

# Public Consultation: Improving commercial foods for infants and young children

## Overview

During the first 2000 days, food and nutrition have crucial roles in a child's growth and development.

Consumption of commercial foods for infants and young children has increased in recent years and is becoming more common as parents and caregivers see these as convenient, economical and healthy options. With the increase in popularity, the commercial food market for infants and young children has also grown significantly.

The nutritional quality of most commercial foods for infants and young children does not support optimal growth and development for this age group. Many products have been found to be high in energy and sugars and do not provide adequate nutrients critical for early development such as iron. The texture of many infant foods does not support optimal developmental feeding behaviours, and labelling practices may be misleading and do not support parents and caregivers to make the best informed choices.

The **Food Regulation Standing Committee** <<https://www.foodregulation.gov.au/activities-committees/frsc#:~:text=This%20standing%20committee%20supports%20the,approach%20to%20implementing%20food%20standards.>> (FRSC) is seeking to improve the nutritional composition, labelling and texture of commercial foods for infants and young children through actions in the Food Regulation System to better align this population's diets with **Australian** <[https://www.eatforhealth.gov.au/sites/default/files/2022-09/n55a\\_australian\\_dietary\\_guidelines\\_summary\\_131014\\_1.pdf](https://www.eatforhealth.gov.au/sites/default/files/2022-09/n55a_australian_dietary_guidelines_summary_131014_1.pdf)> and **New Zealand** <[https://www.tewhatauora.govt.nz/assets/For-the-health-sector/Health-sector-guidance/Active-Families/eating-and-activity-statements-for-new-zealand-adults-summary-of-guidelines-statements-and-key-related-information-jan\\_21.pdf](https://www.tewhatauora.govt.nz/assets/For-the-health-sector/Health-sector-guidance/Active-Families/eating-and-activity-statements-for-new-zealand-adults-summary-of-guidelines-statements-and-key-related-information-jan_21.pdf)> infant and toddler dietary guidance.

The issue of commercial foods for infants and young children is also being considered by the **Foods for Early Childhood Reference Group** <<http://www.health.gov.au/committees-and-groups/foods-for-early-childhood-reference-group>> of the Healthy Food Partnership. The goal of this work is to develop voluntary industry guidance to improve the labelling, packaging, serving size and flavour profile of commercial foods for infants and young children. The voluntary guidance will be finalised following this consultation process to ensure it supports complementary actions to any regulatory changes that may occur.

## Why your views matter

Australia and New Zealand share a joint system for food labelling which is overseen by Food Ministers. Food Ministers are responsible for developing food regulation policy in the form of policy guidelines and to ensure stakeholder views are considered on appropriate policies.

Stakeholder submissions to this consultation will be used by FRSC to identify a preferred policy option(s) to recommend to the Food Ministers' Meeting on options to progress in improving nutritional composition, labelling and texture of commercial foods for infants and young children.

Your views are being sought on issues including:

Evidence of the current issues with commercial foods for infants and young children.

The objective of this work.

Impacts and design of the proposed options.

Additional options that may be considered.

Responding to the consultation:

Download and read the Consultation Paper "Improving commercial foods for infants and young children" (available under the 'Related' section at the bottom of this page).

Respond to the questions in the online survey - the questions in the survey match the questions in the Consultation Paper. A preview of the survey is available for download under the 'Related' section at the bottom of this page.

Please provide evidence or examples to support your comments where possible. Comments on technical issues should be based on scientific evidence and/or supported by research where appropriate. Where possible, please provide citations to published studies or other sources.

It is not necessary to provide a response to all questions.

All submissions are subject to the **Freedom of Information Act 1982** <<https://www.legislation.gov.au/Details/C2018C00016>> in Australia and the **Official Information Act 1982** <<http://www.legislation.govt.nz/act/public/1982/0156/latest/DLM64785.html>> in New Zealand. If you consider that all or part of your submission should not be released, please make this clear when making your submission and indicate the grounds for withholding the information.

## About You

What is your name?

Name *(Required)*

### Are you answering on behalf of an organisation?

*(Required)*

*Please select only one item*

- Yes
- No

Organisation

An opportunity to provide any other information about your organisation you would like to provide.

### What sector do you represent?

*(Required)*

*Please select only one item*

- Public health
- Industry
- Research/Academic
- Individual (Member of the public)
- Government
- Other

### Which country are you responding from?

*(Required)*

*Please select only one item*

- Australia
- New Zealand
- Other
- Prefer not to say

If 'other', please specify your country.

Please provide your email address

### If we require further information regarding your submission, can we contact you?

*(Required)*

*Please select only one item*

- Yes
- No

Have you read the Consultation Paper: Improving commercial foods for infants and young children?

*(Required)*

Please select only one item

- Yes  
 No

## Privacy, Confidential Information and Permissions

### IMPORTANT INFORMATION

#### Privacy and your personal information

The Food Regulation Standing Committee (FRSC) invites you to share your views on the public consultation on improving commercial foods for infants and young children. This consultation is being facilitated by the Department of Health and Aged Care (the Department) on behalf of FRSC.

