

What the Cost of Living Crisis means for the diets of infants and young children and recommended actions

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Key points

In the UK, most babies under 12 months of age are fed formula instead of being breastfed, meaning infant formula is an essential household purchase.

Between August 2021 and May 2022, the cost of infant formula has increased, for some products by as much as 14%. There is also wide variation in infant formula prices despite the fact that all must, by law, meet the same nutrition composition requirements. This means they can all be used interchangeably for feeding healthy babies in the absence of, or alongside, breastmilk.

The cost of the least expensive powdered infant formula has risen from 10p to 12p per 100ml which translates to an increase from £6.44 to £7.73 per week for a 3 month old baby. As households in the lowest 10% of incomes spend around £54 on food per week, this £1.29 increase in necessary spending each week is significant for families with formula-dependent babies.

The current Healthy Start/Best Start Foods allowance is not enough to pay for infant formula, with the exception of those households who can access the single 'own-brand' product available (Mamia from Aldi). Families wishing to purchase any other infant formula will have to make up the shortfall in price themselves, which amounts to approximately 50p to £1.50 each week.

The lack of affordability of infant formula will be putting babies' health at risk as families struggling on tight budgets may resort to unsafe practices to feed them.

The cost of living crisis is also negatively impacting the quality of children's diets, reducing their consumption of balanced meals and access to fresh vegetables. Meanwhile, families across all socio-economic groups purchase costly, commercially-produced foods and drinks for their babies and young children. These are typically less-healthy than marketed, more likely to be ultra-processed as well as being more expensive than unprocessed and minimally processed alternatives. They are also unnecessary.

Decreasing household food security makes the current lack of mandatory food standards for Early Years settings and subsequent potential for inadequate food provision, a more acute problem than ever.

Recommendations:

Alongside urgent measures to alleviate poverty and food insecurity more generally, we recommend the following eight specific actions to ensure families are provided with the financial means as well as information and sufficient practical support to enable their babies and young children to eat well:



1. The Government should increase the Healthy Start/Best Start Foods allowance from £8.50 to £10 a week for infants and from £4.25 to £5 a week for pregnant women and children aged 1-4 years old. This would more realistically support the feeding of formula-dependent infants in economically vulnerable families, and protect families' ability to access nutrient-rich foods in the context of increasing food prices.
2. Local Authorities, with adequate funding from Government, should urgently create or strengthen pathways of financial and practical support for families in need who are using infant formula.
3. The Government should take actions to reduce and cap the cost of infant formula, and to explore new taxes or levies on the breast-milk substitute industry. This income could finance Healthy Start/Best Start scheme allowance increases, as well as more initiatives to better support breastfeeding and safe and appropriate formula feeding.
4. The DHSC should lead a public health messaging campaign to make clear that, despite significant price variations, there is no significant nutritional difference between brands of infant formula and therefore there is no need for families to buy more expensive formula. Additional messages should include that follow on formulas, growing up milks and toddler milks are all unnecessary, and that infant formulas marketed as Foods for Special Medical Purposes are more expensive, may have no benefit and could cause harm, and should only be used under medical supervision.
5. The Government should upgrade existing legislation covering the marketing of breast-milk substitutes and foods for infants and young children to reflect in full The International Code of the Marketing of Breastmilk Substitutes and all subsequent World Health Assembly resolutions, and monitor and enforce company compliance. This would put a stop to the misleading marketing and labelling of commercially-produced foods and drinks aimed at infants and young children and better protect parents/carers from undue commercial pressure on what and how they feed their babies and young children.
6. The Government should also prioritise regulatory action to improve the composition of foods and drinks (including so-called 'growing up' and 'toddler milks') marketed for infants and young children.
7. The Government should make the Early Years food standards mandatory in order to support infants and young children's access to an appropriately nutritious diet at a time when the quality of food provision at home may be compromised by rising prices.
8. Research should be undertaken to confirm how the cost of living crisis is affecting formula feeding practices and help better understand the food-related coping strategies which might be negatively affecting infants and young children in low-income households. It is anticipated that the findings would assist in leveraging support for the actions listed above.



Introduction

There are currently 3.9 million children living in poverty in the UK (Child Poverty Action Group, 2022), including 39,000 infants under the age of 12 months and 179,400 children aged 1-4 years (Office for National Statistics, 2021). All of these babies and young children are growing and developing rapidly and require an appropriately nutrient-dense diet, ideally including being breastfed in the first year or more, to ensure they meet their full potential and are protected from both childhood disease and non-communicable diseases later in life.

