Response ID ANON-GC1D-XHG9-Y

Submitted to Public Consultation: Improving commercial foods for infants and young children
Submitted on 2024-09-12 10:48:57

About You

What is your name?

Name:
Naomi Hull

Are you answering on behalf of an organisation?

Yes

Organisation:
Infant and Toddler Foods Research Alliance

An opportunity to provide any other information about your organisation you would like to provide.:

What sector do you represent?

Public health

Which country are you responding from?

Australia

If 'other', please specify your country.:
naomi.hull@sydney.edu.au

Please provide your email address:
naomi.hull@sydney.edu.au

If we require further information regarding your submission, can we contact you?

Yes

Have you read the Consultation Paper: Improving commercial foods for infants and young children?

Yes

Privacy, Confidential Information and Permissions

Do you want this Submission to be treated as confidential?

No

If yes, please explain why all or parts of the Submission are confidential.:

Do you consent to your Submission being published on the Department of Health and Aged Care's Consultation Hub website, and being accessible to the public, including persons overseas?

Yes - Publish response, including both my name and organisation's name

Additional Evidence and Information

1 Are there additional studies on the consumption of commercial foods for infants and young children in Australia and New Zealand?

Please include references for any additional studies mentioned in your response.:

Smith, B., Fleming, C., Seivwright, A., & Kent, K. (2024). “My kids have them 5 days a week...”: The Use of Infant Squeeze Pouches in Tasmanian Children. Faculty of Science, Medicine and Health - Papers: Part B. Retrieved from https://ro.uow.edu.au/smhpapers1/1827
Campbell K, et al. Early life protein intake; food sources, correlates and tracking across the first five years of life. J Acad Nutr Diet. 2017; 117(8): 1188-1197.e1 (https://pubmed.ncbi.nlm.nih.gov/28527745/)
Stoke et al. Protein Intake from Birth to 2 Years and Obesity Outcomes in Later Childhood and Adolescence: A Systematic Review of Prospective Cohort Studies. Adv Nutr. 2021; 12(5): 1863–1876. (https://pubmed.ncbi.nlm.nih.gov/33903896/)
Zheng M, et al. Protein Intake During Infancy and Subsequent Body Mass Index in Early Childhood: Results from the Melbourne InFANT Program. J Acad Nutr Diet. 2021;121(9):1775-1784. (https://pubmed.ncbi.nlm.nih.gov/33839065/)

Please upload studies as mentioned in your response that are not publicly available. PDF format is preferred:
No file uploaded

2 Are there additional studies on the prevalence of iron deficiency in Australian children, including among Aboriginal and Torres Strait Islander children and children living in rural/or remote areas and other groups, including vulnerable populations?

Please include references for any additional studies mentioned in your response.:

none

Please upload studies as mentioned in your response that are not publicly available. PDF format is preferred:
No file uploaded

3 Are there additional studies on the composition of commercial foods for infants and young children in Australia and New Zealand?

Please include references for any additional studies mentioned in your response.:

Scully M, Jinnette R, Le L, Martin J, Schmidtke A. Compliance of Australian commercial foods for young children (<36 months) with an international nutrient and promotion profile model. Aust N Z J Public Health. 2024 Jun 13:100158. doi: 10.1016/j.anzjph.2024.100158. Epub ahead of print. PMID: 38886145. https://pubmed.ncbi.nlm.nih.gov/38886145/
Dunford, E. K., Scully, M., & Coyle, D. (2024). Commercially-produced infant and toddler foods—How healthy are they? An evaluation of products sold in Australian supermarkets. Maternal & Child Nutrition, e13709. https://doi.org/10.1111/mcn.13709
Chung A, Torkel S, Myers J, Skouteris H. Assessment of infant and toddler foods in Australia against the World Health Organization's Nutrient and Promotion Profile Model for food products for infants and young children 6-36 months. Accepted Public Health Nutrition 1st July 2024.

Please upload studies as mentioned in your response that are not publicly available. PDF format is preferred:
No file uploaded

4 Are there additional studies on the texture of commercial foods for infants and young children in Australia and New Zealand?

Please include references for any additional studies mentioned in your response.:

Smith, B., Fleming, C., Seivwright, A., & Kent, K. (2024). "My kids have them 5 days a week...": The Use of Infant Squeeze Pouches in Tasmanian Children. Faculty of Science, Medicine and Health - Papers: Part B. Retrieved from https://ro.uow.edu.au/smhpapers1/1827

Please upload studies as mentioned in your response that are not publicly available. PDF format is preferred.:
No file uploaded

Food Manufacturer Reformulation Activities

5 Food manufacturers - What reformulation or other activities have you undertaken to change/improve in the last 5 years related to commercial foods for infants and young children? What was the purpose of the activity?

Please explain any activities you have undertaken to change and/or improve commercial foods for infants and young children in the last 5 years.:

no comment

Your Views

6 Do you agree with the proposed objective of this work? If not, what is your proposed alternative?

Yes

If you do not agree with the proposed objectives, please propose alternatives below.:

We strongly support that commercial foods for infants and young children should align with Australian and New Zealand feeding guidelines. All improvements to composition, labelling and texture of commercial foods for infants and young children should ENSURE ALLIGNMENT with the recommendations in the Australian and New Zealand infant and toddler feeding guidelines, rather than achieve 'better alignment' with them. We note further that the word 'labelling' does not capture all approaches used by industry to market products (as discussed in the consultation paper) and recommend that the language should adequately reflect this by adding the word MARKETING after the word labelling in the proposed objective.
It is also important to acknowledge that the infant and toddler feeding guidelines in Australia and New Zealand offer limited guidance on commercial foods for young children, aside from the following points:
-"Special complementary foods or milks for toddlers are not required for healthy children" - Australian Infant Feeding Guidelines
-"Commercial baby foods are a convenient alternative to home-made baby food, but an over-reliance on these products may reduce the variety of flavours and textures in a baby's diet" - Healthy Eating Guidelines for New Zealand babies and toddlers
Dietary guidelines in Australia are currently being reviewed. Ideally, they would be strengthened to include concepts such as free sugars (which is particularly problematic in foods for infants and toddlers) and the degree of processing of foods (which is also a major problem in snack foods for infants and young children). However, updated guidelines may not provide guidance on these concepts and may not provide specific detail on commercial foods for infants and young children. In addition, Australian Infant Feeding Guidelines are now over a decade old and were implemented at a time when a much more limited range of foods were promoted for infants and young children. This market has since exploded, and guidelines need to be updated to

