

**Talking about food insecurity: The social construction of
urban Aboriginal and Torres Strait Islander food insecurity
in southern Meanjin/Brisbane health services**

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Abstract

Food insecurity arises when people do not have physical, social or economic access to food. This significant social issue impacts the health and wellbeing of disproportionately more Aboriginal and Torres Strait Islander people than the broader Australian population. Further, struggling to get enough food to eat is a stressful and stigmatising experience, with ongoing colonisation and racism providing a particular context of risk and judgment for Aboriginal and Torres Strait Islander people. Australia's reliance on charitable food to respond to food insecurity is not only inadequate but contributes to shame and stigma. Aboriginal and Torres Strait Islander primary health services are potentially well-placed to support food security as part of holistic health approaches. However, little is known about how health staff currently talk about and conceptualise food insecurity or about how they support help-seeking during periods of food insecurity experienced by those who use these services.

Social constructionism and critical discourse analysis theoretically frame this research, with both approaches critically questioning the socially constructed nature of knowledge, language and power. These methodologies illuminate the social, cultural and political contexts that influence how health staff perceive food insecurity for urban Aboriginal and Torres Strait Islander communities, in turn shaping their communication. Cultural safety is applied as a lens to this study, to consider matters of power and intersectional discrimination. By examining the attitudes, assumptions, values, privilege and power that health staff bring to interactions with health service users, cultural safety interrogates the dominant cultural norms that perpetuate racism and unsafe health care.

The aim of this study was to explore how urban food insecurity is constructed, discussed and responded to by staff working in Aboriginal and Torres Strait Islander health services in southern Meanjin/Brisbane. To explore this issue, data were generated from analysing media articles about Aboriginal and Torres Strait Islander food insecurity and from interviews with staff working in local Aboriginal and Torres Strait Islander health services. The critical discourse analysis of media articles included a sample of 75 print and online news articles published between 2007-2016 relating to Aboriginal and Torres Strait Islander food security/insecurity. Fourteen interviews were conducted during 2017-2018 to explore

the perspectives of health staff in Aboriginal and Torres Strait Islander primary health care working with health service users' seeking help for food insecurity.

From the media analysis, five primary discourses were interpreted that reflected the use of language in relationships of power: food insecurity 'problems' and 'solutions', 'noble savage', personal responsibility, moral failure, and 'save the children'. Food insecurity, and poverty more broadly, was seen as an individual failing across these media discourses – shifting attention from the structural causes. Negative representations of Aboriginal and Torres Strait Islander people contributed to a prevailing social narrative that justified intervention and control to address social problems, with little acknowledgement of the ongoing impacts of colonisation and racism. Not being able to put food on the table was clearly implicated as a source of blame, risk and shame.

From the health staff interview data, the construction of food insecurity was interpreted as 'strengths', 'struggle' and 'shame' discourses. Although strengths were acknowledged, the experience of food insecurity for Aboriginal and Torres Strait Islander health service users was described in terms of stress and crisis. The shame and stigma, particularly for families with children, was talked about by participants.

In responding to food insecurity, the sociocultural context for health staff manifested in a 'moralisation' discourse although participants also drew strongly on a 'trust' discourse centred upon relationships and rapport. Individual and charitable responses to food insecurity predominated, and while framed around 'helping' were layered with judgment of deservedness and how people spend their money.

Based on critical discourse analysis of these data, this thesis argues that societal and consequently staff perspectives are shaped by neoliberalism, colonisation and biomedicine with urban representations being absent from both media and health staff discourses. The dominance of individualism serves to hold those experiencing food insecurity responsible for their circumstances, and divert focus from the historical, political, social and structural causes. The normalisation of charitable food within Aboriginal and Torres Strait Islander health services relies on 'benevolent' responses that arguably come at the expense of

dignity and choice. This thesis argues that these constructions exacerbate the power differentials between health staff (i.e. helper) and health service user (i.e. help seeker). Organisational change must occur in health services to challenge these dominant paradigms and related power relations to improve cultural safety for Aboriginal and Torres Strait Islander people during encounters discussing food insecurity and the outcomes of these encounters.

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1 Introduction

Household food insecurity reflects a lack of consistent access to and availability and utilisation of adequate and nutritious food (Food and Agriculture Organization, 2009). Food security for urban Aboriginal and Torres Strait Islander people is rarely on the political agenda, unlike for remote communities, despite it being a significant issue in all areas (Bramwell et al., 2017). The prevalence of food insecurity for Aboriginal and Torres Strait Islander people at the last national survey ten years ago ranged from 20% of the Indigenous population in urban areas to 31% of those in remote areas (Australian Bureau of Statistics, 2015b). The magnitude of food insecurity for Aboriginal and Torres Strait Islander communities, including those in urban areas, makes it an important issue to address.

This chapter provides an overview of the significance of food insecurity in urban Aboriginal and Torres Strait Islander communities and the implications for talking about food insecurity in health services. The aim of the study and research question are outlined, along with the researcher's background in relation to the research. Language takes a central role in this research, and this chapter discusses the approach taken in this thesis. A thesis summary is detailed at the end of the chapter.

Food security exists:

when all people at all times have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life. (Committee on World Food Security, 2012, p. 8)

This internationally recognised understanding of food security does not encompass Indigenous perspectives or consider the unique contexts for Indigenous peoples that affect food supply and access (Power, 2008). In the country now known as Australia, the food systems of Aboriginal and Torres Strait Islander people were severely disrupted by colonisation, through forcibly displacing people from Country, family and culture (Wilson, Wilson, et al., 2020). Colonisation controlled Aboriginal peoples' access to land and food, with settlers providing salty, sweet and stodgy rations that contributed to entrenched

poverty and established notions of the ‘undeserving poor’ (Mitchell, 2011). Contemporary predominant charitable responses to food insecurity in Australia have roots in this history and reinforce similar attitudes – poverty is imagined as an individual failing, rather than being an issue of structural violence (Booth & Pollard, 2020). Aboriginal and Torres Strait Islander people have continued to resist settler colonial decimation of food systems, through resourceful and contemporary connections to cultural foods (Bryce et al., 2020; Foley, 2005).

Food insecurity is commonly reported as shameful and stigmatising (McNaughton et al., 2021; Sherriff et al., 2022), detrimentally impacting the physical and psychological health of those who experience it (Gundersen & Ziliak, 2015; Myers, 2020). Aboriginal and Torres Strait Islander health services can play an important role in supporting people who do not have enough food and this study provides insights into how staff understand and talk about food insecurity. Despite the sensitivity of discussing food insecurity (Taylor et al., 2022), and the associated racism inflicted by institutions such as health services (Gatwiri et al., 2021; Kelaher et al., 2014), there is currently little data that examines how health staff can have respectful and informed conversations with Aboriginal and Torres Strait Islander people on this topic.

Philosophical assumptions underpinning this work are that all knowledge is socially constructed through interactions in the social world (Berger & Luckmann, 1967) and perspectives that represent the social world are reflected in health service encounters (Browne, 2007). This thesis argues that understanding how food insecurity is historically and socially situated by health staff could help to ensure culturally safe practice.

1.1 Research objectives

The aim of this study was to explore how urban food insecurity is constructed, discussed and responded to by staff working in Aboriginal and Torres Strait Islander health services within southern Meanjin/Brisbane. This study sought to provide a clearer understanding of the discourses relating to food insecurity that characterise encounters between health staff and Aboriginal and Torres Strait Islander health service users in urban areas; it is the first

known study of this kind. The focus of this research was on discourse, defined as language as a form of social practice (Fairclough, 1995). Using a theoretical approach informed by social constructionism and critical discourse analysis, this study had two aspects. Firstly, this study aimed to identify the media discourses relating to Aboriginal and Torres Strait Islander food insecurity to explore the sociocultural contexts that shape perceptions and attitudes. Secondly, the study explored the links between these sociocultural contexts and health practitioners' discourses and responses to Aboriginal and Torres Strait Islander people who seek help with food insecurity in urban health services.

Aboriginal and Torres Strait Islander people have historically had poor experiences with research (Thomas et al., 2014). The focus here is on Aboriginal and Torres Strait Islander health services (see section 2.5) and how these structures enable or constrain food security support, rather than on Aboriginal and Torres Strait Islander people experiencing food insecurity. This research seeks to inform changes in staff practice, and the institutions in which staff work, to reduce the shame and stigma associated with talking about food insecurity.

1.1.1 Research question

How are discourses about urban Aboriginal and Torres Strait Islander food insecurity socially constructed and how are people responded to by health staff working in Aboriginal and Torres Strait Islander primary health services in southern Meanjin/Brisbane?

1.1.2 Researcher background

Over time, as a community nutritionist working at one of the health services involved in this research, I started to see food insecurity more in my work. The cost of food, constrained household budgets and competing financial priorities were common topics of conversation at community cooking groups and health promotion events, as they were when Foley (2006) undertook work in the same community in the early 2000s. Together with an Aboriginal colleague we reflected on how food insecurity was impacting households, but little information was available to reach decisions about effective community nutrition approaches (Bramwell et al., 2017).

We began discussing potential research projects to better inform local approaches to address food insecurity. With this colleague, we co-designed a research program to explore food insecurity for Aboriginal and Torres Strait Islander people accessing urban health services. Originally, we planned intersecting studies that explored different perspectives – the experience of food insecurity for Aboriginal and Torres Strait Islander people living in urban areas, and how health staff talk to and work with health service users experiencing food insecurity. Prior to commencing the projects, and to ensure the research agenda was supported by the community and considered beneficial, we sought the approval of an Aboriginal and Torres Strait Islander research governance committee. As we proceeded with planning, this group continued to provide oversight, and an advisory group was established for additional guidance and feedback. However, several factors resulted in the other research project not proceeding at the point of writing this thesis. See sections 3.3.3.2 and 3.3.3.3 for more information about governance and ethics processes.

The timing of this study coincided with increased awareness and discussion about food insecurity within the health service. Workplace interventions were implemented¹ by a range of staff to improve knowledge about available local food relief and support options for people attending the health service. It was apparent that staff knowledge and beliefs about food insecurity, and its causes, varied. The research took place while I was working at one of the research settings. See section 3.3.4 for more on researcher positionality and reflexivity.

1.2 Definitions and terminology

Over the course of this thesis, I engaged with language. This is an evolving process and I acknowledge that there may be flaws in the position I take. I reflected on the meanings and implications of language through conversations with Aboriginal and Torres Strait Islander colleagues, and by engaging with the literature. The decisions made about the language

¹ Workplace activities included: mapping local organisations providing emergency food relief to improve referral pathways; trialling nutritious recipes that could be provided as complete recipe packs to clients when experiencing food insecurity to prepare themselves; establishment of a pantry to provide clients with a range of nutritious foods depending on their circumstances.

used throughout this thesis intend to express respect and seek to challenge imbalanced relationships of power. 'Aboriginal and Torres Strait Islander people' is used in preference to 'Indigenous' to refer to the first peoples of the land now called Australia, as per The Lowitja Institute Style Guide (The Lowitja Institute, n.d.). 'Aboriginal people' is used if citing literature that specifically relates only to Aboriginal people, and a note will be made in sections where literature with this focus predominates. It is acknowledged that 'First Nations' is becoming increasingly used but a range of preferences exist regarding language. In referring to 'Aboriginal and Torres Strait Islander people' in this thesis I respectfully acknowledge the hundreds of cultural groups that constitute Aboriginal peoples and Torres Strait Islander peoples as the sovereign peoples of Australia and the Torres Strait Islands, respectively (see Canuto & Finlay, 2021). Following the Public Health Association of Australia Guide to Terminology (Public Health Association of Australia, 2020), a strengths-based approach is used when referring to Aboriginal and Torres Strait Islander people. Aboriginal names for places are provided for Australian locations where possible. Direct quotes are written verbatim from the original source. If a direct quote contains disrespectful language, such as 'Indigenous' being written with a lowercase 'i', then [sic] has been used to acknowledge inappropriate content.

'Black' is respectfully capitalised to acknowledge the historical contexts that marginalise people of colour and following the Diversity Council of Australia guidelines (Diversity Council Australia, 2022). Similarly, following the Diversity Council of Australia guidelines, 'white' is not capitalised to avoid reinforcing the positions of power and privilege that white people predominantly occupy. The decision to not capitalise 'white' is modelled on language use in Aboriginal and Torres Strait Islander media sources such as IndigenousX (Pearson, 2021). Other white researchers working in Aboriginal and Torres Strait Islander contexts choose to capitalise 'white' as a way of drawing attention to such power and privilege (Kowal, 2008; Wilson, 2014). In the United States, the Center for the Study of Social Policy (Thúy Nguyễn & Pendleton, 2020) suggests "[t]o not name 'White' as a race is, in fact, an anti-Black act which frames Whiteness as both neutral and the standard" (para. 6). However, media organisations across America use a range of approaches (Bauder, 2020). This thesis clearly acknowledges race as a social construct that reinforces relationships of power and dominance, and as having no biological basis (Watego et al., 2021). Regardless of whether

‘white’ is capitalised or not, the intention here is to interrogate the notion of whiteness as acultural and neutral (Cox & Best, 2022). In this study, whiteness is the subject of critique both in terms of the researchers’ own social position, and how issues of whiteness are evident throughout the analysis.

This thesis refers to ‘people’ accessing Aboriginal and Torres Strait Islander health services, or ‘health services users’, to avoid the relationship of power implied by alternative terms. Labels used to refer to people accessing health services have included ‘patient’, ‘client’, ‘consumer’, ‘customer’, ‘service user’, and even ‘expert by experience’ (McLaughlin, 2009). McLaughlin (2009) argues that the discourses staff choose to represent the relationship with those people accessing services indicates a power dynamic and effectively acts as an “external social control” (p. 1114). ‘Patient’ is an accepted term, but implies a passivity that is not necessarily appropriate in the current empowerment environment where people are far more involved in their own care (Deber et al., 2005). Traditional professional relationships between health staff and people seeking health care services are reframed as a market transaction through a neoliberal lens. Horton (2007) suggests this situation changed the values of healthcare where “the hegemonic overtones of the language of capitalism alert us to what it means to be a ‘consumer’ rather than a ‘citizen’ within neoliberal ideology” (p. 6). ‘Consumer’, ‘customer’ and ‘client’ labels represent the marketisation of health and while many people accessing health services may not identify strongly as a ‘patient’ in a traditional sense, the “buyer and seller” relationship implied with these other terms also may not be appropriate (Deber et al., 2005, p. 350). Labels such as ‘consumer’ also do not fully acknowledge the existing relationships of power and inequalities experienced by some groups that are not able to influence decision-making (Horton, 2007).

1.2.1 Key constructs

Aboriginal definition of health: Aboriginal Community Controlled Health Organisations (ACCHOs) define Aboriginal health as:

not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve

their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life. (National Aboriginal Community Controlled Health Organisation, n.d.)

The ACCHO definition is based on the National Aboriginal Health Strategy of 1989 (National Aboriginal Health Strategy Working Party, 1989) where health for Aboriginal people is “...a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem and of justice. It is not merely the absence of disease and incapacity” (p. ix).

Cultural safety is a decolonising model that focuses on the cultures of services, systems and staff and which seeks to address power imbalances and discrimination that are entrenched through forms of cultural dominance such as biomedicine (Cox et al., 2021).

Discourse: The use of language as a form of social practice (Fairclough, 1995); the social construction of knowledge and power through the relational contexts of language.

The ‘intervention’: Formally known as the Northern Territory Emergency Response, the ‘intervention’ (as it will be referred to in this thesis) was initiated in July 2007 by the Howard Government that argued it was in response to the *Ampe Akelvernemane Meke Mekarle* “*Little Children are Sacred*” report into child sexual abuse. It included legislative measures that severely restricted Aboriginal communities and suspended the Racial Discrimination Act 1975. See the summary from the Castan Centre for Human Rights Law (2020) for more information.

‘Traditional’: the notion of traditional is often used, regarding Aboriginal and Torres Strait Islander people and other Indigenous peoples, to refer to practices that occurred pre-colonisation and generally fails to encompass the fluidity that occurs within cultures over time. The discourse of ‘traditional’ is framed against ‘modernity’ that implies the dominance of colonial power and ‘primitivism’ of Aboriginal and Torres Strait Islander peoples (Sharma, 2021). These concepts are discussed further in section 4.2.1. ‘Traditional foods’ relate to foodways that have roots in pre-invasion times (also sometimes ‘native foods’ or ‘bush foods’) but can also refer to food practices and preferences that have been shaped by

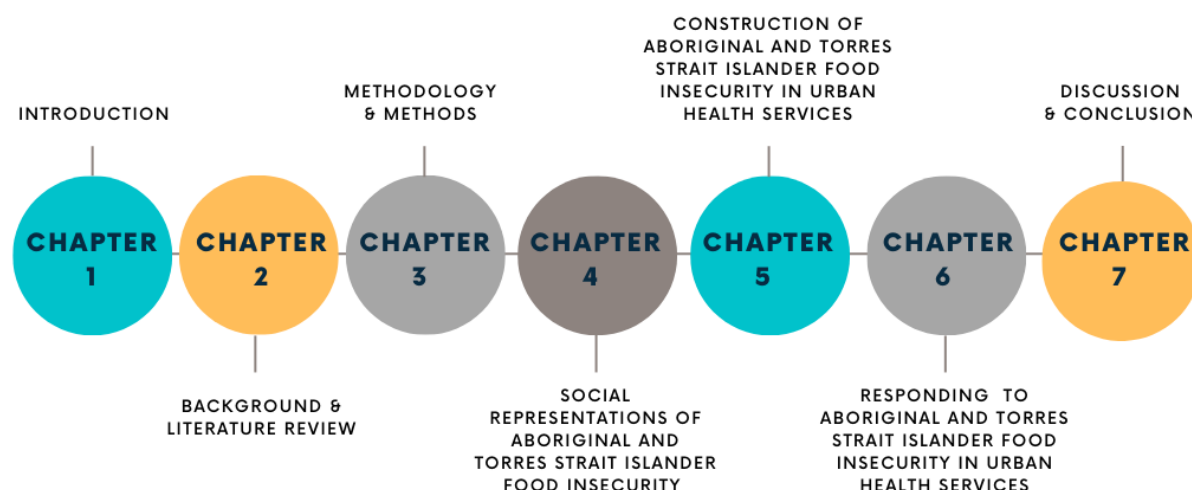
colonisation, particularly experiences of missions and rations. See section 2.1 for more on the impacts of colonisation on Aboriginal and Torres Strait Islander food practices.

1.3 Thesis structure

This thesis is presented as a monograph comprising seven chapters to reflect the flow of ideas as they progressed over time (see Figure 1).

Figure 1

Outline of thesis chapters



Following this introductory chapter, Chapter 2 *Background and Literature review* provides an overview of issues relating to the research question and a critique of relevant literature. It describes the historical context of Aboriginal and Torres Strait Islander food practices, including the impacts of colonisation and early introduction of charitable food systems. Food security is outlined in terms of the social determinants for Aboriginal and Torres Strait Islander people, and examines reliance on charitable responses to food insecurity. It reviews the Australian policy landscape that shapes action and inaction concerning urban Aboriginal and Torres Strait Islander food insecurity, and concludes by reviewing existing evidence about the role of health services in addressing food insecurity generally, and the unique role of Aboriginal and Torres Strait Islander health services. Chapter 3 *Methodology and Methods* explains and justifies the theoretical framework guiding this research, drawing on

social constructionism, critical discourse analysis, and cultural safety. This chapter describes the methods employed in this study, further detailing critical discourse analysis used as a method, and the media analysis and health staff interviews that were conducted.

Chapter 4-6 present the result of the program of research. Chapter 4 explores social representations of food insecurity relating to Aboriginal and Torres Strait Islander people by undertaking a critical media discourse analysis of newspaper articles about Aboriginal and Torres Strait Islander people and food insecurity. Chapter 5 draws on data from interviews with health practitioners working in Aboriginal and Torres Strait Islander health services. This chapter presents the discourses that related to how staff constructed 'food insecurity' for health service users. Also drawing on data from interviews with health practitioners, Chapter 6 analyses the responses to food insecurity by participants working in health services. This chapter starts with an analysis of how participants framed who is responsible for addressing food insecurity experienced by health service users, and the responses employed by health practitioners in this study.

Chapter 7 discusses the key arguments of this study and the implications for health practitioners and Aboriginal and Torres Strait Islander health services.

1.4 Content warning

This thesis presents media and political racialised discourse that may be distressing for Aboriginal and Torres Strait Islander people. Such content reflects racist views and perpetuates the ongoing trauma of colonisation. The intention is to interrogate this discourse but its presentation in this document may be re-traumatising for some readers. Notes will be made within the thesis prior to sections including content of this nature.

This thesis also refers to Aboriginal and Torres Strait Islander people who have died and follows publicly available information about the wishes of families in referring to people by name.

2 Background and Literature Review

This chapter presents and discusses the key background issues and literature relating to the study. It starts with a brief history of colonisation with particular focus on its impacts on the food practices of Aboriginal and Torres Strait Islander people, showing the historical context that underpins current experiences and moralisation of food insecurity. Food security for Aboriginal and Torres Strait Islander people is discussed from relevant perspectives, followed by an exploration of the policy and media context in Australia that both constrains and enables decisions and conversations about food security. The role of health staff in identifying and responding to food insecurity for health service users is outlined, drawing on a mostly international and non-Indigenous evidence base. This chapter then concludes with an account of the development and ethos of Aboriginal and Torres Strait Islander community controlled health services and the role that food plays within these organisations.

2.1 Colonisation and food in Australia

In this section, most of the literature refers to Aboriginal people and communities, thus, at times the thesis will only refer to Aboriginal people to reflect respective literature. A brief overview of a significant and influential time in Australia's history is provided here, with other authors having written extensively about the impacts of colonisation. See the work of Reynolds (2006), Kidd (1997) and Rowley (1972) as examples of more detailed analyses and discussion of this period. It is important to note that most of this literature is authored by non-Aboriginal and Torres Strait Islander, settler scholars.

Prior to European invasion, the diets and food practices of Aboriginal people in Australia were diverse and responsive to what was locally and seasonally available (Sebastian & Donnelly, 2013). Sebastian and Donnelly's (2013) article provides a useful summary of pre-colonial foodways that illustrates Aboriginal peoples' knowledge of sustainable food practices and resourceful use of available plants and animals. Pascoe's *Dark Emu* (2018) challenges "the primitive hunter-gatherer lifestyle we had been told was the simple lot of Australia's First People" (p. 2). Although contested by some historians, *Dark Emu* presents

an analysis of pre-colonial life that included complex systems of agriculture and building (Pascoe, 2018). There is also a call within nutrition and dietetics to challenge reductive discourses that perpetuate notions of simplistic pre-colonial Aboriginal and Torres Strait Islander food systems such as representations of hunter-gatherers and assumptions of an absence of agricultural systems (Wilson, Wilson, et al., 2020). Wilson et al. (2020) argue that this “deliberately erroneous colonial narrative fails to recognize the complexities and intricacies” (p. 2) that existed within Indigenous food systems for millennia.

Following European invasion, and as many Aboriginal people were forced off Country, pre-colonial food practices were disrupted and access to traditional foods was limited² (Foley, 2005). Aboriginal people were able to maintain bush foods as the primary dietary source in the early period post-invasion, supplemented by European foods, to provide a relatively balanced diet (Brock, 2008). As the frontier conflict over land continued, pre-colonial food supply was increasingly insecure due to white occupation of land and waterways, and through decimating these areas of local plants and animals (Reynolds, 2006). This dispossession of land and subsequent restricted access to food resulted in starvation and death, with Aboriginal people drawing on European animals and provided flour and sugar to maintain food supply (Reynolds, 2006).

As colonisation continued and people were forcibly removed, rations became the primary source of food for many Aboriginal people and diets became centred upon staple food items such as flour, sugar, tea (Foley, 2005). The ration system depended on transactional relationships, with varied expectations that could change over time. Aboriginal people had minimal power to exert in these exchanges (Brock, 2008) although did find points of leverage to negotiate for food or resources (Kidd, 1997). The main purpose of rations was not as a source of food, but was rather used by missions, cattle stations, and police to achieve their ends of assimilation, cheap or free labour, or protection of white settlers (Brock, 2008). Drawing on accounts from missionary ‘philanthropists’ from the early 19th century, Mitchell (2011) describes the ration system as operating within a complex

² This study was conducted in an urban area where many Aboriginal and Torres Strait Islander people themselves experienced, or are descendants of people subjected to dispersal, removal and segregation.

conditional relationship where providing food and supplies was dependent on involvement in the mission system. Rations were used to control behaviour and encourage work, “drawing people into systems of colonial benevolence and authority” (Mitchell, 2011, p. 114). Food as a means of control of Aboriginal people became central to relationships with settlers.

Despite some early unsuccessful mission attempts in the 1800s by various religious groups, establishing the *1897 Aboriginals Protection and Restriction of the Sale of Opium Act* helped to formalise the existence of missions and reserves, and their control, moving into the next century (Kidd, 1997). This ‘protection’ period in Australian government policy was characterised by a commitment to the moral reform of Aboriginal people, who were considered “a child race” (Kidd, 1997, p. 70). As a consequence, Aboriginal people were forced into domestic service, institutions or missions, and subject to widespread abuse and exploitation by white settlers (Kidd, 1997). Kidd (1997) describes widespread ill-health and insufficient food across Aboriginal missions. O’Brien (2015) describes hunger for Aboriginal people as “another form of physical violence” (p. 100), employed to restrict movement and facilitate white possession of land. Providing rations also sought to disrupt Aboriginal systems for sharing food within communities, with some missions developing individualised distribution methods to overcome ‘freeloading’ concerns about people receiving food they were not entitled to (Brock, 2008). The connection between health and segregation can be seen from the 1900s when “medical and moral policing” was used to justify removal of Aboriginal people to missions and reserves (Cox, 2007, p. 6). Torres Strait Islander people increasingly became controlled by the Act in the first several decades of the twentieth century, with the local protector determining movement between islands, controlling wages and restricting rights (Anti-Discrimination Commission Queensland, 2017).

There was a sense of ‘deserving poor’ emerging from Aboriginal peoples’ experience as a ‘colonised group’, with some settlers within missions and stations viewing rations as a form of compensation for dispossession of land (Mitchell, 2011). However, fears that charity would remove the motivation to work were fed by European stereotypes of “the lazy native”, justifying mission practices where food was dependent on work (O’Brien, 2015, p. 110). A contradictory discourse emerged at the time where the inadequacy of rations was

acknowledged as contributing to malnutrition, starvation, and general ill-health, yet concerns about pauperism resulting from charity were widespread (O'Brien, 2015). British views that conflated moral deterioration and criminality helped justify 19th century laws that enabled the removal of any children deemed destitute, including “paupers” (Kidd, 1997). While these laws applied to white children considered to be ‘at risk’, they also applied to any Aboriginal child, establishing clear links between neglect, moral reform, and child removal (Kidd, 1997). O’Brien (2015) describes a political culture of indifference or inevitability that acknowledged Aboriginal hunger while allowing it to continue but also argues that racist views perpetuated ideas that Aboriginal people were “undeserving of better” (p. 123). When not conforming to colonial ideas of moral reform, Aboriginal people were considered less deserving of charity (O'Brien, 2015).

The ‘assimilation’ period, demonstrated through changes to the existing Act in 1934 and the introduction of the 1939 *Aboriginal Protection and Preservation Act*, was underpinned by a moral ideology of ‘socialisation’ of Aboriginal people (Rowley, 1972). Managing and controlling Aboriginal people, primarily through institutions and on missions and reserves, was framed as ‘integration’ with white Australia, but was ultimately intended as an end to Aboriginal culture and people (Rowley, 1972). This period of ‘assimilation’ involved considerable restriction over the lives of Aboriginal people that further decimated cultural food practices (Sebastian & Donnelly, 2013). The 1934 legislation now included Torres Strait Islanders and facilitated the forced removal of people to Aboriginal reserves on Palm Island and Yarrabah (Anti-Discrimination Commission Queensland, 2017). The 1939 changes to the racial category of ‘Aboriginal’, Cox (2007) argues, “could now be legally equated with a Eurocentric definition of neglect, as it was on European terms that the need for care and protection was defined” (p. 10).

In 1965, the *Aborigines’ and Torres Strait Islander Affairs Act* replaced the previous Acts although still involved surveillance for Aboriginal people living on missions or reserves and punishment of behaviours deemed to be outside of white parameters of acceptability (Cox, 2007). Dehumanising treatment on missions and reserves in the name of health, and the use of police to enforce behaviour, has “entrenched fear and mistrust in relations between Aboriginal people and state institutions” that continues to affect present-day relationships

in health care (Cox, 2007, p. 14). The historical contexts of these policies that have moralised Aboriginal people, and their historical and ongoing inhumane experiences with institutions, has considerable relevance for this study. In particular, the impact this trauma has regarding the implications and potential repercussions of discussing sensitive issues such as food insecurity.

Experiences of rations and mission food for Aboriginal people have shaped contemporary food practices. Foley's (2005) research with Aboriginal and Torres Strait Islander people living in an urban community in Meanjin/Brisbane found a food culture that reflected generational experiences of rations, pre-colonial diets and exposure to contemporary and convenience foods. Described as "meshing these traditional components together with globalised food", there were preferences for foods like damper, scones and johnny cakes, main meals based around meat, and inclusion of foods such as pizza, lasagne and spaghetti bolognese (Foley, 2005, p. 42). Descriptions of 'bush tucker' consisted of obtaining meat or fish, with fruits and vegetables not forming part of these participant stories (Foley, 2005). Foley (2005) describes the food culture within this urban Aboriginal and Torres Strait Islander community as one of sharing, preferring well-liked foods, the ability to stretch meals to include additional people within the household and bringing people together around a Sunday meal.

Preferences for foods that reflect Australia's colonial history were described in other studies with Aboriginal and Torres Strait Islander people (Bryce et al., 2020; Sherriff et al., 2022). An earlier urban study in Naarm/Melbourne by Thompson et al. (2000) described food being viewed by Aboriginal and Torres Strait Islander people in terms of family food, fast food and diet food. While family foods help to foster family and community connections, diet foods are seen as isolating and as "connections to medical power and to the 'white professional' world" (Thompson et al., 2000, p. 731). As in Foley's study, Thompson et al. (2000) similarly found the importance of sharing meals for building relationships and maintaining connections to previous generations. According to Thompson et al. (2000), foods that foster family and community connectedness were more important than those for individual physical health. These studies illustrate the diversity and complexity of contemporary

foodways for Aboriginal and Torres Strait Islander people, and that there are considerable historical and cultural contexts that shape conversations about food.

2.2 Food security for Aboriginal and Torres Strait Islander people

This section discusses a rights-based approach to food and the evolution of the definition of food security. The determinants and health impacts of food insecurity are then discussed, followed by a summary of Aboriginal and Torres Strait Islander-specific literature. The section concludes by examining the reliance on charitable food to respond to food insecurity.

2.2.1 *Food as a human right and defining food security*

Increasingly, more people worldwide are experiencing hunger and food insecurity, impacted further by the global pandemic (United Nations, 2022b). This growing issue is despite the United Nations Sustainable Development Goals setting an agenda of ‘Zero Hunger’ by 2030 (United Nations, 2022a). The right to food was defined by the United Nations Special Rapporteur in 2001 as:

The right to have regular, permanent and free access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food corresponding to the cultural traditions of the people to which the consumer belongs, and which ensures a physical and mental, individual and collective, fulfilling and dignified life free of fear. (Ziegler, 2001, p. 2)

Australia’s commitment to address food insecurity fails to take action on the underlying causes of food insecurity or consider food as a human right, while remaining focused on charitable food as the predominant response (Godrich et al., 2021; Lindberg et al., 2021).

The right to adequate food was included in the International Covenant on Economic, Social and Cultural Rights (ICESCR), to which Australia became a signatory in 1975 (Australian Human Rights Commission, 1976, n.d.). However, the ICESCR and therefore the right to adequate food have not been legislated in this country, meaning that decisions by the Australian Human Rights Commission are not enforceable (Australian Human Rights Commission, n.d.). Three Australian states have human rights acts or charters that legally

protect peoples' rights (ACT Human Rights Commission, n.d.; Queensland Human Rights Commission, 2021; Victorian Equal Opportunity & Human Rights Commission, n.d.), although none contain references to food. There remain concerns about Australia's compliance with the ICESCR and the ability for the judicial system to enforce these human rights unless a federal charter of rights is introduced (Committee on Economic Social and Cultural Rights, 2017), with the right to adequate food being an important and necessary inclusion.

A rights-based approach to food shifts the focus from individual need to the determinants that cause food insecurity and encourages public debate to hold governments to account (Chilton & Rose, 2009). Booth (2014) suggests that for Australia to engage in rights-based approaches to food security, it may take a "critical tipping point" (p. 26) whereby its reliance on charitable food as the answer to food insecurity can no longer be maintained. It could be argued that this point has already been reached, with so many Australians going without food each day and more resources being drawn on to support the food bank industry. Arguing that the existing approach is not working, Lindberg et al (2021) present a 'roadmap' for an Australian rights-based response to food security that includes national policies to ensure adequate social security, employment and housing, decision making with people with lived experience of food insecurity, and a dignified charitable food system. Human rights-based language has gained minimal traction for food insecurity within Australia's neoliberal political environment (Godrich et al., 2021). Stakeholders participating in Godrich et al's (2021) study suggested that while rights language helps to frame food security away

from the individual, using language like ‘food sovereignty’³ to refer to experiences of “‘food stress’, ‘poverty’, ‘cost-of-living’” (p. 5) may be more useful to engage the community.

The definition of food security provided in the opening chapter of this thesis is widely used internationally after being adopted by the 1996 World Food Summit and forming the conceptual basis of the 2009 Declaration of the World Summit on Food Security (Committee on World Food Security, 2012). For many years, food security was considered by the Food and Agriculture Organization of the United Nations to consist of four pillars: availability, access, utilisation and stability; with nutrition also seen as central to understanding food security (Food and Agriculture Organization, 2009). With the term evolving over time, food security was first conceptualised as three pillars, with ‘stability’ added in 2009 to recognise the importance of food systems ability to withstand sudden economic shocks or environmental crises (Berry et al., 2015). Food security became understood as an issue affecting the ability of individuals and households to secure food, even if the food supply is sufficient (Committee on World Food Security, 2012). The High Level Panel of Experts on Food Security and Nutrition (HLPE, 2020) has since described six dimensions of food insecurity: availability, access (economic, social and physical), utilisation, stability, agency, and sustainability. Adding agency and sustainability acknowledges the importance of people being able to make decisions about their food systems and ensuring food security for future generations (HLPE, 2020).

³ Food sovereignty was conceptually introduced to the 1996 World Food Summit by La Via Campesina, an international peasant movement, in opposition to the influence of capitalism, neoliberalism and globalisation on food systems (La Via Campesina, 2015). The *Declaration of Nyéléni* (*Declaration of Nyéléni*, 2007) at the 2007 International Forum on Food Sovereignty defined it as “the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems”. Food sovereignty is underpinned by the following pillars: focuses on food for people; builds knowledge and skills; works with nature; values food providers; localises food systems; puts control locally; and food is sacred, with the final pillar acknowledging the relationship with food systems for Indigenous peoples (Food Secure Canada, 2013). Indigenous food sovereignty moves “beyond the rights based discourse to emphasize cultural responsibilities and relationships that Indigenous peoples have with their environment” (Coté, 2016, p. 58).

There continues to be discussion about the definition and understanding of food security, with a recent study by Gallegos et al. (2023) seeking to establish a consensus definition among international experts in high-income country contexts. The complexity of defining food security was seen as a barrier to the general public understanding the problem and for any clear policy action (Gallegos et al., 2023). The participants agreed that action required interventions targeted towards the social determinants, rather than individual-focused strategies (Gallegos et al., 2023). The definition of food security agreed by consensus was that:

Food security exists when all people, at all times, have regular and reliable physical, social and economic access to sufficient safe, nutritious and culturally relevant food that meets their dietary needs and food preferences. This is supported by an environment of ecological sustainability, adequate sanitation, health services and care for an active and healthy life. This includes the assured ability to acquire acceptable, affordable foods in socially acceptable ways without resorting to charitable food supplies, scavenging, stealing and other coping strategies. (Gallegos et al., 2023, p. 5)

“Culturally relevant food” was an important inclusion in the agreed definition (Gallegos et al., 2023), echoing sentiments by other authors that the lack of inclusion of Indigenous perspectives is a limitation of commonly used definitions (Power, 2008).

Developing understandings of food security for Indigenous peoples involves considering access to cultural food systems and the impacts of food insecurity on connection to community and culture, as Power (2008) argues in relation to Canadian Aboriginal people but with relevance internationally. The Menzies Good Food Systems project with remote Aboriginal communities constructed the only known Australian definition of food security derived by Aboriginal or Torres Strait Islander people. The project defined food security as:

Food security for us is when the food of our ancestors is protected and always there for us and our children. It is when we can easily access and afford the right non-traditional food for a collective health and active life. When we are food secure we can provide, share and fulfil our responsibilities, we can choose good food knowing how to make choices and how to prepare and use it. (Menzies School of Health Research, 2016)

Also in a Canadian context, Cidro et al. (2015) highlight that this relationship between food insecurity and disconnection to culture is relevant for urban Aboriginal communities despite the misconception that urban communities somehow lose their cultural identity. Food sovereignty for Indigenous communities, or reconnecting communities with their food systems, is a way to address food insecurity by enabling self-determination and participation (Cidro et al., 2015). The United Nations Declaration on the Rights of Indigenous Peoples was adopted by a majority of countries in 2007, supporting the right to self-determination among many other rights to maintain survival and dignity for indigenous peoples worldwide (United Nations, 2007, 2022c). Australia was one of four high income countries that initially voted against the Declaration (including Aotearoa New Zealand, Canada and the United States), although all have since supported the document (United Nations, 2022c). The Declaration, however, continues to have no legal weighting in Australia (Australian Human Rights Commission, 2021).

An international review of right to food and food sovereignty literature found that both rights-based approaches have the potential to improve food and nutrition security, with a direct positive impact shown in a majority of studies when a food sovereignty approach is used (Sampson et al., 2021). The opportunities for food sovereignty to address food security have been discussed for Aboriginal and Torres Strait Islander communities in Australia (Markham & Kerins, 2020; Spurway & Soldatic, 2016), although mostly in the context of remote communities. More work is required to explore the opportunities for food sovereignty movements in urban Aboriginal and Torres Strait Islander communities to alleviate food insecurity.

2.2.2 Determinants and impacts of food insecurity

In advanced capitalist countries, food insecurity is caused by neoliberalism and economic inequality, rather than being an issue of insufficient food production (Long et al., 2020). The failure of social protection payments to ensure people are able to meet their basic needs, and live above the poverty line, results in recipients being vastly more impacted by food insecurity (Pollard et al., 2019). Public health advocates argue that the government's refusal to ensure adequate social security protections, and instead relying on an insufficient and

stigmatising charitable food system, amounts to structural violence (Booth & Pollard, 2020; Lindberg et al., 2023). To address this complex issue, cross-sectoral responses are required (Pollard et al., 2019), yet there continues to be a range of perspectives, and underlying assumptions, about the causes of food insecurity (Bastian & Coveney, 2013; Candel, 2014). Achieving some unity in these perspectives is required to improve societal responses to food insecurity (Hendriks, 2015). Booth and Pollard (2020) argue that we must “[r]eframe the discourse to acknowledge that food insecurity is not so much about food but poverty” (p. 88).

Action is needed to address the structural drivers of food insecurity, such as employment, housing and income, instead of remaining focused on individual behaviours (Pollard & Booth, 2019; Zorbas et al., 2023). In addition, there is a growing body of literature showing racism as a determinant of food insecurity, regardless of socioeconomic factors (Bowen et al., 2021; Odoms-Young & Bruce, 2018). Racism is also operating in concert with other forms of discrimination, including sexism, ableism, ageism and homophobia (Bowen et al., 2021; Cox & Best, 2022). Odoms-Young (2018) argues that interpersonal discrimination must be addressed, however “the need to target structural racism is critical in the fight for achieving equity in food security and improve related outcomes in people of color” (p. S5).

Food insecurity exists along a continuum of severity, ranging from uncertainty about sourcing food through to not consuming food for a day or more (Food and Agriculture Organization, 2022). Households can also experience transitory food insecurity resulting from unexpected bills or life events, or chronic food insecurity from inadequate income (Bowden, 2020). The United States Department of Agriculture (2022) defines food security as ranging from high, marginal, low to very low. High food security indicates no reported problems accessing food, whereas marginal food security represents anxiety over there being enough food in the house, even if there is no change to food intake (U.S. Department of Agriculture, 2022). Reductions in diet quality, variety or preferences are reported when people experience low food security, although there can be minimal or no impact on overall food intake (U.S. Department of Agriculture, 2022). When budgets are constrained, choices will be made to maximise energy density per dollar, as Brimblecombe and O’Dea (2009) found in a remote Aboriginal community. Socioeconomic status can limit access to nutrient-

dense foods with people instead choosing low-cost, energy-dense foods such as fats, sugar, and refined grains (Drewnowski & Darmon, 2005). Very low food security, however, does result in reduced food intake and disrupted eating (U.S. Department of Agriculture, 2022).

Food insecurity in households is managed along a coping continuum ranging from engaging in activities like growing food and looking for supermarket specials, through to increasingly restrictive behaviours when households are struggling or in crisis (McKay et al., 2023). When experiencing crisis, participants in McKay et al.'s (2023) Australian study employed pragmatic decisions, such as skipping meals or asking friends or family for food, to help them manage household food supply. A recent review of international literature found similar coping strategies employed during experiences of food insecurity, including asking friends or family, seeking discount food sources, and buying food in bulk (Watson et al., 2022). Households can resort to more precarious financial decisions to manage the food budget, including avoiding paying bills or buying food on credit (Watson et al., 2022). Risky coping strategies may be employed in extreme situations, such as stealing food or money, eating food from rubbish bins, or eating unsafe food (Watson et al., 2022). Children in food insecure households are protected for as long as possible, with caregivers' restricting their own food intake before the child's (Harvey, 2016), and strategies employed to minimise the social stigma for children (Dryland et al., 2021).

The physical and mental health impacts of food insecurity have been shown across a significant body of literature, to which this section will only provide a brief overview. Food insecurity is associated with an increased risk of type two diabetes in some populations, and the experience of very low food security increases cardiovascular disease risk and mortality (Thomas et al., 2021). The links between poor mental health and food insecurity are demonstrated across many studies (Long et al., 2020; Loopstra, 2018). A clear association was found between food insecurity and psychological distress in a recent review of the literature, across a range of age groups and demographics (Myers, 2020). For children, food insecurity has a considerable effect on cognitive ability and behaviour (Gallegos et al., 2021), and can lead to a range of negative health outcomes that can stay with children into adulthood (Long et al., 2020). Children can experience psychological distress in relation to

food insecurity, manifesting as worry and sadness about not having enough food, embarrassment, and stress about the family's situation (Leung et al., 2020).

The health and social impacts of food insecurity are far reaching and significant, underpinned by structural drivers such as poverty, racism, income, education, employment and housing, among others. However, the ongoing divergence in understandings of the causes, and subsequent responses to, food insecurity continue to hamper effective societal solutions.

2.2.3 Aboriginal and Torres Strait Islander food security data

In Australia, food security is measured nationally using a single question asking whether any members of the household had run out of food in the last 12 months and not been able to afford more (Australian Bureau of Statistics, 2013). The single item tool underestimates the prevalence of food insecurity, compared with the more detailed United States Department of Agriculture Food Security Survey Module 18-item tool, by approximately five percent (McKechnie et al., 2018). The last national measurement of food security prevalence in Australia was conducted as part of the Australian Health Survey 2011-13, identifying 4% of the total population as food insecure (Australian Bureau of Statistics, 2015a). A recent synthesis of evidence across a range of Australian populations in urban, regional and remote areas showed a prevalence ranging from 4-14% (Louie et al., 2022). In addition to not being measured consistently (Bowden, 2020), Archer et al. (2017) describe the limitations of the existing national monitoring tool as being unable to determine severity, diet quality or identify barriers. Australia is one of the few high-income countries internationally that fails to regularly monitor food insecurity with a robust tool. The lack of data means that policy action is overlooked (Gallegos et al., 2023).

It is important to reiterate here that food insecurity among Aboriginal and Torres Strait Islander communities is a direct result of colonisation and dispossession of Country. Aboriginal and Torres Strait Islander people are disproportionately affected by food insecurity, with 22% of the population living in a household that had run out of food and was not able to afford more (Australian Bureau of Statistics, 2015b). While remote

communities are more affected (31%), urban Aboriginal and Torres Strait Islander communities experience far greater food insecurity (20%) than the non-Indigenous population (3.7%) (Australian Bureau of Statistics, 2015b). A systematic review of food security research in Australia identified studies with Aboriginal and Torres Strait Islander peoples reporting food insecurity prevalence between 20% in urban areas through to 76% in a remote community (McKay et al., 2019). Consistent with the national data, Temple and Russell (2018) reported 21% of older Aboriginal and Torres Strait Islander peoples experiencing food insecurity, although their study identified similar results between English-speakers in both non-remote and remote areas (18.7% and 19%, respectively). Yet there were sub-groups experiencing greater food insecurity, including Indigenous-speakers in remote communities (37%), large households (32%) and the lowest income earners (31%) (Temple & Russell, 2018). The authors suggested that the similarities between non-remote and remote areas indicate that action to address food insecurity for older Aboriginal and Torres Strait Islander peoples should occur across Australia (Temple & Russell, 2018).

