

Submission to the Joint Standing Committee on the Commissioner for Children and Young People

The most effective ways for Western Australia to address food insecurity for children and young people affected by poverty

22 July 2022

The Aboriginal Health Council Western Australia (AHCWA) welcomes the opportunity to provide a submission to the Joint Standing Committee on the Commissioner for Children and Young People regarding the inquiry into “The most effective ways for Western Australia to address food insecurity for children and young people affected by poverty” (the Inquiry).

AHCWA is the peak body for 23 Aboriginal Community Controlled Health Services (ACCHS) in Western Australia (WA). WA ACCHS are located across geographically diverse metropolitan, regional and remote locations. They deliver the most effective model of comprehensive primary health care for Aboriginal people¹ and are in a unique position to identify and respond to the local, cultural and health issues of Aboriginal people and their communities across WA. AHCWA exists to support and act on behalf of its 23 Member ACCHS, actively representing and responding to their individual and collective needs.

This submission responds to key areas of the Inquiry’s Terms of Reference (particularly 1, 2, 3, and 4) and includes feedback provided by AHCWA’s Member Services, including the Clinical Leadership Group and Youth Committee. It highlights the barriers to food security in Aboriginal communities and the detrimental impact of poor nutrition on the physical health, and social and emotional wellbeing, of Aboriginal children and young people. This submission also raises issues around the challenges Aboriginal families face when attempting to access enough fresh, healthy, nutritious food.

It is AHCWA’s view that if we fail to address the social determinants of health – including poverty, unemployment and low income, and inadequate housing – and the underlying conditions that create food insecurity and poor nutrition in Aboriginal communities, then food insecurity will continue to negatively impact the health and wellbeing of Aboriginal children and young people across the State.

Food security

The United Nations recognised the right to food as a human right in the 1948 Universal Declaration of Human Rights (Article 25)² and in 1975, Australia ratified the legally binding International Covenant on Economic, Social and Cultural Rights, which guaranteed the right of everyone to have adequate food.³ By definition, food security is “when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that

¹ Throughout this submission, AHCWA uses the term ‘Aboriginal’ to respectfully refer to all Aboriginal and Torres Strait Islander people across Australia.

² <https://www.un.org/en/universal-declaration/human-rights/> (Accessed 3 June 2022)

³ <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx> (Accessed 3 June 2022)

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meets the dietary needs and food preferences for an active and healthy life”.⁴ Food insecurity exists “whenever the availability of nutritionally adequate and safe foods, or the ability to acquire acceptable food in socially acceptable ways is limited or uncertain.”⁵

In Australia, it is estimated that between 4 per cent and 13 per cent of the general population are food insecure and Aboriginal people experience food insecurity at higher rates than their non-Aboriginal counterparts, with between 22 per cent and 32 per cent of the Aboriginal population without secure access to food, depending on location.⁶ Rates of food insecurity are higher in remote communities⁷; however, Aboriginal people living in both urban areas and regional cities and towns also experience food insecurity with the effects of poverty, low household income, overcrowding and inadequate housing, and lack of access to transport negatively influencing food security across the State.

Impact of poor nutrition on Aboriginal mothers, children and young people in WA

From the earliest start in a child’s life, consuming nutritious food is essential to good physical health and development. Mothers who are well nourished are more likely to have children of normal birth weight. Good maternal nutrition, and healthy infant and childhood growth, are fundamental to achieving and maintaining good health throughout the life cycle. The lifelong impacts of poor maternal and infant health and nutrition are well known and include low birth weights and failure to properly grow and develop in infancy, which affects childhood growth and susceptibility to chronic disease.⁸ Research shows that a person’s susceptibility to chronic diseases is determined during pregnancy and is impacted by the mother’s exposure to risk factors, one of which is poor nutrition.⁹ Nutritious food is essential for brain development and not having enough healthy food while pregnant, or in early childhood, can result in malnutrition and lead to developmental delays and vulnerability.

The low birthweight rate among Aboriginal babies remains relatively high compared with non-Aboriginal babies. In 2019, 11.7 per cent of Aboriginal mothers gave birth to babies less than 2,500 grams compared with 6.4 per cent of non-Aboriginal mothers.¹⁰ Moreover, the rate of low birthweight among Aboriginal babies has not changed significantly since 2006. Target 2 of the National Agreement on Closing the Gap aims to increase the proportion of Aboriginal and Torres Strait islander babies with a healthy birthweight to 91 per cent by 2031. Nationally, in 2019, 89.5 per cent of Aboriginal babies were born with a healthy birthweight, an increase from 88.8 per cent in 2017.¹¹ In WA, 87.7 per cent of Aboriginal babies born in 2019 were of healthy birthweight, a proportion that has been slowly increasing since 2016 (86.8 per cent).¹² If Outcome 2 of the National Agreement is to be achieved – that Aboriginal children are born

⁴ Food and Agricultural Organization of the United Nations, Committee on World Food Security, 2012, p. 5

⁵ Food and Agricultural Organization of the United Nations, Committee on World Food Security, 2012, p. 5

⁶ Understanding food insecurity in Australia, CFCA Paper no. 55. 2020. Australian Institute of Family Studies. Commonwealth of Australia.

⁷ Council of Australian Governments (COAG) 2009. National Strategy for Food Security in Remote Indigenous Communities.

⁸ Barker, 1989 in https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/start-stronger-live-longer/2_mat_health_final.pdf

⁹ IBID

¹⁰ Australian Institute of Health and Welfare 2021, Data tables: Australia's mothers and babies 2019, Cat. no. PER 101. Accessed 3 December 2021.

¹¹ <https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area2>

¹² IBID

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healthy and strong – greater focus should be placed on programs and services that improve Aboriginal maternal and antenatal health, including nutrition.

