Early Years Strategy team
GPO Box 9820
Department of Social Services
Canberra ACT 2601

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Dear Early Years Strategy team,

Thank you for the opportunity to contribute to the development of the Early Years Strategy. This submission focuses on the critical role that the Early Years Strategy has the potential to play in promoting positive relationships with food and body for all children, an essential step in preventing eating disorders across the life course.

About the National Eating Disorders Collaboration

The National Eating Disorders Collaboration (NEDC) is an initiative of the Australian eating disorder sector, funded by the Australian Government and dedicated to developing and implementing a nationally consistent, evidence-based system of care for the prevention and treatment of eating disorders. NEDC is a national collaborative platform for experts in lived experience, clinical services, and research to generate unified, evidence-based sector positions and consistent national standards that are translated into practical action for prevention, identification, and treatment. NEDC also has a vital role in coordinating investment and providing expertise and impartial policy advice to the Australian Government.

In the past decade, NEDC has created a large body of comprehensive, evidence-based information and resources which establish standards for prevention and treatment of eating disorders. NEDC implements these standards in bespoke system-building tools, workforce initiatives and consultation. To inform this work, NEDC engages a significant group of stakeholders, including clinicians, researchers, people with lived experience, families, and other experts. NEDC also provides expert consultation and guidance on evidence-based provision of eating disorder services to health and mental health organisations nationally.

About the National Eating Disorders Strategy 2023-33

The forthcoming National Eating Disorders Strategy (launching August 2023) will set out priorities and actions to build and improve the system of care for eating disorders across Australia, from prevention through to early identification, first response and treatment, as well as psychosocial support and

workforce development. The National Eating Disorders Strategy has been developed via wide community consultation, targeted focus groups and interviews, and with the assistance of six working groups comprising over 180 representatives from across the eating disorder, mental health, primary health, indigenous health, education, community services and related sectors across all states and territories.

In relation to eating disorder prevention, the National Eating Disorders Strategy will call for a "prevention in all policy" approach, initially targeting policies focused on childhood, youth, nutrition, physical activity, Indigenous health and education. It is in this spirit that we make the current submission.

About eating disorders: why an Early Years focus?

Eating disorders are serious and complex mental health conditions which often have consequences for physical health. In 2023, the cost of eating disorders in Australia was estimated at $84 billion from years-of-life lost, as well as $1.65 billion in annual lost earnings (Hay et al, 2023). This study noted that both the prevalence and the impact of eating disorders were on the rise. Eating disorders are currently estimated to affect over one million Australians, though this estimate is likely to be conservative (Butterfly Foundation 2012, Tannous et al 2021, Hay et al, 2023).

Beyond economics, the human costs of eating disorders can be devastating. These include deep anguish, reduced quality of life, severe mental and physical health impacts, reduced social and economic participation, and premature death either by suicide or due to medical complications of the disorder (Butterfly Foundation, 2012; Deloitte Access Economics, 2020; van Hoeken & Hoek, 2020). Eating disorders not only affect the person with the illness, but also their families, carers and supports, many of whom suffer their own mental health consequences, as well as lost earnings through the need to provide care and relationship breakdown as a consequence of the stress associated with providing care (Anastasiadou et al., 2014; Fox et al., 2017; Wilksch, 2023).

Clearly, there is a crucial need to prevent eating disorders. In addition, because many risk and protective factors for eating disorders are shared across other mental and physical health conditions (Arango et al 2021), modifying these factors could lead to wider health benefits for individuals, families, communities and populations.

Research suggests that early childhood experiences can have a significant impact on the development of eating disorders (Kotler et al 2001; Jacobi et al 2017; Bufferd et al 2022). This includes factors directly relating to body esteem (such as exposure to diet culture and body ideals, or parental teasing about weight and shape), factors relating to food and eating (including food security, as well as nutrition education not appropriate to age and development, or 'black and white' messaging about healthy and unhealthy foods) and factors relating to other key risk factors for eating disorders, such as trauma.

With evidence of negative attitudes to weight among three year olds (Spiel et al 2012), development of negative body image in four years olds (Harriger et al 2010) and onset of eating disorders now occurring for some children in early primary school (Favaro et al 2018), the case for concerted and multifaceted approaches to prevention in the first five years of life is clear.

What can be done?

Evidence suggests that interventions aimed at promoting positive body image, self-esteem, and healthy feeding practices in early childhood can help prevent the development of eating disorders later in life

(Brumfitt & Yager 2022). Families, early childhood education services, health services, community services and governments can all play a role in promoting positive attitudes towards food and body image in early childhood, reducing risk and enhancing protective factors. Examples are outlined below.

Parents, carers and families

Fostering a positive or neutral body image is important in preventing eating disorders (McLean & Paxton, 2018; Levine & Smolak 2016). Children should be encouraged to appreciate their own bodies and appreciate body diversity. Parents and caregivers can help by avoiding negative comments about their own or other people's bodies, by ensuring family mealtimes are positive experiences for the child, and by promoting physical activity as a way to feel good rather than as a means of controlling weight (Hart et al 2014). Children should be encouraged to talk openly about their feelings and concerns, including those related to food and body image. Parents and caregivers can help by creating a safe and non-judgmental environment where children feel comfortable discussing these issues.

