



M&S

BRIDGING BRITAIN'S FIBRE GAP

Why 96% of us don't get enough fibre,
and what to do about it

January 2026

Written by Louisa Brunt (ANutr), Senior Nutritionist

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FOREWORD



“
Supporting our customers
to make healthier choices
has never been more
important to us at M&S
– and in 2026, fibre takes
centre stage.

With 96% of the population falling short of the daily fibre recommendations, closing the fibre gap is a challenge we're determined to address. Working with the British Nutrition Foundation, we've pulled together insight from our customers and academic research to explore the barriers to adequate fibre intake. Our findings underpin innovation across our Foodhall, including a wider range of fibre-rich products like our new Nutrient Dense range and improved labelling to support healthier choices.

This year marks a major milestone for healthy eating at M&S: the 21st anniversary of Eat Well, our now-familiar food icon and standard that sets the benchmark for communicating healthy products to customers. From day one, we've been committed to empowering customers to make healthier choices, whether that's through innovation, partnering with credible experts, or our marketing communications.

Alongside our health sub-brands, like Good Gut and Brain Food, and industry-leading ingredient use, we've introduced initiatives to enrich everyday essentials, like vitamin D enrichment in our bread and mushrooms and omega-3 enriched

salmon and eggs, addressing key micronutrient gaps in UK diets.

Our customers' trust in us to support their health is something we are hugely proud of – and we don't take that responsibility lightly.

We're doing our bit to close the fibre gap. But we can't do it alone. We encourage others across the food industry and government to join us in driving meaningful change. Together, we can bridge Britain's fibre gap.”

ALEX FREUDMANN

MANAGING DIRECTOR OF FOOD
MARKS & SPENCER



FOREWORD



“

The health of the UK is at a pivotal moment. Rising obesity rates, currently affecting over a quarter of UK adults, highlight the urgent need for sustainable solutions.

While GLP-1 medications have captured headlines for their effectiveness in weight loss, experts warn that we cannot rely on drugs alone to solve the nation's health challenges. True progress lies in prevention, and that starts with transforming the food environment so healthier choices become easier ones.

One of the most impactful, yet overlooked, dietary changes is increasing fibre intake. Fibre is essential for digestive health - helps lower cholesterol, and reduces the risk of heart disease, type II diabetes, and certain cancers. Yet only 4% of UK adults meet the recommended 30 g per day, with average intakes hovering around 17 g. Beyond these health benefits, fibre plays a crucial role in satiety - helping us to feel fuller for longer which can support natural, healthy weight management. Changing the UK food environment means making nutritious and fibre-rich options more visible, affordable, and appealing. Simple steps like choosing wholegrain breads, adding beans and pulses to meals, and enjoying more fruits and vegetables, can make a measurable difference.

This report explores the realities of UK diets today, the opportunities for change, and how we can work together to create a future where nutritious, sustainable, and satisfying food is within everyone's reach. It reflects a commitment to making healthier choices easier and more enjoyable through innovative, fibre-rich products designed to support wellbeing. By putting fibre at the heart of our approach, we can take a simple, practical step toward better health - one plate at a time.

ELAINE HINDAL

CHIEF EXECUTIVE OF THE BRITISH
NUTRITION FOUNDATION

EXECUTIVE SUMMARY

The UK is facing a significant fibre gap. Through collaboration with the British Nutrition Foundation and consumer insights, we have identified key barriers to dietary fibre intake.

UK adults fail to meet the government's daily fibre recommendation of 30g of dietary fibre, with average consumption stagnating at 16g a day^[3]. This shortfall is strongly associated with higher risk of chronic health conditions, including constipation, heart disease, type II diabetes, colorectal cancer and cardiovascular disease. Addressing this gap presents a unique opportunity for industry and government to drive meaningful change in public health.

In October 2025, the British Nutrition Foundation (BNF) was commissioned by M&S to conduct a literature review addressing the research question: "What are the consumer barriers to achieving the 30g/day dietary fibre recommendation?"

Our research finds five **key barriers** to fibre consumption:

96% of UK adults fail to meet the daily fibre recommendation

This paper outlines **strategic opportunities** to make fibre intake more achievable, accessible and engaging for all:

- 1. Fibre-rich foods:** Drive the consumption of fibre-rich foods, such as beans and pulses, as an affordable, versatile and sustainable method to drive fibre intake. The Food Foundation's "Bang in Some Beans" campaign is a great example of an industry-wide initiative to change buying and cooking behaviours.
- 2. Wholegrains:** Increasing awareness and availability by adopting successful models like the Danish Wholegrain Partnership. A coordinated, multi-sector approach could help the UK raise awareness, improve access and close the fibre gap.
- 3. Fibre enrichment:** Targeted enrichment strategies within the bakery category present a significant opportunity to improve fibre intake through familiar formats. Learnings from the H3 Project's school breakfast trials highlight the potential to improve fibre intake at scale through enriching everyday staples.
- 4. Flexibility on fibre claims:** Support for retailers and manufacturers in allowing flexibility to communicate fibre's health benefits effectively, and enable clearer, more relatable communication.
- 5. Clearer labelling:** Establishing an industry-wide best practice to include fibre on back-of-pack and encouraging transparent front-of-pack fibre labelling could help signpost consumers to higher-fibre foods and track progress towards meeting their daily fibre requirements.

Above all, we **call for collaboration between industry and government to prioritise innovation and effective communication around fibre**. Together this can transform the UK's fibre landscape, making healthy behaviour change easier, more accessible and more appealing for everyone.



- 1. Low consumption of fibre-rich foods:** On average, people fall short of the 5 A Day fruit and vegetable recommendation, with children (11-18 years) consuming 2.8 portions and adults (19+) just 3.6 portions.



- 2. Knowledge gaps and confusion** around how much we should be consuming and where to get it from: While almost three quarters of the public say they find it easy to include fibre in their diets, only 14% estimate that they hit 30g a day - and a mere 4% actually do.



- 3. Socioeconomic constraints:** Affordability and accessibility disproportionately affect lower income households. Achieving five portions of fruit and vegetables a day can use up to 52% of a weekly food budget for the lowest-income households, compared to just 17-26% of the wealthiest.



- 4. Unclear and inconsistent fibre labelling:** There is no simplified translation of the government's 30g daily fibre recommendation, and nearly half (47%) of consumers say that clearer on-pack labelling would help them meet fibre goals.



- 5. Consumers fail to resonate with authorised nutrition and health claims for fibre,** due to overly technical language. While 80% recognise fibre's digestive health benefits, most remain unaware of broader health benefits such as supporting heart health and reduced disease risk.

