OBS-FSSR

Observatory of research and practice on Food Systems and Social Reproduction

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WHO CARES IN FOOD SYSTEMS?

Mapping the Evidence and Gaps at the Intersection of Food and Care in UK Policy and Practice

A report summarising a policy analysis and outcomes from stakeholder engagement workshops in the UK

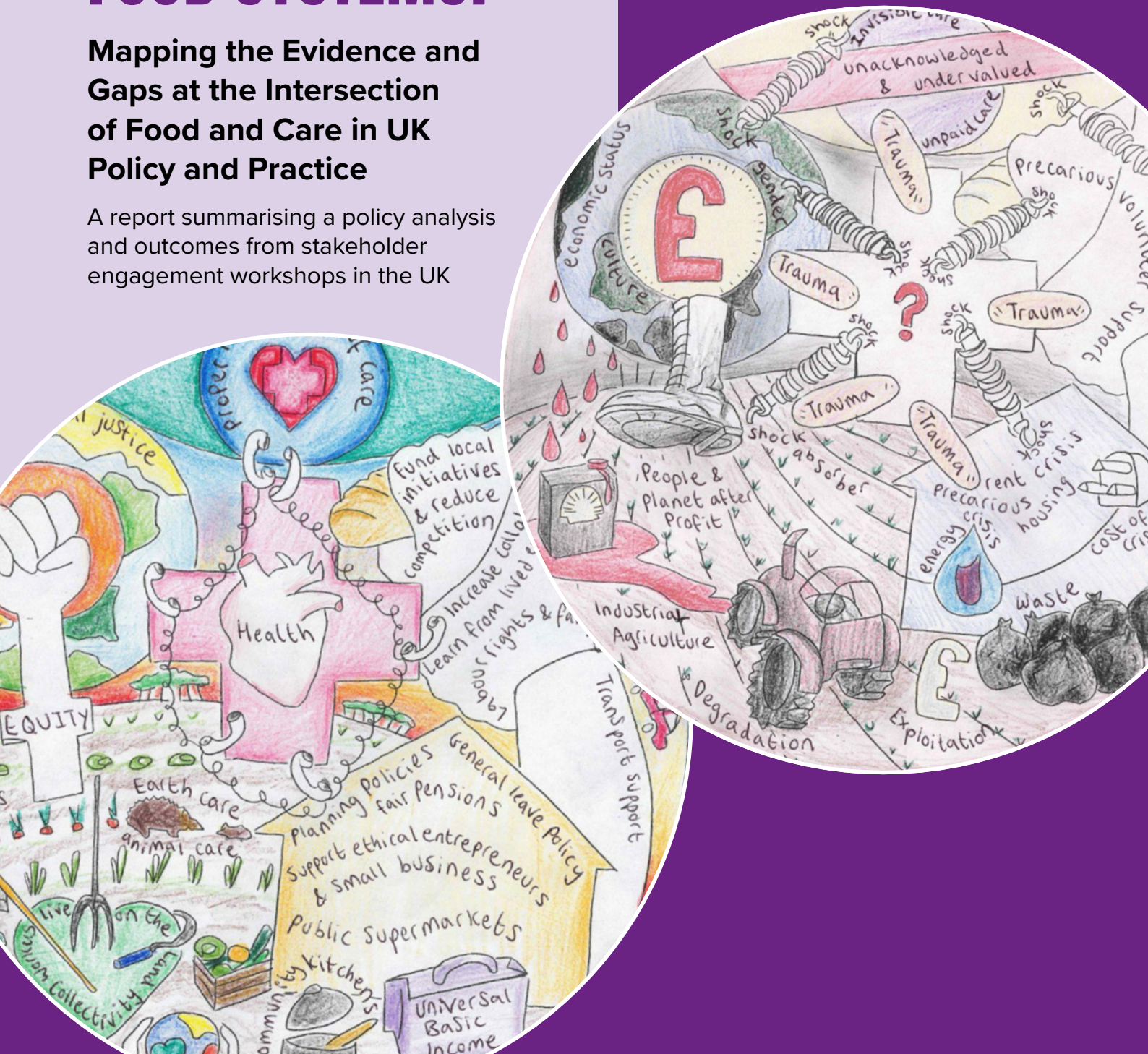




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Project Leadership

This report is part of the Observatory for Research and Practice on Food Systems and Social Reproduction. The project is an international collaboration between the University of Bristol Business School (UK), the Institute for Poverty, Land and Agrarian Studies (PLAAS, South Africa), and the University of Ghana.

For more information, please visit the Observatory website:
Observatory for Food Systems and Social Reproduction
or follow us on LinkedIn: **https://www.linkedin.com/company/observatory-for-reseach-and-practice-on-food-systems-and-social-reproduction**

1. INTRODUCTION

Across the world, food systems are major drivers of connected crises: worsening public health, increasing food insecurity, climate and environmental breakdown. These connected problems are produced by the way food systems, including all activities from farming to consumption and waste disposal, are organized, governed, and valued.

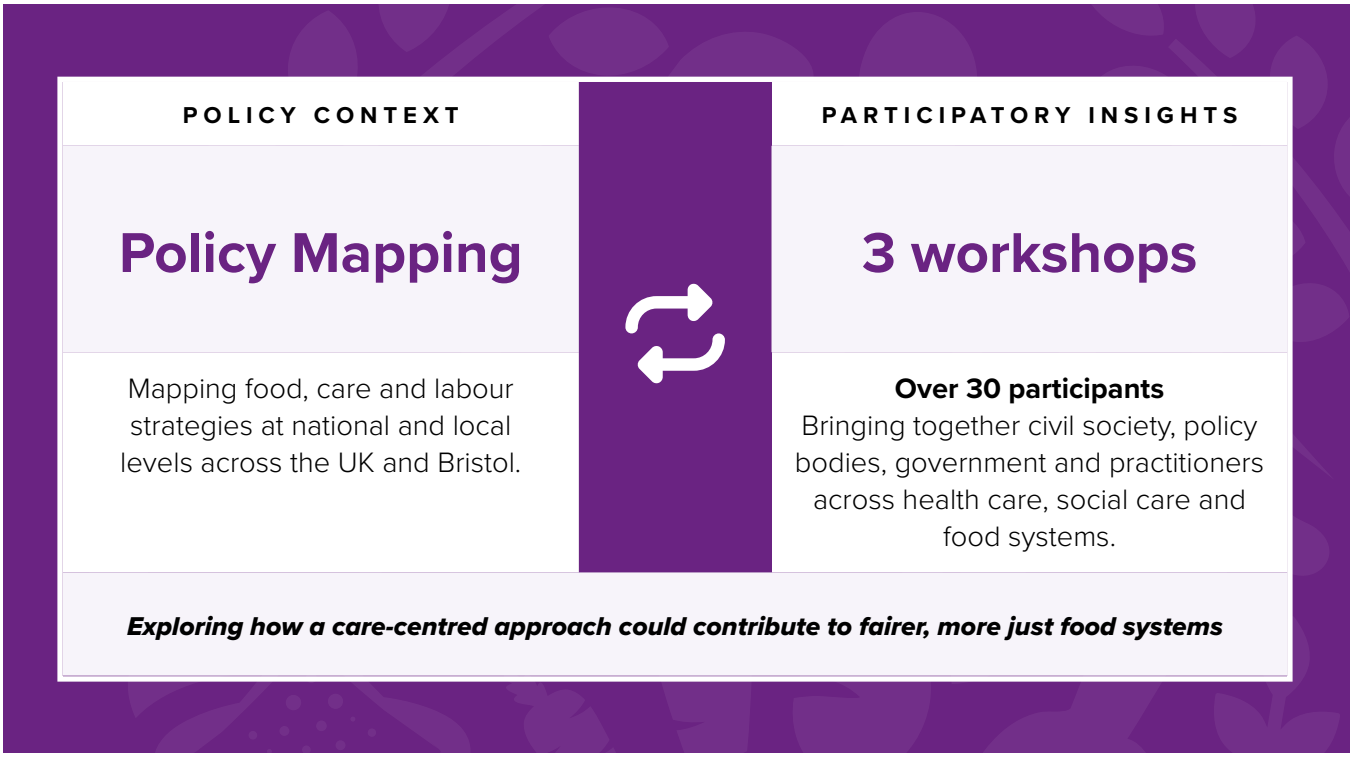
Despite decades of efforts to create more sustainable food systems in the UK, one crucial dimension is consistently overlooked: **the diversity of unpaid and underpaid work that remains invisible but sustains everyday life across different food systems dimensions**.

