



A joint position¹

Healthy Early Years Diets: Achieving the Best Start in Life

December 2025

Good diets in the early years, spanning pre-conception, pregnancy, infancy and early childhood, create the foundations for lifetime good health. Establishing a supportive food environment during these critical life stages is essential to achieve the Government's commitments to ensure that all children get the best start in life and to raise the healthiest generation of children in our history. Doing so would maximise developmental and educational outcomes, and ensure healthy growth, thereby minimising the risk of food-related ill health. This will be key to delivering not only key government health priorities but also reducing inequalities and enabling economic growth.

The early years are a critical window for shaping lifelong health. During this time, children develop foundational food preferences and behaviours that influence their growth, learning, and long-term wellbeing. Ensuring access to nutritious diets in these formative years helps set children on a healthy trajectory, equipping them to thrive at school and beyond.

Despite growing evidence and public concern, there remains a glaring absence of robust initiatives to foster healthy diets in the early years. This is a critical gap that demands urgent political leadership. This government has a unique opportunity to enact meaningful changes to shape the health and wellbeing of future generations.

In this joint position we present a clear, achievable set of evidence-informed and cost-effective steps that will measurably improve the nutritional quality of diets in the early years. We call on the government to implement these measures alongside broader efforts to tackle poverty and food insecurity, with particular attention to the heightened vulnerability of pregnant women, parents, and families with babies and young children.

Enable families to feed their babies and young children healthy diets

- *By 6-8 weeks only 53% of babies are receiving any breastmilkⁱ but 80% of mothers who stop breastfeeding in this time would have liked to continue for longerⁱⁱ.*
- *Only 1 in 3 parents with children 1-4 years (30%) feel that they can provide their child with the types of food and overall diet that they would like to all the timeⁱⁱⁱ.*

¹ See endorsing organisations on page 6

- *91% of parents support government action to make sure all food and drinks available in the baby aisle are nutritionally appropriate^{iv}.*

Ensuring those women who want to breastfeed have the support they need would result in significant health benefits and cost savings for the NHS and local authorities. Breastmilk is a dynamic, resilient food which responds in real time to the environment and infant's needs, nurturing their microbiome and immune system. Breastfeeding reduces the risk of common childhood illnesses and diet-related disease later in life, including obesity, and protects mothers from certain cancers and heart disease. However, the UK has some of the lowest breastfeeding rates globally; 72% of babies in England are breastfed at birth^v, compared to 83% in the United States^{vi} and there is a steep drop off in the first weeks and months despite mothers' intentions to breastfeed for longer.

Key barriers to breastfeeding include a lack of consistent, timely, high quality support, inadequate financial support/financial pressure, and misleading marketing of breastmilk substitutes.

For babies who are not exclusively breastfed, infant formula is often the only safe alternative. However, exploitative marketing and high costs of infant formulas also undermine safe and appropriate formula feeding.

When babies are introduced to food and drinks, these should support both their nutritional and developmental needs. Yet currently, many commercial baby and toddler foods and formula milks are not appropriate to nourish and support healthy growth and development^{vii, viii}. Key issues relate to their nutrition composition (in particular high free sugars), extent of processing^{ix}, and promotion of poor dietary habits (including snacking and early introduction of solids)^{x, xi}. They are also often marketed in an overly persuasive and misleading way, with the use of claims and statements on product packaging that imply they are healthier than they actually are; 41% of products aimed at children that claim to be healthy are in fact 'unhealthy'^{xii}. These products, relied upon by so many families, fall short of the high expectations parents rightly have for feeding their babies and young children.

