

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

**Updated: May 2023**

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### Key points

- The cost of living crisis persists and deepens as food inflation hits record highs – increasing to 19.2% in April 2023 compared to an easing of general inflation to 10.4% in February.
- 27% of households with children under 4 years of age were food insecure in January 2023, a greater proportion than households with school-aged children or no children at all. Living in food insecure households will have negative effects on children's diets, and therefore their short and long-term health and development.
- The Healthy Start Scheme is meant to ensure that the most vulnerable pregnant women and babies and young children in England, Wales and Northern Ireland can access adequately nutritious diets. But whilst the Scottish Government has recently increased the monetary allowance for its equivalent scheme, the Healthy Start allowance has remained unchanged since April 2021 and is not keeping up with food inflation. In addition, whilst the coverage of Best Start Foods was last estimated to be 88%, at only 64%, Healthy Start is not sufficiently accessible.
- 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 (before food prices started to rise) and April 2023 the seven standard powdered first infant formulas sold by the market leaders increased in cost by an average of 24% (range 17-31%), and the only 'own-brand' infant formula increased by 45%.
- All infant formula must meet regulations on nutrition composition. But while the average cost per 800g/tin of the seven products is £14.36, the range is £9.75 to £19.00, and the single own-brand product costs £9.39 per 900g/tin. This wide range in nutritionally comparable products makes the monthly cost of feeding a 10 week old baby infant formula using the seven most widely available products between £44 and £88. This compares to a cost of £39/month for the own-brand product.
- There remain no first infant formulas that are affordable with the Healthy Start allowance, which is £8.50/week, or £34/month.
- Three factors call in to question the justifiability of the price rises: 1. wide variations in prices of comparable infant formulas, 2. differing rates of price increases between brands, and 3. nearly double the percentage increase in the value of sales than the percentage increase in the volume of sales. It appears that companies are safeguarding their 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 infants 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 commercial products such as baby snacks and growing up and toddler milks, when limited incomes would be better spent on nutrient dense, unprocessed and minimally processed foods like fruits/vegetables and cows' milk.
- Food standards for early years settings remain non-mandatory, but for the 1.5 million infants 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 healthy and nutritious food to meet their extra nutrient requirements and support them to nourish their baby.
- All families with infants 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 healthy and 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 10 specific actions towards achieving these three goals in both the short and longer term:

## **Recommendations:**

### **1. The Government should urgently improve the Healthy Start Scheme**

To ensure that this scheme acts as the nutrition safety net it is meant to be, we support [the asks of Sustain and the Food Foundation](#), including:

- Increasing the value of the allowance in line with food inflation, with regular review
- Expanding eligibility to include more low income families, and to support children in those families until 5 years of age
- Improving access, including through switching to an opt out enrolment
- Supporting the scheme to meet its nutrition objectives, including through provision of information, guidance and support to beneficiaries on healthy eating

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

Whilst work is ongoing to improve the Healthy Start schemes, Local Authorities and Health Boards should 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. There are indications that increasingly unaffordable prices are leading to unsafe feeding practices. The Government has a duty to investigate the large price differentials observed between comparable products, and the ongoing price rises, including beyond the Healthy Start allowance, 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**

Messages about formulas should include, that:

- All infant formulas are nutritionally adequate and there is no need for families to buy more expensive infant formulas
- Growing up milks and toddler milks are all unnecessary
- Infant formulas marketed as Foods for Special Medical Purposes may be more expensive than brand-equivalent standard infant formulas, 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 typically not appropriate or 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 enable and encourage families to make appropriate, healthy and economical food choices for infants and young children**

We support the asks of the Food Foundation's '[Kids Food Guarantee](#)', including:

- Making essentials affordable, where these include a variety of fruits and vegetables and first infant formula. Specifically, the ask on infant formula is that retailers offer an own brand product and/or “insulate prices on first infant formula from the worst of inflation”
- Rebalancing advertising with more promotions, marketing and campaigns for ‘healthier and sustainable staple foods including fruit and vegetables, pulses and wholegrains’

We would also like to see retailers doing the following:

- Making clear the comparability of all infant formulas
- Avoiding promotion and cross promotion of discretionary formulas (follow on formulas, growing up and toddler milks) and commercial baby foods
- Using the messages outlined in recommendation 4 as a part of their marketing and campaigns

**6. The Government and local authorities should 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 should regulate the composition, marketing and labelling of commercial baby and toddler foods and drinks**

Many of these products are entirely discretionary, they are typically inappropriate with respect to public health recommendations, and less healthy than marketed. They are also expensive, placing an avoidable burden on household budgets. The Government should urgently follow through on its promised consultation to improve the marketing and labelling of these foods and drinks, and regulate their nutrition composition<sup>1</sup>.

