

**Submission to WA Parliamentary inquiry into the most effective ways for
Western Australia to address food insecurity for children and young people
affected by poverty**

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Joint Standing Committee on the Commissioner for Children and Young People
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Disclosures

Associate Professor Pollard is the Public Health Association of Australia's VP (Development) and on the Foodbank WA Board of Directors.

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We would like to acknowledge all of those whose work has assisted us to prepare this report.

Curtin University's PHAIWA would like to pay our respect to the Aboriginal and Torres Strait Islander members of our community by acknowledging the traditional owners of the land on which our campuses are located (the Wadjuk people of the Nyungar Nation; and on our Kalgoorlie Campus, the Wongutha people of the North-Eastern Goldfields) and we acknowledge current and emerging leaders. We recognises and respects their cultural heritage, beliefs and relationship to their ancestral lands, which continue to be important to The First Nations Peoples living today.

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Contents

Introduction	4
Background	5
Why food insecurity is a problem for children’s health and wellbeing	5
Who and how many children are affected by food insecurity in Western Australia	6
Solutions to childhood food insecurity in Western Australia	9
Monitoring child food insecurity in Western Australia.....	11
Food insecurity and Aboriginal and Torres Strait Islander children in Western Australia	12
Addressing child food insecurity and social vulnerability in Western Australia.....	15
Applying a child and nutrition focus when addressing food insecurity.....	16
Other recommendations	17
References	19

Introduction

The Public Health Advocacy Institute (PHAI) aims to promote, develop and support public health advocacy. Established in April 2008, the institute is an independent public health voice based within Curtin University. Advocacy is recognised by the World Health Organization (WHO) as one of three major strategies for achieving health promotion goals. The WHO describes advocacy for health as a 'combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program.'

One of our aims is to strengthen the evidence base for public health action and policy and translate relevant research to facilitate change and action. This is our intent with this submission. We do not work alone, and draw on our supporters, colleagues and friends to respond to important issues.

We welcome the opportunity to provide input into the Joint Standing Committee on the Commissioner for Children and Young People's Inquiry into *The most effective ways for Western Australia to address food insecurity for children and young people affected by poverty*.

Our submission responds to the investigation through the public health lens. The tyranny of distance and climatic considerations for WA are unique, in part due to its size and geographical isolation. Covering an area of 2,526,768km with around 10th of the Australian population mostly housed in the Perth metropolitan area.

We provide commentary based on our research and practical experience and an assessment of the current literature.

1. The impact of poor nutrition on children and young people and the extent of the problem in Western Australia.
2. Challenges for children and young people in accessing enough nutritious food.
3. The extent to which food relief:
 - a. is currently accessed by children and young people, including at school and in early childhood education and care settings
 - b. Is effective.
4. The extent to which food literacy programs aimed at children and young people and/or their parents/carers:
 - a. Are currently accessed
 - b. Are effective.
5. Government-funded school lunch programs.
6. Any other existing or potential initiatives.
7. Western Australia's obligations and responsibilities to monitor and address food insecurity as an aspect of child wellbeing.

We note that you are particularly keen to hear about the experiences of Aboriginal and Torres Strait Islander children and the children of refugees and newly arrived migrants.*

We have made 21 discrete recommendations and would be willing to provide more information or discuss this submission further.

Background

Food insecurity, the income-related lack of access to nutritionally adequate and safe foods or the inability to obtain such foods in socially acceptable ways(1), continues to increase across Western Australia (WA) impacting the health and wellbeing of those affected.

Household food security exists when " all people at all times have physical, social, and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences for a healthy and active life" (2). Food insecurity is experienced when there is a disruption in food consumption or eating patterns usually as a result of limited financial or other resources and supports, representing a violation of fundamental rights to access adequate and nutritious food (3). Food-insecure households are characterised by an insufficient quantity and/or quality of food available for consumption. Children who live in these families are at high risk of being exposed to an overall household context that presents developmental challenges.

Both culturally appropriate and socially acceptable means of accessing food are key, "food secure individuals and households are capable of sustaining an adequate supply of quality, safe food without resorting to emergency food relief, begging, stealing, or scavenging to obtain food."2¹

The Committee notes the obligations that Australia and Western Australia have to international agreements related to food security and poverty (4) Food and Nutrition Security (FNS) policies and programs relate to the whole population, but priority must be given to the most vulnerable groups and individuals in society, in this case children.

We note that the Committee recognises that reducing poverty is a long-term proposition that relies primarily on Federal government action and make recommendations to support the Committee to formulate state-based action and that the Committee is interested in specific actions to support culturally and linguistically diverse population groups.

While the severity of food insecurity is increasing in developing countries, the prevalence of household food insecurity is increasing in developed countries, including Australia (5-7). The 2019 the 100 families WA baseline survey of financially disadvantaged families found that 2/3rd of adults with children reported sometimes/often not being able to feed their children a balanced meal because they could not afford food, 27% had cut the size of their children's meals in the past 12 months and 13% of reported that at least one of their children had to skip meals because there was not enough money to buy food (8).

The increasing frequency of health and natural disasters, including the COVID-19 pandemic, has increased the prevalence of household food insecurity and children living in these families experiencing food insecurity (9, 10).