The Australian Early Development Census (AEDC) is a population measure of children's development across five domains as they enter the first year of full-time school. This is a measure of how well children and families are supported from conception through to school age and includes physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; and communication skills and general knowledge.¹³ Recent data released by the Productivity Commission reflects the shortfall in the 10-year Closing the Gap target of having 55 per cent of Aboriginal and Torres Strait Islander children meeting national early development goals, with just 34.3 per cent of Aboriginal children meeting the threshold in 2021, down from 35.2 per cent in 2018.¹⁴

In WA, only 31.3 per cent of Aboriginal children were assessed as developmentally on track across all five domains in 2021, a decrease of 0.1 per cent from 2018.¹⁵ The data from WA showed an improvement in girls between 2018 and 2021 (35.4 per cent and 37.8 per cent respectively) and a decrease in boys from 2018 to 2021 (27.6 per cent and 24.9 per cent respectively). According to the 2021 AEDC, Aboriginal children in very remote areas across Western Australia, as well as Aboriginal children living in the most disadvantaged socio-economic areas, were least likely to be developmentally on track across all five domains (18.6 per cent¹⁶ and 25.9 per cent¹⁷ respectively). Declines against the five AEDC domains were recorded for Aboriginal children across very remote, remote and regional areas with major cities only improving by 0.1 per cent.

Prior to colonisation, Aboriginal peoples used the land, waterways and seas as their sources of food. Loss of these natural food sources, due to decreased access to Aboriginal land, caused a gradual shift from a traditional, varied and nutrient dense diet, high in fiber and low in fat and without refined carbohydrates, to an energy-dense Westernised diet, high in fat and refined sugars.¹⁸ Moreover, when food is scarce and incomes are limited, people are often more likely to maximise calories per dollar spent and foods rich in fats, refined starches and sugars represent the lowest-cost options, with healthy options like lean meats, grains, and fruits and vegetables usually being more expensive. The result of poor diet as a child may lead to tooth decay and poor dental health, childhood overweight and obesity, and increased risk of chronic disease. AHCWA's Member Services have expressed concern regarding the dual burden Aboriginal communities face as a result of food insecurity, noting the co-existence of (1) underweight children as a result of not having enough nutritious food, and (2) children with early signs of overweight and obesity due to easily accessible high energy and low nutrient foods.

Children who are nutritionally deficient are more susceptible to chronic conditions later in life, including diabetes, hypertension, heart disease and renal failure. Clinical staff from AHCWA's Member Services (from locations including the Pilbara, Ngaanyatjarra Lands, Perth, and the

¹³ AEDC 2019a. [Australia Early Development Census national report 2018](#). Canberra: Department of Education. Viewed 3 June 2022.

¹⁴ [Backwards step on Closing the Gap action as early childhood development for Indigenous Australians falls short | Indigenous Australians | The Guardian](#)

¹⁵ <https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area4>

¹⁶ <https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area4>, Table CtG4A.3

¹⁷ <https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area4> Table CtG4A.4

¹⁸ Lee A, Ride K (2018) Review of nutrition among Aboriginal and Torres Strait Islander people. Australian Indigenous Health Bulletin 18(1) https://healthbulletin.org.au/wp-content/uploads/2018/02/Nutrition-Review-Bulletin-2018_Final.pdf

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Kimberley) all highlighted the spectrum of negative effects on childhood health they have seen in clinical settings as a result of calorie dense foods, including childhood obesity, early onset of type 2 diabetes, and tooth decay among Aboriginal children. AHCWA Member Services also said that it was common in clinical settings to see malnourished Aboriginal children who regularly suffer from vitamin/mineral deficiencies related to anaemia, low iron and other micronutrient deficiencies, the direct result of little or poor quality food. One Member believed that an estimated three-quarters of children seen in their clinic were suffering from anaemia and Members across both metropolitan Perth and regional WA said that anaemic children are often seen more frequently with ear infections, gastroenteritis and skin sores, all of which can be the result of a weakened immune system and poor nutrition (among other things). Protein, calories and vitamins/minerals are all essential for normal growth and development.

All of these issues that affect mothers and children, and are influenced by poor nutrition early in the life cycle, affect Aboriginal people at a higher rate overall. Aboriginal people experience greater health disadvantage and suffer a higher burden of non-communicable diseases, with higher rates of cardiovascular disease, diabetes and cancer.¹⁹ The burden of chronic disease for Aboriginal people is currently 2.3 times that of other Australians²⁰ and the prevalence of risk factors related to obesity, mental health and chronic disease is disproportionately higher across the already shorter lifespan of Aboriginal people living in WA. Nutrition is an important determinant in the development and progression of these conditions, with dietary factors accounting for almost 10 per cent of the total burden of disease.²¹

Members of AHCWA's Youth Committee provided feedback for this submission and commented on how not having food as a child affects views of, and behaviours relating to, food in adulthood. One member discussed not knowing much about nutrition growing up and how young people are eating quick, cheap and easy foods that are calorie-dense and nutrient-poor. Another member said that not having access to enough food when children are young – because their parents do not have enough money, or they are struggling with their own trauma – can result in food behaviours that normalise food scarcity, including skipping meals or being satisfied with less food than is nutritiously required. Another Youth Committee member agreed, noting that experiences at home when young people are growing up shape the expectations young people have when they reach adulthood, whether it be eating quick, cheap and easy foods like two-minute noodles, or not knowing which foods are good for you or 'the right ones' to eat more often. Clinical staff at ACCHS echoed this sentiment, saying that they believed young people's experiences teach them to learn to live without adequate food, perpetuating the cycle and psychology of food scarcity.