Notwithstanding the inconsistent and likely underreported monitoring of food insecurity prevalence in Australia, there are limited data examining the experiences of Aboriginal and Torres Strait Islander peoples living in urban areas (Bramwell et al., 2017; Skinner et al., 2016). Most food security research is conducted in remote or rural areas (McKay & Godrich, 2021) despite a majority of Aboriginal and Torres Strait Islander peoples living in non-remote areas (Australian Bureau of Statistics, 2018). Structural factors such as low employment and low income were identified as driving food insecurity for Aboriginal and Torres Strait Islander households in urban areas (Browne et al., 2009), described by Sherriff et al. (2022) as “trapped in financial disadvantage” (p. 5). McCarthy et al.’s (2018) study of urban Aboriginal and Torres Strait Islander families with young children identified households experiencing both transitory food insecurity, resulting from unexpected or large financial impacts, and chronic food insecurity as an “everyday phenomenon” (p. 2654). Inadequate housing, meaning households are without storage facilities or refrigeration, and lack of transport to access supermarkets were identified as barriers to food security (Browne et al., 2009; McCarthy et al., 2018; Sherriff et al., 2022). Pressure on the household budget can result in families prioritising medication over food (Foley, 2005) and a reduction in diet quality (Browne et al., 2009).

Food insecurity impacts on food practices in a variety of ways for households, and these effects are also described by Aboriginal and Torres Strait Islander families living in urban areas. Foley's (2005, 2010) research exploring the experiences of diabetes among Aboriginal and Torres Strait Islander peoples in an urban community found the lack of food affordability led to households buying what is on special rather than what is considered healthy. Stretching meals with low-cost, high-carbohydrate foods was described across multiple studies, along with the importance of 'filling bellies' and not wasting money on food that children were unlikely to eat (Adams et al., 2012; Foley, 2010; McCarthy et al., 2018; Sherriff et al., 2022). Healthy food can be seen as expensive (Foley, 2010; McCarthy et al., 2018), and although the increased availability of takeaway foods in urban areas can present a convenient option for families, there are many factors that contribute to the role fast food plays in family eating including stress and trauma (Sherriff et al., 2022). Sherriff et al.'s (2022) study with Aboriginal community members and stakeholders (both Aboriginal and non-Aboriginal) across government and food support agencies described the impact of colonisation that developed food preferences based on mission foods, "now seen as 'Aboriginal cultural foods'" (p. 9). The influence of colonial foods on Aboriginal food practices is also supported by Foley's work (2005). Intergenerational poverty can at the same time encourage ongoing food practices around stretching and rationing meals and where parents may spend money on 'luxury' foods that they did not have in childhood (Sherriff et al., 2022). Having food available in the house and a "well-stocked fridge" was described as creating a sense of security by Adams et al. (2012, p. 500).

The qualitative studies based in urban communities demonstrate the importance of family, both in terms of meals that ensure everyone in the household is satisfied, and as a source of community food support. Food sharing was described as a way of reciprocally maintaining relationships and connecting with family and community (Foley, 2010; McCarthy et al., 2018; Sherriff et al., 2022). Despite the experiences of food insecurity described in McCarthy et al.'s (2018) study, none of the families talked about accessing charitable food support during times of need, instead drawing on family and community networks. However, participants in Sherriff et al.'s (2022) study described accessing charitable food support, highlighting the limitations in eligibility requirements and availability, and sometimes

services not being able to adequately meet the needs of large families. Shame and stigma were experienced when accessing non-Aboriginal food support agencies, including fears of “kids being taken away”, which the authors argue highlights the fear of judgment as a barrier to seeking support (Sherriff et al., 2022, p. 9). A study investigating the social and emotional care provided within primary care services found that 10.6% of Aboriginal and Torres Strait Islander families with young children received advice about food security (Edmond et al., 2018), although there was no screening data to identify prevalence of food insecurity. These findings suggest a role for Aboriginal and Torres Strait Islander organisations in supporting families experiencing food insecurity, but risk of child removal remains an overwhelming barrier in seeking help.

2.2.4 Charitable food sector

Australia currently relies on charitable food to respond to household food insecurity, which combined with inadequate social security payments (Parsell et al., 2022), offers merely a bandaid solution instead of dealing with structural drivers such as unemployment and housing (Lindberg et al., 2021; Pollard et al., 2019). The federal government provides significant funding to the three major food relief organisations, Foodbank Australia, SecondBite and OzHarvest (Department of Social Services, 2022). The role of food charities in Australia has grown in recent decades (Booth & Whelan, 2014; McKay & Lindberg, 2019), with Foodbank Australia “providing food relief to more than a million people each month” (Foodbank Australia, 2023). These organisations suggest that the sector helps to reduce food waste while at the same time reducing hunger for families (OzHarvest, 2022; SecondBite, n.d.). However, the system is built on donations, surplus food or food not considered fit for purchase from producers and supermarkets, rather than the needs and preferences of people experiencing food insecurity, meaning choice is limited (Caraher & Furey, 2017; Garthwaite et al., 2015). In addition, demand for food support continues to outstrip supply, with Foodbank Australia (2021) reporting 46% of people accessing food relief require more than they receive. The normalisation of charitable food as the response to food insecurity, and moves to further strengthen that system, may have the effect of undermining food as a human right (Pollard et al., 2019).

The shift towards neoliberal welfare policies seen across high-income countries in the last four decades has led to reduced social protections and government responsibility to provide an adequate safety net (Riches & Silvasti, 2014). The growth of large-scale food charity has been a result of this social and political change (Booth & Whelan, 2014; Lindberg, Whelan, et al., 2015). The charitable food system as a response to food insecurity represents a failure of government policy (Booth & Whelan, 2014; Riches & Silvasti, 2014) and further serves to deflect attention from government responsibility to provide social protections (Tarasuk, 2001). Parsell et al. (2022) further argue that the increasing reliance on charity is not only a result of inadequate social protections, but represents political “valorisation of charity and ethical citizenship” where those in need are positioned as “‘vulnerable’ subjects who require compassionate care” (p. 527). A continued focus on food banks and charitable food represents a passive needs-based response (Chilton & Rose, 2009) rather than one based on rights that questions the structural conditions that facilitate food insecurity in Australia (Lindberg et al., 2017). Pollard et al. (2019) argue that the conversation must move to providing “pathways out of poverty” (p. 11) by taking action on unemployment, housing, and poverty and ensure a living wage for people on social security payments.

The experience of accessing or relying on food charity causes shame and stigma and does not represent a dignified solution for addressing food insecurity (Pollard et al., 2019). Lindberg et al.’s (2017) Australian study demonstrates the complexity of this system, where charitable food recipients reported mixed experiences. Participants in their study who had received charitable food support, and were also now volunteers in food programs, reported positive aspects such as social connectedness, care and compassion from volunteers, and good quality food (Lindberg et al., 2017). However, other negative reports from participants described the process as a “lucky dip”, dependent on individual volunteers to determine the benefits received, as well as intrusive and “like leaving your pride and your dignity at the front door” (Lindberg et al., 2017, p. 35). Overwhelmingly, Australian and international data show that while people are grateful to receive food, the experience of seeking and receiving charitable food results in feeling shame, stigma, and judgment (McKay et al., 2020; McNaughton et al., 2021; Purdam et al., 2016; van der Horst et al., 2014).

Demonstrating a failure of the system, many people who access charitable food support on a regular basis still experience severe food insecurity and additionally resort to other means to access food that further reduce dignity (Pollard et al., 2019). Booth et al. (2018) applied Salamon's (1987) Theory of Voluntary Failure to their study of the lived experience of receiving food charity, and found the system to be both insufficient and paternalistic, where "volunteers work with people in ways that undermine their dignity and autonomy" (p. 2839). The Australian government continues to deflect responsibility and governance, with Booth and Pollard (2020) arguing the "economic policy failure and relentless redistribution of surplus, unsaleable, inferior food and the formation of an alternative food system is a crime against the most vulnerable" (p. 87). Lindberg et al. (2023) similarly describe the structural violence perpetuated through charitable food settings where recipients feel judged, shamed, and controlled. In contrast to other high-income countries, the emergence of alternative models such as social enterprise supermarkets (where donated food is sold at low cost) has not been seen in Australia, with Wills (2017) arguing it is due to the significant influence of key commercial stakeholders within the sector.

The use of poor quality food, often donated from supermarkets after the 'best-before' date⁴ has passed, further exacerbates feelings of shame and low self-worth among recipients of charitable food (Booth et al., 2018; McKay et al., 2020; van der Horst et al., 2014). Food rescue organisations actively promote donation of foods that are past best before-dates (Foodbank Australia, n.d.; OzHarvest, n.d.). While there have been attempts to improve the proportion of healthy foods provided, charitable food provided through food pantries is generally not able to provide the types of foods required for a healthy, balanced diet (Simmet et al., 2017). Pollard et al. (2018) identified a range of challenges for organisations providing charitable food that is nutritious, including relying on donated foods and volunteers, and a lack of nutrition policies to guide healthy food acquisition. Since Pollard et al.'s study, some Australian states have embarked on frameworks or guidelines for the charitable food sector that include nutritious food as a core component (Pettman et al., 2022; Western Australia Council of Social Services, 2019). However, the ability of these

⁴ After the best-before date, foods are still safe to eat but may reduce in quality. It is legal to sell foods after this date Food Standards Australia and New Zealand (2022). Generally, supermarkets do not keep foods on their shelves after this date.

mechanisms to influence the sector remains to be seen and it is arguably simply strengthening a deeply problematic approach to food insecurity.

There is minimal literature describing the experiences of Aboriginal and Torres Strait Islander people accessing charitable food, other than that presented in the previous section. This gap in data is a serious limitation in exploring the perspectives of Aboriginal and Torres Strait Islander people experiencing food insecurity, restricting the development of appropriate responses.

2.3 Australian policy context

This section examines the current food and nutrition, social policy, and media environment in Australia that impacts on political decisions and social agendas about Aboriginal and Torres Strait Islander food security.

2.3.1 *Food and nutrition policy*

There is no current national food and nutrition policy in Australia since the last iteration in 1992, with leading health organisations advocating for an updated overarching framework (Dietitians Australia, 2021b). Despite various plans targeting food supply and dietary related chronic disease in the previous three decades, including Eat Well Australia 2000-2010 and the first National Preventative Health Strategy in 2009 (Dietitians Australia, 2021b), there was no overarching food policy. In the National Food Plan, launched in 2013, food security was conceptualised as a food production issue rather than considering the structural barriers affecting household food insecurity. The document was also found to be skewed towards farming, manufacturing and the food business rather than public health, and it was rescinded later that year (Dietitians Australia, 2021b). The current National Preventive Health Strategy (Australian Government, 2021) acknowledges the importance of the social determinants on health, including food security, with the plan calling for national policy to “address food security in priority populations” (p. 54).

The last comprehensive policy addressing food and nutrition issues for Aboriginal and Torres Strait Islander peoples was the National Aboriginal and Torres Strait Islander Nutrition

Strategy and Action Plan 2000-10 (NATSINSAP) (Strategic Inter-governmental Nutrition Alliance, 2001). NATSINSAP set a national agenda that included priorities for action such as “Food security and socio-economic status”, “Nutrition issues in urban areas” and “The environment and household infrastructure” (Strategic Inter-governmental Nutrition Alliance, 2001, p. 16). Evaluation of the policy was released through Freedom of Information in 2015 (Lock, 2015) and demonstrated that without comprehensive governance and sufficient funding there was limited progress made towards the action areas (URBIS, 2010). Aboriginal and Torres Strait Islander food and nutrition issues have become less prominent in the policy arena since the mid-2000s, which stakeholders attribute to a lack of consensus in the narrative and few high-profile champions (Browne et al., 2019).

The *Closing the Gap* targets set in 2008 (Commonwealth of Australia, n.d.) were the next policy iteration aiming to address the health disparities experienced by Aboriginal and Torres Strait Islander people. The targets were responding to calls for equality in life expectancy by the Aboriginal and Torres Strait Islander social justice commissioner (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2005). There were no nutrition strategies included in *Closing the Gap* and, while a subsequent strategy was released to address remote food insecurity, urban communities were absent from the policy agenda (Browne et al., 2014). The *Closing the Gap* policy has been criticised as deficit-based discourse that focuses on monitoring Aboriginal and Torres Strait Islander people in comparison with a non-Indigenous ‘norm’ (Fogarty et al., 2018; Pholi et al., 2009) – see Fogarty et al. (2018) for more on the problematic discourse of *Closing the Gap*. The *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* (Australian Government, 2013) saw a renewed focus on nutrition and food security, although a change in government and lack of funding have significantly restricted the implementation of the plan (Browne et al., 2021). See Browne et al. (2021) for a further description of key policies relating to Aboriginal and Torres Strait Islander food and nutrition.

An analysis of publicly available submissions by Aboriginal and Torres Strait Islander organisations on Australian food and nutrition policy found food security was one of several consistent threads across responses (Browne et al., 2021). Despite these submissions calling for greater focus on the social determinants of health, policies favoured behavioural

approaches to address individual risk factors (Browne et al., 2021). Self-determination for Aboriginal and Torres Strait Islander communities was also lacking in policy documents, despite strong advocacy within consultation submissions of its importance (Browne et al., 2021). The current dearth of food and nutrition policy addressing urban food security and nutrition issues presents a challenge to action in this area.

2.3.2 Social policy

Heavily influencing social policy, neoliberal ideology has become the dominant political agenda in Australia since the 1980-90s (Mendes, 2018; Redden, 2019) prioritising small government, individual responsibility and market-driven economic policy (O'Neill & Weller, 2016). See Appendix A for a more detailed description of the history of neoliberalism in Australia. Over the past five decades, Australia has moved from a more social democratic view of welfare policy to one based in neoliberalism. In the 1970s, Australian Labor Party national government policy under prime minister Whitlam positioned welfare as a wealth redistribution tool to improve inequality, however Mendes wrote in 2018 that “[f]orty-five years later, the conservative Liberal-National Party Government eschews any association of the welfare state with concepts of social equity or fairness” (p. 1). Over these decades, neoliberal discourse shifted the concept of freedom from ‘freedom to do’ to instead being ‘freedom from’ government intervention and group rights became framed as personal responsibility (Davis, 2014). During the Liberal-National Party Fraser years, government rhetoric began challenging social security payments for ‘dole bludgers’ and attributing some peoples’ reliance on welfare, including single parents, to personal choices (Mendes, 2018). Through neoliberalism’s focus on the free market and individualism, the dominant Australian conceptualisation of poverty has changed from a societal one to a personal problem (Serr, 2006).

For Aboriginal and Torres Strait Islander people, the decades following the 1967 referendum⁵ saw a change in Aboriginal policy agenda that signalled an end to earlier

⁵ The 1967 referendum voted in favour of constitutional changes that enabled the Commonwealth to make laws for Aboriginal people and for the first time included Aboriginal people as part of the Australian population in the census (Thomas, 2017).

assimilationist policies, with the 1970s Whitlam government guided by principles of self-determination and sovereignty (Altman, 2014; Haebich, 2015). Even during the rise of neoliberalism in Australia in the 1980s, Aboriginal and Torres Strait Islander policy maintained the values of social democracy, with an understanding that structural and cultural factors required programs tailored to Indigenous Australians (Altman, 2014). However, Australian discourse in the late 1990s shifted from “human rights and social justice” to “‘welfare dependency’ and ‘shared responsibility’”, together with framing Indigenous communities in terms of risk, seeking to delegitimise Aboriginal and Torres Strait Islander self-determination (Haebich, 2015, p. 27).

Political discourse during the Howard governments’ years sought to combat ‘welfare dependency’ across the Australian community, espousing discourses of ‘deserving’ and ‘undeserving’ (Redden, 2019). The legacy of the 1834 English Poor Law, that categorised ‘the poor’ in terms of those who could help themselves and those deserving of support through no fault of their own, is seen in these discourses (Golightley & Holloway, 2016). This shift in values facilitated cuts to social security, resulting in payments that were increasingly below the poverty line and reversing Hawke’s policy reform which sought to ensure that no child lived in poverty (Redden, 2019). Social security recipients experiencing unemployment, people with disability and single parents had their payments decreased and limitations on the conditions of their support, whereas pension recipients saw increases to their payments (Redden, 2019). The past 25 years of Australian governments has seen a move away from social security as an ‘entitlement’ towards being conditional on certain behaviours (Mendes, 2018), also reflected internationally in other high-income countries. Mendes (2018) argues that this approach is a “means of social control” (p. 145) to align individuals with neoliberal values within the context of the free market. ‘Mutual obligation’, where those receiving social security were required to give back to society in return, became characteristic of the Liberal-National Party Howard years (Mendes, 2018).

Questions of Australia's national identity, characterised by the 'history wars' and 'culture wars'⁶ that formed a key part of the conversation during Howard's leadership (Headon, 2007), drove a change in Aboriginal and Torres Strait Islander social policy that promoted personal responsibility with a shift away from rights. The 'culture wars' saw accusations of 'political correctness' being made against those who defended groups that were seen to receive special privileges to address structural inequalities (Davis, 2014). Similarly, the 'history wars' moved from "the language of guilt" to that of 'political correctness' in the 1990s, driven by rhetoric from Howard and others (Macintyre, 2003, p. 16).

'Political correctness' rhetoric reached a peak in Australia around the time of the 1996 election as right-wing politics positioned the 'elites' against the 'battlers' (Sparrow, 2018). Sparrow (2018) describes the culture wars and anti-political correctness agenda as both representing a "deflection of social and class tensions into a different realm" (p. 43), fuelled by increasing social inequality felt by those who considered themselves 'losers'. Howard was able to channel the disillusionment felt among the 'have-nots' towards the Hawke-Keating Labor governments, blaming political correctness for stifling free speech and framing the political approaches to multiculturalism and Aboriginal and Torres Strait Islander relations as negative for Australia (Sparrow, 2018). Phelan (2019) argues that the evolution of neoliberalism in recent years has generated antagonistic views towards social justice and political correctness – positioned as scapegoats by right-wing political groups. Negative online tropes such as the 'SJW' – social justice warrior – have been a vehicle to position 'left-wing progressives' negatively, particularly on racial and gender issues (Phelan, 2019). Political correctness is often reduced to virtue signalling, as a way to undermine genuine social justice concerns.

The Howard government's 1996 maxim 'For All of Us' pushed a mainstream agenda for Indigenous Australians that included the dismantling of the Aboriginal and Torres Strait Islander Commission (ATSIC), removing a major source of income, representation and

⁶ The 'culture wars' represent national debate over multiculturalism and diversity, including Australia's relationship with and recognition of Aboriginal and Torres Strait Islander peoples as having a unique status in Australia and not being just another 'minority group' (Headon, 2007).

control for Aboriginal and Torres Strait Islander people (Altman, 2014). Altman (2014) suggests that this assimilationist approach, that focused on the progress of individuals, was guided by “neoliberal Thatcherite dictum that ‘there is no such thing as society. There are individual men and women, and there are families’” (p. 117), referencing one of the British leader’s famous quotes. This era of Australian government undermined efforts towards Aboriginal and Torres Strait Islander self-determination and autonomy and applied market-driven approaches to align with the mainstream economy (Strakosch, 2015). When these attempts failed, the government adopted a discourse of dysfunction and crisis; achieving a “rhetorical reframing of ‘the Indigenous problem’” (Strakosch, 2015, p. 105). That is, problems were reframed as outcomes of failed personal responsibility, rather than history (Green, 2006). Mendes (2018) argues that this approach to Aboriginal and Torres Strait Islander policy was consistent with conservative government values where individuals are blamed for their disadvantage as a result of their own choices.

‘Self-reliance’ is revered in neoliberal ideology, and when people are considered to lack capacity to efficiently participate in society then increased control by government is permitted (Strakosch, 2015). Altman (2014) describes Aboriginal and Torres Strait Islander policy as “combining the enduring goal of convergence with a new style neoliberal trope focused on individual responsibility alongside enhanced public spending that is closely monitored and constantly evaluated” (p. 124). In Strakosch’s (2015) view, settler colonial power structures were “rearticulated” through neoliberal agendas that deemed Aboriginal and Torres Strait Islander peoples to be equal citizens – capable of and expected to contribute fully to society, with no acknowledgment of systemic barriers – yet also subject to heavy scrutiny of their capacity as citizens. When Aboriginal people are considered to be “unable or unwilling to take responsibility for their position”, the personal responsibility perspective legitimises “correction” by government (Green, 2006, p. 126). An example of conditional social protections is social security payments being provided to some Aboriginal communities on condition of certain behaviours such as school attendance, instead of being universal (Strakosch, 2015). Similarly, the Community Development Programme (CDP) implemented in remote Australia, which was purportedly designed to transition people from welfare to work, has been described as an example of the settler colonial state

controlling “Indigenous peoples’ access to land, income, time and power”, and subsequently negatively affects food security (Staines & Smith, 2022, p. 49).

Although population health is improved when social policy encourages equality through redistributive systems, universal access to services and social protections that meet peoples’ needs (Schrecker & Bamba, 2015), Australia’s neoliberal approach to social policy shapes societal views about food insecurity. McNaughton et al. (2021) argue that interactions between users of food support programs and volunteers or staff at those services “reflect widely held negative contemporary discourses about poverty, unemployment and the poor” (p. 107) and enact and reinforce shame and stigma through these attitudes. Ward et al.’s (2018) study found that generally respondents did not blame people for experiencing food insecurity, although those with conservative political views were more likely to blame individuals for their situation and less likely to consider society as responsible for addressing it. Additionally, Australia’s response to poverty experienced by Aboriginal and Torres Strait Islander people, that focuses on market-based and individualised strategies, is underpinned by a settler colonial state that continues to reject the sovereignty of the nation’s First Peoples (Staines & Smith, 2022).

The Australian policy context, influenced by neoliberal political agendas, has predominantly framed food insecurity and poverty through a lens of individualism and blame. Despite some acknowledgment, particularly for Aboriginal and Torres Strait Islander people, of the impacts of the social determinants on health and food security there has been little consistent action taken, and certainly none to address food insecurity in urban communities. The potential role of health staff broadly in supporting food security, and particularly in the context of Aboriginal and Torres Strait Islander health services, is discussed next.

2.3.3 Media’s role in shaping public and political discourse

The media, Fairclough (1995) argues, has power – not only to influence governments, but also “knowledge, beliefs, values, social relations, [and] social identities” (p. 2). The media, through the use of language, demonstrates power in its representation of issues and social

actors in particular ways (Fairclough, 1995). The social construction of knowledge is formed, in part, by discourses present in media and political commentary. This phenomenon has implications for health staff, as their attitudes towards, and perceptions of, Aboriginal and Torres Strait Islander people are shaped by interactions with the social world (Browne, 2007). Following Aldrich et al. (2007) who argued that “solutions will depend on beliefs about cause” (p. 134), this study considers the media framing of food insecurity in relation to Aboriginal and Torres Strait Islander people to reflect on how it may impact the construction of the issue by health staff and their consequent responses. Fogarty et al. (2018) argue that “the dominant discourses propagated through media and politics work to marginalise or silence the voices, perspectives and world-views of Aboriginal and Torres Strait Islander people” (p. 23). Media portrayal of Aboriginal and Torres Strait Islander people shape opinions in Australian society, sometimes reinforced by negative stereotypes and “[t]his may not necessarily express itself as active or overt racism but, instead, as a subtle and underlying prejudice that constrains relationships and engagement” (Gorringer et al., 2011, p. 4). It can therefore be argued that media representations relating to food insecurity amongst Aboriginal and Torres Strait Islander people will likely influence the attitudes of Australians, including health service staff, about this issue.

Media ownership in Australia is among the most concentrated in the world, lower only than state-owned media interests in China and Egypt (Dwyer, 2016; Evershed, 2020). In terms of newspaper ownership, the Rupert Murdoch-owned News Corp accounted for just over half of the Australian readership in 2019-20 (51.9%), with independent media only contributing 7.4% (Evershed, 2020). Murdoch-owned media have been able to lobby government about key issues of corporate interest, thus affecting the careers of politicians and shaping public opinion through the power of messaging across such a broad media platform (Lidberg, 2019). These factors fuelled what Lidberg (2019) describes as “the hyper-partisan, mainly opinion-driven, journalism produced by some sections of the Australian media” (p. 17).

Manne (2011) describes News Corp publication *The Australian* as:

an unusually ideological paper, committed to advancing the causes of neoliberalism in economics and neoconservatism in the sphere of foreign policy. Its style and tone are also unlike that of any other newspaper in the nation’s history. *The Australian* is ruthless in pursuit of those who oppose its worldview – market fundamentalism,

minimal action on climate change, the federal Intervention in Indigenous affairs, uncritical support for the American alliance and for Israel, opposition to what it calls political correctness and moral relativism.

The context of Australian newspaper ownership, and the views presented by the authors in those publications, is of importance in interpreting the media analysis presented in Chapter 4.

2.4 Role of health staff in supporting food insecurity

The impact of food insecurity on health requires staff who are able to sensitively approach conversations about access to food to avoid further shame and anxiety for people experiencing hunger or food stress (Messer & Ross, 2002). Health staff across a range of disciplines have varied understandings of, and experiences working with, people who are struggling with food insecurity (Douglas et al., 2020) and no data exist related to working with Aboriginal and Torres Strait Islander peoples. Douglas et al. (2020) identified inconsistency among staff as to “whether, why and how health professionals should take responsibility and engage with the problem” (p. 408). Disturbingly, some health staff in their study considered experiences of food insecurity to be ‘normal’ for some people or did not consider that food insecurity would impact on their work (Douglas et al., 2020). There is an “urgent need” (Douglas et al., 2020, p. 405) for health professionals to develop the confidence and skills to respectfully identify and provide support for food insecurity among people accessing health services. Indeed, Knight and Fritz (2021) suggest it is an “ethical imperative” (p. 707) for doctors to ask health services users about food insecurity.

Health professionals are well placed to support people experiencing food insecurity (Granger & Holben, 2004; Kregg-Byers & Schlenk, 2010; Lindberg, Lawrence, et al., 2015) although may not have the knowledge to work effectively. Generally, few staff report ‘strongly agreeing’ that they feel knowledgeable about food insecurity, with different studies ranging from 1.1% (Shih et al., 2004) and 7.6% of family doctors (Granger & Holben, 2004), 8.1% of family practice doctors and nurses (Hoisington et al., 2012), to 12.1% of dietitians (Boeing & Holben, 2003). Frost et al.’s (2022) study of health professionals found social workers to be the most knowledgeable. Although Boeing and Holben’s (2003) study

found almost 44% of dietitians reported being familiar with food insecurity, more than two decades ago Booth and Smith (2001) acknowledged that it may challenge the existing skill set of dietitians and nutritionists. Following reports from food agencies in the United States that dietitians lacked the necessary skills, the Academy of Nutrition and Dietetics implemented strategies to improve the skills of graduates working with people experiencing food insecurity (Handu et al., 2016). However, there is little indication whether this professional group is better equipped now.

Generally, even if health professionals see it as their role, studies in the United States report low levels of health staff asking about food insecurity, ranging from 12-17% (Fleegler et al., 2007; Garg et al., 2009; Hoisington et al., 2012). Although questions remain among some health staff about whether asking about food insecurity is core business for health services (Taylor et al., 2022). Commentary from within the health professions, such as Berkowitz and Fabreau's (2015), debates the value of screening for food insecurity and potential implications on clinical care while not acknowledging that many staff may not have the confidence or skills to tailor their practice appropriately. Health staff have reported a preference for standardised screening tools and 'scripts' that help clearly navigate potentially sensitive conversations (Adams et al., 2017; Hoisington et al., 2012). Taylor et al.'s (2022) review article highlighted the dilemma for health staff often constrained in their ability to help address food insecurity, described as a "potential disruption to their identities as health professionals" (p. 9). Shame and stigma resulted in health staff sometimes feeling uncomfortable to have these conversations (Taylor et al., 2022). The fear among caregivers of being reported to social services further adds to the complexity of discussing food insecurity in health services, with Taylor et al. (2022) describing these encounters where food insecurity intersects with health care as "significantly morally laden" (p. 15). As this thesis argues, for Aboriginal and Torres Strait Islander people this morally laden intersection is even more fraught, requiring health services and staff to consider how this can occur in culturally safe ways. These moral dilemmas have not been explored in detail from the perspectives of staff, in a way that recognises ongoing racism and trauma. There is a role here for Aboriginal and Torres Strait Islander health services to model, enact, and embed culturally safe responses to food insecurity. There is currently no literature about how

Aboriginal and Torres Strait Islander health service users are asked about or supported to manage food insecurity.

2.5 Aboriginal and Torres Strait Islander health services

Historically, government institutions such as health services have been responsible for the mistreatment of Aboriginal and Torres Strait Islander people (Baba et al., 2014; Cox, 2007). Mainstream health services are symbols of dominant power systems and Eurocentric values (McDonald, 2007) that continue to result in experiences of racism and discrimination (Kelaher et al., 2014), and fear and mistrust among some Aboriginal and Torres Strait Islander people (Cox, 2007). Aboriginal and Torres Strait Islander community-controlled health organisations (ACCHOs) have been established across Australia to address racism and the lack of access to safe and appropriate health care (National Aboriginal Community Controlled Health Organisation, n.d.). Starting in Sydney in 1971, the Aboriginal Medical Service Redfern was the first community-controlled health service in Australia (Foley, 1991). Built from community support and volunteers, the Aboriginal Medical Service Redfern was founded on the principle of self-determination and that Aboriginal people are the experts in identifying solutions to issues in the community (Foley, 1991). In Australia, the National Aboriginal Community Controlled Health Organisation (NACCHO) is the peak body for more than 140 ACCHOs across all states and territories (National Aboriginal Community Controlled Health Organisation, n.d.).

An ACCHO is a “primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management” (National Aboriginal Community Controlled Health Organisation, n.d.). Working holistically, ACCHOs address the social determinants of health by supporting Aboriginal and Torres Strait Islander people in terms of access to social services such as housing, education, family support and comprehensive health care (Campbell et al., 2018; Pearson et al., 2020). ACCHOs reduce barriers to accessing culturally safe health care, with trust and relationships being central to the approach (Campbell et al., 2018). These organisations also contribute to health policy through research and advocacy for issues affecting the health of Aboriginal and Torres Strait

Islander communities (Campbell et al., 2018). Khoury (2015) argues that ACCHOs “challenge dominant ideologies of health and illness and the established, institutionalized forms of health provision” (p. 479). However, Khoury (2015) also acknowledges that these health services are subject to funding models that are based on biomedical frameworks that constrains their ability to operate completely in response to community governance.

Food forms part of core business for Aboriginal and Torres Strait Islander organisations. Many are involved in food provision and healthy food promotion at local community events, with some studies citing potential for further leadership in this area (Adams et al., 2012; Christidis et al., 2021). Sheriff et al. (2022) found that families experiencing food insecurity accessed community events or playgroups that provided food to ensure their children had access to food. ACCHOs in particular have been acknowledged for their role in improving access to food (Pearson et al., 2020), particularly in remote communities (Christidis et al., 2021). ACCHOs that work holistically to support the health of Aboriginal and Torres Strait Islander people are already involved in, and have the potential to show further leadership for, the importance of food as a human right.

2.6 Summary

This review of the literature illustrates the complex dynamic of food insecurity for Aboriginal and Torres Strait Islander people. Food represents a contested ‘tool’ used historically by settlers to control Aboriginal and Torres Strait Islander people, and the legacy of rations and missions continues in the present. The experience of food insecurity results in considerable health and social impacts, stemming from shame and stigma. Currently, there is a reliance on charitable food to address food insecurity in Australia, which the literature shows exacerbates feelings of shame and blame. The broader context of social policy in this country has shifted towards neoliberalism in recent decades, framing food insecurity as an individual problem. The media landscape, dominated heavily by the perspectives of conservative power brokers, also plays a role in determining how food insecurity is framed, and therefore how solutions are conceived. Despite this challenging environment, Aboriginal and Torres Strait Islander health services present opportunities for responding to food insecurity in urban communities. The current literature exploring the experience of

food insecurity for Aboriginal and Torres Strait Islander people, particularly in urban communities, is limited. Similarly, there are minimal studies that provide Aboriginal and Torres Strait Islander perspectives on food insecurity. This study, while not addressing these limitations from Aboriginal and Torres Strait Islander perspectives, can contribute much needed evidence by exploring an important aspect of how health staff engage with Aboriginal and Torres Strait Islander health service users about food insecurity, for which there is no other research to date. This study also adds an analysis of the sociocultural context that influences public and political discourse about Aboriginal and Torres Strait Islander food insecurity, to explore the links with health staff discourses.

3 Methodology and Methods

This chapter describes the three theoretical constructs that provide the framework for this study: social constructionism, critical discourse analysis, and cultural safety. Following an explanation of their relevance to this research, the chapter details the methods undertaken.

3.1 Methodology

This study is theoretically underpinned by social constructionism and critical discourse analysis. Both methodologies suggest that meaning is created through relationships and social structures (Berger & Luckmann, 1967; Gergen, 2012), with language representing the social interactions that have created it (McNaughton, 1993). Socially constructed meaning is produced between people, within settings, and is specific to places and times (Lock & Strong, 2010). The social construction of knowledge and language is relevant to this study to explore the social, cultural and political contexts that influence how health staff conceptualise and communicate with Aboriginal and Torres Strait Islander people about food insecurity.

Cultural safety – a decolonising approach to working in health, developed in Aotearoa New Zealand by Indigenous scholars – was used as a lens to inform this study, described below in section 3.1.3, in addition to the overarching theories of social constructionism and critical discourse analysis.

3.1.1 *Social constructionism*

The social world is a product of human interaction and, in turn, humans are a product of their interactions within society (Berger & Luckmann, 1967). Social constructionism suggests that language is central to developing knowledge (Gergen, 2012), as the most important system for establishing and reinforcing the “social stock of knowledge” (Berger & Luckmann, 1967, p. 56). Contemporary societies determine what is considered ‘true’, rational and moral through “historically and culturally situated social processes” to construct meaning (Gergen, 2012, p. 1001). Social interactions construct what is understood to be knowledge

and how people make sense of the world, where some actions are legitimised and others excluded (Berger & Luckmann, 1967; Burr, 2015).

Social constructionism “insists that we take a critical stance toward our taken-for-granted ways of understanding the world and ourselves” (Burr, 2015, p. 2), through interrogating the social world. This theoretical approach views power, through language, as fundamental to creating and maintaining social structures and institutions (Burr, 2015). Social constructionism, through the ability to draw attention to aspects of the social world that may be taken for granted as reality (Alvesson & Sköldberg, 2009), is relevant to this study as it can examine how knowledge and power is constructed within institutions and their staff, which may otherwise go unnoticed. Relationships between health staff and people accessing health services are inherently power-laden (Cox et al., 2021) and social constructionism provides a framework to identify how social interactions perpetuate power dynamics and dominant perspectives, while silencing others. Exploring how food insecurity is socially constructed is important to understand the social contexts within which health staff develop their own perspectives and attitudes, and which shape their practice.

3.1.2 Critical discourse analysis

Discourse analysis broadly aims to explore the ways in which language creates and maintains the social world (Liamputtong & Ezzy, 2009). Like social constructionism, discourses are fluid, created by social processes, and in turn influence social processes (Wetherell et al., 2001). Critical discourse analysis (CDA) draws on its roots in critical theory and involves the study of “the discursive aspects of power relations and inequalities”, particularly the relationships between discourses and social relations (Fairclough, 2010, p. 8). CDA encompasses a range of distinct methodological approaches, although Wodak and Meyer (2009) describe “power, ideology and critique” as being central to all (p. 1).

Fairclough (1995) describes discourse in a way that combines language and social theories, as both a social practice (action and interaction) and, drawing on Foucault’s work, a “social construction of reality, a form of knowledge” (p. 18). The social function of language, and using Fairclough’s view of discourse, is a focus for this study. Fairclough’s (1995) view is that language is constitutive both in helping to “reproduce and maintain existing social identities,

relations and systems of knowledge and belief” (p. 55) and in transforming them. For Fairclough (2010), the role of CDA is not only in critiquing society but also changing it. CDA is therefore a useful approach to explore media representations and the role of social discourse in shaping public perspectives. It is a relevant theoretical construct for studying communication between staff and people accessing health services, to explore the dynamics of language used by staff, and the broader structures that influence their practice. These social structures are the basis of power relations.

This study employs Foucault’s (1980, 1982) interpretation of power; that is, power is not an entity to be taken or gained, but exists as a result of action between individuals, in an ongoing circulation of power as individuals simultaneously exercise and feel the effects of power upon their actions. As a structure of actions upon other actions, Foucault (1982) argues that power “makes easier or more difficult; in the extreme it constrains or forbids absolutely” (p. 789). CDA can be used to examine social issues and the institutions and structures that perpetuate power through language (Fairclough, 2010; Weiss & Wodak, 2003). Power relations between health staff and people receiving health care are inherently unequal (Cox et al., 2021; Ramsden, 2002) and discourse is a “medium of power” between participants in these interactions (Jennings et al., 2018, p. 112).

Illuminating the conversations between staff and health service users, and the power employed in these relationships, is one way to critique communication in Aboriginal and Torres Strait Islander health services. Through exercising power within the complex context of health professional/health service user interactions, the actions of staff act in turn on the actions of people seeking health care. In Foucauldian terms, “discourses of truth” are produced, circulated and reinforced through social interactions (Foucault, 1980, p. 98) that serve to maintain the status and power of professions and organisations. Foucault (1984) suggests that discourse is not only the mechanism by which power is exercised, but “it is the thing for which and by which there is struggle, discourse is the power which is to be seized” (p. 110). Discourse and power are inextricably linked, each acting upon the other, thus making power a critical aspect to study when exploring discourses. It is acknowledged that there are additional layers of complexity given the researcher’s position as a white settler scholar.

Critical discourse analysis is an approach that provides both theory and methods for studying discourse and its social function (Jorgensen & Phillips, 2002), and was also applied as a method in this study, described in more detail in section 3.3.1.

3.1.3 Cultural safety

Cultural safety in this context is delivering appropriate and effective health care to people from a different cultural background to the service provider and determined to be culturally safe from the perspective of the person accessing health services (Ramsden, 2002). Viewing culture as socially constructed (Cox et al., 2021), this approach examines the power, privilege, values, attitudes and assumptions that health staff bring to encounters with people within health services and how this influences their practice and communication (Ramsden, 2002). A range of interpretations and approaches to cultural safety exist in Australia (Cox & Best, 2022; Dawson et al., 2022). The understanding of cultural safety employed in this thesis follows the work of Irihapeti Ramsden (2002) and further interpretations by Cox and Best (2022). Founded in Indigenous knowledge, Ramsden's (2002) work responded to the poor health status of Māori people in Aotearoa New Zealand and negative experiences with health institutions. Māori nurses then led a process of change in their profession and the health system more broadly to improve health care (Papps & Ramsden, 1996; Ramsden, 2002). Although developed in a Māori context, cultural safety has broad application as any clinical interaction involves relationships between people from different cultures and relationships of power exist within these interactions (Cox et al., 2021).

Cultural safety seeks social justice through relationships based on power sharing and trust between the health practitioner and the person accessing health care (Cox et al., 2021; Ramsden, 2002). This approach critically questions how dominant knowledge is constructed and legitimised, and whose interests are being served by employing this power (Ramsden, 2002), so it works well with critical discourse analysis. Cultural safety examines the social, cultural and historical influences on clinician/patient exchanges (Anderson et al., 2003) and how interpersonal and intergenerational racism influences health service outcomes (Cox et

al., 2021). These matters have particular relevance for Aboriginal and Torres Strait Islander people (Nguyen, 2008) due to their experiences of systemic interpersonal and institutionalised racism, and being excluded from health services. Knowing how colonisation still continues to impact on institutions and staff, and Aboriginal and Torres Strait Islander people's health, is necessary for social change (Cox et al., 2021).

Cultural safety can challenge the dominant biomedical health paradigm, with Taylor and Guerin (2014) suggesting the need to consider the broad range of determinants that impact on health for Aboriginal and Torres Strait Islander people:

Cultural safety requires an examination of any taken-for-granted place of privilege, racism and discrimination in order to challenge it in practice. Health professionals can only hope to play a role in closing gaps in the health of Indigenous Australians by considering all determinants of health: biological, psychological, social, spiritual and cultural. (p. 70)

Responsibility to make changes to ensure culturally safe health care lies with health institutions and staff that reflect the dominant culture, rather than Aboriginal and Torres Strait Islander people (Cox et al., 2021; Taylor & Guerin, 2014).

Cultural safety also asks health professionals to confront the idea that the dominant white culture has 'no culture' (Cox & Best, 2022). Cultures are socially-constructed, dynamic systems of identification and connection within groups of people. These bicultural relationships between health professionals and health service users can include differences based on "gender, sexuality, social class, occupational group, generation, ethnicity or other variables" (Cox et al., 2021, p. 58). In addition to racism, these other cultures can contribute to intersectional discrimination, which can have compounding and negative health outcomes for Aboriginal and Torres Strait Islander people (Jamieson et al., 2023). Cooms et al. (2022) argue that understanding the intersection of various forms of discrimination is crucial to addressing health disparities. Consideration of intersectionality, through cultural safety, can draw attention to the many ways that access to quality and appropriate health care may be restricted for people from all backgrounds.

Cultural safety, in recent years, has been incorporated into many of the standards and codes that guide health practitioner practice and registration. The Australian Health Practitioner Regulation Agency (AHPRA) developed an *Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy* in 2020 with an objective of developing “a culturally safe health workforce” (Australian Health Practitioner Regulation Agency, 2020, p. 9). The majority of health professionals are covered by AHPRA regulation. Dietitians, while not accredited by AHPRA, have similar National Competency Standards that call for “[c]ulturally safe and responsive practice with Aboriginal and Torres Strait Islander peoples” (Dietitians Australia, 2021a, p. 1). In contrast, safety and quality standards for health care refer to “cultural awareness and cultural competency of the workforce” although most of the strategies to achieve this focus on cultural competency (Australian Commission on Safety and Quality in Health Care, n.d.). Indeed, these terms are often used interchangeably or there are different conceptualisations of their meaning (Dawson et al., 2022). The limitations of approaches other than cultural safety include culture being about ‘others’, rather than understanding the various cultures of which we are all members (Cox & Taua, 2016), and inadequate acknowledgement of the ongoing role of trauma and racism (Herring et al., 2013). Focusing on trying to understand the culture or ethnicity of others can lead to problematising difference (Herring et al., 2013) and unhelpful assumptions or judgments (Cox & Best, 2022). See Cox and Best (2022) for more on this “conceptual confusion” (p. 75), who argue that this confusion represents a challenge in effecting change within professions and institutions.

Culturally safe research interrogates relationships of power and asks researchers to examine how their worldview and social position impacts upon the research (Cox & Simpson, 2015). In this study, cultural safety was used to reflect on staff accounts of their conversations about food insecurity with Aboriginal and Torres Strait Islander people, and to also examine the position of the researcher relative to the research. Cultural safety has been employed by other researchers as a construct “within a space in which cultural meanings are being negotiated and transformed through the medium of language” (Reimer-Kirkham et al., 2002, p. 230). As a practitioner working in the field, the researcher’s culture, social experiences, and position informed interpretation of the data. Reflexivity was used to identify and explore the perspectives of the researcher and how they shaped data collection

and analysis, also described by other white researchers (Wilson, 2014) and detailed further in section 3.3.4.

The intersection of social constructionism, discourse analysis and cultural safety – with a focus on language and power – provides strong justification for applying these theoretical approaches to this research.

3.2 Research design

This study employed the theoretical framework described above to explore how urban food insecurity is constructed, discussed and responded to by staff working in Aboriginal and Torres Strait Islander health services within southern Meanjin/Brisbane. Data generated from a media discourse analysis and interviews with health staff formed the basis of the analysis and interpretation, the methods of which are outlined below.

3.3 Methods

This chapter began by describing critical discourse analysis (CDA) as a theoretical framework, and detailing the methodological constructs underpinning Fairclough's approach. This section continues to explore how CDA was applied as an analytical and interpretative method in this program of research. Fairclough (2009) suggests "we cannot so sharply separate theory and method" (p. 167) in CDA, as the methods are theoretically informed. Drawing on critical and social theory, Fairclough's approach to CDA outlines an analytical framework – or method – for interrogating how power and ideologies are operating within discourses. As this study explored 'talk' between health staff and people accessing health services, and the broader social discourses that influence those conversations, CDA was well suited as a tool. A more detailed description of each component of this study follows: the media document analysis and interviews with health staff. The chapter closes by outlining how researcher perspective and reflexivity impacted the research.

