

## TELETHON KIDS INSTITUTE

### SUBMISSION TO THE JOINT STANDING COMMITTEE ON THE COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE

#### INQUIRY INTO THE MOST EFFECTIVE WAYS FOR WESTERN AUSTRALIA TO ADDRESS FOOD INSECURITY FOR CHILDREN AND YOUNG PEOPLE AFFECTED BY POVERTY

##### Key points the Institute wishes to submit regarding food security:

- Food insecurity is pervasive across WA society and affects children in all kinds of households, but is notably more prevalent among single parent households, Indigenous households, remote households, refugee and migrant households, and people experiencing homelessness or unstable housing.
- The implications of food insecurity are significant, can be largely hidden, and need to incorporate an analysis of the food environment children are exposed to and the importance of children having access to foods with nutritional value.
- COVID support programs, such as JobKeeper and JobSeeker, temporarily elevated many families out of poverty in 2020-21, and this may have provided some relief from food insecurity. However, the rolling back of such supports in a period of rapid rental and house price increases, combined with flat wages growth, means food insecurity may be on the rise in WA.
- As a wealthy and prosperous State, there should be no impediment to Government providing support to communities and aid agencies to ensure that nutritious, culturally appropriate food and water to be supplied to all families in need in WA.
- The Institute is leading work in WA that can assist in better monitoring of the food environment, and is well placed in terms of capability and expertise to work with Government to better understand the impact of food insecurity on children's health and wellbeing.

##### Comments under each of the Inquiry's Terms of Reference

###### 1. The impact of poor nutrition on children and young people and the extent of the problem in Western Australia.

Consuming a nutritious well-balanced diet is important for overall health and well-being, for reducing chronic disease risk and promoting and maintaining a healthy body weight. For children, adequate nutrition is essential for optimal health and development. Malnutrition, starvation, wasting, malnourishment, stunting, undernutrition are all terms that describe the impact of not having enough food, not having enough of the right foods or even, in the case of obesity, having too much of the wrong foods. Even when not life-threatening, the effects of malnutrition can be permanent. Over the long-term, malnutrition weakens immune systems, which increases the risk of disease. Children suffering from undernutrition may not have the energy to attend or focus at school, impacting their education and future employment prospects. Undernourished children who survive early childhood are likely to be stunted, and will often have lower levels of education, earn less as adults, and have an increased risk of chronic disease and early mortality.

According to the [Food and Agriculture Organization](#) (FAO), “food insecurity” is the inability to access regular and reliable healthy food. Food security has been described as having four tenets: availability (quantity and supply), access (possessing resources to ‘obtain appropriate foods for a nutritious diet’), use (nutritional knowledge, water and sanitation) and stability (economic, environmental or other stabilisers that promote constant access to appropriate foods).

Food insecurity can be experienced as chronic or transitory. Chronic food insecurity is experienced by households with incomes that are inadequate to meet their needs, whereas transitory food insecurity is usually due to short-term shocks such as natural disasters, pandemics (such as COVID-19), or civil unrest (such as strikes) that interrupt food supply for a population and affect local availability.

Some of the populations most at risk of food insecurity include:

- individuals experiencing material and/or financial hardship
- people living in remote areas
- Aboriginal and Torres Strait Islander peoples
- people from culturally and linguistically diverse backgrounds (CALD), including refugees and people seeking asylum
- single-parent households
- older people
- people experiencing homelessness
- children.

Bowden reports that food security is ‘not measured at a population level regularly or consistently’ in Australia. McKay, Haines and Dunn (2019) also reported that due to ‘a variety of methods’ used to garner evidence about food security, there is ‘little understanding of the true prevalence and severity of food insecurity in Australia’. However, Bowden asserts that evaluations indicate that between 4% and 13% of the general population are food insecure, with the figure rising to between 22% and 32% for the Indigenous population (depending on location).

It is difficult to provide clear information on the extent of the problem in Western Australia. The 2011/12 “Australian Health Survey: Nutrition supplement report” found around 4.8% of people were living in a household in WA that, in the previous 12 months, had run out of food and had not been able to afford to buy more and 2.1% went without food when they couldn’t afford to buy any more. See WA [Table 7.1](#) in the report for more information.