We argue that crises of food production and consumption are best understood as crises of social reproduction: crises in the capacity to sustain life on a daily and generational basis. The key feature of this social reproductive work is the gendered, racial, class and age-based dimensions through which it is organized.

Key takeaways

1. Food systems depend on extensive underpaid and unpaid care labour at every stage.
2. This labour remains largely invisible and falls disproportionately on women and people from ethnic minority backgrounds.
3. Yet food and care remain largely disconnected in national policy, and food continues to be overlooked within adult social care policy.
4. Recognising, valuing, and supporting the social reproductive work that sustains food systems is central to building just and sustainable food systems.
5. Achieving this requires policies that place the working and living conditions of those undertaking both paid and unpaid labour at the centre of food systems transformation.

This report presents outputs from the Observatory for Research and Practice on Food Systems and Social Reproduction research project exploring how and where food and care systems join up to shape care-centred and equitable food system in the UK. It highlights two research exercises:



Defining social reproduction and care

Social reproduction refers to often poorly remunerated and unpaid work that keeps societies functioning across generations. They include: 1) biological reproduction, and physical and emotional care; 2) household production and unpaid or underpaid labour, including caregiving; and 3) the reproduction of relations, ideologies and cultures that support dominant structures under capitalism (Rai et al. 2014). Examples of social reproduction work can take place in both productive and reproductive spheres, and may include health and social care, education, domestic labour, child-rearing, food provisioning, community support, but also environmental stewardship and land management. Care is a connected concept that differs in its intellectual origins. Put simply, one of the differences is that care refers more specifically (but not exclusive) to the emotional and relational work between caregivers and care receivers, be it a parent and a child, or a carer and a patient.

Note on terminology:

Conceptually we define the various categories of work as social reproduction but throughout this report, we use the term ‘care work’ and ‘care system’ as a synonym for social reproduction.

Whilst scholarly debates frame social reproduction and care as distinct but closely interconnected concepts, the notion of ‘care’ was felt to be more aligned to the content of the policy analysis and more appropriate in the context of the workshops we undertook, as participants were familiar with this term and it reflects the terminology used the UK’s policy landscape.

1.1 WHY THIS MATTERS?

Current food systems both depend on and generate demands for social reproduction:

- Food provisioning is central to social reproduction as well as being a form of care (on farms, in factories, households, communities and through public procurement and retail, for people, animals and a wider environment)
- At the same time, the negative impacts of local and global food systems (poor diet, ill health, environmental damage, precarious work) are managed through invisible care work shaped by structural inequalities, including gender, migration, race or class.

Yet, as it stands, in the UK, food systems and care systems are treated as separate policy areas, resulting in the following consequences:

- The costs of unhealthy food systems are displaced onto individuals, households, and public services,
- Industrial food production and processing rely on practices that harm both workers and ecosystems,
- Farmers' and growers' environmental stewardship is taken for granted,
- As social welfare systems are hollowed out, food becomes a key shock absorber of crisis,
- any people in work, particularly in the NHS and social care, experience alarming levels of food insecurity.

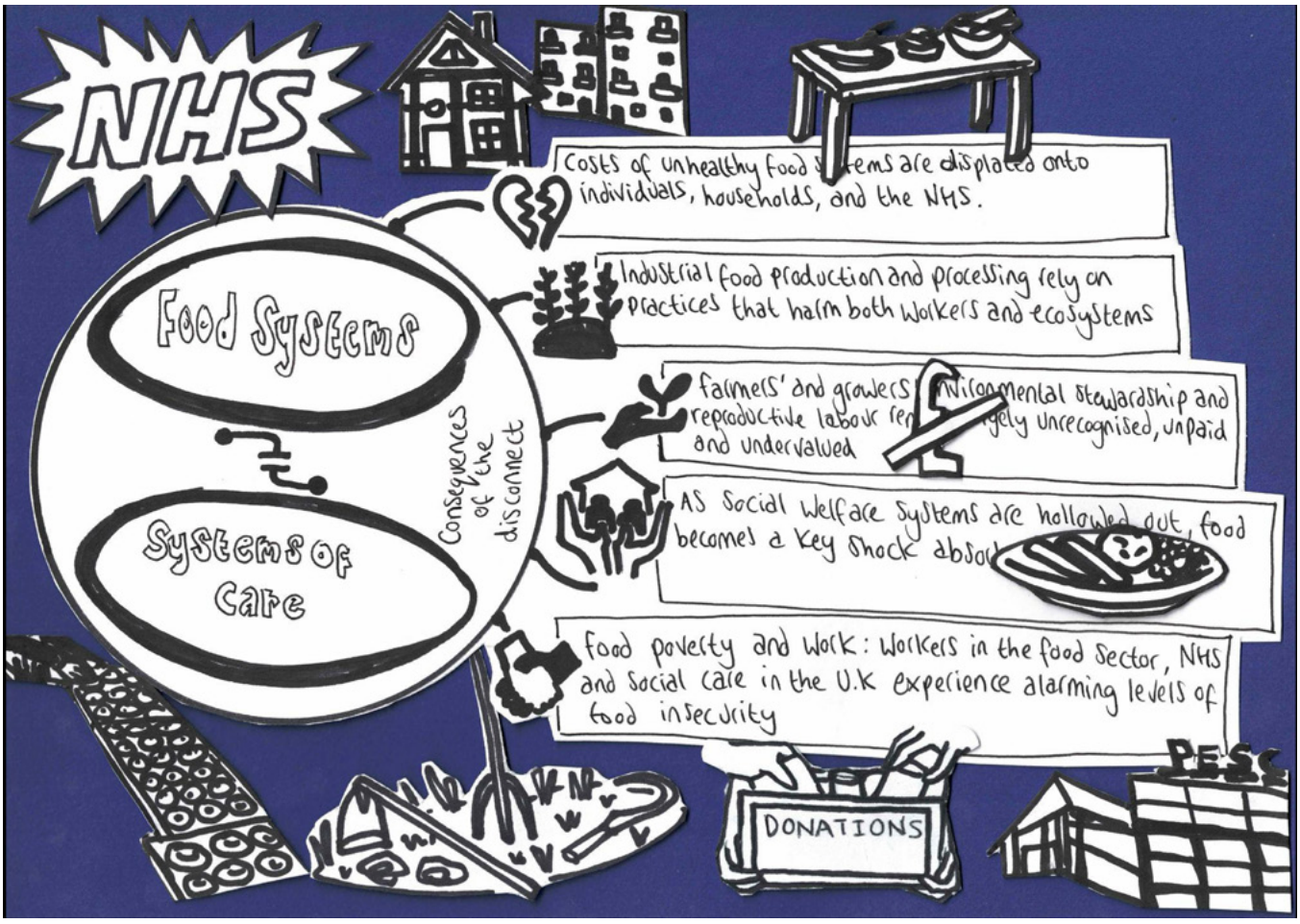


Figure 1. The food and care disconnect: why it matters and who absorbs the costs?



Local and national governments, NGOs and other stakeholders are already working across these agendas often under significant constraints and competing priorities. Hence, whilst food and care are usually treated as separate domains, improving food systems requires attention not only to food itself, but to the conditions of the people whose paid and unpaid work makes those systems possible.

1.2 Key challenges and gaps

The policy mapping and the stakeholder engagement findings reveal a fragmented policy landscape lacking a cohesive vision. At the national level, the primary point of overlap across food, care and labour is limited to obesity prevention. Workshop evidence further demonstrates that unpaid, underpaid, and paid caring labour is embedded throughout food systems. As one participant observed, its ubiquity is akin to “water for a fish” - essential yet often invisible, and therefore difficult to value.

The work presented is part of a wider research project aimed at identifying policy opportunities and gaps by linking food system reforms with the care demands generated by unhealthy diets, including diet-related illnesses and nutrition-related vulnerabilities to infectious disease. This exploratory phase will lay the groundwork for a roadmap that embeds care more explicitly in food systems reform.

