

CAFCA practice sheet

COMMUNITIES AND FAMILIES CLEARINGHOUSE AUSTRALIA

Food insecurity in Australia

What is it, who experiences it and how can child and family services support families experiencing it?

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This practice sheet explores food insecurity in Australia with a focus on identifying those most likely to suffer it as well as considering its impacts.

Whilst often thought of in terms of third world countries, food insecurity is also prevalent in certain groups within wealthy countries like Australia. This practice sheet is designed to assist child and family services to address food insecurity amongst their clientele.

Key messages

- There are three key components of food insecurity: inadequate access to food, inadequate supply and the inappropriate use of food (e.g., inappropriate preparation of food). The prevalence of food insecurity amongst the Australian population is estimated at 5% (Burns, 2004).
- Certain groups in Australia are more susceptible to food insecurity—including unemployed people, single parent households, low-income earners, rental households and young people (Burns, 2004).
- Indigenous, culturally and linguistically diverse (CALD) and socially isolated people may also experience food insecurity at a higher rate (Strategic Inter-Governmental Nutrition Alliance of the National Public Health Partnership [SIGNAL NPHP], 2001).
- The reasons why people experience food insecurity include: a lack of resources (including financial resources and other resources such as transport); lack of access to nutritious food at affordable prices, lack of access to food due to geographical isolation; and lack of motivation or knowledge about a nutritious diet.
- Food insecurity is a concern for child and family services organisations as it can impact negatively upon outcomes for children in the short and long-term—including children's academic ability and health issues including obesity, diabetes and heart disease.
- Child and family services in Australia can play a key role in improving the food security of their clients via a range of practical measures as well as referrals to services such as financial counselling that address underlying factors which may contribute to food insecurity.

What is food insecurity?

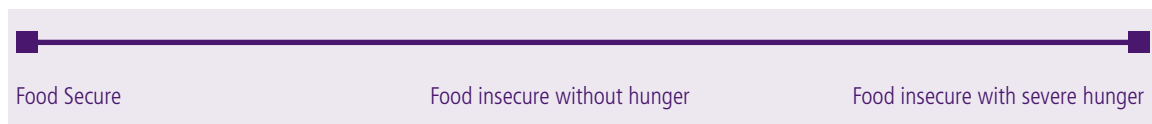
Whereas food security is broadly defined as “access by all people at all times to enough food for an active, healthy life” (Radimer, 2002), food insecurity exists “whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable food in socially acceptable ways is limited or uncertain” (Radimer, 2002). There are three key components of food security (World Health Organization, 2011):

1. *Food access*: the capacity to acquire and consume a nutritious diet, including:
 - the ability to buy and transport food;
 - home storage, preparation and cooking facilities;
 - knowledge and skills to make appropriate choices;
 - and time and mobility to shop for and prepare food.
2. *Food availability*: the supply of food within a community affecting food security of individuals, households or an entire population, specifically:
 - location of food outlets;
 - availability of food within stores; and
 - price, quality and variety of available food (Nolan, Rickard-Bell, Mohsin, & Williams, 2006).
3. *Food use*: the appropriate use of food based on knowledge of basic nutrition and care.¹

There are three different “levels” of food security (see Figure 1, based upon Burns, 2004):

- secure;
- insecure but without hunger—where there may be anxiety or uncertainty about access to food or inappropriate use of food (i.e., poor nutritional quality) but regular consumption of food occurs; and
- insecure with extreme hunger—where meals are often missed or inadequate (Burns, 2004).

Figure 1: The Food Security Continuum



According to the United Nations World Food Summit in 1996, food security is a right for all people (United Nations Food & Agriculture Organization, 1996). Yet conservative estimates suggest that upwards of 5% of Australians experience food insecurity, 40% of those at a severe level (Burns, 2004; Temple, 2008).²

1 Food use may be a specific issue for recent migrants to Australia who may be unfamiliar with local foods and their preparation.