The impact was greatest in Aboriginal communities; more than one in five (22%) of Aboriginal and Torres Strait Islander people were living in a household that, in the previous 12 months, had run out of food and had not been able to afford to buy more. This was significantly higher than in the non-Indigenous population (3.7%). These figures include 7% of the Aboriginal and Torres Strait Islander population and 1.4% of the non-Indigenous population who lived in a household that had gone without food when they ran out. Aboriginal and Torres Strait Islander people living in remote areas were more likely than those in non-remote areas to be living in a household that had run out of food and couldn’t afford to buy more (31% compared with 20%). This includes 9.2% of people in remote areas and 6.4% of people in non-remote areas who went without food when they ran out. See [Table 14.1](#) in the Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results - Food and Nutrients, 2012-13. National figures. See also [this further detail](#) on the impact on Indigenous Australians.

The [100 Families project](#) can also provide important insights into food insecurity in WA. Conducted in 2018 by a collaboration between seven non-for-profit agencies, researchers at The University of Western Australia (the Centre for Social Impact, School of Population and

Global Health, and the Social Policy Practice and Research Consortium), the Community Advisory Group (CAG); comprising of members who hold lived experience of entrenched disadvantage, and the Western Australian Council of Social Services (WACOSS). See

Assoc/Prof Christina Pollard and Dr Stephanie Godrich are WA-based academics who have published widely in the area of food insecurity in WA..

## **2. Challenges for children and young people in accessing enough nutritious food.**

The challenges for CYP in accessing nutritious food are many and varied and relate to the factors mentioned under TofR 1. For many, poverty and disadvantage are the over-riding issues. This is particularly the case for Aboriginal and Torres Strait Islander families, where fundamental issues such as the low quality of tap water in many remote communities, poor availability and quality of housing, and the exorbitant cost of fresh fruit and vegetables and other nutritious foods in remote areas are contributing factors.

More broadly, the challenges extend to making healthy and informed choices about nutritious food. We know from our research that children living in low socio-economic areas of WA are exposed to higher densities of unhealthy food outlets (i.e., fast food and alcohol outlets) and outdoor advertisements for unhealthy foods and beverages than children from advantaged areas. In many cases, junk food is cheaper and more convenient than healthy options, making it difficult for CYP and/or their caregivers to choose nutritious food.

See:

- Trapp G, Hooper P, Thornton L, Kennington K, Sartori A, Billingham W, Bivoltsis A. 2022. Does fast food outlet density differ by area-level disadvantage in Perth, Western Australia. *Health Promotion Journal of Australia*.
- Trapp G, Hooper P, Thornton L, Kennington K, Sartori A, Hurworth M, Billingham W. 2021. Association between food outlet availability near secondary schools and junk food purchasing among Australian adolescents. *Nutrition*, 91-92.
- Trapp G, Hooper P, Thornton L, Kennington K, Sartori A, Wickens N, Mandzufas J, Billingham W. 2021. Children's exposure to outdoor food advertising near primary and secondary schools in Australia. *Health Promotion Journal of Australia*.
- Trapp G, Hooper P, Thornton L, Kennington K, Sartori A, Wickens N, Billingham W. 2021. Children's exposure to unhealthy food and beverage advertising during the school commute in Australia. *Journal of Epidemiology and Community Health*, 75:1232-1235.
- Foster S, Hooper P, Knuiman M, Trapp G, Wood L. 2017. Does alcohol outlet density differ by area-level disadvantage in Metropolitan Perth? *Drug and Alcohol Review*, 36(5):701-708.

Our recent food mapping work shows that many communities in WA lack access to healthy food retailers and are oversaturated with fast-food restaurants, liquor stores, and other sources of inexpensive, processed food with little to no nutritional value. Governments, planners and urban designers can positively influence access to healthy food by developing appropriate policies and interventions to change food access at the local level, to make healthy choices the easier choice. This is particularly important in disadvantaged areas where food inequalities and food insecurity exist. However, professionals in food policy, public health and planning roles, lack quantifiable, evidence-based information regarding food access to underpin their policies and decisions. Currently in Australia there is no centralised register of food businesses nor a data visualisation tool with comprehensive, timely, high-quality geospatial data on food outlet provision and access. This level of information is essential to benchmark, inform, educate and support the design and development of healthy food environments.