Why food insecurity is a problem for children's health and wellbeing

Families with children are more likely to experience food insecurity than those without children (11) and children experiencing food insecurity are under stress, given the important role food has in family wellbeing and functioning. This is particularly a concern as childhood is a critical stage in the life course where health foundations are established (12). A range of costly and preventable health and developmental consequences are associated with food insecurity in children. Children from families experiencing food-insecurity are more likely to experience mental issues (e.g., stress, anxiety, depression, psychological distress (13, 14), poor physical function (15), poor social interaction, (e.g., aggressiveness) (16), emotional and behavioural problems (12, 17), and weight

¹ Food and Agriculture Organisation, Declaration of the World Summit on Food Security. 2009: Rome, Italy.

extremes(18-20). Inappropriate weight gain is usually due to the consumption of energy-dense nutritionally poor foods that are generally cheaper to purchase as inadequate physical activity (15, 21). Food insecurity impacts child development through multiple mechanisms, including decreased quantity of food, compromised food quality, and heightened stress and anxiety associated with finding food, decreased amount of food, smaller meals, sub-optimal nutrient intake (22).

The likelihood of adverse health consequences increases with the severity and duration of food insecurity (13). For example, severe food insecurity in children (including adolescents) has been associated with chronic health issues, including lifetime asthma (13, 23), impaired cognitive skills (24), prolonged mental disorders (13, 23), a higher chance of suicidal ideation (25), a higher risk of chronic diet-related conditions like diabetes, heart diseases, kidney diseases and hypertension later in life (26), and reduced life expectancy (27). Childhood food insecurity resulting in hunger and malnutrition increases the risk of poor health and wellbeing, with worry, stigma, and shame related to food challenges. Eventually, this poor quality of life and lack of economic opportunity can embed these conditions, increasing the risk of child food insecurity, creating a cycle across generations (28).

Food insecurity impacts on physical, social, cognitive, and behavioral development of children, independent of poverty and *“household food insecurity impedes children from reaching their full physical, cognitive, and psychosocial potential.”* Gallegos (22).

Who and how many children are affected by food insecurity in Western Australia

The WA Food Stress Index, developed by Landrigan et al (2018)(29) found that over 60,000 WA families experienced food stress (the precursor to food insecurity). Families experience food stress if they need to spend over 25% of their disposable income on food to acquire a basic and nutritious diet. This number affected is likely to have increased given the current context (e.g. increasing costs of living, including increasing food prices, resulting in less disposable income). Other factors, such as sudden illness, unemployment (30) and stressful life events (e.g. e.g., onset of a serious health condition or unanticipated unemployment) can push families into long-term food insecurity. The WA Food Relief Framework, [here](#), identified the value of the FSI, and members called for identification of food stress at local geographic areas, and basic and nutritious food basket information to be incorporated into the FSI and made available to Fair Food WA. This information was used to guide food relief in response to the fires and the COVID disaster management planning. Case studies outlining the use of the FSI are reported (31). The links provided show how the Food Stress Index has been used to support food relief, for further information watch the two Community Sector Recovery Series webinars, [here](#).

The 2012-13 National Dietary Survey assessed the dietary status of Indigenous Australians and found they were 1.5 times as likely to be affected by obesity as non-Indigenous Australians (30% of Indigenous children aged 2–14 years and 66% of persons aged 15 years were food insecure² Underweight was almost twice as common in Indigenous children.³ Unfortunately neither food insecurity nor dietary intake have been measured by the Australian Bureau of Statistics since the 2012 -13 survey.

1. Connecting to secure healthy food for all West Australians: Food Stress Index – A world first

² Australian Bureau of Statistics. Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results - Food and Nutrients, 2012- 13. Canberra: ABS, 2015.

³ AIHW. The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples: 2015. Cat. no. IHW 147. Canberra: AIHW, 2015.

2. Connecting to secure healthy food for all West Australians: COVID-19 and Food Relief Prioritisation.

With the release of the 2021 census, there is a need to update the FSI and to make the information publicly available. The need for a nuanced childhood vulnerability and Food Stress Index (Child Food Stress Index) has been proposed by this team. This index would focus on geographically based child issues and bring together place-based solutions. Both would require conducting an updated WA Food Access and Costs Survey (FACS), with updated methodology from the surveys conducted previously, [here](#)

The household is an important context shaping a child's food security as economic and other resources are allocated to the children at the household level (15). As any child living in a household experiencing any degree of food insecurity may be at risk, it is important to use the United States Department of Agriculture (USDA) 18-item Food Security Survey Module (FSSM) for food security monitoring and surveillance. This tool is widely accepted as a gold standard instrument as it measures household food insecurity comprehensively and consistently, and measures childhood food insecurity (32, 33). The East Metropolitan Health Service has incorporated the FSSM with the WA HWSS across the Perth metropolitan areas since 2018. Although this is a good start, this needs to be further included across all WA locations (including regional and remote areas). Evidence indicates that the likelihood of food insecurity in children is higher in regional and remote areas (34).

Monitoring child food insecurity merely in the households system may not tap children's perspectives on their own lives, nor do they flow from a conceptualisation of food insecurity that is grounded in children's experiences, their roles within households, or how they make sense of their environments (35). Children, especially younger children, might not be able to speculate on the cause of food insecurity in their households; however, older children and adolescents may report their experience of food insecurity or/and hunger (36). Developing a system to involve children's experiences, particularly older children, through semi-structured surveys, for example, will give the overall picture of child food insecurity. This system would 1) be grounded in a core conceptualisation of child food insecurity that derives from children's experiences, 2) identify indicators that tap those childhood experiences with equivalence across cultures, situations, and languages, and 3) be widely and regularly implemented, allowing for cross-sectional comparisons as well as for tracking progress in the state-wide representative of children's experiences. This will help to fully address the problem in WA, including children in institutional settings and homeless children, highly vulnerable household situations (e.g., migrant workers), those living in refugee camps, and multi-family or extended family households that can substantially address the possibility of under-represent in household level.