2 Apart from a few notable exceptions (e.g., the 1995 Australian National Nutrition Survey and the 2004/05 ABS National Health Survey) (Temple, 2008), Australian data on levels of food security has been minimal, limited to one question included in ABS and health authority surveys: “In the past 12 months have you or anyone in your household run out of food and not had enough money to purchase more?” (Burns, 2004). There is a clear need to measure Food Security more thoroughly, especially amongst those populations known to be vulnerable to irregular supply or access to food. In the United States, the Department of Agriculture and the National Centre for Health Statistics have created a rigorous measure consisting of 16 questions, which measures the existence and the severity of food insecurity for both individuals and families. This measurement tool has been trialled in an Australian context and found to be relevant (Nolan et al., 2006). This measure can be accessed at: <www.fns.usda.gov/FSEC/FILES/FSGuide.pdf>.

Who experiences food insecurity in Australia and why?

According to the 1995 Australian National Nutrition Survey and the Aboriginal and Torres Strait Islander Health Performance Framework (data 2004–05) certain groups experience food insecurity at a higher rate than the general population (Browne, Laurence, & Thorpe, 2009; Burns, 2004). These groups include:

- Indigenous people (24%);
- unemployed people (23%);
- single parent households (23%);
- low-income earners (20%);
- rental households (20%); and
- young people (15%).

Other people who are susceptible to food insecurity include (SIGNAL NPHP, 2001):

- some culturally and linguistically diverse (CALD) groups including refugees;
- people who do not have access to private and/or public transport;
- people who misuse alcohol and tobacco; and
- people who are disabled, unwell or frail.

The reasons why some of these groups experience food insecurity are outlined below.

Indigenous populations

Indigenous populations may be vulnerable to food insecurity, with 30% of Indigenous adults reporting being worried about going without food (SIGNAL NPHP, 2001). Rates of food insecurity are highest in remote communities (Browne et al., 2009).³ However, Indigenous people living in urban environments are also vulnerable to food insecurity due to poor income, household infrastructure and overcrowding, access to transport, storage and cooking facilities (Browne et al., 2009).

In remote locations, food supply is often limited to a “general store” that is not always open, and is often expensive, with a 26% higher price of a “basket of food” in remote community stores when compared with a Darwin supermarket (Saethre, 2005).

Coupled with the high percentage of residents in remote communities earning a low income, Indigenous people must spend a greater percentage of their income on meals than non-Indigenous Australians—at least 35% according to Northern Territory Government statistics (Saethre, 2005). Much of this is spent on ready-made meals from fast food outlets that may vary in nutritional quality. However they are often more convenient as these outlets may be open longer hours than the general store (Saethre, 2005).

Furthermore, other resources may be limited in remote communities—such as a working stove or oven. One survey of almost four thousand Indigenous homes in the Northern Territory found that only 38% had facilities such as stoves, ovens, running water and adequate storage for food (Bailie & Runcie, 2001). This further encourages a reliance on ready made, and often nutritionally poor foods.

³ The Council of Australian Governments (COAG) has implemented a National Strategy for Food Security in Remote Indigenous Communities (2009). This strategy is part of Closing the Gap on Indigenous disadvantage, particularly in the areas of life expectancy, infant mortality and educational attainment (COAG, 2009).

CALD groups

Some CALD groups have also been found to experience food insecurity due to a departure from their traditional diets when relocating to Australia, with a failure to take up nutritious alternatives (SIGNAL NPHP, 2001). People who have recently relocated to Australia may lack nutritional education about food available in their local supermarket, which may vary dramatically from what was available in their country of origin.

Low-income families

Economic barriers to food security are common and low-income families often experience challenges in purchasing adequate quantities of food, as well as appropriately healthy food (SIGNAL NPHP, 2001; Turrell & Kavanagh, 2005). Concerns about the higher costs of food sometimes experienced by low income families and people living in remote areas (especially Indigenous remote communities) mean that food insecurity is high amongst low-income people and families (SIGNAL NPHP, 2001).

Middle income families who have recently had a drop in income (i.e., through job loss) or who have high living expenses may also experience food insecurity due to a lack of available funds to allocate to food purchases (Burns, 2004).