The Food and Nutrition team at the Institute is currently developing a 'Food Atlas' to map, measure and monitor food access across WA. Designed around the needs of professionals in food policy, public health, environmental health and planning roles, the 'Food Atlas' will spatially visualise a community's access to food. This unique level of evidence can be used by State and Local Governments to inform food and nutrition policy and surveillance, support planning decisions and future policy direction. With further funding, the Food Atlas could incorporate a Food Stress Index to identify at-risk households in a particular geographic area. Previous research has shown a Food Stress Index was found to be a suitable indicator of the relative risk of food stress in Western Australian households that is specifically related to food insecurity (see Landrigan, T. J., Kerr, D. A., Dhaliwal, S. S., & Pollard, C. M. 2019. Protocol for the development of a food stress index to identify households most at risk of food insecurity in Western Australia. *International Journal of Environmental Research and Public Health*, 16(1), 79).

### **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.**

#### Food relief programs

While for many families, food relief programs are vital, food relief does not always equate to the provision of healthy, nutritious food and does not address food security in the longer term. Further, food relief programs are often culturally inappropriate. Thus, it is important to emphasise that food security must go beyond food relief.

Recognising the limitations of food relief and using the four elements of food insecurity referenced above, the following research explored how to educate food relief agencies in their own food literacy which would then have flow-on effects for clients. To our knowledge, this has not been implemented.

- Lawlis, T.; Sambell, R.; Douglas-Watson, A.; Belton, S.; Devine, A. 2019. The Food Literacy Action Logic Model: A Tertiary Education Sector Innovative Strategy to Support the Charitable Food Sectors Need for Food Literacy Training. *Nutrients*, 11, 837. <https://doi.org/10.3390/nu11040837>

We are also aware of work being done in Victoria to develop "Healthy Food Relief Guidelines" which could provide a useful model for adaptation here in WA.

#### School breakfast programs

A report prepared by the Institute and ECU in 2018 titled "[Evaluation of the Foodbank WA School Breakfast and Nutrition Education Program](#)" reported that the program was reaching 17,500 students across more than 420 schools per year across metropolitan as well as remote regions of WA. The average number of days of breakfast provision increased from 2015 to 2017, suggesting the need to provide breakfasts is increasing over time. It is not possible to know, however, the number of school aged children who would benefit from such a program but do not have access to it.

The report provides findings on program impact which are positive, but this is limited by the research design and data collected (e.g., teacher report of improvements in children's readiness for learning). Internationally, evidence for the positive impacts of school breakfast programs is mixed – what is clear from existing evidence is that promoting attendance at school breakfast programs, particularly among students who might need it most (those living

in socioeconomically disadvantaged areas or from socioeconomically disadvantaged households), is a key challenge. To help address this, recent research in the United States has explored novel implementation strategies to promote attendance, including “grab-and-go” breakfast options and universal breakfast provision in classrooms. Strategies designed to reduce stigma and enable ease of access for all children should be explored in future implementation of school breakfast programs in WA and across Australia.

#### Provision of food in childcare settings

Almost 85% of Australian children aged 3 to 5 years and almost half of children aged 0-2 years attend Early Childhood Education and Care (ECEC) settings ([2018 data](#)). [Australian Dietary Guidelines](#) recommend that half of their daily food intake is provided whilst in long daycare settings. WA research shows that historically, these settings have not provided sufficient nutritious food to meet the recommendations, and diet quality is further reduced by the provision of discretionary (junk) foods to children. These children are therefore at greater risk of food insecurity.

The following Perth-based research has examined the provision of food in childcare settings and provide important insights:

- Sambell, R., Devine, A., & Lo, J. (2014). Does the food group provision in early years' education and care settings in metropolitan Perth, Western Australia, meet national dietary requirements; and how can Home Economics support this? *Journal of the Home Economics Institute of Australia*, 21(2), 20–27. <https://search.informit.org/doi/10.3316/informit.110236788379242>
- Sambell, R.; Wallace, R.; Lo, J.; Costello, L.; Devine, A. Increasing Food Expenditure in Long Day-Care by an Extra \$0.50 Per Child/Day Would Improve Core Food Group Provision. *Nutrients* 2020, 12, 968. <https://doi.org/10.3390/nu12040968>
- Wallace, R., Costello, L., & Devine, A. (2017). Over-provision of discretionary foods at childcare dilutes the nutritional quality of diets for children. *Australian and New Zealand Journal of Public Health*. 41(4), 447
- Wallace, R., & Mills, B. (2019). A study of the food environment at Australian family day care. *Nutrients*, 11(10), 2395.

