

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

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Key points

- As the cost of living crisis persists and worsens into a second winter, rising food and energy prices are further straining household budgets.
- An estimated 40,000 babies and 184,000 young children are living in food insecure households, with likely negative effects on their diets, and therefore their short and long-term health and development.
- The Healthy Start and Best Start Food Schemes are meant to ensure that vulnerable pregnant women and babies and young children can access adequately nutritious diets. However, the monetary allowances are not keeping up with food inflation (which was 16.4% in October 2022) and the schemes are not sufficiently accessible.
- Rising food insecurity will be making it both harder for some women to breastfeed, and for some families to afford to formula feed. It may also be affecting the sufficiency of the diets of pregnant women and young children, especially as healthy foods are generally more expensive than unhealthy foods.
- Between March 2021 and November 2022 the most widely available and purchased infant formulas increased in cost by 15-23% and the cheapest and only 'own-brand' infant formula (Aldi's Mamia) increased by 33%.
- There are no infant formulas that are affordable with the Healthy Start allowance.
- There is a huge range in the retail prices of nutritionally comparable products; the monthly cost of feeding a 2-3 month old infant formula can vary from £33 to £91.
- Infant formula price rises are safeguarding company profits, whilst families who cannot afford increasingly expensive infant formula may resort to unsafe practices, putting their baby's health at risk.
- Negative impacts of the cost of living crisis on food safety behaviours (like ignoring best before dates, switching off fridges/freezers, and cutting corners in the preparation of powdered infant formula) have worrying implications as babies and young children are more vulnerable to food borne illness than adults.
- Ongoing inappropriate marketing by the baby food industry is misleading families in to purchasing discretionary products such as toddler snacks, growing up and toddler milks, when limited incomes would be better spent on healthier foods and drinks.
- Food standards for early years settings remain non-mandatory, but for the 1.5 million babies and young children attending an early years setting, the food and drink they are provided may represent the majority of their intake on the day they attend. The potential for inadequate food provision may be worsened by soaring energy costs.

It is critical that:

- All mothers who are pregnant and/or breastfeeding should have access to enough nutritious food to meet their extra nutrient requirements and support them to nourish their baby.
- All families with babies who need it, should have access to infant formula and the means to prepare and feed it safely.
- All families with young children should have access to enough nutritious food to meet their nutrient requirements for adequate growth and development, and the means to prepare, cook, feed and store it safely.



Alongside urgent measures to alleviate poverty and food insecurity more generally, we recommend 9 specific actions towards achieving these three goals:

Recommendations:

1. The Government must urgently improve the Healthy Start and Best Start Food Schemes

To ensure that these schemes act as the nutrition safety net they are meant to be, we support [the asks of Sustain and the Food Foundation](#), including:

- Increase the value of the payments in line with rising food prices
- Address outstanding digitisation issues
- Expand eligibility and increase uptake from more families in need to ensure adequate coverage

2. Local Authorities and Health Boards must support families with infants under 12 months experiencing food insecurity

Whilst work is ongoing to improve the Healthy Start and Best Start schemes, Local Authorities and Health Boards must support families with babies who are food insecure. We recommend this guidance: [Guidance on supporting families in food insecurity - Baby Friendly Initiative \(unicef.org.uk\)](#)

3. The Government must address the fairness of infant formula pricing

Infant formula is an essential food for most babies in the UK (despite most mothers wanting to breastfeed), and all infant formulas must meet the same nutrition composition standards. Unaffordable prices may be leading to unsafe feeding practices. The Government has a duty to investigate the large price differentials observed in comparable products and the rise in prices beyond general food inflation and the Healthy Start/Best Start Foods allowances, in order that infant formula is accessible to all families who need it.

4. The Government and those working with young families should publicise messages about appropriate, healthy and economical food choices for babies and young children

Including that all infant formulas are nutritionally adequate and there is no need for families to buy more expensive infant formulas, 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, could cause harm, and should only be used under medical supervision. Messages about foods could include that babies do not need snacks (including expensive commercial products) and commercial baby and toddler foods are also unnecessary, expensive and may not be as healthy as marketed. See a relevant infographic [here](#).

Food safety precautions need to be emphasised for young families to prevent babies and young children from food borne illness, This should include the importance of sticking to [the NHS guidelines on powdered infant formula preparation](#). See a relevant infographic [here](#).