Lack of access to private and/or public transport

Other barriers such as lack of car ownership in high population areas and/or poorly organised public transport to retail centres may confine disadvantaged people to buying food locally where there may be less choice and higher prices (SIGNAL NPHP, 2001). Geographical isolation may also contribute to food insecurity, possibly along with inadequate transport. Remote areas may have fewer large supermarkets forcing residents to be dependent on smaller shops which stock a limited range of foods, sometimes of lower quality, and often, higher prices (Turrell, Hewitt, Patterson, Oldenburg, & Gould, 2002).

People suffering illness, frailness or other forms of social isolation

People suffering illness, frailness or other forms of social isolation may also experience food insecurity regardless of their financial means, due to an inability to either purchase or prepare adequate food as a result of their condition. Similarly, people with substance abuse conditions may not purchase or prepare adequate food for themselves or their families, either because their material resources are spent on drugs or alcohol, or simply because they are not functioning adequately to attend to these tasks (SIGNAL NPHP, 2001; Burns, 2004.)

Why is food security an important issue for child and family services?

The prevalence of food insecurity amongst the Australian population (a conservative estimate of 5%) (Burns, 2004) suggests that child and family services are likely to encounter families that are experiencing this problem. Many child and family services will be supporting children and families who fit one or more of the characteristics that make them more vulnerable to food insecurity (e.g., unemployed, single parent households and living in rented accommodation) and, as such, these services are more likely to encounter clients who experience food insecurity.

In Australia, food security is considered to be an important social determinant of health and a significant public health issue at national and state levels (Nolan et al., 2006). Food insecurity is,

however, especially important to child and family services because of the negative impact food security can have on parents and children, both in the short and long term.

For example, food security has been shown to affect academic achievement in children, both in ability upon commencement at school, and in learning over the school year (Wikicki & Jemison, 2003). Food insecurity is especially relevant to the current “obesity epidemic” amongst Australian children (Gill et al., 2009) as Australian data indicate that the risk of obesity is higher in those who experience (mild to moderate) food insecurity (Burns, 2004). While this might seem illogical, it is due to the tendency of food insecure people to purchase cheaper food, which is often much lower in nutritional content and higher in fat, salt and sugar content and refined carbohydrates (starch) (Burns, 2004).

Food insecurity is also associated with general poor health, and may worsen other health inequalities that are apparent in disadvantaged groups such as a higher mortality rate, and higher rates of coronary heart disease, type-2 diabetes and some cancers (Turrell & Kavanagh, 2005). Furthermore, poor nutrition is associated with low birth weight and ill health in infancy and childhood (Browne et al., 2009).

Nutritional challenges

The nutritional aspect of food security is often overlooked in favor of simply ensuring people are eating regular meals. However, an important part of food security is access to “nutritionally adequate and safe foods” (Radimer, 2002). Public health recommendations for an adult to eat five serves each of breads/cereals and vegetables, as well as two serves of fruit per day are often not feasible for those who are welfare dependent or earning a low income. International studies report that healthy food is more expensive than unhealthy food, and local studies have shown that people in welfare or low-income categories are less likely to buy and eat healthy food (Kettings, Sinclair, & Voevodin, 2009).

In their study into the costs of a healthy diet, Kettings et al. (2009) found that welfare dependent families needed to spend at least 33% of their weekly income to eat according to public health recommendations if they bought generic brands. For families earning an “average” wage, 25% of the income of a single parent household and 18% of a dual parent household was required to meet these eating guidelines. They concluded that at a cost of 33% of the household income, healthy food habits are economically challenging for welfare dependent families.

An important aspect of food security for families is breastfeeding. Breastfeeding can be an effective method of reducing food insecurity for infants especially for disadvantaged families who may not be able to afford sufficient amounts of infant formula to adequately meet infant dietary needs. Australia’s dietary guidelines recommend that infants are breastfed until 6 months of age (NHMRC, 2003).