RECOMMENDATION

1. Update the WA Food Stress Index and develop a WA Child Food Stress Index
2. Advocate for inclusion of food insecurity in the next, and all, national population-based nutrition-related and social surveys; and for Department of Health in WA to advocate for (and fund if necessary) oversampling of these measures in remote WA communities
3. WA government to monitor food insecurity using a validated and comprehensive tool measures childhood food insecurity and family social vulnerability
4. Advocate for use of the United States Department of Agriculture (USDA) 18-item Food Security Survey Module (FSSM) for all food and nutrition security monitoring, including at food relief organisations, health services, and statewide surveys.
5. Suggest WA Health follow the lead of the metropolitan health services in this endeavour.
6. Monitoring child food insecurity at an individual level – understand children's perspectives

Food insecurity risk among families experiencing life stressors

Stressors are important in explaining health and wellbeing throughout the lifecourse, and suggest that we consider how stressors and precariousness can be built into policy or programs to address food insecurity. Temple's analysis of the 2014 General Household Survey identified 18 types of stressful events or life stressors more likely to be reported by food insecure adults, many of these that would impact children. Life stressors included: divorce or separation, death of a family member or close friend, serious illness or accident, alcohol or drug related problem, serious disability, not able to get a job, involuntary job loss, witness to violence, abuse or violent crime, trouble with police, gambling problem, discrimination-due to ethnic or cultural background, discrimination for another reason, bullying or harassment, removal of children (37).

The prevalence of food insecurity was considerably higher among those experiencing stressors, and experiencing multiple stressors increased the odds of food insecurity.

Food insecure and secure respondents reported large differences in not being able to get a job (40.5% v 16.8%) and mental illness (34.9% v 13.0%) (37) and half of those experiencing food insecurity reported three or more stressors. Only 2% of the overall population at the time were food insecure, the prevalence was very high among those reporting witness to violence (12.6%), removal of children (11.7%), abuse or violent crime (9.3%), trouble with the police (9.3%), discrimination—other reason (8.7%) and bullying or harassment (6.1%) and discrimination due to ethnic or cultural background (5.1%) (37).

Australians reporting witness to violence, removal of children, trouble with police, discrimination—other reason, abuse or violent crime and bullying/harassment were three more times more likely to report food insecurity (37).

Relative to no stressors, those reporting two stressors were 1.8 times more likely to be food insecure, 3-4 stressors were 3.8 time more likely, and five or more stressors were 8.9 times more likely to be food insecure.

These findings demonstrate the complexity of the determinants of food insecurity and propose some solutions that can be actioned by the broader community to protect financial wellbeing against stressors. The solutions related to the stressor, including: financial education, insurance and financial planning and preparedness (noting that lifelong disadvantage and detachment from the labour market makes planning complex, if not unfeasible); policy to support the health of food insecure people. The association between mental health stressors and food insecurity suggest strategies to address the difficulties accessing and funding mental health care and support programs in Australia is important.

“complex policy solutions to food insecurity which must extend beyond food and nutrition programs alone... The complexity of these problems and their solutions again underscore the multidimensional levers that must be employed by governments to address food insecurity.” Temple pg 9

As noted by the Committee the suitability of income support through the welfare system must be raised, a -as must the rate, as states have a key role in advocating for their citizens. Un- or under-employment is a particular determinant of food insecurity.

Violence and addiction including alcohol or drug related problems and gambling are precursors to food insecurity. “The complexity of these problems and their solutions again underscore the multidimensional levers that must be employed by governments to address food insecurity. “

Also, the latest census results can be used to include more nuanced information in a revised FSI.

The association between removal of children and food insecurity was very strong and highly significant. There is a high prevalence of Aboriginal children in out-of-home care relative to non-Indigenous children [53] and as Aboriginal and Torres Strait Islander population are at a considerably higher risk of food insecurity in Australia, it may be that the measure of removal of children is confounding this effect [23]. The National Aboriginal and Torres Strait Islander Social Survey (NATSISS) collects similar measures of food insecurity and stressors to those collected in the GSS and the analysis could be replicated for the Aboriginal and Torres Strait Islander population.

Children living in food insecure households are more likely to have substandard food and nutrition intakes, and experience development delays, behaviour issues and increased use of health services.

The prevalence of household food insecurity among paediatric outpatients (n=148) in two Brisbane hospitals was 41%, with 16% experiencing very low food insecurity, and importantly, household with a child of fair/poor health had 5.59 greater odds of experiencing food insecurity. (38).

Solutions to childhood food insecurity in Western Australia

As well as public policies to alleviate poverty, a comprehensive and strategic range of policies and programs can be developed and implemented at the state or local level to address food insecurity. These are best developed within an overarching framework, with a cross-sector and Department context. The Figure below outlines a multi-sectoral actions on food and nutrition security adapted by Pollard and Booth (7), pg 6.