5. Retailers should take action to enable and encourage families to make appropriate, healthy and economical food choices for babies and young children

Including offering promotions, vouchers and price reductions on healthy (minimally processed and nutrient-rich) foods including fruit and vegetables. These should be supported by communications on the messages outlined in recommendation 4, and the promotion of minimally processed and nutrient-rich foods which can, and should, form the basis of the diets of babies, young children and their families, as opposed to commercial baby foods. Retailers should ensure that the cheaper infant formulas are available for sale, and make clear the comparability of all infant formula products. Cross promotion of discretionary formulas (follow on formulas, growing up and toddler milks) and baby foods should be avoided.

6. The Government and local authorities must invest in universal breastfeeding support

As well as income and food security, many mothers who want to breastfeed need support to be able to do so. All local authorities should commission, and consistently fund, evidence-based, universal breastfeeding support programmes, with funding from Government.

7. The Government must regulate against the inappropriate marketing of commercially-produced baby and toddler foods and drinks

Such products are typically discretionary, less healthy than marketed and expensive, placing an avoidable burden on household budgets. The Government must follow through on its promised consultation to improve the marketing and labelling of these foods and drinks.

8. The Government must make early years food standards mandatory and provide settings with adequate resources to achieve these standards

Decreasing household food security makes the current lack of mandatory food standards for early years settings and subsequent potential for inadequate food provision an acute problem. Mandatory standards are necessary to safeguard access to an appropriately nutritious diets and settings need adequate resources to achieve these standards in the context of rising food and fuel prices.

9. Conduct research to assess the scale and scope of the impact of the cost of living crisis on the diets and health of babies and young children

There is very little currently known about how the cost of living crisis and high rates of food insecurity are affecting what and how babies and young children are being fed, and any impact this might be having on their short and long term health. Such research is urgently needed.



Background

1. How many babies and young children are food insecure?

The UK's cost of living crisis is persisting and worsening. Ongoing energy and food price increases and real-term income decreases are squeezing household budgets. Food inflation rose to 16.4% in October 2022 (Food Foundation, 2022a) and healthy foods are three times more expensive than less healthy foods^{1, 2} (Food Foundation, 2022b).

In September 2022, 25.8% of households with children were food insecure (as indicated by eating smaller meals, skipping meals, feeling hungry or skipping food for a whole day because they could not afford or get access to food) (Food Foundation, 2022c). This means that 4 million children are living in food insecure households in the UK, of which 40,000 are babies under the age of 1, and 184,000 are children aged between 1 and 4 years (Office for National Statistics, 2021).

Babies and young children are growing and developing rapidly and require an appropriately nutrient-dense diet to ensure they meet their full potential and stay healthy in the short and long term. However, for babies and young children in food insecure families, it is less likely that such diets are accessible.

2. The Healthy Start and Best Start Foods schemes

These are the welfare food schemes meant to ensure that vulnerable pregnant women and babies and young children can access adequately nutritious diets. The schemes are open to young and low-income pregnant women, and low-income families with babies and children under 4 years old, who receive a pre-paid card loaded with a monetary allowance once a month, and vitamins³. The allowance is meant to be used to buy fresh, frozen or tinned fruits and vegetables, pulses and grains, cows' milk and infant formula. However, there are major issues with the schemes, which are compromising their ability to act as the nutritional safety nets they are meant to be.

Insufficient allowances

In April 2021, the Government increased the weekly value of Healthy Start from £3.10 to £4.25 (Best Start Foods provides £4.50) (and babies get double the allowance). However, the value of payments is not keeping up with high levels of inflation and rising food prices. Also, Healthy Start was not included in the Chancellor's Autumn Statement commitment to raise benefits in line with inflation from April 2023. This is concerning, particularly in light of rising formula costs (see below).

¹ "as defined by the Government's Nutrient Profile Model – foods are categorised as more or less healthy depending on the levels of energy, saturated fat, sugar, salt (higher content is less healthy); and fruit, veg and nuts, fibre and protein (higher content is more healthy)".

² An important exception are commercial baby and toddler foods (often marketed as healthier than they really are), which are much more expensive than healthy unprocessed and minimally processed foods, and home-made baby foods

³ 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.



Poor coverage

Eligibility for the scheme is too limited, meaning many low income families are not able to benefit from this important nutrition safety net. For example, only families earning less than £408 a month are eligible (excluding some families on Universal Credit) and the scheme is not open to families with no recourse to public funds.