2. METHODOLOGY

2.1 Policy analysis

We undertook a policy mapping exercise of national (England) and local (Bristol) strategies, white papers and action plans to understand where food systems, care and work (paid and unpaid) intersect within government and local authority visions and policy priorities. Bristol was selected as a regional case study to compare with the national policy landscape. While responsibility for the delivery of social care is devolved to local authorities, local authorities have relatively limited statutory responsibilities concerning food systems. However, Bristol is recognised as having one of the UK's most established and active local food partnerships, making it an informative case for examining how local authorities shape food governance. In addition, the UK Observatory research team is based at the University of Bristol, enabling close collaboration with local partners and facilitating access stakeholder networks and contextual knowledge.

Two questions guided the analysis:

1. Where does food, care, and the work this entails (paid and unpaid), intersect within relevant government strategies?

2. How do government strategies define food and care, and what do they include within these concepts?

Drawing on a food policy cohesion analysis (Dewi et al 2024), we identified relevant strategies and white papers at a national level, and frameworks and action plans at a regional level that focused on food, both health and social care across different age groups, and work (including employment support and welfare), to capture as broad a picture as possible of the relevant policy landscape.

At a national level, we included documents published following the election of the Labour Government in 2024 and prior to the commencement of the analysis in January 2026:

National Food Strategy (2025)	FOOD
Fit for the Future: 10 Year Health Plan for England (2025)	CARE
Adult Social Care Priorities for Local Authorities: 2026 to 2027 (2025)	
Giving Every Child the Best Start in Life (2025)	
Get Britain Working White Paper (2025)	WORK

To compare national strategies with regional ambitions, we also analysed the following Bristol action plans and strategies:



Bristol Good Food 2030 Plan (2025)	FOOD
One City Food Equality Action Plan (2023)	
Bristol All Age Carers Strategy (2025)	CARE
Workforce Strategy (2025)	WORK

We conducted a qualitative content analysis. Documents were individually read and manually coded to identify:



1. **Purpose**
2. **Organizations involved**
3. **Geographical scale**
4. **Definitions of food and care provisioning**
5. **Food-care intersections**
6. **Food-work intersections**
7. **Care-work intersections**

Preliminary findings were presented at three stakeholder workshops (see section 2.2), to assess the validity of the mapping and how policy priorities are experienced by people working in the food and care sectors at both a national level and regional level.

2.2 Workshops

In May 2026 we conducted three half-day workshops to share the policy findings and discuss barriers and enablers to care-centred food systems in the UK. Building on the policy mapping, the workshops were intended to bring together policy makers, NGOs, academics, trade unions and other interested parties and communities to examine where food and care agendas connect, where tensions or gaps exist, and how more integrated approaches might be developed. The workshops included farmers, workers in the food sector, community food associations, medical professionals, think tanks and charities working on food poverty, food justice, care, gender justice and nutrition sector. Ethical approval was awarded by the University of Bristol.

Potential participants were identified via existing contacts and a wider mapping exercise identifying actors and organisations across the public and private sector that were involved in food, health care and social care in England and Bristol. Co-design conversations were set up with those interested in taking part, to pitch the aims of the workshops and gauge areas of interest for the participants.

The workshops aimed to explore the following:

- How current policies support, enable, or constrain food and care connections,
- Understand whether stakeholders working in food, care, and community provision see value in a joined-up approach linking these domains,
- Identify where this thinking already exists in practice, even if it is not recognized or named as such.



London workshop at Calthorpe Community Garden



Lunch served at the London workshop prepared by the cooks at Calthorpe Community Garden

The London workshop focused on national priorities, involving government departments and think tanks. The Bristol workshop addressed local needs and gaps between national and local authorities and stakeholders. An online workshop ensured broader accessibility, especially for those with limited availability due to work or caregiving responsibilities. A final 1-hour workshop in July invited participants across all three previous workshops to come together to meet and discuss the visual outputs of the workshops.

Each workshop was guided by three facilitators and a timekeeper. A visual artist was also present to capture participants' discussions and emotions and develop audio-visual outputs to communicate workshop findings.

Careful conversation principles were developed and shared with participants on the day, to facilitate intimate and difficult conversations topics prioritising participants' wellbeing. Manual notes were taken throughout, following Chatham house rules to ensure the identity and affiliations of speakers were unidentifiable. Visual prompts were used throughout the in-person workshops to help participants engage with the UK's food system and render visible the care work happening throughout it. This included a food system map (Figure 2) participants could situate themselves on, and tablecloths to draw on and/or take notes during group activities.

2.3 Lessons learned

Workshop participants were invited and snowballed based on research team's existing relationships. Given that we are mostly embedded in the food system agenda, recruiting participants from health and social care sectors proved to be challenging. In the future, this may be overcome by building on the new relationships developed as part of this work, and partnering with a health or social care organisation on the research proposal itself.

We held initial conversations with many participants to clarify their interests in the topics, answer questions and understand their needs and wishes. This helped design workshops that allowed for plenty of time to meet new people. We learnt that – like us – participants have different definitions and understandings of what care, unpaid work and food systems are. Since we sought to bring together actors across the different parts of the food system, it was helpful to acknowledge the uncertainty at the beginning and leave space for exploratory discussions, rather than strictly stick to a research agenda.

We created 'caring conversations' principles, introduced at the beginning of the workshops, highlighting how care and food can be personal topics to discuss. Although we met with seasoned food system professionals, we were surprised at how many genuine, personal stories around care were shared, enriching the discussion.

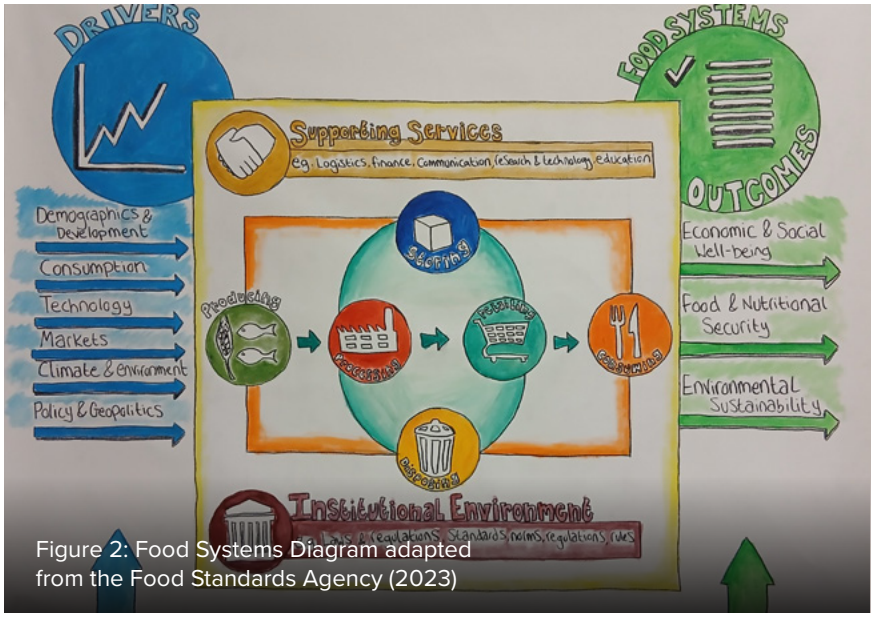


Figure 2: Food Systems Diagram adapted from the Food Standards Agency (2023)

3. FINDINGS

3.1 National and regional policies

3.1.1 Lack of a cohesive vision

The initial scoping revealed a fragmented national policy landscape, with food and care addressed in separate strategies delivered by different government departments (DEFRA, Department of Health and Social Care, Prime Minister's Office 10 Downing Street, Department for Education, Department of Work and Pensions, HM Treasury). The National Food Strategy (DEFRA 2025) is framed around delivering "A healthier, more affordable, sustainable and resilient 21st century food system", using the Food Standard Agency's (2023) definition of food systems: "the sum of human activity and interactions with and within the natural and human created environment that are essential for the production, processing, trading, selling and the consumption of food". This definition does not reference the health or social care sectors.

The care sector in the UK is similarly fragmented, with health and social care operating at different institutional levels (government departments vs local authority). Nevertheless, the three white papers addressing healthcare and social care outline ambitions for greater cross-sector integration, notably the "hospital to community" priority reform in the Fit for the Future plan (Department of Health and Social Care, Prime Minister's Office 10 Downing Street 2025), and the establishment of Best Start Family Hubs in Giving Every Child the Best Start in Life (Department for Education, The Rt Hon Bridget Phillipson MP 2025). Whilst the health implications of diets are acknowledged within these documents, food is not framed as a form of care provisioning. Indeed, food is absent entirely from the Adult Social Care Priorities for Local Authorities (Department of Health and Social Care 2025).