Inadequate nutrition may also lead to negative effects on mental health and impact education outcomes among children and young people. When children do not have enough food, they may not have the energy to attend or travel to school, and may lack focus when they do attend; both of these factors may impact the education and future employment of children and may result in, or increase the likelihood of, dropping out of school. When consulting with our Member Services, one clinician said that during her time working in the Kimberley, she often saw children on the streets who were homeless and affected by food insecurity:

¹⁹ Australian Institute of Health and Welfare. Australian Burden of Disease Study 2018: Key findings. Published 18 August 2021. [Australian Burden of Disease Study 2018: key findings \(aihw.gov.au\)](https://www.aihw.gov.au/reports/australian-burden-of-disease-study-2018/key-findings)

²⁰ Australian Institute of Health and Welfare. Australian Burden of Disease Study 2018: Key findings. Published 18 August 2021. [Australian Burden of Disease Study 2018: key findings \(aihw.gov.au\)](https://www.aihw.gov.au/reports/australian-burden-of-disease-study-2018/key-findings)

²¹ Australian Institute of Health and Welfare. Australian Burden of Disease Study: Impact and Causes of Illness and Death in Aboriginal and Torres Strait Islander People: 2011. Australian Burden of Disease Study Series No.: 6. Canberra (AUST): AIHW; 2016

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“Children were living in impoverished environments. Some ended up on the street or they often turned to crime to eat... they knew the best rubbish bins in town to find food. Sometimes I was able to offer children a feed or a couch to sleep on, but even then, in the morning, they would be gone before I could give them breakfast. It was as if they just needed a night to catch their breath so that they could keep going on the street.”

Prolonged hunger and food shortages can cause young people to turn to crime to feed themselves and their families. A member of AHCWA’s Clinical Leadership Group talked about how children who are hungry have been known to break into houses to feed themselves and how this may initiate a cycle of interaction with the juvenile justice system. Aboriginal children and young people continue to be over-represented in the out-of-home care, child protection and juvenile justice systems. In June 2021, there were 5,344 children and young people in out-of-home care in WA, more than half of whom (57.2 per cent) were Aboriginal.²² Aboriginal children and young people in WA were 36 times more likely than non-Aboriginal children and young people to be in held in youth detention. More than two-thirds (72.4 per cent) of children and young people in detention on an average day are Aboriginal.

Many members of AHCWA’s Clinical Leadership Group who provided feedback for this submission highlighted the need to address the impact of poor nutrition on children and young people by supporting pregnant women and new mothers. Maternal health and antenatal care were described as essential components of ensuring Aboriginal children get the best start in life. Clinical staff also discussed the strength of the ACCHS sector in caring for the whole mother and, after birth, the whole child – supporting Aboriginal people in their communities in all aspects of health including physical, social, emotional and cultural aspects. Members agreed that ACCHS across the State are best placed to support women in their communities by providing culturally safe and secure services and programs. Member Services said the best approach to increasing access to services would be to appropriately fund ACCHS to expand existing maternal, antenatal and child health programs, examples of which include Maternal and Child Health Programs at Derbal Yerrigan Health Service and Ord Valley Aboriginal Health Service. Similar effective programs are delivered by ACCHS all across the State.

Members strongly supported additional funding to increase the Aboriginal health workforce, to provide clinical, educational and social support to women, new mothers, children and families. Member also recognised the need to train and upskill staff to deliver specialist services and education in the area of nutrition. WA ACCHS are on the frontline supporting children and young people, mothers, families and communities. ACCHS deliver child and maternal health programs in a culturally safe and holistic way to prevent and treat issues caused by poor nutrition and chronic illness. They regularly provide care to address the negative effects of poor nutrition and food insecurity, including the impacts on child development and chronic diseases. Optimal health and wellbeing outcomes for Aboriginal communities will only be achieved through community-led partnerships and locally based solutions, to ensure specific community circumstances and needs determine the design and delivery of solutions.

Recommendation 1: Ensure the next WA Closing the Gap Implementation Plan, as well as forthcoming State Budgets, include adequate commitments and funding to improve socio-economic outcomes related to the health and wellbeing of Aboriginal children and young people.

²² The Commissioner for Children and Young People 2022, Profile of Children and Young People in WA Report, Australian Bureau of Statistics, June 2021.

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Recommendation 2: Partner with ACCHS to identify successful programs requiring additional funding and expansion, with the aim of increasing the Aboriginal health workforce providing comprehensive maternal, antenatal and child health programs.

Recommendation 3: Partner with ACCHS to explore the need to train and upskill a specialist nutritionist workforce to improve maternal and child health outcomes.

Poverty and food insecurity in WA

Poverty is a strong indicator of food insecurity. There are more than 316,000 Western Australians (12 per cent) living in poverty, including 94,000 children,²³ meaning their family earns less than half of the median household income.²⁴ About 11.4 per cent of WA children under five years old live in severe poverty, compared to 6.7 per cent nationally.²⁵ While data exists showing areas in WA that experience food insecurity, the extent and severity is relatively unseen and underestimated as it is inadequately measured or not measured at all.

The WA Food Relief Framework established a baseline of food insecurity in WA through the development of the Food Security Index (FSI), which estimates the risk of food insecurity by geographical location, socio-economic factors and food affordability to determine the proportion of weekly household income needed to purchase a food basket.²⁶ A high FSI means they need to spend more than 25 per cent of their weekly disposable income to purchase food that meets a basic healthy meal plan, compared to only 14 per cent for households on an average income. According to the FSI, households in more remote areas of WA are most likely to suffer food stress, including East Pilbara, Halls Creek and Kununurra.²⁷ The WA Food Relief Framework highlighted the need for a host for the FSI as well as the need to sustainably resource the FSI to map, measure and monitor the potential risk of food insecurity and need for food relief across Western Australia.