adequately reflect products available in the contemporary marketplace and the problems these foods can cause.
In the absence of detailed up-to-date guidance on commercial foods for infants and young children in the Australian and New Zealand feeding guidelines, we strongly recommend using international best practice, particularly the World Health Organization European Office's Nutrition Profile and Promotion Model (NPPM), to guide reforms.
With this context in mind, we recommend that reforms ensure that all commercial foods for infants and young children align with international best practice (NPPM) in addition to the general nature of guidance in the Australian and New Zealand infant and toddler feeding guidelines.
It is also important to note that:
ISSUES WITH COMPOSITION are not limited to the compositional elements flagged by the consultation paper (iron, sodium and sugar). Policy reform for the composition of foods for infants and young children should also consider sweet flavours, energy density, nutrient-poor snack foods - see our response to Question 10(a) for further detail.
ISSUES WITH LABELLING AND MARKETING are not limited to the elements flagged in the consultation paper. Policy reform for the labelling and marketing of foods for infants and young children should also consider not permitting claims on these foods; ensuring images of fruit and vegetables and product names with fruit and vegetables cannot be on foods that do not contain whole food fruits and vegetable; foods marketed (against recommendations in infant feeding guidelines) to infants under than 6 months and better labelling of key ingredients is also needed - see our response to Question 10(a) for further detail.
ISSUES WITH TEXTURE are not limited to first foods for infants, and policy reform for texture should also consider the dissolvable nature of many snack foods.

7 Are there additional policy options that should be considered? Please provide a rationale and the benefits and risks of your suggested option.

No

If yes, please provide details as requested in the question.:

No comment

Option 1: Status Quo

8 Are the risks and limitations associated with the status quo described appropriately?

No

If no, please explain your reasoning. :

The risks and limitations outlined in the consultation paper touch on the risks of maintaining the status quo but fail to capture the severity of taking no action.

Currently, many commercial foods for infants and young children fail to support optimal health, growth and development. These products do not meet international best practice for nutritional content and fall short of international standards for labelling/promotion. Option 1 will allow this problematic situation to persist.

To protect our youngest Australians, comprehensive changes to the composition, labelling and texture of commercial foods for infants and young children are imperative. To be effective, these changes must be mandatory and compliance with them must be strictly monitored and enforced.

See the following research that supports our statement in relation to the current state of commercial foods for infants and young children with respect to international best practice:
Scully M, Jinnette R, Le L, Martin J, Schmidtke A. Compliance of Australian commercial foods for young children (<36 months) with an international nutrient and promotion profile model. Aust N Z J Public Health. 2024 Jun 13:100158. doi: 10.1016/j.anzjph.2024.100158. Epub ahead of print. PMID: 38886145. https://pubmed.ncbi.nlm.nih.gov/38886145/
Dunford, E. K., Scully, M., &Coyle, D. (2024). Commercially-produced infant and toddler foods—How healthy are they? An evaluation of products sold in Australian supermarkets. Maternal & Child Nutrition, e13709. https://doi.org/10.1111/mcn.13709

Option 2: Non-regulatory Approaches

9a Are the risks and limitations associated with Option 2 described appropriately?

No

If no, please explain your reasoning. :

The risks and limitations associated with Option 2 do not reflect the severity of the outcomes of taking voluntary approaches.

We strongly advise against taking an approach where any success is entirely dependent on industry initiative. It is highly unrealistic and unwise to assume industry will take action that conflicts with their fundamental objectives. See the following supporting evidence: "Part of the Solution": Food Corporation Strategies for Regulatory Capture and Legitimacy - PMC (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9309978/)". The rights of children to nutritious food and health, and the rights of parents to receive information that is not misleading, should always take precedence over costs to industry.
There is little evidence, within Australia or internationally, that non-regulatory approaches to reformulation and/or labelling are effective. We strongly advise against testing the theory (noted in the consultation paper) that 'smaller, and more targeted voluntary initiatives for specific foods or issues may have more success' - especially when this concerns one of the most vulnerable populations: infants and young children; and where there is no evidence,

either in Australia or internationally, this approach would achieve significant improvements into the healthiness and marketing of this sector.

An example of a failed non-regulatory approach for this age group is the Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement (MAIF Agreement). A recent independent review of this voluntary, self-regulatory approach has found that it is not fit for purpose, and recommends the establishment of a regulatory framework in the form of a legislated, prescribed, mandatory code as this will more effectively restrict the inappropriate marketing of infant formula in Australia, promote and protect public health, and create a level playing field for industry (https://www.health.gov.au/resources/publications/review-of-the-marketing-in-australia-of-infant-formulas-manufacturers-and-importers-maif-agreement-final-rep

An further example of failed non-regulatory approach is the Healthy Food Partnership Reformulation Program. As noted in the risks and limitations, the Reformulation Program has not had widespread industry uptake. The midway evaluation of the Healthy Food Partnership targets released by the government talks about the tonnes of salt, sugar and saturated fat removed from the food supply. However, these figures are misleading as they shy away from the per capita findings, which present a more realistic picture. As noted in the ABS report (https://www.abs.gov.au/articles/healthy-food-partnership-reformulation-program-wave-1-two-year-progress), the reductions at a per capita level were small (for example, "The population impact of the sodium reduction was estimated to be 8.3 mg per person per day, equivalent to a 0.3% reduction in the total sodium intake") and therefore unlikely to achieve any meaningful improvements to health. Other research (https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003806) has shown that even if all food companies were required to reformulate their products to meet the targets, this would only reduce sodium intake by an average of about 107mg per person per day. The substantial difference between what could be achieved by effective mandatory targets and what is being achieved through voluntary targets demonstrates how relying on the goodwill of the food industry to engage with a voluntary initiative fails to achieve public health objectives.