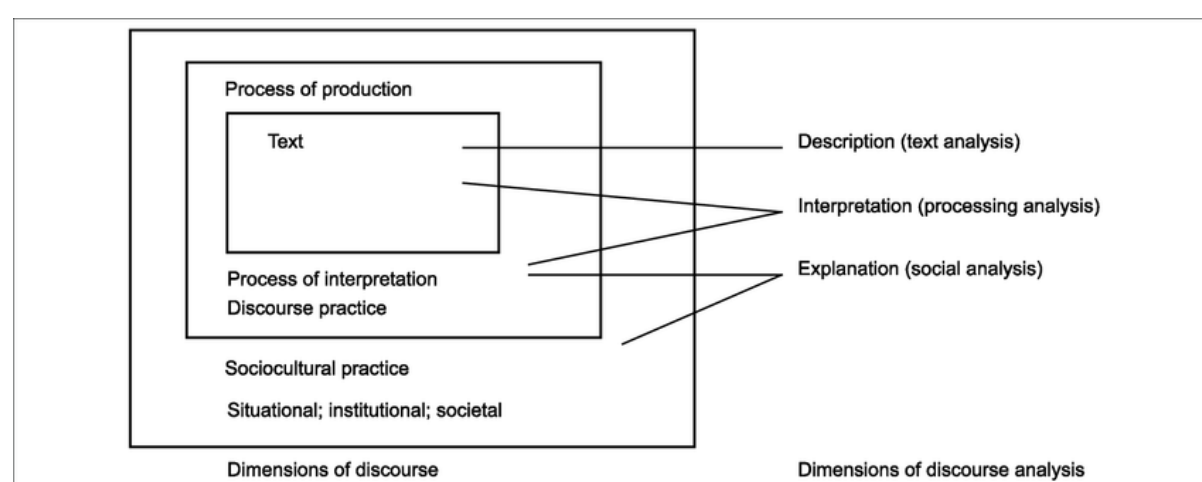
3.3.1 Critical discourse analysis as method

A multilayered CDA framework based on Fairclough's work (1995, 2003) was used during analysis. Fairclough's (2003) approach draws on Halliday's theory of Systemic Functional Linguistics for analysing texts and seeks to combine linguistic analysis with social theory. Fairclough (2003) argues that analysing text that aims to interpret its social effects must engage with the "socially 'constructive' effects of discourse" (p. 3) while at the same time exploring the detail of what happens in texts. In this approach, text analysis is interested in both form (referring to structure and language) and meaning as "meanings are necessarily realized forms, and differences in meaning entail differences in form" (Fairclough, 1995, p. 57). Developing texts is viewed as making a selection of choices from a range of available options – in language forms (for example, which words are chosen over others) and choices about meaning (for example, how events and identities are represented) (Fairclough, 1995). What is absent from the text also forms part of this analysis.

This three-dimensional framework (below in Figure 2) depicts the relationship between text, discourse practice and sociocultural practice.

Figure 2

Fairclough's three-dimensional method of critical discourse analysis



Note. Source: Fairclough, N. (2010). *Critical Discourse Analysis: the critical study of language* (Vol. 2). Longman.

<https://doi.org/10.4324/9781315834368> p133

The framework in Figure 2 was applied in an iterative way to the text analysis in this research. While the methods undertaken have been outlined below in each section, the analysis was conducted simultaneously. Fairclough (2003) provides a guide for questions to ask when conducting textual analysis, or discourse analysis. This research drew on the relevant questions along with Fairclough's (1995) description of media analysis, to apply to each layer of the framework. These are outlined within each relevant section.

This thesis acknowledges the potential tensions in adopting a method of analysis developed by a non-Indigenous scholar. McCartan et al. (2022) suggest that CDA can be a useful tool in examining settler power and the dominant structures that perpetuate inequities for Aboriginal and Torres Strait Islander people. However, white scholars must engage in critical self-reflection and "flip the narrative" by turning their attention to settler power structures (McCartan et al., 2022, p. 10). This thesis seeks to reflect on the positionality of the researcher in the study (see section 3.3.4), and maintains focus on the social structures that contribute to potentially unsafe conversations about food insecurity for Aboriginal and Torres Strait Islander people within health services.

3.3.1.1 Text analysis

Text analysis is a descriptive process whereby aspects of linguistic analysis are used to explore vocabulary and semantics, grammar of sentences, how sentences are connected, and the overall structure of the text (Fairclough, 1995). Representations of social actors, events, relationships in texts are analysed at this level to examine the way identities are constructed. Table 1 below includes some questions used to guide analysis and interpretation.

Table 1

Questions guiding text analysis

Semantic/grammatical relations between sentences and clauses:

- What are the predominant semantic relations between sentences and clauses (causal – reason, consequence, purpose, conditional, temporal, additive, elaborative, contrastive/concessive)?
- Are there higher-level semantic relations over larger stretches of text (e.g. problem-solution)?
- Are particular relations of equivalence or difference set up in the text?

Speech functions:

- What are the predominant speech functions (statement, question, demand, offer)?
- What types of statement are there (statements of fact, predictions, hypotheticals, evaluations)?

Representation of social events:

- What elements of represented social events are included or excluded, and which elements are more salient?
 - How abstractly or concretely are social events represented?
 - How are the social actors represented (activated/passivated, personal/impersonal, named/classified, specific/general)?
-

Note. Source: Fairclough, N. (2010). *Critical Discourse Analysis: the critical study of language* (Vol. 2). Longman.
<https://doi.org/10.4324/9781315834368> p133

3.3.1.2 Discourse practice

Discourse practice analysis brings an interpretative lens, locating the text “in relation to social repertoires of discourse practices” (Fairclough, 1995, p. 61). Fairclough uses the term ‘orders of discourse’ to describe the genres and discourses used within texts that represent social practices (for example, the range of discursive types within health services). Genres are the way language is used as part of a social practice (for example, a clinical interaction between a doctor and patient). Discourses are the language choices used to represent a

social practice from a certain perspective, and relate to constructing knowledge. Analysing discourse practice also explores intertextuality – the concept that for any text, there are elements of related texts or voices that are evident (Fairclough, 2003). Fairclough (1995) views discourse practice as operating between the textual and sociocultural layers in an indirect way, as if to be a conduit between the two. Discourse practice is concerned with how relationships between discourses, in terms of agreement or opposition for example, represent power relations (Fairclough, 1995).

Table 2 below includes questions used to guide discourse practice analysis and interpretation.

Table 2

Questions guiding discourse practice analysis

Genre:

- Is the text characterised by a mix of genres?
- What genres does the text draw upon and what are their characteristics?

Difference:

- What is the orientation to difference in the text (open recognition of difference, accentuation of difference/conflict, attempt to resolve difference, focus on commonality, consensus or normalisation of differences in power)

Intertextuality:

- Of relevant other texts/voices, which are included, which are significantly excluded?
- How are other voices included? Attributed, quoted, indirectly reported?

Assumptions:

- What existential, propositional, or value assumptions are made?
- Is there a case for seeing any assumptions as ideological?

Discourses:

- What discourses are drawn upon in the text, and how are they textured together?
Is there a significant mixing of discourses?
 - What are the features that characterise the discourses that are drawn upon
(semantic relations between words, collocations, metaphors, assumptions)?
-

Note. Source: Fairclough, N. (2010). *Critical Discourse Analysis: the critical study of language* (Vol. 2). Longman.
<https://doi.org/10.4324/9781315834368> p133

3.3.1.3 Sociocultural practice

Sociocultural practice analysis explores the context surrounding texts, in terms of the situational or institutional contexts or broader societal or cultural contexts (Fairclough, 1995). Fairclough (1995) acknowledges that many aspects can form part of this analysis yet

he articulates three main concerns: economic, political (issues of power and ideology) and cultural (questions of value and identity) (p. 62). Table 3 below includes questions used to guide sociocultural analysis and interpretation.

Table 3

Questions guiding sociocultural analysis

Social events:

- What social event, and what chain of social events, is the text a part of?
 - What social practice or network of social practices can the events be referred to, or seen as framed within?
 - Is the text part of a chain or network of texts?
-

Note. Source: Fairclough, N. (2010). *Critical Discourse Analysis: the critical study of language* (Vol. 2). Longman. <https://doi.org/10.4324/9781315834368> p133

3.3.1.4 Critique of CDA methods

As CDA is now a theoretical framework and method for qualitative research, some authors, particularly those in linguistics, have some concerns about the approach (Blommaert & Bulcaen, 2000; Poole, 2010; Widdowson, 2004). Many of the central criticisms focus upon interpretation issues, including critical discourse analysts' inability to disconnect themselves from the social world and their own socially constructed viewpoint, meaning they are "incapable of conducting any detached analysis at all" (Widdowson, 1998, p. 148). However, Fairclough (2003) suggests that objective analysis – to describe "what is 'there' in the text" – is not possible without being influenced by the "'subjectivity' of the analyst" (pp. 14-5). Qualitative analysis – indeed all interpretation – is done through the lens of the researcher or the person doing the interpretation. The importance of the researcher's perspective being made explicit is highlighted by this point, enabling the reader to gauge how analysis and interpretation may have been influenced by the viewpoint of the researcher. Widdowson (1998) claims that CDA authors fail to take a critical approach to their own theoretical position and techniques of analysis. In this study, the researcher used reflexivity

to consider the analytical frame brought to the research and a clear description of this perspective is included in this thesis (see section 3.3.4). It is acknowledged that it is not possible for one person to consider all viewpoints, but being explicit about the researcher's perspective helps to position the study.

Similarly, critical discourse analysts are criticised for not considering the variety of ways that texts can be interpreted (Poole, 2010; Widdowson, 2004). Blommaert and Bulcaen (2000) also question whether CDA researchers are able to speak for "the average consumer of texts" (p. 455). Widdowson (1998) suggests that a greater emphasis on how texts are received by consumers, and verifying author intentions when producing texts, would help provide a more developed analysis. These claims bring the debate back towards issues of researcher perspective, and that CDA researchers are presenting one version of interpretation, that is from their perspective. There will always be many ways to interpret language, shaped by the social world of the analyst or receiver. The intention of the text's author is, again, just one socially situated perspective and despite the intentions of the creator, the audience will determine how it is received. Researcher positionality is important here, as a means to acknowledge the perspectives that the researcher brings to analysis and interpretation.

CDA is further critiqued for its lack of clarity around methods and processes (Blommaert & Bulcaen, 2000), with the suggestion that tools are chosen and applied in way that supports a pre-existing ideological position (Widdowson, 2004). Indeed, Widdowson's (1998) opinion is that a "disregard of inconvenient textual features seems to be endemic in the critical approach" (p. 146). It is noted that there are varied approaches to CDA (Blommaert & Bulcaen, 2000), with not enough clear guidelines to direct researchers in their analysis (Widdowson, 2004). This study attempted to provide a detailed process of analysis while selecting appropriate tools from the CDA 'toolkit' to suit the issue being studied. Some critics point to a risk that focusing too heavily on the linguistic elements of a text can obscure the meaning (Widdowson, 2004). Consequently, this study sought to balance analysis of the broad sociocultural context that interacts with language, with the specific characteristics of language that represent such contexts.

3.3.2 *Media discourse analysis*

Fairclough (1995) argues that the language used in media works ideologically by representing the world and constructing social identities in ways that serve relationships of power. In his view, “media texts constitute a sensitive barometer of sociocultural change, and they should be seen as valuable material for researching social change” (Fairclough, 1995, p. 52). As such, this study included a critical discourse analysis of media articles to explore the discourses and construction of identities that were represented in these texts.

3.3.2.1 *Sampling method*

Media documents were found via searches of Factiva and Australia & New Zealand Newsstream databases, which gave access to newspapers and online news publications. The search included local and state-based newspapers covering geographical areas within southern Meanjin/Brisbane, and national newspapers from major publishing organisations. The National Indigenous Times website was also included to provide access to Aboriginal and Torres Strait Islander-specific media content. Other sources were also sought, such as the Koori Mail, but without a suitable search facility to identify relevant articles across many years it was not feasible to include them in this study. See Appendix B for a full list of titles searched.

Table 4 below outlines the database search terms used to identify the media analysis sample, and the dates the searches were conducted.

Table 4*Database searches conducted for media analysis*

Search terms	Database	Date of search
(aborig* OR indigen*) AND (food NEAR/2 (access OR security OR insecurity OR availability OR poverty))	Australia & New Zealand Newsstream	October 8 th , 2019
australian and (aboriginal OR indigenous) and food security	Factiva	November 12 th , 2019
“food security”; “food access”	National Indigenous Times	November 12 th , 2019
(aborig* OR indigen*) AND poverty and Australia and food	Australia & New Zealand Newsstream	September 24 th , 2021

Where possible, the first search terms in the table above were used. Depending upon the search engine or website, the search was adjusted according to the search functions available. For example, the National Indigenous Times website had the facility to search the whole site and then results were manually filtered to include the date range of the study.

A date range from January 2007 to December 2016 was applied to the databases searches. This range was chosen to include some key points in recent Australian history affecting Aboriginal and Torres Strait Islander people, including the ‘intervention’⁷ and the Apology to Australia’s Indigenous Peoples (Australian Government, 2008). Pragmatically, a ten-year range was chosen to manage scope.

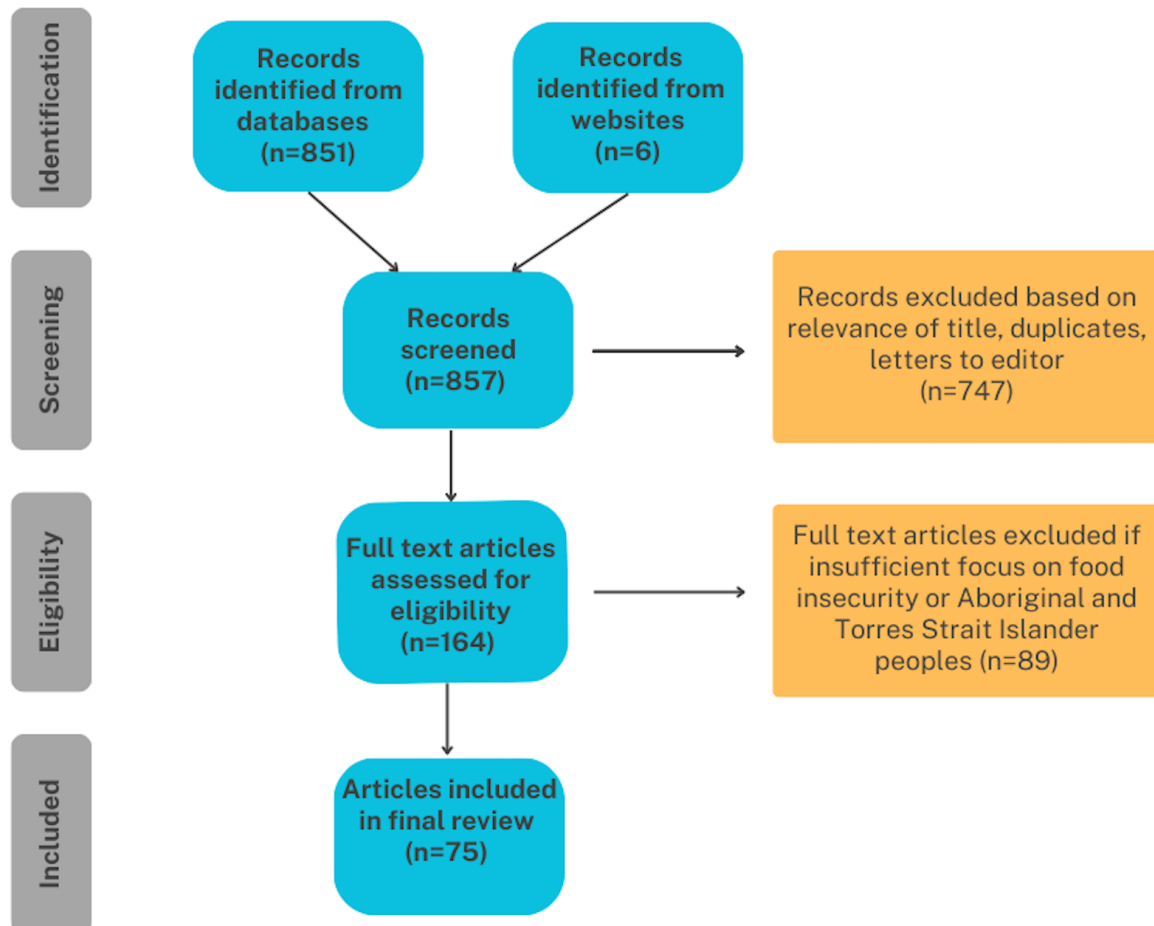
⁷ See section 1.2.1 for more information

Letters to the editor and duplicates were excluded from the search results. Letters to the editor were excluded on the basis that, although even with letters, there remains discretion by the publisher as to what is published, the authorship of the text is less clear and their function as opinion is evident. Media articles written by journalists or public commentators, however, represent a blurred line between journalistic reporting or so-called 'truth' and, conversely, editorial or opinion, and readers may not always see the distinction. Newspaper articles were also chosen as sources of text as they represent language that has been carefully selected by publishers, through a deliberate process of determining which words are included and excluded. For these reasons, published newspaper articles – and the discourses contained within them – arguably carry more weight in shaping public opinion due to readers' trust in those mastheads.

Initial screening of search results excluded articles based on the relevance of their title. Following initial screening, full text articles were assessed for suitability. The media analysis aimed to identify discourses relating to Aboriginal and Torres Strait Islander food insecurity. For this reason, articles were excluded if there was insufficient content relating to food insecurity (and related concepts, including food access or food supply) or to Aboriginal and Torres Strait Islander people. For example, if there was only a single reference to these concepts in an article, it was deemed not suitable for review. Articles were selected where the focus was on food insecurity in the context of Aboriginal and Torres Strait Islander issues or a focus on Aboriginal and Torres Strait Islander issues where food was mentioned. The final sample for review contained 75 print news articles (see Figure 3 below).

Figure 3

Sampling method – media discourse analysis



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffman TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

3.3.2.2 Data analysis

Analysis began with reading the articles in the media sample and taking notes, guided by ‘how food security was constructed for Aboriginal and Torres Strait Islander people’. The researcher documented the main concepts reflected in the articles and provided a complete list of sample articles to the supervisory team who then met to discuss. These key concepts were considered in terms of how language was representing power, and were discussed in relation to the aims of the study. Following this meeting, the researcher analysed the media articles in the sample, guided by the three components of Fairclough’s framework and the

analysis questions described in section 3.3.1, and began writing. Iterative analysis occurred through the process of writing and via further reflexive discussions with the supervisory team the discourses in this document (see Chapter 4) were interpreted. Initial writing was structured according to the sub-headings of 'text', 'discourse practice' and 'sociocultural practice'. However, in the course of subsequent versions, the analysis and writing were organised according to the discourses that were identified and the sub-themes relating to each discourse.

3.3.3 Health staff interviews

3.3.3.1 Settings

This study interviewed staff in two primary health services in southern Meanjin/Brisbane, Australia, during 2017 and 2018. These settings comprised a state government primary health service for Aboriginal and Torres Strait Islander people and a regional Aboriginal and Torres Strait Islander Community Controlled Health Service (see section 2.5 for more background regarding community controlled health services). Both settings are primarily accessed by Aboriginal and Torres Strait Islander people, and their families, some of whom may be non-Indigenous. The government service provides localised services from a central clinic based in one suburb whereas the community controlled health service provides health care across various clinics in the southern Meanjin/Brisbane area. Both settings are engaged in clinical service delivery including providing access to visiting specialists, preventative health programs, home support and research. In keeping with the Aboriginal and Torres Strait Islander definition of health⁸, both settings take a holistic 'one stop shop' approach to primary health care, increasing access to a wide range of services within individual clinics. Although one setting is a state government health service, it describes itself as drawing on the principles of the community controlled sector.

⁸ "‘Aboriginal health’ means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life." (National Aboriginal Community Controlled Health Organisation, n.d.)

While the ethos of both health services may be similar, the organisational cultures differ due to their governance. The government-run primary health service is accountable to the policies, decision makers, funding and workplace requirements of the state health department. Most services providing accessible Aboriginal and Torres Strait Islander health care are ACCHOs, with government-run primary health care clinics specifically for Aboriginal and Torres Strait Islander people being rare. To consider the range of discourses used by staff working in Aboriginal and Torres Strait Islander health services, it was important to include staff based in both community-controlled and government settings, due to differences in organisational cultures and governance.

3.3.3.2 Project governance

Aboriginal and Torres Strait Islander people were consulted throughout all stages of this project. To ensure the study was examining an issue of priority for the community (Laycock et al., 2011), the researcher brought the idea to an Aboriginal and Torres Strait Islander research governance committee in February 2016, prior to commencing the project. The Aboriginal and Torres Strait Islander research governance committee is a group of representatives from the local community and Indigenous-controlled organisations who assess research conducted at one of the research sites to determine interest and benefit to the community. Presenting research to this governance committee requires the researcher to consider how the study will benefit local Aboriginal and Torres Strait Islander people and be able to clearly explain how and why the research is being done (Bond et al., 2016). Approval was given to proceed with planning and some members of the governance committee offered to be part of an ongoing advisory group. The Aboriginal and Torres Strait Islander research governance committee subsequently provided approval for the study to commence once the full research proposal was presented in November 2016. An update about research progress was provided to the committee in February 2018, with initial research findings presented in December 2021. Full research findings were presented at the completion of the study in June 2023.

An advisory group with seven health service users and staff was established in August 2016 to guide the study as it progressed, meeting as required. Membership of the group included

Aboriginal and Torres Strait Islander research governance committee members who expressed an interest, and staff from one the research sites who were invited by the researcher to add a range of perspectives relevant to the study based on their professional background. An invitation was extended to the other research site to participate in the group. The group was grounded in respectful relationships between the researcher and Aboriginal and Torres Strait Islander people, and offered a space for meaningful engagement about research processes and outcomes (National Health & Medical Research Council, 2018). All members of the group were known to each other as either colleagues or community members, with most having a relationship spanning many years. As a result, the researcher felt that group members were comfortable sharing their thoughts and the meetings created an opportunity for discussion about broader workplace activities, including workplace food security strategies or possible connections with other organisations. The group met five times during the study between 2016 and 2023.

The Aboriginal and Torres Strait Islander research governance committee and Advisory Group primarily provided oversight over the health staff interview component of the study. However, a summary of the media discourses, as part of the full research findings, was presented for discussion with both groups towards the completion of the study.

Through this process, as a non-Indigenous person, the researcher was able to hear which aspects of the study were important to group members, and to listen and respond to feedback. Sometimes it was necessary to navigate differences in feedback among members. For example, the group discussed whether to focus on the government-run health service as the sole research setting, or also include community-controlled services. There was a variety of opinions, so the researcher presented more information at the next meeting about the rationale for both options and the group moved to a collective decision. At the end of each meeting, the researcher and an Aboriginal colleague met to reflect on both the content of discussions and dynamics between participants. From this process, strategies were implemented at subsequent meetings to provide members with adequate background information to fully participate in discussion and address concerns or expressed priorities.

At the start of the research process, the researcher and colleague described above were working on intersecting food security research projects, both of which the Advisory Group provided guidance to. Although the intersecting research project was placed on hold, this colleague continued to provide cultural guidance and advice throughout the study, and participate in Advisory Group meetings. This relationship was invaluable to helping the researcher gain an insight into Aboriginal and Torres Strait Islander perspectives and provided an opportunity to reflect on and discuss the implications of the research for community.

During the pandemic, scheduling meetings with the Advisory Group were not possible during heightened restrictions and still difficult at other times. The researcher attempted to schedule an Advisory Group meeting in August 2022 but illness and limited availability of participants resulted in cancellation.

3.3.3.3 Ethics

The Metro South Human Research Ethics Committee (HREC/17/QPAH/122) granted ethical approval, with the Queensland University of Technology Human Research Ethics Committee (1700000370) providing administrative review. Research involving Aboriginal and Torres Strait Islander peoples is guided by the National Health and Medical Research Council's (NHMRC) *Ethical conduct in research with Aboriginal and Torres Strait Islander People and communities: Guidelines for researchers and stakeholders* (National Health & Medical Research Council, 2018). The NHMRC Guidelines (National Health & Medical Research Council, 2018) are based on six core values: cultural continuity, equity, reciprocity, respect, responsibility, and the central core value of spirit and integrity that binds all values together. Ethics applications demonstrate how the research will respect Aboriginal and Torres Strait Islander knowledge, culture and values. The research must be based on ethical relationships, and provide benefits to the community that are supported by Aboriginal and Torres Strait Islander priorities. The researcher has sought to engage Aboriginal and Torres Strait Islander people through all stages of the study, from conception to analysis and publication. The study was not instigated by an expressed need by community. It is based on the researcher's long-term nutrition work and literature that suggested the extent of the

issue. Therefore, to gauge if the topic was seen as a priority for the community, the researcher presented to the Aboriginal and Torres Strait Islander research governance committee prior to planning the research. Oversight by this governance committee forms part of the Metro South Research Ethics process, whereby research with Aboriginal and Torres Strait Islander people must receive approval, in addition to approval by the Metro South Human Research Ethics Committee. This Aboriginal and Torres Strait Islander research governance committee can provide feedback to ensure the research design, data analysis and communication of findings is done in a culturally safe way, and maintains focus on how the research will benefit the community. Subsequent presentations to this governance committee sought feedback and approval to proceed after more planning had been done to determine how the study would be undertaken. Establishing an advisory group helped to ensure the research at all points included Aboriginal and Torres Strait Islander perspectives in research design and interpretation of data.

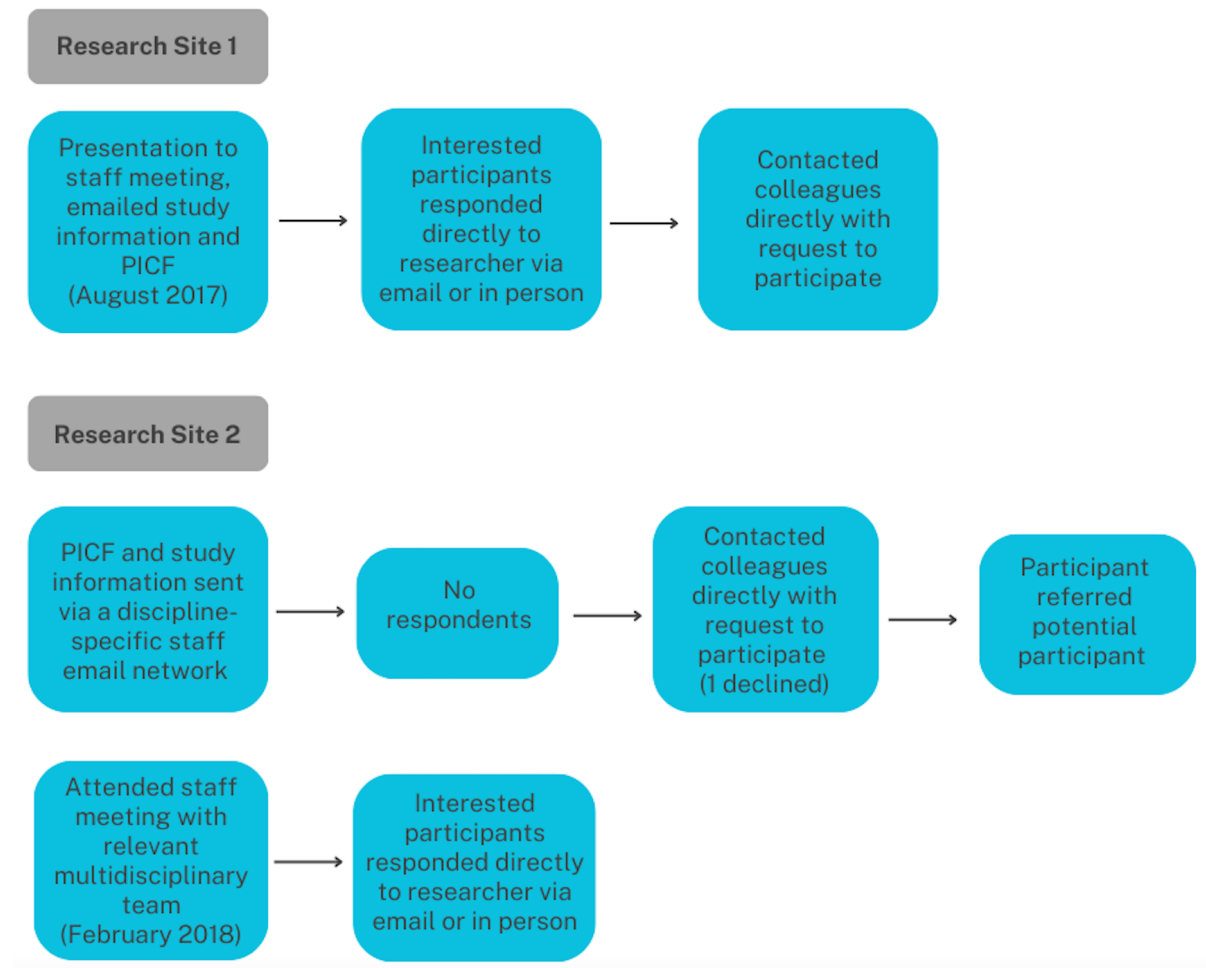
3.3.3.4 Participants and recruitment

Permission was granted by the research sites in 2016-17 to approach staff for recruitment to the study. Staff across disciplines with direct contact with people accessing the health service were invited to participate to discuss their knowledge and work with people who are experiencing food insecurity. Information giving and recruitment took place between July 2017 and February 2018. Information about the study was presented at staff meetings where an invitation was extended to any staff member who felt they could contribute to the topic. A summary of the study and the Participant Information and Consent Form (see Appendix C) were distributed through organisational email networks to relevant staff. To maintain confidentiality, staff could choose to contact the researcher individually via their preferred email or phone to indicate their interest. Following recruitment via the broad invitation, purposive sampling was used to recruit participants from a range of disciplines based on the researcher's knowledge of their work with people experiencing food insecurity and drawing on additional professional networks. The researcher actively sought to recruit Aboriginal and Torres Strait Islander staff to the study, although the focus remained on recruiting participants across the primary care workforce and those with some experience of discussing or responding to food insecurity in their work. Snowball sampling was used

towards the end of recruitment by asking if participants could suggest a colleague interested in participating. Figure 4 below outlines the sampling methods undertaken.

Figure 4

Sampling and recruitment method – interviews



Participating in the study was voluntary and written informed consent was obtained. All staff expressing an interest in participating were interviewed. A pragmatic approach was taken in deciding to cease recruitment prior to the researcher taking parental leave and after using a range of approaches to recruit participants. Although more options could have been explored to recruit participants there was insufficient time to undertake this before leave. It was not feasible to continue recruitment and interviews after returning from leave due to the significant time that had passed and changes to the workforce and organisational structures. However, in the time available for recruitment it was still possible to engage staff

across a broad range of primary care roles (see Chapter 5 for more information about participants).

3.3.3.5 Confidentiality

Several issues concerning confidentiality were considered in conducting this project so that staff felt comfortable to share the way they talk with people about a sensitive topic without themselves feeling judged. The health services participating in this study have not been named to protect the anonymity of the health staff participants. Most participants were known to the researcher, and in some cases had a professional relationship of several years. Further, the Aboriginal and Torres Strait Islander primary health care workforce in southern Meanjin/Brisbane is relatively small; many people are known to each other socially and professionally. Some professions are not employed in high numbers within these settings, particularly in allied health, making it possible to identify participants from their professional background. Participants could have concerns about how they are perceived within the workforce and community if information about their practice was portrayed negatively within the research. Several strategies were used to protect the identity of participants. Quotes were redacted and/or names/locations were changed. Numeric codes have been used to attribute participant quotes from interview data; 'ST' has been used as a shorthand for 'staff'. All potentially identifying information, including Indigeneity, has been removed when referring to participants to maintain anonymity. No additional information has been provided about the participants due to issues around confidentiality. This study sought to engage in culturally safe research and subsequently the decision was made to not identify participants by Indigeneity, the limitations of which are discussed further in section 7.1.

3.3.3.6 Data generation

Data was generated via conversational, semi-structured interviews that allowed for a natural flow of discussion about the topic (Kvale, 1996). All interviews were audio recorded and transcribed verbatim. The researcher manually transcribed the first seven interviews, with the remaining seven undertaken by a paid transcription service. The researcher subsequently compared these outsourced transcriptions to the audio recording and edited

for accuracy. All identifying data were removed from the transcripts. As this was a research area where little existing literature was available, it was important to have an interview structure that encouraged open conversation, enabling the interviewee to discuss a range of topics they felt were relevant to the questions. Interviews took place between August 2017 and May 2018, at times and locations to suit the participants and lasted 30 to 60 minutes. Interview questions centred around the types of conversations that participants had with people experiencing food insecurity, the support that participants provided to people, and their broad perceptions of food insecurity (see Appendix D).

The question guide was piloted in June 2017 with two staff prior to recruitment, and adjustments were made to the wording and sequence of questions. The pilot interviews highlighted the importance of clarifying the interviewees' understanding of food insecurity at the outset of the interview. One question was also changed to elicit a broader response; from 'how do you see your role in addressing food insecurity for your clients?' to 'whose role do you think it is to provide support for food insecurity?' This question then allowed for broader discussion about responsibility for responding to food insecurity, rather than focusing on the participant's practice. Participants were prompted to provide examples about the range of conversations they had with people relating to food insecurity, rather than just focusing on one episode. These pilot interviews were not included in the data set.

From a critical discourse analysis perspective, interviews are themselves social constructions and both the interviewer and interviewee contribute to the conversation (Wetherell & Potter, 1992). The researcher's employment at one of the health services, and therefore as a colleague to many of the participants, influenced the discussion in some interviews. This study is underpinned by the assumption that the positionality of the researcher influences the project to some degree from inception to completion, including the conduct of interviews. Interviews in discursive research are therefore considered a jointly constructed interaction (Speer, 2002). Reflexivity was used to identify and reflect on the positions of the researcher and participants and potential impacts on data collection (discussed further below in section 3.2.4). For example, in interviews where the researcher was aware of the participant's involvement in specific examples of food security support, it is likely that more questions were asked to probe for additional information. Some interviews included

discussion about workplace activities to support food security that only took place between colleagues in the same health service. Although each participant was asked the same guide questions, these examples highlight how positionality influenced additional interview conversation and further prompt questions.

3.3.3.7 Data analysis

Analysing the interview data began at the commencement of the first interview in August 2017, in the form of research diary memos made immediately following the interviews. Transcription also began following the first interview and memos were recorded during this process, noting anything that was of interest to the researcher. Overall impressions about how the interviewees constructed their approach to practice and the content of the conversation were documented, as well as the specific topics discussed, and language used.

Following this initial process of journaling during data collection and transcription, an immersive approach was used to become familiar with the interview transcripts, to understand the overall context and connections between concepts, using note-taking as analysis (Holloway et al., 2010; Miles & Huberman, 1984). The researcher approached these initial stages of analysis with an open mind, although acknowledging the influence that worldview and experiences have on perspectives and, in turn, interpretations (as discussed earlier in this chapter). However, as this is a field of study with little existing literature, it was important to initially work with the data to explore all relevant concepts that may not have been previously considered (Hsieh & Shannon, 2005). During this process, notes were documented about anything of interest to the researcher in the data, including the major ideas that emerged, concepts that were repeated across interviews, and any data that stood out. After extensive note-taking, the researcher began considering linkages between data and grouped concepts together, documenting examples of specific language. Analysis involved an iterative process of writing, meeting with the supervisory team to discuss and consider new ideas, and then further writing.

At this point, the CDA methods and guiding questions previously described in section 3.2.1 were applied more explicitly to the interview data. Text analysis highlighted specific

linguistic aspects of the text, including the vocabulary drawn upon by the participants, and explored how participant and health service user identities were represented. The researcher went back to the original transcripts to reflect on the identities represented in the data, documenting how staff characterised both themselves and people accessing health services. How the discourses linked with other data and literature was interpreted, including what was absent in the text. Data relevant to the central tenets of CDA were documented, including concepts of power and how language was used to position people within relationships. Situational, institutional, or social practices that surrounded the identified discourses were analysed. Data that spoke to broader structural or social practices were analysed, including how participants framed food insecurity as a concept. Data about the steps participants took to share power by not engaging in “unsafe, prejudicial or demeaning attitudes” (Ramsden, 2002, p. 3) in their practice were documented.

Over time, through writing and meeting with the supervisory team and Advisory Group, analysis and interpretation further developed. At key points, the supervisory team met for brainstorming meetings to mind map ideas and consider how various concepts were connected. For example, the team reflected during a brainstorming meeting in March 2021 on the staff interview data, in relationship to power, that helped to consolidate key ideas that were further developed through writing. Subsequently, a brainstorming meeting in July 2022 was used to consolidate the media analysis discourses in relation to the health staff discourses, and discuss the implications of these findings. The Advisory Group also met at key points, such as to discuss initial and full research findings. At these meetings, key aspects of the researcher’s analysis and interpretation were presented, along with participant quotes to illustrate how those conclusions had been drawn. As a group, the data and analysis was discussed, where group members had an opportunity to share their thoughts, including any differences of opinion. Through discussion with the Advisory Group, the researcher was able to hear different perspectives, to consider the findings in new ways, and see which aspects of the data were most relevant to group members.

Through this analytical process, key domains were identified that related to the study's research question. Interview data, and the discourses that were interpreted, has been presented under the following headings:

- Construction of Aboriginal and Torres Strait Islander food insecurity in urban areas (Chapter 5)
- Responding to Aboriginal and Torres Strait Islander food insecurity in urban health services (Chapter 6)

3.3.4 Researcher positionality and reflexivity

Identifying relevant researcher perspectives, and making them clear to the readers of this study, is important in assessing the trustworthiness of the research and how data were gathered and interpreted (Court & Abbas, 2013). I identify as white and acknowledge the privileges that my skin colour and middle-class background afford me. I describe myself as holding views that are anti-neoliberal, being instead guided by equity and fairness. I am a member of the Australian Labor Party. I hold professional registration as an Accredited Practising Dietitian. My perspective as a researcher was driven by social justice and drew on the model of cultural safety (Cox & Simpson, 2015; Ramsden, 2002).

A human rights, strengths-based approach is fundamental to working with people experiencing food insecurity in these settings (Foley & Schubert, 2013; Gallegos & Chilton, 2019). As a long-term staff member working in one of the health services I brought an insider perspective to this study, having deep awareness of, and participating in, internal processes to support people experiencing food insecurity. Further, I hold personal and professional views about the appropriateness and effectiveness of existing strategies for working with food insecurity in these settings. While I have based my analysis of the data on 'what is there in the text' to identify the discourses, my worldview has shaped my interpretation.

The health staff interviews proved a complex dynamic to navigate for me as a researcher and colleague. Through my experience working with certain participants in this study I had preconceived views about some co-workers and their practice. Reflexivity was used to

identify my perspectives and potential biases and examine how my relationships with interview participants may have impacted the study. As noted above, I kept a research diary as a tool to support reflexivity and to document personal reflections and notes from conversations with supervisors or colleagues. These diary reflections informed my analysis and interpretations, however the research diary was not analysed as data itself.

Relationships take a central role in the social construction of this research and my place as a researcher and practitioner within that space. An existing relationship between some participants and myself, as the researcher, is likely to have impacted on the nature of the discussion in interviews. Some staff in this study may have been more comfortable sharing information because of our familiarity, and I certainly felt that many participants felt comfortable to talk openly due to our existing relationship. Conversely, other participants may have been more cautious due to our positioning as colleagues who continued to work together after the interview. Drawing on the Aboriginal and Torres Strait Islander notion of relationality, my relationships with the interview participants and their relationships with community and family will have shaped this research in a multitude of ways. In the words of Moreton-Robinson (2017), “[r]elationality forms the conditions of possibility for coming to know and producing knowledge through research in a given time, place and land” (p. 71).

Although I professionally identify as a nutritionist, the study was not undertaken through an overtly nutrition lens and I did not specifically ask questions about healthy eating. However, it is likely that some participants may have assumed my agenda to be more nutrition-focused and, in turn, this may have influenced their responses. Burns et al. (2012) similarly identified that socially constructed meaning about professional identity, midwifery in that instance, increased the researcher’s ‘insider’ status but also meant that participants brought preconceptions about the researcher and study.

The complexities of insider research have been highlighted by other authors (Burns et al., 2012; Leigh, 2014; Taylor, 2011), in their discussions of navigating the potential benefits and challenges. Insider research can achieve faster rapport and deeper insights but needs to be balanced with reflexivity about how participants and researcher position themselves to each other (Taylor, 2011). The need for self-critique has been identified by insider researchers to

determine if there is enough distance from which to see what is happening (Leigh, 2014; Taylor, 2011).

While I had felt prepared for conducting research of this nature, the challenges of navigating professional relationships, having insider knowledge about workplace practices, and undertaking research in my workplace were more difficult than expected. It was almost impossible to conduct an interview and listen to participants' responses without considering 'what does this mean for the workplace?', 'what are the implications of how I interpret and present this data back to my colleagues?' These experiences lead me to agree with Taylor (2011) who argues that an insider researcher's closeness to the field of study and its participants can make it difficult to truly provide critique. I have sought to be reflexive and self-critical through this process, reflecting on positive and negative aspects of staff and discipline practice interpreted from the data. These matters were considered in terms of the aims of the study, rather than focusing on potential relationships or organisational reputation. However, it is impossible to remove myself as an insider, with connections to the people and organisations involved, and as a result this will have impacted on data generation and interpretation.

Immediately after completing the interviews, I had a long period of leave and upon returning to work, organisational issues heavily impacted on personal and professional relationships. The landscape in the workplace was changed by staff turnover and, not long after my return to work, varying opinions among staff as to the best way to approach food security interventions also changed relationships among staff. Broad organisational challenges exacerbated these issues. Having a significant period of time disengaged from the data, and returning to work within a new organisational context, led me to interpret the data differently, sometimes seeing more negative aspects where I had not initially. I reflected on whether I interpreted things differently because of workplace issues, or perhaps it was a result of more deeply analysing the data. The research diary was used to document this developmental process in my interpretation, along with reflecting upon how changes in relationships had affected analysis. Notwithstanding the potential issues of insider research, I believe that working in a health service myself and seeing first-hand the

organisational challenges related to addressing food insecurity and differences of opinion among staff gives a unique and useful perspective to this study.

Although I identify as an insider in relation to health professionals and those working in Aboriginal and Torres Strait Islander primary health services, I am at the same time an outsider to Aboriginal and Torres Strait Islander cultures and communities. This positionality was ever-present in my reflexivity and while I sought the perspectives of Aboriginal and Torres Strait Islander people throughout the study to help broaden my own perspective (detailed previously in this chapter), I acknowledge the limitations of being an outsider. I also approached this research with no lived experience of the racism and stigma that this thesis speaks to, and with no lived experience of food insecurity.

In the context of this research, I reflected on Land's (2015) description of critiquing whiteness and privilege as a white person:

It was important to work against a personal account that was self-serving; it is very tempting to construct a narrative that is redemptive. The personal narrative should be "a form of confession not of sins but of the experience of power and the resistance to it" (Rieske, 2008: 109). (p. 23)

While not wanting to reinforce a 'self-serving account', this academic endeavour has changed me both personally and professionally. I came into this study feeling aware of my privilege and describing myself as reflective, considered and respectful. I had spent years working in Aboriginal and Torres Strait Islander health and developing relationships based on trust and honesty, where I sought to reduce my power and 'expert status', and preference Aboriginal and Torres Strait Islander voices and decision-making. Through taking a critical stance towards the data, I also applied a critical lens to myself. Reflecting on my practice over my time in Aboriginal and Torres Strait Islander health, I came to see in a new light how I had drawn on my privilege as a white person and health professional to undermine the knowledge and power of my colleagues, although I thought I was doing the opposite. Coming to see the various ways my privilege serves me, and actively trying to work against this, has been a humbling experience.

I am indebted to the friendship and generous guidance of Aboriginal and Torres Strait Islander colleagues that have enabled a greater awareness of my position in the world and the perspective I bring to my work and this research.

4 Social representations of Aboriginal and Torres Strait Islander food insecurity: a critical media discourse analysis

Please note that this chapter presents racialised media and political discourse that may be distressing for Aboriginal and Torres Strait Islander readers.

This chapter provides the findings of a critical discourse analysis of newspaper and online media articles was undertaken, using methods based on Fairclough (1995, 2003) and described in Chapter 3. The analysis drew on Fairclough's (1995) view of discourse as a social practice and mechanism to circulate power through "systems of knowledge" (p. 55) to identify discourses that contribute to our constructions of the social world and human relations. The sample included 75 media articles across a range of publications (see Appendix E for full list), although two-thirds of the contributions were from News Corp press, with only six articles from independent media including one Indigenous media organisation (see Table 5 for distribution across publications).

Table 5*Source publications of media sample*

Publication	Number of articles in sample
News Corp	48
Fairfax (now owned by Nine Media)	10
Australian Broadcasting Corporation (ABC)	10
Australian Associated Press (AAP)	1
The Conversation ⁹	4
Crikey	1
National Indigenous Times	1

The table above highlights that a majority of the media discourses related to Aboriginal and Torres Strait Islander food insecurity, as identified in this sample, were present in publications from conservative organisations. Therefore, a particular worldview was represented that perhaps serves to dominate other perspectives from alternative media outlets. The dominance of the narrative portrayed in the media was also illustrated by the vast majority of articles focusing on remote Aboriginal and Torres Strait Islander communities. Some articles either included both remote and urban communities, or did not specify location, however none of the articles included in this data set focused solely on urban Aboriginal and Torres Strait Islander food security or communities.

The sample timeframe commenced around the time of the introduction of the ‘intervention’ and this controversial undertaking dominated the first five years of media articles that were identified in this sample. Despite a change of government not long after the

⁹ The Conversation is a freely-accessible source of online articles written by academics and researchers, although the readership is predominantly non-academic (The Conversation, 2022).

commencement of the ‘intervention’, many of the initial responses were maintained and modified responses were introduced (Castan Centre For Human Rights Law, 2020). Political discourse throughout this time reflected values of personal responsibility and justified the need for the ‘intervention’, which was demonstrated in this media analysis from key Australian political parties¹⁰.

Most of the articles in this sample were written by journalists but many included the voices of Aboriginal and Torres Strait Islander commentators to support the perspective of the articles’ author, particularly among conservative media outlets. McQuire (2016) argues *The Australian* newspaper uses “the Aboriginal leaders that most closely espouse its own viewpoints as a weapon to drown out any other form of debate, even in the face of evidence” (para. 17). McQuire (2016) also argues that key Aboriginal people whose values align with those of the newspaper are given prominence, with the voices of Bess Price, Anthony Dillon, Warren Mundine, Noel Pearson and Marcia Langton used to delegitimise alternative Aboriginal and Torres Strait Islander voices. The ‘insider’ voices of particular Aboriginal people who champion neoliberal views are privileged to add weight to political and media agendas (Hinkson & Fullenwieder, 2019). Biographical information is included for Aboriginal and Torres Strait Islander commentators and key politicians throughout this chapter to provide context.