While the FSI measures the risk of food insecurity, the causes of current inadequacies in nutritional intake include a range of socioeconomic, environmental and geographic factors that influence access to, and the availability of, healthy and affordable food.²⁸ Barriers to accessing enough nutritious food include socioeconomic factors that are inter-related and cannot be considered independent of each other, such as a lack of access to affordable and healthy food; low income, unemployment and welfare dependence; and housing issues such as overcrowding and poor environmental health. If Aboriginal people are to enjoy long and healthy lives – Outcome 1 of the National Agreement on Closing the Gap – the underlying social determinants of health must be addressed by State and Federal Governments. Similarly, food insecurity in Aboriginal communities can only be meaningfully addressed by tackling all of the underlying determinants, rather than a narrow focus on just one or two of the barriers to adequate food.

²³ Anglicare Poverty and Inequality Report [Poverty and Inequality \(anglicarewa.org.au\)](http://PovertyandInequality(anglicarewa.org.au))

²⁴ <https://povertyandinequality.acoss.org.au/poverty/>

²⁵ <https://thesector.com.au/2021/10/27/report-gives-insights-into-child-poverty-in-western-australia/#:~:text=The%20Reducing%20Poverty%20and%20Improving,to%206.7%20per%20cent%20nationally.>

²⁶ WACOSS Food Relief Framework

²⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6339012/#:~:text=The%20Food%20Stress%20Index%20provides,%2C%20Halls%20Creek%2C%20Kununurra.>

²⁸ Burns J, Thomson N. Review of Nutrition and Growth among Indigenous People [Internet]. Perth (AUST): Edith Cowan University Australian Indigenous HealthInfoNet; 2008 [cited 2015 Apr 11]. Available from: <http://www.healthinfo.net.edu.au/health-risks/nutrition/reviews/our-review>

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Recommendation 4: *Identify a host for, and sustainably resource, the FSI, to map, measure and monitor the potential risk of food insecurity and need for food relief across Western Australia.*

Recommendation 5: *Both State and Federal Government use integrated policy levers to improve incomes and food security outcomes.*

The effect of unemployment and the high cost of living on food security

High rates of unemployment and underemployment, inadequate income supports, and cost of living pressures, are significant contributors to food insecurity²⁹ – Aboriginal people across WA are disproportionately affected by all of these factors. Employment is an essential component of socio-economic opportunity and provides financial security, access to higher standards of living and increased social mobility to individuals and families.³⁰ Typically, working is associated with benefits to physical and mental health, social inclusion and improved developmental outcomes for the children of employed persons.³¹ Aboriginal people experience high rates of unemployment; the National Aboriginal and Torres Strait Islander Health Survey stated that between 2007–08 and 2018–19, the overall employment rate for Aboriginal Australians aged 15 to 64 dropped from 54 per cent to 49 per cent with employment rates decreasing consistently with increased remoteness.³²

Cost of living pressures for Aboriginal people are exacerbated by inadequate income support and fewer employment opportunities as there is a consistent reduction in median gross personal income per week with increasing remoteness.³³ As the WA Government’s Aboriginal Empowerment Strategy notes, “Aboriginal people have, on average, less money than other people. The median equivalised household income for Aboriginal people in Western Australia is about half that of non-Aboriginal people.”³⁴ In 2016, the median equivalised disposable income per week among Indigenous households was \$557, around 69 per cent of that in non-Indigenous households, which similarly decreased with increasing remoteness³⁵. For example, the median disposable income for Indigenous households ranged from \$647 in major cities to \$389 in very remote areas.³⁶

The latest March ABS inflation data showed food inflation climbed to 4.3 per cent, with the biggest jump in the price of fresh vegetables and meat — at 6.7 per cent and 6.2 per cent respectively.³⁷ Additionally, for the first time in about 10 years, the price of dried and packaged products jumped significantly at the onset of the COVID-19 pandemic, and has not come down.³⁸ The CEO of Australian food manufacturer SPC, Robert Giles, told the Australian Financial Review that the price of staples including canned baked beans, spaghetti and

²⁹ Western Australian Council of Social Service, 2018, Cost of Living Report, available at <https://wacoss.org.au/library/cost-living-wa-report-2018/>

³⁰ Coates, B. and Ballantyne, A. (2022). No one left behind: Why Australia should lock in full employment. Grattan Institute.

³¹ Gray M, Hunter B & Biddle N 2014. [The economic and social benefits of increasing Indigenous employment](#). Canberra: ANU. Viewed 5 August 2021.

³² [National Aboriginal and Torres Strait Islander Health Survey, 2018-19 financial year | Australian Bureau of Statistics \(abs.gov.au\)](#)

³³ Australian Institute of Health and Welfare’s 2021 report titled ‘Indigenous income and finance’

³⁴ [Aboriginal Empowerment Strategy – Western Australia 2021-2029 \(www.wa.gov.au\)](#)

³⁵ [Indigenous income and finance - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

³⁶ [Indigenous income and finance - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

³⁷ [Consumer Price Index, Australia, March 2022 | Australian Bureau of Statistics \(abs.gov.au\)](#)

³⁸ [Food prices to keep rising if mooted 'triple-dip' La Niña creates more chaos, say experts - ABC News](#)

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tomatoes would rise by 10 to 20 per cent to recover growing input costs.³⁹ In the 12 months to March, inflation in WA was 7.6 per cent – coupled with the high cost of petrol and rent, the soaring cost of food is putting significant pressure on many households.

The increase to the JobSeeker Payment, Youth Allowance, Parenting Payment and other income support by way of the \$550 per fortnight Coronavirus Supplement at the beginning of the COVID-19 pandemic positively impacted the most vulnerable people in Australia.⁴⁰ The payment not only alleviated high levels of financial disadvantage among people on the lowest incomes in Australia, but for many, these temporary changes to income support led to increased financial security, better physical and mental health, less stress and a reduction in reliance on community services.⁴¹ The increases in government payments in 2020 also resulted in higher levels of spending and reductions to the poverty rate at the height of the pandemic.⁴²

Results from the ACOSS “[Raise the Rate](#)” survey found that recipients of the Jobseeker supplement reported less stress and anxiety overall and that they were less likely to skip meals and more likely to buy fresh fruit and vegetables, pay their rent and have income to pay for children’s activities such as sport and recreation. Results from the survey showed that while receiving the supplemental payment, the number of people skipping meals because of a lack of funds dropped by over half, to 33 per cent.⁴³ People’s ability to purchase nutritious food dramatically increased, with 93 per cent of respondents reporting that they could afford more fresh fruit and vegetables, 86 per cent reporting that they could afford more meat and 83 per cent reporting that they were eating better overall.

