

ELLA'S KITCHEN - WRITTEN EVIDENCE (FDO0107)

Overview

Ella's Kitchen welcomes the Food Diet and Obesity inquiry into diet related health.

Young children **eat too much fat, salt and sugar**, and **not enough fruit and vegetables**.

- Nearly a third (29%) of children aged one to five don't eat any fruit and vegetables at home.
- Instead, they increasingly snack on products high in fat, salt, and sugar (HFSS).

Without action, young children will continue to **suffer from diet related illnesses** which impact on their **quality of life and future health**.

The **policy and legislative focus should remain on HFSS**, where there is an existing framework for less healthy foods, rather than ultra-processed food, which has no clear definition.

UPF covers a wide range of products. It is inappropriate to apply universal measures which could **reduce food safety, remove customer choice, and increase costs** for vulnerable households.

The **only way to build better dietary habits is enjoyment**. Our nutrition approach focuses on reducing sugar, offering healthier alternatives to HFSS snacks, and using recognisable ingredients.

Government, industry, and civil society must work together to **widen access to fruit and vegetables** and **nudge children into healthy habits**.

The early years is currently overlooked and underfunded, we must take urgent action to:

- 1) **Place future generations at the heart of government policy:** implement an Early Years Commission and Future Generations Act..
- 2) **Increase fruit and vegetables consumption:** invest in early years food education.
- 3) **Address child poverty:** raise the value of Healthy Start Vouchers, abolish the two-child benefit limit, and introduce free lunches to every child attending nursery on a funded place.

The Best Start in Life

Ella's Kitchen is the UK's leading baby and kids' food brand. We share the Food, Diet and Obesity Committee's **desire to reduce childhood obesity and encourage a healthy diet** amongst infants.

Our mission is to **help every little one grow up happy, healthy, and never hungry**. We all have a collective responsibility to try to create a country where every child gets the best start in life. At Ella's, we have set an ambitious business goal to **double the amount of fruit and vegetables** under-fives eat by 2030, and work hard to help little ones develop healthy relationships with food.

Our products include fruit and vegetable pouches, baby meals, snacks, and finger foods, for children under five. The baby food aisle is rightly the most heavily regulated aisle in the supermarket. **All our products are fully compliant with UK and EU regulations**, and we have **strict nutritional standards that go beyond industry requirements**. These cover portion size, calories, fat, sugar, and salt at each age and stage to deliver appropriate nutrition for little ones.

In addition, our baby food products are 100% certified baby grade organic, and we have been a B Corp since 2016. This means we have a **legal duty to put people and the planet on an equal footing with profit**. We work with charity partners to advocate for policies which address child poverty and food insecurity, while protecting the planet for future generations.

Building Healthy Habits

- 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.*

Young children born today are **more likely to suffer from diet-related illnesses**, with high levels of obesity recorded. In 2022/23, the latest data from the National Child Measure Programme shows that **one in five children enter reception in England with overweight or obesity**¹ (21.3%). That rises to a third of children by the time they leave primary school² (36.6%). At both ages, the combined five-year data trend is at an all-time high³.

Diet related issues **particularly affect children in low-income households**. For those living in the most deprived areas, the rate of obesity is twice as high compared to those in the least deprived. That applies in both reception (12.4% to 5.8%) and Year 6 (30.2% to 13.1%)⁴.

The impact of diet-related illnesses is severe. Children with obesity are more likely to report a **lower quality of life, with anxiety, depression, and low self-esteem**. While in adulthood they have a higher risk of suffering from **strokes, types of cancer, and high blood pressure** (a major factor in health disease). They could also develop diabetes and breathing problems. As a result of these issues, their **life expectancy is lower**, with 18,000 premature deaths caused by obesity each year⁵.

The situation also places a heavy burden on the economy. It estimated that **the annual cost of obesity and overweight to the UK is nearly £100bn**⁶. Of that total, £63bn falls on individuals through years of quality life lost, while the NHS spends £19bn on the treatment of diet-related illnesses. A further £16bn cost is incurred to society through reduced productivity. Preventative measures are required to alleviate the strain on the healthcare system.

The primary driver of obesity is poor diet, although this is influenced by many factors outside of the individual or family's control including environment, psychology, physiology, and income. At the moment **young children consume too much fat, salt and sugar, and not enough fruit and vegetables**. Ella's Kitchen works with Kantar, the leading data, insights, and consulting company, to collect the latest data on the dietary habits of young children.

Kantar possesses the UK's largest consumer panel of 30,000 households. The usage data used for this study includes over 10,000 individuals and identifies what they eat and drink and how this has changed over time. For more detail on the methodology please see the appendix.