Educational resources are important, but they alone are not the solution.
Evidence based educational interventions for parents are important but complement rather than replace regulatory approaches which are essential for ensuring foods for infants and young children support their health and development and are marketed and labelled responsibly.
Parents should be able to rely on the Government to ensure that foods for infants and young children support children's optimal health, growth and nutrition, and are labelled and marketed accurately and honestly. As noted in the consultation paper "a regulatory approach supports parents and caregivers who purchase these foods to provide infants and young children with foods that better align with infant and toddler feeding guidelines." Education alone will not achieve this. Nor can non-regulatory approaches.
As noted in the consultation paper, universal educational interventions have limited reach and may not benefit all populations – this risks widening inequities, and research shows it would further disadvantage vulnerable populations. To counter this, we recommend evidenced based behaviour and skill building programs that have been shown to have a positive impact on child diet (such as INFANT program) over the provision of information and resources alone which has not been shown to impact child diet outcomes.
To be effective, these evidenced based programs must be adequately funded, available nationally and tailored to reach and engage with priority population groups.
The combination of evidenced based support for parents alongside regulation of foods for infants and young children has the potential to transform the diets of children in the early years, promote health equity and result in significant cost savings for government.
For example, health economic modelling suggests that a 1 serve reduction in sweet biscuits per week starting at age 2-4 years and maintained across the life course could result in approx. $1287M savings in healthcare costs and prevent over 50,000 cases of type 2 diabetes and over 20,000 cases of heart disease (see https://www.mdpi.com/2072-6643/12/3/649).
We note also the wider context of early childhood nutrition and the broader barriers to improving young children's diets and nutrition and refer you to the recommendations in our response to Question 17.
See the following supporting evidence for our position on educational resources:
A Framework for Public Health Action: The Health Impact Pyramid - PMC (nih.gov) (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/)
Role of government policy in nutrition—barriers to and opportunities for healthier eating | The BMJ (https://www.bmj.com/content/361/bmj.k2426)
A Systematic Review of the Impact of Multi-Strategy Nutrition Education Programs on Health and Nutrition of Adolescents - ScienceDirect (https://www.sciencedirect.com/science/article/abs/pii/S1499404616306716)
Australian Stakeholder Perspectives on Healthier Retail Food Environments for Toddlers—The Era of "Band Aids and Small Inroads" - Current Developments in Nutrition (https://cdn.nutrition.org/article/S2475-2991(23)26644-5/fulltext)
Healthy Food Partnership Reformulation Program: Wave 1, two-year progress (https://www.abs.gov.au/articles/healthy-food-partnership-reformulation-program-wave-1-two-year-progress)
The estimated health impact of sodium reduction through food reformulation in Australia: A modelling study (https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003806)

We disagree with the statement in the consultation paper that "A broader range of issues could be incorporated into a non-regulatory approach compared to regulatory approaches …" We believe regulatory approaches can be used to address all the composition, labelling, marketing and texture issues with foods for infants and young children – the question is whether Government will take the opportunity to do so.
A voluntary approach is not a valid opportunity to improve products in the market – evidence from across Australia and the globe has consistently shown that voluntary initiatives fail (see our response above for more detail).

We disagree with the strengths outlined in the consultation paper for Option 2. Opportunities to work with industry to increase knowledge of Australian and New Zealand infant and toddler feeding guidelines and infant nutrition requirements; and for better dissemination of infant feeding guidelines.

These equally exist under the status quo and are not strengths of Option 2 – these opportunities are simply not taken at present.

9b Are there particular approaches in this option that should be further considered?

No

If yes, please outline the options that should be further considered.:

No. We do not support any voluntary industry approaches because there is no evidence that voluntary solutions will have the impact that is necessary to ensure these foods provide good nutrition and are marketed and labelled responsibly (see our response to Question 9(a) for further details).

9c Food manufacturers- How likely are you to be involved in a voluntary reformulation or labelling program? What would be a suitable time frame for this option to be implemented in your organisation?

Please input your response below. :

We do not support any voluntary industry approaches. While food manufacturers may indicate they would be theoretically involved in a voluntary program, previous programs (e.g. HFP reformulation program) have shown that few companies do participate. Leaving the success of the program up to the "goodwill" of industry will not ensure these products provide food nutrition and are marketed and labelled responsibly.

9d What kinds of voluntary measures could be introduced to maximise industry uptake?

Please input your response below. :

We do not support any voluntary industry approaches as there is no evidence that voluntary solutions will have the impact that is necessary to ensure these foods provide good nutrition and are marketed and labelled responsibly (see our response to Question 9(a) for further details).

9e What implementation issues need to be considered for this option?

Please input your response below. :

We do not support any voluntary industry approaches as there is no evidence that voluntary solutions will have the impact that is necessary to ensure these foods provide good nutrition and are marketed and labelled responsibly (see our response to Question 9(a) for further details).

Option 3: Regulatory Approaches

10a Are the risks and limitations associated with Option 3 described appropriately?

No

If no, please explain your reasoning. :

There is a significant additional risk: that regulation fails to establish adequate limits for composition, labelling, marketing and texture, allowing Australian standards to continue falling short of international best practice and dietary guidelines. We recommend that the Government take decisive, swift and comprehensive action to overhaul the market for foods for infants and young children to ensure alignment with international best practice and dietary guidelines.

The risks and limitations imply that regulatory approaches are difficult and will take a long time. We disagree.
We do not agree with the assumption that Option 3 may require a lengthy implementation period. The timeline is ultimately determined by the government and will only be extended if the government allows it. The health of infants and young children should not be compromised to make the implementation period more acceptable to the industry. We note that every three- year delay means an entire generation of infants and young children are exposed to commercial foods that do not support their health, growth and development.
We recommend that the implementation period for regulatory approaches is two years. This is consistent with P1041 (Country-of-Origin Labelling) which shows precedent for this timeframe for labelling changes; and P242 (Food for special medical purposes), P1003 (Mandatory Iodine Fortification) and P295 (Mandatory Fortification with Folic Acid) each of which shows precedent for this timeframe for compositional changes specifically targeted at vulnerable children.
We note further that industry constantly reformulates and repackages foods for infants and toddlers within this time frame for their own purposes. Please see the document attached at Question 11 for an example of a product reformulated and relabelled within a two-year period.
We also note that to the extent a regulatory implementation period should be longer than a non-regulatory one, regulatory initiatives guarantee changes within that period whereas non-regulatory approaches are unlikely to result in any significant changes (see our response to Question 9(a) above for further details).

We disagree that work to create relevant sub-categories is a limitation. Much of the work to sub-categorise products and prescribe detailed definitions and their specifications has been done by the World Health Organization. Analysis of Australian and New Zealand products against this model shows products in this market can be sub-categorised using this model and the definitions and specifications are relevant and applicable. See the following studies where this has been applied in the Australian context:
Scully M, Jinnette R, Le L, Martin J, Schmidtke A. Compliance of Australian commercial foods for young children (<36 months) with an international nutrient and promotion profile model. Aust N Z J Public Health. 2024 Jun 13:100158. doi: 10.1016/j.anzjph.2024.100158. Epub ahead of print. PMID: 38886145. https://pubmed.ncbi.nlm.nih.gov/38886145/
Dunford, E. K., Scully, M., & Coyle, D. (2024). Commercially-produced infant and toddler foods—How healthy are they? An evaluation of products sold in Australian supermarkets. Maternal & Child Nutrition, e13709. https://doi.org/10.1111/mcn.13709
Chung A, Torkel S, Myers J, Skouteris H. Assessment of infant and toddler foods in Australia against the World Health Organization's Nutrient and Promotion Profile Model for food products for infants and young children 6-36 months. Accepted Public Health Nutrition 1st July 2024.

