



**IPAN**  
INSTITUTE FOR PHYSICAL  
ACTIVITY AND NUTRITION



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## Institute for Physical Activity and Nutrition (IPAN), Deakin University: Submission to the Commonwealth Early Years Strategy

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### About the Institute for Physical Activity and Nutrition, Deakin University

The Institute for Physical Activity and Nutrition (IPAN), welcomes the opportunity to have input to the Commonwealth Early Years Strategy (the Strategy). At IPAN, we conduct world-leading research into all aspects of physical activity and nutrition across the lifespan, from conception to old age.

Our research is ranked well above world standard\*. It spans from the lab to real-world settings, including studying the biological mechanisms behind exercise and nutrition; using technology and exercise to prevent and manage chronic conditions; innovative solutions to improve nutrition; increase physical activity and reduce sedentary behaviour in our community; and develop evidence-based food policy.

Through our research, we strive to improve health outcomes in populations all over the world. Our team collaborates nationally and internationally, as well as across disciplines. We're also committed to nurturing a new generation of leading researchers, through a supportive and dynamic research environment.

At IPAN we believe every young child and pregnant woman in Australia, no matter their postcode or social circumstances, should have easy access to healthy and affordable food. Every family should have access to the best advice and support on nutrition, active play, and sleep to ensure their children get the best possible start to life.

We have been highly successful to date in securing research funds to develop evidence informed initiatives (INFANT, Let's Grow and Food Security for Young Families) that have been proven to make a positive impact on the first 2000 days of life.

\* Australian Research Council (2019). State of Australian University Research 2018–19: ERA National Report. Australian Research Council, Canberra.

## Introduction

The current state of Australian children's health is alarming, with nearly all young children eating more than the recommended amounts of discretionary foods high in sugar, salt and fat, and low in nutrients. For children in lower income families the situation is even more bleak, with families often forced to rely on cheaper unhealthy processed foods to make ends meet.

Equally concerning is that at 18 months of age, fewer than 10% of toddlers meet the health recommendations for sleep, sedentary behaviour (sitting) and physical activity. Again, those from lower income families are disproportionately impacted.

Junk food intake, lack of sleep and insufficient movement can affect children's performance at school and extracurricular activities in the short term. But these factors can also lead to long-term health problems such as obesity, poor cognitive development, slower motor development, reduced cardiovascular health, low self-esteem and even depression.

Not having regular access to affordable and nutritious food also contributes to many health problems. Living in a food insecure household during pregnancy may accelerate risk of greater weight gain, disordered eating, chronic disease, and pregnancy complications. Studies have documented that infants living in food insecure households have greater odds of having poor health, being nutrient deficient, and being hospitalised.

A group of pioneering researchers from IPAN is committed to a healthier future for the next generation of Australians. We have the passion, expertise and experience to develop the evidence-backed strategies and programs that are urgently needed to support families and provide children with an optimal start to life.

## Recommendations and feedback on the draft Early Years Strategy

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

The Institute for Physical Activity and Nutrition, Deakin University (IPAN) strongly supports the proposed structure of the Strategy, especially the inclusion of the Implementation Action Plan outlined on p17 in the Discussion Paper. We note that this will require adequate investment allocated to ensure real outcomes are able to be delivered over the coming decade. We recommend further consultation with the sector and stakeholders on the Implementation Action Plan when it is drafted.

IPAN also commend the inclusion of an Outcomes and Evaluation Framework which will enable the Commonwealth to monitor and report on progress.

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

IPAN believes the vision should be inclusive of all young children and their parents in Australia, including families from diverse cultures and those who live, grow, play and learn in regional and remote areas.

The vision must strive to deliver a joint approach to universal services to enable all children to reach their full potential, while concurrently providing enhanced support for vulnerable children and children with additional needs.

The vision should also focus on preventive health that involves establishing healthy behaviours e.g. nutrition (healthy eating) and physical activity (active play) that are known to improve a range of outcomes including physical and mental health, development and educational outcomes, recognising the value of investing in prevention (see [First-](#)

[2000-days-Policy-Brief-FINAL.pdf \(preventioncentre.org.au\)](#). It should also recognise the important role of supportive food systems, including the environments in which parents' source, prepare and provide food and settings that shape child nutrition, health and wellbeing in the early years such as childcare, schools and health care settings. To support physical activity, the vision should strive to create supportive built environments and accessible open spaces that make it easy for young children and parents to enjoy active living and outdoor movement and play.

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

The Strategy should include a focus on improving healthy behaviours in the First 2,000 days and preventing future chronic diseases. The mix of outcomes should include breastfeeding, healthy eating, active play and social & emotional development as key mediators of positive childhood outcomes.

The outcomes should match targets set out in other key Commonwealth strategies (as outlined in Attachment B in the Discussion Paper) to deliver on shared health and wellbeing outcomes for young children and families. This will support coordinated action to deliver a joined-up approach to promote nutrition<sup>1</sup> and reduce silos between Departments as the Strategy intends.