Five discourses were interpreted during this media analysis: food insecurity ‘problems’ and ‘solutions’, ‘noble savage’, personal responsibility, moral failure, and ‘save the children’ (shown below in Figure 5). The discourses are presented separately however are not mutually exclusive, intersecting at many points discussed in this chapter.

¹⁰ The Australian democratic political system is dominated by two major parties, with the Australian Labor Party on the centre-left and the Liberal Party of Australia on the centre-right in coalition with the further right-leaning Nationals. The Labor Party supports social democratic principles whereas the Liberal-National Coalition favours more individualistic policy and a reduced role for government. Minor parties, such as the Greens with a platform of environmentalism and social justice, have gained additional parliamentary seats in recent years. See Fenna and Manwaring (2021) for more information.

Figure 5

Discourses interpreted from media analysis



The discourses above are articulated and discussed in the following sections of this chapter.

4.1 Food insecurity 'problems' and 'solutions' discourse

Representation of the 'causes' of food insecurity is directly related to how 'solutions' are conceived, making framing of the 'problem' important to shaping discourse about how to address complex social issues like food supply and access for Aboriginal and Torres Strait Islander communities. This sentiment is echoed by Wakefield et al. (2015): "[i]deas of what food security is and how it applies in particular contexts can shape how programs are designed and resources distributed, and this in turn impacts on the health of populations" (p. 90). Bastian and Coveney (2013) found that stakeholders represented the 'solutions' to address food insecurity mostly in terms of government responsibility and individual responsibility. Drawing on Bacchi's 'what's the problem represented to be?' approach, the authors argue that how the 'problem' is conceptualised shapes the 'answers'. Definitions of

food insecurity use language that “frames the issue as one of individual skills, knowledge and resources” by focusing on “people’s abilities”, rather than the structural factors that may result in food insecurity (Bastian & Coveney, 2013, p. 165). ‘Individual responsibility’ perspectives can imply blame towards those who experience food insecurity, by framing the individual as responsible for their circumstances, and create stigma as a result (Bastian & Coveney, 2013). Bastian and Coveney (2013) present a body of evidence that highlights the role of the media, and how issues are constructed and represented, in shaping public opinion. The authors argue that “[f]raming an issue in a certain way is agenda setting and readers of news media come to understand issues or events by how they are framed” (Bastian & Coveney, 2013, p. 170).

The first discourse interpreted in the media sample represented food insecurity for Aboriginal and Torres Strait Islander peoples in terms of ‘problems’ and ‘solutions’. Many articles framed the problem as food affordability (see Chilcott, 2007; Jennings, 2008; Lee & Turner, 2016; McPherson, 2008; Murphy, 2007; Puddy, 2011; Simpson, 2016), resulting from issues around remoteness and distance (see Herbert, 2009; Shanahan, 2009; Terzon, 2015) positioning the situation as worse in remote communities (see Chilcott, 2007; Martin, 2015). All of the articles talked about remote food insecurity in relation to Aboriginal and Torres Strait Islander communities, and half of the articles focused on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands¹¹.

The ‘solutions’ proposed included the government subsidising freight and food costs for remote communities (see Chilcott, 2007; "Greens renew calls for APY fresh food subsidies," 2013; Herbert, 2009; "Indigenous communities starved of fresh food, Govt told," 2009; Lee & Turner, 2016; Martin, 2013c; Murphy, 2007; Shanahan, 2009; Simpson, 2016). Freight subsidies were the most represented ‘solution’, often in the context of calling for government action. Other solutions, such as education around healthy eating and food preparation were supported by some (see Murphy, 2007; Shanahan, 2009) and criticised as

¹¹ The Anangu Pitjantjatjara Yankunytjatjara (APY) Lands are located in far north-west South Australia where the Traditional Owners from local Aboriginal communities have freehold title over the land under the *APY Land Rights Act 1981* (Anangu Pitjantjatjara Yankunytjatjara, 2020).

by others (see Gage, 2010). Similarly, market gardens were supported by some (see Burrell, 2015; Guest, 2010; McPherson, 2008) and criticised by others (see "Eat your greens strategy 'doomed'," 2010; Gage, 2010; "Govt ditches remote garden expansion," 2013; Martin, 2012a, 2012b, 2013a, 2013c, 2013d, 2013e, 2013f; Owen, 2011b). Neoliberal views were espoused when 'personal responsibility' and 'welfare dependency' were considered the cause of food insecurity (see "Food for thought," 2009; Hudson, 2010; Puddy, 2011). Neoliberal perspectives were also evident when economics were used to frame 'solutions' (see "Govt ditches remote garden expansion," 2013; Martin, 2012b, 2013e; Martin, 2013f) or to justify income management (see Owen, 2011b). Although, these worldviews were challenged by other authors (see Lee & Turner, 2016; Soldatic & Spurway, 2015), talking about the importance of food sovereignty and structural factors respectively. The role of government in addressing food insecurity for Aboriginal and Torres Strait Islander communities was discussed in many articles, with a general tone that strategies were misplaced, inadequate or lacked accountability (see "Eat your greens strategy 'doomed'," 2010; "Fears APY food report lacking detail," 2012; Gage, 2010; Owen, 2011b; Whiting, 2014). Other articles shared examples of communities taking their own action to address food supply issues (see Herbert, 2009; "SA: New food service cuts APY food prices," 2015).

4.1.1 Representation of 'the problem'

Food insecurity was framed with a sense of urgency and crisis with vocabulary such as "[h]unger and poor nutrition are rife in indigenous [sic] households" (Martin, 2015) and "Aborigines [sic] in South Australia are starving because they cannot afford to buy food" (Puddy, 2011). Chilcott's (2007) article states "[r]ampant health problems and poverty are being further entrenched in Aboriginal communities by unaffordable food prices" and "fresh food prices were crippling indigenous [sic] communities". The South Australian opposition leader was quoted in Martin (2013a) as saying "we have entrenched hunger and disadvantage on the APY Lands". "Urgent government action was needed" to improve food affordability for remote Aboriginal and Torres Strait Islander communities according to Murphy (2007).

Food affordability was represented in many articles as a key issue driving food insecurity in remote Aboriginal and Torres Strait Islander communities, as reflected in these titles: “Food substandard and too dear” (Murphy, 2007); “Aboriginal health hit by high food cost” (Chilcott, 2007); “Food cost in APY Lands ‘prohibitively high’” (Martin, 2012a). Inadequate income was cited in several articles in the media analysis as contributing to food insecurity, exacerbated by unaffordable food in remote communities. Jennings (2008) stated “it’s hard enough to survive on welfare without food being 50 per cent more expensive as it often is in remote communities, fresh food in particular”. Similarly, Simpson (2016) described that “[t]here are infrequent deliveries of fresh foods, which are extremely expensive, and their high cost is amplified by low employment rates and low incomes”. The representations above reflect a focus on the structural barriers that impede food security for households and communities.

However, neoliberal values around personal responsibility are seen in statements like “[y]ears of welfare dependency have demoralised communities to such an extent that few take responsibility for meeting their food needs” (Hudson, 2010), and attributing blame for food insecurity to “poor income management” (Puddy, 2011). Notions of ‘irresponsible welfare spending’ were presented in “Food For thought” (2009) where a government proposal to implement a new licensing scheme for remote stores was criticised: “[c]ompelling stores to sell fruit and vegetables is a waste of time if parents prefer to spend welfare payments on processed food, or worse, drink and drugs.” In attributing the causes of food insecurity there is intersection here with ‘personal responsibility’ discourse, indicating one of the many points of overlap between the other discourses interpreted in this media analysis.

Issues regarding infrastructure for remote communities were cited as problems, including refrigeration. Martin (2012a) described “failing white goods” and Shanahan (2009) reported that “only 6 per cent of houses in Aboriginal communities have functioning fridges and adequate storage and bench space”. A remote store operator, in Terzon (2015), “explains how difficult it is to get fresh produce to stores and keep prices reasonable” due to road conditions, difficulties with maintaining power supply and refrigeration. This justification was in response to a chef visiting the community and describing “tinned food going mouldy,

fruit and vegetables on the shelf were rotting” (Terzon, 2015). The logistical difficulties of maintaining fresh affordable food supply to remote communities was clearly represented in the articles.

4.1.2 ‘Solutions’: responsibility of government

Government responsibility to take action on food insecurity was represented in the media articles, with references such as “governments had an obligation” (Chilcott, 2007) and “[p]eople living in absolute poverty in remote areas require assistance from the state...to enable them to access what they need to survive” (Gage, 2010). Jennings’ (2008) statement that “[f]ood choice is not just personal, it’s political” reflects the spotlight being placed on government within this debate around food insecurity. Amanda Lee and Nicole Turner¹² (2016) in *The Conversation* said “[r]eforms must include structural and regulatory changes to improve availability, affordability, accessibility and promotion of healthy food” and drew attention to the need for “improving housing”.

Freight and food subsidies were represented as a solution in many articles, including in Shanahan’s (2009) introductory sentence that suggested “Aborigines [sic] need to be given tax cuts and subsidies for fresh food if the Government is to succeed in cutting the 17-year gap in life expectancy”. Dr Mark Wenitong, then-president of the Australian Indigenous Doctors Association, was quoted as saying “[t]here really needs to be subsidies to keep freight costs down” (Murphy, 2007). However, the South Australian government is represented in one article as saying “food subsidies are a short-term solution to a long-term problem” (“Greens renew calls for APY fresh food subsidies,” 2013). Generally, the media sample reflected a disconnection between government strategy and community preferences about how to respond to food insecurity.

The government was called on to intervene to address infrastructure and logistical issues to improve food supply and storage in remote communities, including that “governments had an obligation to provide better subsidies for community stores” (Chilcott, 2007).

¹² Amanda Lee is a public health academic and Nicole Turner is a Kamilaroi woman, nutritionist and academic.

“Indigenous Communities Starved of Fresh Food” (2009) reported on a parliamentary committee that “also suggested that the Government establish an infrastructure fund to help remote community stores buy equipment like refrigerators”. A national licensing scheme agreed by governments to improve healthy food pricing in remote stores was reported in Herbert (2009). However, a community development officer from a remote community was quoted saying “but I don’t think a licence is actually going to get people to cooperate and make better decisions” (Herbert, 2009), highlighting the intersection of personal responsibility discourse in discussions about structural responses.

Addressing food insecurity was represented as a complex issue requiring multiple strategies in “Eat Your Greens” (2010) when it stated “[f]resh fruit and veg and healthy eating information is a good step but there’s a lot of other measures that need to be put in place to make real food security on the lands a reality”. Echoing the need for a multi-sector and multi-strategy approach, a representative from the Australian Red Cross is quoted in Puddy (2011) as saying “I think the time is right now for a whole-of-sector discussion and commitments to be made”. The South Australian opposition leader commented that “[w]hat we really need is a comprehensive strategy to address food security in the APY Lands rather than these sorts of stunts which are hugely expensive and ineffective”, “we need to work together to find practical solutions” (Martin, 2013f). Similar sentiments were reflected in Martin (2015) with descriptions of “a complex issue that we must face together to effectively close the gap”. The same article included comments from a Labor opposition spokesperson, saying “[i]f we can put a buggy on Mars and be beaming video back 24/7, surely we put a lettuce on a shelf in a remote community” (Martin, 2015). ‘Simple’ solutions were offered by Simpson (2016), in saying “[s]olutions can be as simple as providing refrigerators, offering healthy takeaway choices, subsidising freight on fresh fruit and vegetables and increasing the variety of healthy foods”. While Simpson (2016) calls for structural changes to address food security – “Australia must commit to system-level change processes that draw on Aboriginal communities as partners with a range of stakeholders” – solutions are represented as ‘simple’ when in fact they form part of a complex food system and infrastructure that underpin food security.

4.1.3 *'Solutions': responsibility of individual*

Within this sub-set of articles that reflected food security 'problems' and 'solutions' discourse, and despite there being substantial references to the need for government action, there was almost always co-location of individual solutions to food security. Suggestions to address food security included individual-focused education programs. Murphy's (2007) article began with the issue of fresh food affordability and the importance of freight subsidies, but then followed with "[e]ducation programs were also needed to ensure outback children ate properly". Similarly, Shanahan (2009) reported on the Dietitians Australia and Public Health Association of Australia's joint policy, where the opening sentence of the article stated "Aborigines [sic] need to be given tax cuts and subsidies for fresh food". However, the article follows up with "the Federal Government also urgently needs to redirect funding to nutrition education in Aboriginal communities, which would include lessons on cooking, food storage and shopping" (Shanahan, 2009). The role of education was challenged by the executive director of an Aboriginal and Torres Strait Islander community-controlled health organisation, who said "[y]ou can have as much education as you want but if you can't go into the store and practise that education well that education is useless" (Gage, 2010).

Income management featured too as a solution to address food insecurity through directly influencing individuals' spending (see "Food for thought," 2009; Martin, 2013f; Owen, 2011b). The links between income management and food security are also discussed in section 4.3 as part of 'personal responsibility' discourse. The articles in this sub-set that referred to income management framed it positively, as a strategy requested by the community to address food insecurity. Aboriginal anthropologist, geographer and academic, Professor Marcia Langton was quoted in Martin (2012b) as saying:

The NPY Women's Council want income management, and most of the women I have spoken to personally think that income quarantining would be very helpful to enable them to have sufficient money in their accounts to provide food for their families.

A representative from a charitable non-government organisation was paraphrased by Martin (2013f) saying "the take-up of voluntary income management on the APY Lands

indicated a desire among the population to improve their circumstances” demonstrating again the intersection between discourses.

4.1.4 Community gardens

Debate around community gardens in remote communities was highly prevalent in the media sample. Gardens were presented by Shirley McPherson (2008), the chairperson of the Indigenous Land Corporation as “an obvious community development strategy to combat this problem, yet depressingly little is happening”, and in another article as a way to “produce an income for communities” (Guest, 2010). A non-government organisation’s “pioneering ‘edible gardens’ program in remote communities” was described as improving food knowledge and behaviours, although the community was still “reliant on overpriced unhealthy food from their community stores” (Burrell, 2015).

While community gardens were heralded as an obvious solution in addressing food security, they were also highly criticised, particularly in relation to a South Australian Government food security plan for the APY Lands. The voices of Aboriginal and Torres Strait Islander people and representatives from local organisations were quoted in many articles, to reflect the negative response to the South Australian Government’s plans. A spokesperson from Mai Wiru Regional Stores Council Aboriginal Corporation said that “growing fruit and vegetables will be a waste of time and money” (Gage, 2010), and Lowitja O’Donohue¹³ contributed to an article titled “Lowitja’s ‘disgust’ at gardens” (Martin, 2013e). Described as an “over-hyped road to nowhere” (Martin, 2013a) and “a waste of money and will not reduce food prices” (“Eat your greens strategy ‘doomed’,” 2010), gardens were represented as not adequately addressing the causes of food insecurity. Criticisms of gardens as a solution to food insecurity is continued below in section 4.1.5.

Neoliberal values were presented in discussions about community gardens, with the cost to taxpayers often used as an indicator of value; “[t]he gardens, which were part of an \$800,000 food security program, included plantings of marjoram, thyme and coriander”

¹³ Dr Lowitja O’Donohue, a Yankunytjatjara woman, is a public administrator, advocate and activist for Aboriginal rights.

(Martin, 2012b). In a series of seven articles focusing on community gardens in the APY Lands, Martin makes references to the gardens having “cost taxpayers almost \$250,000 in just two years – are no longer producing food” (2013f) and the South Australian government “has spent more than \$220,000 on the gardens, which have been criticised as tokenistic and not providing any remedy to food security concerns” (2013a).

4.1.5 Government failure

There was particular representation within this group of articles of government failure. Many of these representations centred around the failure of community gardens to address food insecurity, prompted by a South Australian Government APY Lands food security plan, but there was broader theme of the failure of governments to make decisions that meet the needs of communities. Remote gardens were “rubbished by Aboriginal leaders” (Owen, 2011b) as the “APY project fails to provide food” (Martin, 2013f). Martin (2013c) reported that the claim by the South Australian Government that community groups requested the APY community garden plan “was wrong”, “as they had instead been “foisted” upon the APY executive”. This article included quotes from a charitable non-government organisation representative, who provided comment in various other articles by this journalist, saying the garden plan “was absolutely disconnected from the reality of food insecurity concerns on the APY Lands” (Martin, 2013c). Continuing the idea of governments not understanding community need, another Martin article (2013a) included the same spokesperson saying “[t]wo years on, that money’s gone, largely wasted on misconceived projects”. The “Govt Ditches Remote Garden Expansion”(2013) article included an independent politician, paraphrased as saying “the garden project was destined to fail”, going further to say “[t]his is what the Government gets when it doesn’t consult with people about what they want in their community”. Burrell (2015) stated that “governments have failed for decades” to close the health gap between Aboriginal and Torres Strait Islander people and the rest of the Australian population, claiming that a garden project run by a not-for-profit organisation was succeeding where governments have not.

While not specific to community gardens, there was a continued theme of ‘failure’ regarding food security represented across this sub-set of the media analysis. Most of these

representations of failure were related to the South Australian Government for its APY Lands Food Security Strategy or decisions affecting the APY Lands. Government responsibility to take action is implied in comments like “[t]he Rann government has failed to implement measures to improve food supply” (Owen, 2011b) and “the government had failed to fulfil its obligations to the community” (Martin, 2013d). A decision by the South Australian Government to “cut short” its food security plan for the APY Lands was described as “[i]t really from the outside looks like an abdication of responsibilities” (Whiting, 2014). Government inability to develop an effective food security strategy was reflected in Martin (2012a) quoting the non-government organisation representative referenced above in other Martin articles, who said “[i]t reads as if the last 12 months have been an exercise in head scratching and playing catch up, trying to work out what a real food security strategy looks like”. Gage (2010) quoted the same representative, saying “we’re disappointed that the strategy doesn’t seriously tackle the key issues”. Simpson (2016) refers to various governments and Close the Gap commitments as “leaving a trail of abandoned policies and half-implemented plans in their wake”. Martin (2013e) reported that “the latest program failure was “part and parcel” of trying to improve life on the lands”, with the South Australian Premier Jay Weatherill saying “[t]he APY Lands is consistently two steps forward, one step backwards”. These comments reflect a low bar of expectation for effective and successful ‘solutions’ to address food insecurity in Aboriginal and Torres Strait Islander communities.

4.2 ‘Noble savage’ discourse

The ‘noble savage’ frame reveres and erroneously assumes the existence of an untouched, non-urban Indigenous person compared to the “debased fringe dweller, dependent on European society”, tending to focus on certain aspects of traditional cultures and ignoring those not supporting the ideology (Rowland, 2004, p. 3). An ‘ecologically noble savage’ stereotype also exists where cultures are represented as having a symbiotic relationship with the natural world, and any evidence to the contrary is discounted (Rowland, 2004). The myth of the ‘noble savage’ is most commonly thought to have originated from the writings of 18th century philosopher Jean-Jacques Rousseau, based on his opinion that man was originally free from sin before being influenced by the ills of society (Gardner, 2016;

Rowland, 2004). Similarly, Gardner (2016) suggests Cook's early descriptions of Australian Aboriginal people exemplify 'noble savage' discourse, with references to being content without the burdens of what were considered modern life through a Western lens. However, Ellingson (2001) claims that Rousseau never coined the phrase, and that instead the label was reinvigorated in the 19th century and misattributed to Rousseau by anthropologist John Crawford for the "promotion of racial superiority and dominance" (p. 297). In Ellingson's (2001) opinion, following Crawford's systematic attempts to further his racist agenda, the 'noble savage' discourse became cemented in early anthropological ideology.

The notion of the 'noble savage' was one of the predominant discourses from the media analysis. It was overtly articulated in an editorial piece titled "No more 'noble savage'" from Barry Cohen (2007), a federal Labor Party politician in the 1970s and '80s. It was drawn on by Marcia Langton (2012) in describing "the romanticisation of Aboriginal people as the new 'noble savages'". Other articles contributed to this discourse in more subtle ways, by idealising 'traditional' cultural practices and foodways (see McConchie, 2014; Soldatic & Spurway, 2015; Toohey, 2008). Comparisons between 'traditional' life and present-day realities also contributed to this discourse, in positioning the health of pre-colonial Aboriginal people as better than the health of Aboriginal people currently (see Rothwell, 2013; 2016; Simpson, 2016). Debates occurred over the ability of Aboriginal people to continue to practice 'traditional' ways of living and the viability of ancestral homelands¹⁴ (see Cater, 2016; Murdoch, 2011; Neill & Owen, 2011; Owen, 2015).

Most of the media articles in this sub-section were narrative or editorial in style, including the authors' opinion and political preferences rather than representing fair and balanced journalistic reporting (Australian Press Council, n.d.) designed to accurately present factual information.

¹⁴ "Homelands are located on Aboriginal ancestral lands with cultural and spiritual significance to the Aboriginal people who live there. The connections to land are complex and include cultural, spiritual and environmental obligations, including obligations for the protection of sacred sites" (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2009, p. 109). 'Homelands' and 'outstations' may be used interchangeably depending on the preference of the community.

4.2.1 *'Traditional' and 'modern'*

The articles in this sub-set referenced concepts of 'traditional' and 'modern', drawing on underlying themes of past and present, 'civilised' and 'uncivilised'. Macoun (2011) argues that "[s]ettler colonialism in Australia is deeply invested in this construction of Aboriginality as primitive and belonging to the past" (p. 525). The "colonial logic of modernity" silences alternative knowledge systems not consistent with the dominant power structures (Sharma, 2021, p. 28). Representations of Aboriginal people as savage are used to warrant control and intervention, and assimilation is justified to "compel Aboriginal people into the settler present" – working together to perpetuate the "colonial civilising mission" (Macoun, 2011, p. 528). The 'noble savage' frame relegates Aboriginality to the past, which has had negative impacts for Aboriginal people and "distances them from the adequate and equitable distribution of resources and power" (Rowland, 2004, p. 9).

Some of the media articles that reflect the 'noble savage' discourse position 'traditional' Aboriginal cultures as healthy, which is then juxtaposed against representations of present-day communities in terms of "dysfunction" and "crisis" (Simpson, 2016; Toohey, 2008). Toohey's (2008) article was an in-depth interview with the outgoing military lead of the 'intervention', Major-General Chalmers, where he was described as a "profoundly changed man" after his experiences in remote communities. Chalmers' response to his time heading the 'intervention' was to call for "paying a lot more attention to traditional healers and traditional lawmakers", "believing that the most important thing Aborigines [sic] can do to find their future is to maintain their culture" (Toohey, 2008). "[H]ealthy traditional foods have been replaced by western-style foods" according to Soldatic and Spurway (Soldatic & Spurway, 2015). Representations of Aboriginal and Torres Strait Islander people in Rothwell's (2013) article included visually stereotypical images, such as "a traditional woman, desert-born and rail-thin". Stereotypical imagery of remote Aboriginal communities was presented in Murdoch's (2011) article "[w]hen Abbott sat down in the dirt with indigenous [sic] leaders on a private property outside Alice Springs", treading a fine line between describing cultural protocols and representations of 'primitive'.

A common theme conveyed through the 'noble savage' discourse is that of incompatibility between 'traditional' and 'modern' life. The 'noble savage' frame often sits alongside references to past government policies of assimilation, an era reflecting a societal view that Aboriginal culture had no place in the "Australian way of life" (Beckett, 1988, p. 201). This was most commonly juxtaposed with self-determination or autonomy. In the media analysis, Cohen's (2007) article references 'the noble savage' in pointing blame towards sections of society "who have encouraged many Aborigines [sic] to fantasise about living in a netherworld between contemporary Western society and their previous nomadic existence as hunter/gatherers". Cohen (2007) states that it is unrealistic to think that Aboriginal people can continue "to hunt and fish as they have had for millennia, speaking their native tongue and communing with nature while at the same time earning a good living in a highly sophisticated, technically advanced society". Cohen's representations of 'traditional' perpetuate the idea of primitivism – "communing with nature" – and reinforce that it cannot exist alongside a 'superior' capitalist, industrialised society. In Neill and Owen's article (2011), Indigenous academic and commentator, Anthony Dillon¹⁵ refers to ideology that Aboriginal people are a "separate, special different race of people requiring a set of rules to live by". Dillon is quoted, in Neill and Owen's article, as saying "such ideology seeks to present indigenous [sic] people as living a traditional lifestyle. However, with few exceptions, the traditional lifestyle is dead." Vocabulary is used to de-legitimise alternative perspectives – described as "fantasy", "pointless debate", and "[i]t was rubbish then and it is rubbish now" (Cohen, 2007). Other articles displayed trivialising language too in describing "romanticist policies" where Aboriginal people live between what is positioned as 'old' and 'new' ways (Cater, 2016).

Ways of living were represented in 'noble savage' discourse as healthy and healthier prior to European invasion of Australia; "the terrible irony is that Australia's First Peoples lived for tens of thousands of years in good health before European settlements, supported by highly sophisticated and sustainable systems of food production, agriculture, estate management and trade" (Simpson, 2016); "for some 2000 generations, Aboriginal people lived

¹⁵ Anthony Dillon identifies as both Aboriginal and Australian and describes his views as "not constrained by... political correctness" (Dillon, n.d.).

sustainably healthy lives on their isolated continent” (Rothwell, 2016). One article referenced traditional hunting practices as a way to “alleviate food insecurity” and described the impact on health from the “loss of traditional hunting and fishing areas” (Soldatic & Spurway, 2015). Similarly, McConchie’s article (2014) about “bush tucker” positions the role of traditional foods in addressing food insecurity. Soldatic and Spurway (2015) were the only authors to refer to food sovereignty and its role in improving food supply for Aboriginal communities.

There are examples among the articles of framing Aboriginal communities and culture through a dominant Eurocentric worldview. Cohen (2007) says “[t]he old life has gone but what has replaced it isn’t working – for most. By all means cherish Aboriginal history and culture, but with all its faults modern Western society is the present and future – for everyone.” The suggestion in Cohen’s comments are that Indigeneity (and autonomy, culture, self-determination) are valued, yet are positioned directly against statements that compare ‘Western’ ideals about livelihoods and success, in ways that imply that Aboriginal culture is inferior. Cohen presents a perspective that legitimises the dominant worldview, and presents neoliberal, capitalist ideals as ‘normal’ and preferable. This point of view is based on the binary positioning of ‘the West’ and ‘non-West’ where the former is considered “the sole source of ‘authentic’ knowledge” (Sharma, 2021, p. 26). Not only does this represent cultures and worldviews that are not consistent with the dominant paradigm as inferior, it fails to acknowledge the diversity of the geographical areas considered to be ‘the West’ (Sharma, 2021).

The history of this continent has been ideologically positioned since colonisation. Behrendt (2016) explores the construction of Aboriginal identities in colonial stories and argues that framing Aboriginal people as savages was “justification for surveillance, control and

regulation” (p. 77) and the dispossession of land. The Australian ‘history wars’¹⁶ centred on polarised versions of frontier violence and dispute over massacres (Macintyre, 2003). This period represents attempts to frame Aboriginal people¹⁷ in ways that either seek to reinforce power for the dominant culture or interrogate Australia’s relationship with Aboriginal people for meaningful reconciliation. Macintyre (2003) describes the 1988 Bicentenary as a time where some people were publicly reflecting on racism, inequality and other problems in society, and looking to more accurately represent Australian and Aboriginal history. While others criticised ‘white guilt’ and historical depictions that contested British perspectives (Macintyre, 2003). Rowland (2004) argues that the ‘history wars’ have polarised ideological positions and restricted particular conversations, exemplified in the example of the Bicentenary and Australia’s opportunity to reimagine a more equal society. Prime Minister John Howard’s approach of stifling opposing views to colonial history, referencing the ‘black armband’ view, can be seen as attempts to restore “the ‘white man conquering the savage’ legend” (Behrendt, 2016, p. 185). Labels such as ‘noble savage’ and the ‘chattering class’, forming part of the ‘history wars’ discourse as described by Macintyre (2003), represent the ideological positioning of Aboriginal people and white Australians, also seen across this media sample.

4.2.2 *Neoliberalism*

Many of the articles that contributed to the noble savage discourse also represented neoliberal ideologies, in terms of “capitalism”, “economic development”, “taxpayers” and the “marketplace” (see section 4.3 and Appendix A for more on neoliberalism). Drawing on economic benchmarks, Owen’s (2015) article quantifies the amount of taxpayers’ money that has been invested in one remote community in the APY Lands, to exemplify the lack of

¹⁶ The Australian ‘history wars’ refer to the contest over representation of Aboriginal history that prominently entered political and public debate in the Howard years although have roots among historical and academic professions from the late 1960s. Geoffrey Blainey coined the term ‘black armband’ to describe negative views of Australian history that highlight the mistreatment of Aboriginal people. For detailed analyses of the ‘history wars’, see Macintyre and Clark (2004) and Veracini (2006).

¹⁷ Torres Strait Islander peoples are not explicitly included in the references cited in this section, which focuses on relationships between settlers and Aboriginal peoples on the mainland of Australia.

viability of homelands. He describes the community as “essentially a ghost town, where taxpayer-funded assets and infrastructure valued at about \$20 million are going to waste”. Cohen (2007) drew on the words of Amanda Vanstone, former Liberal-National Party minister for Aboriginal affairs, reflecting on the viability of remote communities when she “had the courage to describe them as ‘cultural museums’ and was pilloried by the baying media”. Value is defined solely in economic terms, which is consistent with neoliberal perspectives.

In 2016, drawing on a broader sociocultural example of the ‘noble savage’ discourse used in relation to ancestral homelands, Liberal-National Party politician Dennis Jensen made a speech to parliament where he called for an end to Indigenous-specific policies, with a view to promoting assimilation. Referencing the idea of the ‘noble savage’, Jensen said (in Henderson, 2016):

In essence, if the ‘noble savage’ lifestyle, à la Jean-Jacques Rousseau, the same one often eulogised, is true, then there is nothing stopping any Indigenous men or women from pursuing such an existence on their own. Just do not expect the taxpayers to subsidise it.

Jensen’s speech highlighted the intersection between discourses of ‘noble savage’ and neoliberalism discussed in the following paragraphs.

In the media analysis, there was an implication in many articles that Aboriginal cultures, conceptualised in ‘traditional’ terms, are not consistent with neoliberal values, and therefore also not compatible with conceptualisations of ‘modern society’. Bob Beadman, who worked as a government-appointed administrator in Aboriginal communities for many years, is quoted in Murdoch’s (2011) article:

I know all the stories about improved health, improved social outcomes because people are on their own country, from which they derive autonomy, away from the tensions of living in a multi-tribal environment ... I know all that. But if you put all that to one side and ask the question, well, how are people going to subsist on the outstation? Does it involve a mix of the Australian taxpayer supporting them for life? And if that’s an expected part of the mix then I think people are entitled to say, hang on a minute. I’m sure I would be happier and healthier if I moved to a coastal area

and did absolutely nothing and the government provided everything for me ... but they won't.

Beadman's comments are framed as supportive and understanding of Aboriginal cultures but then he proceeds to suggest that outstation communities are unsustainable. Although neoliberalism espouses freedom from government regulation and imposition on how individuals live their lives, the 'personal choice' of Aboriginal communities to live on Country in remote areas is considered unacceptable when at the 'taxpayers expense'.

Reflecting similar neoliberal values, Neill and Owen's (2011) article also quotes Wesley Aird from the Gold Coast Native Title Group saying "out in the APY lands ... the people don't need bureaucrats to keep them as prisoners of dysfunction; they need an exit strategy".

Aird's direct quotes are segued with the author's choice of language:

He says APY leaders need to help people take responsibility for their lives but that "where a community is either unable or unwilling to turn their lives around, then no amount of legislation can fix it, and the ethically responsible thing for government to do is to withdraw support. Falsely propping up a community is a socioeconomic form of palliative care."

Aird's and Beadman's comments highlight the links between the 'noble savage' and 'personal responsibility' discourses, both underpinned by neoliberal ideologies. There is an absence of any discussion of self-determination and the ability of Aboriginal communities to address the social issues for themselves, instead it is framed as communities "unable or unwilling to turn their lives around". Representations of dysfunction are also linked with another discourse – 'moral failure' – which facilitates the justification of displacement as an "inevitable part of the solution to their problems" (Morphy & Morphy, 2013, p. 177).

Murdoch's article (2011) also presented an alternative perspective in describing the "anger and frustration" felt about the growth towns policy¹⁸, that would "starve" homelands of

¹⁸ In 2009, the Northern Territory Government's *Working Future* – Territory Growth Towns Policy encouraged movement into centralised 'growth towns', instead of outstations, by prioritising economic investment and provision of services in 20 townships (Central Land Council & Northern Tanami IPA, 2015; Lea et al., 2012).

funding and services. Evocative quotes by Arrernte Anmatjere woman and Aboriginal rights advocate, Rosalie Kunothe-Monks (1937-2022) are included in Murdoch's article: "If we are going to be passive and sit back and allow ourselves to be removed from our homelands, it would be better for the government people to come out here and shoot us... wipe us out". However, despite these representations the general focus across the media analysis was via a neoliberal lens that viewed economic value as paramount.

4.2.3 Representations of the 'intervention'

The 'intervention' was justified in this media analysis through the framing of 'savagery' and 'moral failure' (discussed in section 4.4.2). The discursive representations of Aboriginal people as savage or violent, therefore providing the basis for settler intervention and control, have been described by Macoun (2011). The suspension of the *Racial Discrimination Act 1975* was achieved through the framing of Aboriginal communities as sites of child abuse and families being incapable of looking after children (Cox et al., 2021).

Representations of Aboriginal people as unable to manage money or ensure children attend school (Cox et al., 2021) is positioned as incongruent with neoliberal values. While it was argued that the Australian Defence Force was engaged in a "non-force" capacity to provide "only logistic and administrative support to what is a whole-of-government social services effort" (Australian Defence Association, n.d.), ultimately it had the effect of control (Perche, 2017). Dunne Breen's (2015) analysis of media representation of the 'intervention' also indicates how oppositional and, in particular, Aboriginal and Torres Strait Islander voices were "silenced, excluded and minimised" (p. 43).

The 'intervention' was framed, in articles in *The Australian*, as necessary and "courageous" – "action was what was needed" (Cohen, 2007). Food was referenced in relation to poverty and justifying intervention in Aboriginal communities, with Cohen drawing on examples from his time "[t]hirty-seven years ago" as part of the Labor Party Aboriginal Affairs committee. He describes the poor health of children, because "[t]heir parents, unschooled in nutritional care, feed them the wrong food" (Cohen, 2007). In Toohey's (2008) article, links are drawn between the 'intervention' and food security as the outgoing military lead reflects that "what he never expected to find -- which soon became one of his priorities --

was community stores with poor food. He talks of the importance of food security” (Toohey, 2008). This article represents the ‘intervention’ in terms of its successes in introducing income management and changes to community stores. Toohey’s (2008) article also downplayed the impact of the ‘intervention’: “[t]he stories of Aboriginal people fleeing for the sandhills to escape his soldiers were untrue. But there was fear and worry, even though the army detained not one Aboriginal person”.

Murdoch’s (2011) article in *The Age* frames the ‘intervention’ as “divisive”. Aboriginal activist and former Country Liberal Party politician Bess Nungarrayi Price is paraphrased as saying “people thought it was racist without understanding why it is so necessary” and that critics are in fact “condemning Aboriginal people to live in poverty, ignorance and despair” (Murdoch, 2011). Murdoch (2011) also describes the frustration of Northern Territory community members when money is spent on “a \$500,000 building, the home and office of a government business manager” to oversee government services related to the ‘intervention’, instead of supporting people to live on ancestral homelands. The neoliberal values of the government are clear, and that control to implement the aims of the ‘intervention’ is a priority, compared to shared decision-making and supporting Aboriginal people to access necessary services on Country.

Kampmark (2012) suggests that ‘noble’ or ‘ignoble’ savage tropes were ideologically employed by “all sides” of the debate regarding the ‘intervention’, arguing they have “become an inescapable social construct” (p. 229). He describes the framing of Aboriginal communities as “either cultural havens that needed to be made autonomous or separate refuges of abuse” (Kampmark, 2012, p. 229). The ‘intervention’ highlights the contradictions and complexity of Aboriginal and Torres Strait Islander policy, and this was seen in the media sample. While there was criticism of ‘paternalistic’ policies, the ‘intervention’ was positioned as ‘necessary’ and the rights-agenda as a ‘failure’. The ‘noble savage’ discourse was co-located in the media analysis along with representations both in favour of, and criticising, the ‘intervention’.

4.2.4 *White liberal 'feel goods'*

The 'noble savage' discourse intersected with disparaging rhetoric about the left side of politics, represented as problematic for the prosperity of Aboriginal and Torres Strait Islander people. Some articles in both News Corp and Fairfax newspapers were critical of 'small-l liberal' left-wing supporters, described as "white liberal 'feel goods'" (Cohen, 2007) or "greenie left-wingers" (Langton, 2012). Cohen and Langton claim that supporters of this political ideology actually perpetuate the 'noble savage' stereotype and seek to maintain power over Aboriginal and Torres Strait Islander people. Langton (2012) describes supporters of the 'noble savage' frame as only tolerating "Aboriginal people living on their own land as caretakers of wilderness, living in poverty and remaining uneducated and isolated". Cohen (2007) references the "chattering classes", which became a popular label during the Howard years for progressive 'elites' and intellectuals that conservative commentators negatively saw as championing 'political correctness' (Macintyre, 2003).

News Corp publications are known for 'elites' discourse characterising people who support social justice, political correctness and left-wing politics (Sinclair, 2016). The effect of this discourse is an association between elitism and liberal, progressive views as opposed to the traditional conceptualisation of elitism as aligned with wealth and power (Sinclair, 2016) – see section 2.3.2 for a brief description of the trajectory of 'political correctness' in the Australian political landscape. The conflation of political correctness and social justice with 'elitism' by right-wing politics, seen in the examples in this section, has the effect of delegitimising progressive political views that are instead framed as out of touch with reality. Rowland (2004) argues that those who support the 'noble savage' stereotype usually do not acknowledge the realities of the issues for Aboriginal people, and this was represented in media articles such as Langton's. In the media analysis, Langton (2012) states that "among the left, and among those opinion leaders who hang on to the idea of the new 'noble savages', Aboriginal poverty is invisible, masked by a 'wilderness' ideology" – reinforcing notions of 'traditional' and 'uncivilised'.

Indigenous people were directly quoted, to provide views that supported the journalist's or commentator's editorial article, seemingly in an attempt to present the opinion as non-

racist. Cohen's (2007) article directly quoted Māori author, Alan Duff, of *Once Were Warriors*¹⁹ fame, to position the white liberal "feel-goods" with the noble savage frame:

That this agenda is one pushed as much by the white liberal set as it is by certain elements within Māoridom particularly gets my goat. These people are 'feel goods' – it makes them feel good to pat us brown, noble savages on the head and say what we need is our culture – and one which has no fault, it is infallible – that we are happier as a race when we are like this.

What struck me about this nonsense is that I could plainly see that the very people who were advocating the 'solution' for us were not so taken by it that they were raising their own children on traditional Māori culture. Instead they were raising their kids on acquiring knowledge and understanding of the modern, the real world.

The co-location of the 'noble savage' with representations of 'traditional' not being compatible with 'modern' is evident again here, with Duff even going so far as to suggest that present-day society is the "real world".

'White liberal feel goods' was a concept within the 'noble savage' discourse that was represented as a point of conflict. Many of the articles positioned different perspectives in opposition to one another: "critics", "dispute", "others see things differently – very differently", "this position puts him at odds with", "there is also little agreement". Langton (2012) framed herself in opposition to those who support the 'noble savage' perspective, saying:

How did it come to be that those of us who argue for jobs for Aboriginal people, for policies that encourage entrepreneurship among Aboriginal people, are despised and loathed by that section of the population that can only tolerate the "cultural" Aborigine? [sic]

The representations of the 'noble savage' discourse in this section, aligned with heavily ideological and political perspectives, highlights the contested nature of opinions about Aboriginal and Torres Strait Islander issues. The positioning between the 'left' and the 'right'

¹⁹ *Once Were Warriors* is a 1994 film set in South Auckland in Aotearoa New Zealand, depicting a Māori family's issues with poverty, domestic violence and substance abuse (Wikipedia, 2023c).

further serves to stifle debate about effective strategies to address systemic disadvantage. The neoliberal perspectives, such as those of Cohen's and Langton's, described in the media analysis represent those people who do not share this ideology as either wanting to keep Aboriginal and Torres Strait Islander people living in the past or living in poverty. Kowal (2015) reflects on the contribution of Aboriginal intellectuals such as Noel Pearson and Marcia Langton, and increasing disunity within Aboriginal and Torres Strait Islander voices, in generating "the division between the neoliberal, pro-Intervention and the progressive, anti-Intervention Indigene" (p. 164). Kowal (2015) suggests that:

While White anti-racists once only had to avoid being assimilationist, now those who support distinctively 'Indigenous' lifeworlds must also ensure that they are not, as Pearson, Sutton and Langton argue, allowing romantic notions of the noble savage deny Indigenous people their citizenship rights to education and government services. (p. 163)

Instead of challenging the power relations and structures that perpetuate poverty, the representations seen through the 'noble savage' discourse feed a narrative about Aboriginal and Torres Strait Islander people as incapable of self-determination. Constructions of Aboriginal and Torres Strait Islander people within the 'noble savage' discourse present 'culture' as sometimes having value – therefore, there being a need to return to precolonial times – and other times as a source of deficit. Framing communities in terms of dysfunction and crisis, seen across many of the articles in this sub-set including Langton's, undermines the argument that communities are able to solve their own problems. It also helps feed the justification of government/white intervention to attend to the crisis. In the context of food, 'traditional' representations result in an absence of urban representations of Aboriginal and Torres Strait Islander people that presents implications for drawing attention to and taking action on urban issues, such as food security.

4.3 'Personal responsibility' discourse

The 'personal responsibility' discourse permeated a sub-set of media articles with a predominant focus on incomes from social security payments. Sometimes this discourse broadly related to people receiving social security payments or experiencing poverty, but

many articles heavily referenced Aboriginal and Torres Strait people in these contexts. There were links between related concepts of ‘responsibility’ and income management and representations of how social security recipients spend their money. Some articles, including Nyunggai Warren Mundine’s²⁰ “Chatterers Wrong on Poverty” (2014) and “Responsibility Agenda Needed for Children” (2008), attributed blame towards the liberal left-wing for supporting welfare dependence instead of personal responsibility. Other articles addressed welfare dependence without such overt ideological framing (see Hudson, 2010; Karvelas, 2008a). Responsibility was framed by terms such as ‘making the right decisions’ (see “Eat your greens strategy ‘doomed’,” 2010; Owen, 2011a, 2011b; Toohey, 2008). In others, it was challenged (see Altman, 2011; Marmot, 2016). Noel Pearson’s²¹ (2011) article focused on the systemic failure of employment agencies, but commented on “the reluctance – nay, refusal – of Centrelink to enforce breaches where people unreasonably refuse work or fail to comply with their obligations”. Most of the remaining articles focused on welfare quarantining (see “Food for thought,” 2009; Franklin, 2011; Karvelas, 2008b; Kearney, 2007a, 2007b; Kelly, 2010; Murdoch, 2011; Peatling, 2008), often expressing support for the approach, such as “Welfare Reform Will Boost Recipients’ Life Chances” (2016).

The ‘personal responsibility’ discourse is heavily ideological, drawing on neoliberal concepts of the individual, rights, and the role of welfare in a market economy. The history of neoliberalism in Australia is relevant here in providing context for the ideologies that have shaped public debate and the increasing representation of market-driven discourse, promoting personal responsibility and individualism (see Appendix A for a more detailed summary of neoliberalism in Australia). The ‘personal responsibility’ discourse sits within a broader neoliberal narrative that applies to all Australians, however, the tone in relation to

²⁰ Nyunggai Warren Mundine AO is a descendent of the Bundjalung, Gumbaynggirr and Yuin people of New South Wales. Mundine is a former national president of the Australian Labor Party, leaving the party in 2012. He was appointed to the Liberal-National Coalition Government’s Indigenous Advisory Council in 2013. In 2019, Mundine unsuccessfully contested a federal seat for the Liberal Party.

²¹ Noel Pearson comes from the comes from the Guugu Yimidhirr community of Hopevale on south eastern Cape York Peninsula. He is a lawyer and land rights activist, and founder of the Cape York Institute for Policy and Leadership which has advocated for an end to passive welfare dependency. Pearson publicly supported the Howard government’s ‘intervention’.

Aboriginal and Torres Strait Islander people is used to justify surveillance and intersects with the 'noble savage' and 'moral failure' discourses (discussed later in this section).

The 'personal responsibility' discourse was particularly prominent in political discourse during Joe Hockey's time as federal treasurer, when he declared in a speech to London's Institute of Economic Affairs, "Let me put it to you this way: The Age of Entitlement is over" (2012). With this ideology shaping the government's policy decisions, Hockey (2014) described their approach to the budget:

Access to government services and payments has never been uniform across the community. Government can only hope to provide equality of opportunity. Even then, as each day passes, forces such as personal empowerment and personal choice, reduce our capacity to equalise opportunity. In our view it is the responsibility of government to provide equality of opportunity with a fair and comprehensive support system for those who are most vulnerable. After that it is up to individuals in the community to accept personal responsibility for their lives and their destinies.

