision to cover all primary-aged children is planned from late 2024 onwards, and Scottish Government has committed to extending universal provision to the whole primary age range and are exploring options for expansion in secondary schools. In its 2025-6 budget, the Scottish government is committing to expanding free school meals to the first three years of secondary school[95].

Northern Ireland: Free school meals are means tested for all children in Northern Ireland. The Northern Ireland Executive is researching options for expanded entitlement to free meals, including universal provision.

Breakfast clubs are also provided in some schools in England, Scotland and Wales. Up to 30% of children skip breakfast regularly, coming to school on an empty stomach, with adolescents aged 12+ from the most-deprived backgrounds the most at risk of this[96]. The UK Government has committed to the full England-wide rollout of breakfast clubs.

However, the provision of free school meals and breakfast clubs is also complicated by barriers:

- **Nutritional value:** whilst the nutritional value of school meals has improved widely in recent years, this has not been consistent across all areas. National Institute of Health and Care Research research found that nearly two thirds of calories in school lunches are derived from ultra-processed food[97], and University of Birmingham research found that around a third of schools are not complying with minimum school food standards[98].
- **Inclusivity:** students are more inclined to refuse school food and buy their own, or request a packed lunch, if they feel school food does not meet their needs[99]. However, children receiving free school meals are less likely to to be able to afford additional food either in our out of school, which can isolate them from their peers[100]. This is particularly the case where free school meals have a more limited range of food than those accessible to other children.
- **Stigma:** children receiving free school meals can feel excluded or stigmatised, with some reporting that they are offered different food or are sat separately from children not in receipt of free school meals[101].
- **Eligibility:** families in England claiming Universal Credit can only claim means-tested free school meals if they earn below £7,400 a year (after tax). Because of this, 1.7 million children whose families are entitled to Universal Credit – 69% of this group – are not eligible for free lunches[102].

Who decides what should be in school food?

School food standards are set by the governments of each of the UK nations.

a. **England:** England follows the School Food Plan, which apply to all maintained schools, academies, and free schools. The guidance was last updated in 2019.

b. **Scotland:** Scotland has its own set of nutritional guidelines, the 'Nutritional Requirements for Food and Drink in Schools', which varies slightly from the UK School Food Standards.

c. **Wales:** Wales also follows the UK School Food Standards, but may have additional policies related to school food.

d. **Northern Ireland:** Northern Ireland introduced its own Food Standards in 2008, and a public consultation to revise them was held in 2020.

Food support in communities

Food banks

Food banks are one of the main sources of support for families facing food insecurity. Trussell Trust estimates indicate that 2.5% of all families in the UK used food banks in 2019-20, rising to over 3% after the COVID-19 pandemic. This rises to 6% of children, meaning that children and families are disproportionately likely to use a foodbank[103].

Food bank use has a strong relationship with poor health. Over 60% of people who were referred to food banks in August 2022 had a disability or long-term health condition, around three times the rate of the general population[104]. Similarly, some research has suggested that whilst poor health is not the immediate cause of foodbank referral, there is a high prevalence of poor mental health, such as depression and anxiety, amongst food bank users[105].

Barnardo's research from 2024 found that 8% of families with children had used a food bank in the last 12 months, meaning that around 1 million children had been reliant on this support[106].

> **"We often provide young people with food and money for their gas and electric. We pick up food parcels from food banks and use Barnardo's funds to take young people food shopping to purchase healthy food as the food from the food banks is always tinned and dry foods."**
>
> Barnardo's practitioner

Whilst food banks are fulfilling an essential need in the current environment, they do not always allow families to access a nutritious diet:

- **Planning:** Food banks' reliance on food refuse from the wider food system (e.g. food retailers) and the paucity of connections to fresh food retailers reduces families' ability to plan healthy meals reliably, as food banks do not reliably stock the same items week-on-week and many foodbanks are reluctant to proactively seek fresh produce due to short shelf-life[107].
- **Nutritional availability:** Food banks often focus on making sure people are fed at all, but cannot always make sure they are fed well. Food parcels or packages from food banks consistently do not meet the guidelines in the NHS Eatwell Guide, usually containing excess salt, sugar and calories, and are often deficient in key nutrients for child health and wellbeing, including fibre, iron, calcium, and vitamins C and D[108].
- **Exclusion and stigma:** Food banks often provide a very limited selection of foods and do not always provide religiously appropriate or culturally varied foods, leading to the exclusion of some minoritised ethnic communities from food bank support[109].

This means that whilst food banks are fulfilling a vital role in ensuring families can eat regularly, they are not always able to support families to eat fresh food.

Food banks are intended to provide urgent, immediate food to people who would otherwise be hungry. In these circumstances any food is of course better than no food. However, with some individuals and families sadly relying on food banks for longer stretches of time, we do need to consider how to make sure the food they access is as nutritious as possible.

Food hubs and local food partnerships

In recent years, a range of community assets have developed to support families with access to nutritious food and cooking facilities and fill the gaps in food bank support.

These include:

- **Food pantries and social supermarkets:** services that operate via a shop model, with food procured from a range of sources (such as supermarkets or food distribution organisations) and sold at very low prices, sometimes for a small membership cost. These services seek to provide more choice than food banks, and address the stigma sometimes associated with accessing food support.
- **Community fridges:** free, community-based points of access for fresh food that usually do not require referral.
- **Community kitchens:** services that provide community spaces to prepare, cook and sometimes store food. These services may be co-located with other services, such as family hubs, and some may also host programmes that provide training and guidance to the community on buying, preparing and eating healthy food.

These are sometimes collectively known as 'food hubs'[110].

The evidence base for food hubs is still in development, but research indicates that these community resources have a positive impact on the health of their communities by removing barriers to healthy food, improving the mental health of the communities that access them, and reduce the stigma associated with accessing food support[111].

'There isn't that stigma attached. They're more accessible - they're central in the community and they have that social element as well. It's more of a choice - you're not being 'done unto'. People might go in and spend a good couple of hours there. They know about us and our family hubs, so they can put people in touch with us who don't know where to go.'

- Laura Groves, Assistant Director Children's Services, Isle of Wight

However, these models face challenges in providing support:

- **Sustainability:** food hubs can operate in a self-sustaining fashion, often being staffed with volunteers and/or providing food procured from donations. By partnering with other parts of the local food system, they can benefit local food economies and prevent food desertification. However, they are resource-intensive to establish, and funding for food programmes is limited, with many dependent on one-year funding cycles[112].
- **Impact:** whilst food hubs can have a large impact on their local communities, they – like food banks – do not address the root causes of food insecurity and dietary inequality, instead mitigating the impact of rapidly rising prices and a lack of access to cooking facilities[113].

