

# Written evidence submission to the House of Lords Committee on Food, Diet and Obesity, by First Steps Nutrition Trust

March 28<sup>th</sup> 2024

## Who we are

[First Steps Nutrition Trust](#) is an independent, UK-focused, public health nutrition charity, founded in 2011. We support 'eating well' in the early years, from pre-conception to the age of 5 years.

To avoid any conflict of interest, we do not take funding from the baby food industry.

Our vision is for all young children in the UK to eat well from the start of life. We work for a future where the health of mums-to-be, infants and young children is better protected, promoted and supported through ensuring that their food and nutrition needs and challenges are given due attention in policy and practice. We seek to achieve this through:

1. Providing conflict of interest-free, evidence-based, practical information on food, nutrition and feeding in the early years to health workers and early years professionals
2. Influencing policies which enable families to put in to practice the advice given to them by health workers and early years professionals, including through undertaking research

## Why we are making this submission

We are motivated to submit written evidence to this inquiry (supplementing the oral evidence given by our Director Dr Vicky Sibson on March the 7<sup>th</sup>), because we want to highlight the dominance of ultra-processed foods (UPF) in the diets of babies and young children, with short and long term negative health implications, including on weight status. We want to make a case for urgent action by Government to re-balance early years' diets towards unprocessed and minimally processed foods. Our stance is that while important, a focus on reducing the consumption of foods and drinks that are high in fat, sugar and/or salt foods (HFSS) alone, will be insufficient to tackle persistently high levels of overweight and obesity. We propose that policy actions to improve diets need to consider *both* nutrient composition *and* the extent of food processing.

In our response below we address selected themes of the inquiry focusing on the early years. Where relevant we cite two reports we have written that are directly relevant to this inquiry (providing specific page numbers where more information and original references can be found), alongside citing additional references (which are listed at the end of this document). These two reports are:

[Ultra-processed foods in the diets of infants and young children in the UK: What they are, how they harm health, and what should be done to reduce intakes. Childs and Sibson, 2023](#)

[Enabling Children to be a healthy weight: What we need to do better in the first 1000 days. Sibson and Crawley, 2021](#)

## Summary

The early years (pre conception to age 5) offer a critical opportunity to help babies and young children develop healthy taste preferences and eating habits, and associated healthy growth trajectories. Enabling healthy eating in these earliest stages of life leverages life-long benefits. Conversely, by ignoring the early years, it is not possible to stem the persistently high prevalence of overweight/obesity, and associated harms to physical and mental health, and productivity.

A healthy diet in the early years is defined by more than the nutrients that the consumed foods and drinks provide. Breastfeeding provides unrivalled health benefits to mothers and babies. Then from the second half of infancy babies and young children need to be introduced to an increasingly diverse diet based on nutritious unprocessed and minimally processed foods. Real foods are necessary for children to learn the physical act of eating and to develop healthy taste preference and habits.

Typical diets for infants and young children in the UK do not meet public health recommendations and are nutritionally imbalanced as a result of high intakes of UPFs, HFSS, and nutritionally inappropriate foods marketed for infants and young children. Other issues with the retail offer of foods for infants and young children, including inappropriate textures, flavours, age indications, and other elements of marketing and labelling, are equally problematic for undermining healthy eating.

Because the association between diets rich in UPF and overweight/obesity has been found to be independent of 'problem' nutrients (fat, salt and sugar), it is important to address the excessive consumption of each of these categories of foods and drinks in the early years, i.e. UPF, foods and drinks marketed for infants and young children, and HFSS.

Helping women of reproductive age and those preparing for pregnancy, pregnant women and parents/carers of babies and young children identify and avoid HFSS and UPF foods should be an important part of improving early years diets. However, an alternative or complementary approach would be to encourage and enable consumers to choose nutritious unprocessed and minimally processed foods.