BACKGROUND

The latest National Diet and Nutrition Survey (NDNS) revealed that 96% of UK adults do not meet the SACN (Scientific Advisory Committee for Nutrition) recommended 30g of fibre per day^[3]. In 2015 the UK Government raised the dietary reference value (DRV) for fibre from 24g per day to 30g per day for adults, acknowledging the vital role of fibre to individuals' health^[4]. However, the increase in the recommended daily fibre intake has not translated into improved rates of consumption – the latest national diet survey indicating UK adults (aged 19+) still consume on average only 16.2g fibre per day (figure 1).

**Fibre
Recommendation:
30g / day**

**Average Adult
Intake:
16.2g / day**

WHAT IS FIBRE?

Dietary fibre is the indigestible carbohydrate component of plant-based foods, such as pectin, inulin, cellulose, resistant starches, beta-glucans and oligosaccharides^[5]. It is broadly classified as soluble or insoluble based on structure, each with distinct physiological roles, and may act independently or synergistically to influence health and disease risk^[6]. Fibre plays a key role in digestive and metabolic health by improving bowel regularity, increasing stool bulk, regulating appetite and can enhance glycaemic control and insulin sensitivity to support weight management^[5].

Specific fibre types are linked to distinct health benefits, with fermentable fibres

playing a key role in gut health through the production of short-chain fatty acids (SCFAs).

Cancer Research UK support a link between fibre consumption and lowered cancer risk, advising that “eating a diet high in fibre and lots of wholegrains can help reduce your risk of bowel cancer”^[8]. A dose-response meta-analysis of 10 prospective cohort studies found that every additional 10g/day cereal fibre was associated with a 9% reduction in colorectal cancer risk. A similar increase in vegetable fibre was linked to a 16% lower risk of colorectal adenomas^[9].

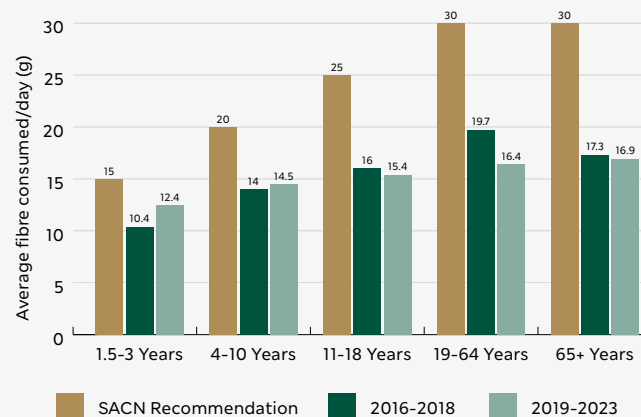
Emerging research also suggests that fibre may exert beneficial effects beyond the gut, including cognitive health^{[10][5]}. A study from King's College London found that daily fibre supplementation improved brain function in adults aged over 60 within a 12-week period, with notable changes in gut microbiome composition, particularly an increase in *Bifidobacterium* linked to improved memory performance and early signs of Alzheimer's disease^[11].

Beta-glucans, a type of soluble fibre found in oats, are known to reduce LDL-C (low-density lipoprotein cholesterol), thereby lowering the risk of cardiovascular disease^[12]. The British Heart Foundation strongly encourages fibre consumption, noting that “higher intakes of dietary fibre are associated with a lower risk of heart disease, type 2 diabetes and some cancers.”^[13].

Although the health benefits of dietary fibre are well-established in public health research and somewhat reflected in nutrition and health claims regulation, population intake levels remain critically low, hindered by systemic and behavioural barriers.

WE ARE ALL FALLING SHORT ON FIBRE

FIGURE 1: Comparison of dietary fibre from NDNS data sets 2016–2018, 2019–2023 and SACN recommendation (Source: National Diet and Nutrition Survey 2025)



“Eating a diet high in fibre and lots of wholegrains can help reduce your risk of bowel cancer

CANCER RESEARCH UK

METHODOLOGY

In October 2025, the British Nutrition Foundation (BNF) was commissioned by M&S to conduct a literature review addressing the research question: “What are the consumer barriers to achieving the SACN established 30g/day dietary fibre recommendation”? The review aimed to assess current fibre consumption levels across the UK population using NDNS data and to consolidate existing evidence on consumer-related barriers to dietary fibre intake.

M&S also commissioned Bounce Insights to conduct quantitative primary research with a nationally representative sample of over 1,000 UK consumers to explore attitudes towards dietary fibre in the context of food shopping.

CONTRIBUTIONS TO FACTS ABOUT FIBRE

**NATIONAL
DIET
NUTRITION
SURVEY
DATA**

+

**BNF
LITERATURE
REVIEW**

+

**CONSUMER
INSIGHTS**

+

**INDUSTRY
EXAMPLES
AND CASE
STUDIES**



BARRIERS TO FIBRE INTAKE



1. LOW CONSUMPTION
OF FIBRE-RICH FOODS



2. KNOWLEDGE GAPS
AND CONFUSION



3. SOCIOECONOMIC AND
ACCESSIBILITY FACTORS



4. UNCLEAR LABELLING
ON PACK



5. NUTRITION AND
HEALTH CLAIMS

1. LOW CONSUMPTION OF FIBRE-RICH FOODS



The latest NDNS data reveals that national consumption of fibre-rich foods including wholegrains, nuts, seeds, fruits and vegetables remains persistently low [2]. This shortfall is driven by several dietary behaviours, including poor adherence to the 5 A Day guideline, a preference for refined carbohydrate sources like white bread, and limited inclusion of wholegrain options in everyday meals.

The NDNS report shows that on average, only 2.8 portions of fruit and vegetables are consumed by children aged 11-18 years and 3.6 portions by adults aged 19 years and older [5]. The average percentage of consumers achieving their 5 a day has declined from previous years, suggesting the 5 A Day gap is growing [49] (figure 3).

Dietary patterns among the UK population are dominated by refined carbohydrate sources such as cereal products and bread. White bread is consumed by 83% of the population, compared to just 54% for higher-fibre bread [14]. Nuts and seeds, which are nutrient-dense and typically fibre-rich, also remain under-consumed at around 4g/day for adults, contributing

only 1% of daily fibre intake [3].

Furthermore, sweet and savoury snacks such as biscuits and cereal bars continue to contribute minimal fibre (1-2%) [3], reinforcing reliance on low fibre processed foods. Convenience and taste preferences often drive choices toward refined products, while wholegrain options are perceived as less palatable or harder to incorporate into quick meals.