Scott Morrison's time as prime minister was also characterised by personal responsibility discourse and the idea that government support is conditional. In his first speech in the role, Morrison stated "[i]f you have a go in this country, you will get a go. There is a fair go for those who have a go" (Morrison, 2018). He continued by saying that "[r]egardless of our ability or circumstances, we are here to make a contribution, rather than take one" (Morrison, 2018). The role of individuals to take responsibility for their lives is without question in these statements by Hockey and Morrison, with the government accepting no responsibility for achieving equity for all Australians. The focus is on equality of opportunity, without acknowledging the unique structural barriers that different individuals or groups may face to achieve equitable outcomes. Morrison's overt articulation that 'the fair go' is conditional on effort implies deservedness for some people in the community, and that failure is therefore an individual problem (Murphy, 2019). However, personal responsibility had become a prevailing ideological goal across Australian politics, and most high-income countries, and this was clearly evident in this sample of media articles.

The concepts of individual and structural responsibility were also seen in relation to food insecurity. The need to change individual behaviour and develop personal skills were present when the head of the 'intervention' taskforce suggested that "parents who weren't able to manage their money are getting skills to manage their money" (Karvelas, 2008b). Similarly, individual and structural views of food insecurity were evident in a Greens politician's comments that "it's all well and good to have some vegetable plots and some education but if you really can't afford to make the healthy choices you will still make the unhealthy choices" ("Eat your greens strategy 'doomed'," 2010). This quote highlights that while the politician was suggesting "there's a lot of other measures that need to be put in place to make real food security on the [APY] lands a reality" ("Eat your greens strategy 'doomed'," 2010), it is still framed through the lens of choice. The reality of 'choice' for people experiencing poverty is questionable.

Comments by the outgoing military lead of the 'intervention' identified in the media analysis also reflected a focus on individual responsibility even though the structural barriers experienced by Aboriginal and Torres Strait Islander people was acknowledged. Chalmers states:

One of the things we need to work with Aboriginal people on is individual and community responsibility. Why doesn't that sense of responsibility exist now? You could easily get into blaming them for the circumstances they now find themselves in. The truth is, people find themselves in those circumstances for reasons that 200 years of history have created, and for reasons of failed government policy of years and years. (Toohey, 2008)

Despite the devastating effects of "200 years of history" it is still up to Aboriginal and Torres Strait Islander people to take responsibility, according to Chalmers.

A feature of the 'personal responsibility' discourse identified in this media analysis was discussion of the role of social security payments, and the expectations placed upon their recipients. The role of social security as a safety net was referenced:

I'm a strong supporter of Australia's welfare safety net. But its purpose is to assist people in hard times get back on their feet, not keep them in hard times. (Mundine, 2014).

I'm all for a safety net, never a hammock (Beadman quoted in Murdoch, 2011). Franklin (2011) further articulates this perspective of social security as a platform back to employment in saying the government's next steps in the 'intervention' will be "based on the principle the world owes no one a living and citizens must show responsibility in return for taxpayer support". Murdoch (2011) quotes government bureaucrat, Bob Beadman supporting "a hand up, not a handout". Kearney (2007b) paraphrases from an interview with a council member from a remote community in the Northern Territory; "He wants his people to stand on their own feet and earn a living." Owen's articles (2011a, 2011b) quote two South Australian politicians saying that it was important for people in the APY Lands to "make the right decisions in relation to how they spend their money".

4.3.1 Welfare dependency

Discussion around the social security safety net was often represented as 'welfare dependency' and intersects with the 'moral failure' discourse (see section 4.4.1). The situation in Aboriginal and Torres Strait Islander communities was framed in some media articles as "state-sponsored chronic welfare dependence" (Mundine, 2014). "Responsibility Agenda Needed For Children" (2008) describes welfare dependence as "sit-down money" "distributed with no strings attached", resulting from a "permission culture that rewards dysfunction" that has "poisoned the lives of successive generations of ill-educated people". While the author claims "the issues of concern have nothing to do with race, ethnic origin or cultural sensibilities", clear comparisons are made with "dysfunctional remote Aboriginal communities" ("Responsibility agenda needed for children," 2008). The article states "the challenge is to replace this downward vicious cycle with an upward virtuous cycle" referring to "downward generational cycle of poverty, passivity, unemployment, welfare dependency, drugs and alcohol" ("Responsibility agenda needed for children," 2008). Hudson (2010) states that "years of welfare dependency have demoralised communities to such an extent that few take responsibility for meeting their food needs". Social security recipients were framed as most likely to "remain dependent on the system, in varying degrees, for 30 or 40 years" ("Welfare reform will boost recipients' life chances," 2016).

Kearney (2007b) talks about the prospect of employment for Aboriginal people, and “the hope in their eyes is apparent as they ponder full-time wages for the first time”. Those who do ‘take responsibility’ for their lives are described in more positive ways. Franklin’s (2011) article features an Aboriginal apprentice “who took it upon himself to get a decent job” and is “the type of person the Gillard²² government is proud of”. The apprentice is quoted as saying “there are individuals out there that I don’t know if they are lazy or what” (Franklin, 2011), perpetuating the notion that it is laziness that causes unemployment and other social problems.

Disparaging representations of welfare dependency have a long history, with roots in early colonial notions of pauperism, deserving poor and reliance on charity (see sections 2.1 and 2.3.2). ‘Sit down money’ is a term that, in recent years, has been used to characterise the ‘personal responsibility’ discourse in relation to Aboriginal and Torres Strait Islander people. The term was used among Aboriginal communities in reference to unemployment benefits, motivating the introduction of the Community Development Employment Program (CDEP)²³ (Langton, 2002). ‘Sit down money’ was later used to describe the CDEP before it was stopped (Centre for Aboriginal Economic Policy Research, 2016), and popularised by the Warumpi Band song of the same name (Warumpi Band - Topic, 2014) as social commentary on the issues affecting Aboriginal communities. ‘Sit down money’ is now used by conservative media as a derogatory term for ‘passive welfare’ in reference to Aboriginal and Torres Strait Islander people – see example in Devine (2011). The continuing use of ‘sit down money’ reflects dominant values around the ‘deserving poor’ and support for the neoliberal approach of conditional welfare.

²² Julia Gillard served as the 27th, and first female, prime minister of Australia and leader of the Australian Labor Party from 2010-2013 (Wikipedia, 2023a).

²³ CDEP was a government employment program where employers received grants to cover costs and participants were then paid a wage (instead of social security benefits) to work on projects that were determined by the local community (Centre for Aboriginal Economic Policy Research, 2016).

4.3.2 Government control over Aboriginal and Torres Strait Islander people

In the media analysis, the ‘personal responsibility’ discourse was co-located with discourses relating to ‘moral failure’. In this co-location, income management was framed as the necessary outcome as a result of people not taking responsibility for themselves, and who therefore cannot be trusted to manage their own lives. Aboriginal people were framed as requiring income management ("Food for thought," 2009; Franklin, 2011; Karvelas, 2008b; Kearney, 2007a, 2007b; Kelly, 2010; Murdoch, 2011; Peatling, 2008). Conversely, in the opinion of the ‘intervention’ taskforce head, Sue Gordon²⁴, those “who spend their money responsibly” and “can control their payments” do not require welfare quarantining (Karvelas, 2008b) – representing a positive view of those who display personal responsibility. Spending money on drugs and alcohol was a frequent reference, with income management praised for having “put food on the table and taken grog off the streets” (Kearney, 2007b). “Welfare Reform Will Boost Recipients’ Life Chances” (2016) described the Healthy Welfare card scheme, also known as the Basics Card²⁵:

At worst – or best – if those using the card find its restrictions intolerable, it will provide a strong incentive for them to find a job, even if doing so requires moving to an area with better job opportunities or applying themselves to a course of study.

This quote also highlights links with the discourse relating to viability of remote communities in suggesting that Aboriginal and Torres Strait Islander people move off Country if there are no opportunities for self-sufficiency.

Specific use of vocabulary was chosen to signify force or control. Politicians were quoted as advocating to “fight passive welfare” (Kelly, 2010). Authors called for “pressure to be placed on irresponsible parents” (Kearney, 2007a), system change that “demands parents take

²⁴ Sue Gordon is a retired Aboriginal magistrate and ex-Army officer who headed a 2002 Western Australian inquiry into Aboriginal child abuse and family violence and chaired the ‘intervention’ taskforce in its first year. Part of the Stolen Generations, she was taken from her mother as a child (Wikipedia, 2023d).

²⁵ The Basics Card enables social security recipients on income management to spend their money at approved stores (Australian Government, 2023, July 5). The card was originally forced on Aboriginal communities as part of the ‘intervention’, was later broadened to include other Newstart recipients, and has since continued in various forms, both voluntary and mandatory (Australian Government, 2023, July 5).

responsibility for their actions”, and “there must be limits to tolerance” (“Responsibility agenda needed for children,” 2008). In the view of one author, “the challenge is less to increase the availability of nutritious foods than to encourage, compel if required, people to properly feed their children”, referring to remote Aboriginal communities (“Food for thought,” 2009). Beadman is quoted in Murdoch’s (2011) article as saying:

“we have simply to force by coercive means able-bodied people out of that hammock to meaningful contribution to the economy, given all the negative outcomes from social welfare for life.”

On rare occasions, there was an alternative view expressed that criticised the “disciplining and punishing of welfare recipients” (Altman, 2011). Jon Altman²⁶ (2011) presents an opposing view of the government’s plans to withhold welfare payments dependent on school attendance framed as the “responsibility of welfare recipients”, by suggesting they are “draconian” and “punitive measures”. Altman (2011) rebukes Jenny Macklin’s²⁷ claims that the new measures “have nothing to do with ideology and politics”, instead pointing out that “kids, even in remote indigenous [sic] Australia, do not live by school attendance alone, they also need food”. Marmot’s²⁸ (2016) article also challenges ‘personal responsibility’ when he says “[m]aking ends meet and avoiding violence and other crime all take priority. People are not responsible for the social forces affecting their lives.” Kelly’s (2010) article references a statement from the Australian Council of Social Service (ACOSS) critical of the “pejorative” terms like “fight passive welfare” which “will stigmatise people and entrench social exclusion”. The impact of welfare quarantining is described as negatively impacting one family’s ability to save for necessary household items like a washing machine in Peatling’s (2008) narrative article where the Aboriginal household is framed as being able to manage their own money.

²⁶ Jon Altman is a research professor with a focus on anthropology and economics. Altman was the founding director of the Centre for Aboriginal Economic Policy Research (CAEPR) at the Australian National University from 1990-2010.

²⁷ Jenny Macklin is a former federal Labor Party politician, serving as the Minister for Families, Community Services and Indigenous Affairs (2007-2013).

²⁸ Professor Sir Michael Marmot is professor of epidemiology and world-renowned researcher on health inequalities (Institute of Health Equity, 2023).

There has been considerable public commentary about the income management strategies employed during and after the ‘intervention’, including a range of evaluation reports that provided “no definitive evidence that these cards have directly helped counteract social problems or harm within communities” (O'Brien, 2021, p. 37). Associations between the recent approaches to income management and previous ration times have been made both in the literature (O'Brien, 2021) and more recent media articles where Aboriginal community members are quoted as saying it is “like being placed on a ration” (Davey, 2017, January 9). Vincent (2021) argues that control in the form of the ‘intervention’ and income management was framed under the guise of care, and needing to intervene to address suffering. The language of welfare dependency seeks to position the person receiving ‘welfare’ as a child (Vincent, 2021), strengthening the ‘incapable’ narrative. Dependency is historically “racialised and gendered” with deeply negative moral connotations in neoliberal societies (Vincent, 2021, p. 15), that enables the justification of ‘necessary’ action to encourage personal responsibility.

Welfare conditionality represents an intersection of neoliberal ideology, racism and colonialism, where these measures are justified as social controls, assuming that individual behaviour is responsible for social problems (Mendes, 2020). These associations continue despite inconclusive evidence that income management helps to address social issues such as substance abuse or gambling (O'Brien, 2021) or food insecurity (Spencer, 2018) and instead is a source of stigma and shame (Mendes, 2020). Viewing food insecurity as a problem that can be fixed by controlling individuals’ social security spending is failing to acknowledge it as the result of inadequate income and other determinants of food insecurity, as discussed previously in section 2.2.4.

4.3.3 The ‘rights agenda’ as problem

The ‘rights agenda’ was referenced negatively in several News Corp articles, often depicted as responsible for enabling welfare dependency. “Responsibility Agenda Needed For Children” (2008) suggests “what is needed is more responsibility. The rights-based agenda has gone too far”. The rights-based agenda draws parallels with the white liberal ‘feel goods’ purportedly naïve views of the world; “income management for remote Aborigines

[sic] is not popular with the rights lobby, which places abstract ideals above the health of indigenous [sic] children – but it works” (“Food for thought,” 2009). ‘White liberal ‘feel goods’ ideology also connects with the personal responsibility discourse in Mundine’s (2014) article where the “chattering classes” are referenced as being “annoyed” by his recent comments about “not even the poorest Australians live in extreme poverty”.

In the context of the ‘rights agenda’, and again the negative framing of ‘Left’ political views, the intersection can be seen between ‘personal responsibility’ discourse and ‘moral failure’ and ‘save the children’. Hinkson and Fullenwieder's (2019) analysis of the imagery of Aboriginal Australia also described the binary positioning in the media of ‘left’ and ‘right’ politics. Those supporting the left side of politics are conflated with political correctness and rights, seemingly on the other side of those who see the need for urgent action to address issues of dysfunction and safety (Hinkson & Fullenwieder, 2019). As discussed in section 4.2.4, the discursive strategy of positioning rights alongside elitism and left-wing political agendas serves to indicate that human rights are incongruous with ‘urgent action’ on significant social issues. Framing the ‘rights agenda’ as a problem has implications for how food insecurity is viewed, demonstrating parallels with the reliance on charitable food – seen to be the ‘urgent’ response – compared with taking action to address the human right to food. Also evident here is the binary positioning of political ideology, underpinning much of this discourse.

4.4 ‘Moral failure’ discourse

The next discourse interpreted in the sample of media articles was the ‘moral failure’ discourse and associated representations of ‘dysfunctional’ Aboriginal and Torres Strait Islander peoples and communities. These intersected with stereotypes around parenting. Generally, Aboriginal and Torres Strait Islander peoples were constructed in such a way as to highlight failure and incompetence, without the ability to resolve their own issues (self-determination) or manage their own money. Media articles used negative framing to portray Aboriginal and Torres Strait Islander peoples in stereotypical ways to build an argument for income management and other forms of intervention (see “Food for thought,” 2009; Franklin, 2011; Kelly, 2010; Martin, 2013b; Neill & Owen, 2011; Puddy, 2011;

"Responsibility agenda needed for children," 2008; Rothwell, 2013; Schliebs, 2011; Toohey, 2008; "Welfare reform will boost recipients' life chances," 2016). Issues of financial management by Aboriginal and Torres Strait Islander organisations (see Aikman, 2015; "Kanparrka Store put under ORIC administration," 2016) or households (Karvelas, 2008b) were raised. There were examples of Aboriginal and Torres Strait Islander voices criticising interventions that sought to reduce decision-making by communities, but this was often positioned alongside negative depictions and quotes presenting an opposing view (Gordon, 2012; Karvelas, 2008a; Langton, 2011; Murdoch, 2011; Peatling, 2008). While it was rare to find positive representations, some authors challenged the negative representations (Altman, 2011; McMullen, 2008; Williams, 2007) by drawing attention to racism and paternalistic government policies as causing social disadvantage. Overall, however, these articles presented a picture of disempowerment of Aboriginal and Torres Strait Islander peoples.

There is considerable overlap of the sociocultural contexts of the 'moral failure' and 'personal responsibility' discourses, particularly in the way blame is shifted to Aboriginal and Torres Strait Islander peoples for the inequities impacting their lives (Aldrich et al., 2007). A preoccupation with the 'deficits' of Aboriginal and Torres Strait Islander peoples has been seen across Australian media, policy and health care (Aldrich et al., 2007; Bond, 2005; Fogarty et al., 2018; Foley & Schubert, 2013). Aldrich et al. (2007), in their study of political discourse over three decades, found that inherent characteristics of Aboriginal and Torres Strait Islander peoples, or their behaviours, were framed as 'problems' and possible explanations for health issues. Such frames negatively shift the focus towards Aboriginal and Torres Strait Islander peoples, attributing responsibility, and "obscuring the ways entrenched structural inequalities are affecting health" (Fogarty et al., 2018, p. 30).

Similarly, other studies have shown that media representations of Aboriginal and Torres Strait Islander peoples centre on notions of violence and dysfunction that reinforce negative stereotypes (Due & Riggs, 2011). Fogarty et al. (2018, p. 30) argue that Aboriginal and Torres Strait Islander peoples have become "associated with particular negative tropes, including unhealthy, undereducated, unemployed, violent, and socially dysfunctional". Behrendt (2016), too, argues that representations of Aboriginal people in the media focus on violence

and harmful behaviour, perpetuating stereotypes where “Aboriginal presence is often portrayed as being dangerous to the community, something to be feared... a danger to the social fabric rather than making a contribution to it” (pp. 169-70). Drugs and alcohol are often drawn upon by politicians as evidence of “irresponsible personal behaviour” that causes poverty and “emergence of an immoral underclass” (Mendes, 2018, p. 155). The moral failure discourse is one that particularly highlights the way that identities and events are represented in the media. Some of the key identities included negative stereotypes of Aboriginal and Torres Strait Islander peoples, as being incompetent or spending money on drugs and alcohol, and the positive framing of the ‘intervention’ as resolving these issues in remote communities. There was counter-representation of these identities in several articles too.

The media storm that resulted from a cartoon by Bill Leak highlights the ideological nature of ‘moral failure’ discourse, and its intersection with other discourses of ‘personal responsibility’ and ‘save the children’. Leak’s 2016 cartoon, published in *The Australian* on National Aboriginal and Torres Strait Islander Children’s Day depicted a drunk Aboriginal father appearing to forget the name of his child who is being returned by a police officer (see Meade, 2016 for a summary of the debate). The police officer says to the father “you’ll have to sit down and talk to your son about personal responsibility”. There was public backlash against the racist cartoon, prompting a social media response by Aboriginal fathers and families sharing positive representations of fatherhood (“#IndigenousDads counter Bill Leak cartoon with stories of fatherhood,” 2016). In a statement, *The Australian* defended Leak’s cartoon, saying “[t]oo often, too many people skirt around the root causes and tough issues” (Whittaker, 2016). Using an approach seen in many media articles and demonstrating intertextuality (an analytical component of critical discourse analysis, described in section 3.3.1.2), Aboriginal commentators were drawn on for comment, with Noel Person and Marcia Langton cited as supporting the notion of Aboriginal people taking responsibility (Whittaker, 2016).

An article by Angela Shanahan (2016), a white columnist for *The Australian*, in *Bill Leak has offended me, but I’m not complaining* illustrates one of the perspectives put forward in this debate. Shanahan (2016) draws on neoliberal ideologies such as free speech, suggesting

“should Bill be in strife with the human rights body because of someone’s perception of racism?” and draws comparisons with several other cartoons by Leak referencing religion, that could be offensive to some people. The author suggests that “it is the coward’s way to run off to the AHRC” [Australian Human Rights Commission], which is “set up to stifle dissent and punish the non-compliant individualist” (Shanahan, 2016). However, Shanahan (2016) argues that the essence of the cartoon is true:

Leak's now infamous cartoon made a valid argument about the source of much of the misery that bedevils young Aboriginal lives: no fathers, no authority, no families, no care. I have written often enough about dysfunction and violence in those communities and the fate of Aboriginal children who are disproportionately represented in foster care to know that what he implied is true. We should applaud him for his courage and his honesty.

In Shanahan’s (2016) opinion, “even if the cartoon was racially offensive to some people, why does that matter if it told the truth? Hurt feelings are no defence against the truth.” This article reinforces negative opinions held by some non-Indigenous people, on the basis that there is poverty and dysfunction among some parts of Aboriginal Australia, and legitimises stereotypes that reflect on all Aboriginal people in the framing of these social issues.

However, it does matter how Aboriginal and Torres Strait Islander peoples are framed and goes much further than people being offended. Non-Indigenous power and decision-making over Aboriginal and Torres Strait Islander people has been justified by these negative representations (Due & Riggs, 2011). Haebich (2015) argues that this is informed by neoliberalism and settler colonial ideals, to justify surveillance, incarceration, control and assimilation. Watego (2016), in a response to the Leak cartoon, outlines the history of representing Aboriginal fathers as abusive and neglectful, and mothers as incapable since colonisation. Repositioning the conversation to focus on Indigenous disadvantage then requires change in the individual rather than the “settler norm” and legitimises government intervention to address these issues (Strakosch, 2015, p. 117).

4.4.1 Negativity and dysfunction

In the media analysis, emotive language was used to frame Aboriginal and Torres Strait Islander peoples and communities in a negative way, with Langton (2012) choosing words like “impoverished”, “vulnerable”, “poorest”, “victims”; Murdoch (2011) quoted a source referring to people feeling “embarrassed”, “ashamed”, and as a “disgrace”. Communities were described in terms of “rundown and overcrowded houses”, “along dirt streets littered with rubbish and abandoned vehicles”, “containing blackened and stinking sewage” (Murdoch, 2011), with “shocking abuse of women and children” and “plagued by alcohol abuse” (Franklin, 2011). Aboriginal people and communities were described as “starved” and “starving” (Langton, 2011; Puddy, 2011; Schliebs, 2011), with the situation in some communities portrayed as being at “crisis level” and peoples’ lives as “blighted” (Langton, 2011). Toohey’s (2008) interview with the outgoing Intervention military lead reflects hopelessness; “for the present generation of illiterate and alcoholic parents, he has no answers. No one does really.”

References to Aboriginal people spending welfare money on drugs and alcohol were also present in the media analysis, particularly as evidence of individual mismanagement of money. “Food For Thought” (2009) suggested that “compelling stores to sell fruit and vegetables is a waste of time if parents prefer to spend welfare payments on processed food, or worse, drink and drugs.” “Responsibility Agenda Needed For Children” (2008), after making associations with Aboriginal communities elsewhere in the text, said “[t]he grim reality of increased cash payments to welfare dependent parents is that they are often more likely to be shot-up, snorted or smoked as drugs than spent on the necessities of life.”

In a similar approach as seen in other discourses, the use of other voices – usually Aboriginal people – was adopted in many articles to validate opinions about key issues. Neill and Owen (2011) drew on the words of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council, from their submission to a senate committee, to reflect a negative view of remote communities. The article includes quotes saying a “significant proportion of community members, in particular men, have for decades been ‘blowing’ their benefits on non-essential items such as alcohol, illicit drugs and gambling” (Neill & Owen, 2011). Martin (2013b)

quotes women from an Aboriginal community as saying “the men – they spend all their money on drugs and drink”. Aboriginal voices are also given some space within these articles to represent alternative perspectives, including Kunoth-Monks in Murdoch (2011) who said “Blackfella bashing has become part of a political football in this country”. Karvelas’ (2008a) article quotes Yunupingu²⁹ asking that Aboriginal people not be treated as “second-class citizens” and the president of an Aboriginal community in Darwin describing the “imposed and racist legislation” of the ‘intervention’ as “an invasion all over again”.

There were examples of authors paraphrasing, and in doing so changing the tone of the original statement, like in Puddy’s article. Puddy (2011) refers to “poor income management” whereas the general manager of a community stores organisation said “inability to access the funds to buy food” – the first phrasing implying blame and responsibility, compared with the second that is more neutral and points to structural rather than individual issues.

Some articles reflected sympathy and pity when framing Aboriginal and Torres Strait Islander people and communities in terms of dysfunction. Williams (2007) quoted an interviewee saying “some of these situations absolutely break your heart”. Likewise, Major-General Chalmers, following his time as the ‘intervention’ lead, is quoted in Toohey (2008):

You go out to communities and you can’t help but be moved by the circumstances people confront in their day-to-day life. To go to a community and see children who exhibit all the symptoms of neglect, whose noses are running, whose hair is discoloured through deficiency, who are undernourished... To see kids who have no spark. To walk into some communities where the sense of despair is almost palpable.

Chalmers’ words indicate ‘othering’ and generalising statements about Aboriginal and Torres Strait Islander peoples; “[p]ersonally, I’ve come on a journey. My understanding was superficial – I have to say it – my lack of respect for them was [the same as that of] many Australians” cited in Toohey (2008).

²⁹ Yunupingu (1948-2023) was a Yolngu man of the Gumatj clan, from Arnhem Land, Northern Territory. He was a land rights activist, community leader and member of the advisory group for an Indigenous voice to government.

Organisational mismanagement of money was represented in two articles, each taking different approaches. Aikman's (2015) article states that an Aboriginal and Torres Strait Islander-run organisation "for years 'poorly understood' the millions of dollars in [royalties] payments it handled and its chief financial officer until 2011 was not a qualified accountant". Whereas an article in the National Indigenous Times ("Kanparrka Store put under ORIC administration," 2016), described in more neutral terms a community store being placed under special administration "to assist the corporation" running the store, at the request of its directors. The development was framed as working "with the corporation's members to improve the operations of the store and its accountability to the members", rather than focusing on the failings of the organisation.

Challenging a government plan to deduct social security payments from families whose children do not attend school, Altman's (2011) article describes it as "just a moralistic and moralising conception of truancy as the individual failing of parents in receipt of welfare". Yet, there were other examples in the media analysis of Aboriginal people being held to a benchmark or standard that is seemingly not being met. Articles referred to strategies being implemented to ensure that "children were being properly fed" (Whiting, 2014), and "encourage, compel if required, people to properly feed their children" ("Food for thought," 2009). The choice of 'properly' indicates an acceptable social or moral standard, as opposed to options like 'adequate' or 'nutritiously' that could have been chosen and relate more to nutrition guidelines. Similar language is used in reference to the 'intervention' with the taskforce lead referring to the "normalisation" phase (Karvelas, 2008b). Gordon is quoted as saying "normalisation is to get Aboriginal people to think about how the gap can be closed" (Karvelas, 2008b). The focus here is on intervening, and changing Aboriginal and Torres Strait Islander people to conform with social expectations set by white Australians.

There were examples of stereotypes and negative representations being challenged, including the framing of Aboriginal people as the problem (McMullen, 2008) and commonly held myths of remote communities (Williams, 2007). McMullen (2008), in a speech extract, stated:

For more than a year, through the heat of relentless political attention, our nation has taken a red-hot poker and branded Aboriginal people as the problem. It is not Aboriginal children who have been the real focus of this intervention. Its crushing long-term damage has been to condemn Aboriginal men and women as being generally irresponsible and incapable of managing their own destiny.

Similarly, Murdoch's (2011) article quotes Kunoth-Monks commenting on the representation of Aboriginal people; "we have all been branded grog abusers and paedophiles". Williams' (2007) article challenges the idea that vandalism is responsible for poor housing in remote communities. Although not using such strong language as these other examples, and acknowledging the existence of the stereotype, Williams (2007) states "the reasons for such a poor state of public housing were also surprising. Deliberate vandalism turned out to be little more than a popular myth, with the incidence of deliberate damage minuscule." These comments are at odds with the media coverage of the 'intervention' found in many other articles, focusing on dysfunction and failure.

4.4.2 Moral failure justifying intervention

Moral framing was represented in the analysis along with justification for intervention and control. Rothwell (2013) suggests that a "serious government would intervene not just to limit access to alcohol or drugs, but to control diet and provide a smooth nutritional supply, minus sugar and minus fatty foods". There was government rhetoric that framed action "to ensure that women and children had the right to live their lives free of violence" (Franklin, 2011) as an "obligation to those children" (Macklin quoted in Kelly, 2010) and Gillard states she will "do everything in her power" to achieve that (Franklin, 2011). It was described as socially and economically irresponsible to not support decisions made "in the national interest on welfare reform" such as expansion of the Healthy Welfare Card scheme ("Welfare reform will boost recipients' life chances," 2016). Other authors presented a contrasting view that "tough love" reforms "represent a reversion to the old and failed policies of discrimination, paternalism, authoritarianism, ignorance and disrespect" (Gordon, 2012). Similarly, Altman (2011) negatively references a neoliberal frame to suggest

that the policy linking welfare payments to school attendance “sees the neoliberal Daddy State in its most coercive and potentially destructive manifestation of moral behaviourism”.

Linked with the ‘moral failure’ discourse in the media analysis, the ‘intervention’ was predominantly framed as being helpful in enabling Aboriginal households to pay for basic necessities. Politicians were quoted as referring to income management as having “helped families put more food on the table” (Macklin quoted in Kelly, 2010) and “we are seeing women and children feeling safer, having more money to spend on the basics of life, on food and clothing for the kids” (Gillard quoted in Franklin, 2011). After aspects of the ‘intervention’ were translated to other Aboriginal communities outside of the Northern Territory, there were claims by *The Australian* about the benefits, without evidence to support them; “income quarantining that helped break entrenched patterns of destructive behaviour in remote indigenous [sic] communities” (“Welfare reform will boost recipients’ life chances,” 2016). The core premise of Altman’s (2011) article *The cunning of consultation: school attendance and welfare reform* is that there is no evidence for the proposed measures:

In the absence of evidence, it is hard to see SEAM [school attendance policy] deriving from anything other than ideology and politics. There is no evidence from SEAM pilots that the measure actually improves attendance. And there is no evidence that the children of welfare recipients in remote indigenous [sic] communities are more likely to be truants than the children of those in employment...

In several articles, income management was clearly linked with preventing money being spent on drugs, alcohol or gambling. Karvelas (2008a) states that “welfare recipients will have 50 per cent of their payments quarantined to ensure income is spent on essential items such as food instead of drugs or alcohol”. Kelly (2010) similarly states that “regular welfare payments be compulsorily quarantined for essential needs (as distinct from being spent on grog and drugs)”. Franklin (2011) too, states that “quarantining of welfare payments so they could be spent on food rather than alcohol or gambling”. In all three examples above, the sentiment is that Aboriginal and Torres Strait Islander people are spending money on drugs and alcohol, instead of food and other essential items – rather

than it simply being a case of insufficient income that does not stretch to all essential items. Martin's (2013b) article *As drugs and gambling devours life smart money feeds the APY kids* draws on interviews with community women describing in detail gambling and substance abuse and how income management has helped. The article uses a narrative approach to highlight how the Aboriginal women think that income management is helpful, saying "it is good for me to get clothes and food. I want all my money to go on the card." Across many articles, unsubstantiated claims were made about the efficacy of income management, including this quote claiming that income management "helped break entrenched patterns of destructive behavior in remote indigenous [sic] communities" ("Welfare reform will boost recipients' life chances," 2016).

The 'intervention' was an example of political representations of Aboriginal communities as "sites of moral failure" being used to justify government control and a breach of human rights to "protect the little children" (Fogarty et al., 2018, p. 24). These representations permeated all the discourses identified in this media analysis. Communities framed within a neoliberal context as "sites of risk are subject to much more intensive monitoring and routine reallocation to regimes of coercion" (Strakosch, 2015, p. 183). The 'intervention' represented an escalation of entrenched paternalism and control by the Australian government over Indigenous lives, resulting in suspension of the *Racial Discrimination Act 1975* in the name of addressing disadvantage and alleged abuse (Cox et al., 2021; Strakosch, 2015). Morphy and Morphy (2013) use Merlan's concept of 'the intercultural' to describe the approach to the 'intervention':

where the non-Aboriginal side of the intercultural becomes in effect the default: it is where jobs are to be found; it speaks the language that will be spoken. The Aboriginal side quickly slips into the deficit category. There is interaction, but the direction of movement for Aboriginal people must be from deficit to participation in the mainstream. (p. 177)

'Normalisation' rhetoric used in the 'intervention' and 'close the gap' reinforce that Aboriginal and Torres Strait Islander people need to be changed to fit the ideal perpetrated by the Australian mainstream (Morphy & Morphy, 2013). The pervasiveness of these representations within Australian discourse are undeniably influential, shaping the

perspectives of both Aboriginal and Torres Strait Islander Australians and non-Indigenous people.

4.5 'Save the children' discourse

The fifth discourse interpreted from the sample of media articles centred around the safety of Aboriginal children. The 'save the children' discourse sits within a broader narrative discrediting Aboriginal parents that has existed since European invasion. Colonial representations of Aboriginal women as the "antithesis of idealised womanhood" are compared with white women, "equated with virtue, domestication and positive moral influences" (Behrendt, 2016, p. 44). Behrendt (2016) argues that these stories, retold since colonisation, "find their way into institutions, including legal systems. They are used to sanction the removal of Aboriginal people from their lands and Aboriginal children from the families" (p. 186).

Representations of Aboriginal mothers as incapable of caring for their children, and households being places of neglect, have been perpetuated since colonisation. It has also continued despite investigations since the 1970s into the human rights violations of removing Aboriginal children and placing them with white families since colonisation (Haebich, 2015). With Aboriginal and Torres Strait Islander children overrepresented in child protection services (Australian Institute of Health and Welfare, 2021), new Stolen Generations continue to be created. In 2019, Aboriginal and Torres Strait Islander children were 9.7 times more likely to be in out-of-home care or on permanent care orders away from their family and less likely to be reunified with family than non-Indigenous children (Family Matters, 2020). An alliance of organisations committed to Aboriginal and Torres Strait Islander children growing up "safe and cared for in family, community and culture" argue that this overrepresentation is due to systemic racism, inaction to ensure the rights of children, and the ongoing impact of discriminatory government policies (Family Matters, 2020, p. 1). The "continuation of past injustices into the present is ever more apparent" with significant numbers of Aboriginal and Torres Strait Islander children experiencing disconnection from family and culture through the child protection system (Family Matters, 2020, p. 3).

A prominent example of the 'save the children' discourse and media commentary on the parenting of Aboriginal and Torres Strait Islander parents occurred on a popular morning breakfast television show. The segment followed an article in *The Daily Telegraph* where the opening line paraphrased the federal assistant minister for Children and Families saying "White families should be allowed to adopt abused Aboriginal children to save them from rape, assault and neglect" (Bitá, 2018). Warren Mundine was also quoted in the article, suggesting "'political correctness nonsense' was preventing Aboriginal children from getting help" (Bitá, 2018). These comments reflected neoliberal concepts seen throughout the other discourses presented in this analysis. Mundine also drew on a 'moral failure' discourse with his comment "[p]eople are constantly talking about 'cultural issues' but what sort of culture are kids living in if their parents are drugged up and drunk every day?" (Bitá, 2018). Channel 7's Sunrise show then featured a panel of three white commentators discussing the article, where one person made the claim "[j]ust like the first Stolen Generation who were taken for their own wellbeing, we have to do it again perhaps" (Carmody, 2018). The 'save the children' discourse is built on a foundation of intervening in the lives of Aboriginal and Torres Strait Islander people 'for their own good'. These shocking claims on Sunrise are justifying, and advocating to repeat, a deeply traumatic and devastating time for Aboriginal people that continues to have intergenerational impacts on families. These perspectives reflect the underlying belief that white people have the right to determine what is best for Aboriginal children.

In many articles in this media analysis, keeping children safe or fed was cited as justification for the 'intervention' (see Franklin, 2011; Kearney, 2007b; Kelly, 2010; Martin, 2013b; Robinson, 2009) or the use of income management more broadly (see "Welfare reform will boost recipients' life chances," 2016). Some articles painted a dire picture for Aboriginal children in remote communities, including Langton's (2011) "Starved of Their Future at Birth" and Owen's (2011c) "Nutrition Crisis Looms For APY Kids" (also see Bosler, 2013; Neill & Owen, 2011; "Responsibility agenda needed for children," 2008; Rothwell, 2013). Claims were made about child sexual abuse (see Toohey, 2008) and other articles covered the Northern Territory child protection inquiry (see Green, 2011; Robinson, 2010). Several articles presented counter-perspectives challenging the stereotypes of abuse (see Murdoch,

2011) and providing evidence that the ‘intervention’ was based on spurious claims and had not achieved what the government asserted (see Behrendt & Fisher, 2009; Marland, 2010; Wise & O’Mara, 2011). These articles focused exclusively on remote communities.

4.5.1 Neglected children and incapable parents

In this media analysis, concepts around children being in unsafe environments and at risk of going without food were represented. Aboriginal children were framed as “vulnerable” (“Responsibility agenda needed for children,” 2008), with Langton (2011) suggesting “Aboriginal babies born into families on the margins of society are our most vulnerable citizens”. There was a focus on nutrition, with children described as “undernourished” (Toohey, 2008) and “starving” (Robinson, 2010). Langton’s (2011) article on growth faltering used a play on words with “starved of their future at birth”. The situation of children’s health and nutrition in remote communities was identified as being “at crisis level” (Langton, 2011), classified by the World Health Organisation as “a severe health problem” (Bosler, 2013), and “among the worst in Australia” (Owen, 2011c). The “shocking abuse of women and children in indigenous [sic] communities that were plagued by alcohol abuse” (Franklin, 2011) was described in some articles. Various interventions targeting Aboriginal communities were framed as improving “safety for women and children” (Kearney, 2007a). “Welfare Reform Will Boost Recipients’ Life Chances” (2016) stated that “vulnerable children are no doubt eating better and being better cared for as a result” of some of these interventions. Politicians argued their policies were because “we are determined to make sure children sleep safely at night, are healthy and well fed, and go to school each day” (Macklin in Robinson, 2009). Aboriginal families and communities are positioned in these representations as the sole source of social issues that are found in all families and communities.

Aboriginal parents were represented in negative terms, showing similarities with previous discourses, focused on dysfunction and lack of capability. In an editorial article broadly criticising welfare dependency, the author makes this observation: “A parent strung out on heroin or ice is just as unable to properly care for children as one stuck in a drunken stupor in outback Fitzroy Crossing” (“Responsibility agenda needed for children,” 2008). While

Langton (2011) draws clear associations with the historical causes, this quote describes a bleak scenario:

These babies are caught between two tides of history. On the one hand, they have been swept up by the tide of the past. Their parents and ancestors were the victims of such a disruption of normal life brought about by colonisation, enforced segregation in managed reserves and missions, removal of children from families, extreme seclusion from the economy and poverty, that they were deprived of the knowledge of parenting duties, from feeding weaning babies to basic hygiene. These skills of parenting, taken for granted in most of Australia, are severely compromised among Aboriginal people whose lot is the isolated community under government administration.

The child protection system was represented from several perspectives. In Robinson's article (2010), child protection workers provided a submission to the Northern Territory child protection inquiry where they "called for aid to be delivered to starving Aboriginal children in remote communities". Robinson (2010) describes, from the viewpoint of the NT workers, the "paltry resources" available for child protection in remote communities and clear associations are made between food insecurity and the child protection system. Green (2011) references the "widespread concern that authorities could remove children" identified in the inquiry. The article describes the disproportionate impact of child protection on Aboriginal children:

Particularly, it is the disadvantage endured by Aboriginal children that is the most disturbing. More than 75 per cent of children and young people in the child protection system are Aboriginal. The report found that in Aboriginal communities, family violence and child abuse were at a much higher rate, and the socio-economic factors that give rise to child abuse and neglect are more prevalent in the territory than elsewhere in Australia (Green, 2011).

The 'save the children' discourse intersected heavily with the 'moral failure' discourse, as children's welfare was offered as justification for income management (Franklin, 2011; Kearney, 2007a; Kelly, 2010; Martin, 2013b). One article described "dysfunctional remote Aboriginal communities that caused uproar and an outpouring of concern for vulnerable

children" ("Responsibility agenda needed for children," 2008). Rothwell (2013) draws on multiple discourses in this statement, reinforcing a perspective of dysfunction:

Of course many communities are hard-scrabble places: anomie, drug use and near-universal welfare dependency remain the stubborn status quo. But surely if mothers could be persuaded to refrain from drinking, and domestic violence could be stamped out, and assured nutrition provided for parents and children – all feasible enough on paper as part of a concerted renovation scheme – then the syndrome's grip might slacken: the factors that create the diabetes and renal disease pandemics would disappear.

Rothwell's (2013) article makes additional comments about "young mothers failing to care for" children. In these representations, clear links are made between the safety and health of children, and the moral failure of Aboriginal communities.

Representing similar sentiments about Aboriginal communities not offering a suitable environment for children, Neill and Owen (2011) quote an Adelaide surgeon who states "the prospects for children to obtain employment are zero. It is hopeless there and these are not my words". The surgeon suggests he is echoing the words of some of his patients, Aboriginal families who have moved closer the cities "for the sake of their children" (Neill & Owen, 2011). The implication here is that Aboriginal children cannot be healthy, safe or prosperous in Aboriginal communities.

4.5.2 Child safety justifying the 'intervention'

The 'save the children' discourse was one of the defining rationales provided by politicians to justify the 'intervention' (see Macoun, 2011 for detailed analysis of the representations that were drawn upon to justify the 'intervention', including 'savage' and moral justification). Language such as 'vulnerable' and 'obligation' was used to frame the 'urgency' of the situation, while at the same time framing Aboriginal parents as "inadequate protectors, fellow victims, or complicit with abuse" (Macoun, 2011, p. 521). Likewise, Fogarty et al. (2018) argues that "the idea of the vulnerable child" was presented along with the "uncivilised savagery" within communities and "the supposed neglect of children by their parents" (p. 24) to legitimise action by government. Macoun (2011) described this

discourse as “a morally legitimate platform from which to re(assert) sovereignty over Aboriginal peoples” (p. 531). Hinkson and Fullenwieder (2019) describe how the visual imagery of unkempt children and community dysfunction feed a narrative of crisis and intervention.

In the media analysis, Aboriginal and Torres Strait Islander communities were represented as places of child abuse, following on from the ‘intervention’ being justified on such grounds. With no evidence provided in the article to support the statements, Major-General Chalmers said “I would say the rate of child sex abuse is higher in Indigenous communities than it is in mainstream Australia. I’m not in a position to say how much higher it is” (Toohey, 2008). Murdoch’s (2011) article cites Mal Brough’s³⁰ claims in 2006 of child sexual abuse in remote communities where he stated “everybody in those communities knows who runs the paedophile rings”. Murdoch (2011) challenges this claim and states that “not one paedophile ring has been exposed” based on investigation by the Australian Crime Commission.

There was representation across some articles that challenged the blanket statements made by politicians about improving safety and health for Aboriginal children. Evidence was provided that showed the deterioration in children’s health outcomes in remote communities, including worsening anaemia rates and low birth weights (Behrendt & Fisher, 2009). Marland (2010) countered the claims of success by highlighting that despite the ‘intervention’ being “supposed to ensure that children are healthier and better fed”, child abuse rates had actually risen and child malnutrition was not being monitored. Wise and O’Mara (2011) also provided evidence that during the ‘intervention’ school attendance fell for Aboriginal children and levels of health checks were low, arguing that “an assessment of its effects on health have found more bad news than good.”

Politicians’ voices were heavily represented in this discourse, particularly Macklin who drew on narratives about the safety of children and was directly quoted in a range of articles.

³⁰ Mal Brough is a federal Liberal Party politician, and ex-Army officer, who served in Howard governments from 1996 to 2007. He was the “chief architect” of the ‘intervention’ (Wikipedia, 2023b).

Often this aspect was used as a rationale for policies that continued the ‘intervention’, which may have been considered unpalatable for Labor Party supporters. As Macklin said: “[t]he government is determined to support vulnerable families so that children get the best chance to grow up healthy and safe” (Martin, 2013b).

Aboriginal voices were used to represent strong views about the safety of children too. In Kearney (2007a), “senior women” from a remote Aboriginal community in the Northern Territory provided a statement to government calling for more police, child protection, and a range of other strategies to improve outcomes for children. The NPY Women’s Council statements were highlighted in Martin (2013b) who stated, “when children are missing out on food and when money is being spent on alcohol and drugs ... women are saying, ‘[e]nough is enough and we need to be able to take financial control.” Owen (2011c) included comments from the NPY Women’s Council who said “the issue of neglect is much more of a profound and common issue than even child sexual abuse.” The conflation between children not being fed and child neglect highlights food insecurity as potential child safety issue, discussed further in section 6.2.2 in the context of disclosing food insecurity within health services.

4.6 Summary

This media sample was collected and analysed to explore how urban Aboriginal and Torres Strait Islander food insecurity is constructed within public spaces. Five primary discourses were articulated during the media analysis that reflected the way that language is used in relations of power: food insecurity ‘problems’ and ‘solutions’, ‘noble savage’, personal responsibility, moral failure, and ‘save the children’.

Urban representations of food insecurity for Aboriginal and Torres Strait Islander communities were notably absent, with the focus being on remote communities and the logistical barriers experienced due to distance. There were no media articles that focused on urban communities, and where there was mention of urban communities it was not specific to Aboriginal and Torres Strait Islander communities. The focus was more on general disadvantage and poverty in urban areas. The absence of ‘urban’ in representations about

food insecurity has implications for its visibility and prioritisation for Aboriginal and Torres Strait Islander people living in urban communities, rather than being seen as a significant and unique issue in urban communities.

As presented throughout this chapter, there was considerable overlap and co-location of these discourses and notable absences. The dominance of neoliberal perspectives, strongly represented in conservative media in Australia, was seen across all discourses. Influences from Australia's colonial history were apparent, with all discourses reflecting the dominance of a white Australian worldview.

Individualism, and food insecurity conceptualised as an individual problem, was represented across multiple discourses that focused on people to 'pull themselves out of poverty'. Personal responsibility and blame underpinned much of the social commentary around food insecurity and social disadvantage for Aboriginal and Torres Strait Islander communities. Concepts of deservedness were entwined with debates over 'welfare'. The role of structural factors and systemic barriers, including racism and colonisation, were mostly absent from public debate. The dominance of negative language towards recipients of social security payments, and the perpetuation of 'a hand up, not a hand out' values, show the pervasiveness of neoliberalism. Aboriginal people that supported these perspectives, particularly Pearson, Mundine and Price, and politicians were the dominant social actors given voice in this commentary.