Helping Hands Pantry, Hurlford

The Helping Hands Pantry opened in Hurlford, Ayrshire, in September 2024, one of the projects established by the partnership between Barnardo's and Co-op. Based within a community space provided by St Paul's Church, the Pantry provides a space where families can shop for food in a welcoming and community-focused environment.

The Pantry obtains food through connections with other organisations, such as Fareshare. For a weekly fee of £4.50, pantry members are able to purchase an amount of food worth an average of £25, with a labelling system allowing members to choose a variety of foods they wish, including cupboard goods, refrigerated and frozen items, and foods suitable for different dietary requirements (including vegetarian, vegan, and gluten free food). Fruit and vegetables are provided for free.

The Pantry also includes a social space with nutrition advice, recipe sharing, hot drink facilities for members to use, and a suggestion board where children can request items that they would like to see the Pantry stock in future.

This model is financially sustainable, due both to the continuous long-term income from membership fees and regular donations from partners. The Pantry is working with East Ayrshire Council to build referral pathways into food support with health visitors and social workers, to ensure those who most need the pantry's support can access it.

Currently, the Pantry is staffed by members of the Barnardo's family support team, who are able to provide tailored support to regular members, including remote shopping orders for those with mobility restrictions. However, the Pantry plans to eventually become owned by the community and run by volunteers.

The Pantry aimed to secure a membership of 50 young people and parents within 6 months, and had achieved 30 members within 6 weeks of opening. Some members are already reporting that the Pantry has become their primary shopping location.

The Helping Hands Pantry is part of Your Local Pantry, which is a network of over 120 community led food pantries. Your Local Pantry believe that everyone should have access to good food and are all about dignity, choice and hope, bringing people together around food. To find out more about Your Local Pantry visit www.yourlocalpantry.co.uk. More information about the Barnardo's/Co-op partnership is available here.

The Cultural Kitchen, Belfast

The Cultural Kitchen Project was established by the Barnardo's Northern Ireland Refugee Support Service, part of the UK Vulnerable Person Relocation Scheme. The service supports families and children with refugee or asylum support, family support, education and healthcare.

The Cultural Kitchen was started after consultation with the families supported by the service revealed that food was having a profound impact on their lives. Living in hotel accommodation, the families often had little choice in the food available to them and their children; they were unable to prepare their own meals and had little to no access to food they missed from home. This had a serious impact on their wellbeing, and also on the nutritional health of the families' children, some of whom were not eating or who were weaning much later than other children their age.

The Cultural Kitchen provided families an opportunity to prepare, cook and serve a meal to their children and enjoy together with other families. Once a week in Children's House, Belfast, up to four families could come together and plan, shop for and cook food, with the support of the Barnardo's team. Outdoor play was a major part of the project, enabling children and families to share food together in an outdoor space in a home-like environment. Families could attend more than one session.

Between November 2023 and March 2024, 48 sessions were delivered by the service. Engagement with the project was high and the outcomes extremely positive, with parents particularly highlighting the positive impact on their own and their children's mental health from being able to cook and share their own food with their children. 88% answered 'Yes' when asked 'Would you be interested to cook in a similar project with families living in the community you eventually move into'.

Young people across the UK are experiencing barriers to eating healthily

We spoke to young people from Barnardo's B-Amplified network, a network of young people across the UK supported by Barnardo's, asking them what healthy food meant to them and what change they wanted to see to make eating healthily easier.

This is what they told us.

Information about healthy food is not inclusive or holistic enough

The young people we spoke with felt that the concept of healthy food is nuanced, and depends on moderation and context. They considered different types of food to be beneficial for different aspects of wellbeing i.e. mental health and physical health:

"Well technically speaking all food is healthy until it isn't. You can eat broccoli every day in exorbitant amounts and that would be unhealthy because you're eating way too much. You can also eat one chocolate bar every day and that is healthy because it's in moderation. There [is] food that's good for the body and food that's good for the brain. Food that's good for the body are things like carrots and things that helps our bones and calcium and things that our brains like, like chocolate. The best thing you can do is find a balance that does both. This person used the example of grapes which is both healthy and has sugar, which makes you feel nice. So healthy food is very much you having moderation, rather than what's in it."

"It's about having a balanced diet. If you only ate apples, your teeth would rot from all the sugar. Nothing would be healthy if that's all you ate. So, you need to have a mix [...] you need your vits and minerals and protein. It's not so much about where you get it from but how much you have."

Many of the young people we spoke to expressed reservations about the accuracy and universality of health guidance, telling us that it was often overly prescriptive or 'one-size-fits-all'. This was accompanied by the feeling that nutritional guidance comes across as preoccupied with warnings and negative consequences, leading to fear or confusion about making the "right" choices:

> "Sometimes it's not about what you cook but how you eat it. So if you're cooking foods in oils all day every day, it's obviously not going to be healthy for you. I'm doing Slimming World at the moment and I find it works. I found other people who found it works and others who found it doesn't work. I'm the same, I don't like certain textures so I don't eat food with that texture. It's all about finding the right balance for you in terms of what you eat, how you eat it, what you like, what you don't like."

> "I think most of us grew up with the food pyramid from school [...] Any diagram that shows any amount of food portioning is incorrect because everyone is different. There is not a 'be all and end all' solution for everybody. But we all grew up with that. One of the biggest things in the food pyramid, if I remember correctly, was fruit and veg and green food. It is very heavily encouraged, more like do this or you'll die propaganda, which got shoved down most of our throats."

> "We're taught all the all the dangers of eating too much and potential diabetes but we're never taught the benefits of eating the healthy stuff – we're only taught the negatives of eating unhealthy stuff. I also am aware that saying 'healthy' and 'unhealthy' isn't correct."

> "There is also the whole thing about the diet industry demonising sugar and fat even though you need them all. But people get so caught up on them all and then a bunch of misinformation comes out and no one knows what is right and that causes a mess."

> "The inflexibility is the issue. Growing up and being told it is the be all and end all for everyone when it isn't helpful. The 'My Plate' diagram that's there – the visual aid isn't helpful because there isn't a be all and end all for all genders. It might vary for you and it's about finding what works for you. And then it's like follow this or you die or get diabetes and then it's your fault."

> "And if you mess up for one day for now following it, you feel like something bad will happen when that's not true because your body doesn't work like that. We all have different needs, but we're not taught that when it comes to diet. And by diet, I mean eating, not losing weight."

> "That's a problem in itself [...] We have all been conditioned to believe that it is the act of going into a calorie deficit to lose weight. A diet is just what you're eating. You may make changes to your diet to change your weight or weight distribution."