A notable shift in dietary behaviour is the decline in scratch cooking of fibre-rich staples. Purchasing data indicates that households increasingly choosing prepared potato products, such as oven chips, over scratch-cooked options like potatoes with skins, which are important contributors to fibre intake [46].

Dietary modelling indicates that meeting the SACN recommendation of 30g fibre per day, while adhering to the government's Eatwell dietary guidelines is achievable if meals consistently feature starchy foods, alongside approximately eight portions of fruit and vegetables and high-fibre snacks [15]. However, this pattern diverges significantly from typical UK diets and would require substantial changes in eating habits, where convenience, cost and ingrained preferences for refined

products dominate. It is estimated that <1% of the population meet all current Eatwell dietary guidelines and only about 30% comply with five or more of the nine specific requirements [5].



FIGURE 2: Summary of food groups contributing to average dietary fibre intake in UK population (Source: National Diet and Nutrition Survey (NDNS) 2018-2019)

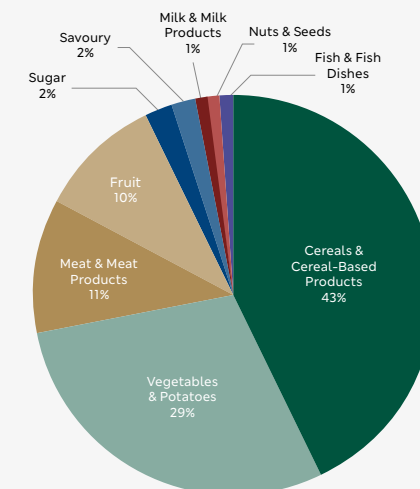
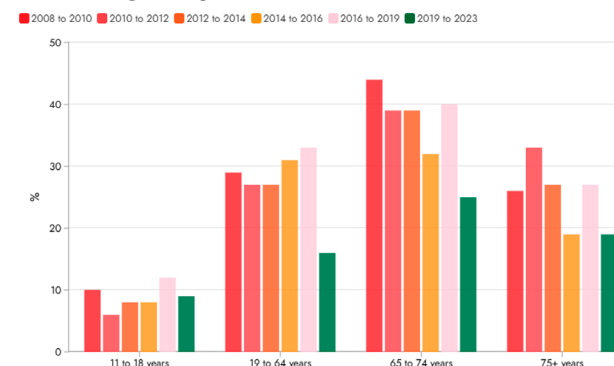


FIGURE 3: % achieving 5 a day (Source: The Food Foundation, UK still failing to meet basic dietary guidelines. 14 July 2025. Graph. 31 December 2025.)

% achieving 5 a day



BARRIERS TO FIBRE INTAKE CONT.

2. KNOWLEDGE GAPS AND CONFUSION



Although most individuals who partook in the 2025 Bounce Insight survey reported finding it easy to include fibre in their diet, only approximately 14% estimate they meet the recommended intake of 30g per day (figure 4). Further analysis reveals that low fibre consumption may stem from limited understanding of the fibre recommendation and what that looks like in practical, food-based terms.

The bounce insight 2025 survey results reflected this with 23% of respondents indicating inability to identify fibre-rich foods and up to 92% of respondents wanting support to increase their fibre intake.

Qualitative research with parents of school-aged children supports that knowledge of fibre food sources and the dietary requirement is a key barrier. When preparing food, knowledge of the need to reduce dietary sugar and fat superseded the need to increase fibre. Time and convenience can pose as further barriers to high-fibre intake

(figure 5). Caregivers in the aforementioned study expressed that limited time for shopping, cooking, and planning healthy meals often leads to reliance on quicker, lower-fibre options and this time constraint can hinder ability to consistently provide a high-fibre diet^[17].

There is also a lack of awareness for the health benefits of fibre (figure 6). Fibre is most associated with digestive health, such as preventing constipation and promoting regular bowel movements. However other significant health benefits,

including lowering low density lipoprotein (ldl) cholesterol, also considered as “bad” cholesterol, and reducing the risk of colorectal cancer, are less widely known. Research shows that when people understand the health benefits of a food product, they’re more likely to buy the product.^[52] This implies that increasing awareness of fibre’s broader health benefits beyond digestion could substantially drive the purchase and consumption of high-fibre foods.

FIGURE 4: Consumer awareness and understanding of fibre DRV (Source: Bounce Insight Survey N=1,027, Nat Rep)

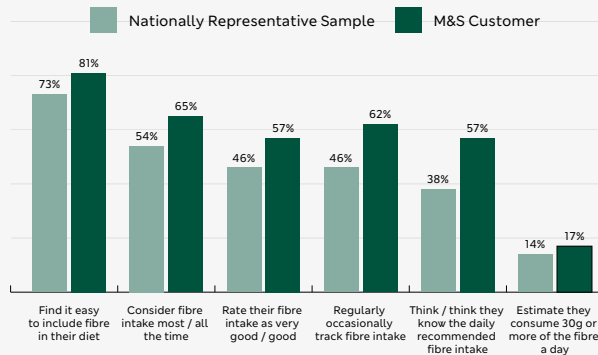


FIGURE 5: Factors influencing fibre-rich food consumption (Source Bounce Insight survey, N=1,015)

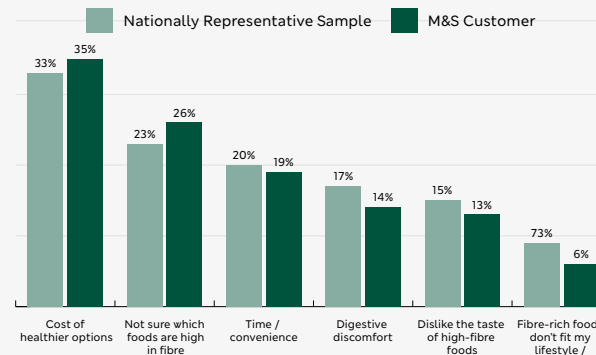
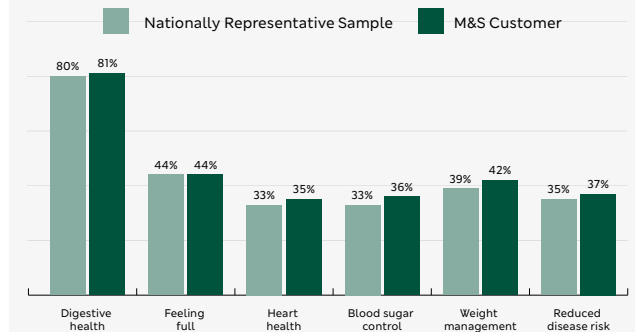


FIGURE 6: Consumer understanding of health benefits of fibre (source: Bounce Insight Survey, N=1015, Nat Rep)



BARRIERS TO FIBRE INTAKE CONT.