Government actions:

- ✓ Close existing legal loopholes^{xiii} to protect families from misleading marketing of formula milks that undermines breastfeeding and safe and appropriate formula feeding, through accepting and acting on the Competition and Markets Authorities' 11 recommendations published in February 2025^{xiv}.
- ✓ Promptly evaluate industry compliance with the voluntary commercial baby food and drink guidelines published in August 2025 once the 18-month deadline for implementation has passed.
- ✓ Immediately initiate the update of new statutory instruments to replace the outdated 2003 "Processed Cereal-based foods and baby foods for infants and young children" regulations, providing a mandatory regulatory framework for the nutrition composition, marketing and labelling of commercial baby and toddler foods and drinks, to be implemented once the voluntary guideline implementation period has passed. These should be based on WHO Europe's Nutrient and Promotion Profile Model (NPPM)^{xv} and UK public health recommendations. Clear, independent mechanisms for routine monitoring and enforcing compliance also need establishing.

Support early years settings to provide nutritious food and drink

- *As of 2025, 1.7 million children under five are registered for the government's 15 or 30 hours of funded childcare in the UK, a significant increase from 2024, driven by recent childcare reforms. In full-day care, children typically receive around 90% of their daily energy and nutrient intake from meals and snacks provided by the setting^{xvi}. This underscores the crucial role early years settings play in shaping children's diets and nutritional health.*

All children should have access to nutritious food and drink to support their health, development and ability to thrive. With more children spending significant time in early years settings, including nurseries and childminders, the food and drink they are offered must meet consistent nutritional standards. The updated Early Years Foundation Stage (EYFS) guidance applicable from September 2025, is a welcome step. However, to ensure it delivers meaningful change, providers need clear support, sufficient funding, workforce training, and robust monitoring.

This aligns with the government's *Best Start in Life* ambition to reduce disparities in child development and ensure every child is ready to learn and grow. The recent announcement extending free early years meals to children in households on Universal Credit in state-maintained settings is a positive step. However, recent evidence shows that 290,000 children in formal childcare and living in households receiving Universal Credit will remain ineligible to receive free meals in early years because of restrictive eligibility criteria^{xvii}. To avoid creating a two-tier system, this entitlement must be extended to all eligible children, including those attending private, voluntary and independent settings. The early years funding review provides a pivotal moment to ensure that food provision is adequately resourced and embedded in the delivery of high-quality early education.

Government actions:

- ✓ Support adherence to the new nutrition guidance and the Early Years Foundation Stage safeguarding and welfare requirement in all early years settings, by delivering funded and targeted staff training and resources.
- ✓ Introduce national, standardised monitoring of food served in early years settings to support compliance with the nutrition guidelines and support continuous improvement to reduce disparities in provision.
- ✓ Extend free early years meals to all children in households on Universal Credit, regardless of setting type and implement auto-enrolment so no child is left behind.
- ✓ Ensure food provision is a core focus of the early years funding review, with sufficient investment to meet nutritional standards across all settings.
- ✓ Explicitly include food in early education and childcare into the ministerial responsibilities of the Early Years minister.

Invest in the foundations for health in the early years.

- *A reduction of more than 40% of the health visiting workforce since 2015 has led to an estimated shortfall of 5,000 health visitors in England^{xviii}.*

- *The Healthy Start scheme reaches around 10% of the population of under-4s and pregnant women^{xix} while 36% of children in families where the youngest child was under five were in poverty^{xx}.*

Statutory services including health visiting, Start for Life Family Hubs, and breastfeeding support (both by trained professionals and non-statutory accredited peer supporters) play a vital role in guiding and empowering pregnant women and families to adopt healthier diets and feeding practices from the start. The UNICEF UK Baby Friendly Initiative is invaluable in protecting families from commercial influence on infant and young child feeding and accreditation of statutory services ensures the quality of support and builds trust and consistency. This is especially important given the widespread misleading marketing of commercial infant and toddler formulas and baby foods and drinks towards parents and carers.

Prolonged workforce shortages in England and real term reductions in funding for public health have critically weakened support – leaving thousands of families without access to vital services. This is not just a gap; it’s a growing crisis that demands immediate action.