More specifically, many of the young people we spoke to felt that nutrition advice for young people did not accurately reflect differences in experience between different groups, particularly highlighting differences relating to neurodiversity, gender and personal health backgrounds, as well as diverse cultural backgrounds:

> "When I think of healthy food, I think of colourful food which to me is scary food. Colourful food is scary.
>
> "I'm personally autistic so colourful food may as well be poison to me sometimes. Growing up in care myself it's like... beige food."

> "As a woman, when it comes to eating and things like that, a lot of it comes down to 'if you eat too much, you're undesirable because you'll get fat' [...] and as a person with the experience of being a woman, it's also more stigmatised that you must have this perfect balance of greens. And being autistic, this isn't going to happen with me. I tried and it isn't going to happen."

> "The food pyramid is a good visual tool to learn about food groups, but it's the way it's presented – back then the food group was the be all and end all for all people, all genders, everyone. I didn't learn until later on that my food needs will differ wildly from someone else, because I could be diabetic and need more sugar whereas, someone else needs more calcium. It's not that it was presented poorly [...] it's being told this is the square box solution to food and eating when it isn't."

> "I can't eat most fruit because I can't touch them. I hate the fact that I have to say this, but I don't mind how most fruits taste, I just don't like touching them. So, a lot of pre-prepared fruit, I can't do."

Young people want to eat healthier food, but face barriers to doing so

The children and young people we engaged with for this work told us that they wanted to find ways to eat healthier that suited their lives and needs, but reported a range of 'hard barriers' preventing them from buying, cooking and eating healthy food. Some young people felt that much of the common advice given to help eat healthily – for example, bulk buying and batch cooking - was often unhelpful and unachievable in the context of their own lives.

Cost

The biggest barrier the group reported was the prohibitive cost of buying nutritious options. Nearly all of the young people we spoke with talked about wanting to improve their diets, but told us that the cost of doing so prevented them:

> "Now the cheap shops aren't the cheap shops anymore. When you go to these shops it's cheaper to buy multi packs."

> "Not everyone can bulk cook and buy. I'm disabled - I can't cook full stop. [...] I live off universal credit and disability pay, I don't have enough money to start bulk buying. Yes, it's cheaper in the long run but I don't have the chance to start bulk buying."

> "I find it very hard to find one person portions and when I'm at uni, I don't have the space to keep very much food. I find I'm throwing a lot out because you can't buy single portions. I don't drink that much milk, and I only need it for tea and cereal but like buying a little 1 liter, I'm throwing half of it out, but buying the little tiddly one I'm using in 2 days."

> "There are so many people below the poverty line, it's scary. I can't afford to have the heating on and it's either that or don't eat. There are more and more people falling below the poverty line and it's scary."

In particular, the comparison in cost between fresh food and unhealthier alternatives emerged repeatedly as a major point of frustration and confusion:

> "It does occur to me that this is a cost-of-living crisis problem [...] We can't afford to buy new stuff. Food is expensive – my partner does most of our shopping because I'm disabled. But I know when she goes to the store, it is much more expensive to get like proper noodles. If you get them from the package or you make them yourself, it costs more than a pot noodle which is concerning, but why is it that this pre-made product is more expensive than getting ingredients and making it from scratch. How do they expect us to afford it – they say get better stuff or get less but we try, and we can't".

> Young people also highlighted the broader cost pressures around food, such as heating and energy:

> "It almost becomes tempting to gain weight so you don't have to pay for heating and become a bear over winter!"

The young people we spoke with highlighted that these barriers were particularly heightened for young people and families with additional dietary requirements, such as food allergies or food sensory considerations related to neurodivergence:

> "Think it's also the cost of meal. If you're a family, you all try to eat the same meal. But if you're in an allergenic household, you can't always afford to get what they can eat."

> "Being autistic [...] a lot of the time the foods I can eat are more expensive. I can only eat Heinz BBQ sauce but Heinz is a name brand so that's very expensive so that makes things very difficult. And my partner has to do it, and she's autistic herself. It's not cook meal, eat meal, clean; it's a lot more steps than that."

> "I've often been told 'I'm not going to cook another meal just for you.' Logically, I get it, but it doesn't meet my needs. Like Christmas dinner, I can't eat a normal one, I have to eat my adaptations."

> "Cost-of-living has hit everyone, but it's hit neurodiverse people in a very different way. Care leavers are likely to be below the poverty line and being neurodiverse is an extra barrier."

> "There are a lot of barriers for us, but this is an extra barrier."

Space and appliances

The impact that access to facilities had on the ability to cook was a repeated theme, in particular for those living alone, at university, or with experience with living in temporary accommodation:

> "I live on uni campus – I have half a shelf in the fridge and half a shelf in the freezer."

> "I like cooking and I'm okay with coloured food. I quite like making a stir fry but I buy the stir fry packed veg that are so handy and dead cheap, but the packets are massive and always find it's too much for one stir-fry so I use half of it and then it's left to rot because what else are you going to put that in."

> "I can't bulk cook because there's no space for it."

> "It's also about access and that. I was working full-time, and I was working at a hotel and wasn't allowed a microwave. I had a kettle provided by the hotel and when I was not working, I was struggling. I was going out to get meal deals and instant noodles, which aren't the best for you, but it's about what you have access to. The only time I knew I'd have access to hot food was when I was working but I was doing 14-hour shifts but at least I'd get my breakfast, my lunch and my tea which my boss was very understanding of. It's all good saying you can eat healthy, but it's about what you've got and what you're limited to."

> "Make affordable single portions. A multi pack shouldn't be more expensive. I don't have the space to make a massive batch."

Time and community

The challenges of being short on time – often balancing working, studying, and other life pressures such as caring responsibilities – were emphasised strongly by the young people we spoke to, as was the impact this has on their ability to cook from fresh regularly. Some indicated that young people are more likely to live alone – in university halls, renting privately, or temporary accommodation – and therefore lack a community to cook and eat with:

> "If I'm at uni, I finish at 4.30/5 and I have things to do, so I don't want to go home and cook. I'd rather go to sleep after a 12 hour placement shift. After a day/night shift, I'm not going to be spending ages making food."

> "Batch making is time consuming. I work two jobs [...] sometimes by the time I get home I just don't have the energy. It's also about portion size, I don't have time to batch make things or even enjoy myself."

> "It's not always about having the appropriate things, it's also time. Often, I don't feel hunger cues until I'm starving and then by then I need something really quick. So, I'm not going to cook, I will microwave something. That becomes a meal quite often."