Before the introduction of the Coronavirus Supplement, the base rate of the unemployment payment (Jobseeker), which had not been raised in real terms for 26 years, was \$40 a day. This has long been regarded as inadequate and a diverse cross-section of the community have called for a permanent raise to the base rate of these payments. The failure to index unemployment to cost of living increases has had a detrimental impact on the Australian economy as it undermines consumer demand. The unemployment payment has not sustained its purchasing power because it has not been increased to match inflation, and is now well below the poverty line.⁴⁴

As well as increasing government payments, there is also need for renewed efforts aimed at increasing Aboriginal employment. Two of the targets of the National Agreement directly relate to employment. The aim of Target 7 is to increase the proportion of Aboriginal and Torres Strait Islander youth (15 – 24 years) who are in employment, education or training from 57 per cent to 67 per cent by 2031. Target 8 aims to increase the proportion of Aboriginal and Torres Strait Islander people aged 25 to 64 who are employed from 51 per cent to 62 per cent by 2031. There is much progress to be made in both of these areas and it is imperative that State

³⁹ [Baked beans, spaghetti up 10-20pc as inflation bites \(afr.com\)](#)

⁴⁰ Maury, S., Levine, J., Lasater, Z., Vidal, L., & Ulbrick, M. (2020). “Understanding the impacts of COVID-19 on vulnerable Australians: Insights from Good Shepherd Australia New Zealand.” Good Shepherd Australia New Zealand, Melbourne.

⁴¹ Australia’s Community Sector & Covid-19: Impact of increased income support on community services, 2020, Australian Council of Social Service, in partnership with the Councils of Social Service and Community Sector Banking

⁴² [Australia’s welfare 2021: data insights - Chapter 4 \(aihw.gov.au\)](#)

⁴³ [ACOSS-I-Can-Finally-Eat-Fresh-Fruit-And-Vegetables-Results-Of-The-Coronaviru...pdf \(acoss.org.au\)](#)

⁴⁴ Maury, S., Levine, J., Lasater, Z., Vidal, L., & Ulbrick, M. (2020). “Understanding the impacts of COVID-19 on vulnerable Australians: Insights from Good Shepherd Australia New Zealand.” Good Shepherd Australia New Zealand, Melbourne.

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and Federal governments take seriously their role, and capacity, as job creators and job providers.

Recommendation 6: Support vulnerable West Australian families, including Aboriginal people, by urging the Federal Government to immediately increase the level of income support payments in line with the [Raise the Rate Campaign](#).

Geographical isolation and lack of access to affordable, nutritious food

Many Aboriginal children and youth in Australia, especially those living in remote and very remote areas, do not have access to sufficient, nutritious food to meet their dietary needs. Food security is impacted by geographical location, as suppliers must travel long distances to remote communities, sometimes with insufficient refrigeration during transport. AHCWA's Member Services have reported spoiled food arriving in communities due to refrigeration in trucks not working. Moreover, in remote communities, poor store and community infrastructure, including power outages, inhibits the ability of shops to store large amounts of fresh produce for an extended period of time. AHCWA Member Services in remote communities have noted that on very hot days, if power is lost and backup generators are not working, food quickly rots and must be thrown away. Members also commented on the high cost of power in communities, which affects households' ability to run the appropriate white goods (if they have them) to maintain the freshness of food (if able to afford it).

In remote Aboriginal communities, the higher cost of food is one of the biggest barriers to achieving food security. Surveys have found that healthy food baskets cost about 20-49 per cent more in remote areas than in major cities, and that the cost of food rises faster than the Consumer Price Index (CPI) for Australia.⁴⁵ In its submission to the inquiry into food pricing and food security in remote communities, the WA Government acknowledged that food prices in Halls Creek and Fitzroy Crossing were 32 per cent and 29 per cent respectively, higher than Perth.⁴⁶ Coupled with the high percentage of residents in remote communities earning a low income, Aboriginal people must spend a greater percentage of their income on food. It has been estimated that in some Aboriginal communities, 34 to 80 per cent of the family income is required to purchase healthy diets; this is compared to 30 percent for the lowest income families more generally, and 14 per cent for the average Australian family.⁴⁷

In addition to high cost, the availability of food in remote Aboriginal communities in WA is limited and inconsistent. This is due to a combination of factors such as the cost of freight, irregular deliveries, and lack of availability and high prices within community stores. Moreover, food security is threatened in regional and remote settings where inclement weather and natural disasters, such as flooding in the wet season, cause disruptions to food deliveries by closing roads and airports.

One remotely-based AHCWA Member said that when recently visiting community stores on the Ngaanyatjarra Lands, they found most stores did not have available fresh fruit and vegetables. One store was selling bananas at \$1.24 each and many products were past their "use by dates" by weeks to months, including long life milk with an expiry date in April 2021, over 12 months ago. There were displays of high sugar products such as soft drinks and

⁴⁵ Pope, A Submission on Performance Audit of Food Security in Remote Indigenous Communities (2014).

⁴⁶ <https://www.aph.gov.au/DocumentStore.ashx?id=f5f98a94-9d04-48e7-a339-8e9463cebb32&subId=686472>

⁴⁷ Lee A, Ride K (2018) Review of nutrition among Aboriginal and Torres Strait Islander people. Australian Indigenous Health Bulletin 18(1)

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cordial, with little to no options for healthier alternatives such as water and other sugar-free drinks.