3. SOCIOECONOMIC AND ACCESSIBILITY FACTORS



Socioeconomic status is a key moderator of fibre uptake in the UK. Individuals living in more deprived areas consistently consume less dietary fibre compared to those in wealthier regions ^[5]. Affordability is a key barrier: Families on low incomes face disproportionate costs when trying to meet dietary guidelines. For example, achieving five portions of fruit and vegetables a day can use up to 52% of a weekly food budget for the lowest-income households, compared to just 17-26% of the wealthiest ^[18].

Fruit, more often accepted by children due to sweet flavour profile and soft textures, is twice as expensive per portion as vegetables, thus further complicating choices for budget-conscious families ^[5]. Additionally higher fibre foods often require longer cooking times or kitchen appliances, adding time and energy costs which may deter uptake ^[17].

While the fibre gap persists across all income groups, the impact of deprivation is particularly acute.

4. UNCLEAR FIBRE LABELLING



In the UK, labelling for fibre is not mandatory on the front or back of food packaging. To make a nutrition claim for “source of fibre”, the food must contain at least 3g of fibre per 100g or 1.5g of fibre per 100kcal (kilocalories). To make a “high in fibre” claim, the food must contain 6g of fibre per 100g, or at least 3g of fibre per 100kcal. A similar criteria also exists for drinks. Whilst fibre nutrition claims are used in the food retail market, identifying high-fibre foods can still be a challenge. There is inconsistency where fibre nutrition claims appear, for example wholefoods such as nuts and seeds, fruits and vegetables sold loose or unpackaged typically do not carry fibre information or nutrition claims. For packaged foods, it is uncommon to clearly display the fibre content in grams. This could be contributing to the lack of knowledge of fibre-rich food sources.

Source of fibre

3g of fibre per 100g
or
1.5g of fibre per 100kcal

High in fibre

6g of fibre per 100g
or
at least 3g of fibre per 100kcal

BARRIERS TO FIBRE INTAKE CONT.

5. NUTRITION AND HEALTH CLAIMS



Despite the evidence on the benefits of fibre, health claims for fibre are complex and not customer friendly, due to the limited terminology permitted and the requirements set for fibre claims.

In the UK, nutrition and health claims continue to be governed by the retained EU Regulation (EC) No 1924/2006, with the UK Nutrition and Health Claims Committee (UKNHCC) providing compliance guidance. However, there are some limitations when considering fibre:

i) The types of fibre associated with approved health claims are not widely recognised by consumers

Although the Great Britain (GB) nutrition and health claims register lists over 20 different authorised specific health claims for fibre (see appendix), they all refer to technical substances such as beta-glucans, chicory root inulin, resistant starch and pectins; these are not consumer-facing terms. With limited consumer understanding linking these substances to fibre, they are consequently less impactful for food retailers and manufacturers to use on product packaging.

ii) The health relationship associated with approved claims are not appealing to consumers

Given that the average UK shopper spends just 28 seconds reviewing food packaging, concise and recognisable messaging is essential^[19]. An online

survey of 560 UK consumers found that positive emotional tone in fibre-related claims significantly increased purchase intent, even when the claim was not fully understood^[20]. Familiar and appealing terms like “gut health” could be more effective at driving consumer interest in fibre than technical language such as “intestinal transit”, “post-prandial glycaemic response” and “faecal bulk”, as supported by customer survey with 80% opting for digestive health as a recognised fibre health benefit (figure 3).

iii) Not all high-fibre products are eligible for a health claim

As approved health claims for fibre are linked to specific substances, there are no claims for mixed or total fibre content. This presents a challenge as many products contain a blend of fibre types, each offering different textures and physiological benefits. A high-fibre diet containing a varied mix of different fibres is widely acknowledged to have greater health benefits than one supplemented with only a small number of fibre varieties^[21]. This gap in authorised claims for mixed or total fibre content limits innovation and provides less incentive for food businesses to invest in new fibre technologies that cannot be effectively communicated to consumers, despite its well-recognised role in supporting health.



OPPORTUNITIES TO BRIDGE THE FIBRE GAP



Fibre-Rich
Foods



Wholegrains



Fibre
Enrichment



Flexibility on
fibre claims



Clearer
Labelling

1. DRIVING AVAILABILITY AND COLLABORATION ACROSS INDUSTRY ON FIBRE-RICH FOODS

Increasing fruit and vegetable intake is a key opportunity to close the fibre gap. Fruits and vegetables contain diverse fibre types that support gut health, alongside essential micronutrients such as folate, vitamin C and potassium which can support the immune system and overall health. Improving availability and affordability of fresh produce combined with improving consumer awareness of these health benefits could help drive intake.

Beans and pulses are also a practical solution for driving fibre intake. They are an affordable, high-in-fibre plant-based protein and are a nitrogen fixing crop - a plant that can take nitrogen from the air and store it in the soil, making them a good option for aligning health and planetary goals. A single portion of beans contains on average 2.5 times more fibre than two slices of bread, offering a promising solution to closing the fibre gap ^[22].

The importance of beans in healthy, sustainable diets is gaining traction in the UK. In November 2025, the Food Foundation launched their “BANG IN SOME BEANS” campaign, a National Lottery Community Fund’ partnership project, aiming to double bean consumption by 2028. Retailers, manufacturers and the Out of Home sector were encouraged to pledge increased sales of legumes, including beans, peas, chickpeas and lentils to drive consumer awareness and consumption. **At M&S, we have committed to increasing sales of all ambient bean products by 15% by 2028.**

Despite the benefits, UK bean consumption rates are low, with on average just one portion of beans consumed per week ^[22].

Production of beans by UK farmers also remains underutilised. While the UK produces around 800,000 tonnes of beans annually, making it the third largest producer globally, most are used for livestock feed rather than human consumption. Currently UK production is dominated by just two bean varieties: peas and fava beans, with limited success in growing other varieties due to unsuitable climate and lack of processing infrastructure. However, promising trials of lentils and new bean varieties registered by the University of Warwick, namely Capulet, Godiva and Olivia suggest opportunities for diversification ^[24]. The Capulet white bean poses as a British alternative to North American-grown Haricot bean, imported for use in British baked bean products.