Your personal information is protected by law, including the *Privacy Act 1988* (Privacy Act) and the Australian Privacy Principles, and is being collected by the Department, via Citizen Space, for the purposes of conducting a consultation process in relation to the public consultation on improving commercial foods for infants and young children. The Department will collect your personal information at the time that you provide a submission, unless you choose to make a submission anonymously, and you are not reasonably identifiable from the information provided in your submission.

If you consent, the Department may, at its discretion, publish part or all of your submission on the Department's website. If your submission is published, the Department may identify you and/or your organisation as the author of the submission, if you consent to being identified. Please note that your email address will not be published and responses may be moderated to remove content that is inappropriate/offensive, or contains sensitive information.

Submissions which have been published on the Department's website can be accessed by the general public, including people overseas. Ordinarily, where the Department discloses personal information to an overseas recipient, Australian Privacy Principle (APP) 8.1 requires the Department to take reasonable steps to ensure that the overseas recipients does not breach the APPs. However, if you consent to the publication of your submission, APP 8.1 will not apply to this disclosure and the Department will not be accountable under the Privacy Act for any subsequent use or disclosure of the submission by an overseas recipient, and you will not be able to seek redress under the Privacy Act.

You should not include information in your submission about another individual who is identified, or reasonably identifiable. If you need to include information about another individual in your submission, you will need to inform that individual of the contents of this notice, and obtain their consent to the Department collecting their personal information.

You can get more information about the way in which the Department will manage your personal information, including our privacy policy, at <https://www.health.gov.au/resources/publications/privacy-policy> <<https://www.health.gov.au/resources/publications/privacy-policy>>. You can obtain a copy of the Department's privacy policy by contacting the Department using the contact details set out below. The Department's privacy policy contains information about:

how you may access the personal information the Department holds about you and how you can seek correction of it; and  
 how you may complain about a breach of

- o the APPs; or
- o a registered APP code that binds the Department; and
- o how the Department will deal with such a complaint.

You can contact the Department by telephone on (02) 6289 1555 or freecall 1800 020 103 or by using the online enquiries form at [www.health.gov.au](http://www.health.gov.au).

I consent to the Department collecting the information requested in Citizen Space about me, including any sensitive information, for the purposes indicated above.

By making a submission, I acknowledge that:

I understand that the giving of my consent is entirely voluntary

I am over the age of 18 years

I understand the purpose of the collection, use, publication or disclosure of my submission

I understand that copyright in the content of my submission will vest in the Commonwealth of Australia

Where relevant, I have obtained the consent of any individuals whose personal information is included in my submission, to the Department collecting this information for the purposes outlined in this notice

I understand that, where I have provided consent to my submission being published, the Department has complete discretion as to whether my submission, in full or part, will be published.

Do you want this Submission to be treated as confidential?

*(Required)*

Please select only one item

- Yes, the entire Submission
- Yes, some parts of the Submission will need to be confidential
- No

If yes, please explain why all or parts of the Submission are confidential.

Do you consent to your Submission being published on the Department of Health and Aged Care's Consultation Hub website, and being accessible to the public, including persons overseas?

*(Required)*

Please select only one item

- Yes - Publish response, including both my name and organisation's name
- Yes - Publish response, without my name, but including my organisation's name
- Yes - Publish response without my name or my organisation's name
- No - I do not consent to the submission made by me being published on the Department's website

## Additional Evidence and Information

### Statement of the problem

The first 2000 days of a child's life (from conception) is a critical time for development of physical, cognitive, social, and emotional health. There is a growing body of evidence demonstrating that early nutrition and lifestyle have long-term effects on later health and disease outcomes (referred to as developmental or metabolic programming). Supporting parents, guardians, carers and families to develop healthy habits during this stage of their child's life can positively impact later life.

To ensure nutrient requirements of infants are met as they transition from breastmilk or infant formula, food based dietary guidelines recommend a range of foods are introduced. Infants and children consume smaller volumes of foods and have higher nutrient requirements relative to energy than adults. For example, a 7- to 12-month-old baby needs more iron than an adult male, but only one-third of the energy.

Despite the vulnerability of this population and the importance of nutrition in this critical period, there are limited regulations for the composition and nutritional quality of food for infants and foods aimed at young children.

There has been significant growth in commercial foods aimed at infants and young children. A recent survey of Australian parents found half of children (aged under 5 years) in Australia consume commercial foods for infants and young children every week, with 20% consuming them most days. The survey indicated that a significant proportion of parents believed infants and young children need different foods to regular family foods and half of parents incorrectly believed commercial foods are healthier than, or as healthy as, homemade foods (with tight regulation by government to ensure this is the case).

The nutritional quality of commercial foods for infants and young children do not support their developmental needs as these foods are often high in energy and/or sugar, and may not provide important nutrients such as iron.