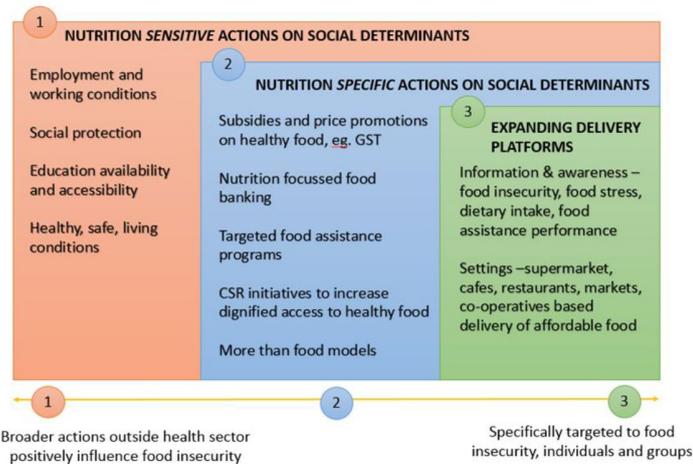


Figure 1. Typology of multi-sectoral actions on food and nutrition security (Adapted from Figure 8 p. 45 Discussion Paper Addressing the Social Determinants of Non-communicable Diseases [52]).

All actions to address household food insecurity in families where there are children will support them, however, it is useful to also examine specific action to improve food insecurity in childhood through the child development lens and consider the multiple risk and protective factors and across systems, and the socio-ecological model provides a way to view the problem and potential solutions. As outlined in Gallegos et al (2021) author generated Figure 2 pg 12 (22).

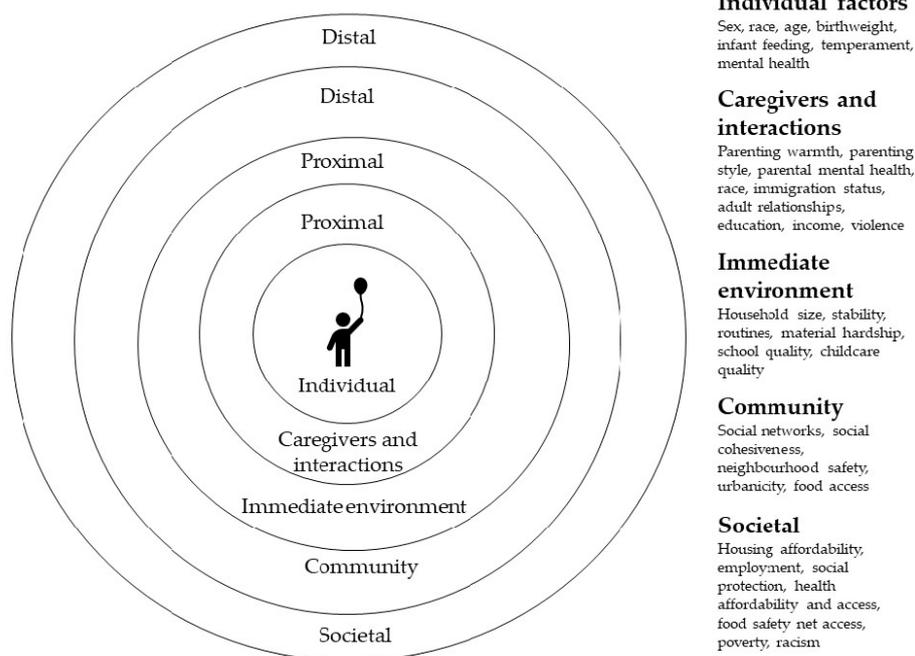


Figure 2. Socio-ecological proximal and distal factors impacting food security and child development (author generated).

Gallegos (2021) highlights the need for programs and policies to support families to improve the quality of home and school environments, caregiver-child relationships and interactions, parental mental health, and individual differences in biology and temperament are needed. Specific interventions recommended included:

- Strategies to support maternal and other carers mental health, parenting stress and parenting practices. Grandparent and other kinship networks should be considered.
- Social support to borrow money and provide emergency childcare
- Increasing eligibility and ease of access to social protection measures.

Many of these types of actions can be developed or initiated at the state level. Again, the recommendations support cross-sector, cross department action, “explored broader societal issues, such as lack of social cohesion, racism, violence, and neighbourhood safety and how these impact food insecurity” Gallegos et al (2021) pg 13. (22).

High-level political commitment, governance mechanisms to facilitate and coordinate multi-sector responses, and robust structures for monitoring, evaluation and accountability are needed (7). Strong advocacy is needed to create cross-sector, cross-government engagement to build a shared understanding of childhood food insecurity and to identify specific WA actions to address it.

Recent professional groups have highlighted the urgent need to strengthen food and nutrition security to promote public health (39, 40) For example, “*The American College of Physicians affirms the need for all persons to have adequate access to healthful foods and urges policymakers to make addressing food insecurity and nutritional drivers of health a policy and funding priority.*” Pg 2 and the call to prioritise a shift from hunger relief to a focus on food security (41) . It is timely and important that we in Western Australia do not make the same mistakes as our counterparts and focus on responding to the determinants of child food insecurity, as the CEO of Feeding America

asserts, *“The world should not follow the failed United States model of fighting domestic hunger.”*(42)

RECOMMENDATION

7. To effectively explore household, family, school, and community environments together and create a nuanced program of activities to support childhood food security; a well resourced, implemented and evaluated a WA Food Security Strategy is critical.. Prioritise food insecurity over hunger relief.