Ella's Kitchen works with Kantar to track what little ones are actually eating, in order to provide an **accurate picture of their dietary habits** and inform our product development. We have shaped our nutrition approach around this evidence, and aim to help young children build healthier habits by providing alternatives to HFSS snacks outside the baby food aisle and enhancing education and access to fruit and veg.

- Our latest findings show that **nearly a third (29%) of children aged one to five don't eat any fruit and vegetables at home** on most days⁷.
- In the average reception class, only one or two children eat five servings of fruit and vegetables at home (6% of under-fives)⁸.
- The majority (54%) of one to fives eat less than two servings of fruit and veg⁹.



eat less than one serving
of fruit and veg



don't eat the recommend
five servings of fruit and veg

For one- and two-year-olds, the picture is particularly worrying. The amount of fruit and vegetables consumed in this age range is at a five-year low¹⁰. We are concerned **the cost-of-living crisis is having a real and negative impact** on what children are eating.

Parents increasingly shop outside of the baby food aisle at earlier ages, with half now exiting it by the time their child is two years old. With only 1% of eating occasions for one to fives now coming from the baby aisle, many consume less healthy products elsewhere.

Toddlers increasingly snack on products high in fat, salt, and sugar. The percentage of occasions in the afternoon when they eat chocolate, biscuits, cakes, crisps, savoury snacks, ice cream, and confectionary jumps from 32% at age one to 52% at age two¹¹.

The below table compares the most popular chocolate, cake, and biscuit products eaten by one to fives with our highest sugar toddler snacks. Each snack aisle equivalent has significantly higher levels of sugar, in each case over two and half times the amount of our baby aisle products.

Ella's Kitchen Products	Sugar (per 100g)		Snack Aisle Equivalent	Increase
Vanilla and Banana Baby Biscuits	20.1	56	Dairy Milk	2.8x
Apple and Ginger Baby Biscuits	16.5	52.1	Kinder Surprise	3.2x
Strawberry and Apple Oaty Biccies	14.6	42.5	Cadbury Milk Chocolate Mini Rolls	2.9x
Squishy Snack Pear and Cucumber	11.2	30	Barny Chocolate Sponge Bear Biscuits	2.7x
Tomato and Basil Oaty Biccies	11.0	27	Cadbury Animals Chocolate Biscuits	2.5x

Our consumer research also reveals insights into the motivations of parents. When working to address childhood obesity **it is important not to shame parents, but to understand their needs. Value, health, and taste** are the most important factors for them when buying baby food. Young children have strong tastes, and meals can be a source of anxiety if they reject healthier food. A pragmatic approach is required that addresses both this reality and what they are actually eating.

The **only way to build better dietary habits is enjoyment.** When little ones enjoy healthy food, their love lasts a lifetime. Our nutrition approach therefore focuses on nudging young children away from less healthy HFSS snacks and **increasing access to, and education about, fruit and veg.** The second step is vital, as the ability to offer healthier foods is a privilege for more affluent households. Health and income inequalities must be addressed simultaneously.

Ella's Kitchen has four key policies to:

- 1) **Reduce sugar across our range:** we only introduce new first food products (fruit and veg) that contain 10% less sugar than average. Our reformulation also reduced sugar content by 20% from 2016 to 2019, which has continued with new products launched.
- 2) **Offer healthier alternatives to HFSS snacks:** we look at the market leading products consumed by under-fives, sold outside the highly regulated baby food aisle, and offer tasty alternatives with a better nutritional profile to give parents greater choice.
- 3) **Only use recognisable ingredients:** to ensure parents know what they are feeding their little ones, we only use ingredients they would find in their own kitchen. We never use flavourings, food colourings, or artificial sweeteners.
- 4) **Promote fruit and vegetable consumption:** we pack our products with produce, donate surplus stock to food banks, deliver sensory food education lessons, and advocate for policies to improve fruit and vegetable affordability and access.

Ultra-Processed Food

1. *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.*
2. *How consumers can recognise UPF and HFSS foods, including the role of labelling, packaging and advertising.*
3. *The cost and availability of a) UPF and b) HFSS foods and their impact on health outcomes.*

Our 'strawberries and apples puree baby pouch' is an example of an ultra-processed food, and was referenced in the oral evidence session on February 8th. It was claimed that our product has a low percentage of apple, and that parents are unable to replicate it at home. As you can see below, this is clearly inaccurate. The only ingredients in the product are:

- 79% organic apple
- 21% organic strawberries
- A dash of organic lemon juice concentrate.

Apple represents most of the product, with the rest made of strawberries. The recipe could easily be replicated by parents at home, who would only have to puree the ingredients. This example shows the **difficulties around the definition of ultra-processed food**.