Based on the above, the following problem statement has been developed:

*"Commercial foods for infants and young children are poorly aligned with some aspects of the Australian and New Zealand Infant and Toddler Feeding Guidelines. These commercial foods are often high in sugar (infant and young child foods), sodium (young child foods) and either do not contain iron-rich ingredients or are too low in iron to make a claim (infant and young child foods). Labelling does not support carers to make informed choices for infants and young children due to product naming not always accurately reflecting ingredients. There are also concerns the texture of commercial infant foods typically do not match developmental progression in feeding".*

### Related information

The questions set out in the Consultation Paper 'Improving commercial foods for infants and young children' are presented in this online consultation survey.

**Questions 1 to 4** seek to obtain information on any additional studies regarding the consumption, composition, and texture of commercial foods for infants and young children, as well as the prevalence of iron deficiency in Australia and New Zealand, that are not already mentioned in the Consultation Paper. **Question 5** seeks information from Food Manufacturers regarding any activities that have been undertaken to improve commercial foods for infants and young children.

**1 Are there additional studies on the consumption of commercial foods for infants and young children in Australia and New Zealand?**

**Consumption of Commercial foods for infants and young children**

Both the Australian Infant Feeding Guidelines and the New Zealand Healthy Eating Guidelines for Babies and Toddlers (0-2 years old) advise that if consuming commercially prepared foods, these should only be consumed from time to time and over-reliance on these products may reduce the variety of flavours and textures in a baby's diet. The guidelines also advise that special complementary foods or milks are not required for young children and discretionary foods are not recommended due to infants' and young children's high nutrient needs relative to their energy requirements. The New Zealand Guidelines also specify that commercial teething biscuits (often called rusks) contain salt and sometimes sugars, so a teething ring or cold flannel/washcloth is a better option.

Evidence from Australia and New Zealand suggest consumption of commercial infant and toddler foods is commonplace. The Victorian Royal Children's Hospital survey of caregivers of infants and young children (aged 4 month -<5 years) found that 1 in 5 (19%) of babies and young children eat commercially prepared ready-made foods most days of the week. For 2 in 5 (39%) babies and young children, ready-made foods made up at least half of their meals and snacks, and for 22% these products made up most or all of their diet.

The FFNZ study reported that 28% of infants (aged 7 to 10 months) surveyed frequently consumed commercial pouch foods. Usage appears to decline in older age, with only 11.1% of children surveyed in the Young Foods New Zealand Study (YFNZ) aged 1 to 3.9 years considered 'frequent' users, and of these children 65% always consumed the pouch from the nozzle. These findings are consistent with surveys in other high-income countries that found around 40 – 60% of infants consume commercial foods for infants, and that usage generally peaks at age 6 – 12 months.

Please include references for any additional studies mentioned in your response.

**Please attach a copy of any documents you wish to include to this printout.**

Please upload studies as mentioned in your response that are not publicly available. PDF format is preferred

## 2 Are there additional studies on the prevalence of iron deficiency in Australian children, including among Aboriginal and Torres Strait Islander children and children living in rural/or remote areas and other groups, including vulnerable populations?

### Dietary intake of infants and young children compared with recommended nutrient intakes

The Nutrient Reference Values for Australia and New Zealand set out recommended intakes and limits for various vitamins and minerals, as well as energy, carbohydrate, and protein.

#### Australia

Studies from Australia suggest generally adequate nutrient intake among infants and young children, with an exception of the 2021 OzFits study which found a high proportion (90%) of infants, and a moderate proportion (25%) of young children did not meet the Estimated Adequate Requirement (EAR) for iron, and 20% of infants did not meet the EAR for zinc. The high prevalence of inadequate iron intake could indicate population risk of iron deficiency among Australian infants and young children. However, the authors note that, compared to other life stages, the EARs for iron and zinc are very high, and inadequate intakes are frequently reported for this age group in other high-income countries. It should also be noted that other studies have reported a lower, although in some cases still moderate, prevalence of inadequate iron and zinc intake among infants and young children in Australia.

Further, while there is a lack of recent data on the prevalence of iron deficiency in Australian children aged 6 months to 2 years old, studies conducted in the late 1990s found a high proportion of infants and young children with sufficient blood iron levels. However, there was significantly less reliance on commercial foods for infants and young children at the time these studies were conducted. These findings may not be applicable to Aboriginal and Torres Strait Islander people given several studies have reported concerning prevalence of anaemia in infants and young children.

While the cause of anaemia in Aboriginal and Torres Strait Islander populations is thought to be multi-factorial, inadequate intake of iron rich foods has been identified as a contributing factor. This is consistent with reportedly low dietary iron intake among young Aboriginal and Torres Strait Islander children.

Several studies have also reported excessive sodium intake among young children in Australia. Studies reporting on the main sources of sodium identified family foods, such as breads, cereals and cheese, as the largest contributors to sodium intake. In one study, discretionary foods accounted for approximately 35% of sodium intake. It is not reported whether the cereals, dairy or discretionary foods were commercial foods aimed at young children, or foods for the broader consumer base.