Alongside addressing poverty, inequalities and access to healthy and sustainable diets at population level, our top 6 specific recommendations for the early years are:

1. Update public health recommendations to explicitly address food processing
2. Regulate and enforce the composition, labelling and marketing of commercial baby and toddler foods, utilising the WHO Europe Nutrient and Promotion Profile Model as a basis
3. Ensure parents/carers have easy access to independent information and practical guidance and support on infant and young child feeding. This requires proper investment in the health visiting service and Family Hubs (or equivalent services)
4. Ensure parents/carers on low incomes can afford to feed their infants and young children nutritious diets based on unprocessed and minimally processed foods and drinks by reforming the Healthy Start Scheme
5. Enable women to breastfeed by following through on existing commitments to increase breastfeeding support, extending that support universally and upgrading and enforcing the UK law in line with the International Code of Marketing of Breastmilk Substitutes
6. Mandate food and drink standards for early years settings and support settings in their implementation as a part of a whole setting food approach

## **Obesity prevalence in early childhood, trends, drivers and impacts<sup>1</sup>**

One in five children arrive at school already an unhealthy weight, of which more than one in 10 have a BMI classed as obese (NHS Digital, 2023). These levels of overweight/obesity have been more or less static over the last 20 years, but remain too high. Inequalities mean levels are much higher among children in the most deprived areas and among those in Black ethnic minority groups.

To understand these high levels of childhood obesity by age 4/5 years, it is vital to consider what is happening during pre-conception, pregnancy and infancy. Levels of obesity among women of reproductive age are high (with similar inequalities as described above), which means that levels of obesity among women starting pregnancy are high (Sibson and Crawley, 2021, page 16). Women are not currently advised to lose weight during pregnancy, and women whose weight is classified as overweight/obese carry this excess weight through their pregnancy, and have a greater chance of giving birth to a large for gestational age baby, which increases the risk that the baby is an unhealthy weight.

Women with a pre-pregnancy weight classified as overweight/obese also have shorter breastfeeding durations (Sibson and Crawley, 2021, page 16), which has additional implications for infant weight, as outlined below.

Obesity tracks over time, so a baby exhibiting excess weight gain in infancy will be more likely to be overweight/obese as a child, and so on (SACN, 2023).

### ***Early years' diets and obesity: UPF and HFSS***

Diets rich in UPF drive obesity, and there is now a vast body of evidence showing this association among adults (including a small number of studies among pregnant women), adolescents and children (Childs and Sibson, 2023, page 38). UPFs often act as vectors for fat, salt and sugar; i.e. many UPFs are also high in fat, sugar and salt, or HFSS. However, the association between diets rich in UPFs and overweight/obesity has been found to be independent of these 'problem' nutrients (Childs and Sibson, 2023, page 42), meaning other factors and mechanisms are contributing to the observed association (Childs and Sibson, 2023, pages 42-47).

Related to this, when it comes to diets in the early years it is vital to acknowledge that foods are not just a source of nutrients. What, how and when babies and young children are fed, shapes taste preferences (including in utero), dietary habits, and the physical ability to eat, with lasting effects (Childs and Sibson, 2023, pages 43,44, 46).

### ***Milk feeding***

UPFs dominate UK diets from close to birth because most babies in the UK are given infant formula in the first days and weeks of life (Childs and Sibson, 2023, page 13), and introduction

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<sup>1</sup> Addressing inquiry themes: 1. Key trends in food, diet and obesity, and the evidential base for identifying these trends; 2. The primary drivers of obesity both amongst the general population and amongst distinct population and demographic groups; 3. The impacts of obesity on health, including on children and adolescent health outcomes; 4. The influence of pre- and post-natal nutrition on the risk of subsequent obesity, and the specific influences on the diet of children and adolescents that contribute to the risk of becoming obese.

of formula hastens cessation of breastfeeding (Michalopoulou et al, 2024). Breastfeeding protects against obesity (Horta et al, 2022), while bottle feeding and formula feeding have been found to promote excess weight gain (Sibson and Crawley, 2021, page 26). A key driver is overfeeding (Sibson and Crawley, 2021, page 26). Infant formula is both a UPF and a nutritious food, but it does not confer the same health benefits as breastmilk or breastfeeding which is optimal for the health of the baby and the mother (Childs and Sibson, 2023, pages 24 and 44).

#### *Introduction of solids and the commercial baby food offer*

When parents/carers introduce solid foods, commercial baby and toddler foods (marketed for use under 36 months of age) are commonly used across all socio economic groups and their use persists in to the second year and beyond (Childs and Sibson, 2023, pages 15 and 36), though mostly to 18 months of age (SACN, 2023). A variable proportion of these products can be defined as UPF, but those most likely to be UPF are discretionary products: baby biscuits/rusks, snacks and 'growing up'/toddler formula milks marketed for use over 1 year of age (Childs and Sibson, 2023, pages 24, 26 and 36).