#### **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.**

[Foodbank WA](#) run a number of food literacy programs aimed at children and should be consulted for further information about access, reach and effectiveness.

The Institute was involved in the development of “[Refresh.ED](#)”, a food and nutrition teaching resource (i.e., food literacy program) developed at ECU and continues to consider it a useful and important initiative that should be introduced to help address food literacy in school children.

#### **5. Government-funded school lunch programs.**

Universal school meals can provide significant benefits to the school community as a whole – most notably, reductions in food insecurity and improvements in student diet quality.

Currently, the Institute is partnering with the [WA School Canteen Association](#) (WASCA) to seek funding to investigate the feasibility of implementing a universal school lunch program in WA. WASCA's Chief Executive Officer Megan Sauzieris leading the proposed project and can be contacted for further information.

## **6. Any other existing or potential initiatives.**

Large-scale, structural solutions are required to address the underlying causes of food insecurity. These include the provision of Government funded and supported wrap around services to those experiencing food insecurity, the need to connect food services, and the importance of engaging with Aboriginal communities to ensure services and solutions are community led and culturally appropriate.

Smaller-scale service and practice responses will always be required, particularly for those experiencing transitory food insecurity. Child health service practitioners play an active role in identifying and providing practical assistance to clients experiencing food insecurity and linking them with further supports. In Western Australia, this could start early through the Child Health Nurses program where engagement and education with parents is critical.

While food literacy and food relief programs can be effective interventions to help address food insecurity, it is important to also consider how to address the growing levels of overweight and obesity in CYP, which can be indicators of food insecurity. CYP who are experiencing poverty or other forms of socio-economic disadvantage are more likely than their more affluent peers to become overweight or obese. The reasons for developing overweight and obesity include poor access to nutritious food (e.g., price/affordability, location/proximity), lack of adequate housing or facilities to store and prepare nutritious food, poor food literacy, and lack of supportive interventions such as food relief and healthy school lunch programs.

CYP, particularly in low SES areas, are bombarded with unhealthy advertising, have easy access to cheap, highly palatable, unhealthy foods, and are not equipped to understand, avoid or ignore the prominent master branding and persuasive marketing messages to which they heavily exposed in their everyday lives.

Evidence, both local and international, shows that fast food outlets cluster in low-SES areas (Trapp G, Hooper P, Thornton L, Kennington K, Sartori A, Billingham W, Bivoltsis A. 2022. Does fast food outlet density differ by area-level disadvantage in Perth, Western Australia. *Health Promotion Journal of Australia.*), and in proximity (i.e., 500m) to schools and other child-friendly services or environments (Trapp G, Hooper P, Thornton L, Kennington K, Sartori A, Wickens N, Billingham W. 2021. Children's exposure to unhealthy food and beverage advertising during the school commute in Australia. *Journal of Epidemiology and Community Health*, 75:1232-1235.). Similarly, fast food advertising is prolific around schools and on public transport infrastructure (controlled by local governments), such as bus shelters, bins, and illuminated signs ( Trapp G, Hooper P, Thornton L, Kennington K, Sartori A, Wickens N, Mandzufas J, Billingham W. 2021. Children's exposure to outdoor food advertising near primary and secondary schools in Australia. *Health Promotion Journal of Australia.*) - further exposing children to high volumes of unhealthy advertising on their journey to/from school, sport, and elsewhere. Today's children are also exposed to significant amounts of television and, increasingly, digital marketing of fast food, which we know is strongly associated with a greater intake of unhealthy foods, which is not generally compensated for at later meals (Boyland EJ, Nolan S, Kelly B et al. 2016. Advertising as a cue to consume: A systematic review and meta-analysis of the effects of acute exposure to unhealthy food and nonalcoholic beverage advertising on intake in children and adults. *American Journal of Clinical Nutrition* 103: 519–33).