Beans also offer environmental benefits. They fix nitrogen into the soil, reducing the need for synthetic fertilisers and lowering carbon footprints. Farming initiatives such as the Environmental Land Management Scheme (ELMS) and Sustainable Farming Initiative (SFI) incentivise farmers to plant legumes as cover crops to improve soil health and biodiversity ^[22]. But further investment is needed in the “missing middle” processing infrastructure for cleaning, drying, storing and canning, essential to scale UK bean production for human consumption.

Innovative projects and brands are paving the way. The Honest Bean Co. has successfully developed UK-grown fava bean snacks, while Hodmedod's champion traditional crops like the Carlin pea ^[25]^[26]. Initiatives such as Sustain's “Give Peas a Chance” project, which introduces

organic split green peas into school menus across Scotland, demonstrate how education and menu development can drive uptake.

Beans represent a simple yet powerful solution: they are nutritious, versatile and sustainable. By increasing bean consumption, we can improve fibre uptake, support healthier diets and contribute to more environmentally sustainable food systems.

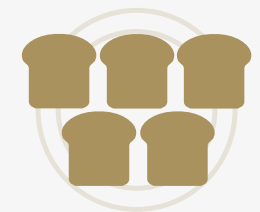


the fibre
content in
1 portion of
beans



=

the fibre
content in
5 slices of
bread



OPPORTUNITIES TO BRIDGE THE FIBRE GAP CONT.



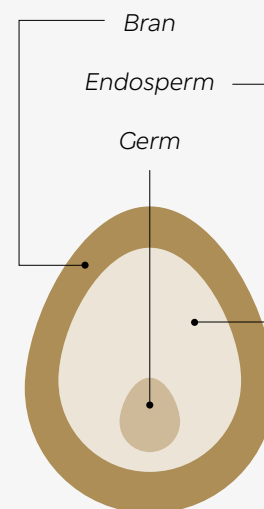
2. RAISE AWARENESS AND AVAILABILITY OF WHOLEGRAINS

Wholegrains are defined as the entire grain of cereal which retain the germ, endosperm and bran layers^[27]. Wholegrains thereby typically exhibit higher fibre content, for example wholegrain rice contains three to six times more fibre per 100g than white rice equivalent. Increased wholegrain consumption therefore presents as a significant opportunity to increase fibre intake.

Currently, the Eatwell Guide offers only general advice to “choose wholegrain or higher fibre versions”. A 2023 Food Foundation survey found that just 16% of carbohydrate products sold by major UK retailers were wholegrain, and these options were often more expensive^[18]. Bread and cereals are key vehicles for wholegrain intake, but consumption of them is stagnating as rice and pasta become more popular choices for consumers.^[3]

The Danish Whole Grain Partnership highlights a key opportunity which the UK can learn from. By adopting a coordinated, multi-sector approach to raise awareness and increase availability and affordability of higher-fibre options, the UK could make meaningful progress towards closing the fibre gap.

Anatomy Of A Wholegrain



CASE STUDY

THE DANISH WHOLE GRAIN PARTNERSHIP

International models offer valuable insights. Denmark, which recommends a daily intake of 75g of wholegrains, successfully reversed declining fibre intake levels by rectifying the downward trend of wholegrain consumption through the Danish Wholegrain Partnership (DWGP). Over the course of a decade, the average daily wholegrain intake in the population rose by 128%, from 36 to 82g/MJ across 2009-2019^[15]. The success is attributed to the DWGP; a public-private enterprise model established in 2008 that augmented wholegrain intake, raising availability of wholegrain products in the market and awareness of associated health benefits^[15].

The DWGP introduced a trademarked wholegrain logo applied to qualifying products and promoted wholegrain messaging across packaging, media and foodservice settings, helping to raise awareness of wholegrains and drive consumption^[27]. The UK could benefit from a similar intervention.



OPPORTUNITIES TO BRIDGE THE FIBRE GAP CONT.



3. STRATEGIC FIBRE ENRICHMENT

Bread and cereals are the primary sources of wholegrain and serve as key sources of fibre in the UK diet, particularly among children where white bread remains a dietary staple^[3].

Targeted enrichment strategies within the bakery category presents a significant opportunity to improve fibre intake.

At M&S we recognise that bread is a household staple and integral to family shoppers. In a recent survey, 60% of M&S shoppers stated that bread is an important contributor to their fibre intake, with 41% of shoppers opting for white bread over wholemeal options^[28]. As such, **since 2016, all our pre-packed sliced bread is enriched with at least a source of fibre.**

Learnings from the H3 Project's school breakfast trials highlight the potential to improve fibre intake at scale through enriching everyday staples. Schools are uniquely positioned to shape lifelong dietary habits by exposing children to healthier options perhaps unavailable at home, highlighting the need for supportive policy framework and nutritional standards that prioritise higher fibre options.

CASE STUDY

INCREASING FIBRE CONSUMPTION, LEARNINGS FROM THE H3 PROJECT*

The average daily fibre intake among 4–10-year-old children in the UK is just 14.6g a day (figure 1), with only 14% of children in this age group meeting the recommended 20g^[3]. The H3 programme, transforming UK Food System for Healthy People and a Healthy Environment SPF Programme, is part of a research consortia delivered by UKRI. The TUKFS funded H3 Project explored strategies to increase fibre intake. One focus was encouraging consumption of higher fibre bread^[29].

In taste trials in primary and secondary schools across Leeds, the H3 team showed that the most widely accepted option was the “combi-bread”, a half white, half-wholemeal blend, highlighting the importance of sensory appeal and familiarity in driving acceptance.

A six month trial in a primary school-based breakfast club in a deprived area of Liverpool showed that children's preferences were not a major barrier. Replacing white bread with higher fibre “Prograins” bread products in school breakfasts led to meaningful improvements in fibre consumption and also improved school attendance and punctuality.

This repeated exposure over six months led to increased enjoyment of fibre-enriched alternatives. The behavioural shift illustrates the potential for generational dietary change when healthier options are introduced in familiar formats, especially during formative years for younger children. Given the DRV for fibre in primary school aged children (4–10 years) is 20g per day, even modest improvements in bread formulation can have measurable impact^[30]. Modelling based on the study suggested that switching to combi bread could close the fibre gap among primary school-aged children by approximately 13% (0.75g/day) and transitioning to high-fibre (≥6g/100g) could even yield even greater benefits – an estimated 30% (1.9g/day)^[31].

*For more information, visit www.h3.ac.uk.



“

We encourage all schools to offer wholegrain or fibre-enriched bread as standard

PROFESSOR LOUISE DYE

OPPORTUNITIES TO BRIDGE THE FIBRE GAP CONT.