National uptake data has not been published since April 2022, but data from March 2022 shows that uptake of the scheme by those who are eligible is low and patchy (72% nationally but as low as 55% in some areas) (NHS, 2022). Fundamental problems remain with the application process and the functionality of the digital scheme.

3. How food insecurity may affect breastfeeding and formula feeding

Infant feeding recommendations: milk feeds

UK public health recommendations include that babies should be breastfed exclusively from birth to six months old, and for breastfeeding to continue beyond two years of age, or for as long as mum and baby would like (SACN, 2018; SACN, 2022). The only safe and suitable alternative to breastmilk for healthy babies - from birth to 1 year of age - is a 'first infant formula' (NHS, 2019a), although infant formula cannot replicate the health benefits of breastmilk.

Most mothers in the UK want to breastfeed, but for complex reasons⁴ many do not succeed (McAndrew et al, 2012). There are also stark inequalities in breastfeeding rates, meaning mothers in low-income and disadvantaged families are less likely to breastfeed. For many women, food and income security are preconditions to successful breastfeeding (Frank, 2020).

Rising food insecurity will be making it both harder for some women to breastfeed, and for some families to afford to formula feed.

3.1 Access to healthy food for pregnant and breastfeeding mothers

There is currently no data on how rising food prices are affecting pregnant and breastfeeding mothers. However, it is important to acknowledge the probability that some mothers will be struggling to afford the sufficient healthy food they feel they need to support their pregnancy and breastfeeding efforts.

3.2 Formula prices

The UK infant formula market is highly concentrated and dominated by a small number of importing companies. This impacts prices but also dictates the most widely available products, which are usually not the cheapest. Three companies: Danone (selling Aptamil and Cow and Gate brands), Nestlé (selling SMA) and HiPP Organic, accounted for 89% of the 'baby milk' market share in 2021/22 (Danone alone accounted for 76%) (Mintel, 2022).

⁴ These include but are not limited to lack of peer and skilled support for breastfeeding, discomfort breastfeeding in public, lack of support for breastfeeding women on return to work, and study and poorly controlled formula marketing undermining breastfeeding intentions.