However, despite the fact that most new mothers in the UK want to breastfeed their baby, complex contextual factors (including insufficient support and legal protections) let these mothers down (McAndrew et al, 2012). Consequently, many infants are fed formula within a matter of days and weeks of being born, and most within a few months. In addition, families from all socioeconomic groups purchase commercially produced foods marketed for infants and young children which are less healthy and more costly than unprocessed, minimally processed and home-prepared alternatives, and are often unnecessary (Lennox et al, 2013) (Public Health England, 2019) (First Steps Nutrition Trust, 2018) (Scottish Government, 2018) (First Steps Nutrition Trust, 2021). In the face of pre-existing poor prevailing dietary practices, the current cost of living increases and real-term income decreases are now making the achievement of recommended infant and young child feeding practices even more challenging for thousands of households across the UK. Take-home retail prices for commonly purchased foods and drinks rose by 5.9% between March 2021 and 2022 (The Food Foundation, 2022c) and there are concerns that prices will continue to rise (Investec, 2022). This is in the context of high inflation rates (Office for National Statistics, 2022) which are pushing up the cost of other household essentials including fuel, taxes, petrol, and rent. Universal Credit, designed to protect the most vulnerable, is at its lowest level in 30 years due to cuts and freezes (The Trussell Trust, 2022) and many do not receive full funding due to welfare reform policies.

Nationally representative surveys conducted by the Food Foundation since the beginning of the COVID-19 pandemic reveal alarming rates of food insecurity (The Food Foundation, 2022a), with the highest rates in households that include children. In the six months leading up to April 2022, 20% of households with children experienced food insecurity, evidenced by households eating smaller meals, skipping meals, feeling hungry or skipping food for a whole day because they could not afford or get access to food. These surveys represent households with children up to the age of 16, however within these figures are a subset of households with infants and young children who are particularly vulnerable to the consequences of food insecurity but for whom little data is available, despite a wealth of evidence to show that ensuring good nutrition during this period of life is vital to both short and long term health and development.

Despite these worrying statistics, it appears that little is being done at a national level to ensure young families can adequately cope with the increasing cost of living. In addition, long-standing inadequate controls on the marketing of foods, drinks and infant milks for babies and young children mean that families are being misled in to purchasing costly and unnecessary products, placing avoidable pressure on household budgets (Boyland et al, 2022) (World Health Organisation, 2022).



Protecting the health of our youngest children should be a top priority for our Government, yet these youngest citizens' unique and specific needs are regularly overlooked. We have written this briefing note to raise awareness of the rising costs of formula and outline other potential issues that the current cost of living crisis poses to the diets of infants and young children, and on this basis to make policy recommendations to better protect economically vulnerable households' access to sufficient appropriate foods for their babies and young children.

Infant feeding and rising formula costs

Recommended versus actual infant feeding practices

Exclusive breastfeeding is the normal and optimal way to feed infants under six months, and it is recommended that breastfeeding continue for at least the first year (Scientific Advisory Committee on Nutrition, 2018). Unfortunately, however, whilst the majority of mothers in the UK want to breastfeed, many fail to meet their breastfeeding goals (McAndrew et al, 2012). Two key implicating factors are a lack of peer and skilled breastfeeding support for mothers, and poorly controlled marketing of breast-milk substitutes which commercialise infant feeding and undermine parents ability to make informed decisions about how and what they feed their babies.

The current situation in the UK therefore, is one in which, by six months of age nearly 70% of babies are being exclusively formula fed (McAndrew et al, 2012), and yet formula is expensive and prices are rising.

The cost of formula

In May 2022, we updated our infant milk cost report which summarises the costs of infant formula, follow-on formula¹, and infant milks marketed as Foods for Special Medical Purposes but sold over the counter in the UK (First Steps Nutrition Trust, 2022). Key findings include that:

- All of the larger manufacturers including Danone (marketing Aptamil and Cow & Gate), Nestlé (marketing SMA) and Hipp Organic have raised the prices of their products, some as much as 14% since August 2021:
 - The cost of the least expensive powdered infant formula (Mamia available only from Aldi) has risen from 10p to 12p per 100ml or from £6.44 to £7.73 per week for a 3-month-old, which translates into a weekly increase in cost of £1.29
 - The cost of feeding a 5-6-month-old baby for a month varies from £95.10 to £34.50 depending on which infant formula is used
 - Price rises appear not to have impacted the more expensive formulations, including Ready To Feed (RTF) hospital starter packs of infant formula and tablet formulations, as comprehensively as they have affected the 200ml and 1L RTF infant milks

¹ An infant milk marketed for use from 6-12 months of age but unnecessary given that the recommended formula for this age group of non-breastfed, or partially breastfed infants, is infant formula



- A family choosing to buy an infant milk marketed under regulations governing Foods for Special Medical Purposes² instead of an infant formula, could spend an additional £16.50 to £198 in the first 6 months of their baby's life³.

