



**Consultation on the draft report:**

**Feeding young children aged 1 to 5 years**

**Comments form**

<b>Organisation</b>	Consensus Action on Salt, Sugar and Health
<b>Name of commentator and contact details</b>	Mhairi Brown, Policy and Public Affairs Lead <a href="mailto:Mhairi.brown@qmul.ac.uk">Mhairi.brown@qmul.ac.uk</a> 07584127774

- Do not PDF the form.
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List any references in full that you wish the committee to consider.
- Email this form to [sacn@dhsc.gov.uk](mailto:sacn@dhsc.gov.uk).
- Closing date: 5pm on 16 September 2022.

General comments	Comments
Salt and blood pressure	<p data-bbox="607 225 1216 252">Please insert each new comment in a new row</p> <p data-bbox="607 292 2029 419">We are concerned at the omission of evidence relating to salt intake within this report. We feel this is a serious omission, considering the impact of salt on health. Strong and comprehensive evidence demonstrates that excess salt intake raises blood pressure, which in turn is the major risk factor for cardiovascular disease (1).</p> <p data-bbox="607 456 1995 584">While many parents know they should not give salt to babies and toddlers, the importance to continue this into childhood is not well known or communicated by Government. There is compelling evidence that, in children and adolescents, salt intake plays an important role in regulating blood pressure and a reduction in salt intake lowers blood pressure (2, 3).</p> <p data-bbox="607 620 2011 748">Although hypertension and CVD events occur most frequently after the age of 40 years, there is clear evidence that blood pressure tracks from childhood into adult life. Individuals with higher BP in earlier life are more likely to develop hypertension later in life. Studies have shown that the tracking correlation increases throughout childhood, peaking at late adolescence or early 20s (4, 5).</p> <p data-bbox="607 785 2029 912">Dietary habits in childhood and adolescence influence eating patterns in later life. Liking salt and salty foods is a learned taste preference and the recommendation that the adult population reduce their sodium intake will be more successful if children do not develop a preference for salt in the first place. This can only be achieved if children are given a diet which is low in salt (6, 7).</p> <p data-bbox="607 949 2018 1177">Furthermore, food and drink consumed when eating out or getting takeaways is a significant contributor to people's diets, even children's, and at least a fifth of our salt intake comes from food consumed outside the home. Research also suggests that people are eating out more often; in 2014, 75% of people said they had eaten out or bought takeaway food in the past week, compared to 69% in 2010 (56, 57). Food consumed outside the home tends to be higher in salt than food bought in the retail sector. Our research shows that many children's meals sold in the out of home sector contain 2g or more salt per portion - two-thirds of a 4-6-year old's maximum recommended daily limit (8).</p> <p data-bbox="607 1214 2018 1310">Considering the link between salt and blood pressure, but equally the link between blood pressure and the future health concerns considered in this draft report, it seems to be another omission to have not considered blood pressure within childhood health outcomes throughout the report.</p> <p data-bbox="656 1347 2007 1394">1. He FJ, Tan M, Ma Y, MacGregor GA. Salt Reduction to Prevent Hypertension and Cardiovascular Disease: JACC State-of-the-Art Review. J Am Coll Cardiol. 2020 Feb 18;75(6):632-647.</p>

	<ol style="list-style-type: none"> <li>2. He FJ, MacGregor GA. Importance of salt in determining blood pressure in children: meta-analysis of controlled trials. <i>Hypertension</i>. 2006 Nov;48(5):861-9</li> <li>3. Leyvraz M, Chatelan A, da Costa BR, Taffé P, Paradis G, Bovet P, Bochud M, Chiolerio A. Sodium intake and blood pressure in children and adolescents: a systematic review and meta-analysis of experimental and observational studies. <i>Int J Epidemiol</i>. 2018 Dec 1;47(6):1796-1810.</li> <li>4. Lalji R, Tullus K. What's new in paediatric hypertension? <i>Archives of Disease in Childhood</i> 2018;103:96-100</li> <li>5. Lawlor DA, Ronalds G, Clark H, Smith GD, Leon DA. Birth weight is inversely associated with incident coronary heart disease and stroke among individuals born in the 1950s: findings from the Aberdeen Children of the 1950s prospective cohort study. <i>Circulation</i>. 2005 Sep 6;112(10):1414-8</li> <li>6. Hofman, A., A. Hazebroek, and H.A. Valkenburg, A randomized trial of sodium intake and blood pressure in newborn infants. <i>Jama</i>, 1983. 250(3): p. 370-3.</li> <li>7. Geleijnse, J.M., et al., Long-term effects of neonatal sodium restriction on blood pressure. <i>Hypertension</i>, 1997. 29(4): p. 913-7.</li> <li>8. Action on Salt, 2022 <a href="https://www.actiononsalt.org.uk/salt-surveys/2022/childrens-restaurant-meals/#d.en.969239">https://www.actiononsalt.org.uk/salt-surveys/2022/childrens-restaurant-meals/#d.en.969239</a></li> </ol>
Marketing/food environment	<p>Paragraph 1.34 and section 6 describe the factors that influence food preferences in young children and their dietary preferences in later life. We are very concerned to see that marketing of products, including advertising and the marketing that appears on food and drink packaging (e.g. animations that may appeal to children, health and nutrition claims, age flashes) has been omitted here.</p> <p>Evidence on the impact of this marketing has informed upcoming policies, such as the restrictions on advertising of less healthy food and drink included in the Health and Care Bill (1) and restrictions on the use of price and location promotions for less food and drink due to come into place in October 2022 (2).</p> <p>However, there are a lack of policies linked to the marketing of products to young children specifically. Research commissioned by Public Health England (PHE) in 2018 found that consumers felt the use of 'organic', 'preservative free', 'no added sugar' and other claims, as well as the use of vegetable ingredients, suggested a healthy product. Many assumed that foods labelled 'no added sugar or salt' meant these were low in sugar or salt, and therefore appropriate for children. Furthermore, participants in the survey did not feel it was necessary to examine labels more closely if labelling suggested a healthy product (3). Our research on products displaying animations that may appeal to children – thereby indicating suitability for children – would largely be classed as less healthy, with 51% of products classified as high in fat, sugar and/or salt (4).</p> <p>Marketing strategies, and evidence related to their impact, must be included within this report as a key influence on eating behaviours and preferences.</p> <ol style="list-style-type: none"> <li>1. Department of Health and Social Care, 2022 <a href="https://www.gov.uk/government/publications/health-and-care-bill-factsheets/health-and-care-bill-advertising-of-less-healthy-food-and-drink">https://www.gov.uk/government/publications/health-and-care-bill-factsheets/health-and-care-bill-advertising-of-less-healthy-food-and-drink</a></li> <li>2. The Food (Promotion and Placement) (England) Regulations 2021 <a href="https://www.legislation.gov.uk/ukdsi/2021/9780348226195">https://www.legislation.gov.uk/ukdsi/2021/9780348226195</a></li> </ol>