One of the many ways of addressing food insecurity is via the distribution of “food parcels” through community service agencies. However, anecdotal reports are that these parcels tend to be stocked with non-perishable goods, due to the storage capabilities of the agencies involved.* As a result, those families receiving food parcels miss out on fresh food, which can be helpful in maintaining a balanced diet that meets recommended dietary guidelines. It is important to note, however, that food parcels can free up some of the food budget, which may be then directed to purchasing fresh goods.

Also, as there is increasing pressure on the community services sector to respond to growing disadvantage, agencies and workers may need additional support, such as additional resources and training to ensure that clients’ nutritional requirements are met (SIGNAL NPHP, 2001).

* Food banks—organisations that receive donations of food and have large storage capabilities—may be able to supply community service agencies with fresh foods on a regular basis.

PRACTICE CONSIDERATIONS

These practice considerations are general principles based upon lessons from research and practice designed to provide additional guidance to service providers about working with individuals and families experiencing food insecurity.

How can services support families experiencing food insecurity?

Measures to address food security include short, medium or long-term solutions. Some services can directly assist families in the short-term by providing food parcels, food vouchers and/or meals. Most services will have some information available about local services that can provide these services.

As many services will already be providing short-term support, the following practice considerations focus upon medium and long-term measures for supporting families who experience food insecurity. Policy measures are also considered.

Education

- Nutritional education is often poor amongst disadvantaged populations (Burns, 2004) and as such whilst the quantity of food supplies may be adequate in these households, their quality may be poor and fail to meet the nutritional needs of family members, particularly children.
- Nutritional education in languages other than English may be necessary for some CALD groups (The Smith Family & Fairfield West Primary School, 2009).
- Simple techniques like planning meals in advance and writing a shopping list with only required ingredients help to keep food costs lower and ensure value for money. Planning meals ahead also helps to reduce dependency on expensive and often unhealthy take-away meals.
- Lack of familiarity with food preparation and/or ingredients may be a deterrent to the preparation of fresh healthy meals. Basic food preparation techniques and a guided shopping exercise can help to reduce these barriers and improve knowledge and confidence in food preparation.
- A familiarity of public health recommendations for healthy eating is essential for staff dealing with food insecure clients. It may also be useful to educate clients and help them to implement these recommendations through suggested meal plans or other practical examples.

Questions to consider

- Are there any services in the local community that can provide parents with food budgeting advice and/or offer food purchasing and preparation classes? In some localities, community kitchens these types of educational opportunities along with facilities to communally prepare and share meals (see Frankston Community Health Service, 2009).
- If your service provides food parcels or meals directly to clients, are staff confident about their knowledge of nutrition? Could professional development opportunities involve nutritional education?
- Are clients provided with information about healthy eating? Is this information presented in a way that is accessible to clients (e.g., plain English)? Is information available in languages other than English?

Resources

- Families who do not have access to private and/or public transport can have difficulties getting their grocery shopping home. Another barrier for some families is a lack of adequate refrigeration. Both these factors can also impede a family's ability to purchase or maintain the quality of fresh food.

- Buying groceries in bulk is a good way to save money on goods, however this can often be difficult for low-income families who lack the initial funds to outlay on bulk purchases. Lack of access to transport and lack of adequate refrigeration can further restrict a family's ability to purchase food in bulk.

Questions to consider

- Is it possible for your service to subsidise the home delivery of groceries for clients who have difficulties with transport? Is there another service in the community that can provide clients with this support? Do you know of supermarkets or other shops in the local area that provide free home delivery for customers?
- Can your service assist clients to obtain refrigeration appliances? Is there another service in the community that can provide clients with this support?
- Community kitchens could organise "buy in bulk" services for multiple families. This allows families to share the cost of buying in bulk. Is there a community kitchen in the local community that provides this type of service?