An enquiry into the cost of infant formula conducted by the All Party Parliamentary Group on Infant Feeding and Inequalities in 2018 revealed that their high prices significantly impacted on some family budgets (APPG, 2018). It has recently been estimated that households in the lowest 10% of incomes spend around £54 on food per week (NimbleFins, 2022), making an increase in the necessary spend of £1.29 on formula each week is significant when considered as just one item amongst many in a weekly shopping basket of items, many of which will also have risen in cost. The price of infant formula must also be considered in the context of the rising cost of other essentials, including fuel, essential for sterilising bottles and making up feeds as safely as possible. The current situation is likely to be worse than this as wage increases are not keeping up with inflation. Between December 2021 and February 2022 pay fell by 1.0% in real terms (The Food Foundation, 2022c).

Healthy Start/Best start foods and access to infant formula

The Healthy Start scheme and Best Start Foods in Scotland are the main welfare food schemes designed to ensure that pregnant women and infants and young children can access adequately nutritious diets. Healthy Start and Best Start schemes, for young and low-income pregnant women, and low-income families with babies and children under 4 years old, include a monetary food allowance and vitamins⁴. Not all households access the scheme; as of March 2022, average uptake for England was 72%, but as low as 55% in some areas (NHS, 2022) and as the ongoing digitisation process continues there are concerns coverage will fall even lower. In addition to poor coverage, the allowance amount is increasingly insufficient in the face of food price rises. In particular it is unlikely to provide sufficient money for most households with formula-fed babies to feed them. Families with one baby are eligible for £8.50 healthy food allowance (NHS, 2022). The cost of Mamia, the least expensive infant formula, is £7.99 a tin, but it is only available in Aldi. One £7.99 tin would last just under a week for feeding an infant up to 6 months old (when the amount of formula a baby needs is greatest), and so is affordable for those eligible (see Table 1). More readily available but slightly more expensive infant milks, costing from £9.00 to £10.00 for a tin that should also last about a week, would involve the purchaser having to make up the cost by approximately 50p to £1.50p each week (see Table 1).

Families who cannot afford infant formula may resort to unsafe practices in order to feed their babies, such as watering down feeds, adding cereal to the formula, introducing solids earlier than 6 months, introducing cows' milk as the main milk drink before 1 year of age or using alternative drinks, and using a formula type that is less appropriate and even potentially unsafe, such as follow-on formula (APPG, 2018). Research undertaken in 2018 has also revealed that many women use the Healthy Start/ Best Start allowance to stockpile

² Such as 'comfort' milk, 'anti-reflux' milk or one of the three lactose-free milks currently on the market

³ Noting that whilst available over the counter, many of these products lack evidence for benefit and may cause harm

⁴ Although in Scotland, all pregnant women receive free vitamins and breastfeeding women and children up to 3 years of age receive free vitamin D supplements, whether enrolled in the Best Start Scheme or not.



infant formula during pregnancy instead of using it to purchase nutritious foods which can support them to meet their nutritional requirements for a healthy pregnancy (Ohly et al, 2018).

Table 1: The price of the lowest cost infant formulas by infant age, per day and week.

	1-2 months (870ml per day)		3-4 months (920ml/day)		5-6 months (960ml/day)	
	Cost per day	Cost per week	Cost per day	Cost per week	Cost per day	Cost per week
Mamia First Infant Milk	1.04	7.31	1.10	7.73	1.15	8.06
Kendamil Classic First Infant Milk	1.22	8.53	1.29	9.02	1.34	9.41
SMA Little Steps First Infant Milk	1.31	9.14	1.38	9.66	1.44	10.08
Cow & Gate 1 First Infant Milk	1.31	9.14	1.38	9.66	1.44	10.08

Feeding young children and rising food costs

Recommended versus actual young child feeding practices

Food-based recommendations for feeding babies older than 6 months (Scientific Advisory Committee on Nutrition, 2018) include the introduction of a wide range of solid foods in an age-appropriate form from around six months alongside continued milk feeds (ideally breastmilk), and the gradual diversification of diet, flavour, and texture thereafter. For young children from one year of age varied diets are recommended, comprising three meals and two healthy snacks a day largely based on healthy family foods with some modifications to meet their nutrient requirements. Whilst breastfeeding beyond one year of age continues to impart benefits for both mother and baby, infant milks marketed as 'growing up' and toddler milks are unnecessary, and where a child is not breastfed a full-fat animal milk is recommended as the main milk drink (NHS, 2019).

