

A submission to the Commonwealth Early Years Strategy consultation

NHMRC Centre of Research Excellence in Translating Early Prevention of Obesity in Childhood (CRE EPOCH-Translate)

30 April 2023

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Introduction

The NHMRC Centre of Research Excellence in Translating Early Prevention of Obesity in Childhood ([CRE EPOCH-Translate](#); funded 2022-2026) is a multidisciplinary, multi-state research collaboration that aims to identify and translate effective, cost-effective and scalable approaches to promote health and healthy behaviours and prevent obesity in children aged 0-5 years.

Our collective research in nearly the past two decades has shown that acting early to support parents to promote healthy lifestyle behaviours for their children, from conception, can improve children's health-related quality of life, reduce inequities and produce significant healthcare savings in the short term.

While health is an important part of childhood development, it is not the only aspect. Young children also need early learning opportunities, safety and security and nurturing care to thrive. We congratulate the Commonwealth initiative to develop an Early Years Strategy that will provide national leadership to a more integrated early years system. This submission supports an integrated approach with a specific lens on preventive health as a key component for inclusion in this Strategy.

1. Do you have any comments on the proposed structure of the Strategy?

We support the proposed structure of the Strategy and emphasise the importance of developing an Implementation Action Plan supported by appropriate investment for implementation and sustainability. The Implementation Action Plan, and Evaluation Plan, should be developed in consultation with a wide range of stakeholders in early childhood health, education, social and community sectors.

2. What vision should our nation have for Australia's youngest children?

CRE EPOCH-Translate supports a vision where all children are loved, valued, and provided with the necessary conditions to thrive, not just to survive. No child, regardless of their social circumstance, should be left behind. This vision aligns with the first Sustainable Development Goal to “ensure that all human beings can fulfil their potential in dignity and equality” ⁽¹⁾.

Included in this vision is the goal that **all** children will have access to the food, movement and sleep they need to ensure they reach their potential in childhood. This will also deliver long-term value by setting up lifelong habits to turn the tide of chronic disease burdening the Australian health system. This vision supports the aims of the National Preventive Health Strategy for all Australians to have the best start in life ⁽²⁾.

3. What mix of outcomes are the most important to include in the Strategy?

The Strategy should include outcomes across the nurturing care domains including adequate nutrition (breastfeeding, health-promoting diet quality), good health (active play, wellbeing, sufficient sleep), early learning (active and outdoor play, limited use of stroller/restraint and screen/devices), safety and security, and responsive caregiving ⁽³⁾. These outcomes need to be achieved in an equitable manner.

CRE EPOCH-Translate strongly recommends explicit outcomes that relate to health-promoting eating behaviours, active living and quality sleep in early childhood. Health-promoting behaviours in early childhood support the child’s health, growth, development and learning, and also reduce risks of chronic diseases in later life ⁽⁴⁻⁶⁾.

Overweight and obesity is the second leading risk factor to the total burden of disease in Australia ⁽⁷⁾, and affects 1 in 4 children before school age ⁽⁸⁾. The first 5 years of life see the biggest single increase in the incidence of overweight and obesity compared to any other life stage ⁽⁸⁾. Early life conditions such as parental health behaviours in pregnancy and parenting and feeding practices in early childhood contribute to the child’s obesity risk ⁽⁹⁾. In turn, individual behaviours are largely influenced by the environments in which people live ⁽¹⁰⁾. Thus, to support equitable and sustainable child development and wellbeing, the Strategy should include outcomes to improve structural and systemic factors that drive poor living and learning conditions ⁽¹¹⁾, as well as healthy eating and active living approaches.

4. What specific areas/policy priorities should be included in the Strategy and why?

The Strategy should firstly prioritise policies that enable families to afford the time and financial resources to provide nurturing care for young children. This includes policies to:

- Provide universal access to affordable, high-quality health, education, and care services for young children. Universal access reduces structural barriers to participation in essential services to ensure optimal early childhood development.

Where the intensity of support is proportionate to the needs, these services have a large potential to reduce inequities ⁽¹²⁾;

- Ensure affordable housing;
- Provide adequate income support for the most socially disadvantaged families;
- Increase childcare subsidies;
- Increase recognition and support to the early childhood education and care workforce.

These actions will help to deliver on the actions that align with the early years and health equity in the National Preventive Health Strategy and the National Obesity Strategy ^(2, 13).