	<p>3. Public Health England, 2019  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812204/Foods_and_drinks_aimed_at_infants_and_young_children_June_2019.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812204/Foods_and_drinks_aimed_at_infants_and_young_children_June_2019.pdf</a></p> <p>4. Pombo-Rodrigues S, Hashem KM, Tan M, Davies Z, He FJ, MacGregor GA. Nutrition Profile of Products with Cartoon Animations on the Packaging: A UK Cross-Sectional Survey of Foods and Drinks. <i>Nutrients</i>. 2020; 12(3):707</p>
Oral health	Given the impact of dental caries in young children, and the prevalence of these caries which are the leading reason young children are admitted to hospital, we question why oral health has been separated from other health outcomes into a separate section at the end of the report. For example, sections relating to fruit juice and milk/dairy products do not cover oral health, implying this is not a consideration. We recommend that evidence related to oral health, however limited, be highlighted throughout the report.
Methodology	We understand the inclusion criteria, but feel that statements of 'insufficient evidence' imply that there is no relationship between various aspects of diet and health outcomes. We recommend clarification throughout to highlight that this is largely due to a lack of available evidence that meets the narrow inclusion criteria.
Out of Home Sector	Given the lack of data to monitor food products sold in the out of home sector, the growth in this sector, and the tendency for unhealthy fast food outlets tend to group in lower income areas of the country, we consider it important to distinguish, as far as possible, to contribution of foods sold in the out of home sector to child intakes.

Please add extra rows as needed

Comments by paragraph	Comments
	Please insert each new comment in a new row
1.34	As above, this paragraph must include the impact of marketing of products to children and childcare settings i.e. nurseries and schools as an impact on preferences and behaviours.
3.12, 3.15 and 3.4	These sections could be updated with the provisional data released in July 2022 ( <a href="https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/england-provisional-2021-22-school-year-outputs">https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/england-provisional-2021-22-school-year-outputs</a> )
3.16	We note the presence of infant formula as a leading contributor of dietary energy intakes in children aged 12-18 months, despite recommendations that infant formula is only needed above 12 months of age if recommended by a health professional (1). We suggest a recommendation reinforcing that infant formula