> "Companionship. Sometimes having someone to cook and eat with makes it easier."

What challenges do families face in accessing nutritious food?

Barnardo's supports children and families across the country who are struggling to afford to improve the nutritional value of their diets.

Drawing on insight from parents and practitioners, some key themes emerge that demonstrate the challenges that families and young people are coming up against in trying to provide healthy, nourishing meals for their families.

Time and money pressures

Parents told us about the impact that a lack of money and time had on the ability to prepare nutritious meals:

"Some people spend all of Sunday preparing meals for the week. It would be my dream to have them all labelled in the fridge, but when are we meant to do that? And then you saw earlier, he's hungry and its right now. So, we have to use the emergency pouches." - Parent

"We know about this stuff, and we prioritise it, organic food, preparing fresh as much as we can... but mortgages have gone up, and the cost of food and energy." - Parent

Confusing, inappropriate or out-of-date guidance

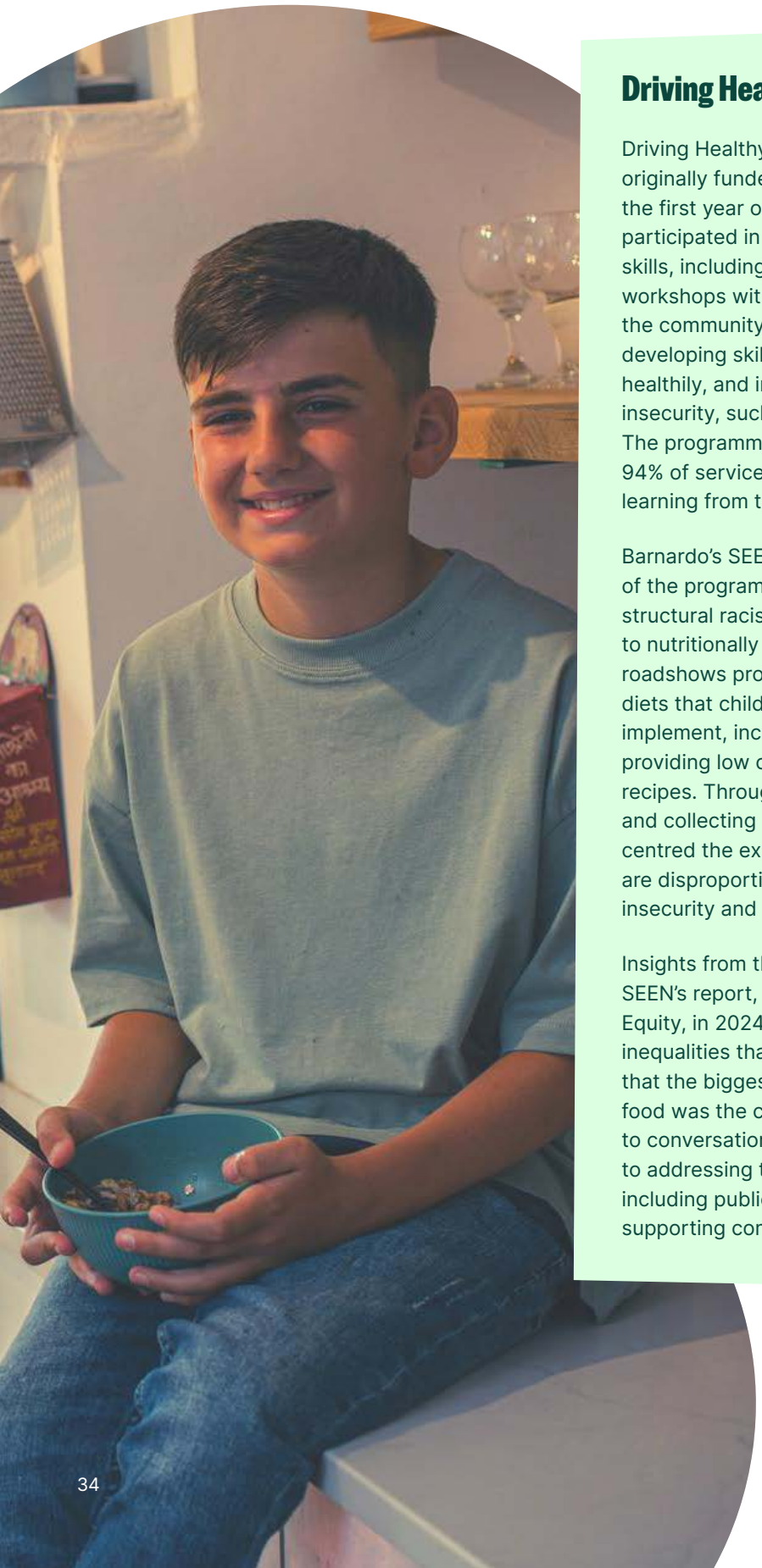
Some in the group highlighted nutrition advice they encountered as out-of-date or not relevant to their lives:

> "It's on us as individuals to choose to put our income and time into healthy eating, it's not the easy choice, you have prioritise it. And there's no education on it either." - Parent

> "I couldn't believe the carbohydrate section on the Eat Well plate. You know, a carb is a croissant, a carb is processed white bread... Then they go to school and can't concentrate and could be diagnosed with something like ADHD. To me, I think that's all the sugar in their diets. So, I was shocked by the carbs." - Parent

> "Does it say wholemeal or brown bread or grains? Some of that can be really cheap, a wholegrain loaf is better for you than white, but is it clear on the plate? This is the stuff that gets taught in schools, and that we are told to use, but if it's out of date then we will just carry on in this unhealthy way." - Parent

How does Barnardo's support families with food and diet?



Driving Healthy Futures

Driving Healthy Futures was a two-year programme, originally funded by Enterprise Rent-A-Car, in 2022. In the first year of the programme, Barnardo's colleagues participated in workshops on food nutrition and cooking skills, including training on how to run your own cooking workshops with resources for practitioners to use in the community. The programme aimed to support with developing skills for eating well on a budget and living healthily, and included support for families living in food insecurity, such as by providing supermarket vouchers. The programme received highly positive feedback, with 94% of service users agreeing that they would use the learning from the sessions at home.

Barnardo's SEEN programme led the second phase of the programme in year two, with a focus on structural racism through the lens of food and access to nutritionally balanced diets. Their work included roadshows providing solutions for affordablehealthier diets that children, young people, and families could implement, including increasing food literacy and providing low cost, sustainable, and culturally sensitive recipes. Through holding 4 roundtable discussions and collecting 150 feedback forms the programme centred the experiences of seldom-heard groups who are disproportionately impacted by issues around food insecurity and dietary health inequalities.

