

**Submission  
No 63**

## **FOOD PRODUCTION AND SUPPLY IN NSW**

**Organisation:** The Sax Institute

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# Submission to NSW Parliamentary Inquiry into Food Production & Supply 2022

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February 2022

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# A submission to the NSW Legislative Assembly Committee on Environment and Planning Inquiry into food production and supply

Dear Mr Greenwich MLA,

## **Submission to NSW Parliamentary Inquiry into Food Production and Supply**

We welcome the opportunity to make a submission to this important Parliamentary Inquiry into Food Production and Supply in NSW and present some of our work to highlight the ongoing drivers and some possible solutions to addressing food insecurity in NSW.

While acknowledging this Inquiry canvases many important issues relating to future challenges to the food system such as climate change, urban expansion, water security and future food production, this submission on behalf of the Sax Institute will focus only on the issue of household food insecurity and equitable access to healthy food, referenced in the first objective in the Committee's Terms of Reference for this Inquiry.

This submission will focus quite explicitly on a specific sub-population of NSW, Aboriginal people living in urban and regional locations, which has been the subject of recent work done in partnership with Aboriginal community health organisations here in NSW.

## **Background**

The Sax Institute is an independent, not-for-profit organisation that helps decision makers find and make the best use of research to solve real-world health and social problems. We connect individuals and organisations with research, we build research platforms that generate new knowledge for use in decision making, and we lead thinking and knowledge around how to ensure more research has a real-world impact. Our mission is to improve health and wellbeing by driving the use of research in policies, programs and services.

Since 2003, the Sax Institute has worked in partnership with the NSW Aboriginal Health and Medical Research Council (AH&MRC) and Aboriginal Community Controlled Health Services (ACCHSs) to fill

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an information gap about the causes of health and illness in Aboriginal people to understand community need and drive improvements to the programs and services in Aboriginal health. Evidence generated through this partnership identified food insecurity to be the third most significant factor affecting the health and wellbeing of Aboriginal children in non-remote areas in NSW (1). We also know from Australian data that food insecurity now affects one in five Aboriginal and Torres Strait Islander people living in non-remote environments – who make up three-quarters of the total Aboriginal and Torres Strait Islander population in Australia (2). This compares to one in twenty-five among the wider Australian population.

### **Food insecurity among non-remote Aboriginal communities in NSW**

In response to the high rates of food insecurity among Aboriginal people, the Sax Institute gathered in-depth information on Aboriginal communities' knowledge and beliefs about food insecurity, challenges and barriers they face, systemic factors that influence it, and potential ideas for actions to improve the local food system (3). This work was done in collaboration with two ACCHSs, in Campbelltown, an urban outer suburb of Greater Sydney with a population of 78,849 people (4.7% Aboriginal); and Wagga Wagga, a large regional area located in inland NSW approximately five hours' drive from Sydney which has a population of 62,385 people (5.6% Aboriginal). The Medical Research Future Fund and the Australian Prevention Partnership Centre funded this.

#### ***Key findings from this research:***

Aboriginal families described food insecurity as a huge, complex problem affecting their communities that was driven by socio-economic disadvantage, high unemployment rates and disparities in access to healthy food.

Accessible healthy food shops were seen as a dwindling resource. People described how many local shops had closed in the suburbs where most Aboriginal families live and that there had been a lack of ongoing commitment from their local councils to ensure adequate infrastructure in terms of healthy food supply and availability in their communities.

*"...lots of shops have closed in our suburb and there is no commitment from council, like you don't think people are worth investing into" (ACCHS staff member)*

However, one type of shop was evidently increasing in abundance, certainly in the locations where many Aboriginal communities were located:

*"there is the fish and chip shop, and the Domino's pizza - the other pizza up the road. Now that we've got McDonalds, a lot of them will walk down to McDonalds". (Aboriginal Elder)*

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As well as being more available, participants felt unhealthy takeaway options were more convenient:

*“you just ring and order hot chips, that’s it, go in the shop for fresh bread, then go and pick up the chips on the way out and there’s lunch and it feeds them all”, ACCHS staff member.*

The effect of this increasing access to fast food options combined with income restrictions, often compounded food rationing and the reliance on cheap foods to ‘fill up kids’ was a view commonly expressed.