4. AUTHORITY FOR FLEXIBILITY ON HEALTH CLAIM WORDING TO IMPROVE CUSTOMER ENGAGEMENT

To better support consumer understanding of fibre's health benefits, retailers and manufacturers need flexibility on the wording of fibre health claims. This will ensure the language used in claims aligns with government messaging and is scientifically accurate. The British Retail Consortium (BRC) has raised concerns on behalf of retailers, calling for clearer guidance and updated terminology. Currently, no authorised health claims exist for commonly used general terms like "dietary fibre" or "wholegrain". In a letter to the Department for Business and Trade (DBT), the BRC urged the government to "explore the approval of a general health claim linking fibre to gut health."

Diet is central to sickness prevention and there is a clear inverse correlation between increasing dietary fibre and reduction of disease risk.

We call on the government to support retailers and manufacturers in allowing flexibility to communicate fibre's health benefits effectively, and enable clearer, more relatable communication.

CASE STUDY

EAT WELL M&S SEAL OF APPROVAL

The Eat Well flower is the M&S seal of approval for health and offers a quick, recognisable symbol for customers to identify healthy food. There are over 1,800 Eat Well products in the M&S food hall. Every product in the range meets evidenced-based criteria developed by our in-house nutritionists and endorsed by the British Nutrition Foundation and based on the Government's Eat Well Guide. All Eat Well products carry a GB authorised health claim on the back of pack to clearly communicate the benefits of key nutrients. As a business, we are committed to using only approved GB nutrition and health claims.



Our fibre consumption is very low. The government's health strategy focuses on prevention.

Being able to clearly explain to customers the benefits of consuming fibre, is fully aligned with this preventative health approach. It is crucial we imaginatively explore what the existing legislation allows us to say.

ANDREA MARTINEZ-INCHAUSTI

DEPUTY DIRECTOR FOOD POLICY
AT THE BRC

5. CLEARER ON-PACK FIBRE LABELLING

Making fibre information clear and accessible at the point of purchase, through prominent on-pack fibre labelling, could significantly improve consumer engagement and be key to success in dietary intervention strategies. Currently, there is no official translation of the SACN 30g per day fibre recommendation into RI% (Reference Intake) value in UK or EU legislation. Establishing an industry-wide best practice to include fibre on back-of-pack and encouraging transparent front-of-pack fibre labelling where relevant, could help consumers better understand their daily fibre requirement and track progress towards meeting it, while promoting transparent labelling across the food industry.

CASE STUDY

COMMUNICATING FIBRE ON PACK

At M&S, we have prioritised making it easier for customers to identify high-fibre products and meet their daily fibre needs. Our new Nutrient Dense range has been developed in line with Eat Well criteria, showcasing products that meet evidence-based nutritional standards and hero fibre as a key nutrient, delivered through wholefoods. To support informed choices, the fibre content (grams) is clearly displayed on the front-of-pack for every product in the range, helping customers monitor their intake and contributing to closing the population fibre gap.



CONCLUSION

Fibre intake across the UK population remains critically low, with most adults consuming only around half the recommended daily amount. Despite clear evidence linking fibre to improved health outcomes, systemic and behavioural barriers continue to limit progress to the population meeting dietary fibre recommendations.

Practical opportunities including clearer labelling, flexibility of authorised health claim wording, promotion of wholegrains, beans and pulses and fibre enrichment in staple foods are key levers to close

fibre gap. M&S is committed to supporting individuals meet their health needs and is taking action to encourage our customers to increase their fibre consumption, but more needs to be done to close the fibre gap.

Collaboration between industry and government focused on innovation and clear messaging around fibre is essential to make it easier, more accessible and relevant for customers. Through joint effort, we can effectively bridge the fibre gap.

BARRIERS TO FIBRE INTAKE



1. LOW CONSUMPTION
OF FIBRE-RICH FOODS



2. KNOWLEDGE GAPS
AND CONFUSION



3. SOCIOECONOMIC
AND ACCESSIBILITY

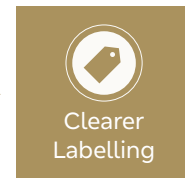
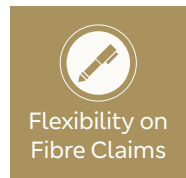
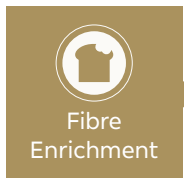


4. UNCLEAR LABELLING
ON PACK



5. NUTRITION AND
HEALTH CLAIMS

OPPORTUNITIES TO BRIDGE THE FIBRE GAP



APPENDIX

NUTRITION CLAIMS

The following are permitted as nutrition claims for use in Great Britain

- **Source of fibre** where a product contains at least 3g of fibre per 100g, or at least 1.5g per 100kcal.
- **High-fibre** where a product contains at least 6g of fibre per 100g, or 3g of fibre per 100kcal.



HEALTH CLAIMS

There are no general health claims relating to fibre as such. However, the following specific substances are permitted as authorised health claims for use in Great Britain:

- **Barley grain fibre** where barley grain fibre contributes to an increase in faecal bulk. This claim can only be used for a food which is high in fibre.
 - **Beta-glucans** where beta-glucans contribute to the maintenance of normal blood cholesterol levels. This claim can only be made for foods which contain at least 1g of beta-glucans from oats, oat bran, barley, barley bran, or from mixtures of these sources per quantified portion. In order to bear the claim it must also be conveyed to the consumer that the effect is obtained with a daily intake of 3g of beta-glucans.
 - **Beta-glucans from oats and barley**, where consumption of beta-glucans from oats or barley, as part of a meal, contributes to the reduction of the blood glucose rise after that meal. This claim can only be used when a food provides at least 4g of beta-glucans from oats or barley for each 30g of available carbohydrate in a quantified portion of the meal. In order to bear the claim, information must be given to the consumer that the beneficial effect is obtained by consuming the beta-glucans from oats or barley as part of the meal.
 - **Barley beta-glucans**, where barley beta-glucans have been shown to lower/reduce blood cholesterol.
- High cholesterol is a risk factor in the development of coronary heart disease. Information should be given to the consumer that the beneficial effect is obtained with a daily intake of 3g of barley beta-glucan.
- **Oat beta-glucan**, where oat beta-glucan has been shown to lower/reduce blood cholesterol. High cholesterol is a risk factor in the development of coronary heart disease. Information should be given to the consumer that the beneficial effect is obtained with a daily intake of 3g or oat beta-glucan. The claim can only be used for foods which provide at least 1g of oat beta-glucan per quantified portion.
 - **Pectins**, where consumption of pectins with a meal contributes to the reduction of the blood glucose rise after the meal. This claim can only be used for a food which contains 10g of pectins per quantified portion. In order to bear the claim, information should be given to the consumer that the beneficial effect is obtained by consuming 10g of pectins as part of the meal.
 - **Pectins**, where pectins contribute to the maintenance of normal blood cholesterol levels. This claim can only be used for food which provides a daily intake of 6g of pectins. In order to bear the claim, information must be given to the consumer that the beneficial effect is obtained with a daily intake of 6g of pectins.
 - **Dried plums of “prune” cultivar Prunus domestica** where dried plums/prunes contribute to normal bowel function.