**8. The Government should 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 healthy and 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 infants 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.

**10. The Government should ensure long term infant food security**

As well as addressing the immediate risks and needs resulting from the current cost of living crisis, an additional set of actions are required to ensure infant food security in the long term, as outlined in the report [“How secure is our infants’ food supply? Why the government’s food security assessment and emergency planning must include breastfeeding and the infant formula supply chain”](#).

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<sup>1</sup> We recommend updated legislation is based on the [Nutrient Profile and Promotions Model of WHO Europe](#)

## Background

### 1. What is the scale of food insecurity among families with babies and young children?

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 19.2% in April 2023 following national food shortages and the fastest rise in food prices in 45 years (Food Foundation, 2023; ONS, 2023) and 'healthy' foods are three times more expensive than 'less healthy' foods<sup>2,3</sup> (Food Foundation, 2022a).

In January 2023, 27% of households with children under 4 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, 2023). The prevalence of food security is higher in these young families than in households with school aged children (where it is 23%) and with no children (where it is 15%).

Infants 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. How they are fed has life-long implications for their health and development. The first 1000 days – pregnancy and the first two years of life - are an important window of opportunity. However, for infants and young children in food insecure families, it is less likely that such diets are accessible.

### 2. The Healthy Start scheme

Healthy Start is a welfare food scheme meant to ensure that vulnerable pregnant women and infants and young children can access adequately nutritious diets. The scheme is open to young and low-income pregnant women, and low-income families with babies and children under 4 years old in England, Wales and Northern Ireland (Scotland has a slightly different scheme called Best Start Foods), who receive a monetary allowance once a month, and vitamins<sup>4</sup>. The allowance is for fresh, frozen or tinned fruits and vegetables, pulses and grains, cows' milk and first infant formula. However, there are major issues with the scheme which compromises its ability to act as the nutritional safety net it is 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 £4.95) and infants get double the allowance. However, the allowance is not keeping up with food inflation. Whilst other benefits were up-rated in April 2023, Healthy Start was 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

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<sup>2</sup> "as defined by the Ofcom 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)".

<sup>3</sup> An important exception are commercial baby and toddler foods (often marketed as healthier than they really are), which are more expensive than unprocessed and minimally processed foods, and home-made baby foods

<sup>4</sup> 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.

£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 published in April 2023 shows that the uptake of the scheme is only 64%, falling short of the 75% target and far lower than the 88% that has been achieved by the Best Start Foods scheme in Scotland (Food Foundation, 2023). 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 mother 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, 2023), although infant formula cannot replicate the health benefits of breastmilk.

Most mothers in the UK want to breastfeed, but for complex reasons<sup>5</sup> 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 efforts to breastfeed.

#### **3.2 Formula prices**

The UK infant formula market is highly concentrated and dominated by a small number of importing companies (Sibson et al, 2023). This impacts prices but also dictates the most widely available products, which are usually not the cheapest. Two companies, Danone (selling Aptamil and Cow and Gate brands) and Nestlé (selling SMA), account for 91% of the 'baby milk' market share by sales (Mintel, 2022).

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<sup>5</sup> 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 infant formula prices