UPFs displace nutritious unprocessed and minimally processed foods that are known to be beneficial to health (Childs and Sibson, 2023, page 46). It is therefore unsurprising that poor quality diets in infancy have been found to be associated with excess weight by school age; diets low in fruits and vegetables and fish in late infancy are associated with later adiposity (Sibson and Crawley, 2021, page 37).

The definition of HFSS as per the Nutrient Profile Model is not applicable to products marketed for use under 36 months old (Childs and Sibson, 2023, page 68), but in terms of composition it has been shown that many products on the baby food aisle are nutritionally inappropriate, typically being sweet and sugary, and they may also be energy dense and contain too much salt (Childs and Sibson, 2023, page 17).

However, as well as the nutrients in these products, it is also important to consider other aspects of the products on the baby food aisle which makes the retail offer inappropriate to support public health recommendations for infants and young children. These include (Childs and Sibson, 2023, pages 16 and 17):

- Texture - many products are very smooth or slightly lumpy, whereas infants need incremental diversification of texture to be able to physically learn to eat.
- Flavour – the taste of many products may not resemble the real flavours of unprocessed and minimally processed foods, which we want infants to learn and to accept to develop taste preferences for the diet depicted in the Eat Well guide.
- Age recommendation – in particular UPF snacks marketed for infants under 12 months are not age appropriate, and neither are high sugar, ultra-processed growing up and toddler formula milks marketed for use from 12 months +
- Labelling and marketing – all of the above features, as well as nutrient information, convenience and more ), are used as the basis of under regulated marketing claims which mislead parents/carers to believe that these products are appropriate and healthy choices, when they are not (Childs and Sibson, 2023, pages 59-61 and 63-65; Garcia et al, 2024; Neve et al, 2024).

The UPF definition, or an added focus on the extent to which the products are processed, can help address some of these issues, whereas focusing only on nutrient profile alone cannot. The

WHO Europe Nutrient and Promotion Profile Model is an available tool which can address nutrient composition, and through looking at promotions, can indirectly address some of these issues. See recommendations below.

#### *Foods and drinks marketed for pre-school children*

As well as the retail offer specifically for infants and young children, a range of commercial foods and drinks are marketed at pre-school children by using cartoons and other child friendly images

and devices (Childs and Sibson, pages 15 and 18). They have been less well studied in terms of processing, but again, a variable proportion are likely to be defined as UPF and studies have shown that they are very often HFSS (Childs and Sibson, 2023, pages 28 and 34).

The use of cartoons is unrestricted in the UK and an extensively used marketing strategy which can negatively influence diet-related behaviours in children, especially with regard to the consumption of energy dense and nutrient-poor foods, which will include UPFs (Childs and Sibson, page 61). Even before a child has learnt how to read, they can readily recognise brands and studies have shown that a child's knowledge of food brands can be a significant predictor of adiposity. This is in part because cartoons are used to promote HFSS foods, which are also more likely to be UPF than unprocessed or minimally processed.

#### *The transition to family foods*

Babies and young children are introduced early on to the UPF and/or HFSS foods others in the family are eating, including adult ready meals, 'biscuits, buns, cakes, pastries, pies and puddings', 'sugars, preserves and confectionery', 'crisps and savoury sacks', and both sugar sweetened soft drinks and artificially sweetened soft drinks (Childs and Sibson, 2023, pages 16 and 34). There are limited controls on how these products are marketed.

By age 2-5 years, an estimated 61% of total mean energy intake in the UK comes from UPF, the main food sources being soft drinks, packaged snacks, sweets, packaged breads/buns, reconstituted meats and ready meals (Childs and Sibson, 2023, page 35).

#### *Food in early years settings*

Many infants and young children attend a nursery, childminder or similar early years setting, where food and drink may be provided. However food standards for settings are voluntary (Sibson and Crawley, 2021, pages 39 and 43), and the Government guidance that exists is not well known and is perceived by some to be outdated, culturally inappropriate and/or challenging to implement (LGA, 2023). Little is known about early years settings food provision but there are indications that the offer does not align with public health recommendations for infants and young children (Sibson and Crawley, 2021, pages 39 and 43).