Insights from these roadshows were published in SEEN's report, Driving Healthy Futures: Fuelling Food Equity, in 2024. The report explored the structural inequalities that influence food insecurity, finding that the biggest barrier to eating more nutritious food was the cost of ingredients, and launched calls to conversation on several topics most relevant to addressing the inequalities in the food system, including public sector equality, food literacy, and supporting community-led initiatives[114].

Helping families, children and young people in poverty has been a core aspect of Barnardo's work for over 150 years. Recent years have seen food costs spiral, and support with buying and cooking food has become among the strongest themes of the support we provide via our family support services.

In October 2022, Barnardo's set up a Cost-Of-Living Fund, to provide immediate support to children, young people and families struggling as a result of the cost-of-living crisis. In 2023-24, we spent around £1m providing this essential support, reaching 15,592 people.

Cost of Living Fund

In 2024, we surveyed Barnardo's practitioners to understand how they had used the Cost-of-Living Fund to support families. Many practitioners told us that food – especially healthy food – was an immediate priority for the families they supported.

Many practitioners told us they supported families with access to healthy food directly, such as through shopping or budgeting.

> "We provide intensive whole family approach support. This involves practical supports - help to ensure receiving/claiming all benefits due, housing issues, budgeting advice, healthy eating, vouchers for clothing, food, white goods."

> "Supported mum with planning, routines, recipes/ making healthy meals with her son and with his input, connected the family to networks for the future. Helped with fuel poverty for a warm home."

> "Applied for money [...] to provide food for a family of 6 who were struggling. We also ran a slow cooker course giving the families a slow cooker and teaching them how to make cheap, healthy meals."

> "I organise cookery sessions focusing on healthy eating and budgeting for local families. One mum has accessed two separate programmes - one provided her with a slow cooker, a home cooked meal to take home, plus skills and recipes to use in the future. The other provided ideas for healthy lunchbox items on a budget."

Practitioners' responses often identified the barriers preventing access to healthy meals for families:

> "We have linked them with food banks but they have a maximum number of times they can get parcels so in those instances we have purchased vouchers so they can go to their nearest supermarket and get their shopping, picking the food they want and need without being given generic items with little or no nutritional value, fresh fruit and vegetables and being able to make proper meals for their children. Also the confidence and feeling of achievement to be able to shop for themselves, cook for themselves and provide for their children is massive for any parent."

Family Hubs and Centres

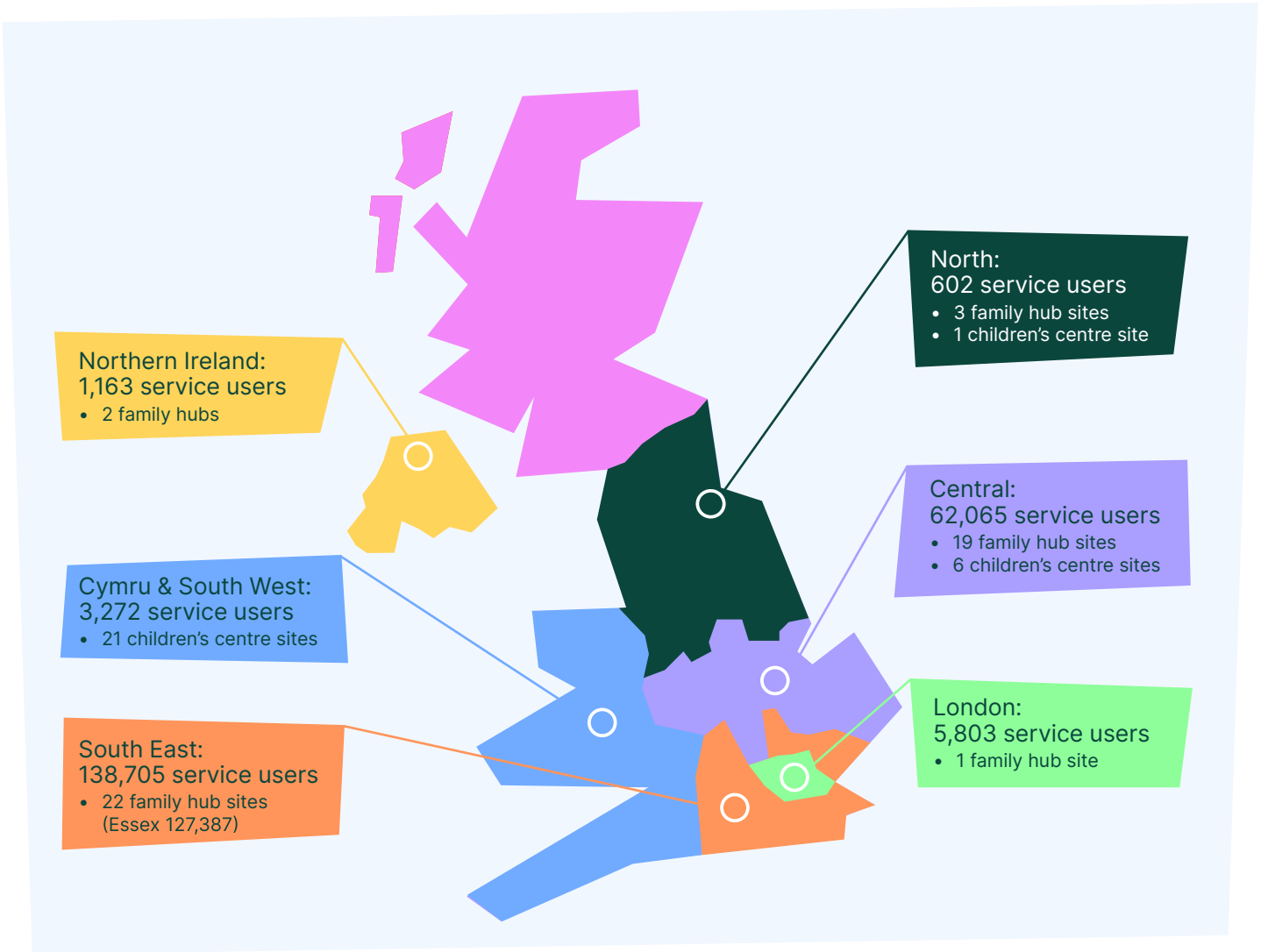
Barnardo's offers support with nutrition and food as part of our wider family support offer, generally delivered through family centres.

In 2023-24, we supported 223,867 children, young people and families through our 75 family centres – which includes family hubs and children's centres.