By contrast, our analysis of Bristol-level strategies suggests that some local authorities do recognise food as a form of care provisioning. Whilst the Bristol Good Food 2030 Plan (Bristol Food Network 2025) drew on the Milan Urban Food Policy Pact's (2015) definition of resilience urban food system which did not make direct reference to the care sector, the Bristol All Age Carers Strategy (Bristol City Council 2025) lists cooking as a practical from of care.

3.1.2 Shared concerns: the food system's health care implications

One of the clearest areas of intersection across national strategies and white papers analysed (with the exception of the Adult Social Care Priorities for Local Authorities) is obesity prevention. Ambitions to restrict the advertising of less healthy food to children and to mandate the reformulation of everyday foods appear across the multiple documents. Both the National Food Strategy and Fit for the Future plan cite the cost of unhealthy food on NHS as £11.4 billion per year. The wider implications of unhealthy food and food insecurity on public health are also acknowledged across the strategies. The Fit for the Future plan and Giving Every Child the Best Start in Life (2025:19) refer to the Healthy Start Scheme aimed at supporting families most at risk of food poverty, noting an uplift in weekly voucher value to £4.65 per week (from £4.25).

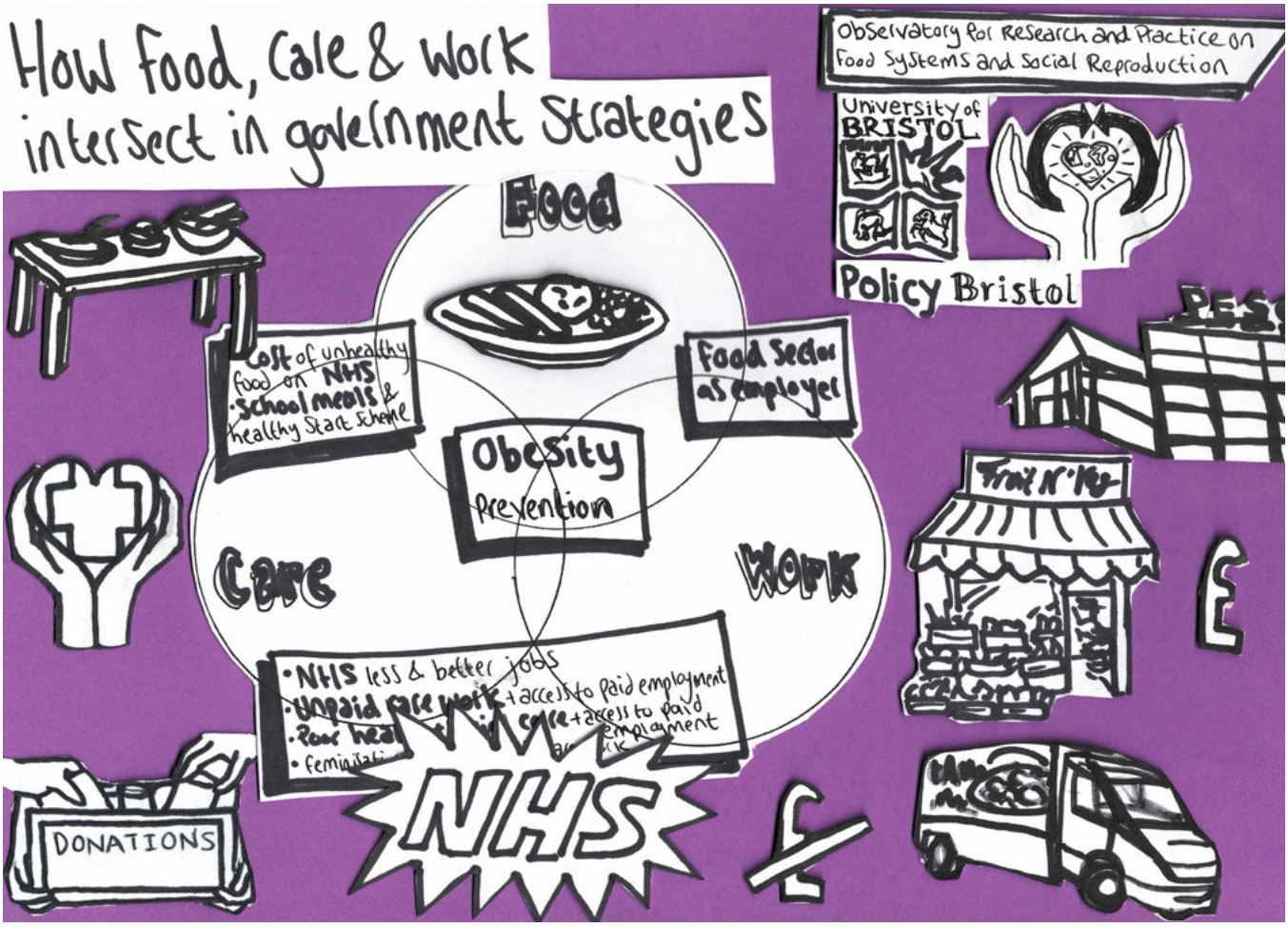


Figure 3: Where food, care and work intersect in national strategies

The National Food Strategy and Fit for the Future plan discuss ambitions to impose mandatory healthy food sales for large food companies and the establishment of sale targets. The Get Britain Working White Paper (Department of Work and Pensions, HM Treasury, Department for Education 2025) frames obesity reduction as a labour market intervention, to ensure people's return to paid employment. The National Food Strategy, Fit for the Future plan and Giving Every Child the Best Start in Life also share ambitions around supporting healthier foods and child poverty via school meals: expanding eligibility of free school meals to children in state-funded schools and nurseries, whose households receive Universal Credit, and updating the School Food Standards. Beyond school meals, however, public food procurement receives little attention across these strategies. The National Food Strategy explicitly positions the private sector as the primary driver of investment: "Government has an important role to play in supporting and creating the right environment for investment, but the majority of investment will come from the private sector". It locates the responsibility for outcome delivery largely outside of government: "Many of the delivery mechanisms sit outside of government completely, and most of the outcomes will require action by industry, civil society, and individuals".

In Bristol, a key area of overlap in the strategies and action plans analysed were calls for better work conditions at a national level, including wages, welfare payments and benefits to cover the costs of living. The regional plans also include calls for a more ambitious national policy landscape. The Good Food 2030 Plan notes that the National Food Strategy is limited in its commitments to address healthy diets, food inequality, land use and procurement limitations, and the Food Equality Action Plan highlights that many of the determinants of food equity are affected by national policy.