The commitments to family services in the NHS 10 year plan and the Best Start in Life strategy are very welcome. Next, the Government needs to work in partnership with organisations and front-line health workers that have recognised expertise in infant feeding to plan and shape services to operationalise these commitments in line with global standards. Forthcoming details in the workforce plan and budgets will also determine whether the ambitions in these plans can be delivered. The goal should be that all mothers and parents/carers have the accurate, independent information they need to make an informed decision on how they feed their babies and toddlers, trusted high quality support to achieve their infant feeding goals, and be protected from commercial influence.

Government actions:

- ✓ Invest in sustained, high quality training on breastfeeding and infant feeding for everyone in the NHS workforce who has contact with pregnant women, and mothers and parents/carers of babies and young children.
- ✓ Ensure long-term, dependable and sufficient funding for quality-assured breastfeeding support services delivered by workers with lived experience and specific skills to provide quality support for breastfeeding and infant feeding, through national helpline services and face to face in the community including as a mandatory part of the Best Start Family Hubs offer.
- ✓ Ensure parents/carers have easy access to independent, trustworthy and evidence-based information and practical guidance and support on complementary feeding and feeding from one to five years of age, through adequate investment in the health visiting service and Best Start in Life Family Hubs.
- ✓ Support implementation of a clear competency and quality improvement framework that supports the whole infant feeding workforce, such as the NHS-recommended UNICEF UK Baby Friendly Initiative.
- ✓ Continue public health grant uplifts with a view to restoring the full real-terms value of the grant, with predictable and multi-annual agreements. This is necessary to enable the local actions outlined above to be effectively implemented.

With healthier foods increasing in price at twice the rate of less healthy foods in the past two years^{xxi} leaving healthy diets out of the reach of many, schemes such as Healthy Start (which helps pregnant teenagers and pregnant women and young families on low incomes access healthy foods and vitamins) are vital to provide a nutritional safety net for families at risk of food insecurity. The Government's commitment to increasing the Healthy Start monetary allowance by 10% in 2026/27 is a welcome start towards improving the public health impact of this scheme, but further changes are needed.

✓ Move to autoenrollment and expand eligibility for the Healthy Start scheme to ensure greater coverage, enabling more families at risk of food insecurity to benefit from the 10% increased allowance planned for 2026. Maximise impact by giving beneficiaries evidence-based, practical information, support and guidance on healthy eating and making the multivitamin supplement universal.

Health and nutrition policy development must be protected from commercial influence

Our recommended actions above are rooted in the evidence base on the most productive and cost-effective policy options to prevent and reduce harm from non-communicable diseases. However, significant barriers obstruct progress – chiefly the influence of powerful corporate actors on the policy process. These actors can unduly shape the evidence-base, cast doubt on the effectiveness of statutory regulation and build strategic alliances with other sectors or the public to create the illusion of widespread support for industry positions. Such tactics undermine public health efforts and delay policy implementation – preventing equitable access to simple, and healthy nutrition and widening social inequalities^{xxii}, ^{xxiii}, ^{xxiv}. An example related to the early years is the UK's largest commercial baby food brand, Ella's Kitchen, which has actively lobbied MPs to introduce sensory food play in early years settings^{xxv}. By positioning itself as a thought leader and framing its advocacy in altruistic terms, the brand effectively softens public and political perceptions of its commercial interests. This strategic relationship-building illustrates how corporate actors can influence early years nutrition policy, often aligning public health messaging with brand visibility and market expansion.

Action:

✓ Develop fair and ethical principles, policy and guidance for interacting with the food industry, underpinned by the latest evidence on the commercial determinants of health.

Monitor and Evaluate

✓ All actions must be guided by up-to-date data that is not influenced by food industries, to ensure strategies keep pace with the changing food and health environments^{xxvi}.

✓ Independent monitoring and evaluation are necessary to support and guide effective implementation.

Delivering on the Government's visionary goals through the recommended actions outlined above will not only improve the health and wellbeing of children and families today—it will build a legacy of better outcomes, reduced inequalities, and stronger communities for generations to come. The time to act is now.