Monitoring child food insecurity in Western Australia

Despite numerous studies demonstrating that childhood food insecurity and its consequences are detrimental to the health and wellbeing of children, the problem is relatively hidden in Western Australia and Australia. This is due to a lack of routine monitoring and surveillance of the prevalence and severity of food insecurity at the population level in general, and particularly among children. Widely utilised measures to estimate the prevalence of food insecurity in Australia, incorporate one to two questions. The 2013 Australian Health Survey estimated 4% of Australians ran out of food in the previous year using the single item measure: *“In the last 12 months was there any time you have run out of food and not been able to purchase more?”* (43). The WA Health and Wellbeing Surveillance System (HWSS) has used this measure since 2002.

Using this one measure has serious limitations; it does not measure the severity of food insecurity (e. g., low versus high) and underestimates the extent of the problem overall (44). Importantly, it does not measure food insecurity among children. The lack of this information routine and robust monitoring of food insecurity impacts the prioritisation of the issue and policy decisions impacted the ability to effectively and comprehensively monitor and address child food insecurity, its causes and consequences in WA. Therefore, an effective state-wide monitoring system for child food insecurity is crucial to increase awareness about the nature, extent, and distribution of the problem across metropolitan and regional/remote areas in WA and over time.

As well most research regarding is based on adults proxying for children’s experiences of food insecurity. What is it like for children? From their perspective, what impact does financial disadvantage and food insecurity have on them? We believe that children assist us to develop policies that are child-focussed. Velardo (2021) interviewed a small sample of children from severely disadvantaged backgrounds in South Australia attending holiday camps, to explore Australian children’s firsthand understanding or experience of household food insecurity to inform effective policy and program responses (36). The findings highlight children’s experience:

- These young people described family living situations that reflected the social determinants of health, poverty, overcrowding, parent’s long-term unemployment and multiple jobs, disability, blended families, single parent families.
- The children understood financial hardship and food insecurity and were clearly impacted by the experience.
- They were acutely aware that there was not enough food for everyone and described their families’ strategies for coping. Some were accused of ‘stealing’ food if they took it from their home pantry, others hid food so they would be able to eat later.
- They could be described as ‘over-responsible’ knowing how to plan and prepare meals.
- They were saddened by the fate of others they knew who went without food and had ideas about how their problems could be solved.

Entrenched severe disadvantage means that, without ongoing financial assistance, not just food, these children are likely to grow up with this precariousness and traumatic circumstance. Food

insecurity is an ongoing reality for children living in single parent families and those whose parents receive inadequate government financial assistance.

Food insecurity and Aboriginal and Torres Strait Islander children in Western Australia

Aboriginal and Torres Strait Islander people living in both urban and rural areas in Western Australia experience food insecurity. Almost two years to the day, we responded to the House of Representatives Standing Committee on Indigenous Affairs' Inquiry into Food Prices and Food Insecurity in Remote Indigenous Communities, see submission 101, [here](#). We note an alarming degree of inaction in addressing food insecurity among Aboriginal and Torres Strait Islander people in Western Australia – quoting Political Amnesia resulting in three decades of failed action.

This Inquiry is now **the 13th major government review or inquiry** the issues of food insecurity among Aboriginal and Torres Strait Islander people in Australia that we are aware of. Starting with promise with the **1994** Taskforce on Aboriginal Social Justice Report (led by Emeritus Professor Mike Daube (AO), former PHAI Director); the **1997** Commonwealth Office of Aboriginal and Torres Strait Islander Health Services' critical review of the evidence for successful food supply and nutrition programs for Aboriginal and Torres Strait Islander peoples; **1999** with the establishment of the National Aboriginal and Torres Strait Islander Nutrition Working Party who took responsibility for overseeing development of the National Aboriginal and Torres Strait Islander Peoples in Australia Nutrition Strategy and Action Plan (NATSINSAP)⁴, the **2003** National Obesity Taskforce Aboriginal and Torres Strait Islander Strategy (undertaken by WA Health and led by our current director Associate Professor Pollard), **2003** The FoodNorth: food for health in north Australia⁵ the **2007** Northern Territory National Emergency Response Act 2007 (NTER); the **2008** House Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into the operational and local community stores in Aboriginal and Torres Strait Islander communities resulting in the Everybody's Business report⁶; and the **2009** Council of Australian Government's (COAG) National Strategy for Food Security in Remote Indigenous Communities; the **2012** The Way Forward Food Security & Health Food in Western Australia⁷, the **2014** The Auditor-General Australian National Audit Office (ANAO) Report No.2 2014–15 Performance Audit Department of the Prime Minister and Cabinet's Food Security in Remote Indigenous Communities⁸; **2019-2020** Australian Government Close the Gap report suggests there have been some improvements but in WA only two targets are on track; and the **2020** Representatives Standing Committee on Indigenous Affairs' Inquiry into Food Prices and Food Insecurity in Remote Indigenous Communities.

PHAI has worked in and with many remote communities across WA in a diverse range of areas. Specific projects relevant to this inquiry include: the WA Indigenous Storybook, the Ending Trachoma Project; and the Water Bubbler Project. As well, members of our team have been involved in undertaking food security and food access and pricing research in these communities and have been involved in developing Government food security policy for remote Indigenous communities. We

⁴ 'Eat Well Australia' and its Indigenous component the 'National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)', developed by the Strategic Inter-Governmental Nutrition Alliance of the National Public Health Partnership.

https://webarchive.nla.gov.au/awa/20140212191740/http://www.nphp.gov.au/publications/a_z.htm

⁵ Leonard, D. 2003. Food North: Food for Health in north Australia. July 2003. North Australian Nutritionists Group (NANG) for the north Australian Health Ministers (Western Australia, Northern Territory, and Queensland).