Coupled with this, increased intake of energy-dense, nutrient-poor foods, is a reduction in daily physical activity, with the majority of Australian children and adolescents failing to meet the [recommended physical activity guidelines](#) in [2011-12](#).

For CYP experiencing poverty and other socio-economic disadvantage, this failure may again be attributed to lack of access or opportunity to engage in safe and healthy physical activity, including community sports, and active transport.

To address the ways food insecurity both encompasses and leads to childhood overweight and obesity, we submit that the following actions/initiatives be considered:

1. Introduce greater regulatory powers at the local government level to:
  - remove and/or prohibit unhealthy advertising from LGA advertising assets (e.g., bus shelters, billboards, bins, illuminated signs), on the basis of protecting public health
  - refuse to grant land use and development applications for outlets whose primary business is the retail sale of energy-dense, low-nutrient meals or products, on the basis of protecting public health
  - change zoning requirements within their LGA to prevent the clustering of outlets whose primary business is the retail sale of energy-dense, low-nutrient meals or products, particularly in neighbourhoods in the lowest ISCEA quartiles.
2. Encourage and facilitate greater across Government agency coordination and response to the provision of adequate housing and local infrastructure (e.g., footpaths, street lighting, roads) to support children, families and communities to safely access healthy food and participate in healthy and culturally appropriate social, sporting and leisure activities (e.g., Dept of Communities (Housing and Welfare), Main Roads WA, Dept of Transport, Infrastructure WA).
3. Invest in supportive intervention programs including by funding existing health promotion programs (e.g., [Healthway's](#) Healthy Partnerships Program, Healthy Communities Program, etc)
4. Invest in wraparound service provision, including potential co-location of primary health services within, for example, existing community centres, to facilitate greater access to nutrition intervention programs and other necessary health services. Ensure these services are Aboriginal community controlled and that extensive community consultation is undertaken in areas where Aboriginal and Torres Strait Islander people are identified as a priority population.

## **7. Western Australia's obligations and responsibilities to monitor and address food insecurity as an aspect of child wellbeing.**

As a member of the international community, Australia and Western Australia must abide by our international obligations to end world hunger (WHO and WTO).

We consider it critical that a comprehensive assessment of food security be included in the next Nutrition Survey. We support the use of the USDA Household Food Security Survey as this captures the impact of food insecurity on households, including children and adolescents. In order to assess food security and diet related behaviours, beyond food and nutrient intake, we support asking people about additional diet related behaviours, including when, when and how the food was acquired, prepared and consumed. These types of questions are important when analysing the prevalence and impact of food insecurity in Australia. Collecting such data will help inform researchers, public health professionals and policy makers on the complexities and influences on food choices. However, when doing so, several points need to be considered and open-ended questions are encouraged. Things to consider include:

- Asking respondents where they purchased food is leading and presumes they purchased food. Many Australians, especially people living in food insecure environments, acquire their food from food aid services, sharing networks or may need to steal it. It is important to collect information on these behaviours in an anonymous and non-judgemental manner.
- Questions relating to food skills need to be specific and easy to understand. Standardised tools exist to ask questions related to food literacy, including food preparation and cooking skills.
- Sensitivity when asking questions around what, how and when people eat food must be of utmost importance as people, especially parents and carers of children, can feel shame and this will bias responses and result in skewed data.

We consider information about the quality of, and reliability of access to drinking water in remote areas to be a high priority data need. Having access to clean potable drinking water is a basic human right and the anecdotal reports of no clean free drinking water being available in some remote Aboriginal communities must be adequately collected in the next national nutrition survey. This data can be used for advocacy and funding to help address the inequity.

In terms of monitoring, the Institute's Food Atlas will be able to geospatially map, measure and monitor food access (and food insecurity) over time throughout WA, but will require future funding support to keep data current. Furthermore, with additional funding, the Food Atlas could incorporate a Food Stress Index to identify at-risk households in a particular geographic area. Previous research has shown a Food Stress Index was found to be a suitable indicator of the relative risk of food stress in Western Australian households that is specifically related to food insecurity (see Landrigan, T. J., Kerr, D. A., Dhaliwal, S. S., & Pollard, C. M. 2019. Protocol for the development of a food stress index to identify households most at risk of food insecurity in Western Australia. *International Journal of Environmental Research and Public Health*, 16(1), 79).