We disagree with the limitation regarding consumer understanding of labelling changes. Labelling changes would ensure product names are accurate and that these foods are labelled and marketed with greater transparency and honesty. This approach, compared to the status quo and non-regulatory

options, would reduce consumers having to navigate complex or misleading labelling/claims, thereby lowering associated risks. Removing or reducing misleading claims from these foods would also eliminate the need for consumers to interpret such claims. This would further simplify the consumer experience and enhance overall product transparency.

10b Are there particular approaches in this option that should be further considered?

Yes

If yes, please outline the options that should be further considered.:

As noted in the consultation paper, most parents assume government regulates commercial foods for infants and young children to ensure products in this sector provide good nutrition. This is not necessarily the case. However, regulatory approaches should ensure this assumption is true by ensuring products meet appropriate minimum standards for composition, labelling, marketing and texture. This would then mean parents and carers could truly rely on these products to support the health and development of their children.

In relation to the regulatory approaches noted in the consultation paper, we have some comments.
---------- COMPOSITION ----------
IRON
We continue to support the minimum iron levels as set out in the Food Standards Code. We do not support the extension of minimum iron levels to further categories of foods targeted to infants and young children.
We appreciate the particular importance of iron in the diets of infants and young children, but minimum iron levels will only encourage fortification (and resulting marketing about the fortification) rather than genuine introduction of iron-rich whole foods (such as iron-rich animal foods or plant alternatives) in commercial foods for infants and young children. The data available show that commercial foods are low in iron and although some young children may not be getting sufficient iron there is no population level data to show how this is impacting young children's health. In addition, dietary guideline advice on iron needs to be reconsidered as part of a comprehensive review of infant feeding guidelines which we recommend forms part of the Australian Dietary Guidelines review.

SUGAR
To address the sugar and sweetness of foods for babies and young children, a comprehensive regulatory approach is needed – which should be more than just maximum sugar content thresholds for sub-categories. We recommend:
Prohibit the use of added sugars (as defined in the Food Standards Code) in all foods for infants and young children
---
Prohibit the use of ingredients extracted from fruit (as defined below) in all foods for infants and young children
Ingredients extracted from fruit: all fruit ingredients other than pureed fruit and whole, cut or chopped dried fruit, including but not limited to fruit juice, fruit paste, fruit gel, fruit powder, fruit pulp, concentrated fruit puree, a blend or combination of any two or more ingredients listed above (note: this definition excludes concentrated fruit juice and deionized fruit juice as these are considered Added Sugars and would be prohibited under the Added Sugar prohibition above).
Note, these ingredients extracted from fruit are all considered 'free sugars' under Public Health England's definition, see: Swan GE, Powell NA, Knowles BL, Bush MT, Levy LB. A definition of free sugars for the UK. Public Health Nutrition. 2018;21(9):1636-1638. doi:10.1017/S136898001800085X

Limits on the use of fruit (as defined below) to sweeten foods for infants and young children - we recommend using the NPPM guidelines which limit fruit in savoury foods, dairy products, cereal and snack foods.
Fruit: whole, dried, or pureed fruit (does not include any ingredients extracted from fruit).

Prohibit use of non-sugar sweeteners in foods for infants and young children.
This is important as limits on sugar, ingredients extracted from fruit and fruit may result in industry turning to alternative sources for sweetness.
Non-sugar sweeteners as defined by the World Health Organization: Use of non-sugar sweeteners: WHO guideline. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.).

To ensure foods that are high in total sugar are not marketed as suitable for infants and young children, we recommend a maximum limit for total sugar as a percentage of total energy and a maximum total sugar threshold for foods for infants and young children. We recommend following the World Health Organization guidelines for this requirement.

Prohibit any drinks for infants and young children, other than water, unflavoured milk and any regulated by Standards 2.9.2 and 2.9.3 of the Food Standards Code.

SODIUM
We recommend the introduction of maximum sodium limits for foods for young children in line with international best practice as set out in the NPPM.

IN ADDITION TO THE COMPOSTIONAL ELEMENTS NOTED IN OPTION 3 WE ALSO RECOMMEND:
SNACK FOODS ARE ADDRESSED
The issues paper provided to Food Ministers in December 2023 identified that many products are marketed as snack foods whereas dietary guidance does not recommend discretionary foods as snack foods for this age group. The introductory sentence to the consultation paper highlights why regulating these snack foods is necessary, stating that "the nutritional quality of foods infants and young children eat is critical as they have high nutrient requirements (relative to their energy needs) to support growth and development." It is imperative that policy reforms address this.
Snacks foods make up a significant portion of the foods marketed for infants and young children (35% of products in Australia as noted in reference 64 of the consultation paper) and as noted in the consultation paper, high energy, low nutrient snack foods have seen significant growth in recent years. Compositional limits for sugar and sodium will not be sufficient to ensure snack foods provide good nutrition for infants and young children. A proportion of snack foods on the market for infants and young children may not have excessive sugar and sodium (i.e. comply with all NPPM requirements); however, they are highly processed, high in refined flours, oils and flavourings and have little to no nutritional value and many are energy dense. These

types of snack foods will likely flood the market if sugar and sodium are regulated without other protections in place.
In addition to the compositional and labelling requirements for all foods for infants and young children, we recommend that specific additional policy options to address snack foods are part of a package of reforms moving forward including:
- marketing snack foods (defined as confectionery and snacks and finger foods in the NPPM) as suitable for infants 12 months and younger should be strictly prohibited;
-upper energy density thresholds are set for snack foods for young children in line with the NPPM;
-regulating portion size;
-regulating what is added to these foods, for example oils, flavourings, additives and powders;
-ensuring snack foods are not fortified as this implies they form an essential part of the diet;
-overuse of refined flours.

MAXIMUM SATURATED FAT levels are set for foods for infants and young children and TRANS-FATS are prohibited in foods for infants and young children, as recommended in the NPPM. This is important as limits on sodium, sugar, ingredients extracted from fruit and fruit may lead industry to using alternative ingredients. Any increase in trans and/or saturated fats in foods for infants and young children would not be in their best interests.

MINIMUM TOTAL PROTEIN and protein weight requirements are set for meals. We recommend these align with NPPM guidelines. It should also be noted that protein sources in meals must be from whole foods, not protein fortification.

Maximum/minimum ENERGY DENSITY limits are set. The consultation paper outlined an issue with the energy density of commercial foods for infants and young children but did not provide any options to address this problem. We recommend that as this work progresses, policy options should be included to address the energy density of these foods and support the energy density guidelines in the NPPM. These include maximum energy density limits for snack foods and minimum energy density thresholds for most other food categories to ensure they are nutritionally dense and do not contain excess water or stock.