Survey data ((Lennox et al, 2013), (Public Health England, 2019) (Scottish Government, 2018)) and market research (Intel, 2019) all show that commercially-produced baby foods, snacks and infant milks marketed for use from 1 year of age are widely used across all socio-economic groups in the UK (Public Health England, 2019). For example, in 2011 nearly three quarters of 7-9 month olds had eaten a commercially prepared meal, and for 1 in 4 it was the norm (Lennox et al, 2013). Despite snacks not being necessary for children under 1 year, recent Start4Life research highlights universal use of commercial baby snacks (Public Health England, 2019). In Scotland in 2017, 41% of parents reported regularly giving their 8-12 month old babies commercial baby foods, and younger mothers and those in



deprived areas were more likely to use them (Scottish Government, 2018). In this survey, three-quarters said they gave their babies one or more snacks a day.

The picture is very similar for young children; among those aged 12-18 months in the UK in 2011, 44% were consuming commercially prepared meals, 42% were given packaged snacks, a third had eaten an adult ready meal and 16% and 18% respectively were being given follow-on formula and growing-up milk (Lennox et al, 2013). By contrast in the UK in 2012 by age 10-11 months the proportion of mothers still breastfeeding was only 15%, falling to 8% at 12-18 months (Lennox et al, 2013).

Undoubtedly, a key driver of the popularity of commercially-produced foods and drinks marketed for babies and young children is their persuasive marketing. Such products are often presented as a healthy option (García et al, 2019) but they are more likely to be ultra-processed (Grammatikaki et al, 2021) and contain added sugar and salt or ingredients high in sugar, with limited nutritional content (Westland and Crawley, 2018) (Sparks and Crawley, 2018) (Public Health England, 2019) (First Steps Nutrition Trust, 2021).

As well as being less healthy, foods and drinks marketed for infants and young children are typically much more expensive than unprocessed and minimally processed foods; i.e. home-made alternatives. For example, an average 100g portion of fresh fruit costs around 50p compared processed dried fruit snacks which cost around £4.20 per 100g ((First Steps Nutrition Trust, 2018⁵), and drinks marketed as growing-up and toddler milks, if used daily, would cost 2-3 times as much as an equivalent amount of cows' milk (First Steps Nutrition Trust, 2021). The bottom line is that commercially produced foods and drinks marketed for infants and young children are often unnecessary, placing an avoidable burden on family budgets.

Rising household food insecurity and implications for children's diets, health and wellbeing

The Food Foundation has been undertaking regular surveys to keep abreast of changing household food security since the start of the COVID pandemic. Their data reveals worrying rises in food insecurity and raises potential concerns about further declines in the quality of young children's diets. In January 2022, 4.9% of households with children had gone without balanced meals and in February 2022, 26% of families and 49% of households earning less than £30,000 a year were buying fewer fresh vegetables because of the increase in price of groceries (The Food Foundation, 2022c).

The economic pressures placed on households as food prices rise and families experience food insecurity may result in stress and depression among caregivers, lower academic achievement and poorer scores for inter-personal skills, self-control and behaviour among young children (Crawley and Dodds, 2018).

Decreasing diet quality within UK households is particularly worrying for infants and young children. Nutrients play a key role in immunity and brain development for all children, but especially those under the age of two years, and nutrient deficiencies can lead to both disease and damage that can affect a child for the rest of his or her life (1000 DAYS, 2022).

⁵ Updated using Tesco online prices May 2022



In addition, poor quality diets in infancy are associated with excess weight gain by school age (Okubo et al, 2015), which can lead to obesity in later life; associated with increased risk of type 2 diabetes, heart disease and certain cancers in adulthood (Centers for Disease Control and Prevention, 2022). In a context where 1 in 7 children in England are already living with obesity by the time they start school (NHS Digital, 2021), this is particularly concerning.

Food provision in early years settings

Given the constraints on the quality of food some families can provide their babies and young children at home, the appropriateness of the food provided in childcare settings, becomes more pertinent. More than 1.5 million children a year attend an early-years setting (Department for Education, 2021) and the food and drink they are provided may represent the majority of their intake on the day they attend. However, there are currently no mandatory food and nutrition standards for early years settings in England, and research has shown that nurseries typically provide inappropriate drinks and insufficient vegetables, pulses and oily fish (Neelon et al, 2015).

Conclusion and recommendations

It is highly likely that the cost of living crisis will be leaving many low-income and vulnerable households unable to access sufficient, safe and nutritious diets for their babies and young children. Alongside urgent measures to alleviate poverty and food insecurity more generally, we recommend eight specific actions to ensure families are provided with the financial means as well as information and sufficient practical support to help their babies and young children to eat well, as listed at the start of this briefing paper.



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