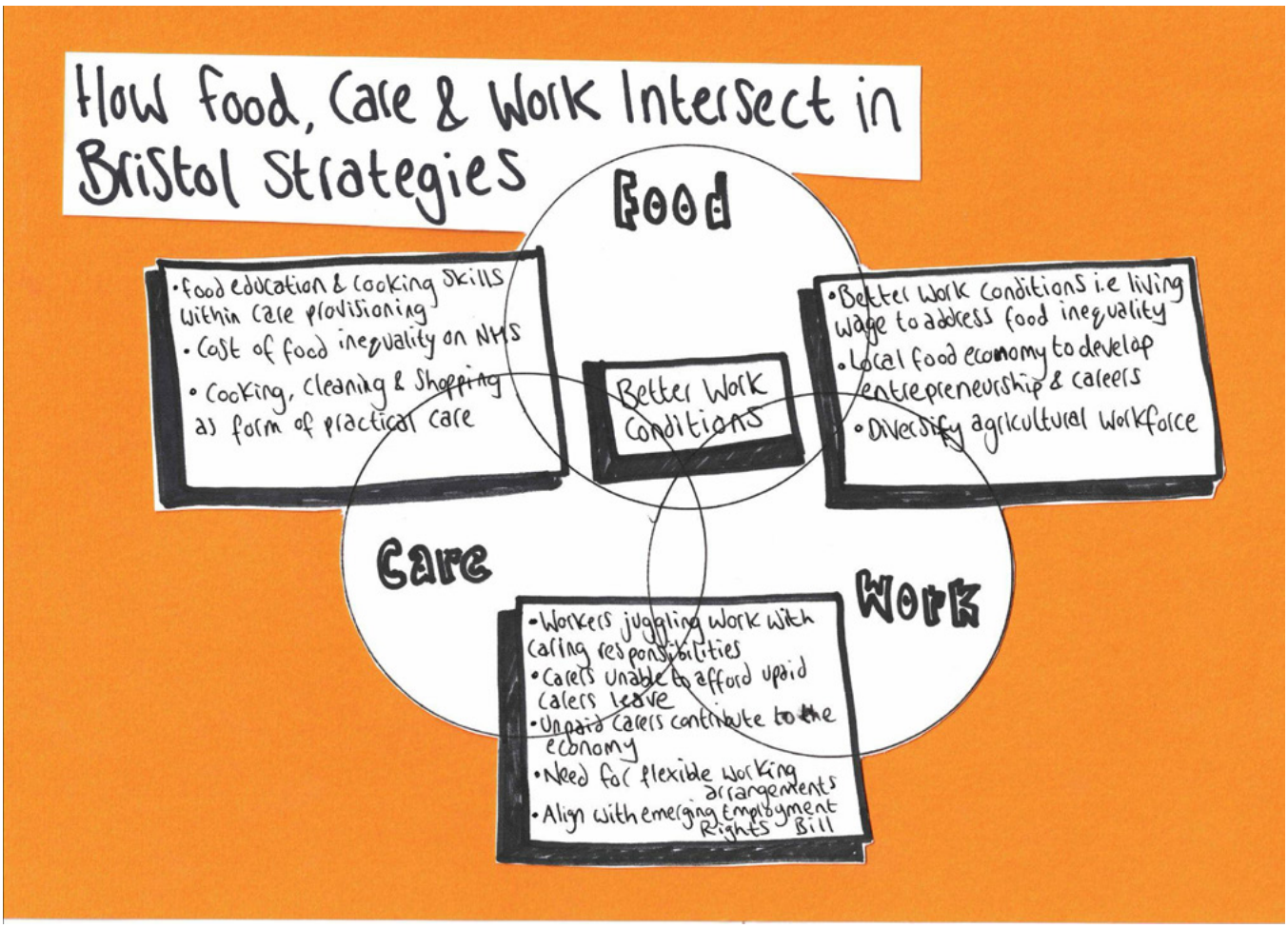


Figure 4: Where food, care and work intersect in Bristol strategies

3.1.3 Gaps: The work (paid and unpaid) underpinning the food and care sector

Whilst the National Food Strategy acknowledges that "too many working families are struggling to put healthy food on the table", its focus on food consumption is disconnected to the labour conditions under which food is produced, provisioned, prepared, and consumed and how such conditions effect health inequalities and food security. Recent research in London, for example, highlights how nightshift workers in food manufacturing face compounding health inequalities and food insecurity (Ilanko, 2026). The three “interlocking sets of system dynamics, feedback loops and market failures” the Strategy identifies to transform the food system: The junk food cycle, the invisibility of nature and the resilience gap, make no reference to food-related labour (whether waged, unwaged, underpaid and/or precarious), nor to the relationship between welfare entitlements and food and health inequalities.

The National Food Strategy’s consideration of work within the food system is confined to waged employment, noting the food sector employs almost 4.2 million people across the UK, 13% of all employees. This does not account for the unpaid work the food system is also reliant on. Although the Strategy does not explicitly address unpaid care work or its implications for carers’ food security and health, it gestures towards such connections when noting “the proportion of food secure households declined from 92% in 2019/2020 to 90% in 2023/2024, with vulnerable groups including those on low-income and households including a disabled person at a disproportionately high risk of household food insecurity and its potential negative impacts”.

Our analysis of Bristol strategies demonstrates greater attentiveness to such linkages. The Bristol All Age Carers Strategy highlights unpaid carers contribute £162bn per year to the economy of England and Wales (Carers UK, 2024). The One City Food Equality Strategy for Bristol (Bristol City Council 2022:11) explicitly asserts that access to adequate food is a basic human right, and notes "Certain groups are more at risk of experiencing food inequality. For example, according to the Bristol Quality of Life Survey (2020/21), disabled people, full-time carers, single parent households, and those renting from either the council or a housing association were more likely to experience food insecurity" (2022:17).

At a national level, unpaid care work and responsibilities receives most direct acknowledgement in the Get Britain Working White Paper. The White Paper recognises that care work and responsibilities constrain access to paid employment and signals a review of carers' leave and carers' allowance under the Make Work Pay consultations, including the Employment Rights Act 2025 currently being implemented. The White Paper also indirectly acknowledges the gendered character of care labour, noting women are disproportionality affected by unpaid caring responsibilities, and that men are underrepresented in the paid childcare workforce. The feminised and un or under-paid dimensions of food work, however, are entirely absent from the strategies analysed. More broadly, all strategies across both regional and national levels, focus primarily on the productive economy and formal waged labour, risking the marginalization of social reproduction, including the everyday procurement, preparation and serving of food, both paid and unpaid. This risks squeezing the time and resources allocated to reproductive labour, affecting both health outcomes and food security.

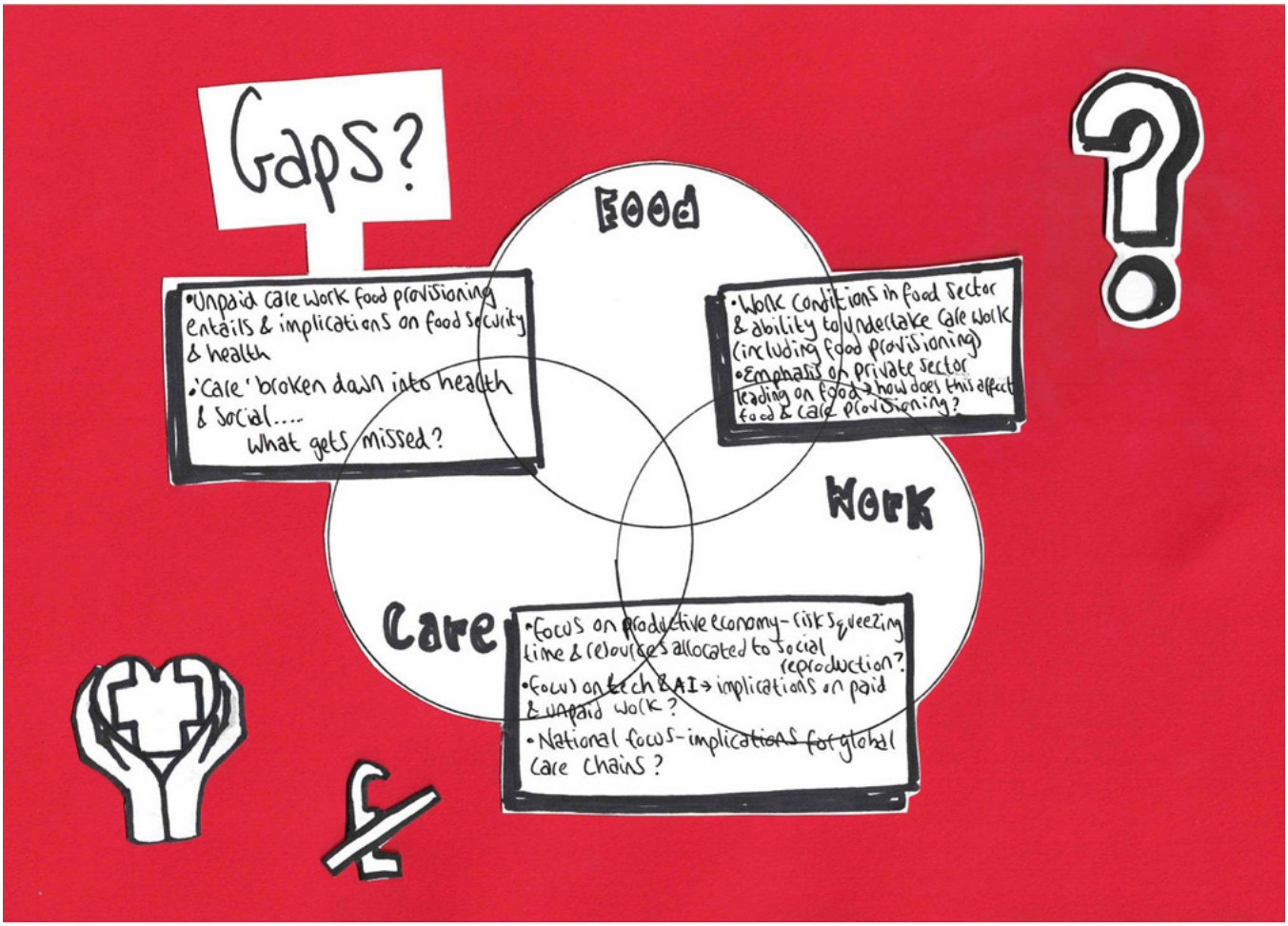


Figure 5: Gaps within Government and Bristol strategies when it comes to food, care and work

3.2 Workshops

3.2.1 Invisible care labour

Participants consistently raised concerns around policies overlooking paid and unpaid care work in food systems, which was understood as resulting in the following:

- Reinforcing women's unpaid responsibility for food provisioning and preparation;
- Reproducing gendered, class-based and racialised exploitative labour relations across food systems; and obscuring the care burden generated by unhealthy and nutritionally poor food.
- The systematic de-responsibilisation of food system actors conducting harming practices, which enables them to evade accountability for the social and environmental harms generated by their practices.