Throughout the oral evidence sessions, we heard various vague descriptions of UPF including that they are: wrapped in plastic; contain unrecognisable ingredients; have more than five ingredients; are made by a transnational company. Our product contains less than five ingredients, which are all found in

a domestic kitchen, and yet it is classified as a UPF. The only reason it is considered one is because it contains a dash of lemon juice to keep it fresh.

Processing plays an important role in ensuring food safety and reducing food waste. At Ella's Kitchen, we use a degree of processing to ensure finger foods have a texture that is suitable for little ones who are just learning to chew, and which minimises choking risks. In addition, processing gives shelf life to a product to ensure it lasts longer and doesn't need to be thrown away. Without processing, parents would face reduced choice and increased prices at a time when the cost of living is already high.

It is clear ultra-processed food is a label that includes a huge range of products. These can have **vastly different levels of fat, salt and sugar, different degrees of processing, and a wide variety of ingredients.** We are concerned that our products, which contain a small number of recognisable ingredients, are being grouped together with less healthy HFSS products. This problem stems entirely from the uncertain UPF definition.

On the contrary, we have a **clear definition for HFSS foods**, which we can apply to any product on the market. There is a fixed, and quantifiable, formula which measures the amount of saturated fat, salt, and sugar in a product. There is no uncertainty as to whether the product is HFSS or not.

The second issue with the push to focus on UPF over HFSS, is that, as the Government's Scientific Advisory Committee on Nutrition found, it is **uncertain whether processing has an impact on health beyond a product's fat, salt, and sugar content.** A recent UCL study of more than 3,000 food and drink items found that several UPF fall into the 'healthy' green category of the HFSS traffic light system¹², while UPF items are recommended in national nutrition guidance.

Further research is required to establish a causal link between processing itself and poor health outcomes. In the meantime, the **focus should remain on HFSS regulation** (which encompasses less healthy UPF products anyway), to reduce the amount of fat, salt and sugar young children eat.

The Role of the Food Industry

- 1. The role of the food and drink industry in driving food and diet trends and on the policymaking process.*

Ella's Kitchen welcomes the Food, Diet and Obesity Committee's inquiry into UPF and less healthy HFSS foods. We believe that by working together stakeholders can make a positive impact for young children. **A societal problem on this scale can only be solved through collaboration.** Government should look to catalyse action in the private sector, setting long-term direction, and ensuring that businesses work in the national interest.

Policymakers should engage with food industry experts to ensure legislative measures are feasible. The **industry is able to advise on food safety**, including suitable textures for young children to reduce choking risks. It can also

provide guidance on product pricing and food waste, to avoid a scenario where products which score well on a macronutrient basis rise in price or are removed from shelves. It is important to recognise the food industry's expertise and work together in good faith to create long-lasting, deliverable change.

At Ella's Kitchen we have always cared deeply about good corporate governance. One of our core principles is that companies should consider the needs of all stakeholders and act purposefully when conducting business. That is why we became a B Corp in 2016, and made a **legal commitment to be accountable to all stakeholders**, not just shareholders.

As a B Corp, we must meet **high standards of environmental and social impact performance**. Our legal responsibility to put people and planet on an equal footing to profit, means we must consider how every decision we make as business makes an impact on our communities and environment. We aim to **use our voice and resources to enact positive change**, campaigning to improve the lives of young children.

Policy Solutions

1. *Lessons learned from international policy and practice, and from the devolved administrations, on diet-related obesity prevention.*
2. *The effectiveness of Government planning and policymaking processes in relation to food and drink policy and tackling obesity.*
3. *The impact of recent policy tools and legislative measures intended to prevent obesity.*
4. *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.*

1) Place future generations at the heart of government policy: implement an Early Years Commission and Future Generations Act.

The early years are overlooked and under-funded. In the UK, public spending on early childhood education and care is one of the lowest amounts in the OECD¹³. Political attention is focused on childcare, with little consideration given to wider issues. While there is an urgent need to ensure parents have access to affordable childcare, and to adequately fund early years settings, we also need to look at the broad social and environmental challenges future generations face.

Issues such as health, nutrition, poverty, and the climate crisis cannot be solved within a single term in government. A long-term, wholistic approach is required. We need to place future generations at the heart of government policy and create an independent, non-departmental public body which works to prevent these problems. Similar to the Climate Change Committee, the Early Years Commission would advise the UK and devolved governments on issues facing young children and measure progress in addressing them.

