

The Early Years Strategy

**Response to consultation
April 2023**

Recipient

earlyyearsengagement@dss.gov.au

Dietitians Australia contact



po1@dietitiansaustralia.org.au

The leading voice in nutrition and dietetics
A PO Box 2087 Woden ACT 2606 | **T** 02 6189 1200
E info@dietitiansaustralia.org.au | **W** dietitiansaustralia.org.au
Dietitians Association of Australia | ABN 34 008 521 480
Dietitians Australia and the associated logo is a trademark of the Dietitians Association of Australia.



About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians are the qualified and credentialed food and nutrition experts and play a variety of important roles during the early years to support all children to receive optimal nutrition to achieve the best start to life.

This submission was prepared by Dietitians Australian staff in collaboration with members following the [Conflict of Interest Management Policy](#). Contributors include Dietitians Australia members with wide ranging expertise in areas including paediatric and maternal health, public health, and academia.

Summary

Dietitians Australia welcomes the development of the first Early Years Strategy (the Strategy) and the opportunity to input into this important roadmap. While there are many important, cross-cutting, and mutually beneficial priorities for the Strategy, the recommendations below focus on the impact of nutrition during this critical period of development.

Pregnancy and the early years of life are a time of rapid growth and neurodevelopment. A nutritious diet is a significant factor contributing to health and well-being. Nutrition plays a pivotal role in influencing the expression of an unborn baby's genetic make-up during a woman's pre-natal stage to brain development and cognitive function and physical ability in the first 1000 days.¹ Given the exponential growth and development during this period there are high nutritional requirements. Optimal nutrition during this period is imperative for growth, development, and immediate and long term disease prevention.²⁻⁴

At present optimal nutrition is not always achieved, in particular in priority populations. For example, exclusive breastfeeding rates at 6 months are not meeting national and international targets and many children during the early years are not meeting dietary recommendations for core food groups, particularly vegetables.⁵

Accredited Practising Dietitians are important members of the multidisciplinary team who support children to achieve the best start in life. Dietitians provide support across the early years in many ways. This includes delivery of nutrition education to communities, early childhood services and health professionals; delivery of medical nutrition therapy to groups and individuals; and development and delivery of public health programs and policies.

Strengthening nutrition policies and improving access to Accredited Practising Dietitians can help improve dietary behaviours during the early years and nutrition and health related outcomes, in the short and long term.

Below outlines responses to the discussion paper. Dietitians Australia welcome ongoing opportunities to input into the development and implementation of the Strategy.

Discussion

Proposed structure

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

Dietitians Australia supports the proposed structure however, it is recommended that the components could be reordered as: vision, principles, evidence, policy priorities, outcomes, and indicators.

The development of an implementation action plan as well as an outcomes and evaluation framework are critical. It is recommended that these elements also undergo consultation once drafted.

The Strategy will require adequate funding and further consultation with relevant stakeholders once drafted.

Vision

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

Dietitians Australia advocates for a health and well-being focus and suggests adopting and adapting existing visions for consistency such as that published in the National Breastfeeding Strategy 2019 and beyond.⁶ This vision in that strategy is: "Australia's future depends on the health and well-being of the next generation. Investment in Australia's children, particularly in the early years, can have a significant impact on their future development, health, learning and well-being. Parents should be supported to make evidence-based decisions free from commercial interests for their children".

Outcomes

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

The Strategy should incorporate a variety of outcomes to demonstrate its success in ensuring all children have the best start to life. This should include a focus on outcomes related to nutrition, health, and well-being. Below outlines three nutrition factors that contribute to positive outcomes.

Outcome 1. Exclusive breastfeeding.