Across all three workshops, highlighting where unpaid, paid and underpaid caring work happens across the food systems proved to be a difficult task, as participants acknowledged that this work is happening everywhere. Nevertheless, participants highlighted several unpaid tasks that are essential for propping up current food systems, whilst negatively impacting workers' livelihoods:

- Underpaid/unpaid workers or volunteers in commercial growing set-ups.
- Low-paid catering staff (especially in schools, but also in other public institutions) are 'unsung heroes', doing a lot of different kinds of unpaid caring work: 'There is so much food operators have to do in the kitchen, ensuring food is correctly labelled, healthy and sustainable; improving quality of food on plates, and improving knowledge about healthy food, talking to pupils and encouraging them to try new food stuffs.' (Participant in London workshop).
- Gendered food provision in homes where shopping, cooking and feeding is still largely seen as 'women's work'. According to Food Standards Agency's Food and You Survey (Wave 10), 57% of women stated they do all or most of the food preparation and cooking in their homes, compared to 30% of men.
- The community food sector is sustained by a vast amount of unpaid "caring work," much of which relies on volunteers across its supply chains. This includes logistical activities such as delivering food and collecting surplus produce from supermarkets, often late at night, as well as administrative tasks like applying for funding. Volunteers are also central to the day-to-day running of food banks and other community food spaces, including ensuring compliance with regulatory requirements and, crucially, going the extra mile to provide access to food in ways that preserve dignity.
- Emotional labour which can be essentialized and naturalized as women's work, in some cases resulting in caring being invisible to the women themselves.
- Unpaid care for the environment, especially for small-scale, agroecological and organic growers who struggle to benefit from economies of scale and have to deal with negative impacts of climate change (draught, flooding) but are often locked out of government subsidies (e.g. Sustainable Farming Scheme in England, closure of the Fruit and Vegetables Aid Scheme).

There was a widespread agreement that the prevailing industrial food system (and other privatised and profit-driven systems, such as in social care or the healthcare sector) does not value care in a way that benefits workers, caregivers and care-receivers alike. Concerns were also raised concerning policy design processes engaging primarily with those involved in commercial and financial sectors (i.e. the National Food Strategy), and inadequately engaging with people involved in everyday forms of care work within the food system.

3.2.2 Barriers and solutions to valuing care work across the food system

The following sections highlight the key points raised in relation to the main barriers and potential solutions to valuing care work across six food systems areas.

Food provisioning from home

Barriers identified	Approaches to overcome barriers
Low incomes and insecure work. A punitive welfare system, low wages, and insecure employment leave many households unable to afford nutritious (e.g. whole grain, fruit and veg), culturally appropriate, or religiously significant foods. Financial pressures also force people into multiple jobs, reducing the time available for planning, shopping, and cooking. **Time poverty.** The overlap between low income and precarious work leaves little time for food preparation, particularly for single parents, unpaid carers, and disabled people managing their own care needs alongside caring responsibilities. **Cost of healthy food.** Healthy foods are often less affordable and less accessible than ultra-processed alternatives. Participants also highlighted confusing and frequently changing dietary advice, marketing trends, inconsistent nutrition labelling, and the widespread availability of unhealthy foods, all of which place responsibility on individuals rather than addressing the structure of the food system. **Housing and energy costs.** High rents, poor-quality housing, and rising energy prices squeeze household budgets, making it more difficult to afford food and/or the energy needed to cook, refrigerate, and freeze it. Limited storage and cooking facilities can further restrict the ability to prepare healthy meals. **Austerity.** This has shifted the costs of care from the state onto households. Cuts to welfare and public services mean families must absorb rising costs for food, childcare, transport, utilities, and care. Essential spending often comes at the expense of carers' own wellbeing, with many skipping meals or sacrificing other needs to ensure those they care for are fed and safe. **Erosion of community infrastructure.** Participants discussed the closure of Sure Start centres which removed accessible spaces that combined childcare, community support, and food provision. Their replacement with lower-funded Family Hubs, alongside cuts to schemes such as milk and fresh fruit vouchers, has reduced collective support for families. **Policy responses individualising structural problems.** Initiatives addressing issues such as obesity or household hardship tend to focus on changing individual behaviour or building personal resilience, rather than addressing systemic drivers such as poverty, food prices, insecure work, and inadequate public services.	**Strengthen financial support for care work**. Participants argued that valuing care requires greater public investment through affordable childcare, accessible social care, improved support for unpaid carers, and a more adequate welfare system that recognises the economic value of caring responsibilities. **Introduce a Universal Basic Income (UBI).** Across all three workshops, participants identified UBI as a potential way to reduce financial insecurity, ease time pressures, and enable people to prioritise care and food provisioning without constant economic stress. **Integrate food, health, and care through social prescribing.** Participants suggested expanding initiatives such as community gardening and fruit and vegetable prescriptions to improve health while strengthening local food systems and community care. They also raised questions about how these schemes would be funded, delivered, and made accessible to those most in need. **Reduce the cost of living to support food provisioning.** Lower housing costs, reduced rents, and affordable green energy were identified as ways to ease financial pressures. **Invest in community food infrastructure and skills.** Community cooking classes and opportunities to share food knowledge were seen as important for building confidence, strengthening social connections, and supporting collective approaches to food provisioning and care. **Improve the affordability of healthy food.** Participants called for discounted prices on fresh fruit and vegetables to make nutritious food more accessible for low-income households. Some argued that fresh, nutritious food should be made more profitable to produce and sell, helping to shift the food system away from dependence on cheap, unhealthy products and towards one that better supports health and care.



Workers in food supply chains and care system

Barriers identified

Food insecurity. Participants highlighted the contradiction that workers responsible for producing food or caring for others often struggle to afford adequate food. This reflects the broader undervaluation of these occupations and contributes to poor health and wellbeing.

Poor pay and insecure work. Low wages, precarious contracts, irregular hours, shift work, and night work increase financial insecurity while reducing workers' ability to plan, shop for, and prepare healthy meals for themselves and their families.

Work conditions. Understaffing, excessive workloads, production pressures centred on speed and efficiency, and inadequate workplace facilities (such as a lack of changing rooms in some food factories) contribute to stress, fatigue, and burnout. This can make workers reliant on convenient, calorie-dense and ultra-processed foods, reducing opportunities to eat nutritious meals and care for their own health.

Poor enforcement of labour protections. Participants noted that although legislation exists to improve working conditions, these are not always enforced, limiting the practical impact of these protections.

Climate change pressures. Workers are increasingly expected to continue physically demanding jobs under conditions such as extreme heat, adding to occupational risks.

Marginalised workers. Participants emphasised that many food and care workers affected by low pay, insecure employment, and food insecurity come from racialised and other marginalised communities, meaning the undervaluation of care and food work reinforces existing social inequalities.

Approaches to address barriers

Fair pay and pensions. Better wages and retirement security were highlighted as fundamental to recognise and address the undervaluation of the care workforce.

Improve working conditions and workers' rights. Suggested measures included protected meal breaks, adequate time to eat, and access to healthier workplace canteens. Participants emphasised the need for stronger regulation of workplace conditions, including minimum and maximum safe working temperatures.

Childcare. Participants identified accessible childcare as essential for enabling workers in both the food and care sectors to balance paid employment with caring responsibilities, reducing financial and time pressures.