The [National Preventive Health Strategy \(NPHS\) 2021-2030](#) also outlines targets for the best start to life. The NPHS includes a target to increase the investment in prevention to rise to be 5% of total health expenditure across Commonwealth, state and territory governments by 2030.

Another target to align with from the NPHS is to reduce overweight and obesity in children and adolescents aged 2-17 years by at least 5% by 2030. This should include a target for healthy birth weight (2.5-4kg) and the prevention of rapid weight gain during the first two years of life. Babies and young children who experience rapid weight gain from birth to 2 years (crossing one centile line on a weight growth chart) had 3-4 times higher risk of subsequent overweight or obesity<sup>2</sup> and rapid weight gain during infancy and high birth weight are shown to be highly predictive of overweight or obesity in early childhood.<sup>3</sup>

As outlined in the [National Obesity Strategy](#), "Pathways to overweight and obesity can start even before birth, so intervening early is important in preventing intergenerational obesity. The first 1,000 days of life, from a woman's pregnancy (conception) to her child's second birthday influences the likelihood of obesity in infancy, childhood, and later in life. Breastfeeding is also a factor with longer periods of breastfeeding associated with a lower risk of childhood overweight and obesity. Most mothers in Australia initiate breastfeeding (96%), but these rates drop off as babies grow, with only 29% of babies exclusively breastfed until 6 months of age."

The Strategy should align with Australia's obligations on upholding the [UN Convention on the Rights of the Child](#), including full implementation into national legislation the WHO's International Code of Marketing of Breastmilk Substitutes (replacing the MAIF Agreement currently under review); as well as other actions to protect, promote and support breastfeeding, including fully funding the strategies and actions outlined in the [Australian National Breastfeeding Strategy](#).

#### References

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

The policy priorities should include **breastfeeding, healthy eating and active play**, consistent with the existing national guidelines including [Infant Feeding Guidelines](#) and the [Australian National Breastfeeding Strategy](#), [Movement Guidelines \(physical activity sedentary behaviour and sleep\)](#) and the [Australian Dietary Guidelines \(ADG\)](#). Following the [ADG review](#) that is currently in progress led by the NHMRC and funded by the Australian Government, the Infant Feeding Guidelines should be prioritised for review as an integrated part of the Strategy.

Breastfeeding, healthy eating and active play should be multi-sector priorities as they have broad ranging outcomes beyond health, including educational outcomes, mental wellbeing and social development. There is a substantial body of evidence that supports the benefits of breastfeeding for child health and development including improved cognitive development<sup>1,2</sup> and it is associated with later school achievement and higher adult earnings<sup>1</sup>. A healthier dietary pattern in early childhood is also associated with better cognitive outcomes in young children.<sup>3</sup>

Systematic reviews confirm physical activity/active play is associated with improved psychosocial well-being<sup>4,5</sup> and cognitive function<sup>5</sup>. Interventions that increase young children's physical activity result in improved cognitive function including attention and learning, and improved psychosocial development<sup>5</sup>. Similarly, reading/storytelling is associated with improved cognitive outcomes<sup>6</sup>. In contrast screen time is associated with negative cognitive outcomes<sup>6</sup> and poor psychosocial wellbeing<sup>4,6</sup> and shorter sleep duration is associated with poorer emotional regulation<sup>6</sup>.

Obesity prevention is an important part of promoting healthy development of young children. A study of over 7000 South Australian 4-6 year old children found that children experiencing obesity were more likely to be developmentally vulnerable on the Physical Health and Wellbeing and Social Competence domains and to be vulnerable on one or more domains of the Australian Early Development Census.<sup>12</sup>

The Strategy should also leverage Strategy 2.3 in the [National Obesity Strategy 2022- 2023](#) and focus on actions to "Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents". This should include "Supporting parents, carers and families to give their infants, children and adolescents healthy food and drinks (for example, appropriate nutrition when introducing solids, responsive feeding, food portion size), encourage movement (for example, limit screen time, motor skill development, regular physical activity) and sufficient sleep", (p. 52).

The current funding arrangements for family and child health services and early childhood settings span across the Commonwealth, state/territory and local governments. The Strategy should maximise opportunities for collaboration and avoid duplication between jurisdictions including Primary Health Networks, Community Health Services and Local Government Areas, by coordinating funding arrangements and outcomes across sectors. The Strategy should also look to build on existing initiatives that are already delivering positive outcomes for young children and families.

#### References

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## 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?

- Support for universal and enhanced Maternal and Child Health services

To improve outcomes for families who are more likely to be experiencing socioeconomic disadvantage, the Strategy should strive to deliver integrated care and ensure that family and child health services are available, accessible and culturally appropriate for local communities.

The Strategy should focus on delivering person-centred support, so parents with young children can access health promotion, prevention and support in their local community that meet their sociocultural needs and that is coordinated with other services they may be seeking, such as social services and primary health care.