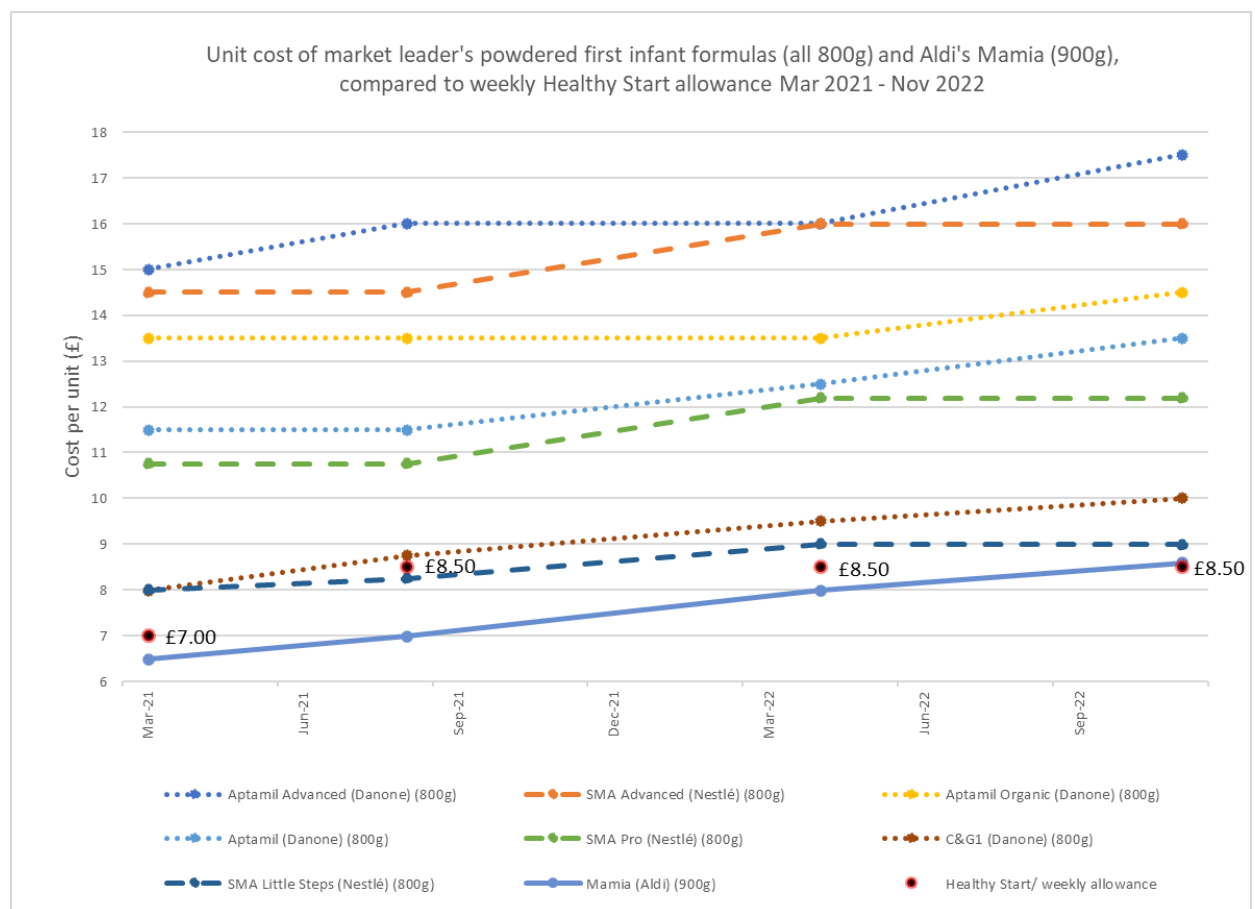
Expensive and rising prices

Infant formula was an expensive commodity even before the current cost of living crisis (APPGIFI, 2018). Our routine price monitoring shows that the cost of infant formula had begun to rise by March 2021, preceding general food price rises. Between March 2021 and November 2022 the price of powdered infant formula⁵ rose by 12% on average. However, the average rise in powdered infant formula prices masks significant variation by brand and product type.

The graph shows the change in price per unit of the top three selling brands of powdered infant formula as well as Aldi's Mamia infant formula – the cheapest infant formula on the market - between March 2021 and November 2022. It shows that the most widely available and purchased infant formulas have all increased in cost by 15-23% and Mamia increased by 33%. None are affordable with the Healthy Start allowance.

Rising energy prices may negatively impact on formula feeding families

The rising cost of energy may lead families to cut corners in how they prepare and store bottle feeds, posing risks to their baby's health. More specifically, they may not follow the NHS instructions to boil a litre of water each time they need to make a bottle for their baby, to make feeds one at a time as needed, or to sterilize all feeding equipment every time (NHS, 2019b).



⁵ As powdered infant formula is the cheapest type of infant formula and is the most widely used (as opposed to liquid ready to feed infant formula and formula tablets), we focus on this in this analysis.



Illusory price differences

Although all infant formula must meet the same nutritional compositional standards laid down in law (ref law), companies produce a range of brands, and products within brands marketed at significantly different prices. In November 2022, the cheapest powdered infant formula on the market was Aldi's Mamia sold for £8.59 a 900g tin and the most expensive was NannyCare sold at £21 for an 800g tin (First Steps Nutrition Trust, 2022). The price range between the top three selling brands was £9 a tin (SMA Little Steps) to £17.50 a tin (Aptamil Advanced).

As a result, the cost of feeding a 2-3 month old baby over a month can vary in cost from about £33 to £91 depending on which infant formula is used.

Furthermore, a family choosing to buy a 'specialist formula'⁶ such as a 'comfort' milk, anti-reflux milk or a lactose-free milk instead of a first infant formula, could spend an additional £131 to £245 in the first six months of their baby's life⁷.

Sales of more expensive formula products grew during 2022, despite pressures on household budgets. Formula companies attribute this to carers trusting the scientific evidence behind their product and thus choosing to purchase a 'premium' product for their babies (The Grocer, 2022), leaving less money available to spend on healthy foods for the rest of the household. Our [review](#) of the claims made for infant formula, ingredients or formulations explains why these claims are misleading, and the purchase of more expensive formula products unnecessary (First Steps Nutrition Trust, 2020).

When families cannot afford formula

If families cannot afford sufficient formula they may resort to unsafe practices, such as watering down feeds (reducing the nutrient density), adding cereal to the formula, introducing solids earlier than six months, introducing cows' milk as the main milk drink before 1 year of age or using alternative drinks of a formula type that is less appropriate (APPGIFI, 2018).

