



Food Research
Collaboration

Shaping the National Food Strategy

The baby-shaped blind spot: What it is and why it's important

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FRC Policy Insights

This series of Policy Insights provides opportunities for experts from academe and civil society to highlight gaps and opportunities in emerging food policy. The aim is to put detailed, specialist knowledge into the public domain at this critical time.

Food policy in England is in a state of flux. The UK's departure from the European Union opened the way for clean-sheet approaches to agriculture and trade, and required the UK to take responsibility for many areas of food regulation previously overseen by the EU. Evidence of the food system's adverse impacts on climate and habitats has prompted urgent calls for food policy to reverse these trends. And Covid's consequences have shown where the system lacks resilience – for example in ensuring food supplies for the vulnerable.

In July 2021, the Independent Review for the National Food Strategy, led by Henry Dimbleby, produced a comprehensive analysis of the state of the UK's food system, and a set of recommendations – but the report was advice, not policy. A White Paper will follow, outlining the Government's own intentions and proposals. Legislation – whether an omnibus 'Food Bill' or a patchwork of measures to augment existing policy – may then be brought forward to implement the plans.

While policy is developed, there are opportunities for improvements and course-corrections. We hope these Insights will help to inform that process. If you would like to contribute, please contact the [Food Research Collaboration](#).

The baby-shaped blind spot in England's food policy plans

The Final Report of the Independent Review¹ for the promised National Food Strategy lays out a vision and plan for a healthier and more sustainable food system. But it has a major blind spot, making it incapable of meeting its objectives. **Specifically, it fails to acknowledge the particular food and nutrition requirements of babies and young children, and the factors which make eating well a challenge for many young families.** The exclusion of England's youngest citizens from the review is a missed opportunity that must be addressed, not least given the recent, devastating increases in obesity prevalence, up from 9.9% to 14.4% for children in reception and from 21% to 25.5% for children in Year 6, with the highest rates among children living in the most deprived parts of the country².

Typical diets for babies and young children living in England are far from optimal, dominated first by formula and then by commercially produced foods and drinks misleadingly marketed as healthier than they really are, with multiple negative consequence (see Box 1).

The planned White Paper and possible Food Bill will build new foundations for food policy in England for some time to come. It is vital that it is inclusive of our youngest citizens and addresses their specific nutritional needs and vulnerabilities. In other words, specific policies are needed to tackle current challenges in the 'first-food system'²⁶, to ensure our food system delivers safe, affordable and healthy food for babies

Box 1

What do babies and young children living in England eat¹?

Despite UK public health recommendations to breastfeed for the optimal health of the baby and mother³ and most women's desire to do so⁴, almost three quarters of babies will have consumed infant formula by the time they are 6 weeks old⁵. Breastfeeding initiation is lowest among younger, white women, women in routine and manual occupations, or those who have never worked⁶.

In 2010, only a quarter of babies were given their first foods at the recommended 6 months of age, most having received them much earlier⁷. The proportion of mothers introducing solids at or before 5 months of age was highest among young, white women, among those in routine and manual occupations and those who had never worked⁸.

In 2011 in the UK, three quarters of babies aged 4-6 months had been given a commercially-prepared baby food, and 30-40% of children aged 12-18 months were found to be consuming commercially prepared meals, packaged snacks, adult ready meals and/or a formula milk⁹.

What are the implications of current, suboptimal diets of babies and young children?

Poorer health outcomes:

Formula-fed babies (and their mothers) miss out on the protective effects of breastfeeding; for example,

ⁱ Much available data on infant and young child feeding is dated, as the national Infant Feeding Survey was discontinued in 2010; however, recent data from surveillance systems and from Scotland suggest that there has been little change in most feeding practices since 2010.

being more likely to be hospitalised as a consequence of gastrointestinal or respiratory illness¹⁰ and to become overweight/obese in later life¹¹.

Early introduction of solids and poor quality diets (low in fruits, vegetables and fish) may promote weight gain^{12,13}.

Common negative features of commercially produced foods and drinks marketed for babies and young children include being high in sugar^{14,15,16,17,18} and being ultra-processed¹⁹, with potentially negative implications for dental health and child weight^{20,21}.

Cost to the NHS:

Ill health caused by suboptimal feeding imposes a huge cost on the NHS. For example, it has been estimated that over £17 million could be gained annually by avoiding the costs of treating four acute diseases in infants if breastfeeding rates were to improve moderately²².

Negative impacts on the environment:

There are important concerns about the sustainability and environmental impact associated with the production, packaging and waste disposal, distribution and use of discretionary, commercially produced baby foods and drinks^{23,24,25}.

and young children, as well everyone elseⁱⁱ. These policies will implicate other government departments beyond Defra (which sponsored the Independent Review and is coordinating the White Paper), most notably the Department for Health and Social Care and the Department for Education, and cross-government collaboration will be key to achieving an inclusive National Food Strategy²⁷.

We have identified eight recommendations that we argue are essential to support eating well in the early years, building on or adding to the proposals in the Independent Review. If included and implemented, they would enable the next generation to eat better and more sustainably, and to maintain a healthy weight as they grow. Our recommendations are presented here within the framework of policy objectives proposed in the Independent Review.