The content of these services varies in line with local needs, to make sure the offer is relevant and responsive to families, but in general:

- Family Hubs provide early help for families from pre-birth to 19 to overcome a range of challenges.
- A children's centre is often more focused on families from pre-birth to 5.

Barnardo's family centres are inclusive and friendly, safe spaces for parents, parents-to-be, carers, and children to learn, develop, and find the right support at the right time.



Young Carers Cooking Project, Isle Of Wight

The Young Carers Cooking Project is hosted by Barnardo's Isle of Wight family hubs, initially funded by a £3000 Community Capacity Grant issued by Isle of Wight Council for young carer-targeted activity. The decision was made to focus on cooking due to the high cost of this activity and the high local need. Young carers often face significant pressure with cooking and eating as part of their caring responsibilities, and those on the island face additional vulnerabilities such as travel complications.

The project provides two cooking sessions over two weeks for tailored for secondary school-aged young carers on the island. As part of the project, young carers are offered a menu card and the opportunity to make a nutritious meal for their family, and then could take food and the menu card home with them. The project was supported by a volunteer, whose input was invaluable to the success of the initiative.

The goals of the sessions were:

- bring young carers together
- meet other young carers living in similar circumstances
- learn new cooking skills, especially low budget healthy eating
- take home a main meal and pudding for their family alongside a recipe card to keep.

Once the project ended, the family hub secured funding from a local trustee organisation on the island to continue the project, and is planning to continue the cooking work as the need continues to be high.

Virtual Family Space

The Barnardo's Virtual Family Space is an online resource offering information, advice and guidance across a range of topics, via a range of evidence-based programmes and workshops.

The hub includes a section on healthy eating (through the Driving Healthy Futures partnership with Enterprise and the British Dietetic Association), which includes advice and guidance on cooking on a budget, healthy budget recipes and involving the family in cooking and eating together.

The Family Space offers advice that is arranged according to age group, and includes age appropriate information and guidance on food choices, variety and eating a balanced diet, eating together, size of meals needed and coping with fussy eaters. The Virtual Family Space also offers oral health advice for pregnant women, babies, and children of all ages.

Hampshire Healthy Families

Hampshire Healthy Families is a partnership between Southern Health NHS Foundation Trust and Barnardo's to deliver the healthy child programme across Hampshire.

Programmes delivered to families include:

Family Food, Fun and Fitness

This session aims to work with families to gain an understanding of portion sizes, and also the confidence to start cooking from scratch and making mealtimes a real family activity.

It highlights food types with hidden sugar and the importance of children being active. are opportunities to have group discussions. These conversations could explore new ideas for mealtimes and share creative lunchbox ideas.

Babies and young children need plenty of chances to explore the world around them in an active way. This session will provide examples of everyday activities that will be fun for parents and their children.

Hampshire Healthy Heroes

Hampshire Healthy Heroes works with early years settings supporting healthy starts for young children and increasing emotional, physical and dental health outcomes.

Children are educated in a fun and interactive way, so that they understand the importance of looking after themselves and have the knowledge to implement healthy habits with the support of their parents, carers and Early Years providers.

Hampshire Healthy Steps

Hampshire Healthy Steps is a new service commissioned by Hampshire County Council that offers group support. In the 6-step programme, Family Health Coaches offer advice, information and support about healthy eating, how to get more active, how to sleep well, and ways to keep children's teeth healthy.

Barnardo's-Co-op Partnership

Co-op and Barnardo's are working to bring local communities together to support positive futures of young people across the UK. Our partnership launched in March 2023, after research found that a third of young people do not feel positive about their future. Together, Co-op and Barnardo's aim to raise £5 million to support 750,000 young people to access basic needs like food, improve their mental wellbeing, and create better opportunities for their future.

The partnership has established services across the UK in areas which most need support, as identified using a variety of data. These projects were co-designed with young people locally, and many of them focus on access to healthy food, as well as broader life skills and mental wellbeing. The partnership have also developed an online support offer on social media to reach young people beyond the 20 service areas.

A report on the partnership's work and shared insights, 'A Recipe for Success: How do young people want to access food in their communities?', launched in September 2024[115]. The report drew on the views and perspectives of young people across the UK and called for greater access to community food support for young people and families. Recommendations included:

- Local food partnerships involving young people from the outset
- Retailers considering how retail discount schemes can be made accessible to 16 and 17 year olds
- Making food available to young people in existing afterschool clubs and youth services, and consulting young people on on opportunities to develop cooking skills in these services
- Remove the reduced rate for under 25s in Universal Credit to ensure young people can afford essentials

Recommendations

Governments in each UK nation should:

Good food in the home

1. **Work with children, young people, parents and carers to update nutrition advice used in food education (such as the NHS Eatwell Guide) to make sure it provides relevant advice to all children and families, whatever their budget, time, dietary requirements or cultural background.**

   Children and young people told us that they found that the food guidance they were given felt outdated, conflicting, overly prescriptive, and not relevant to the lives they live. Both work undertaken by Barnardo's SEEN in the Driving Healthy Futures report and research for this report found that food guidance, such as the Eatwell Plate, are perceived as out-of-date and exclusionary of different cultural and religious diets as well as those requiring food sensory adaptations[116]. Parents' views reflect this, highlighting the challenge of feeding their families well when nutritional information feels irrelevant to the realities of modern life.

   Therefore, children and young people should have the opportunity to codesign a new approach to nutrition advice with relevant authorities in each UK nation. Guidance needs to reflect contemporary health advice, and should be inclusive and flexible, embracing variations for different cultural, religious and accessibility needs, and being more relevant by demonstrating what good choices might look like in different circumstances and with different restrictions.

   The review of the school curriculum should also reflect the need for up-to-date, inclusive food education and guidance which equips children to make informed choices best suited to improving their health in their own circumstances, and which accounts for the full range of diversity in people's lives and dietary needs.

   In all approaches to food advice, we need to shift from a binary healthy-unhealthy framing, which reinforces shame and stigma in people unable to access nutritious food, towards an approach more focused on the benefits (both immediate and long term) of eating nutritious food, and one which encourages small, sustainable steps to better nutrition within the realities that families and young people live with.

   Children and young people need to be involved in this work throughout – from conception and developing ideas, to testing and implementation. It is not enough to hold a few focus groups; only by embedding children throughout the design process are we likely to see food guidance that is engaging and meaningful for children and young people.

2. **Increase the value of shopping vouchers given to families with young children living on the lowest budgets, so that all young children across the UK can eat the minimum nutrients they need for healthy child development. We also need to raise awareness of these schemes (Healthy Start in England, Wales, Northern Ireland and Best Start Food in Scotland) to make sure they reach all those who are entitled to support**.