Locally-led initiatives were recognised by Members as one way to empower communities to make decisions for themselves around food security. Members discussed the importance of being able to hunt and utilise traditional food (when possible), and said how vital it is to protect local environments that support bush tucker. Additionally, some community garden initiatives have the dual benefit of providing employment and upskilling opportunities for Aboriginal community members, while also improving access to nutritious food. Food sovereignty was discussed by one Member:

“The Ngaanyatjarra people have some capacity for food sovereignty, where they own their own food supply. Food sovereignty aims more strategically than food security because it is based on people’s control of their food supply, rather than depending on trucks to bring in food from outside. Many Ngaanyatjarra people know about harvesting bush foods especially through hunting, also they are involved in camel industry, another source of food sovereignty. Bush harvest needs to be recognised to complement issues around store food such as choice, availability, quality, and budgeting.”

All of these issues around food security in regional and remote Aboriginal communities were further compounded by COVID-19; however, it must be noted that these issues existed before the pandemic, which simply highlighted and exacerbated them. Food availability was impacted by increased demand and pressure on community stores as people returned to their homelands from other locations. The Australian Bureau of Statistics (ABS) reports fruit and vegetable prices have gone up because supply chains were affected by the COVID-19 pandemic (for example, border closures and loss of farm workers), floods, and international conflict (increasing fuel and transport costs).⁴⁸

Many of these issues were raised by the [WA State Government](#), [Foodbank](#), [WACOSS](#) and [AHCWA](#) in their submissions to the Federal House of Representatives Standing Committee on Indigenous Affairs inquiry into food pricing and food security in remote Indigenous communities. AHCWA suggests the current Inquiry could benefit from reviewing a number of the recommendations made in these previous submissions. AHCWA also recommends that the Committee consider recommendations made in the [Fair Food WA submission](#) to the State Shipping and Supply Chain Taskforce, which is directly related to food security and the transport and logistics of food to Aboriginal communities.

Recommendation 7: *Partner with Aboriginal communities to identify and explore sustainable food system enterprise models, such as bush tucker and/or community gardens, which increase access to healthy and affordable food, improve the local economy, and reduce logistics costs.*

Recommendation 8: *Address infrastructure issues in remote communities, including dry and cold food storage facilities, which impact the supply, storage and delivery of food in remote communities.*

⁴⁸ [Food prices to keep rising if mooted 'triple-dip' La Niña creates more chaos, say experts - ABC News](#)

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The role of community stores in ensuring food security in Aboriginal communities

In many remote communities, the community store can be the major source of food, drinks and general provisions. Community stores are usually small businesses working in challenging environments with limited purchasing power to negotiate discounts from suppliers. They also have to manage: geographical distance from depots; damaged stock; unpredictable weather; inadequate infrastructure in both the store and community; and high freight costs. These factors can lead to expensive or poor quality food.

The majority of community stores in WA are owned, managed and operated by the relevant community and rely on the community for business. The stores are often one of the main sources of employment for, and contribute financially to, remote communities. Given that the stores are often the only source of food for communities, they are critical to ensuring food security and provide an essential social service and focal point for the community.⁴⁹ Member Services discussed the potential for subsidising food in remote communities, both to secure supplies and provide nutritional options.

In some communities, customers are also shareholders in their community store. Therefore, they face the challenge of setting product prices that will cover costs but also be affordable for customers to purchase the items. Community stores also face infrastructure issues, such as lack of running water, power outages, failed refrigeration, inadequate storage facilities and expensive maintenance.⁵⁰ This contributes to wasted stock and higher store overheads.

Due to many of the issues already mentioned, healthy items such as fruit and vegetables are less available or more expensive in community stores than urban areas. Available food is often old, nutrient poor, highly processed or contains large amounts of sugar.⁵¹ As a consequence, non-perishable items such as tuna, spam and other canned goods are more financially viable alternatives.

Ensuring that stores remain viable should be a key focus for governments. Without access to community stores people will be required to travel large distances, placing strain on household resources, access to food, and transport equipment. Governments should agree to develop and support remote Aboriginal community stores as essential community services. AHCWA asks that the State Government consider recommendations made by [AHCWA](#) and [WACOSS](#) to the House Standing Committee on Indigenous Affairs Inquiry into food pricing and food security in remote Indigenous communities, as well as the recommendations made in its [own submission](#). This would involve supporting community governance, providing subsidies and working with the retail sector to ensure prices are competitive.

Recommendation 9: Routinely collect price data for remote community stores and conduct regular pricing scanning audits in remote communities to inform policy responses to improve access to healthy food.

Recommendation 10: Support the establishment of a subsidy for safe, nutritious and culturally appropriate food for remote communities.

⁴⁹ Pollard et al (2014) Understanding food security issues in remote Western Australian Indigenous communities in Health Promotion Journal of Australia 25:83-89

⁵⁰ IBID

⁵¹ IBID

Housing, overcrowding and environmental health effects on food security

Aboriginal people experience disproportionately high levels of housing stress, overcrowding and homelessness, all of which exacerbate food stress and insecurity. Moreover, poor environmental infrastructure negatively affects people's ability to store, prepare and cook food.⁵² In 2018–19, one in five Aboriginal households were living in dwellings that did not meet an acceptable standard (defined in the National Aboriginal and Torres Strait Islander Health Survey as having at least one basic household facility that was unavailable or having more than two major structural problems), and 33 per cent of Aboriginal households were living in dwellings with at least one major structural problem.⁵³ Aboriginal households in remote areas were more likely to live in dwellings with structural problems than those in non-remote areas (46 per cent and 31 per cent, respectively) and 9.1 per cent of Aboriginal households had no access to working facilities for food preparation.⁵⁴

