



Food for  
Health  
Alliance

# Australian Government Early Years Strategy

Discussion Paper Consultation

**Public Submission**

April 2023



# Background

**Food for Health Alliance (previously Obesity Policy Coalition) is a policy and advocacy voice working to improve diets and prevent overweight and obesity, particularly in children.**

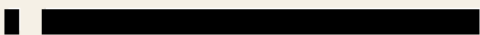
By creating a food environment where it is easy, convenient, and affordable to eat delicious, nutritious food we can help to create a country that supports health and wellbeing, making it easier for all Australian children to live well.

Food for Health Alliance (previously Obesity Policy Coalition) has worked together with Children's Nutrition Research, Queensland University of Technology and the Infant and Young Child Feeding Collaborative, Western Sydney University and we support their views as outlined in this submission.

We strongly support the Minister's Rishworth and Aly's sentiment in the Forward of the Discussion paper and the intention that the Early Years Strategy (Strategy) will be a roadmap that sets out a shared understanding of what children and families in Australia need in the early years. We note the absence of an overarching Commonwealth strategy to support the early years in Australia at present and the intention that the Strategy is used to shape Government policy in a holistic way and ensure there is a common agenda to drive Government actions in relation to the early years.

Given the focus of Food for Health Alliance's work our comments on the Discussion Paper are in the context of the health of young children, specifically food and nutrition across the antenatal and early childhood periods.

## Contact us

  
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## About us

Food for Health Alliance is a partnership between Cancer Council Victoria, VicHealth, and the Global Centre for Preventive Health and Nutrition at Deakin University; a World Health Organization (WHO) Collaborating Centre for Obesity Prevention.

## Acknowledgement of Country

Food for Health Alliance would like to acknowledge the traditional custodians of the land on which we live and work. We would also like to pay respect to the elders past and present and extend that respect to all other Aboriginal people.

Food for Health Alliance is a leading policy and advocacy voice working to improve diets and prevent overweight and obesity in Australia. We advocate to governments across Australia for changes to laws and policies to improve our food environment.

# Scope and key considerations

We support the scope and key considerations set out in the Discussion Paper and make the following comments in relation to some of those.

## Breaking down silos

The Strategy will need to identify how the Commonwealth will break down silos across sectors and between jurisdictions. Two key areas that influence early childhood diets and nutrition sit across intergovernmental structures – food regulation and Early Childhood Education and Care (ECEC) settings. We also highlight the importance of direct family support via Commonwealth income support in addition to state/territory service delivery (with variable funding from the Commonwealth).

## The Relationship with other Commonwealth Government Strategies

We support that the Strategy must build on, align with, and amplify, existing Commonwealth Government strategies across multiple portfolios and note that Attachment A should also include the National Obesity Strategy, launched in March 2022.

## First Nations

We acknowledge and support the inclusion of First Nations Peoples as a key consideration and recommend that this is done in a manner that is consistent with principles of self-determination. In this respect we support the role of and integration with a national Voice to Parliament in the development of the Strategy.

## International obligations

We acknowledge and support honouring international obligations as a key consideration. We note specifically these two obligations in the United Nations Convention on the Rights of the Child:

- Article 6: Children have the right to live a full life. Governments should ensure that children survive and develop healthily.
- Article 24: Children have the right to good quality health care, clean water, nutritious food and a clean environment so that they will stay healthy. Richer countries should help poorer countries achieve this.

## Data

We support data as a key consideration but note that there is currently no regular data collection on the diets and nutrition of children under 5 years and this should be a policy priority under this Strategy (see our response to question 4 for more details on this).

# Responses to Discussion Paper Questions

## Question 1

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

We support the overall structure for the Strategy and the outcome focused nature of the apex of this strategy. It will be important that these outcomes are measurable. We note that the Strategy will include implementation action plans and emphasise the importance of detailed actionable steps to get to the actions. We strongly support that the implementation action plans include an evaluation framework and recommend that this includes regular monitoring, measurement and reporting. We recommend that the overall Strategy also includes an evaluation framework.