   Healthy Start and Best Start Food vouchers are not reaching their potential as an intervention to make nutritious food more accessible to families experiencing food insecurity. Their value has not kept pace with food inflation, does not cover enough to make a large contribution towards a shift towards a more nutritious diet, and for many families, the administrative and social barriers to applying often outweigh this low value.

   Healthy Start and Best Start Foods should be reviewed and the value of vouchers uprated annually by the UK and Scottish Governments respectively – at minimum, in line with inflation - to cover the costs of nutritious food.

   More pathways to increasing uptake should be used, including autoenrollment where possible (which might require further devolution for some UK nations) as well as equipping antenatal and neonatal support workers to assist with administration to ensure families can access financial support from the earliest possible point.

Some families subject to 'No Recourse to Public Funds' Status are eligible for Healthy Start are eligible for Healthy Start (which is not a 'public fund' for immigration purposes) - however, children and families seeking sanctuary in the UK remain ineligible for the scheme. Families subject to no recourse to public funds are eligible to apply through the non-statutory scheme, as Healthy Start is not a 'public fund' for immigration purposes. However, children and families seeking sanctuary in the UK remain ineligible. These families are among those experiencing severe food insecurity and general poverty, and therefore would benefit the most from accessing government support related to food and nutrition for their young children. The government should immediately extend the eligibility of Healthy Start to include all families with no recourse to public funds and those currently restricted from applying due to immigration controls.

Alongside these other improvements, the UK government should progressively expand the eligibility criteria for Healthy Start to all households with earnings under £20,000, in line with other benefits.

Good food in schools

3. **Increase the amount of nutritious food children eat by making school lunches free for all primary school children, with an immediate extension to all families receiving Universal Credit, alongside automatic enrollment for all children who are eligible, and speeding up rollout wherever this is already happening.**

   School food must be accessible, nutritious, and inclusive. Schools are essential for child nutrition, both because of the high prominence of school food in children's diets and also as educational institutions and anchor institutions within communities. The lack of consistent availability of nutritious school food is not only harming children's educational attainment but is driving socio-economic, regional and health inequalities. Free School Meals can mitigate food and wider healthy inequalities; an independent evaluation of the rollout of Universal Free School Meals in London found that over the 2023/2024 academic year, 60% of parents were able to spend more money on food because of the policy, and 55% of children were eating a more varied diet due to the increased access to food. 31% of parents surveyed said that their child's mental wellbeing had improved, demonstrating the link between food and wider healthy outcomes[117].

   The UK government should work to a goal of expanding eligibility for nutritious Free School Meals in England to all primary pupils to eliminate barriers to children being able to access school food. Progressive steps should be taken towards this goal, including establishing an auto-enrollment system to maximise takeup, and rollout to all children living in families in receipt of Universal Credit rather than the existing, lower threshold. Cost-benefit analysis of expanding Free School Meals has indicated that the cost of expanding Free School Meals to all children in receipt of universal credit would cost £6.4bn, with wider savings of £16.2bn due to the benefits to health, education and other public services[118].

   Wales has already rolled out Free School Meals to all primary aged children. Scotland and Northern Ireland should be ambitious in their rollouts of free school food, speeding up rollout of existing commitments wherever possible and maximising eligibility and take-up.

4. **Strengthen the rules on the quality of foods schools can provide (School Food Standards) to reflect up to date dietary evidence, and make sure that all breakfast clubs and school lunches meet these standards.**

   The Government's planned rollout of breakfast clubs in schools in England is an opportunity to revisit the nutritional value of school food and the regulation of school food. Expanded breakfast clubs could, potentially, become a key part of children's food education landscape, including introducing new foods and providing guidance on nutritious eating and dental health. However, this can only be the case if nutritional standards are universally applied, with clear accountability for upholding them.

Therefore, current school food standards should be revisited, to take into account the most up to date dietary advice on the foods which support healthy child development. The standards should be made compulsory, with clear reporting mechanisms, and breakfast clubs must be held to the same standard. With the rollout of breakfast clubs in England meaning many children will be consuming two of their three daily meals in a school setting, these standards should be benchmarked at 2/3rds of the nutritional value children need each day.

Children's feedback should be incorporated into the School Food Standard, ensuring that school meals meet the needs of all pupils and are responsive to their needs and wishes.

Good food in communities

5. **Support communities to develop local solutions to accessing nutritious food, through facilitating and funding Local Food Partnerships between voluntary organisations, food retailers and local government.**

The role of voluntary and community organisations in providing food support needs greater recognition. Much of the work being done to fight against poor dietary health is being done by community institutions and organisations, who understand the barriers in their localities and who have a strong connection with local communities. However, they often find that their work is subject to short-term funding cycles, faces high costs that they cannot sustain, or is not well integrated into local pathways that provide health, diet and financial support.

Local authorities and local health systems should therefore support third sector providers in providing longer-term, more inclusive support for family food and nutrition to address the gaps in currently available support. This includes sustainable funding for community organisations and food hubs, including via multi-year funding settlements. This support is essential to ensuring that these organisations can not only survive, but provide food support that moves beyond providing provisions on an emergency basis and is embedded into communities where they are trusted, sustainable and impactful.

Partnerships in local areas play a key role in bringing together local businesses, non-profits and local government, and can create opportunities both to support access to food within local areas and involve children, young people and families in the development of their area's food environment[119]. Local authorities should support the establishment of a local food partnership in every local authority area, bringing together local government, businesses, community groups and charities to promote access to nutritious and sustainable food. All local food partnerships should directly involve young people in their design and implementation from the outset.

6. **Support and fund health workers to refer children and families needing help with their diet, so they can access non-clinical services such as to community kitchens and food pantries, cooking classes and support provided by local food partnerships.**

   A lack of early support with diet and nutrition is causing a health burden that falls disproportionately on the most vulnerable groups, in turn contributing to an ever-growing cost to the state in addressing the health problems that arise from poor diet. To relieve pressure on our over burdened healthcare system, national and local health systems must innovate in their approaches to dietary health and support, and shift towards earlier interventions to improve children's diets before health problems arise.

   Many communities are developing resources to support with access to more nutritious food, but pathways into this support is not consistent. Resources such as community kitchens and food pantries can help to fill gaps in support but can only realise their potential as part of a holistic, all-system approach.

   Social prescribing helps people access support to improve their health outside of a medical setting. For example, a GP might prescribe outdoor exercise to boost physical or mental health either in addition to, or as an alternative to, medication or therapies. Barnardo's research has found that social prescribing for children and young people, when properly resourced and embedded into local health systems, is a hugely effective early intervention for young people's mental health and wellbeing[120]. Integrated Neighbourhood Teams, which bring together multi-disciplinary professionals from different organizations across health and care services including the NHS and the voluntary sector, can help to effectively identify and support these interventions.