The Commission should be established through a Future Generations Act, which implements a statutory requirement for public bodies to consider the long-term impacts of their decisions on future generations. A similar act was applied

effectively in Wales (Wellbeing of Future Generations Act 2015), which set out legal obligations for sustainable wellbeing goals to be met. Implementing a UK wide act would create the policy framework to improve the health of young children.

2) Increase fruit and vegetables consumption: invest in early years food education.

As set out previously, the only way to build better dietary habits is enjoyment. We must increase funding and guidance for early years food education to ensure every child acquires the essential knowledge to make healthy choices. The early years are the most important period for childhood development, and a pivotal window for shaping lasting behaviours, habits, and health. We should focus nutrition interventions on this age group to prevent problems before they arise.

Food education during the early years should include sensory food play, an evidence-based approach which helps build children's confidence and curiosity about fruit and vegetables. Play is a vital learning tool, which shouldn't stop at mealtimes. Enabling little ones to explore different foods through play can enhance their enjoyment and willingness to try healthy foods.

Ella's Kitchen ran a campaign championing the importance of sensory food play. Our 'Eat. Play. Love' Truck visited over 20 nurseries across the country, reaching over 750 young children. We also worked with early years experts to create free educational resources for practitioners.

3) Address child poverty: raise the value of Healthy Start Vouchers, abolish the two-child benefit limit, and introduce free lunches to every child attending nursery on a funded place.

Every family deserves to access high quality fruit and veg for their little ones. However, over four million children now live in poverty. The Healthy Start vouchers are a lifeline for low-income families and hold the key to ensuring young children can access nutritious food. Unfortunately, the initiative is eroding under inflation and little ones are being left behind. The Government must raise the value of Healthy Start vouchers in line with inflation, as it does for other benefits.

The Government should also lift a quarter of a million children out of poverty by abolishing the two-child limit in the benefits system. Removing the cap would cost £1.3 billion. At just over £5,000 per child, this is one of the most immediate, cost-effective, and impactful ways to improve the lives of children in the UK and enable families to access fruit and veg.

Hunger doesn't start at the age of five, yet policy interventions only tend to start once a child reaches primary school. A recent survey carried out by the Early Years Alliance and the London Early Years Foundation, found that about half (49%) of providers said families at their settings show signs of food insecurity, with an increase in the number of children arriving hungry¹⁴.

While all children in reception, Year 1 and Year 2 attending state-funded schools in England are eligible for a free school lunch, state early years childcare support

does not cover provision of food. Extending free lunches to nursery children attending on a funded place will widen fruit and veg access, reduce health inequalities and improve educational outcomes.

Together, these policies would not only help eliminate hunger now, but they will also lift young children out of poverty altogether. They are cost-effective, realistic, and will make a life-changing difference to children and their families across our country. If we want to set our little ones up for success and make the UK the best place to grow up, this is how we do it.

15 April 2024

Appendix

Kantar's Usage panel includes over 10,000 individuals who report on every food and drink product they have consumed throughout the week. The panel is weighted to be representative of the UK population. This data set covers all products brought back into the home. It does not include products/meals bought and consumed out of home.

The fruit & veg in this report are defined as all fresh, frozen, and ambient fruit & vegetables; pure juices; fresh & ambient soups. Product categories such as snack bars & ready meals which may include a portion of your 5-a-day but do not inherently/always contain a portion of fruit or vegetables are excluded from the reporting. The methodology does not record portion sizes, with each occasion recorded via our panel considered a portion.

References

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⁶ Frontier Economics (2023). Unhealthy Numbers: The Rising Cost of Obesity in the UK. The Tony Blair Institute. Available at: <https://www.institute.global/insights/public-services/unhealthy-numbers-the-rising-cost-of-obesity-in-the-uk>

⁷⁻¹⁰ Kantar, Usage Panel, Fruit & Veg Consumption amongst kids aged 1-5 years old, 52 w/e August 2023

¹¹ Kantar, Usage Panel, afternoon snacking consumption amongst kids aged 1-5 years old, 52 w/e October 2021

¹² Dicken SJ, Batterham RL, Brown A. Nutrients or processing? An analysis of food and drink items from the UK National Diet and Nutrition Survey based on nutrient content, the NOVA classification and front of package traffic light labelling. British Journal of Nutrition. Published online 2024:1-14. doi:10.1017/S0007114524000096

¹³ OECD Family Database (2023) Public spending on early childhood education and care.

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¹⁴ Early Years Alliance. (2023). COST-OF-LIVING CRISIS: Call for extra Government funding as new research finds growing number of under-fives arriving at early years settings hungry. [online] Available at: www.eyalliance.org.uk/cost-living-crisis-call-extra-Government-funding-new-research-finds-growing-number-under-fives