⁶ House of Representatives and Aboriginal and Torres Strait Islander Affairs Committee, Everybody's Business. Remote Aboriginal and Torres Strait Community Stores. 2009: Canberra.

⁷ Pollard, C.M., Bornman, J. The Way Forward: Food Security and Healthy Food in Western Australia Workshop Report, 9th February. Curtin University, Western Australia

⁸ https://www.anao.gov.au/sites/default/files/ANAO_Report_2014-2015_02.pdf

offers four types of evidence to inform our key points and recommendations in response to the terms of references of the Inquiry.

The Trachoma Project

PHAI's Ending Trachoma program, led by Dr Melissa Stoneham, works to reduce the prevalence of this preventable, harmful childhood disease focussing on environmental change and facial cleanliness. We enter homes in remote communities to audit wet areas and fix minor plumbing issues. We see many kitchens and food preparation areas and health hardware in these areas, along with sanitation, is essential to maintaining food insecurity. This culturally sensitive project uses extensive procedures and frameworks consistent with the WHO SAFE Strategy (<https://www.who.int/trachoma/strategy/en/>). Poorly maintained housing is associated with trachoma, foodborne illness and gastrointestinal infections, skin-related diseases, viral conditions such as influenza, and, food insecurity. The ability to wash is a critical factor in preventing trachoma. The main strategy of the project is that locally employed Aboriginal Environmental Health Workers (AEHWs) and the team enter into people's homes, with permission, to audit and where possible fix minor plumbing issues. We provide soap, towel hooks, mirrors and hand washing stickers as well as talk with the adults in the home about why and when it is important to wash their hands and face.

Where possible, we enter with trades people so that major plumbing issues can be immediately rectified. Overcrowding results in toilets and taps being used frequently, increasing the likelihood of wear and tear. This reinforces the need for regular proactive maintenance but also the need for high-quality and fit-for-purpose-fittings. The Trachoma Project aims to provide these with the funding provided and partnerships with Housing. Building the capacity of the local AEHW workforce is a key focus of the project. We deliver on-the-job training (in providing bathroom audits, developing and providing health messages to community members) and assist with the "giving back" event (e.g. community BBQ, movie night and bouncy castle where service providers assist with the event wherever possible and the AEHWs are encouraged to lead this event with their community). We also provide support AEHWs to develop a Community Environmental Health Action Plan (CEHAP).

"Many kitchens we visit do not have functional hardware such as refrigerators and stoves."

For example, a recent small sample of kitchen audits found only 38% of houses had a working fridge. As would be expected, there was little evidence of fresh nutritious foods needed to support childhood growth and development. The Figure below shows the poor functionality of kitchens in home in remote Western Australian communities.

A regular housing maintenance program that is responsive to community needs is critically needed. To ensure food security in these communities. There is a key opportunity to address these maintenance needs accompanied with a health promotion program to enable Aboriginal people to understand germ theory in its simplest form and the need for cleaning procedures to prevent ill-health. Being able to access locally produced cleaning products (e.g. with bicarb soda, etc.) or mainstream cleaning products from the community stores at reasonable prices is also required. The recent COVID-19 pandemic sanitation recommendations as part of the public health response highlights the needs for these.

The availability of food in remote communities is limited due to numerous transport, logistic and competition issues. The price is also higher. Remote stores vary in size, storage capacity, delivery schedules and variety of food offered. Some stores are run by the community and others by external agencies such as Outback Stores (e.g. 13 in 2020 in WA). The cost of fruit and vegetables is more in remote communities, however, there has not been a WA Food Access & Costs Survey since 2013.



Figure shows kitchen hardware in some remote WA communities.

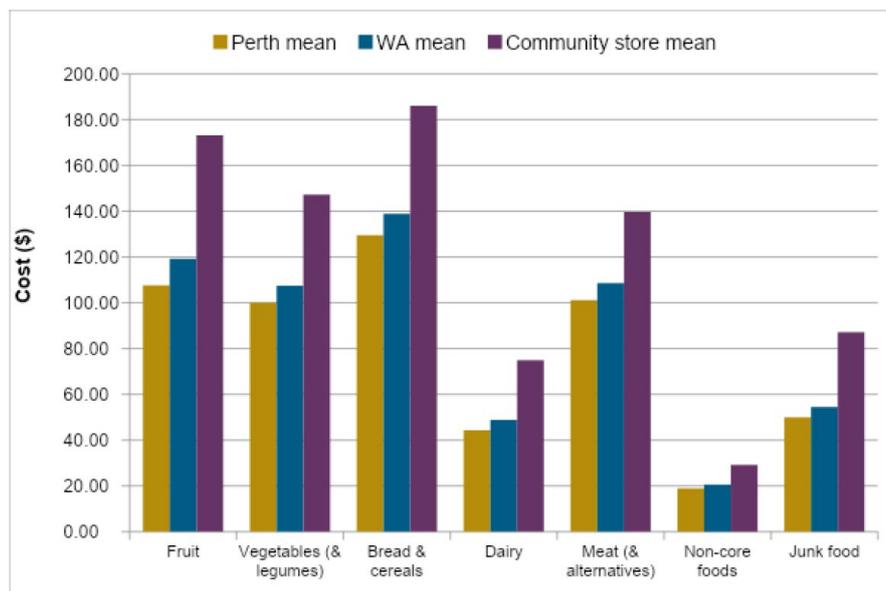


Figure 15: Mean cost of food groups for community stores, compared with mean for WA and Perth, FACS 2013

On average, the number of fruit and vegetable varieties available in community stores on the day of the survey was much lower than other supermarket chains, although the number of available varieties of both fruit and vegetables had increased since 2010.