#### New Zealand

The New Zealand FFNZ and YFNZ studies are currently analysing the dietary intake data of infants and young children. An early paper from this study looking at the contribution of commercial infant foods to the diets of infants aged 6.9-10.1 months, showed that almost half of the infants surveyed consumed a baby food pouch on the day of recall. These pouches contributed 25.5% to total energy, less than 1% added sugar and greater than 30% carbohydrate and total sugars consumed from complementary foods that day. More broadly, in those infants that consumed any commercial infant foods, these foods contributed 21% to total energy and 40% of iron from complementary foods consumed that day.

Another paper from the FFNZ study investigated iron status in infants, with the estimated prevalence of iron deficiency found to be 14%. The prevalence of iron deficiency anaemia was 3%. The study also looked at the effect of feeding methods (frequency of pouch use vs baby-led weaning) on iron status, finding neither feeding method significantly predicted body iron concentrations nor the odds of iron sufficiency.

A separate study conducted between May 2019 and May 2020 with New Zealand infants found that 92% of the study group had sufficient blood iron levels at 9 months of age.

Please include references for any additional studies mentioned in your response.

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Please upload studies as mentioned in your response that are not publicly available. PDF format is preferred

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A separate study conducted between May 2019 and May 2020 with New Zealand infants found that 92% of the study group had sufficient blood iron levels at 9 months of age.

### 3 Are there additional studies on the composition of commercial foods for infants and young children in Australia and New Zealand?

#### Composition of commercial foods

##### Australia

Studies of Australian commercial foods for infants and young children have identified poor alignment with some aspects of dietary recommendations. The main areas of concern were related to iron, sweet flavour/sugar content, sodium content and texture.

Iron – Most products surveyed were poor sources of iron and few declared iron content, except for fortified cereals and snack foods. Some fortified cereals and finger foods and snack products declared iron content, however, these products accounted for a very small proportion of infant and young children foods available. For example, Moumin et al found only 12% of products surveyed declared iron content. The authors also identified that based on the declared meat content of commercial mixed main dishes, these products on average would provide only 2% of the recommended dietary intake of iron for infants aged 7 – 12 months.

This is consistent with findings from the database of commercial foods for infants and young children developed by The George Institute for Global Health and the Department of Health and Aged Care through the work of the Foods for Early Childhood Reference Group. The database showed only 9% of products were fortified with iron and only 6% included an iron claim. Fortification primarily occurred in the dry cereals (100%) and finger foods and snacks (27%) categories, with only 8% of breakfast foods and 1 product in the dairy category being fortified. No main meals, drinks or fruit and vegetable based first foods were fortified. All products that were fortified with iron contained an iron-claim, except for the finger foods and snacks category where only 1 in 2 (48%) iron fortified products included a claim.

The Department of Health and Aged Care also conducted an analysis of the presence of iron-rich ingredients in main meals and breakfast food products based on the Dietitian's Australia list of iron-rich foods. This analysis revealed less than a third (29%) of products in the main meals category, and under half (45%) of breakfast foods contained one or more iron-rich ingredient. The amount of iron provided from these foods was low, with no unfortified products having sufficient iron to make a claim.

Sweet flavour profile – Commercial foods for infants and young children frequently contained fruit ingredients such as purees as the primary ingredient. Where vegetables were present, they were often sweeter varieties such as carrot and sweet potato, or they were mixed with free sugars<sup>10</sup>. As a result, commercial foods were found to frequently have sweet profiles and contain added and/or free sugars. Australian surveys estimated between 40 – 75% of products contained added or free sugars.

Sodium content – Foods for young children were reported to contain above recommended sodium levels. Scully et. al. reported only 38% of toddler/young children foods surveyed were compliant with recommendations in the WHO Europe Nutrient Profile Model for Commercially Available Complementary Foods.

##### New Zealand

Two cross-sectional studies have analysed commercial foods for infants and toddlers in New Zealand and identified similar compositional and textural concerns as Australian products. These studies reported:

- The iron content of all forms of infant foods was very low, except for prepared "dry cereals" which were fortified with iron
- Most infant and young children foods had a sweet profile, were based on fruit, and generally contained sweet over bitter tasting vegetables
- A considerable proportion (34%) of products surveyed contained added sugars
- Infant food pouches contained similar median amounts of energy, iron, and vitamin B12 to other forms of commercial infant foods but contained considerably more total sugars (8.4 g/100 g vs. 2.3 g/100 g).
- There was limited texture diversity among wet 'spoonable' products with the majority having low textural complexity (smooth, puréed, super smooth). Textural complexity increased along the age gradient for savoury (vegetable, meat, or poultry-based meals) but not for fruit-based meals and breakfasts.

Please include references for any additional studies mentioned in your response.

**Please attach a copy of any documents you wish to include to this printout.**

Please upload studies as mentioned in your response that are not publicly available. PDF format is preferred



#### 4 Are there additional studies on the texture of commercial foods for infants and young children in Australia and New Zealand?