Crucially, many parents need support to be able to do this with confidence. This may include assistance in managing their own feelings in relation to their body, examination of their biases regarding diverse bodies (particularly large bodies), as well as specific skill development regarding communication with their children. One evidence-based program targeting parents of pre-schoolers is Confident Body Confident Child (Damiano et al 2015). The evidence and principles underpinning this program could be a valuable inclusion in the Early Years Strategy, including identifying opportunities to promote body diversity and weight neutral messaging across key environments for young children and their families and providing families with support to reinforce these messages at home.

Early childhood education and care

Early childhood education services can also play a role in preventing eating disorders. By incorporating education on body image, self-esteem, and healthy relationships with food into their curriculum, as well as avoiding poorly targeted nutrition education which may not be appropriate to age and development (Fullerton, 2019), educators and other childcare staff can help promote a positive attitude towards food and body image. This education can be delivered creatively through storybooks, games, experiential activities that emphasize the importance of self-care, self-acceptance and diversity, as well as during the normal course of the day, such as via positive mealtime conversations.

Additionally, educators can model healthy eating habits and avoid language that stigmatizes certain foods or body sizes. This may be particularly important in those early childhood education and care services where children are required to bring meals and snacks from home. Practices such as 'lunchbox policing' may be distressing to a child and cause undue worry or shame about food (Fullerton 2021), while the child rarely has control over the foods included in their lunchbox or the socioeconomic forces which may influence their parents' food selection.

Health services

Health services can support children, parents and caregivers by providing resources and education on feeding practices, such as responsive feeding in infancy and teaching young children to recognise hunger and satiety cues. They can also provide support for parents who may be struggling with feeding issues or concerns about their child's growth or weight. An opportunity exists through the Early Years

Strategy to ensure that this work is done in a safe manner which does not contribute to body image distress or eating disorder risk.

Weight stigma in healthcare settings contributes to eating disorder risk due to its over-valuation of weight, use of body shame (deliberate or otherwise), and portrayal of small body size as healthy and deserving of healthcare. Health services and the people who work within them have a responsibility to do no harm and minimise their contribution to health risk, including by eliminating weight stigma within their settings. Weight stigma can show up in healthcare at the individual worker level as well as within health service policies, procedures and environments (Flint, 2021). Examples relevant to the early childhood context include:

- Overestimating the role of body weight, shape or size in a person's overall health status
- Promoting weight loss or management when not relevant to the presenting healthcare issue
- Off-hand comments about a child's or parent's body weight, shape or size by clinic staff
- Service policies which restrict access to procedures for people above a certain weight or BMI
- Use of routine weighing when not otherwise indicated, particularly if targeted specifically at children in larger bodies
- Waiting rooms being furnished in such a way as not to accommodate people in larger bodies (e.g. narrow chairs with rigid arms)
- Health education materials featuring small bodied, conventionally attractive people as the only examples of "healthy", or exclusively featuring larger bodied people or larger body parts (e.g. a large torso without a head) to exemplify "unhealthy."

Weight stigma in healthcare settings matters because it presents barriers to good mental and physical health. Weight stigma is known to be a key reason for people to delay or avoid help seeking for health issues (Mensinger et al, 2018; Brown et al, 2022). Body shame has also been shown to reduce adherence to health promoting behaviours broadly (Emmer et al., 2020; Puhl & Suh, 2015). Young children are not immune to these effects (Jendrzyca & Warschburger, 2016). The Early Years Strategy presents an opportunity to normalise weight-inclusive healthcare from the very beginning of a child's development, which may support body esteem and positive health behaviours as formative experiences.

Social and community services

Children facing disadvantage may require specific policy and service responses to address eating disorder risks. These responses may include addressing food insecurity and poverty, providing trauma-informed care, and promoting diversity and inclusion.

For example, research has shown that children who experience food insecurity or live in poverty may be more vulnerable to developing disordered eating behaviours (Becker et al 2017; Rasmusson et al 2019). Therefore, policies and programs aimed at addressing food insecurity and poverty may be particularly important for preventing eating disorders in this population, while also providing a range of other benefits for the child, family and community.

Children who have experienced trauma or adverse childhood experiences may also be at higher risk for developing eating disorders (Brewerton 2017). NEDC anticipates that there will be attention within the Early Years Strategy to reducing the incidence of adverse childhood experiences and to enhancing early intervention for children and families at risk. Within this, attention should also be paid to conceptualising

eating disorder prevention as one of the key aims of trauma informed care in child and family services, domestic violence services, child protection and out of home care.

