# Response to the national Early Years Strategy discussion paper

Munchkin Nutrition and Dietetics

Paediatric Private Practice and Consultation Dietetic Service

Munchkin Nutrition supports the submission from Food for Health Alliance, Children's Nutrition Research, Queensland University of Technology, and Infant and Young Child Feeding Collaborative, Western Sydney University as set out in this submission.

## Background

We strongly support Ministers Rishworth and Aly's vision to establish an Early Years Strategy (Strategy) as a roadmap for a shared understanding of the needs of children and families in Australia. We note the current absence of a national framework for the early years and the proposed role of this Strategy to holistically drive Government policy with a common agenda for the first 2000 days.

Given our area of expertise our comments on the Discussion Paper are focused on health, and specifically food and nutrition across the first 2000 days.

## Scope and key considerations

In support of the Discussion Paper scope and key considerations we make the below comments.

**Breaking down silos**

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

**The Relationship with other Commonwealth Government Strategies**

We support a Strategy that builds on, aligns with, and amplifies existing Commonwealth Government strategies across multiple portfolios. We note the Strategy should also include the National Obesity Strategy (Attachment A). A focus on the ECEC sector has been identified, which we support as a key community setting for the early years. We also recommend a strong focus on connecting government agencies involved in food systems across the first 2000 days.

**First Nations**

We acknowledge and support the inclusion of First Nations Peoples 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 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).

The following pages are set out as responses to the eight questions in the Discussion Paper.

## Q1. 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 apex of this strategy. It will be important that these outcomes are measurable and the Strategy has a mechanism for monitoring progress. We note the intention for implementation/action plans to develop from the Strategy. We emphasise the importance of detailed actionable steps to get to the actions and an evaluation framework including 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. Food and nutrition sit under the health and wellbeing principle, we suggest the Strategy considers 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) and include experts on early years nutrition in its development.

## Q2. What vision should our nation have for Australia's young children?

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

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.

## Q3. 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 sense of identity, health and wellbeing, learning, safety, and happiness. A strong start in the early years will increase the likelihood of success that can carry children in good stead throughout life*.

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.

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* (particularly Articles 6 and 24) and aligns with international guidance. For example, the World Health Organization's *Nurturing Care for*

*early childhood development framework*[1] includes adequate nutrition as one of the five components necessary for healthy development in early childhood.

Encouraging the development of healthy eating habits early in life is the best pathway toward the prevention of diet-related chronic disease[2]. Early life is a key window for optimal dietary intake that fosters crucial interactions between biology, environmental exposures and epigenetic effects[3]. 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[4,5] and is a critical opportunity to support healthy dietary habits and to prevent risk factors for chronic disease, such as increased adiposity[6,7,8].

Being over a healthy weight 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 are not optimal, and this is not setting them up for a healthy future.

Only two in every five Australian toddlers eat the recommended serves of vegetables per day[9] and half of two- to three-year-olds exceed recommended sugar intakes[10]. Thirty percent of two- to three-year-olds dietary intake is from discretionary foods[11]. One in every four two- to four-year-olds are overweight or obese[12].

## Q4 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* including:

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

**Data – it matters what is measured**

A Strategy that ensures **all children have consistent access to an affordable nutritious diet and clean drinking water that ensures their immediate and long-term health** will explicitly include regular data collection of key indicators for children under 5 years. These include:

- Proportion of children breastfed exclusively
- Duration of ‘any’ breastfeeding at 3, 6, 12, 18, and 24 months
- Dietary intake – notably consumption of fruit and vegetables, sugary drink and discretionary food consumption. Some brief measurement tools have been developed in an Australian context for this
- Access to affordable, healthy food that meets cultural needs
- Measurement of exposure to marketing of unhealthy foods including digital media
- Prevalence of children from birth to five years that are above a healthy weight

**Three key policy priorities**

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

**An Early Years Food System that supports long-term health and wellbeing**

Food Standards Australia New Zealand (FSANZ) has three priorities for the food system

1) Prevent food-borne illness (food safety)
2) An agile food regulatory system (industry efficiency)
3) The prevention of chronic disease (food for health)

Currently the Australian food system is not meeting this third priority[13] and long-term health risks associated with commercially prepared formulas, foods and beverages aimed at infants, toddlers, and preschoolers are a particularly important food source to improve.