   Governments should learn from social prescribing approaches to make food part of a holistic community support system, and Health Commissioners should support local health systems including neighbourhood teams to implement this approach , mapping and developing community assets to foster an accessible nutritious food system in their areas as part of a focus on health prevention. Health workers, including link workers, should be enabled to support with access to Healthy Start/Best Start Foods and other similar food support in local communities. Local health systems must consider food as a major pillar of child wellbeing and should develop a social prescribing approach to accessing food support, improving the capacity of health systems to take preventative and proactive steps to preventing poor dietary health.

7. **Fund family centres in all communities to be a 'one stop shop' for family friendly food advice including breastfeeding support, cooking skills and culturally informed food education.**

   Since the early 2000s there have been a number of different 'waves' of family centres, including the Sure Start centres and Family Hubs. These provide welcome family support, both universal and targeted, across a range of objectives. At their best, family centres act a 'local nerve centres' in the community, providing everything from stay-and-play groups to job support under one roof, and adapting to the needs of the communities they serve. However, increasingly Local Authorities are having to spend their budget on late intervention services to cope with the growing number of families needing high end support, resulting in the cutting back of preventative services like family centres.

   Barnardo's are calling for a reversal to this trend, and investment in family centres to ensure that they are available in all communities. Family centres are already well-placed to provide families with a wide variety of support within their local communities, and many are already providing support with dietary health, including breastfeeding, oral health, cooking skills and nutritional education. Family centres are also able to identify and refer to other services where needed, and act as a key part of local support networks for families experiencing food insecurity.

   As part of their national rollout, family centres should be given the support they need to provide a consistent offer across the UK, including support to deliver the Healthy Start Programme. Opportunities to locate or co-locate food services – such as community kitchens – in family centres should also be explored.

Good food in the economy and in society

8. Use the proceeds of any future taxes on sugar or salt in foods to reduce food insecurity, by funding the other recommendations advocated in this report. This would reduce health inequalities and make sure higher taxes do not fall on those least able to afford them.

The evidence around the existing sugar tax suggests that it has succeeded in reducing sugar consumption among children and young people, and this impact could be expanded if the tax was broadened to cover all high sugar and salt food and drink products. Estimates of an increased sugar tax levied on UPFs, catering and restaurant food of £3/kg on sugar and £6/kg on salt suggest that the tax could raise between £2.9-3.4bn a year[121]. This does not mean, however, that taxes on sugar, or HSSF and UPFs in general, are the solution by themselves. Young people and families told us clearly that the main barrier to eating better is primarily the affordability of fresh, nutritious foods, not the ubiquity of unhealthier ones. Taxes on less-nutritious foods are not the solution to improving nutrition; alongside this we need a push towards lowering the barriers for more nutritious food that supports healthy child development. This is especially the case if future food taxes result in higher consumer prices, which will be felt most keenly by those living in food insecurity.

Therefore, expansion of any future taxes on sugar, salt or other less healthy foods should fund access to healthier alternatives. Whilst evidence shows that existing sugar taxes have had some success in lowering consumption of sugar, this is only part of the picture, and dietary health inequalities will persist as long as nutritious food remains out of reach for many children, young people and families. Any such tax must include a transparent mechanism for the proceeds to contribute to addressing dietary inequalities, potentially via funding an uprate of Healthy Start and/or an expansion of Free School Meals.

Any future tax of HSSF foods or UPFs must avoid reformulation using less nutritious ingredients, or and should consider whether it might drive families to substitute for cheaper and less nutritious foods.

9. **Develop a Children and Young People's Food Strategy, co-produced with children and young people, to fully address the scale of the challenges facing young people's diet including structural issues with the food system that make it hard for children to eat well. This should guard against a 'one size fits all' approach and reflect the differences in how children live, including related to their age, gender, ethnic and cultural background, abilities and disabilities, family structure, and neurodivergence. It should set clear targets, actions for government departments and local agencies, and measure progress against clear outcomes.**

Governments must develop a strategic approach for children and young people's food and diet, working in partnership with children and young people. None of the above measures, by themselves, are sufficient to decisively transform children's dietary health in line with the government's commitment to make this generation of children the healthiest ever. Children, young people and families face strong systemic headwinds in trying to improve their dietary health that cross the briefs of multiple government departments; for example, on the quantity and positioning of fast food shops, the lack of cooking facilities experienced by many families and young people, and promotions and marketing that make less nutritious food more accessible and cheaper. Children's diets are a major contributor to health inequalities in the UK, and without bold, dedicated and holistic action that addresses these barriers, policy will continue to underdeliver on the changes that we need to see.

The children and young people we spoke to were passionate about the food that they want to eat, but felt disempowered in their ability to make choices that were best for them. A future Children and Young People's Food Strategy needs to reflect their interests and concerns, not only about the price and availability of food but also its sustainability. It needs to positively highlight the benefits of eating well and take proactive steps to enabling it, and not take a shaming, blaming or punitive approach. It also needs to reflect the reality and diversity of children's lives across the UK, and ensure that it speaks to all of them and their families, whatever their background or circumstances.

All governments across the UK should ensure that inequalities in children and young people's dietary health are addressed at the strategic level:

A Children and Young People's Food Strategy for England should be co-produced with children and young people and parents, working across health, education, and food production to recognise and address the multiple barriers faced by Children and Young People and families.

The Welsh Government and Northern Ireland Executive should ensure that child food insecurity and dietary health are well-represented and addressed in their upcoming respective food strategies, properly targeted with dedicated, measurable actions that have been co-produced with children, young people and families.

The Scottish Government should ensure that the Good Food Nation Plan fully addresses child health inequalities as part of its approach to child food poverty. It must proactively consult children, young people and families to make sure that their views and experiences are represented in the Plan.

Annex

YouGov polling results

All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 8633 adults. Fieldwork was undertaken between 23rd - 28th January 2025. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

Focus group

All quotes from young people are taken from a focus group held with 7 members of the B-Amplified Network in November 2024.

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About Barnardo's

At Barnardo's, our purpose is clear - changing childhoods and changing lives, so that children, young people, and families are safe, happy, healthy, and hopeful. Last year, we provided essential support to over 356,200 children, young people, parents and carers through 760 services and partnerships across the UK. For over 150 years, we've been here for the children and young people who need us most – bringing love, care and hope into their lives and giving them a place where they feel they belong.

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All images are posed by models.
Names have been changed to protect identities.

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