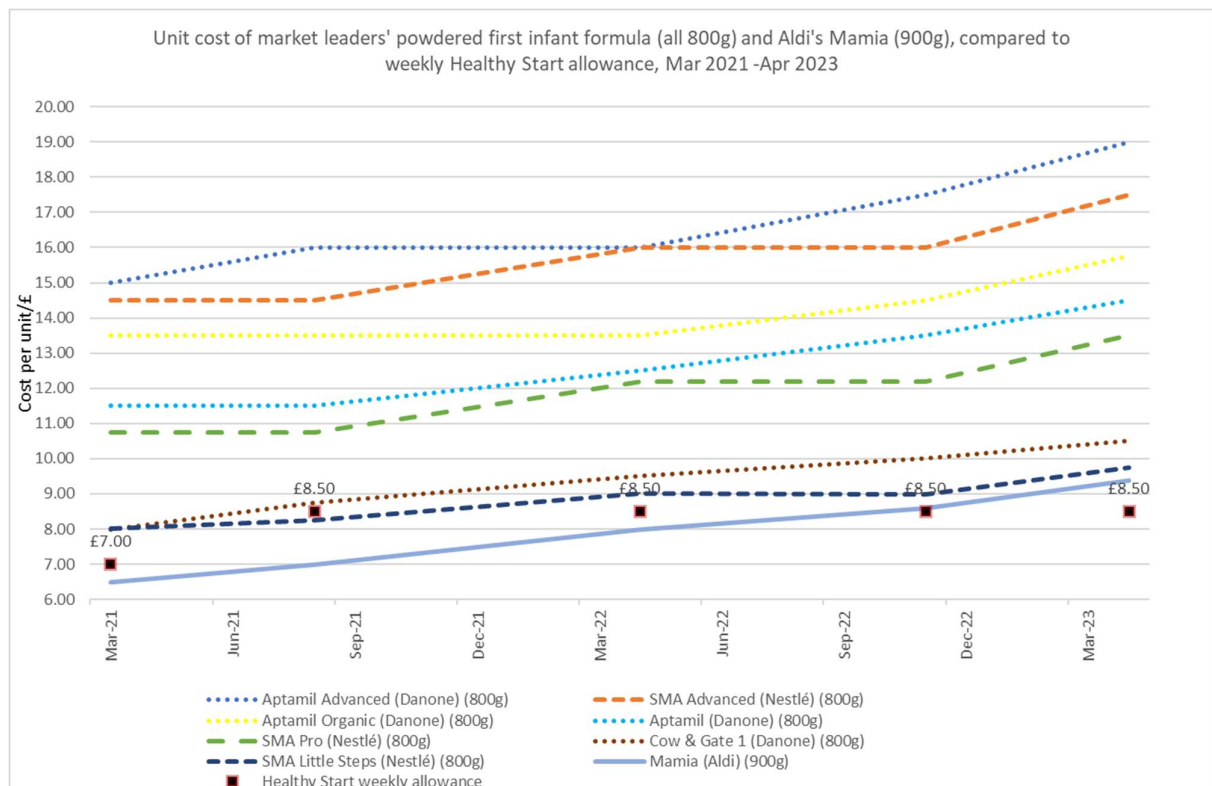
Infant formula was an expensive commodity even before the current cost of living crisis (APPG-IFI, 2018). Our routine price monitoring shows that the cost of infant formula had begun to rise by March 2021, preceding general food price rises. Between March 2021 and April 2023 the unit price of the seven 'standard' powdered first infant formulas sold by market leaders Danone and Nestlé rose by an average of 24%<sup>6</sup>.

However, this average masks significant variation by brand and product type. The graph shows the change in unit price of the top three selling brands of powdered first infant formula as well as Aldi's Mamia infant formula over that time frame. It shows that the most widely available and purchased infant formulas have increased in price by between 17 and 31% and Mamia increased by 45%.

### 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, 2019).

As was the case in much of 2022, none of these products are affordable with the Healthy Start allowance, meaning families now have to make up even more of the shortfall from other income sources.



<sup>6</sup> As powdered infant formula is the cheapest format 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. By 'standard' we mean first stage infant formula made with cows' milk, and exclude hungry baby, anti-reflux, lactose free or comfort milks. More expensive goat milks are also excluded.



### **Illusory price differences**

Although all infant formula must meet the same nutrition compositional standards laid down in law (CDR (EU) 2016/127), companies produce a range of brands, and products within brands are marketed at significantly different prices. In April 2023, the cheapest powdered first infant formula on the market was Aldi's Mamia sold for £9.39 a 900g tin and the most expensive was Kendamil Goat sold at £20.99 for an 800g tin (First Steps Nutrition Trust, 2023). The price range between the seven products sold under the top three selling brand names was lowest: £9.75 a tin (SMA Little Steps) to highest: £19.00 a tin (Aptamil Advanced) (average £14.36). The monthly cost of feeding a 2-3 month old infant formula using one of the most widely available products can vary from £44 to £89, compared to a cost of £39 for Mamia, even though ALL can support adequate growth and development and with no difference to infant health.

Infant formulas marketed as Foods for Special Medical Purposes<sup>7</sup> (including 'comfort' milks, anti-reflux milk or a lactose-free milks) may be more expensive than brand-equivalent infant formulas, may have no benefit, could cause harm, and should only be used under medical supervision (Westland and Sibson, 2022).

The latest available marketing data shows that 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, and their ingredients or formulations explains why claims formula companies make on their products are misleading, and the purchase of more expensive formula products unnecessary (First Steps Nutrition Trust, 2020). Recent research including UK products supports these findings (Cheung et al, 2023).