Integrated support should also be offered across a range of modalities including in person, peer/group-based and via mobile health such as apps, to provide parents with a range of ways to access evidence-based information and advice that promotes healthy behaviours in young children.

The [INFANT program](#) is based on more than 15 years of research led by the Institute for Physical Activity and Nutrition (IPAN), Deakin University. INFANT offers evidence-based information on healthy eating and active play for parents of new babies up to 18 months of age. A randomised controlled trial of INFANT showed the program had sustained benefits as detailed below.

INFANT has developed the [My Baby Now app](#), with trustworthy and up-to-date information that complements INFANT group-based support and enables parents to access evidence-based advice 24/7. INFANT is currently being implemented in nearly half of all Victorian local government areas providing proof of scalability. INFANT is being adapted to meet the needs of CALD and first nations communities.

The Commonwealth should provide funding for the national roll out of evidenced based interventions shown to improve outcomes in young children such as INFANT.

### Sustained benefits of INFANT

INFANT helps **young children**:

- Reduces screen time - children watched 25% less television<sup>1</sup>
- Improves diets - children consumed 25% fewer sweet snacks and had improved dietary quality<sup>1,2</sup>. Children of less educated and younger mothers had higher water and vegetable intake<sup>3</sup>
- Benefits continue to up to age five, based on support from INFANT-trained facilitators during the first 18 months of life<sup>4,5</sup>

INFANT helps **new parents**:

- Improves dietary patterns of mothers<sup>6</sup>
- Improves mothers' knowledge and parenting confidence<sup>7</sup>
- Improves social connections with other parents and local community and health services<sup>7</sup>

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

Key opportunities for better coordination and collaboration in early years policy development include:

- Coordinate policies with existing family and child health services and adopt a multi-sectoral approach to include sectors beyond health such as education and social services.
- Increased cooperation between Commonwealth and states/territories – learning from successes of others and having more consistent and equitable access to programs and services across jurisdictions.
- Align strategies and outcomes so they are consistent between relevant Commonwealth Strategies as a way to leverage opportunities across Depts and sectors including alignment with the National Australian Breastfeeding Strategy, National Obesity Strategy, national physical activity guidelines and Australian Dietary Guidelines.
- Utilise the latest evidence-informed practices and policy options likely to have significant health benefits, such as those identified in policy mapping of obesity prevention in early childhood.<sup>1</sup>
- Identify research gaps and invest in research or align with research funding schemes (like the [Medical Research Future Fund](#) (MRFF)) to support research that build further evidence and evidence-based interventions that help deliver the stated outcomes in the Strategy.
- Promote consistency with international targets, such as how will the Strategy help focus Australia's efforts to meet the [UN's Sustainable Development Goals](#), including goals related to ending child hunger and poverty and promoting good health and wellbeing. The [Global Action Plan for Physical Activity](#) is another leading international strategy to align with.
- Collaborate with a broad range of stakeholders including leading researchers (including IPAN experts), and community representatives to ensure policies are acceptable, accessible and culturally appropriate in local communities.

## References

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

- **Prevention, promotion and early support**

IPAN supports the Strategy's inclusion of the public health approach to promotion, prevention and support for universal and targeted services for families, the ARACY Nest framework and a socioecological model that recognises the multiple levels that influence a child's health, social and emotional wellbeing.

The Strategy should also be underpinned by principles that include:

- **Place-based approaches** that focus on communities and aim to create supportive environments with better integrated and more accessible services.
- **Whole-of-family perspectives** that are based on the needs of the child and family to meet including culturally diverse groups.
- **Health for All policies lens** that focuses on the co-benefits of health and coordination of policy priority areas across sectors beyond health including education and social services.<sup>1</sup> These include focusing on population-level interventions that can be delivered scaled up and implemented in local communities.
- **Investment in research and evaluation**, particularly practitioners and policy makers partnering with academics and researchers.
- Use of **evidenced-based programs and strategies** backed by research.

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

We note that Attachment B in the Discussion Paper does not include the following Commonwealth documents of relevance to the Strategy:

- [Australian National Breastfeeding Strategy](#)
- [National Physical Activity and Exercise Guidelines for infants, toddlers and preschoolers](#)
- [National Obesity Strategy 2022- 2023](#)

We strongly recommend including them to help meet the vision to coordinate action and align strategies across departments within the Commonwealth. These strategies already promote key outcomes that should be included in the Strategy. These include the national targets for breastfeeding set out in the [Australian National Breastfeeding Strategy](#) (by 2025, 50% of Australian babies will exclusively breastfeed until 6 months of age).

The Strategy should also consider:

- existing initiatives that can contribute to an effective early years strategy and deliver positive health outcomes to improve the health and wellbeing of young children and families.
- investment in proven interventions that can be delivered at scale and integrated into existing service delivery and policies in local communities.
- significant value of implementation support and sustainable funding for proven initiatives that have documented success to help establish healthy behaviours from the start of a baby's life.
- fostering strategic partnerships such as collaborations between academia, policy, practice and industry to ensure an evidence-based approach and support evaluation and monitoring.