Some children may be at increased lifetime risk of developing an eating disorder due to their disability. There is particularly evidence regarding eating disorder risk for neurodivergent people (Cobbaert & Rose 2023). A key recommendation for this cohort is to ensure early identification and provision of neurodiversity-affirming care as early as possible, as this is likely to support the neurodivergent child to feel affirmed in their identity, to develop safe feeding practices which accommodate their unique needs and preferences, and as a result to be less likely to develop disordered eating or an eating disorder as a coping mechanism (Ibid). This key opportunity for eating disorder prevention in a high risk group who are often identified in early childhood ought to be brought to the attention of all NDIS early childhood intervention services, as well as services involved in screening, such as Child Health Nurses and early childhood education and care services.

Working with Aboriginal and Torres Strait Islander children, families and communities

Aboriginal and Torres Strait Islander children face unique challenges that may increase their risk for developing eating disorders. These challenges include a history of colonization and dispossession, social and economic disadvantage, and ongoing discrimination and marginalization (Doyle, in press).

Research has shown that Aboriginal and Torres Strait Islander people, including children, experience higher rates of food insecurity than non-Indigenous Australians (Temple & Russell 2018). This may be due to a range of factors, including limited access to affordable and nutritious food, limited options for safe storage of fresh foods, and the impact of historical and ongoing policies that have disrupted traditional food systems and ways of life (Doyle, in press). In addition, Aboriginal and Torres Strait Islander people, including children, are more likely to experience poor mental health outcomes, including depression and anxiety, which are risk factors for developing eating disorders (Martin et al 2023).

Given these issues, as well as the importance of ensuring that Aboriginal and Torres Strait Islander peoples' healthcare and other needs are met in culturally safe and responsive ways (Australian Human Rights Commission 2011), policy and service responses aimed at preventing eating disorders in Aboriginal and Torres Strait Islander children need to be tailored to their specific needs and experiences. This may include addressing the root causes of food insecurity and promoting access to culturally appropriate and nutritious food, as well as providing culturally responsive and trauma-informed care.

Overall, addressing the specific issues faced by Aboriginal and Torres Strait Islander children is critical to preventing eating disorders and promoting positive health outcomes in this population. This ought to be done in ways which are co-created with community, and which draw on the many strengths and protective factors inherent in a child's connection to family, community, country and culture.

Government and policy

Constructive public policy in the context of eating disorder prevention should go beyond guidance materials that directly address eating disorders, and rather should put eating disorders and their antecedents on the agenda of all policymakers, ensuring that all policy accounts for potential body image and eating disorder related impacts and mitigates against potential harm. This submission aims to advance that position in respect of the Early Years Strategy.

In interfacing with other key policies and instruments, the Early Years Strategy ought also to:

- Support advertising and media regulations which restrict the promotion of diets, weight loss or body image ideals to children;
- Ensure the use of weight neutral and non-stigmatising language when discussing bodies, food, eating, nutrition and physical activity;
- Promote actions to enhance body esteem as a key driver of health behaviour, including flexible relationships with food, joyful movement, a focus on what bodies can do rather than how they look, and celebration of diversity;
- Address the social, cultural and commercial determinants of health, particularly in reference to those determinants which are associated with eating disorder risk, such as food insecurity or adverse childhood experiences.

Responses to consultation questions

Q2: Vision

NEDC's position is that the vision for Australia's youngest children ought to include celebrating and embracing diversity, including diverse bodies, abilities and cultural practices regarding food and eating.

Q3. Outcomes

In articulating intended outcomes of the Early Years Strategy, it will be important to ensure a weight neutral stance is taken in any outcomes or indicators tied to health, nutrition, or physical activity.

Q4. Priorities

NEDC supports the priority to break down siloes which has been identified in the discussion paper. This is consistent with recommendations to be advanced in the National Eating Disorders Strategy, which aims to build and enhance the system of care through greater coordination and integration of services.

Another priority ought to address children's right to enjoy their growing bodies.

Q5. Disadvantaged children, families and communities

The discussion paper makes clear the need for targeted actions to reduce disadvantage at both community and structural levels. NEDC would encourage a focus on those areas of disadvantage known to contribute to eating disorder risk, such as food insecurity, adverse childhood experiences, disability, minority stress and ongoing impacts of colonisation.

In reference to Aboriginal and Torres Strait Islander children, families and communities, NEDC encourages culturally safe and relevant approaches to the design, development, implementation and evaluation of the Early Years Strategy and any actions to address the risk and protective factors outlined in this paper.

Q7. Principles

NEDC's position is that the principles ought to uphold concepts such as body esteem, should reinforce the imperative to 'do no harm' and should address the social, cultural and commercial determinants of health.

Q8. Research and evidence

NEDC notes the importance of ensuring that any evidence-based or evidence-informed programs are informed by and tailored to the specific needs of particular populations, especially those who have been traditionally under-researched or excluded from research criteria.

Conclusion

Thank you for considering this submission. Should you require any further details, or wish to discuss synergies between the Early Years Strategy and the National Eating Disorders Strategy 2023-33, please do not hesitate to contact us.