Target: At least 50% of infants exclusively breastfed in the first six months by 2025

The World Health Organization (WHO), the United Nations International Children's Emergency Fund (UNICEF)⁷ and the Australian Infant Feeding Guidelines recommend that infants be exclusively breastfed for the first six months.⁸

Breastfeeding alongside introduction of solids until at least 12-months-old (and for as long as the mother and child wish) is consistent with the Infant Feeding Guidelines,⁸ and the first aim of the National Breastfeeding Strategy 2019 and beyond.⁶

Breastfeeding is the healthiest start for infants.⁹ Breastmilk is the ideal food for babies. Infants (aged ≤12 months) and young children (aged 12–36 months) are most likely to survive, grow, and develop to their full potential when breastfed,¹⁰ due to the dynamic and interactional nature of breastfeeding and the unique properties of breastmilk.¹¹⁻¹²

Breastfeeding promotes healthy brain development and is essential for preventing malnutrition, infectious diseases, and mortality, while also reducing the risk of obesity and chronic diseases in later life in both low- and high-income countries alike.^{10,13-14} Breastfeeding also helps to protect the mother against chronic diseases, including breast and ovarian cancers, type 2 diabetes, and cardiovascular disease.^{10,15}

The substantial, positive, early-life effects of breastfeeding for children, mothers, families, and wider society are sustained over the life course,¹⁶ with strong economic benefits. An estimated US\$341.3 billion is lost globally each year from the unrealised benefits of breastfeeding to health and human development due to inadequate investment in protecting, promoting, and supporting breastfeeding.¹⁷

This outcome would align with other existing Government strategies and guidelines. The Australian National Breastfeeding Strategy 2019 and beyond aims to increase the proportion of babies who are exclusively breastfed to six months.⁶ The National Preventive Health Strategy includes a target to increase the rate of exclusive breastfeeding in the first six months up to at least 50%,¹⁸ in line with the WHOUNICEF global target.⁷ At present one in three (35.4%) infants are exclusively breastfed to six months in Australia.¹⁹

Outcome 2: Fruit and vegetable consumption

Target: Increase fruit and vegetable consumption to the dietary target.

Both fruit and vegetables contain essential nutrients, such as potassium, calcium, iron, and fibre that are important for health, growth, and development.²⁰ The Australian Dietary Guidelines recommend two serves of fruit, and five serves of vegetables to help protect against chronic diseases including heart disease, stroke, and some types of cancers. They may also prevent excessive weight gain.²¹ For children the recommendation is to enjoy a wide variety of nutritious foods from the five groups every day.²¹ Currently 8.5% of children met both fruit and vegetable recommendations.¹⁹

This outcome would align with other existing Government strategies. Improving access to and the consumption of a healthy diet is a priority focus of the National Preventive Health Strategy 2021-2030.¹⁸ Additionally, increasing fruit and vegetable consumption is also a priority objective of the National Obesity Strategy 2022-2023.²²

Outcome 3: Food security

Target: Reduction in food insecurity in households with children

Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.²³

Food insecurity exists whenever the availability of nutritionally adequate and safe foods, or the ability to acquire acceptable food in socially acceptable ways is limited or uncertain.²⁴ Food insecurity rarely happens in isolation but rather in co-occurrence with economic, health and housing insecurity and other hardships.

For children, food insecurity can have negative short- and long-term effects academically, socially, emotionally, physically, and developmentally^{23,25} impacting communities, societies, and economies in the long-term.

In Australia, food security is not measured at a population level regularly or consistently. It is estimated 4% to 13% of the general population are food insecure; and 22% to 32% of the Indigenous population, depending on location.²³ There is a critical need to implement a routine, robust food security monitoring and surveillance system in Australia. Dietitians Australia suggests the adoption of United States Department of Agriculture (USDA) 18-item Household Food Security Survey Module (HFSSM).²⁶ This is a validated, standardised scale which can assess the presence and severity of food insecurity at the household level in adults and children.

Policy Priorities

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

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?

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

Good nutrition during pregnancy and early childhood plays a foundational role in enabling an infant to grow, learn and thrive. Given the critical role of nutrition during the early years, Dietitians Australia advocates for a nutrition focused priority to be included in the Strategy.

During the first 1,000 days, the brain grows more quickly than at any other time in a person's life and a child needs the right nutrients at the right time to feed the brain's rapid development.²⁷

Throughout pregnancy there are many vital neurodevelopmental processes such as the creation of neurons, the cells that form the tissue that transmits and receives nervous impulses, and the formation of synapses, which provide the basis for learning ability. Pregnant women need support to ensure their diet includes sufficient energy, protein, fatty acids, and key micronutrients to prevent these vital processes from being impaired.²⁸