We commend the underpinning of principles and evidence as the base of the strategy and particularly the inclusion of policies relating to safety, disability, health and wellbeing and First Nations Peoples. Our work is focused on food and nutrition, so we also suggest the inclusion of the Infant Feeding Guidelines, Australian Dietary Guidelines, National Obesity Strategy, Australian National Breastfeeding Strategy, and existing relevant Australian Food Codes for the early years under the 'health' sub-set of these policies. We suggest the key mechanism to draw these policies together is to develop the promised Australian Food and Nutrition Strategy, identified within the National Preventive Health Strategy 2021-2030.

We also note that it is imperative that the Strategy has an implementation plan, and actionable, measurable steps to achieve outcomes, implementation, evaluation, and monitoring are also integral to success.

## Question 2

### What vision should our nation have for Australia's children?

We strongly recommend that the vision has health and wellbeing, and specifically nutrition, as a key pillar.

There are multiple opportunities for the Commonwealth to support food and nutrition in the early years, including antenatally. Details of these are further expressed in the response to questions 3 and 4.

## Question 3

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

We acknowledge that a mix of outcomes will be important for the Strategy.

The Discussion Paper notes that the 'early years are a window of opportunity to positively influence children's development, their ... health'. A key component of both physical and mental health is good nutrition, and we strongly recommend that a key outcome of the Strategy is that **all children have consistent access to an affordable nutritious diet and clean drinking water that ensures their immediate and long-term health**. It is imperative that this roadmap of what children and families in Australia need in the early years has clear policy priorities to support this outcome and encourage healthy diets for children under five.



Only two in every five Australian toddlers eat the recommended serves of vegetables per day<sup>i</sup> and half of two- to three-year-olds exceed the recommended sugar intakes<sup>ii</sup>. Thirty percent of two- to three-year-olds dietary energy intake is from unhealthy foods<sup>iii</sup>. One in every four two to four-year-olds are overweight or obese<sup>iv</sup>.

Encouraging the development of healthy eating habits early in life is the best pathway toward the prevention of diet-related chronic disease and supporting healthy weight<sup>v</sup>. A key window for optimal dietary intake is the period of early life development that fosters crucial interactions between biology, environmental exposures and epigenetic effects that influence the risk of childhood obesity<sup>vi</sup>. This window for the introduction of foods and early feeding practices lays down the foundations of what, when and how we eat for our life course<sup>vii</sup> <sup>viii</sup> and is a critical opportunity to support healthy dietary habits and to reduce risk factors for chronic disease, such as overweight and obesity into that child's future<sup>ix</sup> <sup>x</sup> <sup>xi</sup>.

Being above a healthy weight as an adult increases the risk of 13 types of cancer as well as a number of other chronic diseases like type 2 diabetes and heart disease. We know that the diets and health of our youngest Australians do not meet nutrition guidelines, and this undermines their future health.

The inclusion of nutrition as a priority for the early years is consistent with Australia's obligations under the United Nations Convention on the Rights of the Child (specifically Articles 6 and 24, as noted above) and aligns with international guidance. For example, the World Health Organization's 'Nurturing Care for early childhood development framework'<sup>xii</sup> includes adequate nutrition as one of the five components necessary for healthy development in early childhood.

#### Question 4

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

All health-related outcomes of the Strategy should be underpinned by policy priorities that are consistent with the targets set out in the National Preventive Health Strategy where those relate to the early years, in relation to nutrition those include:

- Reduce overweight and obesity in children and adolescents aged 2-17 years by at least 5% by 2030;
- Reduce the proportion of children's total energy intake from discretionary (unhealthy) foods from >30% to <20%;
- Increase the proportion of children who are not exceeding the recommended intake of free sugars by 2030; and
- At least 50% of babies are exclusively breastfed until around 6 months of age by 2025.