What was striking from this analysis, as discussed by others (Due & Riggs, 2011; Fogarty et al., 2018), was the overwhelmingly negative constructions of Aboriginal and Torres Strait Islander people that reinforced stereotypes. There were clear representations in the media discourses of Aboriginal and Torres Strait Islander communities as 'places of neglect', with abuse and dysfunction described as rife where food is connected to concepts of blame and deficits. The 'intervention' and other methods of control over Aboriginal and Torres Strait Islander people is directly justified in the name of safety and putting food on the table. This analysis shows that food is far from neutral, and that running out of food or not having enough food to feed your family is directly linked to a negative social narrative that carries risk and stigma for Aboriginal and Torres Strait Islander people.

Drawing on this analysis of media discourses about Aboriginal and Torres Strait Islander food insecurity, the following two chapters explore the health staff discourses interpreted from the interviews, with intersections highlighted throughout.

5 Construction of Aboriginal and Torres Strait Islander food insecurity in urban health services

The next two chapters present the analysis and interpretation of interviews undertaken with 14 staff across two Aboriginal and Torres Strait Islander primary health services in southern Meanjin/Brisbane. This chapter interprets how staff in this study constructed 'food insecurity' as an issue, with the following discourses identified: 'Strengths', 'Struggle', and 'Shame'. Following, Chapter 6 interprets staff responses to food insecurity. Figure 6 below illustrates the relationship between the social discourses presented in the previous chapter and the health staff discourses examined in this chapter.

Figure 6

Discourses interpreted from health staff constructions/representations of food insecurity



Staff in Aboriginal and Torres Strait Islander health services are diverse, spanning various professions and socio-economic cultural positions. Participants in this study were employed across the primary health care workforce, including Aboriginal Health Workers, case management/support workers, allied health, nurses, and doctors. All participants identified as female, which is perhaps indicative of the female-dominated workforce within health. Interviews were undertaken with Aboriginal and/or Torres Strait Islander and non-Indigenous participants³¹. Staff who took part in these interviews were generally experienced in their roles, with most employed at an Aboriginal and Torres Strait Islander health service for three years or more, and many for much longer. Several participants talked about how their practice had evolved over years working in an Aboriginal and Torres Strait Islander health service. All participants had some experience talking about food insecurity with Aboriginal and Torres Strait Islander peoples attending the health services where staff worked, through situations shared by people experiencing food insecurity or providing support. Household food insecurity was something that all participants were aware of in their work and in this respect the cohort did not reflect the exposure to food insecurity by health staff broadly in other literature. It is noted that interviews with health staff took place prior to the Covid-19 pandemic, which is likely to have since shaped the landscape and approaches as issues relating to food security became more prominent in the Australian community. The pandemic has been an opportunity for Aboriginal and Torres Strait Islander health services to consider different ways to provide wrap-around support, for example by phone, to connect health service users with a range of health and social supports.

This study does not seek to identify participants as Aboriginal and Torres Strait Islander peoples or non-Indigenous. This research never intended to delineate between ‘how Aboriginal and Torres Strait Islander staff work’ and ‘how white staff work’. The positionality of the researcher as white, and as an outsider to Aboriginal and Torres Strait Islander communities, also presents ethical challenges in interpreting or critiquing the practice of Aboriginal and Torres Strait Islander staff. It is culturally unsafe for a white researcher to

³¹ All quotes in this thesis have been included verbatim, and therefore may include Aboriginal English and other language collectively understood among the workforce or community.

interpret and critique the interview responses and actions of Aboriginal and Torres Strait Islander colleagues through the lens of race. Instead, the intention here is to explore the types of conversations that a range of staff – Aboriginal and Torres Strait Islander and non-Indigenous workers – have around food insecurity with people attending Aboriginal and Torres Strait Islander health services, and the issues that might raise for health service users. When examining how power is employed in relationships between health staff and Aboriginal and Torres Strait Islander people experiencing food insecurity, whiteness inevitably plays a role. However, there are other aspects of power inherent in these dynamics that are not necessarily related to Black/white identities, but rather are manifested through the ‘health’ relationship. The role of power in these relationships is addressed throughout the chapters to follow. It is acknowledged that there are additional layers of analysis that would have been possible had contextual information been provided in the thesis about the participants, such as Indigeneity, professional background, place of work – and that this is a limitation of the work (see section 7.1). As the following two chapters articulate, analysis of how health staff conceive of and respond to food insecurity experienced by Aboriginal and Torres Strait Islander people can provide a useful critique that brings into question how broader ideologies influence both Indigenous and non-Indigenous staff.

5.1 Strengths discourse

Aboriginal and Torres Strait Islander people experiencing food insecurity were described by many participants in this study from a strengths perspective – as resourceful, proud and family-centred. Strengths-based approaches “work with the assets already existing in individuals, communities and institutions to support the conditions for health” (Foley & Schubert, 2013, p. 15) and privilege Aboriginal and Torres Strait Islander knowledges (Askew et al., 2020). Adopting a strengths-based approach is considered best practice with Aboriginal and Torres Strait Islander communities, but it does require “relinquishment of the power imbalance implicit in the client/service provider relationships” (Askew et al., 2020, p. 104). This approach challenges typical healthcare relationships where power is imbalanced, and skewed in favour of the health professional. Coming from strengths counters the deficit-based view that is often taken in health and research, focusing on

‘gaps’, ‘needs’, and representing Aboriginal and Torres Strait Islander people as the ‘problem’ (Askew et al., 2020; Foley & Schubert, 2013).

Participants represented Aboriginal and Torres Strait Islander people experiencing food insecurity as resilient and having some control over their lives, despite challenging circumstances and potential crises that might require additional support. Participants talked about the attributes demonstrated by people when coping with life stressors, including food insecurity:

“I think most of the people in this community are so resourceful and doing so well with so many stressors on their plate. I mean not everyone, but I acknowledge that the people I see are the people who – and they’re the ones I see regularly, so they’re the people at the front of my mind – are the people who’ve got more challenges because that’s why they’re here. So the people who are doing really well aren’t dropping in to see me.” ST04

This participant was clear to not represent all Aboriginal and Torres Strait Islander people in the community in a negative light, despite seeing many people who were struggling.

The skills demonstrated by people experiencing food insecurity were described by participants, acknowledging their resilience to manage complexity and change in their lives; one participant described this state as being “constantly living on that knife edge” (ST06). This staff member spoke of the way that one person experiencing food insecurity skilfully managed their finances:

“she grew up like that, managing, amazing budgeter, much better budgeter than me by a mile, just extraordinary, and across it all, like some mega accountant” ST06

Resilience and resourcefulness in responding to food insecurity have been reported in other Aboriginal and Torres Strait Islander studies, showing households used a range of strategies to access and prepare food (Bryce et al., 2020; Foley, 2005). Foley’s (2005) study saw households seeking to make the most of their food budget by shopping for specials and buying in bulk. However the author identified that “[f]eeding a family on a low budget is hard work” (Foley, 2005, p. 36). The mental load of managing stretched finances and constant trade-offs can create stress for households (Knowles et al., 2016), even if coping

strategies are highly developed. The necessity of being “across it all” that ST06 described above can come at a cost to mental and physical health.

Other participants spoke of drawing on the knowledge of available support options that people experiencing food insecurity already had:

“I’ll often say ‘what have you tried?’ so really using them as a resource as well. Patients have got so much knowledge” ST06

“I will have clients tell me, ‘oh, I get the \$50 shopping trolley from such and such’, they teach me a lot. They often know about a lot of ‘on such and such a night you can go down and get a feed and barbeque in this park, or something like that’” ST13

Drawing on the experiences of people that have sought food support elsewhere helped participants develop their own knowledge of available resources, in turn helping to provide support for other people experiencing food insecurity. Echoing similar views, another participant spoke of some people attending the health service being able to access food support without seeking help from the health service.

“Look, some of the clients are very skilled and they don’t need our assistance. They’ll actually know which services to go to and how to get resources and stuff.” ST11

While framed as a ‘skill’, the quote above still highlights the need for support to address food insecurity and that households are seeking food through other means even if it not provided by the health service.

‘Proud’ was a word used by many participants to describe Aboriginal and Torres Strait Islander people experiencing food insecurity, but often in the context of acknowledging the complexity of shame in seeking help for food (discussed further in 5.3):

“they must be desperate to come and ask, they have to be because these women are proud, you know” ST02

Although pride was described as a strength by participants, needing to ask for help or admit that there was not enough food challenged that pride, speaking to the disempowering and stigmatising experience of food insecurity. The need to preserve pride by not seeking help for food insecurity, seen in other studies (Chase & Walker, 2013) including other collectivist cultures (Akbar et al., 2022), is discussed further below in section 5.3.1.

The importance of family, and making sure that children are looked after and fed, was reflected in the responses of many participants:

“family is their priority. They look after their family no matter what, and it doesn’t matter if they have to skip a meal, it doesn’t matter if they, you know, have bread and jam, they will look after the family and they will provide and at a detriment to their own health. They put their health way down on that list and family comes first.”
ST02

“she was saying how she’ll always make sure her kids are fed and she’ll starve before her kids will ever starve” ST09

The comments above from participants resonate with the literature presented in section 2.2.4 that also described the importance of family and prioritising children among Aboriginal and Torres Strait Islander families experiencing food insecurity. The impact of genocide and Stolen Generations also deeply influence these behaviours, discussed further in section 6.2.2. Food security studies not specific to Aboriginal and Torres Strait Islander households also show that caregivers will protect children from missing meals and hunger as long as possible by employing strategies such as going without food themselves or compromising diet quality to prioritise calories over nutrient-density (Harvey, 2016; Knowles et al., 2016; Purdam et al., 2016).

The strengths discourse employed by participants in this study represented Aboriginal and Torres Strait Islander people as resourceful, proud, independently managing struggles and crises, and the pivotal role of providing for family in relation to food. Some participants positioned the person as the ‘expert’ in their own lives and themselves in more of a ‘support’ role. Redefining the role of health practitioner as the sole ‘expert’ also serves to reduce the power differential between health worker and the person seeking help at the health service (discussed further in section 6.2.1.1 where participants prioritise the person experiencing food insecurity as being in control of their own ‘journey’ and decision making). In this study, Aboriginal and Torres Strait Islander people experiencing food insecurity were acknowledged by health participants as having skills and knowledge that helped to navigate difficult and stressful situations. These strengths challenge the media representations

presented in Chapter 4, which draw on discourses of ‘moral failure’ and ‘save the children’, describing Aboriginal and Torres Strait Islander peoples in terms of dysfunction, poverty and being unable to parent. The impacts of colonisation on First Nation peoples’ relationship with food have been described by Neufeld and Richmond (2020) as “intersecting narratives of loss and resilience” (p. 8) in a Canadian context. Similarly, the quotes in this section illustrated this complexity for Aboriginal and Torres Strait Islander peoples in Australia. Strength, resilience, and pride co-exist with experiences of poverty and food insecurity and are necessary to survive the structural violence and pervasive racism resulting from colonisation and displacement.

5.2 Struggle discourse

Broadly, the concept of ‘struggle’ was used in various contexts to describe people living with food insecurity. Other representations of the ‘struggle’ discourse – that is, ‘stress’, ‘crisis’ and ‘just don’t have choices’ – are also included in this section.

Some participants reflected on the extent to which Aboriginal and Torres Strait Islander peoples experience food insecurity, evident to staff throughout the course of their work. For ST09, a change in work role at the health service led to greater awareness of food insecurity in the community:

“I knew it was there, but I'd never really heard of it much until I started in this role where I've just seen how many people do struggle with food, like all of them do. I've always known that they struggled, but to actually hear it and to actually see it, it's a totally different perspective.” ST09

For other participants, comments such as *“money’s always something that’s discussed during a consultation”* (ST03) also demonstrated financial pressures within the community.

Although participants talked about how common it was for people attending Aboriginal and Torres Strait Islander health services to experience food insecurity, assumptions about urban experiences were reflected in ST13’s response, *“it happens quite more often than I thought it would to be honest, like considering we are living in a capital city”*. Working in

other health settings before an Aboriginal and Torres Strait Islander health service meant that talking about food insecurity had not been considered part of health practice for ST02:

"I'd come from [a major hospital], and before that, an acute teaching hospital as well, but I was never aware of people's lack of money. I was never aware of what they couldn't afford and I was certainly never able to have that conversation with people around food. It just never came up, and so yeah, it – I've just become so aware that people just don't have money and they can't afford to eat properly, and so it's almost the default that I go to now. It's a surprise if people can even afford to eat well and afford to have choices."

Participant comments about the level of 'struggle' around food in community are unsurprising given the disproportionate prevalence of food insecurity among Aboriginal and Torres Strait Islander households. It is reasonable to think that the focus on remote communities in social discourse about Aboriginal and Torres Strait Islander food insecurity perhaps resulted in participants not considering urban food insecurity until faced with the experiences of people attending the health service.

'Struggle' was represented as competing priorities that impacted the flexible food budget:

"People run out of money, they've got other bills to pay and they're struggling to pay for everything and often food is one of the things that's left till last so they're buying whatever they can afford, whatever is left and unfortunately that's usually the cheap stuff which is usually the unhealthy options" ST07

Competing priorities are further represented below in 5.2.3, with participants describing situations where there is not enough money to go around. The challenges of food choices when there is not enough money was described by one participant in terms of *"she was really struggling to get enough food that would fill them up basically"* (ST13). The desire to ensure that hunger is not experienced by focusing on foods that create satiety is commonly described for people experiencing food insecurity (see section 2.2.3).

Food insecurity's impact upon the community was identified in comments from participants such as:

"I think a lot of people in community struggle with food 'cause everyone is going to everyone's house and they know where to go when it's payday" ST09

The collective responsibility for food insecurity can be felt broadly as many Aboriginal and Torres Strait Islander households share food and other resources within community and family networks (Sherriff et al., 2022). A collectivist approach can provide support in times of need as households draw on networks to minimise food insecurity, perhaps negating the need to access external sources of food aid. However, keeping 'struggle' within the family can also be driven by maintaining pride and not wanting to share a shameful experience with the community, also seen in Māori and Pasifika communities in Meanjin/Brisbane (Akbar et al., 2022). ST06 described the impact on peoples' food security from supporting other people in community:

"I think that actually there's an enormous pressure within the community that people help other people. I see people who have food insecurity because they're actually paying for their family, they've got jobs and they, on paper, they shouldn't have food insecurity but they've got it because there's a knock on the door, 'can you lend us \$20', can you do that? They were already going to be only \$40 to get them through, but then that's the bit. They give \$20, they feel bad, they give the next \$10, and then they're down to – and they don't need training, teaching or anything. They don't need it. And they've got the food insecurity."

ST11 also identified "payday shopping", saying that people may "visit someone they know that gets paid on a different day, and they know there's gonna be a good meal that night. They'll go and visit them, but then have to repay them on their payday." This can be a strain on households when there is not enough to go around, with ST11 describing the advice given to people struggling with food insecurity:

"Like, it's okay to say no if people are coming over. You don't have to feed them if you're limited to your money and you're limited to your food. It's okay to say no or it's okay to get them to bring something to add to the meal."

ST11 continued by saying:

"So it's about, I guess, breaking the cycle sometimes and saying even though that's great and you're socialising and stuff like that but at the end of the day, you really can't afford to be accommodating these people back in your home."

The quote above also reflects neoliberal 'breaking the cycle' language from the 'personal responsibility' discourse, particularly referenced in the media related to welfare

dependency (see section 4.3.1). The focus is on the individual to change, to say no to requests for support from family and friends, to prioritise their own needs over the needs of family and community. Approaches like these to alleviate food insecurity represent challenges for Aboriginal and Torres Strait Islander people as they threaten social inclusion, and although it might maintain food supply for the week it can come at other costs.

5.2.1 Stress

'Stress' is a word that came up often in participant interviews, sometimes as 'stressors' or 'stressed'. These words were used to represent how Aboriginal and Torres Strait Islander people attending the health service may be feeling, situations that may have led to stress, and also as a conversation starter to talk about what was going on for people. Participants were aware of the stress experienced by people accessing the health service, when there was not enough money to go around. The experience of food insecurity was described in terms of stress and worry:

"she came in here in a lot of distress at one point because finances had gotten so bad. They had from memory, I think she said something like "I've got \$8 left for the rest of the week', it was, it was a tiny amount, 'and I've got a bag of onions and bread and tomato sauce'. It was pretty confronting." ST04

ST14 identified that stress in one area may indicate food insecurity, commenting that *"I guess I'm conscious that if they've got any financial stressors it will also probably impact on their access to food"*.

The stress of struggling with food and the toll on mental health for Aboriginal and Torres Strait Islander people was seen by participants in their practice and clearly described in the interviews. The stress of a crisis and needing help could negatively impact someone's mental health:

"sometimes it is just, you know, they have had a ridiculous amount of bills. They don't normally struggle, but they have and they've paid those and kind of maybe left themselves a little bit short and might need something to just tide themselves over to their next pay, and they might never need help again. But, the impact, the stress that

that can cause someone, can go from really minor to really putting someone into a bit of a depression state” ST01

For some participants, stress posed a challenge in discussing health issues with people experiencing food insecurity or other stressful events. Peoples’ ability to cope with life stressors was acknowledged by staff in comments such as:

“it’s a really hard balance for some people... because they’re already stressed” ST03

“here, I see that people are, many people identify stress as being a big problem affecting their health so if we can improve people’s stress levels, I think we can improve their capacity to function on many levels and that would include your capacity to budget, your capacity to plan ahead, your capacity to have the energy to cook or think about what you could cook” ST04

The bidirectional association between food insecurity and poor mental health has been clearly shown across the literature, and described in section 2.2, yet the impacts for Aboriginal and Torres Strait Islander people are arguably amplified. Intergenerational trauma and stress from experiences of Stolen Generations and other racist colonial practices of dispossession and assimilation continue to influence the food security of Aboriginal and Torres Strait Islander people (Fredericks & Bradfield, 2021; Sherriff et al., 2022). Internationally, racism and food insecurity have shown to be linked even independently of socioeconomic factors, highlighting the structural nature of racism impacting on peoples’ lives in many ways (Bowen et al., 2021; Odoms-Young & Bruce, 2018). These data highlight the compounding nature of racism and discrimination, impacting on the determinants of food security.

The coexistence of life stressors was evident in one participant’s description of the change seen in someone who had been coming to the health service but had recently reduced the stress in her life:

“I saw a woman yesterday that I’ve seen lots over the years and she’s got lots of kids and I could not get over how well she looked. I said ‘oh my god, you look so different’. She brought both her kids up to be seen. I said ‘you look fantastic’ and she said oh

well, her partner has moved out and a lot of the stress has gone and there's a lot more money" ST06

Stress associated with food insecurity was described in several ways by participants, contributing to the 'struggle' for food for some health service users. Sometimes that stress was represented as a crisis situation, elaborated in the section to follow.

5.2.2 Crisis

Representations of crisis were described by participants, where people were seeking help at the health service possibly as a last resort. The following comments indicate that requesting support from the health service was perhaps a last resort, when people had already exhausted other avenues:

"we do get the old phone call where they're in a dire straits and haven't eaten for two days. They're just starting to get hungry, but they don't know where to go or they've been somewhere before and they've, you know, told them that they can't help them this time" ST11

"so they basically come in and say 'my life is fucked up and this is where I am and I've got nowhere to sleep tonight, I've got no clothes tonight, I've got no food tonight' and that's the most heartbreaking one" ST08

"[she] was ringing me up, 'I'm starving. I haven't eaten for like a day or so.'" ST09

Other studies have also found that seeking charitable food aid from food banks is a last resort for people experiencing food insecurity (Loopstra, 2018; Purdam et al., 2016). Indeed, McCarthy et al's (2018) study found that Aboriginal and Torres Strait Islander families experiencing food insecurity did not describe seeking support from agencies but rather sought that support preferentially from family.

Despite the literature cited above indicating that seeking charitable food is a last resort, there is no indication as to where health services are placed compared with charities, particularly in an Aboriginal and Torres Strait Islander context. However, Sheriff et al. (2022)

reported experiences of stigma and shame for Aboriginal and Torres Strait Islander people accessing charitable food at non-Indigenous services, indicating a lack of cultural safety. The quote from ST11 above also demonstrates the challenges of accessing charitable food. ST07 echoed the barriers for people in sourcing food from charities, although ST07 reinforced stereotypes about people on low incomes misusing money in justifying those requirements:

“And then normally for a lot of the charities around here you actually need to go to Centrelink and get a, like an income statement to prove that you’re on low income and then go and get the help. And even then they’ve all got limits for good reasons because some people do take advantage and do the wrong thing with their money so I think it’s once a month or something you’re allowed to go to each place.”

The onerous eligibility requirements to access charitable food include variable opening days and time, and can require people to demonstrate their ‘need’ through interviews with volunteers (on multiple occasions with different service providers) to discuss their financial situation and prove they are in a crisis rather than running out of money (McKay et al., 2020; Sherriff et al., 2022).

‘Crisis’ was represented in the words of one participant describing a health service user experiencing food insecurity, *“she was almost desperate, she came across as almost panicked about it”* (ST02). A sense of panic is also seen in the comment below from a participant describing health service users’ stress about running out of money or food in the next few days:

“They know that they're not getting paid for another five days or whatever. So they'll go into panic mode and think, “Well, we've got no food. We can't”, so when we actually talk to them, it's like, “Well, what have you actually got in the cupboard? Is there something there that you can make a meal up for tonight? Because obviously, we can help you out, but we need some time to get all this together.” (ST11)

The worry about ‘what is going to happen’ or ‘what might happen’ for people experiencing food insecurity is reflected above. Although ST11 went on to describe questioning the person experiencing food insecurity, to determine how much in need they were at the time:

“So depending on the time of day and I guess, further questioning the client, because sometimes you’ll find out that they do actually have something to carry them

through for the night, but they're just going into panic mode because they've got no money coming in or there won't be anything in the house tomorrow. So I guess, we go into further conversation with them to find out how desperate they are at that stage."

The quotes above show practical steps that the participant has taken to see if the person experiencing food insecurity has some food available in the meantime while the workplace arranges food support. However, the comments touch on existing stereotypes about poverty that help-seekers need to be in crisis to seek support and questioning deservedness or need, further discussed below in section 5.3.2.

Perhaps also reflecting the stress of crisis, some Aboriginal and Torres Strait Islander people experiencing food insecurity were described by ST07 as needing support to navigate options:

"Most of our clients would prefer someone else to do it for them because I guess it's embarrassing and they feel a bit lost, they don't know who to go to or what to do or even what to say."

This comment highlights the shame and stigma of food insecurity, with health staff potentially providing much-needed support in situations that may be uncomfortable. However, it arguably further places the health service user in a disempowered position in their relationship with health staff.

5.2.3 'Just don't have choices'

Experiencing food insecurity, and poverty more broadly, was often described by participants through the context of choices – or lack thereof. Competing priorities were identified by staff, which reflected constrained 'choices':

"Unexpected things like petrol, so if someone's in ICU and everyone's got to get to the hospital to see someone who's really sick, or there's a funeral, you have to choose between putting the petrol in the car" ST06

Inadequate income constrains the ability to feed oneself and family according to food preferences, nutrition or by socially acceptable standards. Often this manifests in foods

being selected based on cost, rather than any other criteria. Participants described situations where people experiencing food insecurity did not have choices around food:

“I’m hearing that people really just don’t have choices when it comes to what they eat... The choices that I’m seeing is that they have a pot of money but some weeks or some months no way does it stretch so they have to get the cheapest food, the cheapest loaf of bread, the cheapest meat, the cheapest everything in order to feed all those mouths” ST02

ST08 reiterated this lack of choice:

“I remember saying to somebody [who was accessing food parcels], I think it might have been with respect to diabetes and weight loss and we were talking about simple choices can make a big difference like multigrain, wholegrain bread, not using butter. And this person said ‘don’t be so stupid. If they’ve got white bread there I’ll take it because I’m not going to’ – that’s just it. And they also said to me, another patient said to me at a different time when we were talking about don’t take extra calories like butter, it’s just extra calories, you don’t really need to add it and this person had grown up in an institute and said ‘until you have dry bread, I don’t want you to tell me to eat dry bread. And if I ever have the choice to have butter, I’m having butter. You can’t, you will never know what it’s like to have to have dry bread’. I thought yeah, that’s true.”

The constraints of relying on charitable food, and inappropriateness of healthy eating recommendations in the context described above, highlight the importance of people experiencing food insecurity being able to choose foods that suit their “dietary needs and food preferences”, as per the definition of food security cited in Chapter 1 (Committee on World Food Security, 2012, p. 8).

Several participants described the inability to buy healthy foods when people are experiencing food insecurity. Particularly towards the end of the pay cycle, staff described people experiencing food insecurity opting for low cost, basic foods to get through until the next pay, living off “noodles or sandwiches” (ST01). One participant spoke of their lived experience of the family being between pays as a child:

“I know I lived it, like mum probably got us through week to week, but as in, hiding it deliberately, I don’t know, it might just not get spoken about. It might be a little bit.

It's just part of life where between pays, we're running low now, we're down to the toasted sandwiches. You know what I mean? Like it just becomes part of normal life between pays and I think that happens for anybody." We all go between pays and if we're on lower incomes, we just have to figure out how to cope, but actually having a lot of stress associated might not get talked about." ST10

Despite the changes in food quality as household income reduces in between pays, described as "part of normal life" by ST10 above, the stress of those experiences is acknowledged.

The impact of inadequate income, resulting in additional pressure while waiting for the next pay, meant that staff received increased requests for support. One participant described the cycle:

"we know that paydays is always great. They have a lot of food, but then they'll eat quite big for the few days. Then, by the end of that week, moving into the second week of the fortnight, they struggle and limit the foods that they're having because they don't have any money and don't have the food left in the house to buy. So that's usually – we usually get a lot of referrals in off pay week, basically, that they haven't got enough food." ST11

These comments are supported by the food security literature that describes reduced quality and then quantity in order to preserve food supplies. The struggle for people relying on social security payments is impacted by cost of living pressures from increasing housing and utilities expenses. Apart from the Age Pension, most payments are insufficient to live above the poverty line (Melbourne Institute, 2021). Inadequacy of payments is reflected in recipients of all payments³² other than the Age Pension being at significantly higher risk of experiencing food insecurity (Temple et al., 2019).

5.3 Shame discourse

Shame by those experiencing food insecurity is often reported in the literature, across the broad Australian population (McKay et al., 2020; Pollard et al., 2019) and within Aboriginal

³² Payments include Newstart allowance for job seekers, Austudy/Abstudy, Disability Support Pension, Carer Payment, and Parenting Payment (Temple et al., 2019).

and Torres Strait Islander communities (Browne et al., 2009; McCarthy et al., 2018). Although, shame has a particular meaning for Aboriginal and Torres Strait Islander people, that McKnight (2020) describes as “a shared, cultural experience” (p. 49). Shame encompasses many factors including fear of being singled out from the group, feeling inferior or inadequate, shyness, and embarrassment (McKnight et al., 2020). Kwok (2012) argues that shame both reinforces connection between community for Aboriginal and Torres Strait Islander people, and represents feeling rejected or isolated from the dominant white majority. Since colonisation, white people have scrutinised and pathologised Aboriginal and Torres Strait Islander people, positioning them outside of the cultural mainstream “as deficient or deviant” (Kwok, 2012, p. 34).

Participants described the struggles and associated shame for health service users’ experiencing food insecurity, with ST09 identifying stereotypes and judgmental attitudes that are sometimes held by others:

“I think it's a massive issue in the community but a lot of people are too shame [sic] to speak up about it and they'll just eat whatever they can, you know, they might not eat for days or, I think it's a massive issue, but for the rest of like the community or the rest of Brisbane, some people don't see the struggles and they don't understand what they go through and they just judge, “Well, they should stop spending it on alcohol or” – but some of them aren't. Some of them legitimately are doing the right thing with their money.”

This quote challenges the moral failure and personal responsibility discourse from the previous chapter, but also acknowledges that social perceptions such as these exist.

Participants reflected on the emotional impact of shame on peoples’ experiences of food insecurity, with comments like *“I think the issue of shame is a huge one, so people feel a sense of failure or embarrassment that they can't provide for themselves”* (ST14).

Situated within a broader neoliberalist discourse, feelings of shame among those experiencing food insecurity are created from internalising societal attitudes and beliefs that the individual is responsible for their circumstances. The media analysis, presented in Chapter 4, described how values of personal responsibility and self-reliance are respected in

Australia's neoliberal environment and reinforced by politicians, commentators and journalists. Being able to provide for oneself is a neoliberal ideology that is reinforced within Australian society (Davis, 2014). It is deeply rooted in historical approaches to Indigenous people in Australia (Cox, 2007; Haebich, 2015), creating blame and guilt among those who experience challenges in meeting basic needs. Neoliberalism via politics and media has been particularly reflected since the late 1990s when discourse shifted from "human rights and social justice" to "'welfare dependency' and 'shared responsibility'", together with framing Indigenous communities in terms of risk (Haebich, 2015, p. 27). Through these representations, Aboriginal and Torres Strait Islander people have been reinforced as 'incapable' (demonstrated in the discourses interpreted from the media analysis) in a society where meeting one's own needs as an individual is valued.

Kurita (2022) argues that for Aboriginal and Torres Strait Islander people living in urban communities "the consequences of noncompliance with Western social norms" linked to "self-reliance and self-responsibility" (p. 178) are clear, associating stigma with unemployment and receiving social security. Mitchell and Vincent (2021) extend this concept by describing shame, instead of fixed, as "historically conditioned" and "a performative and relational emotion always in flux and productive of cultural contours" (p. 7). Their analysis highlights that shame and "welfare stigma" depends on the normative values of the group in which participants are located, showing mixed responses to income management that can be "spatially situated" (Mitchell & Vincent, 2021, pp. 2,6). Understanding the nature of shame associated with food insecurity for Aboriginal and Torres Strait Islander people living in urban areas requires more work with those with lived experience. This study acknowledges the limitations of exploring shame only through the views of service providers. However, this research focuses on health staff constructions of food insecurity, to interpret the implications of how staff see and respond to this issue during service delivery.

5.3.1 Shame as a barrier to seeking help

Participants described the act of seeking food support as resulting in shame and embarrassment for Aboriginal and Torres Strait Islander people: *"it's a shame thing. People*

see it as an embarrassing thing to go and ask for food” (ST01). Participants were acutely aware of the shame experienced by people who are struggling with food insecurity, with ST02 commenting, “I see the, yeah, the shame and everything’s that’s involved with it. They don’t want to but they’re desperate and who else can they ask”.

Feelings of shame were described by participants as barriers to people sharing their experiences of food insecurity:

“I mean because there is a bit of a shame factor attached to it, people aren’t going to go and advertise it. They won’t be out there telling everyone “oh yeah, I didn’t eat dinner last night but I made sure the kids did”. You might tell your close family members or close friends, even someone that you’re going to for help, but you won’t go out there and just sort of say it like it’s casual even though it probably is quite common.” ST07

Participants reflected that for many people experiencing food insecurity, the shame and perhaps lack of safety to disclose their situation meant that it was not discussed during the interaction with the health service; *“I think a lot of people don’t even tell us really, because they feel shame” (ST13); “I suspect there are many more people that don’t volunteer it to me” (ST04).* Participants described that sharing experiences of food insecurity usually only occurred when there was an existing relationship, and this is explored further in section 6.2.1.2.

There is considerable coverage of ‘shame’, ‘failure’ and ‘blame’ related to experiences of food insecurity and seeking charitable food across non-Indigenous literature. Indeed, shame was the most prominent emotion described by food bank users in van der Horst et al.’s (2014) study, also described by Pollard et al. (2019). Accepting food aid was found by Dryland et al. (2021) to be “invoking poverty, inferiority, vulnerability and less resilience” (p. 281) by Australian women experiencing food insecurity. In McNaughton et al.’s (2021) words, “[t]he shame of poverty and food insecurity resonates with the loss of dignity many people experience when they find they are unable to provide food for themselves” (p. 101). “Eroded dignity” was echoed by Booth et al. (2018, p. 2836) as recipients of charitable food in their study described a lack of choice and resignation at having to accept whatever food is available at support services.

This matter is similarly supported by literature including an Australian study by McKay and Lindberg (2019) that highlighted the pervasiveness of the personal responsibility discourse, finding some people experiencing food insecurity see themselves as to blame for not being able to secure their basic needs. Likewise, Swales et al. (2020) described the shame that results from neoliberal ideology that considers people to be “morally responsible” for experiencing food insecurity, making people “aware of their status as stigmatised” (p. 675). Shame and guilt were also co-located in Swales et al.’s (2020) study, as people accessing charitable food services framed themselves as not meeting society’s standards. Feeling judged by others to be inadequate, and a sense of failure based on social representations through the media, also created shame for people experiencing poverty in Chase and Walker’s (2013) British study. Their study highlighted the extent to which shame is internalised by people on low incomes when neoliberal discourse maintains that achievement is measured overwhelmingly in economic terms. The neoliberal values that dictate mainstream social acceptability are reflected across these studies.

5.3.2 ‘Undeserving’

Feeling undeserving can reflect internalisation of shame and guilt associated with needing or seeking support to access food. Despite it becoming clear during a conversation in the health service that a person was experiencing food insecurity, one participant described a reluctance to accept help that was perhaps a way of resisting ‘neediness’:

“they don’t see themselves as needing it, rather than others, you know they feel like they’re not quite deserving of that when someone else could be eating that food. ...even though we said this is what it’s here for, for people when they are kind of struggling a bit, need a bit of assistance and stuff, and she was still like ‘no it’s ok, I can wait until tomorrow’ so she had that you know, ‘they said I’m going to get paid tomorrow, I can wait until tomorrow’, so she was still really reluctant to take stuff, and because I guess she hadn’t been supporting herself, like other people had been feeding her, and she felt really guilty and bad because she didn’t have any money to contribute to buying food or anything like that.” ST01

This interaction displays the person's reluctance to engage in a relationship of dependence with the staff member, and not wanting to further accept help or receive something they cannot pay back. Bedore (2018) describes the "undesirable domain of being needy" (p. 224) that becomes complicated with feelings of being undeserving and dependent on others. To engage in "a moral re-positioning away from the undesirability of needing help", low income households sought alternative ways to access food support that promoted dignity, such as retail-based community food programs, rather than charitable food, which was seen to be shameful (Bedore, 2018, p. 225).

Questions about deservedness are seen in a comment from a participant describing potential causes of poverty or food insecurity:

"because often people really are just poor at managing money or getting harassed for money from family members or others who are misusing funds or people who don't have an income because they can't be bothered to go to Centrelink and they don't want to look for jobs so then they just harass everyone else. So there's lots of different reasons why people don't have enough money to go around but even if they don't have any of those problems they just don't get a lot. And if they're not able to work or can't get a job then they're stuck. They've just got to try and make it stretch as far as they can." ST07

The remark above reinforces the 'personal responsibility' and 'moral failure' discourses interpreted in the media analysis. Although there is some acknowledgement of the inadequacy of employment and income, the statement is framed as an individual failing rather than a failure of the system – the implication being that some people who they assume "can't be bothered", and assume misuse funds, are not deserving of support. Attitudes, such as those presented above, raise questions about the consistency of cultural safety within the health service.

Neoliberal values are represented in the poverty discourse where it is possible to "choose not to be poor" and it is only the 'deserving poor' who are impacted by external factors impeding their ability to contribute to the market economy and therefore entitled to assistance (Dixon, 2012, p. 2). McNaughton et al. (2021) found that people accessing charitable food had to "confess and demonstrate their poverty and worthiness for charity"

(p. 106) through their encounters with support services that heightened feelings of shame and loss of dignity. Demonstrating worthiness is also seen in the 'personal responsibility' discourse described in the previous chapter, with references to 'sit down money' (see section 4.3.1) reflecting pervasive views about social security recipients. Garthwaite (2016) suggests that social discourses that "question the lifestyles and personal attitudes" (p. 285) of charitable food recipients contribute to feeling undeserving. Some people experiencing food insecurity in Swales et al.'s (2020) study felt undeserving of food assistance until they had effectively exhausted the supply of the food in the household. The experience of food insecurity as a managed process, where people will engage in a range of coping strategies depending on the severity of their food situation (described in section 2.2.2), reflects that people need to be in crisis or desperate before seeking help. These sentiments also represent the concept of 'crisis' described above in section 5.2.2 as part of the 'struggle' discourse.

The system of help-seeking for those needing food support reinforces feelings of shame and failure. Admitting this 'need', particularly to health staff in positions of power, can be deeply risky (discussed further in Chapter 6). Not wanting to be seen to be failing is described by people experiencing food insecurity as motivation for not seeking help (Graham, Hodgetts, et al., 2018; Swales et al., 2020).

5.3.3 Parenting shame

The impact of shame was particularly described by participants for parents experiencing food insecurity, with participant comments such as "[a]s a mum, if you can't feed your children, you don't feel very good" (ST13). Food insecurity could lead to additional internalised guilt from the social stigma of being viewed as a 'bad parent', for not being able to provide for your family:

"I think it's, when there's families, so when people have children, it's almost one thing if as an adult you're choosing 'I can manage that'. But when I've got kids and I can't feed them I think that brings up a whole other layer of guilt around how I view myself as a parent. So people will then start to see themselves as a bad parent and then will fear 'oh what do people on the street think of me, what will welfare think of me,

what will the school I send my kids to think of me'. So I think that comes up and feeds into it." ST14

ST09 also spoke of the connection between food insecurity and school attendance, saying "[t]hat's when I know with her when she's struggling for food is when her kids don't go to school". Other studies have also described similar barriers for attending school when there is no food available (Lindberg et al., 2022). Aboriginal and Torres Strait Islander and non-Indigenous families have been described as engaging in practices that seek to avoid appearances of food security or poverty, by prioritising money on lunchbox foods and spending money on social and extracurricular activities for children (Dryland et al., 2021; McCarthy et al., 2018). However, the ability to prioritise food availability for children's school lunches relies on some resources being available. For those experiencing very low food security or severe poverty, there may not be any ability to source school lunches, thereby leaving households with difficult decisions about children going to school. These comments also challenge the rhetoric seen in the media discourse of welfare conditionality linked to school attendance (see section 4.5).

The complexity of parents seeking support for food insecurity was described by some participants in this study. It was reflected in terms of people being more willing to ask for help. When talking about the ways that food insecurity may become apparent for this staff member, people with caring responsibilities for children were seen to be more likely to ask for help:

"so they'll sometimes not be upfront about it and just be really withdrawn and won't reveal that kind of information until you ask them questions, and others will just be like 'hey, I need food'. I find the ones who are like that are more likely to sometimes be older with children and stuff, because their concern is more about their family, feeding the family..." ST01

Children are protected for as long as possible in times of food insecurity, with families resorting to escalating strategies, from reduction of diet quality, caregivers going without food to increasingly disrupting food intake across the household as food insecurity worsens (see section 2.2.2). This cascade of behaviours, and the lengths described above that

caregivers will go to in an effort to hide the visibility of food insecurity, indicates the likely severity for parents at the point of seeking help to feed their children. The shame of being seen as a 'failure' to provide for one's family is found in non-Indigenous literature from the United Kingdom highlighting the lived experience of food insecurity for parents (Chase & Walker, 2013; Purdam et al., 2016). McNaughton et al.'s (2021) study reinforced the role that charities can play in perpetuating shame for parents, with the authors observing "moral judgments" (p. 103) by staff and volunteers at a community food aid program reflecting sentiments that parents were failing to provide for their children. Parents in Purdam et al.'s (2016) study described having to put aside their shame in seeking food aid, "[i]t throws your pride out of the window ... I am doing it for my kids, I am not going to make my kids suffer just because of my pride" (p. 1079). Narratives of 'unfit parents' and 'unsafe children', seen in the media analysis, add to the burden of experiencing food insecurity for Aboriginal and Torres Strait Islander households.

5.4 Summary

Starting from strengths, this chapter began with the health staff representations of food insecurity for Aboriginal and Torres Strait Islander people in terms of resilience and resourcefulness. The importance of family was central to how participants talked about the experience of food insecurity – described as both a barrier and enabler of food access. It was clear that participants saw and heard the difficult experiences of food insecurity for health service users, and drew on struggle and shame discourses in their constructions of food insecurity for Aboriginal and Torres Strait Islander people. Participant representations of food insecurity within the community highlight the magnitude of experiences among health service users. Representations of food insecurity focused on stress and crisis, perpetuating a view of food insecurity as an acute issue, requiring immediate responses. While for some people, experiencing food insecurity is in response to an unexpected shock to the household budget or temporary financial stress, for others it is a chronic experience. Participants' constructed food insecurity as 'not having choices' and the constant struggle of competing priorities and living week to week were described in this chapter. Framing food insecurity as 'crisis' and 'not having choices' then focuses on food aid as the response, with

little consideration as to the suitability the food provided or how to maintain dignity in that relationship.

The discourse drawn on by participants reflected that shame operated as a barrier to seeking help and brought about feelings among health service users of being undeserving. Stigma and blame are often co-located with shame, adding to the difficulty of sharing experiences of food insecurity or asking for help. Participants particularly described that for parents and families there was an added layer of shame and guilt related to not being able to feed children. Shame results from internalising the pervasive views in society about poverty and food insecurity, as being an issue of personal responsibility, and feed negative stereotypes about Aboriginal and Torres Strait Islander people that were seen in the media discourses interpreted in the previous chapter. With many participants cognisant of the sensitivity of talking about food insecurity, the next chapter will explore the responses to food insecurity with consideration of the influence of these representations.

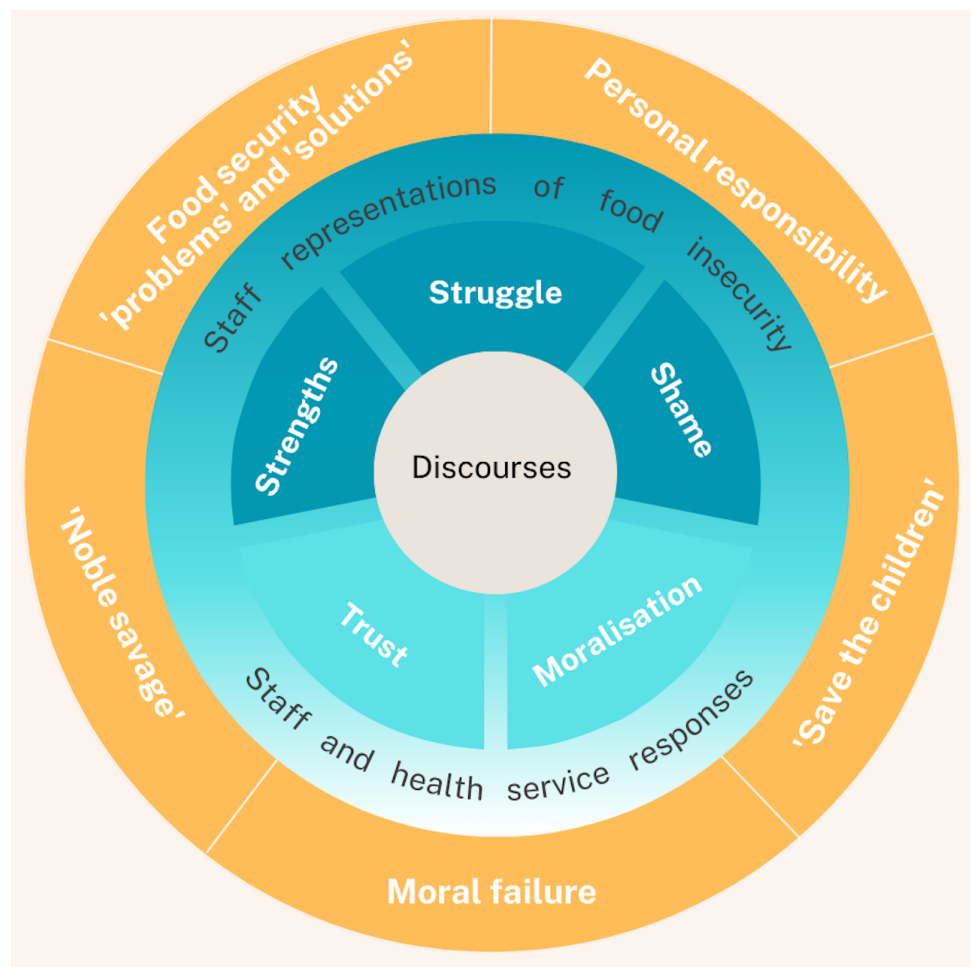
6 Responding to Aboriginal and Torres Strait Islander food insecurity in urban health services

This chapter continues the interpretation of how health staff in Aboriginal and Torres Strait Islander health services construct food insecurity, drawing on the perspectives of the 14 frontline staff from the primary care workforce that participated in this study. Following on from Chapter 5, which examined health staff discourses of food insecurity representations and the experiences of Aboriginal and Torres Strait Islander people struggling with food, Chapter 6 explores health staff responses to food insecurity. This chapter starts by outlining ‘responses and responsibility’ for food insecurity. This first section includes how participants responded to food insecurity in their work and their views on what should be done, and who is responsible, for addressing food insecurity for Aboriginal and Torres Strait Islander people in urban communities. This chapter, in focusing on responding, considers a core tenet of CDA that extends analysis of the status quo “towards the question of what should be done” (Fairclough & Fairclough, 2018, p. 179).

Through analysis of participant data about responding to food insecurity within health services, two key discourses were interpreted: trust and moralisation. Figure 7 below includes the discourses interpreted from staff responses to food insecurity and illustrates the relationship between the discourses interpreted in Chapter 4-6.