#### *SACN analysis of young children's diets and food sources of excess nutrient intakes*

SACN's analysis of dietary data for children aged between 1 and 5 years old in the UK indicate that typical diets do not meet dietary recommendations for good health (SACN, 2023). On

average, intakes of total dietary energy<sup>2</sup>, free sugars<sup>3</sup>, saturated fats<sup>4</sup>, protein<sup>5</sup> and salt<sup>6</sup> are too high and intakes of dietary fibre<sup>7</sup> are too low. Also certain groups of children (including those from lower socioeconomic status household and some ethnic groups), may be at risk of inadequate intakes of iron, zinc, vitamin A and vitamin D, and low vitamin D status.

SACN's analysis of the main food sources of macronutrients for young children clearly highlights the large and totally avoidable contribution discretionary 'growing up' and toddler formula milks make to free sugar, protein and total dietary energy intakes between 12 and 18 months. Commercial baby/toddler foods are also key dietary sources of free sugars at these same ages. And HFSS foods (particularly biscuits, buns, cakes and pastries) contribute to a rising percentage of energy intake between 1 and 5 years.

### *Summary*

Typical diets for infants and young children in the UK do not meet public health recommendations and are nutritionally imbalanced as a result of high intakes of UPFs, HFSS, and nutritionally inappropriate foods marketed for infants and young children. Other issues with the retail offer for infants and young children, including inappropriate textures, flavours, age indications, and other elements of marketing and labelling, are equally problematic for undermining the development of healthy preferences and habits.

Because the association between diets rich in UPF and overweight/obesity has been found to be independent of 'problem' nutrients (fat, salt and sugar), it is our opinion that it is important to address the excessive consumption of each of these categories of foods and drinks in the early years, i.e. UPF, foods and drinks marketed for infants and young children, and HFSS, especially products which are entirely discretionary.

### **The utility of HFSS and UPF definitions and the role of labelling, packaging and advertising<sup>8</sup>**

'HFSS' is a definition which was developed to inform UK advertising restrictions for HFSS products (Childs and Sibson, 2023, page 5). It has utility in this regard, and in informing reformulation which with the aim of reducing intakes of 'problem' nutrients; e.g. the Soft Drinks Industry Level has been found to lead to small reductions in the purchase of sugar sweetened soft drinks (Rogers et al, 2023).

However, because the association between diets rich in UPF and overweight/obesity has been found to be independent of 'problem' nutrients, focusing on reducing intakes of HFSS foods and drinks, and reformulating UPF that are also HFSS to contain less fat, salt and sugar, but still

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<sup>2</sup> Mean intake for children aged 1-3 years above the estimated average requirement

<sup>3</sup> Mean intake for children aged 1.5 to 5 years above the recommended 5% of total dietary energy intake

<sup>4</sup> Mean intake above the current recommendation of no more than 10% total dietary energy intake

<sup>5</sup> Mean intake above the reference nutrient intake

<sup>6</sup> Mean intake for children aged 1.5 to 4 years above the target average

<sup>7</sup> Mean intake for children aged 1.5 to 5 years below the recommended 15g/day

<sup>8</sup> Addressing inquiry themes: 5. The definition of a) ultra-processed food (UPF) and b) foods high in fat, sugar and salt (HFSS) and their usefulness as terminologies for describing and assessing such products; 6. How consumers can recognise UPF and HFSS foods, including the role of labelling, packaging and advertising.

remain UPF, will not fully address the obesity crisis because it does not address high levels of consumption of UPF.

In addition, as outlined above, the HFSS definition is not applicable to foods and drinks marketed for use under 36 months (Childs and Sibson, page 68), meaning a different approach to addressing the range of issues with these products (as outlined above) is needed.

'UPF' is a definition which was developed to explore why obesity and type 2 diabetes was increasing at population level in Brazil at the same time that purchases of dietary fat and sugar were decreasing (Childs and Sibson, 2023, page 20). The definition resonates with the UK public (Food, Farming and Countryside Commission, 2024). However, to be a useful tool to inform specific policy actions to reduce UPF consumption (related to labelling, packaging and advertising) the definition would need to be adapted; e.g. adding ingredient markers of ultra-processing to the HFSS definition including artificial sweeteners, colours and flavours (Popkin et al, 2024). Again, however, a different approach is warranted for products marketed for use under 36 months, where in the UK such additives are already limited or prohibited (Childs and Sibson, 2023, pages 25 and 82).