#### Data

As noted in the key considerations there is some regular data collection relevant to the Strategy. For the Strategy to be able to deliver on the outcome that **all children have consistent access to an affordable nutritious diet and clean drinking water that ensures their immediate and long-term health** a policy priority under the Strategy must be data collection that best measures indicators related to diet, overweight and obesity. A comprehensive approach is needed to assess not only the percentage of the population of under 5s affected by overweight and obesity, but to capture key behaviours such as diet and physical activity and to measure the environment that influences those behaviours, this would include:

- Percentage of children breastfed exclusively;
- Duration of 'any' breastfeeding at 3, 6, 12, 18 and 24 months;
- Percentage of population of children at each age under five that are above a healthy weight;
- Children's diets, including consumption of fruit and vegetables, sugary drink consumption, discretionary food consumption;
- Access to affordable, healthy food; and
- Exposure to unhealthy food marketing, including on digital media.

We highlight three key policy areas to support food and nutrition the early years: food system, ECEC settings, and family services.

## Food system

### **Foods for young children that support long term health and wellbeing**

Foods that are marketed and sold specifically for young children, these should support their health and wellbeing.

For around two in five children under three, ready-made baby and toddler foods make up at least half or more of their meals and snacks<sup>xiii</sup>. For 15% of children these foods make up most or even all of their dietary intake<sup>xiv</sup>. Recent research highlighted that many of these foods do not meet international recommendations finding that 67% of baby and toddler foods in Australia fail to meet seven nutrition recommendations set by the World Health Organization's European office<sup>xv</sup>.

We strongly recommend that the Strategy acknowledge that these foods, which often do not support healthy dietary habits, are frequently consumed and make up a large portion of many children's diets and that the Commonwealth Government is committed to improving these foods the composition, labelling and promotion of these foods through mandatory regulation and in line with international guidance<sup>xvi</sup>.

### **Supporting healthy food consumption**

Actions are also need to support healthy diets across the food system more broadly these should include:

- Mandating the Health Star Rating system so that it is displayed on all multi-ingredient packaged food products;
- Protecting children from seeing unhealthy food and drink marketing, branding and sponsorships by restricting this promotion across all forms of media and in all settings, including packaging and through digital media; and
- Restricting promotion of unhealthy food and drinks at point of sale and at the end-of-aisle in prominent food retail environments, and increased promotion of healthy food options.

### **Breastfeeding**

Breastfeeding is a key part of an integrated early years food system. As one of its policy achievements by 2030, the National Preventive Health Strategy included that structural and environmental barriers to breastfeeding are decreased through policy action. The Strategy should support this by including a consistent policy priority. This should include regulatory steps to improve workplace conditions, appropriate parental leave, and the marketing of infant formula.

A key structural barrier is that there is no mandatory government led regulation for marketing of infant formula that aligns with international best practice. Whilst this is being considered as a

separate consultation currently, it is imperative that the Strategy support international best practice on this issue, that is that the World Health Organization's 1981 International Code of Marketing of Breastmilk Substitutes, and associated guidance, is mandated here in Australia.

### Support through ECEC services

We strongly recommend mandating nutrition standards for food provision in ECEC services. While harmonised nutrition standards for food provision in Australian ECEC services would be ideal, we recognise that there are multiple nutrition guidelines across Australian jurisdictions. The Australian Children's Education & Care Quality Authority (ACECQA) has the authority to endorse existing guidelines (so they may be used in other jurisdictions) and determine a minimum standard for nutrition and food provision guidance be set. It is also imperative that the monitoring of compliance with nutrition guidelines is robust and enforced.