Food environments

Barriers identified	Approaches to address barriers
Poor planning and licensing. Participants highlighted that planning decisions, licensing policies, and the concentration of takeaway outlets on high streets contribute to food environments that make it harder to access and prepare healthy meals. Many communities lack local shops selling affordable, nutritious food, making it more difficult for households to provide healthy meals.	**Planning and licensing.** Participants argued local authorities should use licensing and planning powers to limit the concentration of unhealthy takeaway outlets and encourage greater availability of affordable, fresh, and culturally appropriate food in local communities.
Lack of healthy food in public food settings. Participants raised concerns about the widespread provision of ultra-processed foods in settings such as schools and hospitals.	**Infrastructure.** Participants emphasised the need for urban and rural planning that better accommodates caring responsibilities alongside food production and provisioning. Suggested measures included improved public transport and planning policies.
Transport inequalities. Limited public transport and lack of access to a car can prevent people from reaching larger supermarkets with lower food prices. This increases both the financial cost and the time required to shop for food, placing additional burdens on those undertaking unpaid care and food provisioning.	**Increase food supply chain transparency.** Greater transparency about where food comes from and the conditions under which it is produced.
	Mandatory standards. Some participants called for stronger mandatory standards and more effective compliance mechanisms across the food system.
	Support community-led food initiatives. Examples such as women-led community food enterprises and culturally appropriate food initiatives demonstrated the value of locally driven solutions in improving access to fresh food.


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Food in institutions

Barriers identified

Undervalued food-related roles. Participants argued that catering staff, nutrition professionals, and others involved in food provision perform substantial caring work that is rarely recognised or rewarded.

Job evaluation systems. Participants discussed the HAY job evaluation method used in parts of the public sector, arguing food-related responsibilities are graded lower as they are not considered sufficiently important. This contributes to lower pay, fewer senior leadership roles focused on food, and limited institutional influence for food professionals. Participants also suggested that organisational cultures tend to value legal and managerial expertise more highly than practical food knowledge.

Food leadership. Participants noted that many local authorities lack dedicated food leadership despite food's importance for health, care, and wellbeing. This contributes to the marginalisation of food within institutional decision-making.

Staff shortages and efficiency pressures. Understaffing and increasing workloads leave workers with less time to provide personalised care through food or to look after their own wellbeing.

Expanding responsibilities. Catering staff are expected to meet food safety, nutrition, sustainability, and labelling requirements while also improving meal quality and encouraging healthier eating, yet these responsibilities are not reflected in pay or status.

Support programmes. A few participants also highlighted the patchy delivery of 'Holiday activities and food programme' across different local authorities in England, stipulating that all children should be eligible.

Private sector providers. Participants expressed concern that the involvement of private sector providers may prioritise cost reduction and profit over the quality of food and care delivered within public institutions.

Food in adult social care is missing. Food provision in adult social care receives far less policy and public attention, despite its central role in supporting health, dignity, and quality of life.

Undermining autonomy and dignity. Participants highlighted that people living in institutional care settings are often denied meaningful choice and independence over what they eat, limiting opportunities for food to support care, identity, and wellbeing.

Nutrition advice vs cultural diversity. Participants highlighted tensions between institutional nutritional guidance and different cultural understandings of healthy eating.

Gendered and racial inequalities. Discussions highlighted differing perspectives on how gendered and racial inequalities shape the distribution and experience of caring labour in institutions.

Approaches to address barriers

Fair pay and secure pensions. Participants argued that improving wages and retirement security is fundamental to recognising the value of care and food-related work within public institutions.

Redirect resources from profit towards care. Participants argued that institutional funding should prioritise frontline workers rather than profit extraction, with some suggesting alternative models such as worker cooperatives.

Education and food literacy. Greater investment in food education, including teaching about seasonality, healthy eating, and food systems in schools (reflecting differences across cultural contexts).

Standards and enforcement. Some participants supported stronger standards and monitoring to improve food quality. However, others highlighted that standards and targets can risk incentivising achieving outcomes regardless of how care is delivered. Some cautioned that standards should not become overly restrictive or reduce the autonomy of workers or people receiving care, particularly in adult social care settings where personalised care is essential.

Community food initiatives

Barriers identified

Insufficient support. Participants highlighted that community food organisations deliver far more than emergency food, providing social connection, mental health support, financial relief, and care. However, these organisations increasingly act as "shock absorbers" for both food insecurity and wider crises of social reproduction without adequate funding or recognition.

Dependent on unpaid and gendered work. Much of the labour sustaining community food initiatives, including volunteering, coordination, governance, partnership-building, and food redistribution, is unpaid and often undertaken by women and unpaid carers.

Volunteers and frontline workers experiencing burnout. Participants described increasing emotional and physical strain from responding to severe food insecurity and hunger, with many community workers and volunteers stretched beyond capacity. Participants described the significant emotional, financial, and logistical burdens involved in this labour. Participants noted that volunteers often lack access to cooking facilities, training, or support with grant writing, evaluation, and reporting.

Inadequate and competitive funding systems. Competition for limited funding means community organisations are continually required to demonstrate their legitimacy to funders and local authorities. Participants argued this creates unnecessary administrative burdens, limits collaboration, and risks encouraging competition rather than mutual aid between organisations.

Administrative and regulatory requirements. Long funding applications, monitoring requirements, food safety paperwork, and registration processes were seen as disproportionate for volunteer-led organisations. Participants described a disconnect between policy expectations and the limited time, skills, and infrastructure available to community groups. Participants also described situations where organisations felt compelled to bend rules to feed people, suggesting that rigid regulatory systems can become barriers to care rather than enablers of safe and effective food provision.

Poor infrastructure. Limited access to community kitchens, storage, refrigeration, transport, vehicles, and affordable premises constrains the ability of organisations to safely prepare, store, and distribute food. Rising rents, evictions, and the sale of publicly owned buildings further threaten community initiatives.

Inadequate redistribution systems. Participants highlighted a lack of transparency and collaboration within food redistribution systems, with supermarkets often determining what food is available. This can result in unsuitable, expired, or excessive quantities of food that food banks cannot safely use and reduces people's dignity and limit organisations' ability to provide care that responds to individual and community needs. Collecting, transporting, storing, and redistributing surplus food often requires volunteers to use their own vehicles, homes, fuel, and time while adapting to retailers' schedules. Participants also argued that providing dignified food support requires more than distributing surplus food.

Policy gaps. Participants identified issues such as holiday hunger and inadequate childcare provision as examples of where gaps in public services shift responsibility onto community organisations, increasing demand for food support while placing additional pressures on volunteers and carers.

Weakened local authority capacity. Participants noted that councils in the most deprived areas often face the highest levels of need while having the least funding. This limits their ability to invest in preventative, community-based food initiatives.

Approaches to address barriers

Long term and stable funding models. Participants argued that local and national funding frameworks should properly value the preventative and caring roles of community food organisations, reducing competition between groups and providing longer-term, stable funding for organisations delivering services.

Investment in community food infrastructure. Participants called for long-term funding for community kitchens, food hubs, community fridges, storage facilities, and growing spaces that enable people to access food, cook together, share knowledge, and build community.

Paid roles. Participants called for more paid roles within community organisations alongside greater recognition of the essential contribution made by volunteers, whose labour underpins much of the sector.

Support for volunteers and staff. Participants highlighted the need for training in areas such as trauma-informed practice, conflict de-escalation, safeguarding, and food skills, alongside greater recognition of the emotional demands involved in responding to food insecurity and community trauma.

Strengthen local government capacity. Participants argued that local authorities need greater funding certainty from national government and for power to be devolved to local authorities to design and deliver food and care initiatives that respond to local needs.

Increase community participation. Some suggested that encouraging people to become involved in local food initiatives, including food banks and community kitchens, was a way to build stronger local support networks.

Shared spaces for food, learning, and care. Participants emphasised the importance of creating more community kitchens and food hubs where people can cook, eat, and learn together, strengthen food skills, social connection, and mutual support. Expanding access to community gardens and growing spaces was seen as a way to improve access to fresh food while fostering community participation and environmental sustainability.



Farming and food production

Barriers identified

Economic pressures. Farmers often prioritise financial survival over environmental stewardship and worker wellbeing because of low returns and narrow profit margins.