Another policy priority area is to protect, promote and support breastfeeding including restricting the marketing of breastmilk substitutes and highly processed infant and toddler foods. This should be done in recognition of the need to also support parents who use infant formula to feed their infant which promotes healthy rather than excessive growth ⁽¹⁴⁾. Breastfeeding has established benefits for the child, mother, community, economy, and environment ⁽¹⁵⁾. Breastfeeding also protects against rapid weight gain, which is an important predictor of obesity in later life ⁽¹⁶⁾. Beyond infancy, policies that alter the environment to make it easier to eat healthy and be active are urgently needed. Healthy lifestyle behaviours contribute to improved developmental outcomes such as academic performance, social and emotional development ⁽⁴⁾.

Families have frequent touchpoints with the health system during pregnancy and early life, which makes it an excellent platform to scale up evidence-based interventions that support childhood health and development right from the start. An important policy area is to build and mobilise the primary healthcare sector to ensure they have the capacity to monitor growth and intervene with proven strategies. CRE EPOCH-Translate has built a wealth of knowledge, resources and tools to support health professionals and parents with developing healthy lifestyle behaviours for their children in early life. The [TOPCHILD Collaboration](#) within the CRE EPOCH-Translate has established the largest international database of parent-focussed interventions to promote health behaviours and prevent obesity in early childhood to date ⁽¹⁷⁾. This database brings together evidence from 50 trials and over 38,000 parent-infant participants. Findings from a smaller subset of the data have shown that early prevention starting in pregnancy or the first months of life could reduce unhealthy body weight and help families to establish healthier behaviours ⁽⁶⁾. We also found strong support from parents for a broad range of policy options to support healthy eating and active living ⁽¹⁸⁾.

5. What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?

Investment in measures to improve the structural factors driving disadvantages should be prioritised over changing individual behaviour. The Commonwealth has leverage to drive strong leadership to bring multiple governments and sectors to address the systemic

drivers of inequities and to ensure that people have the means to meet their basic needs ⁽¹⁹⁾. As detailed in the response to question 4, strategies such as universal access to high quality and affordable early childhood services, affordable housing, income protection, subsidised childcare, and healthy food vouchers will go a long way in improving outcomes for children who are socially disadvantaged.

In addition to reducing structural barriers, measures to improve cultural sensitivity and inclusiveness in early childhood services will help to improve access. This could mean having greater diversity in the workforce and supporting efficient translating services for people with diverse cultural and linguistic backgrounds. We also need investment in research to co-design solutions with people from disadvantaged circumstances to develop solutions that are relevant for them ⁽²⁰⁾.

6. What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?

Having a shared vision to improve the environments where young children live, grow, and play across multiple government agencies and levels is important to align interests and actions. There are many effective, evidence-based initiatives already, but they need to be scaled up, coordinated, funded, and sustained to achieve impact at the population levels. Including strong accountability measures through monitoring and evaluation is also important so policy initiatives can be trialled, adapted and improved to ensure it stays relevant and effective.

Our research in obesity prevention policies showed that there is an opportunity to improve coordination and collaboration by establishing a permanent intergovernmental preventive health agency ⁽²¹⁾. Such an agency would lead and coordinate policy development to address complex problems facing young children and their families.

The successful inter-sectoral collaboration of the [South Australia Office of the Early Years](#) could serve as a model for the Commonwealth to lead inter-portfolio and cross-jurisdictional task force to develop policies for children and families through shared governance arrangement. Additionally, the model of the national cabinet to respond to the COVID-19 crisis serve as another example of how the Commonwealth could improve coordination and collaboration to deliver the vision for Australian children.

7. What principles should be included in the Strategy?

CRE EPOCH-Translate supports the inclusion of the following principles in the Strategy:

- Empower families to care for their children by removing structural barriers to participate in health, education, social and care services.
- Apply a strength-based, participatory approach with families and communities when developing solutions.
- Ensure policies/services are inclusive and culturally sensitive

- Take a development and health perspective. Invest in early prevention including early diet, movement and sleep to support child development, and child health with a value of return on investment through healthier future generations of Australians

8. Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?

The proposed frameworks in Attachment A are useful to guide population wide interventions. We further recommend including the [Nurturing Care Framework](#) for early childhood development to ensure a balanced mix of measures to support optimum child development outcomes.

We further recommend linking the Strategy to relevant Commonwealth strategies including the National Obesity Strategy 2022-2030, the National Physical Activity and Exercise Guidelines for children (0-5 years), and the Australian National Breastfeeding Strategy: 2019 and Beyond. Alignment between these strategies is important to ensure that policies and actions are coherent and coordinated to deliver the best outcomes for Australia's children.

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