SWEET FLAVOUR PROFILE of these foods is addressed. The consultation paper outlined an issue with the overall sweet flavour profile of commercial foods for infants and young children but fails to provide any options to address this. We recommend including policy options to address the sweet flavour profile of these foods as this work progresses. Some of our recommendations for sugar and sweetness will go some way to addressing this (limiting fruit content in certain product categories for example, as in our response to this question above), but more work is needed to consider options, for example: limiting the fruit in fruit only and fruit and vegetable foods to two serves (40g); requiring mixed fruit and vegetable foods to be at least 50% vegetable; and prohibiting the marketing of dairy desserts, such as custards, to infants and young children.

Maximum SERVE SIZE limits are set. The consultation paper outlined an issue with the serving sizes of many commercial foods for infants and young children but fails to provide any options to address this. We recommend that policy options to address the serving size are included as this work progresses.

----------LABELLING AND MARKETING ----------

We strongly support the review and enhancement of labelling requirements for commercial foods for infants and young children. We note as follows in relation to the regulatory approaches noted in the consultation paper:

REVIEW OF NIP

We do not support the declaration of iron content on the NIP, nor any other changes to the NIP specifically for foods for infants and young children. For iron, see our response above. More generally, we believe that the information on the NIP should be useful and relevant for all ages. By the age of 12 months, our Dietary Guidelines recommend young children should be eating family foods. We note also that Food Ministers in the Communique from their 25 July 2024 meeting announced a holistic review of the NIP and that any changes to the NIP are better undertaken as part of that broader piece of work.

REVIEW OF CLAIM PERMISSIONS

We strongly support regulation to address issues with claims on foods for infants and young children.
Given the critical importance of health, growth and development during this stage of life, as noted in the NPPM, the usual rules governing product labelling and promotion should not apply to foods for infants and young children. The consultation paper acknowledges that multiple claims on products have the potential to cause consumer confusion about the appropriateness of the product in the diets of infants and young children. This is supported by the growing body of research showing the impact claims have on parent and caregivers' perceptions, preferences and purchasing intentions.
The World Health Organization recommends no health, nutrition, or marketing claims on these foods (with limited exceptions), and we recommend this approach should be mandated in Australia and New Zealand.
In relation to specific categories of claims we note as follows:
Standard 1.2.7-13 – HEALTH CLAIMS Division 5 of the Food Standards Code criteria exist for making certain health claims on packaged foods. We note these criteria has been developed at a population level and do not take into consideration the specific nutritional needs and vulnerability of infants and young children. As noted in the consultation paper, infant formula products are not permitted to carry health claims. We recommend this exception is extended to foods for infants and young children.
Standard 1.2.7-12 - NUTRITION CONTENT CLAIMS regulated under Schedule 4-3 of the Food standards Code criteria exist for making certain nutrition content claims on packaged foods. We note these criteria have been developed at a population level and do not take into consideration the specific nutritional needs and vulnerability of infants and young children. As noted in the consultation paper, infant formula products are not permitted to carry nutrition content claims. We recommend this exception also be extended to foods for infants and young children. In relation to specific nutrition content claims we note:
'No added sugar' claims 91% of parents (as noted in the study referenced at 27 in the consultation paper) are influenced by 'no added sugar' claims. It is particularly important that this nutrient content claim is not permitted on foods for infants and young children, given the prevalence of the use of sweet ingredients in these foods.
Standard 1.2.7-13 – Nutrition content claims about properties of food not regulated under Schedule 4-3 of the Food Standards Code this standard allows products to make claims, simply saying a food contains or does not contain a certain property (for example wholegrains or preservatives) and the

quantity of that property. Such claims mislead consumers, creating the perception that a product is healthier than it may be and diverting attention from other nutrition deficits of the product – for example 'no artificial colours, flavours or preservatives' as seen on a fruit melt made from concentrated fruit puree and with 59.5% sugar. These types of claims should not be permitted on foods for infants and young children. We note for example:

FREE FROM 'preservatives', 'flavours', 'colour' claims: these are the most commonly used claims on foods for infants and young children. Recent research has shown they are also the most influential. We recommend that claims about what is not in a food cannot be used on foods for infants and young children.

ALLERGEN claims: we recommend that allergen labelling is only permitted in line with the new requirements for the labelling of allergens in food that came into force on 25 February 2024 following Proposal P1044 – Plain English Allergen Labelling. These requirements ensure that caregivers can access allergen information when needed, and there is no reason for additional claims about allergens.

Marketing PUFFERY - claims that are not regulated by the Food Standards Code at all. A great many unregulated claims are used on foods for infants and young children. As noted in the paper referenced at 61 in the Consultation RIS, these 'unregulated claims' are more common than regulated ones. The claims vary in nature and cover a wide range of topics, including health related ingredient claims (for example "no added preservatives"), child-specific messages (such as "first flavours", "simple tastes for tiny taste buds", "ideal finger food"), naturalness (for example "made with natural ingredients"), environmental (such as "BPA free"). Policy options to regulate some other claims should be considered, for example:
ORGANIC claims: we recommend organic claims are only permitted as described in the NPPM - within the ingredients list only (such as "organic carrots"). We note the same rule should apply to all descriptive claims, consistent with the NPPM. For example, 'wholegrain flour' in the ingredients list only and no claims such as 'made with wholegrains' elsewhere on the packaging.
TEXTURE claims: we recommend prohibiting claims about texture that imply idealism in smoother products (for example "smooth", "no bits/chunks", "easy-to-swallow texture that is great for helping your little one as they start to explore solid foods"), or a product's dissolvable nature (for example "melt in your mouth", "softens in mouths").
See the following studies about the impact of claims on parent and caregivers' perceptions, preferences and purchasing intentions:
Dixon, H.G., Awoke, M.A., Scully, M. et al. Effects of marketing claims on toddler food products on parents' product preferences, perceptions and purchasing intentions: an online experiment. Int J Behav Nutr Phys Act 21, 60 (2024). https://doi.org/10.1186/s12966-024-01603-9
Chung, A., Hatzikiriakidis, K., Martino, F. et al. Characterising Parent-Appeal Marketing on Foods for Children: A Scoping Review. Curr Nutr Rep 13, 393–398 (2024). https://doi.org/10.1007/s13668-024-00559-3
McCann J, Woods J, Mohebbi M, Russell CG. Regulated nutrition claims increase perceived healthiness of an ultra-processed, discretionary toddler snack food and ultra-processed toddler milks: A discrete choice experiment. Appetite. 2022 Jul 1;174:106044. doi: 10.1016/j.appet.2022.106044. Epub 2022 Apr 14. PMID: 35430297.

REVIEW MARKETING ASPECTS
We support a review of marketing aspects of foods for young children, including review of the use of characters on packaging and provision of toys.
An extensive published list of child-directed marketing features includes: branded characters or spokespersons; licensed characters; other characters or cartoons; celebrities; movie/sports tie-ins; games or activities on the package; coupons, contests & give-aways; toys & prizes.