Aware of the high prices of formula, pregnant women may also use the Healthy Start/ Best Start allowance to stockpile infant formula in advance of the birth, 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).

Why are infant formula prices rising?

Rising formula prices will be in part be driven by increasing input and fuel prices, reductions in agricultural production and labour shortages. However, the UK baby milk industry grew by £28.2m over the last year because of 9.1% increase in the value of sales on a 4.7% volume increase (The Grocer, 2022). The very wide range in prices of nutritionally comparable products, coupled with growth of the baby milk market on half the volume of sales together suggest that companies are pricing infant formulas in a way that allows them to safeguard sales incomes and profits.

⁶ An infant milk marketed under regulations governing Foods for Special Medical Purposes. Some infant FSMPs are available for sale online, in supermarkets and in pharmacies despite the law stipulating they should be used under medical supervision. Infant FSMP may lack evidence of effectiveness and may cause harm (BFLG-UK, 2022).

4. How food insecurity may affect babies and young children's diets

Foods and feeding babies and young children from 6 months to <5 years

UK public health recommendations include that babies should be introduced to a wide range of [unprocessed and minimally processed] solid foods in an age-appropriate form at around six months old, alongside their usual milk feeds (ideally breastmilk) (SACN, 2018). Snacks are not recommended for babies. Diet, flavour and texture should be gradually diversified over time. From one year old, varied diets should involve three meals and two healthy snacks each day, based on healthy [unprocessed and minimally processed] family foods with some modifications to meet nutrient requirements (SACN, 2022). Continued breastfeeding is recommended, but formula milks are not needed after one year as cows' milk or an alternative are adequate.

Food insecurity is affecting families diets, and it is likely this will have a knock on effect on what and how babies and young children are fed. For example, food price increases are reducing household consumption of balanced meals, and food insecure households have been found to be five times more likely to cut back on purchases of fruits and vegetables than food secure households (Food Foundation, 2022c).

Negative impacts of the cost of living crisis on food safety behaviours also have worrying implications for babies and young children. A recent survey by the FSA revealed that 32% of participants had eaten food past its use-by date, as they couldn't afford to buy food, and 18% had turned off a fridge and/or freezer containing food, to reduce energy bills and save money (FSA, 2022). Both of these actions increase the risk of becoming ill with food poisoning, which is particularly dangerous in babies and young children.

Unnecessary pressure from companies marketing baby and toddler foods

There is an abundance of data showing that commercially-produced baby foods, snacks and infant milks marketed for use from one year of age are widely used across all socio-economic groups in the UK, pushed by persuasive and unchecked marketing (Lennox et al, 2013; Public Health England, 2019; Scottish Government, 2018; Mintel, 2022). There are two main reasons this is concerning; firstly many of these products are both unnecessary and unhealthy, and secondly, they are expensive.

These products are often presented as if they should be a part of the child's diet (e.g. as if babies need snacks), and as a healthy option (García et al, 2019). However, 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, commercial baby and toddler foods and drinks are typically much more expensive than unprocessed and minimally processed foods, and home-made alternatives. Our analysis based on food prices in December 2022 showed that:



1. An average 100g portion of a fruit puree marketed as a baby food costs around £1.14 compared to a home-made alternative which costs around 28p per 100g⁸.
2. Drinks marketed as growing-up of toddler milks, if used daily, would cost 2-5 times as much as an equivalent amount of cows' milk.

The bottom line is that commercially produced foods and drinks marketed for babies and young children are often unnecessary, and place an avoidable burden on family budgets which is more concerning than ever in the current context of the cost of living crisis.

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 in the midst of the current cost of living crisis, the appropriateness of the food provided in childcare settings becomes more pertinent. More than 1.5 million babies and young children attend an early years setting (Department for Education, 2022) 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 nursery provision may be inappropriate (Neelon et al, 2015). In addition, many early years settings are facing financial pressures that may leave them unable to afford to purchase and prepare adequate food for the babies and young children in their care. A recent [survey](#) of early years providers revealed that 62% regularly reduced the amount of energy used at their setting over the last year to cope with rising energy prices, including preparing cold food rather than hot. To safeguard infant and young child health it is essential that Government provide early years settings with adequate resources to purchase, prepare and store foods that support optimal nutrition and health.

⁸ Based on average of all single flavour fruit purees available and cheapest equivalent fresh fruit and vegetable from Tesco in December 2022



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