Information and referral

A range of services and resources in the local community can be useful to families experiencing food insecurity. Providing information and/or referral to these services can help these families. These resources may include:

- *community gardens*: plots of land set aside within a community where community members may grow plants and/or vegetables and fruit. Community garden projects can be a cost effective and enjoyable way for clients and their families to acquire fresh food;
- *school "breakfast clubs"*: offer morning meals to students whose families may be financially disadvantaged or suffer another form of food insecurity;⁴
- *financial counselling or other services*: may help to address long term issues which play a major role in food insecurity;⁵ and
- *lists of local markets or lower cost retail options for food purchasing*: may help clients to get better value out of their food budget.

Questions to consider

- Are there community gardens, breakfast clubs or other appropriate services or resources within the local community? If so, are clients provided with information about these services and resources?

Policy measures

It is important to consider policy measures that may impact on food security. Service providers can advocate locally for policies that may improve food security in their geographical area such as policies that:

- encourage food manufacturers and wholesalers to dispose of surplus food through food banks—via economic incentives or other means (SIGNAL NPHP, 2001);
- reflect the higher cost of food in remote areas (SIGNAL NPHP, 2001);

4 For an example of a breakfast club see the Good Start Breakfast Club <www.redcross.org.au/ourservices_acrossaustralia_goodstartbreakfastclub.htm>

5 For more information about financial counselling see the Financial and Consumer Rights Council <frc.org.au/>

- address provision for special needs diets (SIGNAL NPHP, 2001);⁶
- aim to improve nutritional standards and knowledge within the community (i.e., public health policies) (SIGNAL NPHP, 2001); and
- support local production of food and improved transport to food outlets (SIGNAL NPHP, 2001).

What do food security programs look like in practice?

There are a range of programs and projects in Australia that address the issue of food security. CAFCA's Promising Practice Profiles database provides some examples of these types of programs and projects.

One example is a community kitchen pilot project based in Frankston, Victoria. This program aims to improve participants' food security through acquiring food knowledge and skills whilst reducing social isolation. The issues it seeks to address are food access and use: the poor physical and financial access to quality, affordable fresh produce, which in turn is a barrier to healthy eating for some community members. A variety of community members—including aged, Indigenous, disadvantaged, youth and migrant individuals—make use of the community kitchen facilities.

Using a flexible and negotiable approach, the project requires active participation and financial contribution from group members. It does not sell food but rather educates participants in the planning and cooking of meals. Training workshops are provided for facilitators and interested participants, covering topics such as healthy eating, budgeting for food, kitchen and food safety and group facilitation. All other education for participants is informal and involves the ongoing weekly gathering of 6–8 people and one facilitator who jointly select and prepare meals that they then share together for a small investment of a few dollars.

Notable outcomes of the program include:

- improvements in cooking skills, nutritional knowledge, meal planning, budgeting and shopping habits;
- increased fruit and vegetable consumption (43%) and reduction of fast food consumption (64%);
- improvements in food safety and hygiene practices;
- significant impacts on participants mental health and wellbeing due to the social aspect of the project (social inclusion); and
- an increase in community strength, with 43% of participants going on to join other community groups.

Further resources

- For a full list of CAFCA Promising Practice Profiles see <www.aifs/cafca/topics/index.html>.
- For an example of food security/nutrition program in a remote Aboriginal community, see Early Learnings Telstra Foundation Research Report (Higgins, 2005).
- For a gendered analysis of food insecurity, see *Women and Food Insecurity* (Women's Health Issues Paper No. 7), published by Women's Health Victoria <whv.org.au/static/files/assets/64793bc2/Women_and_food_insecurity_issues_paper.pdf>.

⁶ These are often difficult to manage due to the higher costs of some specialised food (i.e., gluten free) and may require supplementation or a special allowance.

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CAFCA Practice Sheets are brief, evidence-informed resources that provide an overview of a specific practice issue and practice considerations to help practitioners reflect upon their own service delivery.

The information provided in the CAFCA Practice Sheet series is for practitioners and policy-makers who plan and/or deliver services to children and families in Australia, especially those working in disadvantaged communities.

The series draws upon and builds on the findings of an evaluation of a nationwide strategy (the former Stronger Families and Communities Strategy) that was designed to bring about improved outcomes for families and young children.