We recommend that no child-directed marketing be permitted on foods for infants and young children. We recommend this should be part of the policy reforms to improve foods for infant and young children. It should not be part of the Food Regulatory System workplan on reducing children's exposure to unhealthy food and drink marketing, or part of the response to the feasibility study on options to restrict marketing of discretionary foods to children.

We also recommend that IMAGES of fruits and vegetables should not be permitted on packaging where fruits and vegetables are not in the product in their whole form; or, if in their whole form they do not make up a significant portion of the product.

We note that this position is consistent with advice from the Australian Competition & Consumer Commission who in their presentation at the 8th Annual Food Regulations and Labelling Standards Conference noted that consumers can be misled by images and pictures. The ACCC highlighted that pictures can give a misleading impression of the composition of the product (i.e. when whole food is depicted, and the ingredients are highly processed) and that a disproportionately large pictorial emphasis of an ingredient may be inappropriate where the ingredient only constitutes a small percentage of the product. See: https://www.accc.gov.au/system/files/Misleading%20Claims%20and%20the%20Trade%20Practices%20Act.pdf

See the following studies in relation to child-appeal and parent-appeal marketing:

Mulligan, C., Potvin Kent, M., Vergeer, L., Christoforou, A. K., & L'Abbé, M. R. (2021). Quantifying Child-Appeal: The Development and Mixed-Methods Validation of a Methodology for Evaluating Child-Appealing Marketing on Product Packaging. International journal of environmental research and public health, 18(9), 4769. https://doi.org/10.3390/ijerph18094769

Chung A, Hatzikiriakidis K, Martino F, Skouteris H. Characterising Parent-Appeal Marketing on Foods for Children: A Scoping Review. Curr Nutr Rep. 2024 Jun 27. doi: 10.1007/s13668-024-00559-3. Epub ahead of print. PMID: 38935250. https://pubmed.ncbi.nlm.nih.gov/38935250/

REVIEW NAMING REQUIREMENTS
We support regulation to address issues with inaccurate and misleading names of foods for infants and young children. As noted in the consultation paper, this practice is widespread.
The World Health Organization recommends product name clarity whereby contents are listed in descending order and sweet tastes and high fruit content are not hidden. We recommend the introduction of regulation that mandates this recommendation for all foods for infants and young children.
We also recommend that fruits and vegetables should not be permitted in the NAME of foods where fruits and vegetables are not in the product in their whole form; or, if in their whole form they do not make up a significant portion of the product. We note that this position is consistent with advice from the Australian Competition & Consumer Commission who in their presentation at the 8th Annual Food Regulations and Labelling Standards Conference noted that consumers can be misled by images and pictures. The ACCC highlighted that pictures can give a misleading impression of the composition of the product (i.e. when whole food is depicted, and the ingredients are highly processed) and that a disproportionately large pictorial emphasis of an

ingredient may be inappropriate where the ingredient only constitutes a small percentage of the product. See Microsoft Word - Food Reg Conf 23.11.06.doc (accc.gov.au)

POUCH PRODUCTS

We support regulatory approaches in relation to pouch products with spouts. Spouts facilitate inappropriate textures of food for most age groups, encourage overconsumption and do not support the oral motor development that occurs with consumption of foods with mixed textures.

We recommendation that pouches with spouts are only permitted to be marketed for infants between 6-9 months of age.

We support FRONT-OF-PACK statements on pouches with spouts for infants 6-9 months of age that the food should not be consumed by sucking from the package (spout); and should be decanted into a bowl or onto a spoon prior to consumption.

It is important that these statements are not buried on the back-of-pack but that it is a clear directive to caregivers on front-of-pack that these products should be consumed in the above manner.

Pouch products with spouts should not be marketed as suitable for children over 9 months of age.

We support a FRONT-OF-PACK statement that pouch products with spouts are not suitable for consumption for children over 9 months. It is important that this statement is not buried on the back-of-pack but that it is a clear directive to caregivers on front-of-pack that these products are not suitable for young children.

IN ADDITION TO THE LABELLING ELEMENTS NOTED IN OPTION 3 WE ALSO RECOMMEND

That section 2.9.2-7(2) of the Food Standards Code is amended to change '4 months' to '6 months'. This would ensure that no foods are permitted to be marketed as suitable for children under 6 months of age, consistent with international best practice as set out in the NPPM, infant feeding guidelines and dietary guidelines in both Australia and New Zealand. This should be supplemented with standards to ensure products do not encourage (either implicitly or explicitly) early introduction of foods (in line with NPPM recommendations). The consultation paper clearly sets out the Dietary Guidelines' recommendations in relation to the introduction of solids – foods should be introduced "from around 6 months".

15% of infant foods in Australia (as noted in reference 64 of the consultation paper) are marketed to infants younger than 6 months of age – this is inconsistent with dietary and infant feeding guidelines.

That section 2.9.2-8(1)(a) is amended to require that the percentage of ingredients listed in that section (milk, eggs, cheese, fish, meat (including poultry), nuts or legumes) are required to be declared regardless of whether reference is made to that ingredient in the label; and include fruits, vegetables, cereals, water and stock in the list of ingredients in that section for which the percentage of that ingredient must be declared. This is consistent with international best practice, as set out in the NPPM.

An additional labelling requirement that all foods for infants and young children carry relevant statements to protect and promote breastfeeding (in line with NPPM recommendations).

------- [answer truncated to 25000 characters]

10c Food manufacturers- please provide information on the impact of potential composition options. What would be a suitable time frame for these options to be implemented in your organisation.

Please input your response below. :

As noted in Question 10(a), we do not agree with the assumption in the risks and limitations that there is potential for a long implementation period for Option 3. Industry are constantly reformulating and repacking foods for babies and young children. There are numerous examples of industry reformulating and repacking their products within a two-year timeframe for their own purposes.

We recommend that the implementation period for regulatory approaches is two years. See our response to Question 10(a) for further details.

10d Food manufacturers- how would the labelling options impact you? What would be a suitable time frame for these options to be implemented in your organisation?

Please input your response below. :

As noted in Question 10(a), we do not agree with the assumption in the risks and limitations that there is potential for a long implementation period for Option 3. Industry are constantly reformulating and repacking foods for babies and young children. There are numerous examples of industry reformulating and repacking their products within a two-year timeframe for their own purposes.

We recommend that the implementation period for regulatory approaches is two years. See our response to Question 10(e) for further details.

10e What implementation issues need to be considered for this option?