In infancy, breastmilk provides the ideal nutrition. Breastmilk contains a variety of nutrients, growth factors and hormones that are vital for an infants' early brain development⁹. Because breastmilk is a living substance with unique components that cannot be replicated in infant formula, its impact on brain development is unparalleled.⁹ In early childhood, food provides the fuel for brain and physical development, critically nutrients including protein, iron, zinc, and iodine are essential to the child's rapidly developing brain.²⁷

Nutrition is not only critical for brain development during the early years but also important in shaping lifelong nutrition and health outcomes and disease prevention. Poor nutrition and related

outcomes are known to track from infancy through to childhood and adulthood.^{3,4,29} During these early years' food preferences are developed and it is a critical period to establish lifelong healthy relationships with food and dietary patterns.⁴

Currently nutrition and dietary behaviours during this period are often suboptimal across the population. Protection and equity through government-led and comprehensive mandatory policies and other measures are required to protect and ensure equity across the population, including priority groups in Australia.

There are multiple policy options available to Government to improve nutrition during the early years,³⁰ that can be incorporated in the Strategy. Nutrition policies create a marketplace that preferences healthy food options regardless of where people live, shop or how much they understand (or have access to) information and health promotion messages. Policies can ensure that dietetic services as well as nutritious foods are accessible, affordable, and available to all.

Dietitians Australia has been long calling on the Government to develop and implement an updated National Nutrition Policy and action plan, with the last being updated in 1992. Last year \$700k over four years was announced in the budget to develop a National Nutrition Policy framework.³¹ This policy is critical for Australia to coordinate efforts to improve nutrition and should be an important component of the Strategy. Furthermore, commitment to regular and robust monitoring of population nutrition and food security is essential in Australia.

Below outlines several policies that can improve nutrition during the early years, to contribute to improved health and development outcomes for Australian children. While several of the policies listed below are enacted in Australia, the voluntary approach has seen slow progress and little impact. The Government should mandate, monitor, and enforce policies and other measures such as:

- The International Code on the Marketing of Breast-milk Substitutes
- Financial levers to promote healthy food choices
- Food Pricing and Food Security standards in remote, regional, and Indigenous communities
- Reformulation of processed foods (to reduce sodium, sugar, and saturated fat)
- Effective food labelling including the front-of-pack Health Star Rating system
- Reducing exposure to unhealthy food and drink marketing, promotion, and sponsorship
- Healthy food provision and promotion in early childhood settings

There are multiple, intersecting policies and other measures, that whilst not nutrition specific, will support nutrition during the early years. These include:

- Maternity and parental leave protection
- Adequate household income to achieve food and nutrition security
- Safeguarding children's health on digital platforms

There is a need to identify and fund existing or new effective programs to roll out nationally which:

- support access to education about breastfeeding and nutrition (including in education curriculum)

- support access to free (or subsidised) nutritional support consultations, workshops or programs to teach parents about healthy eating for children and families (at various stages of their child’s development), nutrition, healthy cooking techniques & food budgeting skills. For example: the INFANT program.^{32,33}

There should be a focus on community-delivered locally designed programs that support healthy eating behaviours, which are inclusive and promote social connection through food and nutrition. Training to the enhance workforce capacity and capability to support optimal dietary behaviours is integral. This could include training of early childhood and maternal and child health services staff.

Accredited Practising Dietitians have the skills and knowledge to provide advice on nutrition during the early years and across the life-course. There needs to be better access to dietitians, including through publicly funded positions as well as government-funded consultations (For example: more Medicare-funded consultations, dedicated items for pregnancy and infancy, funding for dietitian support in NDIS plans). Increased access to dietitians through Medicare for dietetic consultations during pregnancy, lactation, and the early years, given the strength of the evidence for nutrition during this period would be highly effective in improving outcomes.

Dietitians Australia advocates for the rights and needs of people with disability to access Accredited Practising Dietitian services, to ensure they can function to their full potential and enjoy health and well-being. Dietetic care should be affordable and easy to access regardless of the funding system. The National Disability Insurance Scheme and Medicare Benefits Schedule are critical pathways for access to Accredited Practising Dietitian services for people with disability. However, there are significant barriers to accessing dietitians through both of these systems at present. In particular, there are no Medicare rebates for children with autism, pervasive developmental disorder and disability to see a dietitian. This is despite several other types of allied health professionals having access to M10 Medicare items to see children with autism, pervasive developmental disorder and disability.