### **Follow on formula prices**

The NHS states that follow on formula can be used from 6 to 12 months but that there are no health benefits, and recommends infant formula be used for the full first year for infants who are not breastfed (NHS, 2023). There are little differences between current infant formula and follow on formula prices. However under UK law, price promotions are permissible for follow-on formula where they are not for infant formula<sup>8</sup>, and retailers may also award points for spend on follow-on formula where purchasers are members of their loyalty schemes. Nevertheless, there are few offers available currently, and customers must often buy more than one can or bottle to qualify for discounts. Some offers are only available to members of customer loyalty schemes. The most significant savings for customers appear to rely on joining a retailers parenting club and earning store points on their spend. These rewards can be up to 8% of spend on baby-related products.

### **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 or a formula type that is less appropriate (APPG-IFI, 2018).

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<sup>7</sup> 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 (Westland and Sibson, 2022).

<sup>8</sup> This is due to a provision in the UK law informed by the International Code of Marketing of Breastmilk Substitutes. This is a global policy framework designed to safeguard infant health. More specifically, it aims to prevent inappropriate marketing of formula (and other breastmilk substitutes) undermining breastfeeding and safe and appropriate formula feeding.

Aware of the high prices of formula, pregnant women may also use the Healthy 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, whilst nearly all products have been increasing in price, the cheapest have been rising at a lower rate than the most expensive and the gap between them therefore widening. This pattern has been identified as a sign of profiteering with respect to other food products (The Grocer, 2023). It should also be noted that the UK baby milk industry grew by £23.3m in 2022 because of 8.6% increase in the value of sales, but on a 6.7% volume increase (The Grocer, 2022). Together with the very wide range in prices of nutritionally comparable products, these observations suggest that companies are pricing infant formulas in a way that allows them to safeguard sales incomes and profits. This calls in to question the justifiability of the observed and ongoing prices rises.

## **4. How food insecurity may affect infants' and young children's diets**

### ***Foods and feeding infants and young children from 6 months to <5 years***

UK public health recommendations include that infants should be introduced to a wide range of 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 infants. Diet, flavour and texture should be gradually diversified over time. From one year old, varied diets should take the form of three meals and two healthy snacks each day, based on healthy family foods with some modifications to meet nutrient requirements (SACN, 2022). Continued breastfeeding is recommended, but commercial milk formulas 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 infants 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, 2022b). They may also purchase more highly processed foods, more likely to be high in fat, salt and sugar (Food Foundation and City University, 2023).

Negative impacts of the cost of living crisis on food safety behaviours also have worrying implications for babies and young children. A 2022 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 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 the early years.

### **Unnecessary pressure from companies marketing baby and toddler foods**

There is an abundance of data showing that commercially-produced baby and toddler foods, snacks, and formulas 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 do not align with public health recommendations, 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). Many are entirely discretionary, including snacks for use under 1 year and formulas marketed for use from 1 year of age.

It is important to acknowledge that for some, the opportunity costs of planning, shopping, preparing and cooking foods, the cost of fuel, and limited access to kitchen utensils and devices for preparation and storage (such as fridges and freezers) may be barriers to home cooking (Food Foundation and City University, 2023). For some, commercial baby and toddler foods may appear good value for money (Isaacs et al, 2022). However, as well as not supporting public health recommendations for feeding infants and young children, they are more expensive than the ingredients for home-made alternatives, and many alternative less processed foods that may require little to no preparation before eating.

The bottom line is that commercially produced foods and drinks marketed for infants and young children are often unhealthy, unnecessary, and place an avoidable burden on some families' budgets.

### **Food provision in early years settings**

Given the constraints on the quality of food some families can provide their infants 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 food 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 (LEYF and the Early Years Alliance, 2022).

## **5. Addressing infant food insecurity in the longer term**

This briefing paper is focused on the impact of the current cost of living crisis on the diets of infants and young children and the actions needed in the short term to protect their health and wellbeing. However, and in addition, it is important to acknowledge and address two factors driving a high level of infant food insecurity that pre-dates the current crisis. These

are the reliance of many UK infants on formula and a highly concentrated infant formula supply chain. This situation is outlined in detail in this separate report: *"How secure is our infants' food supply? Why the government's food security assessment and emergency planning must include breastfeeding and the infant formula supply chain"* (Sibson, Fallon and Shenker, 2023). Within are seven recommendations to better safeguard infant food security in the medium and longer term, as follows:

1. Include infant formula in the UK food security assessment
2. Include infant feeding in emergency planning
3. Mandate more transparency in supply of infant formulas
4. Minimise the risks of bacterial contamination of powdered formulas
5. Secure access to specialised infant milks for those infants who need them
6. Enable breastfeeding
7. Widen access to donor human milk

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