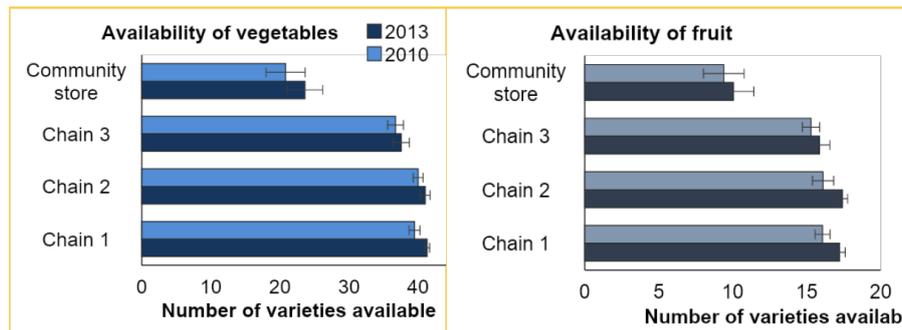


Figure 20: Availability of fruit and vegetable varieties by store chain, FACS 2013

The National Health and Medical Research Council, through the MRFF funds University's to undertake bring together diverse teams to research priority issues, importantly, the 2020 Maternal Health and First 2000 Days, Exercise and Nutrition and Early Childhood grants are relevant to this Inquiry. Monash University's Professor Julie Brimblecombe was awarded funds to undertake the Benchmarking for healthy stores in remote Aboriginal and Torres Strait Islander communities project to explore how food is promoted, priced and made available in food retail has considerable impact on consumer behaviour and subsequently population health. In partnership with government and Aboriginal health services, the remote retail sector and policymakers, the project will codesign and test the feasibility and effectiveness of an innovative benchmarking approach to support healthy food stores in remote Aboriginal and Torres Strait Islander communities and identify the pathway to set benchmarking into policy. The findings will be directly relevant to childhood food insecurity in Western Australia and includes a Curtin University chief investigator, [here](#).

Systems science is a new research area that shows promise in identifying drivers and determinants of childhood food insecurity and identifying priority interventions (45). Whatever intervention approach is chosen, it is essential that rigorous research be undertaken to support effective development, implementation and evaluation. This will be particularly relevant for culturally and linguistically diverse population sub-groups.

RECOMMENDATIONS

8. Monitor health hardware in kitchens and bathrooms and supporting maintenance and upkeep
9. Assess and co-develop culturally appropriate housing food preparation and eating areas
10. Triennial monitoring of food access and costs including essential non-food items (e.g. toilet paper, soap) with mechanisms to report on and respond to findings
11. Support and replicate learnings from research including the 2020 Medical Research Futures Fund Maternal Health and First 2000 Days projects, specifically the Benchmarking for healthy stores in remote Aboriginal and Torres Strait Islander communities project
12. Support rigorous research approaches to addressing childhood food insecurity

Addressing child food insecurity and social vulnerability in Western Australia

Child food insecurity and poor health and wellbeing are linked to a complex combination of individual-, community- and societal-level factors. Children may be rendered more vulnerable to food insecurity due to their socio-economic-demographic circumstances and the stressors they face. We know that food insecurity is directly linked to poverty, and children at risk of food insecurity are

usually from socially vulnerable families. The precariousness of children’s lives and risk of food insecurity is increased by factors associated with low-income, poor educational attainment, un- or under-employment of one or both parents or carers, welfare-dependency, residing in regional or remote Western Australia, being of Aboriginal and Torres Strait Islander background, living with single parents, renting, or being a refugee or newly arrive migrant or asylum seekers (43, 46-49).

Mapping the social determinants of food insecurity in households with children is crucial, indeed, so is the mapping of food insecurity. Firstly, these factors may be avoidable or modifiable through social, health or economic policies directed to households with children (7, 50). Secondly, food relief can have short-term benefits but does not address the root cause of food insecurity, so fails to eradicate food insecurity (51, 52). Thirdly, many families in need of food assistance avoid food relief as they feel stigmatised or ashamed (53). Fourthly, the food provided by food relief services is likely to be insufficient to address food insecurity due to cultural appropriateness, food suitability and quality, a lack of regularity and uniformity in supply or ability to meet recipients' preferences as foodbanks and other agencies rely on donated surplus foods (54, 55). Finally, children requiring food relief in Australia need a diet that consists of safe and nutritious food provided in adequate amounts, this is highly unlikely to be provided through food relief, nor should it.

RECOMMENDATIONS

13. Agencies, health services, community groups, parents and carers are supported to obtain safe, nutritious, appropriate, and suitable food for children in their care.
14. A comprehensive range of interventions and policies sensitive to the social vulnerabilities and immediate needs of children are incorporated into the WA Food Security Strategy.