##### Texture

Surveys conducted in Australia suggest that there are limited products that support texture progression even when marketed towards older infants. The survey by Moumin et. al. found almost half of all products aimed at infants 8 months and older were packaged in squeeze pouches and were predominantly smooth pureed foods. In another survey of pouch products only, Brunacci et. al. found almost 90% of products surveyed were categorised as smooth, and only 30% of products marketed as suitable for infants aged 8 months and older were of a developmentally appropriate lumpy texture.

New Zealand studies found limited texture diversity among wet 'spoonable' products with the majority having low textural complexity (smooth, puréed, super smooth). Textural complexity increased along the age gradient for savoury (vegetable, meat, or poultry-based meals) but not for fruit-based meals and breakfasts.

Please include references for any additional studies mentioned in your response.

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#### Food Manufacturer Reformulation Activities

Question 5 seeks to obtain information from Food Manufacturers regarding reformulation and/or other activities they have undertaken in the last 5 years to improve commercial foods for infants and young children.

#### 5 Food manufacturers - What reformulation or other activities have you undertaken to change/improve in the last 5 years related to commercial foods for infants and young children? What was the purpose of the activity?

Please explain any activities you have undertaken to change and/or improve commercial foods for infants and young children in the last 5 years.

#### Your Views

**6 Do you agree with the proposed objective of this work? If not, what is your proposed alternative?**

**Proposed Objective**

Under the Overarching Strategic Statement for the Food Regulatory System, the aims of the food regulatory system are:

1. Protecting the health and safety of consumers by reducing risks related to food.
2. Enabling consumers to make informed choices about food by ensuring that they have sufficient information and by preventing them from being misled.
3. Supporting public health objectives by promoting healthy food choices, maintaining, and enhancing the nutritional qualities of food and responding to specific public health issues.
4. Enabling a strong sustainable food industry to assist in achieving diverse, affordable food supply and general economic benefit.

Improving commercial foods for infants and young children is related to the first three objectives of the Food Regulatory System.

This work currently falls under Priority 2 of the Food Regulatory System to support the public health objective to reduce chronic disease related to overweight and obesity.

Considering the description of the problem outlined above and the aims of the food regulation system, FRSC proposes the objective of this work is as follows: ***"To improve the composition, labelling and texture of commercial foods for infants and young children to better align with the recommendations in the Australian and New Zealand infant and toddler feeding guidelines".***

*Please select only one item*

- Yes
- No

If you do not agree with the proposed objectives, please propose alternatives below.

**7 Are there additional policy options that should be considered? Please provide a rationale and the benefits and risks of your suggested option.**

**Proposed Policy Options**

Three policy options to achieve the objective of this work have been identified and are summarised below. These options are not mutually exclusive, and more than one option could be recommended to Food Ministers to address concerns relating to commercial foods for infants and young children.

**Option 1 - Status Quo**

Current regulations include requirements and restrictions for the composition and labelling of some categories of commercial foods for infants, with fewer requirements for the range of foods aimed at young children. Regulations do not cover texture of commercial foods for infants and young children.

**Option 2 - Non-regulatory approaches**

This option could include establishing guidance to support industry to voluntarily improve the composition and labelling of foods for infants and young children, by developing voluntary codes, resources, and guidance for industry. This may also include expanding existing reformulation programs in Australia and New Zealand to include commercial foods for infants and young children. Under this option, industry led approaches may also be applied. This option could also include the development of consumer information and education materials to be distributed to parents and caregivers by health professionals such as GPs or maternal and child health nurses. A package of voluntary activities could make positive changes to the foods targeted to infants and young children and support parents' and caregivers' ability to select foods suitable for their child. However, success of this option is dependent on strong and widespread industry uptake of the voluntary measures. Current industry adoption of other voluntary labelling and compositional initiatives (for example the Health Star Rating or Healthy Food Partnership Reformulation Program) have not had widespread industry adoption suggesting that a different non-regulatory approach may be required to achieve changes in this product category. There are risks that through voluntary approaches the issues identified in the market of foods for infants and young children will remain.

**Option 3 - Regulatory approaches**

Under this option, Government could review, develop and/or enhance compositional and labelling regulations for commercial foods for infants and young children. Under a regulatory approach, all relevant food products would be required to adhere to the requirements on labelling and composition, therefore increasing the reach and impact of improvements to foods for infants and young children. This option achieves consistent adoption of the regulations and a level playing field because it is not dependent on industry voluntarily changing their products. A regulatory approach supports parents and caregivers who purchase these foods to provide infants and young children with foods that better align with infant and toddler feeding guidelines.

*Please select only one item*

- Yes
- No

If yes, please provide details as requested in the question.

**Option 1: Status Quo**

***Description***

This section describes the status quo in relation to government and industry action underway to regulate and improve commercial foods for infants and young children in Australia and New Zealand. In summary, there is some regulation of the composition and labelling of commercial foods for infants, less so for foods aimed at young children noting many products aimed at this age group are not captured by a specific food standard. While education to parents is delivered - such as the information provided through the Australian Infant Feeding Guidelines - the coverage of these programs may not reach all families, and the convenience of packaged foods may be a key factor in infant and young child feeding decisions. This means products may continue to have multiple claims of products with the potential to cause consumer confusion as to the appropriateness of the product in the diets of infants and young children.