Objective: Escape the ‘junk food’ cycle to protect the NHS

1. **Make the environment more enabling for women who want to breastfeed, therefore reducing consumption of infant formulaⁱⁱⁱ. To achieve this:**
 - Fund and support all neonatal, maternity and health visiting services, Family Hubs and relevant university courses to become Unicef UK Baby Friendly Initiative accredited, building on the NHS long-term plans to accredit maternity settings.
 - Follow through on the government’s commitment in the Autumn 2021 budget to fund breastfeeding support in half of all council areas.
 - Strengthen England’s legislation in line with Scotland’s Breastfeeding, etc. (Scotland) Act 2005, which makes it an offence to stop someone in a public place from feeding their children, if under 2 years, with milk.
 - Make the ACAS guidance on accommodating breastfeeding employees in the workplace statutory to protect breastfeeding mothers on their return to work.

- Enact and enforce stronger regulations to better protect parents from misleading commercial influence on when, what and how they feed their babies by putting an end to the inappropriate marketing of breastmilk substitutes^{iv}. The International Code of Marketing of Breastmilk Substitutes provides the most relevant policy framework.
2. **Strengthen regulation relating to the composition, labelling and marketing of foods and drinks aimed at babies and young children, therefore reducing consumption of less healthy and ultra-processed products, by introducing:**
 - Better regulations on composition, to help address the high free-sugar content of many products which would not be affected by the sugar reformulation tax proposed in the Independent Review.
 - More honest labelling and marketing of these products, to help parents/carers make informed decisions on what they are feeding their children.
 3. **Improve support to families for complementary feeding, therefore improving feeding practices and reducing consumption of less healthy and ultra-processed products, by taking action to:**
 - Ensure the government’s commitment in the Autumn 2021 budget to transform ‘Start for Life’ and family help services in half of the council areas across England includes provision of information and practical support to families to practise age-appropriate introduction of cost-effective,

ii It is important to note that the health and diet of women and men in the pre-conception period and for women during pregnancy also have important impacts on the health and wellbeing of babies and children in to their later lives, with implications for the scope of recommendations made below.

iii We find the term ‘junk food’ imprecise and unhelpful, and repeat it here only in the context of repeating the objective in the Independent Review. We do not imply that infant formula is a ‘junk food’ by recommending its consideration under this objective. We recommend a focus on ‘ultra-processed foods’, given the availability of an objective definition and mounting evidence that diets high in such foods are associated with poor health.

iv A breastmilk substitute is defined in the International Code on the Marketing of Breastmilk Substitutes as: “any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose”. (<https://www.who.int/publications/i/item/9241541601>)

nutritious solid foods at around 6 months of age, and to feed responsively following their child's hunger and satiety cues.

4. **Improve the school-related food environment and food-related education from the early years onwards by:**

- Making the voluntary food and drink standards for early years settings mandatory.
- Ensuring personal, social, health and economic education includes the importance of health and eating well, before and during pregnancy, and breastfeeding as a normal human activity.

Objective: Reduce diet-related inequality

5. **Reform the Healthy Start scheme so it meets its original objectives, which included the promotion of breastfeeding and preventing obesity. To achieve this:**

- Raise the threshold for receipt, so more people on lower incomes who need it can rely on the scheme as a nutritional safety net.
- Enhance the offer for breastfeeding women, for example through provision of a greater number of vouchers.
- Increase the visibility and accessibility of the scheme to enable greater uptake.
- Integrate the scheme with other benefits and services for young families, for example cookery sessions and breastfeeding support delivered at Family Hubs.

Objective: Make the best use of our land, in order to meet the UK's legal commitments on carbon emissions and nature restoration

6. **Take action on the carbon emissions attributable to infant milks and baby foods by:**

- Calculating the contribution to carbon emissions made by UK-based manufacture and distribution of infant formula, as well as unnecessary infant milks and discretionary and often unnecessary commercial foods and drinks in unrecyclable packaging, and use the figures to support action to reduce consumption of these products.

Objective: Create a long-term shift in our food culture

7. **Ensure the long term shift in food culture includes young families by:**

- Appointing a specific person with relevant expertise to lead development of a strategy to improve mothers' diets and infant and young child feeding practices. Data should be collected to take stock of current practices and to assess change over time.

Objective: Fix the foundations needed to deliver the recommendations in practice

8. **Make statutory family support services fit for purpose. Most of the above recommendations will not be possible without improvements in statutory services which support young families. As well as improvements in the Healthy Start scheme, and food standards and food education in early years settings, other necessary actions are to:**

- Urgently ensure local authorities are given sufficient funding to deliver universal health visiting services, delivering a minimum of seven face-to-face contacts with a health visitor as set out in the 2021 Healthy Child Programme.
- Follow through on the government's commitment in the Autumn 2021 budget to

fund Family Hubs in half of all council areas, which will offer a range of services to support pregnant women and young families to eat well.

- Include nutrition training in core curricula for all health professionals who have contact with pregnant women and young families in order that they have the knowledge and skills to support them to eat well.

Conclusions

The Independent Review for the National Food Strategy is billed as a comprehensive review of the food system, and yet babies, and what babies eat, are invisible, and few of the recommendations address the specific challenges faced by parents/carers of babies and young children. As long as how, what and why we feed our children in their earliest years is considered outside the scope of our food system, we will make little progress in tackling rising rates of overweight and obesity, and other negative health impacts of suboptimal diets, including dental decay. The eight additional recommendations made here could ensure a National Food Strategy, White Paper and subsequent Food Bill capable of improving the diets of babies and young children while protecting the environment.

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The Food Research Collaboration is an initiative of the Centre for Food Policy. It facilitates joint working between academics, civil society organisations and others to improve the sustainability of the UK food system, and to make academic knowledge available wherever it may be useful.

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