Environmental health is also affected by the number of individuals living within a household, and lack of housing supply, low incomes and high rent lead to overcrowding in Aboriginal communities. Overcrowding compromises all aspects of health, as it can influence life expectancy, child mortality, disability, chronic disease, and family and community violence⁵⁵, and increases the risk of otherwise preventable health conditions that disproportionately affect Aboriginal people, such as rheumatic fever and rheumatic heart disease, trachoma and otitis media. Overcrowding also contributes to increased psychological distress and negatively impacts other issues related to health and wellbeing.⁵⁶

In 2018–19, almost one in five Aboriginal Australians (18 per cent) were living in overcrowded dwellings, compared with 5 per cent of non-Aboriginal Australians.⁵⁷ Overcrowding rates varied with remoteness with the proportion of Aboriginal Australians living in overcrowded dwellings higher in remote areas (26 per cent in remote areas and 51 per cent in very remote areas) than in non-remote areas (ranging from 8 to 22 per cent). Overcrowding can compound psychosocial stress and ill health when food is scarce and families are forced to share limited resources.⁵⁸ Children's access to food is impacted when overcrowded households are unable to access and/or store the food required to meet the needs of larger numbers of people.

AHCWA recognises that in many respects housing has been relegated to the responsibility of the States, despite the fact that external policy settings and drivers, such as taxation, public housing investment, social policy, and infrastructure policies, require national leadership. However, AHCWA believes there should be a greater commitment at the State level to support the housing needs of Aboriginal communities including the development of policies, procurement processes and service models that recognise the importance of Aboriginal community-controlled and culturally appropriate service models.

⁵² Lee A, Ride K (2018) Review of nutrition among Aboriginal and Torres Strait Islander people. Australian Indigenous Health Bulletin 18(1)

⁵³ [Indigenous housing - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)

⁵⁴ AIHW & NIAA (National Indigenous Australians Agency) 2020. [Aboriginal and Torres Strait Islander Health Performance Framework: 2.01 Housing](#). Canberra: AIHW. Viewed 2 August 2021.

⁵⁵ SCRGSP (Steering Committee for the Review of Government Service Provision) 2020. Overcoming Indigenous disadvantage: key indicators 2020. Canberra: Productivity Commission.

⁵⁶ Shankaka, H. Bentley, R. (2017). *Crowding, housing and health: An exploratory study of Australian cities*. Accessed 3 June 2022.

⁵⁷ IBID

⁵⁸ NACCHO Policy Position Paper: Aboriginal Housing for Aboriginal Health, 2021.

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Target 9 of the National Agreement seeks to ensure that 88 per cent of Aboriginal and Torres Strait Islander people live in appropriately sized (not overcrowded) housing by 2031 (compared with a 2016 baseline level of 79 per cent) – to achieve this, the State must recognise the importance of sharing decision-making with Aboriginal communities and ACCOs in relation to affordable, adequate, safe and sustainable housing. Importantly, this will also require greater investment. As noted in the WA Implementation Plan for Closing the Gap, ‘to reach the 88 per cent target, further investment in affordable housing options will be required, as well as a more agile housing system that underpins individual, family and community wellbeing’⁵⁹. Additionally, the State should consider a number of other strategies to improve housing for Aboriginal people, which include undertaking a comprehensive analysis of Aboriginal housing needs across WA and developing a long-term Aboriginal housing strategy.

In its [submission](#) to the 2020 inquiry into food pricing and food security in remote Indigenous communities, the WA Government acknowledged that overcrowding, cost of living pressures and a lack of health hardware create barriers to storing and cooking healthy meals. It is AHCWA’s view that addressing housing issues has the potential to improve conditions that may impede food security.

Recommendation 11: *Develop a long-term Aboriginal housing strategy and investment program to respond to diverse housing circumstances, reflecting different needs in relation to size, type and location of dwellings, informed by cultural needs and developed in partnership with Aboriginal people.*

Recommendation 12: *In alignment with Priority Reform 2 of the National Agreement on Closing the Gap, increase the capacity of Aboriginal community-controlled housing organisations (ACCHOs) through increasing the number of registered ACCHOs, enabling them to access government programs and funding, and asset and management transfers.*

Recommendation 13: *In genuine partnership with ACCOs, develop a responsive, cyclical repairs and maintenance model for remote community housing, underpinned by: strong forecasting; long-term property management contracts and asset ownership; and increased employment opportunities and pathways for local Aboriginal people.*

Food relief – access and effectiveness

According to Foodbank, over four million Australians experienced food insecurity at least once in 2018, and in Western Australian, charitable food services said that the number of people seeking food relief increased 39 per cent between 2017 and 2018, with more than 508,000 meals provided each month in Western Australia.⁶⁰ Food relief across WA is provided predominantly by not-for-profit organisations. Little data exists, or is publicly available, on the extent of food relief accessed specifically by Aboriginal people, and even less so for children, as surveys and reports have focused more on eating patterns and missed meals.

In 2017, WACOSS compiled the WA Food Relief Framework and Food Stress Index with the aim of mapping food security issues across the State to address gaps in the State’s food security system and identify solutions to food security and relief. While food relief is an effective way of supporting families during natural disasters and emergencies, as has been shown with COVID-19, food insecurity is rarely an emergency – instead, it is a problem that becomes entrenched over time. In addition to gaining an understanding of areas across WA

⁵⁹ https://www.closingthegap.gov.au/sites/default/files/2021-05/ctg-national-agreement_apr-21.pdf

⁶⁰ WACOSS Food Relief Framework

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in greatest need of food relief, researchers found major gaps in transport logistics and infrastructure between food retail, food rescue and food relief organisations, noting that food relief systems are not well integrated with other service areas.⁶¹ Moreover, it was identified that there is no evaluation system to map, monitor and measure the need for, and impact of, food relief services in WA, and no central location in government for oversight and coordination.