*“I had one mum who came in and said to me, I have five kids and yes I know I don’t eat properly but if I buy myself a large hot chips and a loaf of white bread, my kids are all full and can go to bed happy and satisfied. You’re telling me to eat more fresh fruit and vegetables I don’t even know if they’re going to eat it. I can’t afford to buy it. I don’t even know if I’m going to waste my money on it”. (ACCHS staff member)*

Families explained how limited public transport options in the local area means some people are having to walk home with their groceries, which limits their ability to do a large shopping trip.

Participants also noted that:

*“...if there’s no buses running at that time, and they can’t get a lift off someone, then they’d have to walk or catch a taxi...on a Sunday when there’s no buses running, that would be difficult”. (Aboriginal Elder)*

Families also expressed experiencing racism and stigma when accessing mainstream organisations for food relief, as well as those linked to the food system. Families spoke about how the ongoing impacts of colonization, the loss of traditional lands and food rations (such as rice, flour, sugar, tea and fatty meats) received during the mission era drastically changed peoples’ diets, and still impacted on food choices today among Aboriginal families in their community.

A community member explained how they felt short changed:

*“...\$30 for me and six children...for the single families with two kids it was \$20. I don’t know how they got a \$10 difference with an extra four kids. But that’s how they work it out”. (Aboriginal mother)*

The distinct lack of specific agency oversight at a government level was seen to be a difficulty in that interest in dealing with policy issues to do with addressing local food security had no mechanism to be

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escalated. While local health districts and their health promotion teams have a clear and important interest in understanding and supporting this issue, they have been limited by the lack of a policy home for coordination and ongoing policy dialogue.

### **A food security tool for Aboriginal communities**

A local tool we developed as a result of mapping the drivers in the local food security systems in the two regions of NSW provides a mechanism to potentially work with other communities to look to identify and develop appropriate strategies to support food security at a community or local level. Importantly, bringing together community resources – whether they be local council planners, primary and community health organisations, transport providers, local charities and welfare organisations and importantly local food retailers was recognised. (Link to tool:

<https://preventioncentre.org.au/news/murradambirra-dhangaang-a-new-planning-tool-to-make-food-secure/>)

### **Conclusion:**

Our work uncovered the drivers of food insecurity in Aboriginal communities and their lived experiences and the lack of sustained solutions available to address this. It also highlights the need to address the inequitable supply and availability of food and acknowledge Aboriginal culture and food preferences to alleviate food insecurity among Aboriginal people. There is a need for partnerships to be strengthened between Aboriginal organisations, local government, food suppliers and the health sector and co-ordinated efforts to drive the co-design of culturally appropriate recommended programs and policies to improve food security and health outcomes for Aboriginal people.

We would welcome any further opportunities to present these research findings to the Legislative Committee on Environment and Planning with respect to this inquiry. In particular, we would like to share this opportunity with Aboriginal leaders from our partner organisations to discuss the findings from this research with a wider audience.

### **References:**

1. Miller HM YC, Nixon J, Talbot-McDonnell M, Cutmore M, Tong A, Craig JC, Woolfenden S. Parents' and carers' views on factors contributing to the health and wellbeing of urban Aboriginal children. Submitted for publication. 2020.
2. ABS. Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results - Food and Nutrients, 2012-13. Canberra; 2015.
3. Sherriff S KD, Tong A, Naqvi N, Nixon J, Eades S, Ingram T, Slater K, Dickson M, Lee A, Muthayya S. Murradambirra Dhangaang (make food secure): Aboriginal community and stakeholder perspectives on food insecurity in urban and regional Australia. Manuscript in press.

Sincerely,

Sumithra Muthayya

On behalf of the Sax Institute