## 8 Are the risks and limitations associated with the status quo described appropriately?

### Option 1: Risks and limitations

#### **Risks and limitations**

Maintaining the status quo confers the following risks:

- Commercial foods for infants and young children may not align with Australian and New Zealand infant and toddler feeding guidelines.
- Some products will continue to provide excess sugar and sodium for some age groups, with limited iron content and inadequate texture progression.
- Continued long-term health and developmental impacts for children reliant on these foods.
- Labelling of products will continue to potentially cause consumer confusion as to their nutritional content, which is contrary to food regulatory system objectives.

Please select only one item

- Yes
- No

If no, please explain your reasoning.

### Option 2: Non-regulatory Approaches

#### **Description**

Under this option, the Australian and New Zealand Governments could work with industry to voluntarily improve commercial foods for infants and young children so those foods will better align with Australian and New Zealand Infant and Toddler Feeding Guidelines regarding composition, texture, and labelling.

Approaches to working with industry could range from providing guidance that industry could follow, to a more rigorous code of practice which industry can voluntarily commit to and report on. These voluntary approaches could be incorporated into existing initiatives such as the Healthy Food Partnership in Australia and New Zealand Heart Foundation Reformulation Program, and/or through establishing a new trans-Tasman initiative.

Industry led activities could also be applied through this option. A broader range of issues could be incorporated into a non-regulatory approach compared to regulatory approaches and these can also be tailored to specific issues or product types.

Information for health professionals and caregivers could also be improved and promoted.

**9a** Are the risks and limitations associated with Option 2 described appropriately?

**Option 2 - Risks and Limitations**

**Risks and limitations**

- Success of this approach is dependent on industry uptake of the voluntary program to have the intended impact. Voluntary recommendations and targets may not receive sufficient industry uptake to make significant improvements to commercial foods for infants and young children.
- No obligations for industry to adopt or adhere to targets or guidance developed.
- Current voluntary programs such as the Healthy Food Partnership Reformulation Program and Health Star Rating labelling system have not had widespread industry uptake which indicates that an additional voluntary program may also not be widely adopted by industry. However, smaller, and more targeted voluntary initiatives for specific foods or issues may have more success.
- Voluntary measures do not create a level playing field, potentially penalising those that do participate by way of increased costs both via implementing the changes needed to amend products, and increased costs associated with higher iron ingredients.
- Consumers may not be able to identify whether a product has improved its composition for nutrients that are not part of the standard declarations in the Nutrition Information Panel (NIP).
- Success of educational resources is contingent on effective dissemination to relevant target audiences.
- Education interventions can have limited reach and may not benefit all populations.

*Please select only one item*

- Yes
- No

If no, please explain your reasoning.

**9b** Are there particular approaches in this option that should be further considered?

**More information on Non-regulatory approaches**

**Composition**

Governments could work with industry to voluntarily improve the composition of commercial foods for infants and young children with a focus on iron, sugars, and sodium.

Approaches for consideration include:

- Establishing guidance for ingredient use in ready to eat meals for infants and toddlers. For example: use of iron rich ingredients and their minimum iron content, removal of fruit from savoury infant foods (pouches or cans), encouraging use of allergens in formulation.
- Establishing sugar and sodium targets for infant and toddler foods under the Australian Healthy Food Partnership Reformulation Program or New Zealand Heart Foundation Reformulation Program (funded by Health New Zealand). There are already targets established for sugar and sodium in these programs for other foods which has led to improvements in the composition of the food supply. For example, in the first two years of the Healthy Food Partnership Reformulation Program participating companies have removed approximately 208 tonnes of table salt, 261 tonnes of sugar and 470 tonnes of saturated fat from the food supply[92, 93]. Despite these positive results, there is low company participation in the reformulation program.
- Development of trans-Tasman Industry Code of Practice to promote a wider range of foods that align with dietary guidance for infants and young children.

**Labelling**

Governments could work with industry to voluntarily improve the labelling of commercial foods for infants and young children. Industry –led approaches could also be adopted. Texture of products and appropriateness for different ages would also be considered through labelling approaches.

This could include implementing guidance for ingredients in product names to be listed in the order of prominence reducing the number of claims made on products to provide more useful information to consumers on the appropriateness of the product. There could also be guidance to industry about use of characters on food packages.

**Education and Information**

Improve information for health professionals and caregivers on nutritional requirements for infants and young children. This should include regular updates to guidelines and education campaigns to highlight the importance of good nutrition for infants and young children.

Approaches for consideration include:

- Improving trans-Tasman information for health professionals and consumers on nutritional requirements for infants and young children.
- Developing plain English and translated (and tailored) resources for Culturally and Linguistically Diverse (CALD) groups, including Māori, Aboriginal and Torres Strait Islander people.