Foodbank WA reports that they have seen an eight per cent increase in people accessing food assistance since the COVID-19 pandemic started and COVID-19-induced loss of employment and income has seen a dramatic rise in numbers of newly food insecure groups.⁶² During the COVID-19 outbreak in WA, organisations such as The Salvation Army, Foodbank, Red Cross, Vinnies and other charitable organisations provided food relief to WA families in isolation or those who were at home with COVID-19. Many of AHCWA's Member Services reported that their clients received food relief support from charitable organisations during the COVID-19 pandemic in 2022 (for example, through Foodbank or the Department of Communities), or that ACCHS prepared and delivered food to clients. WA ACCHS, in both metropolitan Perth and regional and remote communities, said that some clients faced a number of challenges when accessing food relief, including the need to show bank and Centrelink statements to prove financial need and long wait times to receive inadequate amounts of food for overcrowded houses. A lack of understanding of family structures, cultural practices of food sharing and events such as funerals and sorry business can also impact food security in Aboriginal communities.

While food relief does provide short-term support in times of need, and is essential in times of natural disasters and public health emergencies, it reduces overall autonomy and decision-making power and the ability for people to make choices for themselves. Charitable food is not a panacea for addressing long-term issues of food insecurity, as it fails to tackle some of the key *causes* of food insecurity (such as poverty). Food relief is not adequate to meet the nutritional, cultural and social needs of Aboriginal people who experience food insecurity. As discussed throughout this submission, the social determinants of health must be addressed to ensure Aboriginal people experience ongoing food security.

Recommendation 14: *Establish stronger relationships with Aboriginal communities in need of food relief, and include Aboriginal people in all food relief working groups, local committees and taskforces so that food relief programs are culturally safe and place-based.*

Recommendation 15: *Government agencies and food relief providers take into account the amount and type of additional food relief needed in Aboriginal communities arising from family structures, cultural practices, and current overcrowding, to ensure adequate provisions.*

School-based food relief and food literacy programs

While food relief is often provided to families by charitable organisations, children and young people also access food relief through breakfast and school lunch programs and some early childhood education and care settings. In WA, not-for-profit organisations like Foodbank WA deliver School Breakfast and Nutrition Education Programs (SBNEP) to students across the state as part of a suite of initiatives known as Healthy Food for All®. The program has two key components including the School Breakfast Program (SBP), which provides products for

⁶¹ IBID

⁶² [WACOSS Cost of Living 2021 – WACOSS](#)

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schools to deliver healthy breakfasts and emergency meals to students in need, and a nutrition education and cooking lesson resource called Food Sensations®.

A 2020 evaluation of the Foodbank WA SBNEP showed that that the program is successful in assisting WA schools to address the basic food needs of vulnerable youth and students at educational risk due to factors such as poverty, family food insecurity, family dysfunction, and Aboriginal heritage or cultural and linguistic diversity.⁶³ The evaluation identified Aboriginal students among the most vulnerable of students at educational risk. In 2017, schools in regional, remote and very remote locations, such as the Kimberley (96 per cent, Goldfields-Esperance (75 per cent), Gascoyne (97 per cent in 2016) and Mid-West (71 per cent), cater to much higher proportions of Aboriginal students than other WA schools. In 2017, 41 per cent of all students state-wide accessing school breakfast programs were Aboriginal, with 93 per cent very remote, 56 per cent remote, 38 per cent provincial and 23 per cent metropolitan.

When gathering feedback and inquiring about school breakfast programs, Clinical Leadership and members of the Youth Committee said that they thought these were important programs that should be continued. Youth Committee members said that these programs were not going to solve issues of food insecurity or poor nutrition, but they believed these programs might be the only way that children “have a good feed.” However, members of the Youth Committee also recognised barriers to accessing these programs, including shame or not wanting to be identified as needing assistance.

All of the Youth Committee members who provided feedback believed that in addition to breakfast programs, it is important to educate children, starting at a young age, about nutrition and the importance of eating healthy food. Youth Committee members all stressed the importance of exploring ways to support young children to learn about nutritious food, including via relevant school programs. Youth Committee members strongly believed that programs supporting young people must be developed and led by Aboriginal people. They also talked about the value in home economics classes at school and the practical cooking skills they gained from those classes. Youth Committee members highlighted local and Aboriginal-led food literacy or mentoring programs they found valuable, which explored cooking, food and other healthy activities in an informal setting. One example was the Wirrpanda Deadly Sista Girls Program, a culturally appropriate healthy lifestyle program which aims to improve engagement and education, in a culturally safe space, free of judgement.⁶⁴

“We need to empower the next generation so that they can break the cycle going forward. Give them a feed and teach them how to feed themselves. Cook with them, have a yarn, and let those skills be transferred in an informal way. If it starts young, it sets young people up for when they are older and leads to better outcomes throughout life.”

Youth Committee members said they felt that education and information sharing around nutrition and healthy food was also useful for their parents. Youth Committee members said they believed there may be a number of challenges getting parents to attend cooking and nutrition classes, but they still saw value in attempting to support parents to develop cooking and nutrition skills. Development and delivery of programs by Aboriginal people for Aboriginal people was agreed to be the approach most likely to increase attendance.

⁶³ SBP Coordinator Surveys 2015-17, <https://www.foodbank.org.au/wp-content/uploads/2020/09/FBWA-2017-SBP-Evaluation-Report.pdf>

⁶⁴ [Wirrpanda - Deadly Sista Girlz Program \(northamshs.wa.edu.au\)](http://www.wirrpanda.com.au/wirrpanda-deadly-sista-girls-program)

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Recommendation 16: *Appropriately resource and support culturally safe school-based food security initiatives (for example breakfast programs), and provide food education and information to support families.*

Recommendation 17: *Support Western Australian Aboriginal organisations to deliver place-based adult food literacy programs to improve household food literacy.*

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