Figure 7

Discourses interpreted from health staff responses to food insecurity



An interpretation of these discourses, and their related elements, follows in this chapter.

The primary health care services for Aboriginal and Torres Strait Islander people included in this study (as described in section 3.3.3.1) aim to provide holistic healthcare in line with Aboriginal and Torres Strait Islander definitions of health; that is, health that embraces the “social, emotional and cultural well-being of the whole Community” (National Aboriginal Community Controlled Health Organisation, n.d.). The health services where participants in this study worked provided a range of support options for Aboriginal and Torres Strait Islander people experiencing food insecurity. The extent of food support provided within the government Aboriginal and Torres Strait Islander health setting involved in this study is

unique among state government health services. This chapter explores the ways in which participants drew on these available options and employed them in their practice.

Further, this chapter extends the analysis of health practitioners' actions in responding to food insecurity and interrogates the underpinning power dynamics. The discourses interpreted demonstrate these relationships of power. It is acknowledged that not all of the participants in this study identify as a 'health practitioner' or 'health professional' and that the group consists of people across a range of health service roles and sociocultural positions. For the purposes of this analysis, participants have been considered a 'professional group', as there are similarities that exist through the nature of the health practitioner/health service user relationship, and discourses traversed cultural identities and health service roles.

6.1 Responses and responsibility

Participants were asked 'whose role do you think it is to provide support for food security?' and 'how do you think food insecurity can be addressed for your clients?' to explore their views about responding to, and responsibility for addressing food insecurity. Participant responses demonstrated the complexity of food insecurity, moving between structural and individual-focused responsibilities.

6.1.1 Societal and structural responses

Structural factors impacting on food insecurity were described by participants, framed as external effects outside the person's control. Participants spoke of the cost of living and pressures on households:

"sometimes it is just, you know, they have had a ridiculous amount of, like, bills" ST01

"food is so expensive these days" ST12

The intersection between food insecurity and social determinants was also described:

"And I think food security is linked to housing security, and it's linked to security in employment, or security to store the food, pay the fridge bill, you know, it's all connected." ST05

Positioned in these ways, the responsibility sits outside of the individual.

The role of government in affecting household food insecurity was described by several participants. The insufficiency of social security payments was acknowledged as a barrier:

“I mean that goes from at the political level, you know. I think we need to ensure a basic living wage for all members of our society and I think we’re failing our society by not providing that and being more punitive with our social security.” ST04

Systemic issues like poverty and violence were identified as drivers for food insecurity, requiring structural responses to bring about change:

“I think it’s about poverty and I think it’s about education, it’s about kids going to school, being able to see your role models that go to Uni or get jobs and that’s probably going to help everybody the most. But in the interim, I think it’s about the Centrelink and it’s about pay. And I think to be honest I’m surprised by how many people don’t even access Centrelink because they’ve got chaos in their life and they’ve left that person and there’s violence and police and whatever, whatever, whatever and before too long there’s this underclass of people that aren’t even on Centrelink and they’re just living off friends and family. So I think it’s about money. I don’t know that there’s a lot. I would love to be able to have sort of community gardens with lots of food that people could eat and that Pollyanna world but really I think it comes back to governmental stuff.” ST08

Despite acknowledging the structural nature of food insecurity, individualist tones are still present in ST08’s quote above, referencing the importance of attending school and being motivated to study and work by seeing ‘role models’ in the community. ST08 shows self-awareness of the limitations of strategies such as community gardens in addressing food insecurity, although the response perhaps reflects the predominance of gardens being heralded as the answer to food insecurity in the media.

With low income households needing to spend more of their money on food, those on social security payments are one of the groups at greater risk of food insecurity (Pollard et al., 2019). The inadequacy of social security, keeping people in poverty and also at risk of food insecurity, has been consistently documented by community service organisations (Australian Council of Social Service & Social Policy Research Centre, 2016; King et al., 2013).

Despite this, there has been no action from government to address the inadequacy of these payments. Instead, as shown in the media analysis previously in section 4.3.2, interventions such as the Basics Card have been introduced to control the spending of individuals, rather than address the structural causes of food insecurity.

One participant reflected that there may be a role for the organisation in lobbying government to respond to urban Aboriginal and Torres Strait Islander food insecurity:

“so I would hope that [Aboriginal and Torres Strait Islander health services] would take a lead on lobbying, even if they're not wanting to take a public stance about families are struggling to access food, then what are they doing up into government and to health departments and things like that to say, ‘well, this is an issue, how can we work at this level to do it and to do it better’” ST14

Supporting food insecurity was framed in terms of human rights by some participants, speaking to an expectation that everyone should have access to food:

“it’s one of those basic needs in that hierarchy of needs, isn’t it, food. It’s a basic necessity we should all have access to” ST05

“everyone should be able to have fruit and vegetables and meat for dinner” ST01

While a human rights discourse in relation to food insecurity can commonly be found within health and nutrition literature (Chilton & Rose, 2009; Dowler & O'Connor, 2012; Pollard et al., 2019), the media analysis presented in Chapter 4 illustrated limited support for rights-based approaches, with Murdoch-owned press actively negative towards it. Several participants in this study clearly spoke of food being a fundamental need that everyone should have access to, although in the main, the structural nature of food insecurity was a minimal focus within participants’ responses.

6.1.2 Health service and practitioner responses

In response to “how do you think food insecurity can be addressed for your clients?”, participants most often suggested food aid (provided by the health service or other agencies), budgeting, shopping and cooking skills. Participants reflected the pervasive nature of charitable food as the primary responses. Some participants also discussed

potential strategies such as peer-to-peer skill sharing, community gardens, and the important role of food provided by health services at community events. Neoliberal ideology that favours individual responses, assuming a deficit in knowledge and skills, underlies many of these suggestions.

Participants drew on a range of strategies in responding to people experiencing food insecurity. Some participants did not think that a sole practitioner had the capacity to respond but instead described the importance of all staff in the health service playing a role in supporting health service users with food insecurity:

“I think it has to be the whole team because we all do parts of the pieces of the puzzle together” ST04

“I don’t think any one person can change it, but I think you can build some scaffolding around it” ST06

The most commonly discussed strategy was referral to a social worker:

“so, utilising the social worker. They generally know what’s out there in the community and where they can access it and how they can access it in a timely manner. Yeah, I definitely don’t send [people experiencing food insecurity] out the door and say “hey, duck across the road to see if Vinnies is open”” ST05

In some cases, other colleagues or organisations had more expertise or were better suited to provide comprehensive support, and participants were comfortable to refer on. These participants may have been happy to raise and discuss the issue, but described other colleagues as being better placed to provide support:

“If someone had disclosed [food insecurity] to me, I feel very comfortable pointing them towards [the social worker]. In terms of trying to solve it myself, I don’t feel I have the time or the skills. I don’t feel like I need to solve everything myself” ST04

Most health services had food support available, through donations or food purchased by the organisation, that participants were able to provide to people experiencing immediate food insecurity. Food for people to eat in the short term (snacks and ready-made meals), meal or food parcels to take home, and help with grocery shopping were discussed as

options available within some health services. Several participants talked about supporting hungry people with food as a first step, to help people think more clearly and better deal with addressing broader issues:

“I said to her ‘before we go and deal with Centrelink and all that other stuff, I know that’s really important, let’s get you some food. Let’s get you something to eat and then after that we can go to housing, we can go to Centrelink, we can go to all those other places’” ST01

Although acknowledging the underpinning causes of food insecurity including income and housing, the actions noted above are responsive to the immediate need for food.

Some participants had built a knowledge of local support options through hearing from people experiencing food insecurity and working in their role in the local area for many years. Overall, there was no consistency in approach or organisational pathways regarding responding to food insecurity. Individual participants made personal and professional decisions about how they supported people needing food and had access to varying internal and external organisational options. Some participants spoke about navigating this process by themselves:

“On my own. Just getting out there. Word of mouth. Like if I overhear something. I sorta like keep that in the back of my head. But I usually just ring up, Google it, or find out what’s in the area and sometimes I’ve just gone and popped into the op shops and just ask them what they’ve got as well.” ST12

“I’d love proper resources, not just what I think or who I think” ST02

Resource lists were sometimes available to participants with information about charitable food in the local area, although some participants cited issues with currency:

“it changes a lot because I guess people’s funding changes every financial year so it does get dated quite quickly so all those books we have lying around you really still have to call them and see if they’re still even doing it” ST07

Participants spoke about the challenges of accessing external food support for people when needed, due to specific availability and eligibility requirements:

“One of the services that I rang, she said “oh, she’s out of catchment.” I just keep trying. Timing is – because they said “we finish at 12 o’clock” and it was like 11:30. I was like “no, no, no, please she’s going to be there”” ST12

Similarly, other studies have highlighted that accessing food aid provided by welfare agencies is inconsistent, with no uniform policies about eligibility or what food support is available, sometimes at the discretion of individual staff or volunteers (Lindberg et al., 2017; McKay et al., 2020).

Participants also discussed concerns about Aboriginal and Torres Strait Islander people not being treated respectfully when seeking charitable food from external organisations:

*“Without being mean, they are older women, they are volunteers so they're not getting paid for what they do but just the way they treat the young women. I don't know. I don't even want to say it. I don't know if it's like the white, like the white lady going ‘oh, the poor Aboriginal woman’ and the way she talks down to her and telling her “you need to start budgeting” and just being so degrading on this poor young woman. I’ve had one woman cry...
I don’t know if it’s like the middle-class volunteering to help out the poor people and then putting their values and stereotypes down onto the people that access the service. It’s horrible.” ST09*

Participants talked about needing to go with health service users to access charitable food, to help advocate for them at other services and ensure respectful treatment. Participants made decisions about which external organisations to contact to request assistance, depending on previous experiences. While little literature exists internationally about the lived experiences of Aboriginal and Torres Strait Islander people accessing food aid, a study with providers of Aboriginal and Torres Strait Islander food programs in Victoria highlighted the importance of a culturally safe environment to encourage access (Murray et al., 2014). Participants in this study spoke of a preference for food support to be provided by the health service, to overcome some of the access barriers described above.

Challenges with sustainable organisational funding and support for food relief were also discussed, needing the *“budget in the organisation to buy it [food] and the permission to do it” (ST13)*. Internal processes to provide food aid from the health service appeared clear to

some participants, who were able to readily access organisational supplies and talked about eligibility decisions made by the organisation. However, for others in the same service, accessing supplies seemingly available within the organisation was not clear and these participants drew on different strategies to support people experiencing food insecurity. This poses questions about the extent to which there is organisational backing and adequate communication about processes to support people experiencing food insecurity, given that not all participants were aware of what was available within their sites. The ad hoc responses to food insecurity described in this study suggest the importance of a whole-of-service approach.

Sometimes the complexity of food insecurity as an issue made it difficult for participants to identify long-term strategies, *“I’m not sure how to address the bigger picture”* (ST13). One participant talked about the limitations with support options:

“One of the things I struggle with is there’s no easy solution to it. Like, yes, we might send them off with some pasta and cereal and whatnot, but what is that going to do long-term? So there’s at times, there’s an uncomfortableness knowing that you can only do a little bit. You can’t necessarily fix it or solve it.” ST14

ST14’s quote above illustrates the contradiction for health service staff working directly with Aboriginal and Torres Strait Islander people and households experiencing food insecurity, where the support options available are merely a short-term response to a complex, structural issue. Health professionals are typically driven by a desire to help (see section 6.3.1), which can prove challenging in an environment where support options are limited and usually short term. The implications of these dilemmas are discussed in the concluding chapter.

In the context of talking about responding to food insecurity, participants drew on discourses that are interpreted as ‘trust’ and ‘moralisation’.

6.2 Trust discourse

The trust discourse is described in this section in terms of relationships and rapport, and child safety. These elements of the trust discourse represent both trust in health staff and health as an institution; relationships of power are central to exploring trust in these contexts. It is important to note here that trust is explored from the perspective of the participants – health staff – not from health service users themselves. It is only health service users who can determine whether the interaction with health staff did indeed reflect a trusted relationship.

The importance of self-determination and holistic health service provision for Aboriginal and Torres Strait Islander people is frequently espoused, yet countless interactions between health staff and people accessing health care are dictated by the protocols of the health service rather than community – a key issue that cultural safety seeks to address. Many of the conversations described by participants in this study took place in the consulting rooms and clinical spaces that exemplify the domain of the health service. The power of the institution is further exemplified by clinical interactions that occur via an appointment, when the staff member was available, at the convenience of the service. There is a historical context, resulting from colonisation, of mistrust between Aboriginal and Torres Strait Islander peoples and institutions such as health (Cox, 2007; Kong et al., 2020) that further complicates relationships with staff in these settings. Reflecting on the need to address power within health services, Cox et al. (2021) draw attention to the continuing impacts of historical actions:

organisations such as health services need to reflect on their ways of doing business, their everyday routines and practices and consider the power dynamics at play. The goal is to both acknowledge and limit cultural dominance and the damage caused by the historical and ongoing erosion of trust of Indigenous people and others marginalised by the healthcare system. (p. 58)

Establishing the community-controlled sector (see section 2.5) and redesigning government services have sought to improve the cultural safety of health services, and deliver health care following Aboriginal and Torres Strait Islander concepts of health. However,

contemporary health services are still characterised by white constructions of knowledge and power, for example in the way the biomedical view of health permeates Aboriginal and Torres Strait Islander health care. White staff play a role in reinforcing colonising perspectives through the policies and practices of institutions that normalise white knowledge and power (Searle & Mulholland, 2018). Topp et al. (2022) echo Cox et al.'s argument in saying that “significant reform to the structures, financing and institutions of governance as well as the prevailing norms and work culture” (p. 8) is needed to develop trust between Aboriginal and Torres Strait Islander peoples and health services. Their study described the conflict between the values of the health service and the values that underpinned the work of Aboriginal and Torres Strait Islander Health Workers based in a Queensland government health service in building trust between community and clinic (Topp et al., 2022). Health services can represent sites of potential incongruity between Aboriginal and Torres Strait Islander and white knowledges and ways of working, where colonisation is visible and reinforced. This is especially likely within health services where governance is influenced by government rather than community.

One participant reflected on how these policies affect Aboriginal and Torres Strait Islander peoples' trust in health services:

“the legacy and the generations of poor treatment including even back to the Stolen Generation and not being counted as citizens until '67 and all of that. It's in their history to be distrustful of us, authoritarians and accessing new services, running into new people behind a desk, kind of thing” ST08

Although there was awareness by many staff of the implications of history and contemporary experiences on the interactions between Aboriginal and Torres Strait Islander people and health services, this section illustrates that the role of health services in supporting food insecurity is further complicated for Aboriginal and Torres Strait Islander peoples.

6.2.1 Relationships and rapport

The role of rapport and relationships was discussed in some way by all participants when describing ways of talking to and working with people experiencing food insecurity. It was

one of the defining characteristics that all participants had in common and reflects the importance of respectful relationships to address the racism and poor treatment experienced by Aboriginal and Torres Strait Islander people within healthcare. Strong relationships are central to working effectively with Aboriginal and Torres Strait Islander people, with many studies reinforcing the importance of trust in the context of health care (Bennett et al., 2011; Dwyer et al., 2011; Kong et al., 2020; Topp et al., 2022). Bennett et al.'s (2011) study highlighted how relationships are "the most fundamental aspect" underpinning meaningful social work practice with Aboriginal people, described in their study as not just "the nice thing to do, it's actually the only way to operate" (p. 27).

Reinforcing that it can take time to establish trusting relationships with Aboriginal and Torres Strait Islander people (Bennett et al., 2011; Wilson, Kelly, et al., 2020), participants in this study similarly described trust being built over many years in some cases:

"it probably took a year before they trusted me to actually talk to me and now it's like the flood gates have opened and particular women, some men, but in particular there are a certain group of women who will just tell me if they're having issues but it took a good 12 months for people to actually, you know, suss me out." ST02

Participants talked about how developing a strong relationship over time helped to facilitate communication and a non-judgmental environment. For one participant, this resulted in being considered a trusted staff member at the health service for that person when seeking care:

"I've known her ever since I've worked here. She identifies me as her regular, she identifies me as someone that won't judge her. She's confided a lot of her history to me and so it is a fairly unique relationship. She doesn't have that relationship with many other people." ST04

Similarly, ST11 commented on the importance of being non-judgmental and establishing rapport when having conversations about food insecurity:

"making sure that you've got that rapport and openness to be – and being non-judgmental too. Nobody wants to be judged because you can't put food on the table."

Being perceived as non-judgmental was described by some participants as part of helping people experiencing food insecurity to feel safe to talk about their situation. However, as highlighted in the previous chapter, the shame discourse is co-located with food insecurity, and there are layers of judgment evident in participant responses. Despite some participants seeking to remain non-judgmental, comments cited in section 5.3.2 reflected common perceptions of people struggling on low incomes, being described as *“just poor at managing money”* (ST07) and having to demonstrate their neediness.

Although the importance of building relationships was fundamental for all participants, there were variations in the approaches used. Rapport was essential for discussing certain issues, evident in statements by participants such as *‘I’m not going to ask that question if I don’t have rapport with the client... because that would just make them feel uncomfortable’* (ST10). Participants were aware of the need to be mindful when talking about food insecurity and felt that having a relationship with the person helped to facilitate sensitive conversations without causing offence. ST10 went on to say:

“And if I’ve got rapport with them, then I would just say, ‘oh, hey are you ok?’ Or if I knew there was a change in their life with jobs, income, family, then I’d make some general questions that they may open, like open-ended I guess, that would potentially give them an opportunity to open up, but I also don’t want to assume or ask very direct questions that could be then taken as the wrong way.”

Food insecurity was understood to be a topic that was potentially sensitive, requiring rapport or knowing more about the person’s situation before asking about access to food:

“if you don’t know someone and you ask them a question about whether they’ve eaten today, they could take that really wrong, so I wouldn’t be just throwing that around and asking people ‘have you eaten today?’ because I guess for me if someone were to just assume that I hadn’t eaten today I’d be really highly offended, so it’s just about knowing what’s going on and knowing their story a bit more before you kind of ask those questions. Yeah, because it might not seem like a big thing to ask but it actually is to certain, you know, it is, if you’re making an assumption that someone hasn’t eaten, it can be very sensitive” ST01

However, if health staff do not have an existing relationship with someone attending the health service there may be implications for conversations around food insecurity. This barrier is exacerbated further if staff do not feel comfortable or think that the health service user may not be comfortable.

6.2.1.1 Person-centred approach

It was common for participants to describe navigating the conversation, to start with general questions that helped staff to get a sense of what was going on for the person. While not asking specifically about food insecurity, one participant described asking social questions to identify factors impacting on a person's food decisions and *"I just listen"* (ST10). Broad questions helped this staff member find out about the person's situation, to identify any potential 'flags' for food insecurity:

"but I actually listen and I don't have an agenda. So if they say they work and they don't do the cooking, that's okay. I might then lead into something like if they said something that was a flag for me, I might go, 'oh, okay, so you've got X amount of people in the house, how are you going, who does the shopping?' They might say 'oh yeah it's a stretch between pays or something'. Then I would go, 'oh, okay', that would be a flag for me, but I don't have a, like a very direct battery of questions that are around food security." ST10

Being able to "demonstrate strong, purposeful, and respectful listening skills" was found by Bennett et al. (2011, p. 28) to be paramount in building relationships with Aboriginal people. Their study also identified that listening requires time and that sometimes people will not share the actual issue at the first interaction, until there is a trusted relationship (Bennett et al., 2011).

Similarly, other participants also reflected the importance of getting a sense of what is going on in a person's life – *"you kind of need to get the picture of the person"* (ST06) – to help understand social factors that may impact on food security or health issues. Starting with a broad conversation was one way to get a 'picture of the person' for ST06, describing *"I start so broadly and then kind of narrow in. I don't start with 'can you afford food' and you know,*

'is your child fed'". For this participant, this approach was part of being non-judgmental and listening to each person:

"don't pre-judge, don't pre-package, don't anything. You've really got to, each patient, just wipe the slate clean on the previous patient and just give the space and time to this person" ST06

Topp et al.'s (2022) study of Aboriginal and Torres Strait Islander health worker practice highlighted the importance of person-centred approaches that "treat service-users as people" (p. 5).

Needing to focus on the person to provide safe and effective health care was described by ST02 when working with people with diabetes:

"if they can just afford bread and jam then that's ok, let's work with that, so it's working with what they are eating and are able to eat. I also discuss if they're – if they miss a meal. Quite often they won't eat, they'll feed the grandkids and they won't eat and I'll discuss 'don't take your insulin if you don't eat, it doesn't matter, because you'll hypo'. We discuss hypos and it's really important not to take your insulin if you skip a meal, and they deliberately skip a meal, and it's these women who have their grandchildren."

This interaction highlights the importance of clinical interactions where people feel safe to be honest about their experiences of food insecurity. Experiences such as that described by ST02 show health staff in situations where they need to manage complex and intersecting health and social situations. Douglas et al. (2020) and Berkowitz and Fabreau (2015) described the implications of food insecurity on diabetes, and subsequent implications for health staff practice. However, how this is done is rarely elaborated upon.

Some participants described the importance of people experiencing food insecurity being able to self-determine what support they accessed and the need for reduced decision-making control by the health service and staff. One participant talked about people being able to determine the help that they engage with, acknowledging that offers of referral to other staff, such as the social worker, may not be accepted:

"It's really tricky too because I could say 'I can get the [social worker]' but patients go 'no, no, no'. Some will go yes and some will go 'no, no, no, I've got it covered now, it's

alright', that sort of thing because there's a pride thing too, you know, like it's a big deal."

"I just think the door's got to be wide open and it's got to be safe, you know. People can come and go, like, we're here to serve them" ST06

From this perspective, it is the role of staff to have conversations and offer support, but the person experiencing food insecurity can choose whether to engage with those options. ST06 described the balance that was needed between providing a safe environment in which support can be sought and acknowledging that people may not access that support for a range of reasons including pride or shame.

Similarly, another participant talked about people having control over their decisions about asking for help or accepting help when experiencing food insecurity:

"So some people won't go to Lifeline because they're worried about what that image is going to present to other people in community. But you also, you don't want to cross the line and force it because it's really their journey and they need to decide for themselves what's the best for them..."

I think it's not any different with a lot of different things in life. It's people being ready to step up and get the help and as well as that they have their own perceived ideas of what that means if they seek help." ST10

This quote empathetically acknowledges the shame and stigma with seeking and receiving food support, and that some people may avoid help-seeking as a result.

Overstepping boundaries could have implications for the reputations of health practitioners in the community. One participant spoke about concerns about community members not coming back to the health service if the staff member had been inappropriate:

"so sometimes you're just trying to build up that little bit of trust and rapport in your brief clinic setting, you know, if I – 'oh don't go see her, she'll read the rights to you, have you got food at home in the cupboard' and that's something to be mindful of as well because word of mouth is quite strong out there in the community" ST05

The quote above where ST05 drew on language like *"she'll read the rights to you"* indicated an awareness of staff power in these relationships and the inherent risk to Aboriginal and Torres Strait Islander people when sharing experiences of food insecurity. As a result, staff

sought to develop trusting relationships and were careful to not overstep boundaries if rapport had not been established. Asking or talking about food insecurity was considered a sensitive topic where the nature of the relationship either facilitated or constrained discussion.

Some participants highlighted the need to be discreet when discussing potential food insecurity or when providing food aid. Raising conversations in an open clinic environment, or when other family members are present that may not be aware, could result in the person feeling upset or denying their experience of food insecurity. For one participant, while providing food aid through the health service was important, there was a need to consider people's pride:

"you know, just be discreet I think, so that people have their pride and 'oh yes, I've just been to Woollies, I haven't been to the food bank', keeping it as discreet as possible, I think, would be wonderful, because I think that people in this community go through too much already, they don't need to feel ashamed of cheap or free food, you know..." ST02

Although providing food aid was central to many participants' construction of food insecurity support, the need for discretion indicates an awareness of the shame associated with charitable food, regardless of what strategies staff employ to minimise shame for people accessing the health service.

6.2.1.2 Facilitating help seeking

Many participants talked about people sharing their experiences of food insecurity after trust and rapport have been established. Participants described trust as being fundamental to facilitating open communication with health staff, to enable people accessing the health service to feel confident to talk about what was going on for them:

"people will have more trust and be more confident to let us know what's going on..." ST01

The experience of food insecurity, and seeking help to access food, can result in feelings of shame and embarrassment for people (discussed previously in section 5.3). The importance

of relationships was described as a way to reduce this shame and create opportunities for help-seeking:

"I just put it straight to her. I'd tell her, "don't be shame", and since I've kind of had that yarn to her, she's like, yesterday she asked me for food, like she, it's broken down those barriers for her just to say, "hey yeah, we need food, I need bread and milk. Can you help out?" Just having that one-off conversation she'll know, "it's all right to tell [the staff member] that I need food cause she's not going to judge and she's going to help me out" ST09

This thesis acknowledges that relationality in an Aboriginal and Torres Strait Islander context may be influencing the nature of relationships for some of the participants in this study. As Drummond (2020) articulates, "Indigenous peoples' interconnectedness with each other is illustrated in complex moieties, or family and community ties" (p. 132). Relationality may subsequently reduce barriers for some health service users to seek help from Aboriginal and Torres Strait Islander staff. It is also relevant in the context of helping, discussed in section 6.3.1.

The importance of relationships to overcome shame in asking for help was reiterated by other staff:

"because it's not always easy for them, like being Indigenous and stuff, it's always shameful to, for them to ask for help. And they don't usually but if you've got a good connection with them, and them to open up" ST12

These comments indicated a deep awareness among participants of the shame that people experiencing food insecurity may be feeling, and described connection as a way that staff sought to minimise shame for others.

Shame and pride were co-located emotions in some interview responses in this study, with pride identified as a motivation for not seeking or accepting help. One staff member talked about a situation where not having money for a pharmaceutical prescription prompted a conversation about food insecurity:

"I just talked about you know are you aware that you can actually go off to like St Vinnies and get a voucher. A very proud, independent woman probably would not ask for help, would see that very shameful. She said 'nah, nah, I'll just go without, I'll

just go without. As long as he's got his medication and I've got something for him it's alright'. So I guess it can be a topic of, I guess you need to tread cautiously with some, with regards to it, so as not to offend, and not to feel like, you know, I don't want to shame anybody here because they've said that they don't have the money, so I guess that's really tricky sometimes" ST05

The participant acknowledged that not having money for medicine or food was a sensitive conversation and, while trying to offer support, being conscious of not adding the shame the person is most likely feeling. Douglas et al. (2020) similarly acknowledge "professional discomfort" (p. 409) in their study and across other literature, indicating staff awareness of the sensitivity of talking about food insecurity.

When asked about how participants feel having conversations about sensitive topics, generally it was more important that the person coming to the health service felt comfortable, rather than the health worker. 'Connection' and 'confidence' were described together by ST12, *"[t]he connection I guess you get with people. Some people, like I find myself to be open and confident, not overly confident, but I feel confident in myself to ask as well. I guess Indigenous to Indigenous, feel more comfortable."* For other participants, discussing complex, sensitive issues such as food insecurity could be about waiting until *"when the timing is right"* (ST04) to not cause offense. ST04 reflected on often having a 'script' for regular conversations that happen in a health service consultation, and not having one for food insecurity could be a barrier to initiating a conversation:

"I think that for conversations you have often, you develop a script, so you know in your head how to raise this, how to lay the groundwork so people know you're being respectful, and then how to dive in and get the information you need, and perhaps because it's not something that's always at the forefront of my mind, if it flicks through my mind, I don't have a script and then I think, I'm thinking 'I really should ask about that, oh, how am I going to without, you know' and then sometimes I think I'll do that next time or I... or you know, you dive in or you do it but it's not easy"

Health staff confidence to have conversations about food insecurity, while navigating complex relationships of power and culture, may be limited by lack of experience. In other words, health staff are not used to, or trained within, the biomedical model to have food security conversations.

For some participants, sharing their own experiences of struggling financially helped in some cases to build trust and rapport with people experiencing food insecurity:

“Just by yarning with them. Sometimes I might even talk about myself, like the struggles that I’ve had. That usually makes them more, like, comfortable in talking about their struggles in life. So just engaging with them and having a yarn.” ST12

Participants talked about the importance of empathy and understanding peoples’ circumstances, and related it to their own experiences: *“just have that empathy with them because everyone’s struggled at one point”* (ST09). Other studies also reflected how health staff share personal experiences and information about themselves as part of building relationships with Aboriginal people (Bennett et al., 2011; Kong et al., 2020). In the context of potentially risky conversations about food insecurity, strategies by participants to share their own experiences of struggle are perhaps a way to reduce power inequities in the relationship.

Creating a space in the conversation, so that the person could choose whether or not to share the information, was one strategy employed by participants:

“I might create a space for them to say it but I won’t be ‘so do you have enough food in your cupboard’ kind of thing because I think that can be quite threatening to people and if they don’t trust. I often think I have to demonstrate to them that I’m a trustworthy person for them to tell me that stuff” ST14

Here, the onus is on the staff member to develop the relationship in a way that invites trust and helps the person to feel comfortable.

6.2.2 Child safety

The forcible removal of children from Aboriginal and Torres Strait Islander families and communities since invasion, and continuing in the present day (see section 4.5.1), provides an important lens through which to reflect on responding to food insecurity within health services. Participants acknowledged that households with children may be particularly distrustful about discussing food insecurity due to concerns about child safety scrutiny:

“particularly people who have had history with Department of Child Safety, you know, there’s always that, that distrust, or potential distrust of another health care clinician.” ST05

The quote above reflects aspects of the ‘save the children’ discourse (see section 4.5) and also parenting shame (see section 5.3.3) where Aboriginal and Torres Strait Islander families with children are particularly scrutinised in the context of food insecurity.

Responses from participants reflected a concern for families and awareness of child safety risk when discussing food insecurity. Food insecurity being used as justification for state department intervention³³ or child removal was described by many participants, as ST14 explained:

“I think, particularly in this context, it’s not that I would ever do it and I don’t think anyone else would, but when Child Safety go into a house to do an investigation they look in the cupboard and they look in your fridge, and that’s one of their ways they judge whether children are being neglected or not neglected, and our mothers know that, they tell me that.”

These concerns were raised by many participants, making the link between past government practices and the use of lack of food as a tool to justify child removal:

“well with the Stolen Generation there’s a collective memory, you know, someone coming in and inspecting your cupboards. And I do think there are people who keep cans in their cupboard to prove that they’ve got food, they’re not for eating, because people have told me that.” ST06

Aboriginal and Torres Strait Islander people have been subject to scrutiny and control, with policies that restricted access to food through rations or controlled income under the guise of ensuring access to food (see section 4.3.2). The historical trauma of child removal, with connections to lack of food, is represented in these participant quotes, but also speaks to

³³ At the time of writing this thesis, the Queensland department responsible for child protection was the Department of Children, Youth Justice and Multicultural Affairs (www.cyjma.qld.gov.au) however many participants referred to ‘DoCS’ or ‘child safety’ in reference to previously titled state departments.

the ongoing risk and judgment that continues to impact Aboriginal and Torres Strait Islander households for what is a structural failure.

For ST12, the challenge of competing priorities and risk of child safety was a motivator to help people access food support:

“if they get reported and Child Safety are involved because they don’t have enough food, you know, that can really impact on them losing the child or their home, paying rent, it’s heartbreaking” ST12

The thought of children experiencing food insecurity was particularly upsetting for ST06 and shifted the potential response:

“So if there’s kids at home, I guess that’s the difference. If they’re adults, I will, you know, this is a woman who’s sort of shifting things around to try to balance this situation at home. If there are children at home, I will often see if [the social worker] can be involved.”

ST06’s feelings of discomfort about child hunger resulted in giving some people money, explaining that *“I don’t like, I don’t want, you know, I just, the idea of children going hungry just really upsets me and people not, in this day and age, I just find that terrifying, yeah so, yep, that sort of thing.”*

Although there is no known literature explicitly exploring food insecurity for Aboriginal and Torres Strait Islander households and related risk of child removal, studies among other communities have identified the stigma associated with being seen as a “failed parent” (Graham, Hodgetts, et al., 2018, p. 387) and subsequent concern about child protection services (Barnidge et al., 2020). This was also represented in the media analysis, with intersection of the ‘save the children’ and ‘moral failure’ discourses. Parents may hide their experiences of food insecurity rather than be ‘outed’ and experience the shame and judgment (Graham, Hodgetts, et al., 2018). Purdam et al. (2016) also identified parents’ concerns about accessing food banks and that it may indicate they were “unable to provide for their family... raising concerns of child welfare” (p. 1080).

One participant described situations where food insecurity and child safety overlap, reflecting on likely reluctance among family members to seek help for food:

“Yeah. I am very doubtful that the mother that I’m suspecting I should be talking to DoCS about neglect would tell me that she’s got no food even if I did talk to her because she knows she’s in trouble with DoCS.” ST08

ST08 commented that *“mostly relationships with patients are good even if DoCS is involved and people are wanting the best for their children, wanting the best for them, so they will talk openly about things”* although also acknowledged the potential implications for families associated with sharing experiences of food insecurity.

However, whether the health service constitutes a safe space for Aboriginal and Torres Strait Islander people to share their experiences of food insecurity and seek help is mediated by a range of factors. The intersection of risk, shame and judgment is seen in ST08’s example of a conversation with parents:

“I have tried to approach it and people told me to “fuck off, how dare you talk to me like that?” That kind of stuff. And you have to apologise and just say, “Look, I’m just seeing if I can help you out in this angle, this is something that would be good for you.” I remember there were two incidences in the last three years here where people yelled at me about sort of being intrusive on those issues but that’s not really good parenting anyway. That’s when you are quite worried and you have to think about what’s going on at that home.”

Approaching complex conversations may be challenging for some health staff, even for those who feel confident to discuss sensitive issues. Health staff are often motivated by wanting to help and therefore may be more inclined to raise a conversation about potential food insecurity, in the context of ‘relationships and rapport’ discussed in the previous section. However, there is the additional complication of mandatory reporting of suspected child abuse or neglect that applies to doctors and registered nurses, although all health professionals have a duty of care to report ‘reasonable suspicion’ (Queensland Government, 2013). Navigating the space between trust and health care represents a complicated dynamic for health staff, and represents considerable risk for Aboriginal and Torres Strait Islander households experiencing food insecurity.

There are implications for health service users accessing care, where the attitudes and perceptions of other health staff may be influenced by notes in the health record of experiences of food insecurity – and may lead to child safety reports. Racism within health services affecting clinical decision-making can have dire consequences for Aboriginal and Torres Strait Islander people and has resulted in many avoidable deaths (Cox & Best, 2022). Stereotyping Aboriginal and Torres Strait Islander people as drinkers and drug users contributes to inadequate and unsafe care, as identified in the Royal Commission into Aboriginal Deaths in Custody over 30 years ago (Johnston, 1991) and more recently in the death of Naomi Williams³⁴ (Coroners Court New South Wales, 2019). Rather than acknowledging and naming racism as a contributing factor (Watego et al., 2021), the dominant discourse instead refers to ‘implicit bias’ or ‘racial bias’ within health care and interactions between staff and health service users (FitzGerald & Hurst, 2017; Parsons, 2020). A large study of Australians found the majority held an implicit bias against Aboriginal and Torres Strait Islander people, with a third holding a strong bias, showing that people may hold racist views without acknowledging the bias (Shirodkar, 2019). More broadly, in studies not specific to Aboriginal and Torres Strait Islander people, the presence of racial or decision-making bias has been identified among medical staff (Dehon et al., 2017; Quigley et al., 2021), allied health (Featherston et al., 2020) and health students (Cogan-Drew, 2021).

However, implicit bias is a problematic term as it focuses on the individual rather than acknowledging racial bias as “a symptom of structuralized racism” and an opportunity to address societal systems to effect change (Chisolm-Straker & Straker, 2017, p. 50). The unconscious nature of implicit bias implies that we have no power to change these biases whereas, on the contrary, models such as cultural safety can address the underlying assumptions and power imbalances that impact on clinical practice (Cox & Best, 2022). The “complicity of health...systems in racial violence” (Watego et al., 2021, p. 1) present

³⁴ Naomi Williams, a Wiradjuri woman, who was pregnant at the time, received sub-standard hospital and health service care in the months leading up to her death. The coronial inquest cited bias as a contributing factor to inadequate and unsafe clinical decisions made by health staff.

additional concerns regarding documenting food insecurity in health records, adding to the risk for Aboriginal and Torres Strait Islander health service users.

One participant described their caution at documenting experiences of food insecurity in health records due to how it may impact that person's care with other health staff or services:

"Generally I ask the patients 'is it ok if I write all of this in?'... if there has been a bit of food insecurity and you wrote that in, and then it went to a hospital or somewhere, and they're going 'sometimes not enough food', do they feel like they're obliged to notify DoCS? So you want to be fairly – and does it reinforce an image that isn't helpful when they're seeking care" ST06

ST06's collaborative approach to health documentation in the quote above was shared by Conyer (2020), reflecting on how privilege and colonisation influence clinical practice. Conyer (2020) explained that "[m]y approach to writing reports and case notes substantially changed. I make visible to clients my thinking about the positioning of documents and invite a collaborative relationship for working with them" (p. 103). The implications of documenting experiences of food insecurity in health records is one of many potential risks that requires consideration among health services, in collaboration with health service users. Co-design processes can determine appropriate methods that both ensure effective support and communication within the health service, and culturally safe experiences for Aboriginal and Torres Strait Islander people seeking care.

While this section described how participants sought to establish trust and were aware of factors that could impede trust, participants also reflected the moralisation discourse when talking about food insecurity. The following section continues this interpretation.

6.3 Moralisation discourse

Health care and food insecurity is a space where moral decisions based on "values and beliefs about what is 'right' and 'just'" underpin the many "everyday encounters" that occur (Taylor et al., 2022, p. 1). In the context of Aboriginal and Torres Strait Islander health, as discussed in section 2.1, moralisation has a long history dating back to 'protectionist' policies where the 'moral reform' of Aboriginal people legitimised widespread atrocities by

white settlers (Kidd, 1997). Since this time, the health system has been deeply implicated in the moralisation of Aboriginal and Torres Strait Islander people (Cox, 2007).

This section explores how participants' views about food insecurity – why it occurs, who is responsible, and how it can be addressed – influence participant responses. Interpreted here as the moralisation discourse, it includes four aspects: 'helping', 'policing', personal knowledge and skills, and healthy eating.

6.3.1 'Helping'

The first component of the moralisation discourse – 'helping' – was identified by all participants when talking about conversations with people experiencing food insecurity. Helping meant different things for different people, but all participants were motivated by wanting to help. In most cases, this was motivated by the need that participants witnessed in community:

"It's such a massive problem and I think we all need to help as much as we can and get and use the resources we have to get food for the community. Whether it's donations, whether it's the organisation providing food, whatever it takes as I don't even know if there's a food van around here, like Rosie's" ST09

For ST12, there was dedication in helping meet the needs of people experiencing food insecurity; *"I don't give up until I can, like I'm pretty determined like that, until I can help that [person] out"*. Both quotes above illustrate participants' commitment to helping. Although acknowledging that some participants in this study did not identify as Aboriginal or Torres Strait Islander, the 'helping' discourse reflected here has parallels with the willingness of Aboriginal and Torres Strait Islander workers in Topp et al.'s study (2022) to "go the extra mile" (p. 5) to fulfil relational commitments to family and community. Similarly, an earlier review article exploring accountability relationships for Aboriginal and Torres Strait Islander Health Workers found a theme of "family ties and cultural obligations" where workers felt a responsibility to help (Topp et al., 2018, p. 11). Dickson (2020), too, describes the complex networks that Aboriginal and Torres Strait Islander health staff manage in a blurred space, a "seamless connect" (p. 972), between professional and personal. The community obligations that impact on the breadth and depth of helping for

Aboriginal and Torres Strait Islander staff are acknowledged here, however it is not a concept that was explicitly discussed in this study.

Participants spoke about doing what they could to reduce the pressure in peoples' lives, and provided help in a range of ways. Described as a *"duty of care"* (ST05) and *"absolutely vital"* (ST02), it was clear that some participants felt it was necessary to respond to food insecurity as part of their role. ST06 said *"it makes me a little sad but it's important, it's part of your job. Because often, if you can take some pressure off..."*. Other participants indicated less confidence in being able to support people with food:

"I guess it could be part of the service just increasing the focus on encouraging people to talk about that and saying that we actually can try and help you if you tell us if there's a problem in that area we could try, can't guarantee anything but we can try" ST07

Some health professionals in other studies have held views that it was not their responsibility to 'solve' food insecurity (Douglas et al., 2020), reflecting a sense that food support is not health work. Caregivers experiencing food insecurity in Barnidge et al.'s study (2020) in the United States reported they "never thought to discuss it" (p. 105) with their health care provider and that some health staff displayed a lack of interest in talking about food insecurity. Food and welfare have not typically been categorised as core business and, as Bond (2005) argues, government health services have been the decision-makers about what is considered 'real' health work, rather than community. The dominating biomedical model of health also minimises the value of holistic health and the role that food security plays in ensuring and supporting physical and emotional health. However, for most participants in this study, talking about and responding to food insecurity was important.

6.3.1.1 Helping motivations

The trust placed in health staff by help seekers can provide an opportunity for helpers' self-serving motivations, in the context of what is usually an imbalance of power (Carter, 2009). Schuyt (2004) presents a variety of perspectives on helping that call into question the motives of the helper. Helping can reinforce the helper's ego or position of authority, and some helpers are drawn by the appeal of adulation (Schuyt, 2004). It is undeniably

uncomfortable to see others in discomfort and helping to relieve this stress can also create positive feelings for the helper.

Participants described feeling “bad” (ST13, ST02, ST08, ST13) or “sad” (ST05, ST06, ST08, ST09, ST12) when hearing about peoples’ experiences of food insecurity, particularly in situations where participants felt they could not really help:

“it’s just nice to be able to help them but it’s also sad at the same time because food, everyone needs food to survive and if they don’t have the essentials to live, like how shit is that?” ST09

Conversely, participants spoke of ‘feeling good’ when they could help people in need:

“it feels like Christmas when you can help someone and this is such a basic thing to help people with” ST08

“I feel good. I feel like I’m helping them. I’ll go above and beyond to help somebody and I’ll do whatever it takes to get some food.” ST12

Additionally, participants described talking with people experiencing food insecurity and making comments such as “I’m like ‘if you need food, I’m happy to help you. Like I don’t want to see you fellas starve’” (ST09). This statement is framed in a way that highlights alleviating the negative feelings of the helper.

ST13 acknowledged that many staff are in professions where helping is fundamental to practice and feeling helpless is uncomfortable:

“The part that I do kind of feel bad sometimes because I can’t help as much as I would like with some of those issues. We’re in a helping profession and there’s some things we just can’t help with.” ST13

Similarly, ST02 talked about wanting to do more:

“I couldn’t help her, like properly help her. I gave her some scrummy muesli bars and I wanted to, you know, just take her to Woolies and fill up a shopping basket, or give her something more nourishing than a muesli bar, but that was literally, and I was thinking, I even thought what does the [health service’s] kitchen have, tea and coffee, oh there’s nothing in the kitchen.” ST02

A lack of organisational responses was described by ST13:

“Well, I mean, we are like lucky that we have health workers and a team which help clients and link them in to get different Centrelink support payments and all of that kind of stuff, but I feel like the buck is often passed around with the food side of things. I will have conversations with health workers and they don't really know how to help people all the time with that kind of stuff as well. I don't think there's a lot of support for it really. It can be quite hard.” ST13

Demonstrating a desire to help, some participants talked about feeling that they were not able to meet the needs of people experiencing food insecurity. Describing a scenario with a person attending the health service with limited access to transport and shops, ST03 expressed *“I felt like I couldn't help them at all”*. The scope of practice for most health staff, combined with variable access to food support options, left some participants in a position where they could not give as much help as they wanted to:

“I personally can't do a great deal, I guess, to help food insecurity, so really the best thing is to link them up with somebody else, because I'm [in a specific health role], I'm not actually linked up with food support packages.” ST10

ST03 reiterated these sentiments, indicating a preference to refer to the social worker:

“I'm certainly someone who could only provide general or short-term kind of support, if that makes sense, and that's why I know that [the social worker]'s more capable of providing a long-term plan, in a way, or a strategy. All I can do is kind of let them know a little few ideas, if that makes sense, and if they want to accept them that's great but, yeah so I would only think, I mean, unless they're coming to me regularly and we talk about how did it, kind of, go, which I always do. I always book them in for review appointments but whether they come back and discuss the same problem in a way, then yeah, if that makes sense, because long term, their situation. It's usually a short term, stressful situation too that they have food insecurity problems, if that makes sense, they're either in between houses or not, you know, or they don't have a permanent house or they're staying with someone, for example, or people are staying with them, so I don't have any good resources or ideas for long term.”

In the quote above, referral to the social worker perhaps reflects both scope of practice but also limited self-efficacy and skills to provide necessary support for people experiencing food insecurity.

Demonstrating the co-location of helping and trust, for one participant helping was a way to build relationships:

“My belief is if you work in this space, you have to be flexible and meet the client where they're at and sometimes actually working on their practical stresses gives you a bit of an in, really, that people see you as useful and helpful and oh, actually, ‘she's not a bad person. She didn't have a bad reaction about that. She helped me do this, maybe I'll talk to her about this issue’.” ST14

The importance of a person-centred approach, that acknowledges and works with where people are at, is clear in ST14's comment. Getting an “in” that builds trust potentially helps health practitioners' reputation in community and their ability to work effectively with health service users.