Breastfeeding is a key part of an integrated early years food system. We recommend the Strategy aligns with the National Preventive Health Strategy 2030 policy goal to reduce the structural and environmental barriers to breastfeeding. This includes regulatory steps to improve workplace conditions, appropriate parental leave, and the marketing of infant formula. Breastmilk substitutes are an appropriate alternative where breastfeeding cannot take place – the reasons for this are personal and we make this statement from a non-judgmental position. We do, however, stress the importance of ethical marketing practices for infant formula on-packet, in-store, and in all forms of media (notably digital and online). The World Health Organisation's 1981 International Code of Marketing of Breastmilk Substitutes (WHO Code) and associated World Health Assembly resolutions sets out policy direction to address marketing of infant formula as a key structural barrier to breastfeeding.

Australia's current position on this is the voluntary Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement. The MAIF Agreement has been shown to be ineffective at protecting and promoting breastfeeding in Australia[13]. Additionally, World Health Assembly resolutions extended the WHO Code to the marketing of infant and young child foods and beverages. While MAIF Agreement is currently being considered in a separate consultation, but we ask the Strategy to endorse the WHO Code in its entirety to align with international best practice.

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[14]. For 15% of children these foods make up most or even all their dietary intake[15]. A recent Australian study found that 67% of early childhood products failed to meet seven nutrition recommendations for infant and toddler foods and beverages set out by the World Health Organisation's European office[16].

The frequent use of these foods – by parents who assume they are appropriate to feed their children – and their potential health impacts, should be acknowledged in the Strategy. Additionally, the marketing of these products should meet strict criteria aimed at long-term child health and development. Key policy actions to address marketing concerns:

- On packet marketing: mandate the Health Star Rating on all multi-ingredient packaged food products
- Broadcast, online, digital, out-of-home marketing: follow the path set out by tobacco control and restrict the marketing of unhealthy food and drinks across all forms of media
- Retail food environments: restrict the promotion of unhealthy food and drinks at point-of-sale and end-of-aisle positions and increase the promotion of healthy food options

We strongly recommend the Strategy endorses a commitment to improving the quality of these infant and young child food and beverage products to support better health, in line with international guidance[17].

**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.

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[18]. The innate sensory sensitivity at this developmental stage may be heightened in some children who are able to detect smaller changes in food and thus more easily reject food that others may accept[19]. If children that experience this heighted sensitivity and fussy behaviour are unable to access familiar foods, they may significantly reduce their dietary intake causing great parental stress and be at risk of inadequate nutritional intake[20]. 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.

Embed nutrition and feeding development into initial training for ECEC educators and other staff such as cooks and fund professional development (providing funding for both training and the time for participation) for the existing ECEC workforce.

**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[21].
- 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[22].

## Q5 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 it 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[23], many of these are outlines in Q4 above.

## Q6 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 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, 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 to the needs of the families' attending services. Coordinate input from a diverse range of community members and the frontline workforce into the development and updating of these resources.

## Q7 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

## Q8 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 did 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[24]

### Additional research for your consideration

A collection of studies was undertaken in a doctorate thesis to explore the policy space for the early prevention of obesity using a determinants approach. It found that the first 2000 days was opaque in Australian policies.

- National policies to prevent obesity in early childhood: Using policy mapping to compare policy lessons for Australia with six developed countries (Esdaile et al 2019)
- Intergovernmental policy opportunities for childhood obesity prevention in Australia: Perspectives from senior officials (Esdaile et al 2022)
- Australian state and territory eclectic approaches to obesity prevention in the early years: Policy mapping and perspectives of senior health officials (Esdaile et al 2022)
- Factors affecting policy implementation for childhood obesity prevention in New South Wales, Australia: policy mapping and interviews with senior officials (Esdaile et al 2023)

Additional papers about Australian early years policy include:

- What works to improve nutrition and food sustainability across the first 2000 days of life: A rapid review (Laws et al 2022)
- A call for joined-up action to promote nutrition across the first 2000 days of life using a food systems approach (Love et al 2022)