Principles

7. What principles should be included in the Strategy?

Dietitians Australia advocate for the following five principles:

1. Protection - recognising the right of the child to be protected from all forms of harm as per the Convention on the Rights of the Child.
2. Equity - recognising the different needs of priority populations, addressing gaps in services, and targeting population groups where the worst outcomes are experienced.
3. Integrated care - recognising the need for integrated services to support children and families at the right time in the right place.
4. Evidence-based - recognising established and effective approaches and research that can be adapted and scaled-up to support priority groups and communities.

5. Community-led and informed – recognising and supporting parents/carers/families’ strengths and culture in supporting their families to feed/raise their infants in ways they know best.

Evidence-based approach

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

Aligning with and building on existing strategies will be critical for the successful development and implementation of the Strategy. In addition to those listed in Appendix A the National Breastfeeding Strategy 2019 and beyond⁶ should also be considered.

Evidence related to the important role of nutrition during the early years should be incorporated as part of the development of the Strategy. This should include evidence such as that on nutritional requirements, healthy and sustainable dietary patterns, and food security. Dietitians Australia can support the provision of relevant evidence throughout the development of the Strategy.

References

1. Cusick SE, Georgieff MK. The Role of Nutrition in Brain Development: The Golden Opportunity of the "First 1000 Days". *J Pediatr.* 2016 Aug;175:16-21.
2. Likhar A, Patil MS. Importance of Maternal Nutrition in the First 1,000 Days of Life and Its Effects on Child Development: A Narrative Review. *Cureus.* 2022 Oct 8;14(10):e30083.
3. Moore, T.G., Arefadib, N., Deery, A., et al. *The First Thousand Days: An Evidence Paper.* Parkville, Victoria; Centre for Community Child Health, 2017; Murdoch Children's Research Institute.
4. Scott, J.A. The first 1000 days: A critical period of nutritional opportunity and vulnerability. *Nutrition & Dietetics,* 2020; 77: 295-297.
5. Australian Institute of Health and Welfare. *Nutrition across the life stages.* Cat. no. PHE 227. Canberra: Australian Institute of Health and Welfare, 2018 [cited 2023 April 30]. Available from: <https://www.aihw.gov.au/reports/food-nutrition/nutrition-across-the-life-stages/summary>.
6. Australian Government Department of Health. *Australian National Breastfeeding Strategy 2019 and beyond.* Canberra: Australian Government Department of Health, 2019 [cited 2023 April 30]; Available from: <https://www.health.gov.au/sites/default/files/documents/2022/03/australian-national-breastfeeding-strategy-2019-and-beyond.pdf>.
7. World Health Organization. *Fact Sheet Infant and Young Child Feeding.* 2022 [Internet; cited 2023 April 30]; Available from: <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>.
8. National Health and Medical Research Council. *Eat for Health Infant Feeding Guidelines; Information for health workers.* Canberra: National Health and Medical Research Council, 2013 [cited 2023 April 30]; Available from: <https://www.nhmrc.gov.au/sites/default/files/images/Infant-feeding-guidelines-info-for-health-workers.pdf>.
9. *Lancet.* Breastfeeding Series 2023 [Internet; cited 2023 April 30] Available from: <https://www.thelancet.com/series/Breastfeeding-2023>.
10. Victora CG, Bahl R, Barros AJ, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet.* 2016; 387: 475-490.
11. Bode L, Raman AS, Murch SH, et al. Understanding the mother–breastmilk–infant “triad”. *Science.* 2020; 367: 1070-1072.
12. Christian P, Smith ER, Lee SE, et al. The need to study human milk as a biological system. *Am J Clin Nutr.* 2021; 113: 1063-1072.