Environmental care is undervalued. Small-scale, organic, and agroecological farming relies on labour-intensive care for land and ecosystems that is rarely recognised or rewarded.

Supermarket power. Participants argued that the market power of large retailers suppresses farm incomes, leaving producers with little flexibility to invest in environmental care, better working conditions, or more sustainable production methods.

Labour intensive. Non-chemical and agroecological methods require more time and labour but are not reflected in food prices.

Structural disadvantages of small producers. Limited economies of scale, inadequate financial support, and climate change increase pressures on small farms.

Reliance on unpaid labour. Some farms depend on volunteers or unpaid trainees because they cannot afford to pay workers, creating tensions around fair labour practices.

Industrial food system undervalues care. A focus on producing cheap food undermines care for farmers, workers, consumers, and the environment across the food system. Some participants argued that policies focused primarily on reducing food prices make it difficult for smaller producers and food entrepreneurs to operate in ways that value environmental sustainability, decent work, and care.

Climate change. Farmers face increasing costs and risks associated with climate impacts while often lacking the financial resources needed to adapt.

Approaches to address barriers

Income security. Participants identified Universal Basic Income (UBI) as a way to value unpaid work and provide financial security for farmers and carers.

Reform planning policy. Some suggested agricultural workers should be enabled to live on or near the land they cultivate, to reduce costs and support everyday care work.

Improve access to land. Address inequalities in land ownership by making more land available for new entrants, protecting green spaces, and supporting local food production.

Value environmental care. Recognise the non-market value of land, biodiversity, and community growing through initiatives such as urban greening, street food growing, and community orchards.

Supply chain responsibility. Some called for policies to change supermarket surplus model and to increase responsibility across the food system.

Lower the cost of sustainable farming. Reduce rents and green energy costs to make low-impact farming more financially viable.

4. GAPS AND EMERGING QUESTIONS

The following section highlights some emerging gaps and questions that draw from the key points raised by workshop participants. These will be considered and inform the Observatory's work over the next 3 years.

a. Raising awareness and valuing care work:



What methods can be used to define, identify, map, and make visible the hidden and unpaid labour that sustains food systems?

To whom is care work invisible, and how does this invisibility differ across governments, employers, corporations, consumers, and communities?

How can the awareness of unpaid care work in food systems be increased through research, policy, and public engagement, and to what ends?

What frameworks might be useful to help raise awareness, i.e. supply chain transparency, solidarity?

What role do different actors (national and local government, communities, charities, public institutions, employers, consumers) play to better value care work within food systems, in both economic and non-economic terms?

b. Food work and care work intersections:



How are responsibilities for providing food and care across society currently distributed between the state, local authorities, communities, households, and individuals?

Who should be responsible and accountable for providing food and care across society?

To what extent/how can we align national food policies with locally delivered adult social care?

How do working conditions in the food sector shape workers' ability to care for themselves, their families and their wider communities?

How can we better capture the experiences and contributions of platform, freelance, and other casualised workers undertaking care-related labour in the food system?

How are globalised food and care systems embedded within national and local strategies, e.g. what role do migrant workers play in sustaining these systems?

c. The role of institutionalised food:

How can public procurement become a mechanism to deliver care and support the social reproduction of workers and families?

What role do regulations and standards play in recognising and supporting care work within food systems, and under what conditions do they enable or constrain care?

What are the effects of privatisation on food provisioning in institutions, including job evaluation frameworks, and on unpaid and paid work in particular?

Why has food in adult social care remained a policy and implementation blind spot, what are the barriers and solutions?

d. Community food organisations and reliance on volunteer labour:

What is the scale and nature of volunteer labour within community food organisations, and what are its social and economic consequences?

Who is able to volunteer in community food organisations, and how do inequalities of income, time, gender, and caring responsibilities shape participation?

Who benefits from the unpaid labour that sustains community food initiatives, and who bears its costs?

e. Care in food production:

How can local and sustainable food produce be made more accessible to communities, particularly in terms of affordability, availability, and infrastructure?

How can more-than-human contributions (e.g. land, biodiversity, and non-human life) be recognized within understandings of food and care systems?

How can policies better recognise and support the care and social reproductive work that underpins agricultural production, workers' wellbeing, and the reproduction of rural communities?

How can care and social reproduction be integrated into efforts to improve job quality, worker wellbeing, and labour standards across food processing, manufacturing, distribution, and retail sectors?



Visualising food and care: from careless to caring food systems

5. CONCLUDING REMARKS

The research outputs presented in this report demonstrates how food and care systems are interconnected, despite remaining largely disconnected in government strategies. The policy mapping revealed that national strategies tend to address food, health, social care and work as separate domains, with their primary point of convergence centred on obesity prevention and the health costs of unhealthy diets. Food is entirely absent when it comes to adult social care policy priorities. In contrast, the workshops showed that participants consistently understood food provisioning as a form of care, highlighting the extensive paid, underpaid and unpaid labour that underpins every stage of the food system, from farming and food production to institutional food provisioning, community food initiatives and household food preparation.

Across all workshops, participants emphasised that this care work remains largely invisible within existing policy frameworks. This reproduces gendered, class-based and racialised exploitative labour relations across food systems; and obscuring the care burden generated by unhealthy and nutritionally poor food. The organisation of the current food system relies heavily on labour that is poorly recognised and frequently under-remunerated, while simultaneously generating additional demands for care through diet-related ill health, food insecurity, insecure livelihoods and environmental degradation. These costs are displaced onto women, households, communities, local authorities, health and social care services, and the voluntary sector. The findings therefore suggest that many of the crises associated with contemporary food systems are, fundamentally, crises of social reproduction.

The workshops also demonstrated that interconnections between food and care work is present in practice. Community organisations, local authorities, farmers, food workers, health professionals and carers routinely work across the boundaries of food and care, despite policy structures separating these agendas. Participants identified numerous opportunities to strengthen these connections, including, improved working conditions across food and care sectors, recognition of unpaid care labour, and greater investment in community food infrastructure and planning centred around the needs of local communities. The research raises important gaps and questions, including how to value care work within food systems and make it visible, how responsibilities for food and care are and should be distributed across governments, institutions, communities, households, and workers, and who should be held better accountable.

Key takeaways

1. Food systems depend on extensive underpaid and unpaid care labour at every stage.
2. This labour remains largely invisible and falls disproportionately on women and people from ethnic minority backgrounds.
3. Yet food and care remain largely disconnected in national policy, and food continues to be overlooked within adult social care policy.
4. Recognising, valuing, and supporting the social reproductive work that sustains food systems is central to building just and sustainable food systems.
5. Achieving this requires policies that place the working and living conditions of those undertaking both paid and unpaid labour at the centre of food systems transformation.

Given the rising burden of diet-related illness and environmental degradation, policies, at both a national and regional level, should actively recognise, support, and protect those providing care work that sustains communities and ecosystems, ensuring that responsibilities are shared more equitably rather than concentrated on those already carrying the greatest burden. Considering the gendered nature of this labour, research and policy should be attentive to gender and other inequalities that allow for this work to remain invisible and undervalued.

There was wide-spread acknowledgement that whilst this work is vital, it remains largely invisible in policy discourse and throughout the food system. In an attempt at rendering this labour more visible, we propose foregrounding future food system inquiries and policies with two key questions:

1. who does the work, and

2. who absorbs the costs vs who should be held accountable?

Unpaid and underpaid work that makes life and food systems possible need to be seriously considered in any national and local efforts to build just and sustainable food systems.

Visualising Food and Care Systems

The research outputs presented in this report were visually captured to create a resource to summarise the research findings and help raise awareness of how the food and care systems connect at a national and regional level and bring visibility to the undervalued care labour that underpins food systems.

Watch on Vimeo



Informing the Right to Food Commission

The findings also informed the Observatory's response to the Right to Food Commission's call for evidence in June 2026, arguing that an effective and just Right to Food in the UK must adopt a feminist social reproduction lens that integrates the entire food system - from production conditions to consumption and care, and consider the centrality of feminised, racialised and classed care work in food systems. **https://research-information.bris.ac.uk/ws/portalfiles/portal/488774753/Right_to_food_submission_FeministPrinciplestoR2F_UniBristol.pdf]**

This exploratory phase lays the groundwork for generating a substantial research agenda which will provide the foundation for the next phase of the Observatory for Research and Practice on Food Systems and Social Reproduction research project.



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