- Expand the remit of existing ECEC wellbeing programs to all Australian jurisdictions (e.g. Munch & Move in NSW, Achievement Program in Victoria and Tasmania) and formalise elements of health and wellbeing from these existing programs into ACECQA mandates.
- Develop national guidelines and resources to support ECEC services. For example, update the Get Up & Grow Guidelines, ensure they are an enduring document that is properly updated in line with the upcoming review of the Australian Dietary Guidelines. Draw on the existing implementation knowledge of the sector in addition to the services provided at the state level (such as the Achievement Program and Munch & Move programs mentioned above) to develop these supportive resources.
- Embed nutrition into training for ECEC educators and other staff such as cooks, fund professional development (the training and the time for participation) for existing ECEC workforce.
- It is also well established that parent and caregiver feeding practices and interactions with their child during mealtimes can directly shape a child's life long dietary intake<sup>xvii</sup>. To ensure that all environments can support optimal feeding development such as ECEC, guidelines and support is essential around feeding development in the ECEC setting for educators and staff.

### Direct support to families

While support through ECEC settings is an important endeavour, many families do not access these services and so direct support for families around nutrition should also be made available. Key policy areas include:

- Improving antenatal services and nutrition advice given during this critical period.
- Mandating workplace rights for breastfeeding<sup>xviii</sup>.
- Embedding food and nutrition support into existing supported playgroups and parenting groups (e.g. Healthy Beginnings in NSW, the INFANT and maternal child health nurse programs in Victoria).
- Funding and resourcing the ongoing professional development for maternal and child health nurses and GPs is paramount given the high contact points these services have with children in the early years. The development of adaptable resources for use in health and social supportive services is urgently needed.
- Accessible information for parents to support optimal feeding development during the introduction of complementary foods to ensure that an infant's needs are met during this critical stage of feeding development. During this time the infant's taste perceptions are also beginning to develop, allowing for a foundation of taste variety across the spectrum of sweet, bitter, salty and sour to be acquired. The greater the taste exposure, the more likely a child will accept



greater diet variety with bitter vegetables and sweet fruits, all dietary behaviours protective against chronic illness<sup>xix</sup>.

### Question 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?**

Government has a key role in creating healthy food environments in which the outcome that **all children have consistent access to an affordable nutritious diet and clean drinking water that ensures their immediate and long-term health** is accessible. Systems based change is most equitable as its benefits are experienced across the whole of population regardless of individual healthy literacy and access to resources. This includes prioritization of food and nutrition policies that address barriers to healthy food access and affordability and reduce the harmful impacts of unhealthy food marketing<sup>xx</sup>, many of these are outlined in question 4 above.

### Question 6

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

For each of the pillars of the Strategy we suggest working groups to advise government. We recommend an early years nutrition working group to sit underneath the health pillar of the strategy.

#### Food system

Establish an early years nutrition working group to advise government, without processed food industry representation, to consider the content and marketing of all food products sold for the early years. Consideration of infant formula, 'toddler milks', commercially prepared complementary foods for infants up to 12 months, and commercially prepared foods aimed at children from 12 months of age. This should also consider all supplements promoted during pregnancy.

#### ECEC-sector

ACECQA should continue to coordinate the collaboration between jurisdictions and among government and the ECEC sector. However, stronger monitoring and enforcement of food provision is required for this to be effective and more robust mechanisms must be put in place to support compliance at the service level.

#### Family services

Generate resources for family services that can be adapted across multiple settings and needs of families attending services. Coordinate feedback from a diverse range of community members and the frontline workforce into the development and updating of these resources.



### Question 7

#### What principles should be included in the Strategy?

We support the proposed principles set out in the Discussion Paper and in addition recommend including:

- Fairness
- Systems based approaches
- Child-centred

### Question 8

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

The OECD frameworks included in the Discussion Paper do not articulate the importance of food and nutrition in the early years. We strongly recommend that international guidance and best practice is followed in all instances, including:

- WHO Code.
- WHO Marketing of food and non-alcoholic beverages to children.
- World Health Organization (European Office) (2019) Nutrient Promotion and Profile Model: supporting appropriate promotion of food products for infants and young children 6–36 months in the WHO European Region.
- The 2023 Lancet Series on Breastfeeding<sup>xxi</sup>.

## References

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