Please input your response below. :

As noted in our response to Question 10(a) we recommend that an implementation period for regulatory approaches is two years. This is consistent with P1041 (Country-of-Origin Labelling) which shows precedent for this timeframe for labelling changes; and P242 (Food for special medical purposes), P1003 (Mandatory Iodine Fortification) and P295 (Mandatory Fortification with Folic Acid) each of which shows precedent for this timeframe for compositional changes specifically targeted at vulnerable children.

We note further that industry are constantly reformulating and repacking foods for infants and young children within this time frame for their own purposes.

Any delay in implementation will allow the risks and limitations outlined in Option 1 to continue unabated, most significantly the long-term health and developmental impacts for children reliant on these foods.

Effectiveness of the proposed Options

11 Do you agree with the analysis of how well the proposed options would achieve the proposed objective? If not, please describe why and provide references with your response.

No

If no, please describe why you don't agree and provide references below.:

OPTION 2 We disagree with the assessment made in Table 3 of the consultation paper that Option 2 is orange 'some potential to meet the objective' in relation to each component: composition, labelling, texture and feasibility. We recommend that this assessment is changed to red 'the option is unlikely to meet the objective' for each component as Option 2 is very unlikely to significantly change the current position and will therefore not achieve the proposed objective. We strongly disagree with the repeated statement in the consultation paper that "non-regulatory approaches may be better suited to some issues". Please see our response to Questions 9(a)-(e) above for more detail.

OPTION 3 we agree with the statement in the consultation paper that this "option offers the potential for strong and widespread improvements to commercial foods for infants and young children across the industry" and note that if ALL proposed measures were mandated these would go some way to achieving the proposed objective. We support and recommend regulatory approaches to meeting the proposed objective.
However, significant gaps will still be left as the policy problem only singles out certain issues with the composition, labelling and texture of these foods and ignores others that are important (see our previous responses for details).
We strongly urge the Government to include all matters raised in our response to Question 10 in policy considerations going forward and to implement a comprehensive range of reforms to ensure that all commercial foods for infants and young children align with international best practice (NPPM) and follow the general nature of guidance in the Australian and New Zealand infant and toddler feeding guidelines.
Please see the attached summary of what elements of Option 3 achieve the proposed objective in respect of specific categories of infant and toddler foods; and what the gaps are and how these can be addressed,

Please upload studies as mentioned in your response above. PDF format is preferred:
Q11 Attachment I&TFRA Submission .pdf was uploaded

12 Which issues in this paper do you consider are more suitable to regulatory and non-regulatory approaches?

Please input your response below. :

All issues in this paper are suitable for regulatory approaches. We do not consider any options suitable for non-regulatory approaches. Evidence has shown that non-regulatory approaches will drain resources without significant impact.

13a Do you agree with the description of the possible benefits associated with the proposed options?

No

Please provide your reasoning below. :

Benefits to the community: We disagree that Option 2 would result in reducing the total sugar or improving the iron content of commercial foods for infants and young children. There is no evidence there would be widespread uptake of voluntary approaches, and such benefits are thus highly unlikely.
Benefits to industry: Yes, industry will benefit from no increase in costs under Option 1. Industry will also continue to profit from the sale of foods that do not support the healthy growth and development of infants and young children.
Benefits to Government: Yes, Governments will benefit in the short-term from there being no costs associated with administering voluntary or regulatory changes under Option 1. However, this will be far outweighed by the costs of the health implications of infants and young children consuming these foods into the future.
We strongly disagree that Option 2 will result in savings for the health system. Voluntary approaches are highly unlikely to result in widespread changes that would impact the health system's bottom line.

13b Are there additional benefits associated with all or some of the proposed options that have not been captured? Please provide data and references for your response.

Please input your response below. :

Benefits to the community: Option 3 has the significant benefit of being the only option that would guarantee improvements to foods for infants and young children.
Other significant benefits of Option 3 to the community, assuming comprehensive reforms were implemented, would be: Caregivers could rely on commercial foods for infants and young children supporting the growth and development of their children; Caregivers would no longer be misled and confused by labelling and marketing of foods for infants and young children; Food for infants and young children would no longer contribute to tooth decay, oro-motor development issues and health issues.
Benefits to industry: Under Option 1 benefits to industry also include industry continuing to: determine the market for foods for infants and young children; and produce and profit from foods that do not support the growth and development of infants and young children.
Under Option 3 regulating foods to align with international best practice will support industry's reputation and export capacity into the future as this will align their products with international expectations as this market evolves. It will also support a level-playing field domestically when competing against imports.

Please upload studies as mentioned in your response above. PDF format is preferred:
No file uploaded

14a Do you agree with the assessment of the costs associated with the proposed options?

No

Please provide your reasoning below. :

Costs to the community / Government: The consultation paper notes that “there is a growing body of evidence demonstrating that early nutrition and lifestyle have long-term effects on later health and disease outcomes”. The costs for Options 1 and 2 do not adequately describe the enormous costs to governments and communities of the health and developmental impacts that will result if either of those options are chosen.
Yes, Governments will have short-term costs under Option 3 to change, administer and enforce regulations, but these will be far outweighed by the cost savings of improved health and developmental outcomes of infants and young children consuming these foods into the future.
Costs to industry: We agree there will be no costs to industry under Option 1. We strongly disagree that there will be costs in industry under Option 2 as it is highly unlikely that industry will implement any voluntary approaches in any significant manner.

14b Are there additional costs associated with all or some of the proposed options that have not been captured? Please provide data and explain your rationale and your calculations.

Please input your response below. :

Costs to the community: Other costs to the community under Options 1 and 2 include: Caregivers cannot rely on commercial foods for infants and young children to support the growth and development of their children; Caregivers will continue to be misled and confused by labelling and marketing on foods for infants and young children.

15 What do you consider to be the preferred policy option(s) to recommend to Food Ministers? Please provide your rationale for your preference.

Option 3: Regulatory approach

Please input your response below. :

Please see our responses above for further details.

16 Please provide any other information on costs, timeframes, and feasibility for the options discussed in this consultation.

Please input your response below. :

None.

17 Please provide any other comments or points for consideration that may not have been addressed in this consultation.

Please input your response below. :

SWIFT COMPREHENSIVE REGULATORY ACTION IS NEEDED
As noted in the consultation paper “Government action on this issue is important to improve health outcomes for Australian and New Zealand children and to better align commercial foods for infants and young children with current guidelines and meet the expectations of parents, guardians and carers”. This requires a comprehensive suite of regulatory approaches to change the composition, labelling, marketing and texture of foods for infants and young children. The Statement of the Problem and the proposed objective identified in the Consultation paper have driven the approaches that have been put forward for consideration, and while we agree with each of the issues raised in the Statement of the Problem, it does not cover all the issues with foods for infants and young children. See our response to Question 10, specifically our recommendations in addition to the composition, labelling and texture elements flagged for regulatory approaches under Option 3.
To protect our youngest Australians, comprehensive changes to the composition, labelling, marketing and texture of commercial foods for infants and young children are imperative. To be effective, these changes must be mandatory and compliance with them must be strictly monitored and enforced.