The claim can only be used on food which provides a daily intake of 100g of dried plums (prunes). In order to bear the claim, information should be given to the consumer that the benefit is obtained with a daily intake of 100g of dried plums (prunes).

- **Glucomannan (konjac mannan)**, where glucomannan contributes to the maintenance of normal blood cholesterol levels. This claim may only be used for foods which provide a daily intake of 4g of glucomannan. In order to bear the claim, information should be given to the consumer that the beneficial effect is obtained with a daily intake of 4g glucomannan.
- **Glucomannan (konjac mannan)**, where glucomannan in the context of an energy restricted diet contributes to weight loss. This claim may only be used for foods which provide 1g of glucomannan per quantified portion. In order to bear the claim, information should be given to the consumer that the beneficial effect is obtained with a daily intake of 3g glucomannan in three doses of 1g each, together with 1-2 classes of water, before meals and in the context of an energy-restricted diet.
- **Guar Gum**, where guar gum contributes to the maintenance of normal blood cholesterol levels. This claim can only be used for food which provides a daily intake of 10g guar gum. In order to bear the claim, information should be given to the consumer that the beneficial effect is obtained with a daily intake of 10g guar gum.

APPENDIX CONT.

- **Hydroxypropyl methylcellulose (HPMC)**, where HPMC contributes to the maintenance of normal blood cholesterol levels. The claim can only be used for food providing a daily intake of 5g HPMC. In order to bear the claim, information must be given to the consumer that the beneficial effect is obtained with a daily intake of 5g of HPMC.
- **Oat grain fibre**, where oat grain fibre contributes to an increase in faecal bulk. This claim can only be used for food which is high in fibre.
- **Resistant starch**, where replacing digestible starches with resistant starch in a meal contributes to a reduction in the blood glucose rise after that meal. The claim can only be used for food in which digestible starch has been replaced by resistant starch so that the final content of resistant starch is at least 14% of total starch.
- **Rye fibre**, where rye fibre contributes to normal bowel function. This claim can only be used for food which is high in that fibre as referred to in the high-fibre nutrition claim.
- **Wheat bran fibre**, where wheat bran fibre contributes to an acceleration of intestinal transit. This claim can only be used for food which is high in fibre as referred to in the nutrition claim high-fibre.
- **Wheat bran fibre**, where wheat bran fibre contributes to an increase in faecal bulk. This claim can only be used for food which is high in that fibre as referred to in the nutrition claim high-fibre.
- **Non-digestible carbohydrates**, where consumption of foods or drinks containing non-digestible carbohydrates instead of sugars induce a lower blood glucose rise after their consumption compared to sugar-containing foods or drinks.
- **Non-fermentable carbohydrates**, where consumption of foods or drinks containing non-fermentable carbohydrates instead of fermentable carbohydrates contribute the maintenance of tooth mineralisation. In order to bear the claim, fermentable carbohydrates should be replaced in foods or drinks by non-fermentable carbohydrates in such amounts that consumption of such food or drink does not lower plaque pH below 5.7 during and up to 30 minutes after consumption.
- **Sugar beet fibre**, where sugar beet fibre contributes to an increase in faecal bulk. This claim may be used for food which is high in that fibre as referred to in the nutrition claim high-fibre.
- **Native chicory inulin**, where chicory root inulin contributes to normal bowel function by increasing stool frequency. Information shall be provided to the consumer that the beneficial effect is obtained with a daily intake of 12g chicory inulin. The claim can be used only for food which provides at least a daily intake of 12g of native chicory inulin, a non-fractionated mixture of monosaccharides (<10%), disaccharides, inulin-type fructans and inulin extracted from chicory, with a mean degree of polymerisation > or = 9.