Applying a child and nutrition focus when addressing food insecurity

Any strategy to address food insecurity should aim to firstly, reduce the ongoing risk of food insecurity. That means a focus on the drivers of food insecurity, rather than the short-term feeding response. Specific targeted and tailored responses are needed to address childhood food insecurity and it is time to move beyond just giving food – as simply providing food does not address food insecurity (56). Research continues to show that there may be some benefit in the provision of food to the most severely food insecure children – for a limited time, but interventions can have the adverse effect in children, adults and households experiencing less severe food insecurity (56). The experience from Canada and the UK highlights that new thinking about interventions design is needed to reduce child food insecurity and to prevent food insecurity from harming children. Tarasuk earlier this year highlighted that there is an urgent need to draw on parent, carers (including teachers, childcare workers) and children’s lived experience of food insecurity. The nexus between food insecurity and the school system could be explored, however, rather than the provision of food – the focus should be on parental support, employment assistance, and mental health services to address child and parent stress and anxiety, and material assistance to address housing deficiencies (e.g. fixing or replacing broken refrigerators) and improving food access (e.g. through transportation supports, or improving access to affordable retail food). Acknowledging and supporting families’ capabilities and strengths to provide food for their children is paramount.

It is likely that as Fram et al (2021) assert in for children in the US, that “most children from food insecure homes do not need additional free food, they need parents, families and helping systems empowered with a range of resources and opportunities to strengthen financial stability, enrich family function and nurture children’s nutrition and development.” Pg 574 (56).

After years of research in the field, Canada’s Tarasuk (2022) commented that reducing household

food insecurity requires the commitment of public revenue and resources to improve the living standards of low income families and recommends reforms to income and social support policies – we note, this is considered outside the scope of this Inquiry. However, it is within scope for the WA Government, elected members and other groups to advocate for such.

She also highlighted that after many years they can say that feeding programs (school lunches and food banks) are ineffective in reducing food insecurity. She noted that 2021 was the 40th anniversary foodbanks in Canada and that they are not working and have not worked to reduce food insecurity – stating that “Foodbanks and feeding programs are NOT food security programs.” There is a major criticism of school programs in that at best they have a trivial impact on household food insecurity, by providing one meal for 192 days of the school year.

Western Australia’s unique context needs to be considered when deciding a portfolio of interventions to address food insecurity. Feeding options through child-focussed settings need to be assessed for their cost effectiveness, providing nutritious food requires commercial equipment, staff with appropriate training and access to food. Most of the over 1,100 schools in Western Australia do not have these and are ‘tuckshops’ rather than food services. There will be some contexts however, where cooked meal service may be an important contributor to food security in children, for example, in very remote communities in Western Australia. Even then, it is important not to burden teachers or other educators with the role of delivering food to children.

Approaches should be driven by the UN Rights of the Child, that is to support children’s physical, social, emotional and economic access to a safe environment. Simply introducing school lunches will not address food insecurity in Western Australia.

Food relief will continue to be needed, and, at that time, families should have access to safe and nutritious foods.

Other recommendations

It is important that the Inquiry recognises that health and natural disasters, including the COVID-19 pandemic, bushfires, drought, and floods, have disproportionately impacted socially vulnerable individuals experiencing socio-economic disadvantage and often poor mental or physical health.

'A truly dignified food system is one where every individual and family has access to adequate, safe and nutritious food without the need for emergency food relief services.'

Addressing the social vulnerability of food insecurity in children is crucial as these factors are avoidable or modifiable with provisions of social policies and economic environments that are effective in shaping food insecurity in children (50). Hence, to comprehensively respond to food insecurity, policies such as increasing wage and welfare support, improving housing and un- or under-employment need to be actioned involving multi-sectoral collaboration (57). In 2020/21, up to 17% of children and young people in WA are estimated to be living below the poverty line (58); this equates to approximately 88,000 children and young people aged 0 to 14 years who may be vulnerable to food insecurity.

In 2020, 7,469 children and young people were on the public housing wait list, an increase from 6,824 children and young people in 2019; this will likely be associated with increased food insecurity (58). While collaboration exist, many operate in silos. It is, therefore, recommended to develop an overarching mechanism to assist in coordinated planning that promotes a more effective and efficient approach to alleviating child food insecurity in WA (59).

Evidence indicates that the food provided by food relief services is questionable in terms of food quality, uniformity, and meeting recipients' preferences as the types of food depend donations (18, 54).

Consider innovations to increase access to retail food supplies at an affordable price in isolated areas and a Special Supplemental Nutrition Program for children for children at high risk of food insecurity in the short period. Authorising discount variety stores and leveraging the private sector to increase the availability of affordable healthy food can increase accessibility, availability and utilisation of food. This especially needs to target those residing in low-income neighbourhoods and regional and remote areas in WA (60). In 2019, around 25% of the population of 0- to 17-year-olds resided in the regional and remote areas in WA (58).

RECOMMENDATIONS

15. Incorporate wage and welfare support, improving housing and un- or under-employment policies in the food insecurity response, actioned involving multi-sectoral collaboration
16. Support and expand Fair Food WA across government
17. Collaborate across governmental and non-governmental sectors in WA and with people with lived experience of food insecurity to improve children's housing and reduce barriers to childcare and transportation.
18. Although emergency food relief does not solve child food insecurity, the WA state government should provide additional funding to support agencies purchase, store and distribute appropriate and adequate quantities of nutritious foods, particularly perishable fruits, vegetables, dairy and meat.
19. Plan for nutritious food relief for disaster management.
20. Authorise discount variety stores and leveraging the private sector to increase the availability of affordable healthy food can increase accessibility, availability and utilisation of food.
21. Declare WA remote community stores *essential services* to protect food security.

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