PRODUCTS IN SCOPE
We strongly support the ‘products in scope’ for this work as detailed on page 5 of the consultation paper. Given the subjective nature of some of this classification, we recommend that any products for older children are clearly labelled as suitable from 4 years of age (4years+ age on the front-of-pack) in order for this classification to be effective and to clearly distinguish foods for infants and young children from other commercially available foods for older children. We note this is international best practice as set out in the NPPM.
We note that toddler milks are specifically out of scope for this consultation. These drinks are not necessary for young children and are of significant concern. Heavily marketed as a staple part of young children’s diets, these drinks are highly processed, high in sugar and displace whole foods. We note Food Ministers’ concern with these drinks, as noted in the Food Ministers Meeting Communique – 25 July 2024, and strongly support their referral to the Food Regulation Standing Committee for these drinks to be considered in more detail. We strongly recommend that consideration is given not only to the nutritional content of these drinks but also to the manner in which they are promoted and marketed. As noted in the consultation paper, infant formula products are not permitted to carry health and nutrition content claims. We recommend this exception is extended to toddler milks.

HEALTH STAR RATING SYSTEM
We note the consultation paper’s summary of the HSR System. Infant foods are currently excluded from carrying HSR (captured by Standard 2.9.2 of the Food Standards Code), but foods for young children 12 months and over may carry it. As noted in the consultation paper, HSR is only displayed on 23% of foods for young children because HSR is currently voluntary (mostly on yoghurts that do not have explicit ages on packaging).
We support the current exclusion of infant foods from the HSR System and recommend that this is extended to foods for young children. As noted in the consultation paper “there are challenges that mean the HSR is not suitable for foods for infants and young children.”
Food Ministers have commenced a process for considering a mandatory HSR. A mandatory HSR could have potential to provide parents with useful information on foods for infants and young children, however, specific consideration to ensure the HSR algorithm is strengthened and validated across

this category specifically would need to be undertaken.

ULTRA-PROCESSING

We note the consultation paper does not address the rapidly growing evidence on the harms of ultra-processed foods, with our concern centred on the significant share of these foods in the diets of infants and young children. As noted in the studies referenced as numbers 48 and 61 in the consultation paper, in Australia ultra-processed and discretionary foods contribute to close to 50% of the total dietary intake of young children and 85% of commercial foods for young children in Australia are ultra-processed. In New Zealand, ultra-processed foods are estimated to contribute nearly half the calories in the diets of pre-schoolers (aged 12-60 months) (Ref 1). Rapidly growing evidence shows diets high in ultra-processed foods are associated with adverse metabolic and chronic disease outcomes, including mental ill health. Mechanisms explaining these impacts include not only the poor nutritional quality of many ultra-processed diets, but also disruption of appetite regulation, negative impact on gut microbiota, promotion of inflammation and oxidative stress, and exposure to endocrine disrupters from contact plastic packaging (Ref 2). It is important that work to improve foods for infants and young children considers this evidence and shifts the market away from ultra-processed options to foods that are aligned with the dietary guidelines –minimally processed whole foods.

Ref 1 Louise J. Fangupo, Jillian J. Haszard, Barry J. Taylor, Andrew R. Gray, Julie A. Lawrence, Rachael W. Taylor (2021) Ultra-Processed Food Intake and Associations With Demographic Factors in Young New Zealand Children. Journal of the Academy of Nutrition and Dietetics, 121 (2).

Ref 2 Lane, M. M., Gamage, E., Du, S., Ashtree, D. N., McGuinness, A. J., Gauci, S., ... & Marx, W. (2024). Ultra-processed food exposure and adverse health outcomes: umbrella review of epidemiological meta-analyses. BMJ, 384.

WIDER CONTEXT OF EARLY CHILDHOOD NUTRITION

We note the wider context of early childhood nutrition within which commercial foods for infants and young children exist and the additional work that is needed to support improvements to young children's diets and nutrition. We recommend Government fund and support:

-regular extensive infant and young child feeding and dietary surveys, including biomarkers. We note that consistent methodology and questions must be used so that survey data can be compared over time and flexibility must be built into the surveys to enable follow up questioning

-the development of specific updated dietary guidelines for infants and young children as part of the review of the Australian Dietary Guidelines, as they are doing for older Australians.

the national roll out of evidenced based nutrition programs that have been shown to improve children's diets (such as INFANT) to complement (not replace) regulatory approaches.

-the development and distribution of resources to support infant and young child feeding like the Grow&Go Toolbox.

-adequate parental leave.

SUMMARY OF RECOMMENDATIONS

We recommend comprehensive regulation to ensure commercial foods for infants and young children align with international best practice and dietary guidelines. We recommend an implementation period of two years.

LABELLING & MARKETING

-No health, nutrition content or other claims on foods for infants and young children

-No child-directed marketing on foods for infants and young children

-Foods for infants are only permitted to be marketed as suitable from 6 months of age

-Snacks are only permitted to be marketed as suitable for young children over 12 months of age

-Fruit and vegetable imagery and names cannot be used where whole fruits and vegetables do not form a substantial part of the product

-All product names must accurately reflect main ingredients

-Any products for older children are clearly labelled as suitable from 4 years of age (4 years+ age on the front-of-pack)

-Statements to protect and promote breastfeeding are on all foods for infants and young children

-Foods for young children are excluded from the HSR System as per the exclusion for infant foods

-Clearer labelling of key ingredients

TEXTURE & AGE APPROPRIATENESS

-Pouches with spouts are only permitted to be marketed as suitable for 6–9-month-olds; and must carry front of pack statements they should not be consumed from the spout; must be decanted and are not appropriate for young children over 9 months of age

-Foods marketed to young children above 9 months of age must be chewable

-Prohibit any drinks for infants and young children, other than water, unflavoured milk and any drinks regulated by Standards 2.9.2 and 2.9.3 of the Food Standards Code

-Maximum serve sizes are set for each food category and age

COMPOSITION

-Regulate sugar and sweetness in all foods for infants and young children: Maximum total sugar thresholds / No Added Sugars / No ingredients extracted from fruits / No non-sugar sweeteners / Limits on fruit in savoury meals and dairy products

- Maximum sodium thresholds for all foods for infants and young children

-Regulating the contents of snack foods specifically; including the overuse of refined flours, oils, flavourings, additives and powders and ensuring they are not fortified

-Minimum protein requirements for savoury meals

-Energy density thresholds for each food category

-Saturated fat thresholds for all foods for infants and young children

-No trans fats in any foods for infants and young children