	<p>should only be consumed until 12 months of age, and clear guidance that follow on/toddler milks are not necessary.</p> <p>1. First Steps of Nutrition, 2021 <a href="https://www.firststepsnutrition.org/parents-carers">https://www.firststepsnutrition.org/parents-carers</a></p>
Table 3.5	<p>Table 3.5 highlights that commercial infant and baby foods are a key contributor to dietary energy intakes in children aged 12-18 months, with a smaller contribution to children aged 18-60 months. Our research has found that products within this category of food, specifically sweet snacks marketing for babies and toddlers (e.g. biscuits, rusks and oat bars) can contain up to two teaspoons of sugar per serve (1). All products surveyed that would have to display a red label indicating high levels of sugar (if 'traffic light' front of pack nutrition labels were used on products marketed to children) displayed claims such as 'packed with vitamins and minerals' or 'made with real fruit'. This reinforces our comment on marketing above. Similarly, processed dried fruit snacks, including coated or flavoured dried fruit and extruded dried fruit, are largely high in sugar, with two thirds of these 'snacks' containing two teaspoons of sugar per serve (2).</p> <p>Given the nutrition profile of the 'commercial toddlers foods and drinks', in addition to the marketing present on packaging, we strongly suggest a recommendation that intake of these products must be limited, or alternatively these products must comply with strict nutrition criteria, in line with World Health Organization criteria (3).</p> <p>Is it possible to include the contributions of retail/home/out of home foods here? If not, this should be included in limitations.</p> <p>1. Action on Sugar, 2021 <a href="https://www.actiononsugar.org/surveys/2021/baby--toddler-sweet-snacks/">https://www.actiononsugar.org/surveys/2021/baby--toddler-sweet-snacks/</a>  2. Action on Sugar, 2020 <a href="https://www.actiononsugar.org/surveys/2020/fruit-snacks-/">https://www.actiononsugar.org/surveys/2020/fruit-snacks-/</a>  3. WHO, 2019 <a href="https://www.euro.who.int/_data/assets/pdf_file/0008/407564/Improving-Nutritional-Quality-LowRes.pdf">https://www.euro.who.int/_data/assets/pdf_file/0008/407564/Improving-Nutritional-Quality-LowRes.pdf</a></p>
3.318	Following this paragraph, there must be a section covering the impact of salt on child health.
3.61	The wording used here is misleading – there are no official recommendations related to carbohydrate intake, however it is the expectation that children aged 2 years or less should have no free sugars or sugar-sweetened beverages.
3.74	Given that yogurt, fromage frais and dairy are significant contributors of free sugars to child diets, SACN's recommendations must reflect the need to provide young children with plain options, as even fruit-flavoured products (which may appear to be a healthier option) contain free sugars.
5.120	This section must highlight that food sold in the out of home sector is likely to be higher in salt, sugars and saturated fat, and that food purchased for child consumption in this sector is therefore likely to be HFSS.

5.201	<p>With regards to non-nutritive sweeteners, we recommend the inclusion of the World Health Organization’s (WHO) recommendations here. To date, sweeteners have been classed as safe for use, however these sweeteners are frequently used by the food and drink industry as a compromise in what should be longer-term sugar reduction goals. Their prevalent use in products such as sweetened drinks is also problematic for families, as sweeteners should not be consumed at all by infants and young children.</p> <p>The WHO is right to imply that these should only be used as a short term solution, and it is this guidance from the WHO that is so instrumental in the development and implementation of health policies globally. While potentially less sweet than sugar, like-for-like, sweeteners do not reduce taste preference for sugar which would help consumers eat less sugary foods over time. Governments that have sugar reduction policies or guidance for the food industry must include guidance and support on the use of sweeteners.</p>
5.8	<p>While a small portion of fruit juice (150ml) is portion of fruit and vegetables (for adults), we do not agree with the inclusion of fruit juice in the ‘Fruit and Vegetable’ section of this report. It must be included in the section relating to sugars-sweetened beverages, particularly as paragraph 3.75 highlights that fruit juice and smoothies contribute 11% to free sugars intake. If recommended as a portion of fruit, the recommendation must include the need to dilute juice with water before giving to children.</p>
Chapter 6	<p>This chapter must include reference to the out of home sector, and the likelihood of foods purchased in this sector being HFSS. We recommend that the term ‘out of home sector’ include any venue where food can be purchased and consumed, including indoor play areas, tourist attractions and cinemas, alongside restaurants, takeaways and fast food outlets.</p>
6.2	<p>Salty taste preferences are mentioned within this paragraph, with reference to increasing acceptance due to exposure to salt. This must be expanded to highlight the meaning here i.e. exposure to food from both retail and out of home sectors that contains added salt, and home cooking.</p>
7.8	<p>Early life determinants of obesity must include wider food environment influences, such as marketing of products.</p>
10.6	<p>Snacks are mentioned here, but only with regards to portion size and energy intake. Snacks can be high in salt, sugars and/or saturated fat, but even if they are not, by frequently encouraging small snacks throughout the day, children are consequently exposed to salty and sugary tastes throughout the day, alongside increased intakes. We consider it important to provide more information on the impact of snack foods on child dietary intakes.</p>
10.65	<p>As covered in general comments, limitations must include omission of salt and health, and wider food environment influences on eating behaviours and preferences (if not covered in full published report).</p>

11.2	<p>The government must consider how to enable adoption of advice via wider environmental changes. Behaviour change advice alone has been proven ineffective, and completely glosses over wide ranging inequalities across the UK.</p> <p>We recommend that inclusion of thorough monitoring of macro- and micro-nutrient intake in children, to determine their intakes and sources of intake.</p> <p>We also recommend the inclusion of a recommendation regarding government ensuring all children have access to nutritious diet that does not exceed recommendations for salt, sugar or saturated fat intakes.</p>
11.6	<p>As above, advice alone will not enable action, wider environmental changes will i.e. the government must implement policies that rebalance the food system to ensure all children have access to nutritious food, including strict and enforced nutrition criteria for commercial infant foods and drinks.</p>
11.7	<p>We do not agree with this recommendation and strongly suggest wording clarifies that children under 2 years of age should not consume any free sugars, in line with existing advice.</p>