REFERENCES

- [1] YouGov, BrandIndex, 2022-2025.
- [2] BOUNCE, "M&S Food Daily Fibre Intake," BOUNCE Insight, London, 2025.
- [3] OHID, "National Diet and Nutrition Survey 2019 to 2023: report," UK Government, London, 2025.
- [4] FDF, "Action on Fibre," 24 October 2025. [Online]. Available: <https://www.fdf.org.uk/fdf/our-work/our-campaigns/action-on-fibre/>.
- [5] BNF, "Barriers and opportunities to meeting the UK daily fibre recommendation," British Nutrition Foundation, London, 2025.
- [6] J. Lovegrove, K. Jackson, Y. Kaimila, S. Lignou, A. Lovegrove, V. Norton, D. O'Sullivan, P. Shrewry, P. Tosi and M. Tindall, Importance of dietary fibre, strategies for increasing intake and maintenance of the supply chain in the UK, London: The Royal Society, 2025.
- [7] J. Sun, S. Chen, D. Zang, H. Sun, Y. Sun and J. Chen, "Butyrate as a promising therapeutic target in cancer: From pathogenesis to clinic (Review)," International Journal of Oncology, p. 44, 2024.
- [8] Cancer Research UK, "Wholegrains, fibre and cancer risk," 11 November 2025. [Online]. Available: <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/diet-and-cancer/wholegrains-fibre-and-cancer-risk>.
- [9] H. Oh, H. Kim, D. Lee, A. Lee, E. Giovannucci, S. Kang and N. Keum, "Different dietary fibre sources and risks of colorectal cancer and adenoma: a dose-response meta-analysis of prospective studies," British Journal of Nutrition, p. 3045, 2019.
- [10] F. Kachoueiyan and et al, "Butyrate: a key mediator of gut-brain communication in Alzheimer's disease," Metab Brain Dis, p. 189, 2025.
- [11] Kings College London, "Daily fibre supplement improves older adults' brain function in just 12 weeks," 1 March 2024. [Online]. Available: <https://www.kcl.ac.uk/news/daily-fibre-supplement-improves-older-brain-12-weeks>.
- [12] P. Sima, L. Vannucci and V. Vetvicka, " -glucans and cholesterol (Review)," International journal of molecular medicine, pp. 1799-1808, 2018.
- [13] British Heart Foundation, "Are you eating enough fibre?," 16 February 2018. [Online]. Available: <https://www.bhf.org.uk/information-support/heart-matters-magazine/nutrition/fibre>.
- [14] DEFRA, "Family food datasets," 17 October 2024. [Online]. Available: <https://www.gov.uk/government/statistical-data-sets/family-food-datasets>.
- [15] N. Boyle and et al, "Increasing fibre intake in the UK: lessons from the Danish Whole Grain Partnership," J Nutr, pp. 672-685, 2023.
- [16] BNF, "Fibre," 23 October 2025. [Online]. Available: <https://www.nutrition.org.uk/nutritional-information/fibre/>.
- [17] A. Donin, L. Goldsmith, C. Sharp, C. Wahlich, P. Whincup and M. Ussher, "Identifying barriers and facilitators to increase fibre intakes in UK primary school children and exploring the acceptability of intervention components: a UK qualitative study," Public Health Nutrition, 2024.
- [18] Food Foundation, "Parents on lower incomes face barriers to affording fruit, veg and wholegrains," London, 2024.
- [19] EUFIC, "Pan-European consumer research on in-store observation,," European Food Information Council, Brussels, 2009.
- [20] E. Tann, L. Dye, N. Boyle and K. Adolphus, "Nutrition and health claims on fibre; consumer perceptions, understanding and behavior," Proceedings of the Nutrition Society, 2024.
- [21] J. Beddington and J. Krebs, "Inflammation, fibre and health claims," London, 2025.
- [22] Food Foundation, "Bean Facts," White Creative, London, 2025.
- [23] OHID, "The Eatwell guide," 30 October 2024. [Online]. Available: <https://www.gov.uk/government/publications/the-eatwell-guide>.
- [24] University of Warwick, "Environmental Sustainability at Warwick," 5 October 2023. [Online]. Available: <https://warwick.ac.uk/sustainability/case-studies/beans-to-market/>.
- [25] Honest Bean Co, "Why fava beans," 12 November 2025. [Online]. Available: <https://honestbean.co.uk/pages/why-beans>.
- [26] Hodmedod's, "About Hodmedod's," 12 November 2025. [Online]. Available: <https://hodmedods.co.uk/pages/about-us>.
- [27] DWGP, "Whole Grain Logo Manual: Guidelines for use of the Danish Whole Grain Logo," Fuld Korn, København, 2024.
- [28] Vyper, Attitudes towards bread and nutrition, London: Marks & Spencer plc, 2025.
- [29] H3 Project, "Increasing fibre consumption," 3 November 2025. [Online]. Available: <https://h3.ac.uk/research/increasing-fibre-consumption-wp5/>.
- [30] Scientific Advisory Committee on Health, "Carbohydrates and Health," TSO, London, 2015.
- [31] N. Wilkinson, E. Tann, N. Boyle, S. Caton, V. McColl, G. Lalli and L. Dye, "The children may not be the problem: evidence of acceptance and enjoyment of higher fibre breads from choice architecture studies in school breakfast clubs," Philosophical transactions B, p. 380, 2025.

REFERENCES

- [32] DHSC, “Fit for the future: 10 Year Health Plan for England - executive summary,” UK Government, London, 2025.
- [33] DEFRA, “Government launches “Good Food Cycle” to transform Britain’s food system,” 15 July 2025. [Online]. Available: <https://www.gov.uk/government/news/government-launches-good-food-cycle-to-transform-britains-food-system>.
- [34] E. Cubero-Dudinskaya, D. Gambelli, S. Naspetti, R. Zanolli and M. Proi, “Bottom-up and top-down factors influencing consumer responses to food labels: a scoping review of eye-tracking studies,” *Agricultural and Food Economics*, 2025.
- [35] H. Zhang, W. Tian, C. Qi and Y. Sun, “Combined association of dietary fibre and cognitive function with all-cause disease and cause-specific mortality in older adults,” *Ann Med*, 2023.
- [36] OHID, “Obesity profile: short statistical commentary, May 2025,” 23 October 2025. [Online]. Available: <https://www.gov.uk/government/statistics/obesity-profile-may-2025-update/obesity-profile-short-statistical-commentary-may-2025#main-findings>.
- [37] I. Kutepova, C. Rehm and S. Smith, “Whole grain intake remains unchanged in the UK,” *J Nutr*, pp. 213-219, 2025.
- [38] V. Norton, C. Wagstaff and J. Garcia, ““Wait, Do I Need More Fiber?” Exploring UK Consumers’ Dietary Fiber-Related Awareness and White Bread as a Viable Solution to Promote Subsequent Intake,” *Current Developments in Nutrition*, p. 104430, 2024.
- [39] v. Kleef, M. Vrijhof, I. Polet, M. Vingerhoeds and R. Wijk, “Nudging children towards whole wheat bread: a field experiment on the influence of fun bread roll shape on,” *BMC Public Health*, p. 906, 2014.
- [40] Sustain, “Give Peas a Chance,” 12 November 2025. [Online]. Available: <https://www.sustainweb.org/bridging-the-gap/aberdeen-gives-peas-a-chance/>.
- [41] YouGov, Overall, to what extent would you consider M&S when shopping for healthy food over other food retailers?, 2025.
- [42] BNF. Barriers and opportunities to meeting the UK daily fibre recommendation. London: British Nutrition Foundation, 2025.
- [43] —. Fibre. 23 October 2025. <<https://www.nutrition.org.uk/nutritional-information/fibre/>>.
- [44] BOUNCE. M&S Food Daily Fibre Intake. London: BOUNCE Insight, 2025.
- [45] Boyle, N and et al. “Increasing fibre intake in the UK: lessons from the Danish Whole Grain Partnership.” *J Nutr* (2023): 672-685.
- [46] DEFRA. Family food datasets. 17 October 2024. <<https://www.gov.uk/government/statistical-data-sets/family-food-datasets>>.
- [47] Donin, A, et al. “Identifying barriers and facilitators to increase fibre intakes in UK primary school children and exploring the acceptability of intervention components: a UK qualitative study.” *Public Health Nutrition* (2024).
- [48] Food Foundation. Parents on lower incomes face barriers to affording fruit, veg and wholegrains. London, 2024.
- [49] —. UK still failing to meet basic dietary guidelines. 14 July 2025. Graph. 31 December 2025.
- [50] Gustafson, C and D Rose. “US Consumer Identification of the Health Benefits of Dietary Fiber and Consideration of Fiber When Making Food Choices.” *Nutrients* (2022). Journal.
- [51] OHID. National Diet and Nutrition Survey 2019 to 2023: report. London: UK Government, 2025.