13. Rollins NC, Bhandari N, Hajeer N, et al. Lancet Breastfeeding Series Group. Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 2016 Jan 30;387(10017):491-504.
14. Horta BL, Rollins N, Dias MS, et al. Systematic review and meta-analysis of breastfeeding and later overweight or obesity expands on previous study for World Health Organization. *Acta Paediatr*. 2023;112(1):34-41.
15. Louis-Jacques AF, Stuebe AM. Enabling Breastfeeding to Support Lifelong Health for Mother and Child. *Obstet Gynecol Clin North Am*. 2020;47(3):363-381.
16. Victora CG, Horta BL, Loret de Mola C, et al. Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil. *Lancet Glob Health*. 2015;3(4):e199-e205.
17. Walters D, Phan LTH, Mathisen R. The cost of not breastfeeding: global results from a new tool. *Health Policy Plan*. 2019; 34: 407-417.
18. Australian Department of Health and Ageing. National Preventive Health Strategy 2021-2030; Australian Department of Health and Ageing, 2021. [cited 2023 30 April]; Available from: https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf.
19. Australian Bureau of Statistics. Dietary behaviour: ABS; 2020-21. [cited 2023 30 April]; Available from: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/dietary-behaviour/latest-release>.
20. Slavin JL, Lloyd B. Health benefits of fruits and vegetables. *Adv Nutr*. 2012 Jul 1;3(4):506-16.
21. National Health and Medical Research Council. Australian Dietary Guidelines. Canberra; National Health and Medical Research Council, 2013. [cited 2023 30 April]; Available from: https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55a_australian_dietary_guidelines_summary_book.pdf.
22. Australian Department of Health and Ageing. National Obesity Strategy 2022-2032. Canberra; Australian Department of Health and Ageing, 2022. [cited 2023 30 April]; Available from: https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032_0.pdf.
23. Australian Institute of Family Studies. Understanding food insecurity in Australia. Canberra; Australian Institute of Family Studies, 2020 [cited 2023 30 April]; Available from: <https://aifs.gov.au/resources/policy-and-practice-papers/understanding-food-insecurity-australia>.
24. Food and Agriculture Organization of the United Nations. World Food Summit; 1996 [Internet; cited 2023 April 30]. Available from https://www.fao.org/fileadmin/templates/faoitally/documents/pdf/pdf_Food_Security_Concept_Note.pdf#:~:text=In%201983%2C%20FAO%20analysis%20focused%20on%20food%20access%2C,the%20basic%20food%20

[20that%20they%20need%E2%80%9D%20%28FAO%2C%201983%29%20accessed%2017%20April,%202023.](#)

25. Maynard M, Andrade L, Packull-McCormick S, et al. Food Insecurity and Mental Health among Females in High-Income Countries. *International Journal of Environmental Research and Public Health*. 2018; 15(7):1424.
26. Australian Household Food Security Data Coalition. Household Food Security Data Consensus Statement; 2022 [cited 2023 30 April]; Available from: <https://righttofood.org.au/wp-content/uploads/2022/12/Household-Food-Security-Data-Consensus-Statement2022.pdf>.
27. Think Babies. Nutrition in the first 1000days – A foundation for brain development and learning; 2022 [cited 2023 30 April]; Available from: <https://www.thousanddays.org/wp-content/uploads/1000Days-Nutrition Brief Brain-Think Babies FINAL.pdf>.
28. Georgieff M.K., Rao R., Fuglestad A.J. The role of nutrition in cognitive development. In: *Handbook of Developmental Cognitive Neuroscience* (editors Nelson, C.A, Luciana, M.). Cambridge, MA: MIT Press; p. 491-504.
29. Mikkelsen B, Williams J, Rakovac I, et al. Life course approach to prevention and control of non-communicable diseases. *BMJ*. 2019;364:l257.
30. Love P, Laws R, Adam M, et al. A call for joined-up action to promote nutrition across the first 2000 days of life using a food systems approach. *Public Health Res Pract*. 2022;32(3):e3232226.
31. Australian Government Department of Health, Budget 2022-23; Prioritising mental health, preventative health and sport. Canberra 2022; Australian Government Department of Health [cited 2023 April 30]; Available from: <https://www.health.gov.au/sites/default/files/documents/2022/03/budget-2022-23-national-preventive-health-strategy.pdf>.
32. Campbell, K. J. A parent-focused intervention to reduce infant obesity risk behaviors: a randomized trial. *Pediatrics* 131(4): 652-660
33. Laws R, Love P, Hesketh KD., et al. Protocol for an Effectiveness-Implementation Hybrid Trial to Evaluate Scale up of an Evidence-Based Intervention Addressing Lifestyle Behaviours From the Start of Life: INFANT. 2021 *Front. Endocrinol*. 12:1299.