Please select only one item

- Yes
- No

If yes, please outline the options that should be further considered.

**9c** Food manufacturers- How likely are you to be involved in a voluntary reformulation or labelling program? What would be a suitable time frame for this option to be implemented in your organisation?

Please input your response below.

**9d** What kinds of voluntary measures could be introduced to maximise industry uptake?

Please input your response below.

**9e** What implementation issues need to be considered for this option?

Please input your response below.

### Option 3: Regulatory Approaches

#### Description

Under this option, Ministers could request FSANZ to review, develop and /or enhance compositional and labelling requirements for commercial foods for infants and young children, so that diets based on these foods will better align with Australian and New Zealand Infant and Toddler Feeding Guidelines.

Consideration could be given to aligning any new regulations with international regulations to reduce barriers to trade and minimise costs to both food importers and exporters noting this is already part of the food standards development process.

**10a** Are the risks and limitations associated with Option 3 described appropriately?

**Option 3: Risks and limitations**

#### Risks and limitations

- Potential for long implementation period but a more permanent solution.
- There are several relevant product sub-categories within young child foods this approach would require detailed definitions and specifications for each product sub-category and evidence would be required to justify a prescriptive approach. Any standards would have to nuance requirements by category as appropriate.
- Labelling changes require some level of consumer understanding to achieve intended outcome.
- Potential to create a more complex regulatory environment by changing the NIP requirements for a specific subset of foods.
- As the dietary guidance is reviewed and updated there may be a need to be update requirements where relevant.
- Potential to create barriers to trade, however, a technical barrier to trade application can be made to the World Trade Organisation if required to address this issue.

Please select only one item

- Yes
- No

If no, please explain your reasoning.

**10b** Are there particular approaches in this option that should be further considered?**More information on Regulatory Approaches****Composition**

Review and develop regulatory compositional requirements for commercial foods for infants and young children. This should include, but not be limited to:

- Extending minimum iron levels to further categories of foods targeted to infant and young children.
- Extending maximum sugar and sodium content to further categories of foods targeted to infant and young children.

**Labelling**

Review and enhance labelling requirements for commercial foods for infants and young children, in consultation with consumer law regulators as appropriate.

This could include, but not be limited to:

- Reviewing the Nutrition Information Panel (NIP) to ensure it is fit for purpose for this age group, such as requiring the declaration of iron content.
- Reviewing claim permissions (e.g. nutrition content claims) to ensure claims enable carers to make informed choice and do not mislead, such as restrictions on added sugar claims (if not addressed by P1062) or the number of claims permitted on pack.
- Reviewing marketing aspects of foods for young children, including use of characters on packaging and provision of toys.
- Reviewing the naming requirements for foods to ensure current regulations enable informed consumer choice. This could include requiring product names to list ingredients in the order of prominence.
- Require pouch products with a spout to include a statement that indicates the food should not be consumed by sucking from the package (spout) and should be decanted into a bowl or onto a spoon prior to consumption.
- Require foods packaged in pouches with spouts to include a statement that these products are not suitable for consumption for children over 12 months.

**Texture**

- Including labelling information about the appropriateness of the texture of the food and a child's developmental stage.

Please select only one item

- Yes
- No

If yes, please outline the options that should be further considered.

**10c** Food manufacturers- please provide information on the impact of potential composition options. What would be a suitable time frame for these options to be implemented in your organisation.

Please input your response below.



**10d** Food manufacturers- how would the labelling options impact you?  
What would be a suitable time frame for these options to be implemented in your organisation?

Please input your response below.

**10e** What implementation issues need to be considered for this option?

Please input your response below.

**Effectiveness of the proposed Options**

**11** Do you agree with the analysis of how well the proposed options would achieve the proposed objective? If not, please describe why and provide references with your response.

*Please select only one item*

- Yes
- No

If no, please describe why you don't agree and provide references below.

**Please attach a copy of any documents you wish to include to this printout.**

Please upload studies as mentioned in your response above. PDF format is preferred

**12** Which issues in this paper do you consider are more suitable to regulatory and non-regulatory approaches?

Please input your response below.