ENDORISING ORGANISATIONS



References

- ⁱ Nuffield Trust, Breastfeeding Quality Watch Indicator, 2025. [Online] Available at: <https://www.nuffieldtrust.org.uk/resource/breastfeeding>
- ⁱⁱ McAndrew F, Thompson J, Fellows L et al, Infant Feeding Survey, 2010. [Online] Available at: <https://files.digital.nhs.uk/publicationimport/pub08xxx/pub08694/infant-feeding-survey-2010-consolidated-report.pdf>
- ⁱⁱⁱ Brinsden H and Ana Maria Narváez AM. The Food Foundation. Boosting early years nutrition to support a healthy childhood, 2025. [Online] Available at: https://foodfoundation.org.uk/sites/default/files/2025-05/TFF_Early%20years%20report_2025.pdf
- ^{iv} Action on Sugar. Baby and Toddler Breakfasts, 2022. [Online] Available at: <https://www.actiononsugar.org/surveys/2022/baby--toddler-breakfasts/>
- ^v Nuffield Trust, Breastfeeding Quality Watch Indicator 2025. [Online] Available at: <https://www.nuffieldtrust.org.uk/resource/breastfeeding>
- ^{vi} Centers for Disease Control and Prevention, 2022. Breastfeeding Report Card, United States 2022. [Online] Available at: <https://www.cdc.gov/breastfeeding/data/reportcard.html>
- ^{vii} Threapleton D, Morpeth A and Cade J. Baby foods in crisis: technical report: Addressing Health, Marketing and Inequalities 2025. [Online] Available at: <https://environment.leeds.ac.uk/downloads/download/5078/baby-foods-in-crisis-technical-report>
- ^{viii} First Steps Nutrition Trust. Drinks for young children marketed as ‘growing up’ and ‘toddler’ milks and drinks 2024. [Online] Available at: https://static1.squarespace.com/static/59f75004f09ca48694070f3b/t/67d173f95e15c01633d18701/1741779962441/Drinks%2Bmarketed%2Bas%2Btoddler%2Band%2Bgrowing%2Bup%2Bmilks%2Band%2Bdrinks_version+120325.pdf
- ^{ix} First Steps Nutrition Trust. Ultra-processed Foods (UPF) 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 2023. [Online] Available at: https://static1.squarespace.com/static/59f75004f09ca48694070f3b/t/6481134fdf3b065bf460fe05/1686180705852/FSN_UPF+Report_Digital+for+web%2C+June+2023.pdf
- ^x Brand-Williamson, J., Parrett, A., Sibson, V. and Garcia, A.L. Commercial Baby Foods: Nutrition, Marketing and Motivations for Use—A Narrative Review. 2025 *Maternal & Child Nutrition*, 21: e70059. <https://doi.org/10.1111/mcn.70059>
- ^{xi} Llewellyn, C. Derks, I. Sheen F. et al. Snack foods for babies: What is driving the increasing use of processed baby snack foods in the UK? *Appetite*, Volume 214, 2025, 108203, ISSN 0195-6663, <https://doi.org/10.1016/j.appet.2025.108203>.
- ^{xii} The Ofcom nutrient profiling model (NPM) was used to assess if products were healthy. García, AL. Morillo-Santander, G. Parrett, A. and Mutoro, AN. Confused health and nutrition claims in food marketing to children could adversely affect food choice and increase risk of obesity. *Arch Dis Child*. 2019 Jun;104(6):541-546. doi:10.1136/archdischild-2018-315870. Epub 2019 Apr 4. PMID: 30530844.
- ^{xiii} Loopholes exists in UK legislation, whereby follow-on formula can be marketed for use from 6-12 months and ‘growing-up’ and toddler milks are marketed for children over 1 year of age. The same branding and virtually identical labelling to infant milks facilitates ‘cross promotion’, and the milks for over 1s are not regulated with respect to composition or marketing.
- ^{xiv} Competition and Markets Authority, Infant formula and follow-on formula market study 2025. [Online] Available at: <https://www.gov.uk/cma-cases/infant-formula-and-follow-on-formula-market-study#final-report>
- ^{xv} WHO 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: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO. [Online] Available at: <https://iris.who.int/server/api/core/bitstreams/b87da8ec-7c75-4dd4-b090-4173206dd020/content>
- ^{xvi} Mucavele, P. Wall, C. and Whiting, L. Development of HM Government example menus for early years’ settings in England 2020. [Online] Available at: <https://shura.shu.ac.uk/27738/1/Mucavele%20et%20al%20%282020%29%20final%20text%20pre%20typesetting.pdf>
- ^{xvii} Bremner & Co. Too young to count? Why most disadvantaged under-5s miss out on free meals 2025. [Online] Available at: <https://bremnerco.com/report-too-young-to-count-feym/> .
- ^{xviii} Institute of Health Visiting. State of Health Visiting, UK survey report. From disparity to opportunity: The case for rebuilding health visiting, January 2025. [Online] Available at: https://ihv.org.uk/wp-content/uploads/2025/01/State_of_Health_Visiting_Report_2024_FINAL_VERSION_22.01.25_compressed.pdf
- ^{xix} Calculations by The Food Foundation based on NHS Healthy Start Uptake Data and ONS population estimates: NHS 2025. NHS Healthy Start Uptake Data – England March 2025. Available at: <https://www.healthystart.nhs.uk/healthcare-professionals> and ONS