[1] https://nurturing-care.org/ncf-for-ecd.
[2] Johnson, S. L., & Hayes, J. E. (2017). Developmental readiness, caregiver and child feeding behaviors, and sensory science as a framework for feeding young children. Nutrition Today, 52(2), S30-S40.
[3] World Health Organization. (2014). Report of the first meeting of the ad hoc working group on science and evidence for ending childhood obesity: 18-20 June 2014, Geneva, Switzerland.
[4] Pérez-Escamilla, R., & Kac, G. (2013). Childhood obesity prevention: a life-course framework. International journal of obesity supplements, 3(S1), S3
[5] Schack-Nielsen, L., Sørensen, T. I., Mortensen, E. L., & Michaelsen, K. F. (2009). Late introduction of complementary feeding, rather than duration of breastfeeding, may protect against adult overweight–. The American journal of clinical nutrition, 91(3), 619-627.
[6] Rose, C. M., Birch, L. L., & Savage, J. S. (2017). Dietary patterns in infancy are associated with child diet and weight outcomes at 6 years. *International journal of obesity (2005)*, *41*(5), 783–788.
[7] Lioret, S., Betoko, A., Forhan, A., Charles, M. A., Heude, B., de Lauzon-Guillain, B., & EDEN Mother–Child Cohort Study Group (2015). Dietary patterns track from infancy to preschool age: cross-sectional and longitudinal perspectives. *The Journal of nutrition*, *145*(4), 775–782.
[8] Birch L, Savage JS, Ventura A. Influences on the Development of Children's Eating Behaviours: From Infancy to Adolescence. Can J Diet Pract Res. 2007;68(1):s1-s56.
[9] Australian Bureau of Statistics. 4364.0.55.001 - National Health Survey: First Results, 2017-18. 2018. Table 17.3
[10] Australian Institute of Health and Welfare. Nutrition across the life stages. Canberra, Australia 2018. Supplementary table 19.
[11] Australian Institute of Health and Welfare. Nutrition across the life stages. Canberra, Australia 2018.
[12] Australian Bureau of Statistics. 4364.0.55.001 - National Health Survey: First Results, 2017-18. 2018. Data table 16.1.
[13] Esdaile EK, Rissel C, Baur LA, Wen LM, Gillespie J. Intergovernmental policy opportunities for childhood obesity prevention in Australia: Perspectives from senior officials. PLOS ONE 2022; 17(4):e0267701. doi:10.1371/journal.pone.0267701.
[14] NCHP24-Poll-report-A4_FA_WEB.pdf (rchpoll.org.au).
[15] NCHP24-Poll-report-A4_FA_WEB.pdf (rchpoll.org.au)
[16] Scully M, Schmidtke A, Conquest L, Martin J, McAleese A. Commercially available foods for young children (<36 months) in Australia: An assessment of how they compare to a proposed nutrient profile model. Health Promot Austral. 2023. https://doi.org/10.1002/hpja.705
[17] WHO (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. https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6681-46447-67287.
[18] Birch LL, Fisher JO, Grimm-Thomas K, Markey CN, Sawyer R, Johnson SL. Confirmatory factor analysis of the Child Feeding Questionnaire: a measure of parental attitudes, beliefs and practices about child feeding and obesity proneness. Appetite. 2001 Jun;36(3):201-10. PubMed PMID: 11358344.
[19] Blissett J. Relationships between parenting style, feeding style and feeding practices and fruit and vegetable consumption in early childhood. Appetite 2011, 57(3):826-831. https://doi.org/10.1016/j.appet.2011.05.318
[20] Lafraire J, Rioux C, Giboreau A, Picard D. Food rejections in children: Cognitive and social/environmental factors involved in food neophobia and picky/fussy eating behavior. Appetite 2016, 96, 1-11.
[21] Burns, E., Elcombe, E., Pierce, H., Hugman, S., & Gannon, S. (2023). Breastfeeding after return to work: An Australian national workplace survey. Maternal & Child Nutrition, e13516:
[22] Johnson, S. L., & Hayes, J. E. (2017). Developmental readiness, caregiver and child feeding behaviors, and sensory science as a framework for feeding young children. Nutrition Today, 52(2), S30-S40.
[23] Chung, A., Zorbas, C., Peeters, A., Backholer, K., Browne, J. (2022). 'A Critical Analysis of Representations of Inequalities in Childhood Obesity in Australian Health Policy Documents', *International Journal of Health Policy and Management*, 11(9), pp. 1767-1779. doi: 10.34172/ijhpm.2021.82.
[24] *The Lancet* 2023 series on breastfeeding https://www.thelancet.com/series/Breastfeeding-2023