Fortunately WHO Europe has developed the Nutrient and Promotion Profile Model<sup>9</sup> which can serve as a basis to address the nutrient composition and suitability of foods and drinks aimed at infants and young children, although additional restrictions are needed to ensure alignment with UK public health recommendations and taking in to account current legal loopholes (e.g. not allowing the marketing of snack foods to infants under 12 months; not allowing the marketing of commercial milk formulas, including those for children aged 12 months +). Mandating the use of the NPPM (adapted for the UK), or better still adopting the NPPM and upgrading the UK law in line with the International Code of Marketing of Breastmilk Substitutes (and all subsequent World Health Assembly Resolutions) would also put a stop to the marketing of unsuitable and discretionary UPFs such as baby snacks and commercial milk formulas marketed for use from 12 months (see recommendations below).

For policy coherence this would require updating dietary guidelines; e.g. making explicit in NHS advice on feeding infants and young children that foods should be largely unprocessed and minimally processed, e.g. a carrot puff is not equivalent to carrot. This is consistent with the view of SACN (2023) that "home-prepared foods are generally recommended to help introduce infants and young children to a range of appropriate flavours and textures". Enabling an increase in breastfeeding and consumption of home-made foods would displace UPF and HFSS foods and drinks from the diets of infants and young children. See related recommendations below.

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<sup>9</sup> WHO Europe (2022). Nutrient and promotion profile model: supporting appropriate promotion of food products for infants and young children 6-36 months in the WHO European Region. Copenhagen: World Health Organization.

## **The cost, availability and marketing of UPF and HFSS foods<sup>10</sup>**

The pricing vs 'healthiness' of the food and drink retail offer for infants and young children (i.e. the products labelled for use <36 months of age) is different to that for the general population where it is typical that the cheaper the food the more likely it is to be HFSS (Food Foundation, 2023) and/or UPF (Food Foundation, 2024a; Vandevijvere et al, 2020).

Rather than price being the key driver of consumer decisions when it comes to feeding babies and young children from the extensive offer on the baby food aisle, it seems like the inappropriate and misleading marketing of products by the baby food industry is a key driver that needs addressing. This can only happen if marketing regulations are made stricter and enforced. And at the same time there is a need to make it easier for women who want to breastfeed to succeed in meeting their goals, and for families to prepare more home-made baby foods, and to eat well (i.e. fewer HFSS and UPFs) themselves. See our recommendations in full below.

### *Commercial milk formulas*

As above, all infant formulas are UPF, however they are nutritious, meeting a strict standard for nutrition composition. While they can support adequate growth and development, infant formula milks do not confer the same health benefits of breastmilk/breastfeeding (Childs and Sibson, 2023, page 24). Infant formula is very expensive (First Steps Nutrition Trust, 2023a), but widely available and used (Childs and Sibson, 2023, page 13).

It is important to note that for healthy babies who are not exclusively breastfed, the only necessary commercial milk formula is infant formula (Childs and Sibson, 2023, page 14). Follow-on formula marketed for use from 6-12 months of age and growing and toddler milks marketed for use from 12 months + are both expensive and discretionary sources of sugar and protein.

There is a socioeconomic gradient in milk feeding for infants; breastfeeding is more likely among those in higher socioeconomic groups whereas formula feeding is more likely the more disadvantaged the mother/family (Childs and Sibson, 2023, page 13). Those least able to afford to formula feed are most likely to do so (First Steps Nutrition Trust, 2023b).

The expense of infant formula is a real threat to infant health, especially at the current time given the cost of living crisis. First Steps Nutrition Trust has been advocating for Government to take appropriate actions on this since 2018, including calling for strengthened marketing regulations as well as universal support for breastfeeding (APPG Infant Feeding and Inequalities, 2018; First Steps Nutrition Trust 2023c). Addressing inquiry themes: 7. The cost and availability of a) UPF and b) HFSS foods and their impact on health outcomes; 8. The role of the food and drink industry in driving food and diet trends and on the policymaking process.

### *Commercial baby and toddler foods*

As described above, many of the vast array of foods on the baby food aisle are UPF and/or have an inappropriate nutrient composition. Commercial baby foods are clearly more expensive than

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<sup>10</sup> Addressing inquiry themes: 7. The cost and availability of a) UPF and b) HFSS foods and their impact on health outcomes; 8. The role of the food and drink industry in driving food and diet trends and on the policymaking process.



the ingredients for home-made equivalents, but they are widely used, including across all socio-economic groups (Childs and Sibson, 2023, pages 32 and 33).