**13a** Do you agree with the description of the possible benefits associated with the proposed options?

Benefits of each option.			
	Option 1: Satus Quo	Option 2: Non-regulatory Approaches	Option 3: Regulatory Approaches
<b>Benefits to the community</b>	Nil	<p>Benefits to the community are dependent on widespread industry adoption of the non-regulatory approaches.</p> <p>Reducing the total sugar content of commercial foods may have positive effects on dental carries.</p> <p>Improving iron content of commercial foods for infants and young children may lead to improvements in iron status of infants and young children who regularly consume these foods. Based on the NZFF study where 23% of infants had sub-optimal iron, and 28% of infants (aged 7 to 10 months) frequently consume pouches, approximately 16,00018 infants in New Zealand may directly benefit if these changes are implemented by whole of industry.</p>	<p>Children who are regular consumers of commercial foods for infants and young children will directly benefit from improvements to those foods.</p> <p>Reducing the total sugar content of commercial foods may have positive effects on dental carries.</p> <p>Improving iron content of commercial foods for infants and young children may lead to improvements in iron status of infants and young children who regularly consume these foods. Based on the NZFF study where 23% of infants had sub-optimal iron, and 28% of infants (aged 7 to 10 months) frequently consume pouches, approximately 16,00019 infants in New Zealand may directly benefit if these changes are implemented by whole of industry.</p> <p>The benefit would be greater than the non-regulatory approaches as all of industry is required to meet requirements.</p>
<b>Benefits to Industry</b>	A benefit of maintaining the status quo is no increase in costs.	Industry members who choose to voluntarily reformulate their products may benefit from the positive associations with making these foods healthier compared with their competitors.	Level playing field for industry.
<b>Benefits to Government</b>	No costs associated with administering voluntary or regulatory changes.	Ensuring good nutrition in the early years has the potential to translate into better health outcomes, resulting in savings for the health system. Improvements to dental health may result in savings related to the treatment of dental issues. These benefits can only be achieved if there is strong and widespread adoption of voluntary measures to improve commercial foods for infants and young children.	<p>Better nutrient intake for children eating commercial foods in the early years has the potential to translate into better health outcomes, resulting in savings for the health system. Improvements to dental health may result in savings related to the treatment of dental issues.</p> <p>Compared to Option 2, these benefits are more likely since this option ensures widespread adoption of improvements to foods for infants and young children.</p>

Please select only one item

- Yes
- No

Please provide your reasoning below.

**13b** Are there additional benefits associated with all or some of the proposed options that have not been captured? Please provide data and references for your response.

Please input your response below.

**Please attach a copy of any documents you wish to include to this printout.**

Please upload studies as mentioned in your response above. PDF format is preferred

**14a** Do you agree with the assessment of the costs associated with the proposed options?

Costs of each option			
	Option1: Status Quo	Option 2: Non-regulatory Approaches	Option 3: Regulatory Approaches
<b>Costs to the community</b>	Costs to the community include the long-term costs associated with long term health and development outcomes if the status quo is maintained.	Noting that there may be costs for reformulation and labelling changes, and these costs may be passed on to consumers. This may have unintended flow-on effects such as consumers having less money available to spend on other foods suitable for their family such as fruits and vegetables. Alternatively, increased product costs may shift purchasing away from commercial foods for infants and young children.	Noting that there may be costs for reformulation and labelling changes, and these costs may be passed on to consumers. This may have unintended flow-on effects such as consumers having less money available to spend on other foods suitable for their family such as fruits and vegetables. Alternatively, increased product costs may mean that parents choose not to buy commercial foods for infants and young children.  However, sufficient transition periods can enable manufacturers to adopt the regulatory changes as part of otherwise scheduled labelling updates or product reformulations to reduce costs and impact on industry.  Other market considerations such as reduced competition from manufacturers choosing to leave the market instead of reformulating under option 3.
<b>Costs to Industry</b>	Nil additional costs	Costs to industry in product development and associated labelling changes. Non-regulatory options would only have costs to industry who voluntarily chose to participate. For example, there would be costs to manufacturers who chose to voluntarily reformulate their products as part of a voluntarily reformulation program.  It is not expected that there would be costs to food retailers associated with this option.	Costs to industry in reformulation and associated labelling changes. If regulatory approaches are pursued, these costs would impact all manufacturers of infant and young child foods.  However, sufficient transition periods can enable manufacturers to adopt the regulatory changes as part of otherwise scheduled labelling updates or product reformulations to reduce costs and impact on industry. It is not expected that there would be costs to food retailers associated with this option.
<b>Costs to Government</b>	Maintaining the status quo will incur long-term costs related to chronic disease from poor dietary patterns. The medical costs due to childhood obesity has been estimated to be about \$43 million (in 2015 AUD) per year [94]. The additional 3-year costs of healthcare for a child with obesity compared with healthy weight are estimated to be \$825 for general patients and \$1332 for concession card holders (in 2014 AUD) [95].	Costs to Government(s) would include the work involved in developing, operating, and monitoring a voluntary program.  There will also be costs associated with delivering industry education.	Costs to Government(s) would include the work involved in changing regulations and administrating and enforcing the regulations.  There will also be costs associated with delivering industry education.

Please select only one item

- Yes
- No

Please provide your reasoning below.

**14b** Are there additional costs associated with all or some of the proposed options that have not been captured? Please provide data and explain your rationale and your calculations.

Please input your response below.

**15** What do you consider to be the preferred policy option(s) to recommend to Food Ministers? Please provide your rationale for your preference.

*Please select only one item*

- Option 1: Status Quo
- Option 2: Non-regulatory approach
- Option 3: Regulatory approach
- Combination (please elaborate below)

Please input your response below.

**16** Please provide any other information on costs, timeframes, and feasibility for the options discussed in this consultation.

Please input your response below.

**17** Please provide any other comments or points for consideration that may not have been addressed in this consultation.

Please input your response below.