2025, Population estimates for England and Wales: mid-2024. Available at <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2024>

^{xx} Joseph Rowntree Foundation. UK Poverty 2025. The essential guide to understanding poverty in the UK 2025. [Online] Available at: <https://www.jrf.org.uk/uk-poverty-2025-the-essential-guide-to-understanding-poverty-in-the-uk>

^{xxi} The Food Foundation. The Broken Plate 2025. [Online] Available at: https://www.google.com/url?q=https://foodfoundation.org.uk/sites/default/files/2025-04/TFF_The%2520Broken%2520Plate%25202025.pdf&sa=D&source=docs&ust=1759503859689716&usg=AOvVaw1SSK7B-gum3mv0msjeG_e7

^{xxii} Brook, A. and Korner, K. The Association of Directors of Public Health. Good Governance Toolkit 2024. [Online] Available at: <https://www.adph.org.uk/wp-content/uploads/2024/04/GoodGovernanceToolkit-all-sections-11.4.24-AB.pdf>

^{xxiii} Knai, C. Petticrew, M. Mays, N. et al. Systems Thinking as a Framework for Analyzing Commercial Determinants of Health. *Milbank Q.* 2018 Sep;96(3):472-498. doi: 10.1111/1468-0009.12339. PMID: 30277610; PMCID: PMC6131339.

^{xxiv} Martin S. Spectrum. The Commercial Determinants of Health (CDOH), adverse policy influence and conflicts of interest 2021. [Online] Available at: https://edwebcontent.ed.ac.uk/sites/default/files/atoms/files/spectrum_cdoH_and_policy_influence_131221.pdf

^{xxv} Ella's Kitchen, Eat Play Love policy paper 2022. [Online] Available at: https://files.ellaskitchen.co.uk/generic/good-stuff/eat-play-love-policy-paper-2022.pdf?_gl=1*_11ofn32*_gcl_au*MjAzMDY3NzQ1MS4xNzYzMTI3MTg1*_ga*MzAxMDg1MzQ5LjE3NjMxMjcxODY.*_ga_W8R05PYZEL*_czE3NjMxMjcxODUkbzEkZzAkdDE3NjMxMjcxODYkajU5JGwwJGg00TU00DY1Nw..

^{xxvi} Cullerton, K. Adams, J. Forouhi, NG. et al. Avoiding conflicts of interest and reputational risks associated with population research on food and nutrition: the Food Research risk (FoRK) guidance and toolkit for researchers *BMJ* 2024; 384 :e077908 doi:10.1136/bmj-2023-077908