As with commercial milk formulas, a critical issue is inappropriate and misleading marketing which is not adequately kept in check because of very weak and out dated regulations (Childs and Sibson, 2023, pages 59-61, 63-65).

However, commercial baby/toddler foods may be perceived to be a cost efficient choice by families on tight budgets who lack wider resources to prepare foods at home, such time, transport for shopping, fuel for cooking, utensils (Childs and Sibson, 2023, pages 57 and 58). UPF and often HFSS family foods are likely to be the cheapest options available to these families (as outlined above), hence the introduction of these foods from infancy alongside products from the baby food aisle as described above.

### **The effectiveness of Government planning and policymaking processes in relation to food and drink policy and tackling obesity<sup>11</sup>**

A key issue to date in Government efforts to tackle obesity is that what and how infants and young children are fed has not been properly considered, despite interventions at this time having the greatest potential. The Food Foundation (2024b) have illustrated this point very clearly as follows:

*“Exclusive breastfeeding for six months can decrease the likelihood of a child developing obesity by up to 25%... To put this in perspective, we can look at these benefits of breastfeeding in the context of other obesity-related interventions that have been implemented in the UK. The UK Sugary Drinks Industry Levy, for instance, is estimated to have reduced obesity among 10-11 year old girls by 8%; the Transport for London ban on advertising of high fat, salt and sugar foods (HFSS) is estimated to have resulted in a 4.8% reduction in obesity in adults and children; while Universal Free School Meals (UFSM) are estimated to reduce prevalence of obesity by 9.3% in Reception and 5.6% among Year Six children on average. While recognising the different natures and timescales of these exposures, this demonstrates how significant the impacts of increasing breastfeeding rates could be”.*

The absence of mandatory standards for food and drinks for early years settings mentioned above is also pertinent here.

### **The impact of recent policy tools and legislative measures intended to prevent obesity<sup>12</sup>.**

The persistently high levels of obesity among 4/5 year olds outlined above show that policy tools and legislative measures to prevent obesity are not being effective.

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<sup>11</sup> Inquiry theme 10

<sup>12</sup> Inquiry theme 11

## Policy recommendations<sup>13</sup>

To prevent obesity in the general population in the long term there is a need to prevent excess weight gain from the start of life. This means, alongside addressing poverty, inequalities and access to healthy and sustainable diets at population level, specific policy actions are needed in the early years to rebalance diets in favour of nutritious, unprocessed and minimally processed foods. Our top 6 recommendations are (see more in Childs and Sibson, 2023, pages 77-81):

1. Update public health recommendations on infant and young child feeding to explicitly address food processing; promote nutritious, unprocessed and minimally processed foods and drinks
2. Regulate and enforce the composition, labelling and marketing of commercial baby and toddler foods, utilising the WHO Europe Nutrient and Promotion Profile Model<sup>14</sup> (with added restrictions to align with UK public health policy and address any remaining legal loopholes on commercial milk formulas, depending on progress on recommendation 5)
3. Ensure parents/carers have easy access to independent information and practical guidance and support on complementary feeding and feeding from one to five year of age. This requires proper investment in the health visiting service and Family Hubs (or equivalent services)
4. Ensure parents/carers on low incomes can afford to feed their infants and young children nutritious diets based on unprocessed and minimally processed foods and drinks by reforming the Healthy Start Scheme (including addressing low uptake and coverage, and the insufficient monetary allowance)
5. Enable women who want to breastfeed by following through on existing commitments to increase access to breastfeeding support, extending that support universally and upgrading and enforcing the UK law in line with the International Code of Marketing of Breastmilk Substitutes
6. Mandate food and drink standards for early years settings and support settings in their implementation as a part of a 'whole setting' food approach

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<sup>13</sup> Addressing inquiry theme 12. Policy tools that could prove effective in preventing obesity amongst the general population, including those focussed on the role of the food and drink industry in tackling obesity.

<sup>14</sup> WHO Europe (2022). Nutrient and promotion profile model: supporting appropriate promotion of food products for infants and young children 6-36 months in the WHO European Region. Copenhagen: World Health Organization.

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