Participants indicated they sometimes gave their own food, clothes or money to people in need if there was a lack of other support options at that point in time:

“I have – I don't know if I should even admit this – given people money and clothes and whatever you can sometimes because like if it's 5 in the afternoon which is a classic drop-in time for that kind of thing, you can't actually get them to social work or to Centrelink or to whatever.” (ST08)

Another participant, perhaps not wanting to be quoted, instead whispered that she may give money to people experiencing food insecurity, particularly “if there are children involved” (ST06). In the absence of available support, participants drew on their own personal resources to reduce the distress of people experiencing food insecurity, but also perhaps to reduce their own discomfort.

Discomfort was seen in responses describing the struggles of health service users' experiencing food insecurity; “it was pretty sad”, “heartbreaking” were comments made by many participants. Participants experienced an emotional reaction that prompted them to act to help a person experiencing food insecurity:

“you really feel for them, especially when you’re on the ground hearing the struggles they have. Just thinking, shit, what can I do to help or just take a little bit of the burden off... It’s sad because I feel like crying, but we go home and we have bread and milk, then you. It just breaks your heart because, especially the kids, when you know that they’ve got no food or that they’re starving or, yeah, it hurts.” ST09

Resulting from an inability to help effectively, one participant described personally feeling bad about the situation:

“she just came out and said ‘have you got any food?’ and I literally thought what have I got in my bag, what have I got, and then I even thought do I give her some money, and then I thought if I give her money then I need to give everyone money, so then I just thought no, I’ve got some muesli bars and it made me feel really bad, I felt really sad for her.” ST02

ST03 echoes these sentiments when commenting “[t]his lady I felt really sorry for because of her housing situation”. Although these comments could be described as sympathetic and compassionate, there are elements of a power imbalance in the relationship. Pity, like sympathy, implies inequality and is control-oriented, with one party giving and the other receiving (Goodyear-Smith & Buetow, 2001). Gerdes (2011) argues that pity can be condescending and detrimental to the relationship rather than creating connections with others. There are also links here with commentary about white workers in Aboriginal and Torres Strait Islander health and education. Lea (2008) describes that health professionals in this context “feel painfully the heartache of wanting to improve the health of Aboriginal people” (p. 11) and are driven to “fix the problems of target populations” (p. 16). Pity was also reflected in the media analysis (see section 4.4.1) in response to the described dysfunction and poverty experienced by Aboriginal and Torres Strait Islander people.

There has been discussion by others about the missionaries, mercenaries and misfits tropes in an international development context (Warah, 2008) and related to white workers in Aboriginal and Torres Strait Islander communities (Schulz, 2017; Stirrat, 2008; Townley, 2001). The self-interested, financially-driven mercenary or the misfit seeking a “form of escape” (Stirrat, 2008, p. 418) are less relevant here, although the missionary trope offers some similarities with ‘helping’, as interpreted in this study. Missionaries are represented as

being motivated by “a personal moral commitment”, perhaps driven by guilt about the existence of poverty or a “romantic dream” (Stirrat, 2008, p. 412). The missionary is seeking a grassroots experience, seen to be “a more authentic or true to life experience” (Schulz, 2017, p. 212), with “real people” (Stirrat, 2008, p. 412). Despite the missionary perspective valuing bottom-up approaches and Indigenous knowledges, it is based on Eurocentric views of the person as individual thus negating the ability to respect alternative worldviews (Stirrat, 2008). Under the veil of good intentions, self-reflection by missionaries is often lacking, with this approach commonly described as paternalistic and without critique of the power missionaries are seeking to hold in these relationships (Schulz, 2017). Schulz (2017) describes missionaries as taking a deficits view of local communities and, by framing these communities as needing their help, perpetuating a view that white knowledge and worldview are superior. This dynamic of helper and helpless for the missionary is “feeding a moral self-image that relies upon a needy Other” (Schulz, 2017, p. 220). Stirrat (2008) argues that there is more in common between the mercenary and missionary than sometimes portrayed, both with a view of “a ‘modern’ world based on a shared concept of the free individual as the basis of society” (p. 415).

There is often a feeling of discomfort in not being able to help when someone is experiencing stress or crisis, particularly when it is part of health practice. Douglas (2020) also acknowledges the limitations of the support that health services and their staff can provide for food insecurity; “[s]ome clinical interventions will at best be partial and temporary ameliorations – the proverbial sticking plasters on gaping wounds” (p. 410). Food insecurity, for many health professionals, is not an area of practice that is covered at length in education and training. Generally, studies have shown that health professionals need better understanding of food insecurity and health service users’ lived experiences to provide effective care (Granger & Holben, 2004; Hoisington et al., 2012; Shih et al., 2004). Often with no lived experience of food insecurity to draw on and limited professional training, health staff may not have the skills to respond with empathy to people who are struggling to access enough food. Respecting the dignity of health service users, in a time of need, is of the utmost importance in staff responses according to Gelhaus (2012), given the asymmetry in the relationship. The challenge of working at the interface with people experiencing food insecurity, while being constrained in their ability to help influence the

underpinning structural factors, is a complex consideration for health services (and is discussed further in the following chapter).

6.3.1.2 Privilege

‘Helping’ people who were experiencing food insecurity prompted some participants to reflect on their privilege. The disconnection between highly paid staff and people experiencing food insecurity was evident, with some participants having no first-hand understanding of poverty. Many were aware of their economic privilege but for some it made it difficult to empathise with the experiences of people experiencing food insecurity:

“As I guess a more privileged person, it’s something that I’ve never really had to deal with myself on a personal level. I mean when you’re at uni, you know, you don’t have much money for food but this is extreme and it’s every single week, they face it time and time again so I can’t imagine what that would be like myself” ST03

The lack of choice that health service users were experiencing was in stark contrast to the experiences of some staff, leading some participants to reflect on their privilege:

“...the transition from living in my world which is so full of choice to a world that isn’t, it’s not nice” ST08

However, despite reflecting on a lack of choice available to people experiencing food insecurity and the complexity of these constrained decisions, this participant went on to reinforce stereotypes about poverty:

“I’ve had patients that say like they were homeless and they sit in the hostel or something and they’re waiting for their property and then they get the property and they never actually get a fridge. So that’s another one where they just needed a couple of hundred dollars but they can never actually muster that and so they’re forever eating out because it’s easier than planning and buying and saving and stuff. I don’t know how many people that happens for but I do remember the irony of they had a flat screen TV but not a...the priority wasn’t with the fridge.” ST08

Framing poverty through a neoliberal lens exposes people experiencing food insecurity to critique of their spending decisions, the implication being that if different choices were

made, their situation would be improved. Swales et al. (2020) describe this as a social judgment where people experiencing poverty are viewed as undeserving of assistance if they are “illegitimately or excessively enjoying” (p. 681). The sentiments about needing to know how to budget that were described in the media analysis, and also later in this chapter (see section 6.3.3), are reflected in the participant quote above. While the complexity of peoples’ lives and the impacts of poverty are acknowledged, there is an overtone of judgment about spending money on a television as opposed to a fridge.

6.3.1.3 Helping professions and power

By the very nature of the professional relationship, health staff exercise power over those who seek help. While there have been moves towards more person-centred practice in recent decades (Goodyear-Smith & Buetow, 2001), the inherent power asymmetry between health practitioners and health service users remains. Goodyear-Smith (a medical doctor) and Buetow (2001) suggest that doctors need power to “facilitate the healing of patients... and to maintain their own professional integrity” (p. 452). The trust placed in the helping professions reflects their status in society and serves to reinforce their powerful position in relation to those who seek their help. Fundamental to the health care context is the dependence experienced during illness, resulting in unequal relationships where health service users are reliant upon health staff to provide care (Carter, 2009).

In this study, participants talked about the power differentials between themselves and people attending the health service. One respondent described awareness of the power asymmetry in response to an interview question about discussing sensitive issues with health service users:

“I always feel cautious because I’m aware that the relationship could be perceived as being a relationship of uneven power and I’m not... I know I’m welcome to work here and I feel very comfortable, but I know I’m not part of the community, I’m not one of the community and so as an outsider I’m very careful to be respectful.” ST04

Some participants, while not referring to 'power' as such, talked about being conscious not to offend people potentially experiencing food insecurity by asking intrusive questions or being disrespectful:

"I guess you need to tread cautiously with some, with regards to it, so as not to offend and to not feel like, you know, I don't want to shame anybody here in the clinic because they've said that they don't have the money" ST05

These responses could be seen as an awareness of the power differential in the relationship and needing to respond appropriately to not add to feelings of discomfort for Aboriginal and Torres Strait Islander people.

Highlighting the power dynamics present in these interactions, one participant described a person feeling undeserving to receive food aid, displaying apologetic behaviour:

"like you can see that it just makes them feel uncomfortable. They have this really uncomfortable body language and tone of voice, and the way they speak is they feel kind of embarrassed about it. They'll say, you know, sorry a lot, so they'll be like 'no, no, it's ok, I'm sorry I don't need, ' you know 'sorry for taking the food' type of thing, and they'll overly thank you to say 'thank you for that, I'm really sorry I took that'. It's kind of like they keep apologising for things as well, to say, you know, they feel they didn't like quite deserve it." ST01

Reflecting the shame experienced by people when seeking help for food (discussed previously in section 5.3), relationships of power are exacerbated by help-seeking. In health care, the 'helping professions' such as medicine and nursing enjoy a degree of trust within society and subsequent power through their expertise in determining who is sick and in need of help (Reiff, 1974). Power imbalances are inherent in help-seeking and giving. According to Schuyt (2004), "helping cannot exist without asymmetry" (p. 50). Even if staff are not consciously exacerbating this power differential, the relationship is skewed towards professional and organisational power, constraining the help-seeker's decision-making and ability to act as a result. Help-seeking creates vulnerability and risk, with the help seeker dependent on the helper which Carter (2009) describes as "a feeding ground for inappropriate motivations" (p. 403). Nixon (2019) challenges those in health professions to "recognize the harmful effects of a fixing or saving mentality" (p. 1644) that often underpins

clinical care, and consider how power and inequality is reproduced in both individual and systemic ways.

ST14 spoke of the vulnerability inherent in the helping relationship, acknowledging that it may be difficult for health service users to ask for help:

“And I think there's probably something around asking for help and being vulnerable enough to ask for help and people not always feeling safe to do that, for whatever reason, and people have got different reasons for that. But that can be a hard thing for any of this but yes, we're asking people to put themselves out there and ask for help and that can be tough if you haven't had good experiences of that prior.”

‘Vulnerability’ is considered further in the next section.

6.3.1.4 ‘Vulnerable’

Although most participants did not use this term, ‘vulnerable’ was an adjective used by a few participants to describe Aboriginal and Torres Strait Islander people attending the health service. ‘Vulnerable’ is often used in health contexts to describe individuals or communities that experience greater health inequities or barriers to accessing care and has been critiqued by other authors who point to the power-laden dynamic of framing people in this way (Katz et al., 2020; Munari et al., 2021). Mostly, those participants who drew on this term used it many times throughout the interview and without specific description of what people were vulnerable to, with descriptions like *“a lot of the [people] I see are the more, I guess, high risk, vulnerable”* (ST14). Katz et al. (2020) argues that vagueness in the use of the label may lead to assumptions about causes of ‘vulnerability’ for certain groups that are fed by negative narratives that exist within public discourse. Layered with the negative discourse about Aboriginal and Torres Strait Islander people perpetuated in public spaces, labels such as ‘vulnerable’ further disempower people. The media analysis in Chapter 4 identified ‘vulnerable’ used to describe Aboriginal and Torres Strait Islander children. By referring to those who attend the health service as a *“targeted and vulnerable population”* (ST05), the implication from one participant was that Indigeneity equated to vulnerability.

Brown's (2011) review of various critiques of 'vulnerable' within social science literature described its potential to be "paternalistic and oppressive" (p. 315), justifying social control, and excluding and stigmatising groups. Framing individuals and communities as vulnerable can also serve to position them as "'others' who are powerless and in need of protection" (Munari et al., 2021, p. 1). Language of this sort reinforces the power status quo. Katz et al. (2020) illustrate the ability to avoid interrogating power relationships through discourse; "the word 'vulnerable' can present the dynamic between the 'advantaged' and 'disadvantaged' as one of benevolence, obscuring the role the 'advantaged' have in generating disadvantage in the first place" (p. 607). The focus is on those who are vulnerable, instead of the structural and systemic impacts that reinforce power imbalances (Munari et al., 2021). For health professionals, Munari et al. (2021) call for greater reflection and consideration of the power of language. The media analysis also identified that Aboriginal and Torres Strait Islander families are represented in terms of children in need of safety, being 'vulnerable', and parents as incapable of caring for them. The 'intervention' highlighted a dominant perspective that legitimises white Australia deciding and acting in the supposed best interests of Aboriginal and Torres Strait Islander communities. Before the 'intervention', the protection policy era in Australia infantilised Aboriginal and Torres Strait Islander people as a way to justify removal of land, resources, women and children (Cox, 2007).

While framing some of the people accessing the health service as 'vulnerable', one participant reflected on the potential risk for people in seeking help:

"I think for particularly vulnerable people, they're very aware of what people think about them and what judgements they're making about them, so to ask for help or to admit that they're vulnerable or not coping in certain ways is it's a risk for them in certain ways." ST14

History has shown that the ramifications of admitting a 'failure' to provide for yourself or your family has resulted in risk for Aboriginal and Torres Strait Islander people. Discourses are operating together here – shame and helping – to result in internalised shame for people experiencing food insecurity, where it is reflected as individual failure, rather than failure of the system (see section 5.3 for more on shame discourse).

Although not used by participants in this study, similar terms – including ‘marginalised’, ‘disadvantaged’ and ‘underserved’ – are also problematic when used vaguely, without context (Katz et al., 2020; Munari et al., 2021). Overall, participants in our study seemed mindful to draw on respectful language when describing Aboriginal and Torres Strait Islander people and their situations. This sensitivity may have been due to their experience over many years as health staff in Aboriginal and Torres Strait Islander health.

6.3.2 ‘Policing’

Representing the second key element of the moralisation discourse, in the context of the health service providing food support for people experiencing food insecurity, participants raised the need for organisational “policing”. Drawing uneasy parallels with rationing, it was deemed necessary to monitor who accesses support and how much food is given based on a view that demand for food would exceed supply:

“I mean it comes down to funding doesn’t it. You know, we’re a health service so we provide health care but where do we draw the line, like how much do we give and I guess it comes down to funding and it would be, I think from a holistic point of view food would come into it most definitely but how you police that I don’t know, but yeah, probably would help but I don’t know how you would make it happen, yeah. I don’t know.” ST02

Sometimes, underpinning the need for policing was the moralistic notion that people may run out of money for food after spending it on other discretionary choices. Reflecting on how health services respond to food insecurity, ST09 commented that *“some of them, a lot of them try to chase gift vouchers, I guess because what they can use those gift vouchers for is to buy drugs, often there’s not too many organisations that will give out vouchers.”* These comments fail to acknowledge that supermarket vouchers offer choice for people experiencing food insecurity to buy the items they want and need, rather than relying on the availability of food donations, which may represent the main appeal for many people. Swales et al.’s (2020) study also found judgments about drug users, represented as undeserving of help, and that these judgements were internalised by people experiencing food insecurity and created a barrier for help-seeking.

Echoing concerns about ‘misusing money’, another participant commented about why it may be necessary to “manage” requests from people seeking food aid:

“we don’t advertise it because we don’t want everyone coming down, and I guess you know [the previous manager] was always very conscious of being careful with that kind of support because we know that there are lots of people out there who do misuse their own money and it could be for drugs and alcohol or it could be just poor money management for other reasons and they rely on all those services to come and stock up their fridge because they didn’t do it themselves” ST07

ST07 went on to talk about how important it was for the health service to provide food support, as part of a holistic view of health, but emphasised the need for management by the organisation or its staff as part of this process:

“even though there’s always going to be tricky things about giving clients money or giving clients food we’re just going to have to manage that the best we can because there’s always going to be the need” ST07

Similar sentiments were shared by ST11 when describing the team’s approach to discussing recipients of food support, *“because it may be that someone else in the group has given food two days before, so it’s just making sure that we’re not over servicing them, and they’re not abusing the system”*.

However, ‘policing’ was based on judgement about the ‘choices’ made by people when experiencing food insecurity and justified by limited organisational resources. While there are legitimate resource constraints on the availability of food within health services, the response from staff was to restrict access and identify those ‘really in need’, rather than consider different approaches to responding to food insecurity. Similarly, social views about people experiencing poverty ‘misusing money’ were described in section 4.3, with interventions such as the Basics Card to control the spending of Aboriginal and Torres Strait Islander people justified as a response to ‘keep food on the table’. These perspectives epitomise long-held views about people receiving social protection payments as being incapable of looking after themselves, layered with the dominant ‘moral failure’ discourse that is used to represent Aboriginal and Torres Strait Islander peoples.

Organisational decisions had been implemented in some health services about the food insecurity support that should be provided. One participant described a collective decision made among colleagues that people in need of food support would not be given a supermarket voucher, and instead staff would model how to stretch the money to buy several meals:

“we do have some resources where we can help them but we’ve decided as a group here that we don’t want to just give them the Coles card, so we actually go and shop for them and buy basics, and then say to them, ‘This is what \$40 can get. You can now make this, this, and this out of it.’” ST11

If people repeatedly sought food assistance, then participants may ask more questions about their situation:

“They’re not just going to get that handout. They have to be open and honest with us on why their food is not lasting or their money is not getting them through. Look, a lot of the time, it just turns out that they’re only on a small payment from Centrelink and this is why, but yeah, it’s a whole package. They’re not just going to get that without us looking at their finances, and their budgeting, and why food isn’t lasting.” ST11

For ST11, these actions were framed as helping; *“I guess it’s just identifying why something’s not working for them and finding out how we can make changes to make it work”* but are framed in a deficit view that is not building on strengths. However, not enabling people experiencing food insecurity to choose their own food implies distrust and perpetuates the power imbalance between giver and receiver (Martin, 2021). Bedore (2018) also describes the “asymmetries of power and status” (p. 224) between helpers and help-seekers as people experiencing food insecurity are subject to invasive questioning and have to explain their spending to seek food support.

Recounting a situation where the social worker was better placed to support a person experiencing food insecurity, ST03’s description points to judgment by a colleague:

“she’s a bit better because she’s a bit more harsh, like someone yesterday, this lady I felt really sorry for because of her housing situation and so I, and then I asked her to see [the social worker] and she spent ages with [the social worker] and then afterwards I said ‘oh thanks’ and [the social worker] goes ‘yeah, she just needs to,

you know, she needs to get a job and, you know, she needs to do this' and I was like 'oh ok' so [the social worker] can definitely suss out that much better than I can".

The implication here is that people experiencing food insecurity are somehow trying to receive assistance they are not entitled to, instead requiring "harsh" decisions by staff to determine 'real' need. The reality of opportunities for employment and the potential complexity of peoples' lives are overlooked in simplistic and judgmental perspectives like "she just needs to get a job", a long-time neoliberal 'solution' to any instance of disadvantage. Food insecurity is also increasingly experienced by low-to-middle income households (Kleve et al., 2018), reflecting the challenges for the 'working poor' or those with no buffer in the budget to cope with unexpected expenses.

Often these perspectives are based on finite organisational resources available for food support, but they reinforce that control sits with the organisation (and its staff) to determine the legitimacy of peoples' struggles. These perspectives are also layered amongst neoliberal values that imply that the inability to meet one's own food needs is the result of some personal failing that requires 'support' or 'education' from the health service to alleviate. Chase and Walker's (2013) study describes the judgment and disapproval felt by people experiencing poverty when engaging with education, financial or housing institutions – "feeling subjected to shame" (p. 746). The dynamics between 'helper' and 'help-seeker' operate within the constructs of organisational policies and resourcing that limit the type and extent of the help available and offered. Kindle (2005) offered a useful definition of helping and pointed to it as a site of struggle; "helping is that which occurs at the juncture of values and desire. The potential for conflict at this juncture escalates when practitioner values, agency policies, and client perspectives are disparate" (p. 5). In the context of seeking help for food insecurity from a health service, this juncture of staff, organisational and service-user perspectives is particularly salient. Seeking help leaves people experiencing food insecurity open to scrutiny about their lives and choices, with potential helpers assessing if people are deserving of help, and what that help might entail.

6.3.3 Personal knowledge and skills

Individualism was a dominant worldview seen across the interview data in the responses of many participants, represented in the third part of the moralisation discourse: ‘personal knowledge and skills’. As previously demonstrated in Chapter 4, neoliberal ideology is routinely reflected in the discourse of Australian media and health. The biomedical model of health is embedded in health systems, reinforcing an ethos of individualism (Baum & Fisher, 2014) and existing power structures favouring the medical profession (McGregor, 2006). In this paradigm, disease is conceptualised as being strictly contained within the skin of a person, divorced from their social context and unrelated to any structural impacts on health. These processes set up wellness as virtue (Cox, 2007) whereby if individuals do not develop self-discipline to make responsible choices for themselves and their health, they are considered “failures who should not benefit from health care policies” (McGregor, 2001, p. 88). Baum and Fisher (2014) suggest that the pervasiveness of an individualised perspective of health “serves to protect certain power relations” (p. 218) by effectively silencing views that question the status quo. Food insecurity becomes an individual responsibility when it is viewed through a medical lens, and the target of public health programs focused on behaviours (Mendly-Zambo & Raphael, 2019).

The deep individualism present in society and its structures was reflected in the moralisation discourse of participants in this study, when health staff described the support they provided to people experiencing food insecurity. Personal knowledge and skills were identified by participants as ways to alleviate food insecurity, reflecting pervasive neoliberal ideology. It can be argued that participants were reflecting and recreating the discourses from their own social world, although participants are also perhaps focused on what is within their scope of practice and control, and identifying their professional limitations.

Improving peoples’ knowledge of buying healthy foods on a budget and how to make their money stretch further were discussed:

“I don’t think food security is always directly linked to how much or how little money you have. I think it’s also about your understanding of food and nutrition” ST04

Participants talked about knowledge of meal planning and shopping tips like bulk buying being helpful to maximise budgets. Some participants described their role as helping people develop knowledge about shopping and meal preparation:

"A lot of the times, they've never been taught to sit down and actually see, "Okay, well, we could buy a large box of this that will do this for the breakfast for the fortnight. Each kid will get two Weet-Bix, milk, ra ra ra. Then for lunches, I'm gonna pack this, this, and this." So it's just a discussion that, I don't know, we openly have with them and just give them, and we don't say to them, "This is what you have to do. This is what it could look like. This is something that we could perhaps look at doing. Have you ever thought about this?" So I guess it's planting the seed back to them and giving them the choice of whether they wanna do that, or if they've thought about doing that, or, so you have to really include them in it because it's no good going and say, "Okay, we're gonna do this, this, and this" because you'll lose them. They won't wanna do it. They won't understand why they're doing it. Change happens, it doesn't happen overnight. We offer to go and do shopping with them and whilst doing the shopping, we'll ask them if they're buying something that they perhaps don't need to be buying? We'll ask them, "Why do you think you need to buy that? Is there a better alternative? Is there something that's more better value?" They're just conversations that we have with them." ST11

The response above is framed as 'helping' however it is also deeply questioning of the person's knowledge and ability to feed themselves.

Likewise, lack of cooking skills was identified as a limitation to peoples' ability to prepare food without spending as much money:

"And I really think those practical cooking skills that I think has sometimes been lost through generations as well, like I find that particularly young clients, they're just not comfortable in cooking themselves and obviously for food to be accessible and affordable, it is much cheaper to feed a family from something you've cooked from scratch. And then that's when I think about legumes and pulses and things that are super nourishing but super cheap that people just don't have the confidence and the skills to be able to do themselves" ST03

“they’re deskilled in even cooking” ST08

In addition to providing emergency food, participants talked about a role for *“budgeting groups and financial planning advice”* (ST07) provided by health services. Education was framed as a way for people to change their situations:

“I think there needs to be more education around like, it's okay to give them the support in supplying some food, and stuff like that, but you need to educate them and there needs to be education around the budgeting, and there needs to be education around the meal prep and nutrition, and it's a whole package. You could keep bumping them up by supplying them food, but at the end of the day, are you really teaching them anything? No. So you've got to re-educate them, basically, and get them to learn those survival skills, I guess.” ST11

Certainly, much of the literature exploring the lived experience of food insecurity describes people who are keenly aware of their finances and who are able to shop resourcefully or access charitable food in attempts to make food last across the pay cycle (Dryland et al., 2021). When stakeholders involved in food security are asked about the barriers to food access, cooking skills and education are highlighted whereas for people experiencing food insecurity themselves, these are not priorities (Butcher et al., 2018; Hamelin et al., 2008). In studies across the broader Australian population, Begley et al. (2019) found an association between food insecurity and lower food literacy among participants of a cooking program, although the authors acknowledged other existing literature showing no difference. It may have been that those people who identified a need to develop food preparation skills sought out cooking classes (Begley et al., 2019). Indeed, Yii et al. (2020) suggest that despite the significant proportion of food insecurity interventions focusing on food literacy, these “skills can only protect or buffer the experience of [food insecurity] to a point” (p. 13). Perceptions of the role of skills and education in alleviating food insecurity can be ideologically driven by individualism (Gallegos, 2016; Hamelin et al., 2008).

One participant described a conversation with a colleague that challenged the perception that budgeting was a remedy for food insecurity:

“I said to her ‘would you mind seeing this person for budgeting stuff’ and she goes ‘they’re so good at budgeting. They know exactly how much money they’ve got for everything, you know, they could be teaching you’ and it’s true, they’re so good at that, so it’s not a budgeting thing” ST03

For some participants, over time or through a particular experience, their views were challenged around the role of education to overcome issues resulting from structural causes. The limitations of education were acknowledged when considering the context of people’s lives that impact on food decisions. In describing a situation where a person was experiencing food insecurity, sleeping in their car, a participant commented:

“so to me there’s also an element of I don’t think education solves everything. I used to think that if we just educated people, now I let go of that idea a long time ago. It’s not about education is it, because you know she knew she should aspire to have some vegies.” ST04

6.3.3.1 Individual skills as strengths

The strengths already possessed by people experiencing food insecurity were identified by some participants, although the focus remained on the behaviour of the individual. Framed in a positive light, a participant suggested that peer skill-sharing could be a way to reduce food insecurity:

“I think it’d be great to have those clients that have those amazing budgeting skills, like peer grouping with people to go ‘oh, I do this and this, and I’ve done this and this’ as a sort of, you know, you learn a lot from talking to other people with their tips and things like that, so having a place, getting some of those people in to do some of the cooking, that sort of thing” ST06

Reflecting broader discourses that frame the way society sees people experiencing poverty and food insecurity, behaviours seen as within the control of individuals are often the first ‘solutions’ proposed. Poverty discourse places the onus on the individual to change their circumstances, suggesting that people “should be given the tools they need to get ahead” without acknowledging existing skills or the structural barriers that impede the ability to reduce social disadvantage (Smith-Carrier & Lawlor, 2017, p. 119). Blame results from the

expectation that individuals need to change, rather than the systems that create inequities. Graham et al. (2018) suggests that “increased moral scrutiny” is applied to people experiencing food insecurity through “poverty narratives emphasizing individual responsibility and blame” (p. 387). Purdam et al. (2016) describe a “discourse of blame” (p. 1075) used in relation to people accessing food aid, drawing on examples from UK public and political discourse that reinforced notions of laziness, lack of budgeting or cooking skills, or misusing money on ‘wants’ rather than ‘needs’.

6.3.4 Healthy eating

For some participants, food insecurity or constraints on household food budgets were identified as part of a conversation about healthy eating – representing the fourth and final element of the moralisation discourse. The information was sometimes offered by the person accessing health services, with one participant saying *“I think they tell me. If they tell me in the beginning of the consultation, then they usually want to tell me so I don’t recommend expensive stuff, because a lot of people have sort of an idea that healthy food is expensive”* (ST03). For another participant, making suggestions about nutrition resulted in a response from a person experiencing food insecurity that reflected a lack of choice:

“[food insecurity] comes up when you start saying your high brow, “This is what I think you should eat,” and they say, “Well, I haven’t got any money anyway. I don’t even know what I’m going to eat next and I’ll eat when I’m given.” And that’s when you start thinking yeah well, I’ll eat – you don’t normally have the discerning ability if they don’t actually know they’re going to get food today... it feels like, it’s a level of cruelty to talk about which vegies to eat when you’re actually thinking ‘I might be eating bread today if I can get some free stuff or if I go to someone’s house and they’ve got food and they offer to me, I’ll take whatever I can take’” ST08

The quote above highlights the complex interplay between poverty, relying on others for food provision, food preferences, and colonial impacts on Aboriginal and Torres Strait Islander peoples’ relationship with food (see also section 2.1, 5.1 and 5.2.3). The effects of displacement, family removal and disadvantage are seen impacting on food practices through generations.

A participant reflected on whether food insecurity and intergenerational awareness and experiences of growing up on missions influence Aboriginal and Torres Strait Islander health service users' food preferences:

"And I do wonder sometimes, we sort of have a bit of joke about food is a draw card for getting people at community events. It's like everyone's happy to go for food which is a running joke that everyone's aware of but I do wonder if that stems from that food insecurity too of people, especially for the community event, we put on a community event and people always want to know what's food, what's going to be put on, what's provided, and that's one of the main things that they'll consider when they decide if they're going to come or not, and I do wonder if that's because back in the day when there wasn't so much food around and for a lot of the older people in this community that would have come from mission-sort of environments where it was based on pickings and very poor quality food, all of that stuff sticks with them too so that's why a lot of them these days they sort of over indulge in sweets and stuff like that because they never had them. You often hear them saying "we never had this stuff when we were kids and couldn't just go to the shop and get an ice cream" and stuff like that. So they kind of make up for lost time and maybe do it a bit too much" ST07

Describing a situation where healthy food choices and food insecurity intersect, a participant read from some notes taken prior to the interview when they were reflecting on some previous conversations with health service users:

"so a client once said 'to drink Coke was to be like everyone else, image of having money to fit in is important', cause I talked about how Coke was full of sugar, and then talking about takeaways, somebody said to me 'takeaways are rewards or even shown as love, like I love you', so again parents with their children and whatever, rather than 'I've cooked you mashed potato and sausages, I'll buy you KFC' or whatever, but that isn't food insecurity, that's just an attitude" ST02

Food choices are not straightforward and represent a complex interplay between cultural, social and economic factors for people at all income levels, although the judgment of food choices among those on low incomes is more prevalent (Graham, Stolte, et al., 2018).

Thompson et al. (2000) describe food as “a strong symbolic social resource for linking family relationships both in the present and across past generations” (p. 733). Fast food may have a role in building community connections, rather than being viewed through a nutrition lens (Thompson et al., 2000). It may also represent a temporary reprieve from the stress of thinking about and preparing food, described in section 5.2.

Graham et al. (2018) suggest that there is regularly a nutrition lens applied to food security research that critiques the healthiness of charitable food and the purchasing behaviours of food insecure households, without acknowledging the impact of insufficient resources. The authors argue that this sets up an “inherent contradiction between charity dictates that ‘beggars can’t be choosers’ and nutrition advice that beggars should make healthy choices” (Graham, Stolte, et al., 2018, p. 1869). This contradiction is of particular relevance to health services, where competing interests may exist – supporting people who are experiencing food insecurity and supporting people to be healthy. Disconnection between health advice and the reality of feeding households on a low budget were reflected in the data, with one participant saying:

“I’ve never understood that, the more you tell them, ‘oh, you need to eat this and you need to eat that’. It comes down to money, it comes down to food prices and especially meat. I don’t know, I struggle with that myself, buying good nutrition stuff, and I work.” ST12

When the food choices of people experiencing poverty are compared against middle-class conceptualisations of food, this “regulatory gaze” implies a sense of failure to meet these standards (Graham, Stolte, et al., 2018, p. 1867). Graham et al. (2018) argue that staple foods for people experiencing food insecurity used to ‘fill bellies’ are considered unhealthy through a nutrition lens.

Despite the constraints of food insecurity, moral judgements about the food choices of people experiencing poverty have been discussed in the literature by others. Workers at a charitable food agency considered some people to be “choosing too much junk food” and in some cases provided advice on healthy food options (McNaughton et al., 2021, p. 103). On the contrary, the perspective among some stakeholders working in the area of food security in Butcher et al.’s (2018) study challenged the view that healthy food came down to

personal choice. One of their participants described it as “[i]t’s like they have a choice, but they don’t actually have a choice. They don’t have access. It’s unavailable. It’s that sort of rhetoric of it’s their choice to eat healthier or not to budget” (Butcher et al., 2018, p. 1070). People experiencing food insecurity have been reported as wanting to eat healthy foods but the cost of food makes this unachievable (Butcher et al., 2018). For health services, it becomes more necessary to consider how healthy eating promotion sits with food insecurity and enabling choice for people receiving food aid, within a broader context of colonisation for Aboriginal and Torres Strait Islander people.

6.4 Summary

The responses to food insecurity by health services and staff that were described in this chapter mirror the contested debate over what the ‘problems’ and ‘solutions’ are, also seen in the media analysis. The responsibility of government was articulated in participant responses, and co-located with suggestions about what individuals can do to address food insecurity. The individual responses focused on building personal knowledge and skills, layered with expectations around healthy eating, with infrequent acknowledgement of the complexity and constant struggle that some people may be experiencing. Despite this debate, participants clearly saw a role for the health service in supporting food insecurity for health service users.

This chapter illustrates that participants were driven by wanting to help health service users’ who were experiencing food insecurity. Developing trust, through relationships and rapport, was central to most participant responses and was considered to underpin how to talk about food insecurity. However, there were many constraints on the ability of staff to provide support, with discomfort often described by participants in situations where they felt unable to help. Sometime this took the form of limited or no access to food or other referral pathways at the time of need, or participants confidence or knowledge about what role they could play in supporting food security. Participants themselves acknowledged that food aid is merely a short-term ‘fix’ and does not address the underlying causes of food insecurity – thus requiring a critique of the charitable system that is currently relied upon to provide access to food. The reliance on food aid, often sourced from FoodBank and other

food redistribution organisations, perpetuates the view that food insecurity is an individual problem and is centred around values of benevolence and deservedness. The moralisation discourse interpreted in this chapter exemplifies the judgment that can coincide with providing food aid, seen in the 'policing' section of this chapter and many other studies cited in section 6.3.2.

The historical and sociocultural context of food insecurity for Aboriginal and Torres Strait Islander people was seen in this chapter, and in participant responses in several ways. Talking about food insecurity presents a significant and unique risk in terms of child safety for Aboriginal and Torres Strait Islander families that was acknowledged by participants and is a vital concern to address in decisions about how health services respond to food insecurity. Conversations about food insecurity often included talk about experiences growing up on missions or institutions, where access to food was restricted. Understanding what support could look like in Aboriginal and Torres Strait Islander health services needs to be grounded in acknowledging the similarities between food insecurity and historical experiences of trauma that involved control over food supply and choices.

The chapter to follow brings together the discourses interpreted from the media analysis and health staff interviews (chapters 4-6) and draws conclusions about the implications for talking about and responding to food insecurity within Aboriginal and Torres Strait Islander health services.

7 Discussion and Conclusion

Following the analysis in Chapters 4-6 of the discourses interpreted from studying media articles and interviews with health staff, this discussion chapter starts with the strengths and limitations of this research and then explores the implications of the findings for addressing food insecurity within Aboriginal and Torres Strait Islander health services.

7.1 Strengths and Limitations

There are several strengths of this study, including that it provides insight into an issue where minimal literature exists. It is the first known study of its type, exploring how food insecurity is addressed within urban Aboriginal and Torres Strait Islander health services in Australia, particularly with a focus on discourse and cultural safety. The researcher has engaged with Aboriginal and Torres Strait Islander people throughout this study, from conception to completion, and adhered to the NHMRC guidelines for ethical research. The involvement of Aboriginal and Torres Strait Islander research governance structures, including the Advisory Group, helped ensure there were ongoing opportunities for Aboriginal and Torres Strait Islander people to inform the research design and provide feedback on data analysis and interpretation by the researcher. The theoretical approach taken helps to illustrate how the social world influences the thoughts and actions of health staff and helps develop our understanding of the societal and structural nature of this issue. The focus of this research is organisations and systems, providing the potential for structural changes to service delivery. At the same time, this study provides insight into how food insecurity is talked about and addressed within Aboriginal and Torres Strait Islander primary health services, which can encourage personal reflection by health staff about their practice.

Although this study seeks to shed new light on food insecurity within Aboriginal and Torres Strait Islander health services, there were limitations in the research design. This study does not explore the perspective of health service users and those experiencing food insecurity, which is a central component of determining culturally safe service delivery. The body of literature supporting this study is predominantly authored by white scholars, which also

limits the inclusion of Aboriginal and Torres Strait Islander perspectives. There is a need for more food security literature from Aboriginal and Torres Strait Islander researchers to ensure future research challenges colonial narratives. Data were generated from a small group of staff and mostly from within the researcher's network, although efforts were made to ensure participants were recruited across the breadth of the primary care workforce. By not identifying the Indigeneity of participants, it is not possible to overtly interrogate white privilege and analyse the additional layers of power dynamics between white health staff and Aboriginal and Torres Strait Islander health service users. However, a clear decision was made not to identify participants by Indigeneity to not attempt to give voice to Aboriginal and Torres Strait Islander people as a white settler researcher. As an outsider to Aboriginal and Torres Strait Islander cultures and communities, this research has been conducted from the perspective of a white health professional with subsequent limitations to the researcher's ability to understand and interpret issues affecting Aboriginal and Torres Strait Islander people. In particular, it is not possible to interpret the nature of relational commitments between Aboriginal and Torres Strait Islander workers and community. The intention is that this study will provide an impetus for further research, including from Aboriginal and Torres Strait Islander scholars, that explores these issues from a range of perspectives.

7.2 Discussion

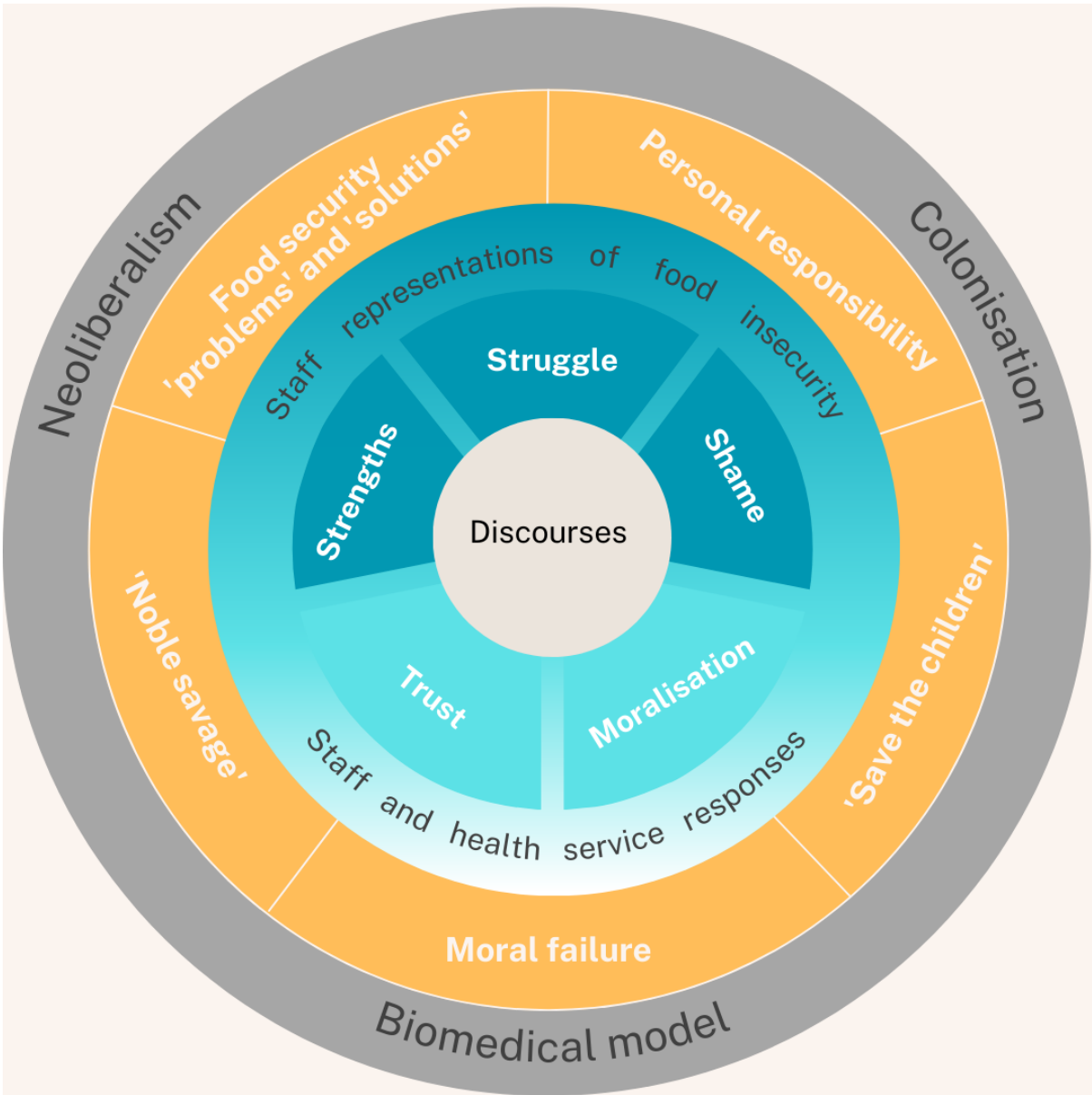
This study explored how urban food insecurity for Aboriginal and Torres Strait Islander people and communities is constructed by health practitioners working in Aboriginal and Torres Strait Islander primary health services in southern Meanjin/Brisbane.

Disproportionately affecting Aboriginal and Torres Strait Islander households in urban, regional and remote areas, food insecurity is an urgent public health and social issue that remains unresolved. Despite food insecurity's prevalence and its links to poorer social, physical and mental health, little attention is paid to urban food insecurity for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander health services are purportedly leading the delivery of culturally safe health care, yet there is little data demonstrating if or how health staff within these organisations respond to food insecurity. A media discourse analysis provided a broad lens to interpret the discourses contributing to

the social context within which health staff construct their views about food insecurity. This study then explored the perceptions of staff about food insecurity for Aboriginal and Torres Strait Islander people attending health services in southern Meanjin/Brisbane – interpreting ways that health staff respond to food insecurity in these settings. The findings of this research provide insights into how health staff perceive food insecurity and feel about responding to the issue within their role, which has implications for cultural safety in service delivery.

Figure 8

Relationship between discourses in this study



The figure above represents the broad influence of social discourses relating to Aboriginal and Torres Strait Islander food insecurity identified in the media analysis (the orange circle), acting upon the discourses identified through interviews with health staff (in blue). The discourses described in this study exemplify how neoliberalism, colonisation and biomedical ideologies shape our constructions of Aboriginal and Torres Strait Islander food insecurity. These ideologies are further discussed, including how the reliance on charitable responses and the absence of urban representations of food insecurity for Aboriginal and Torres Strait Islander people are reinforced by these ideological perspectives. In light of the dominance of neoliberalism, colonisation and biomedicine, this chapter concludes by asking how health services and their staff maintain dignity for Aboriginal and Torres Strait Islander people seeking help for food insecurity. A key question is how can services challenge imbalanced power relationships at play in these settings, a central concern for ensuring cultural safety.

7.3 Health services as sites of neoliberalism, colonisation and biomedical approaches

Food insecurity is a deeply complex issue, often described as ‘wicked’ due to a lack of clarity or consensus around perspectives and solutions (Candel, 2014), as section 2.2 described. The conflicting representations of ‘problems’ and ‘solutions’ in the media exemplified this complexity. Health practitioners that participated in this study also held a range of sometimes contradictory views, about the causes of food insecurity and how it could be addressed with Aboriginal and Torres Strait Islander peoples. The focus on individualism seen throughout the discourses interpreted in this study reflect the pervasiveness of neoliberalism. Despite the co-occurrence of structural and individual representations, this study demonstrated the dominance of the ‘personal responsibility’ discourse. Generally, food insecurity – and welfare and poverty more broadly – were represented as the failure of individuals. Individuals need to therefore demonstrate personal responsibility to change their circumstances. An individual focus is continued in the discourses highlighted in media criticising a ‘rights-agenda’, shifting the focus away from the historical, political, social and structural causes, and further complicating how food insecurity is framed.

Health staff are operating in an environment that is dominated by biomedical and welfare models. These models shape their practice in ways that lead to a focus on approaches centring on the individual. The influence of the biomedical model and individual behaviour change was seen in the concentration on personal skills, with improving knowledge offered by participants as a key strategy to address food insecurity. Participants were driven by a desire to help and there was a reliance on welfare models in the food security responses suggested. In the current environment, charitable solutions are not only considered acceptable but are often the sole response to food insecurity within neoliberal societies. Without another frame of reference, the participants in this study also defaulted to food handouts as the 'solution'. The welfare model within a neoliberal context resulted in questions about deservedness, which led to the need for 'policing', that intersected with the moralisation discourse. Discussion of the reliance upon charitable food continues in section 7.3.2.

This study sought to explore constructions of urban Aboriginal and Torres Strait Islander food insecurity, and found instead a general absence of urban representations. Neoliberal values that present food insecurity as an individual failing and predominant colonial conceptualisations of Aboriginal and Torres Strait Islander peoples in 'traditional' and dysfunctional terms work together to reinforce stereotypes about poverty. Food insecurity experienced by remote Aboriginal and Torres Strait Islander communities is clearly reflected in the media discourse, where discussions of structural concepts such as freight costs and challenges, improved food supply in community stores and housing infrastructure exist alongside neoliberal views like personal responsibility (see Chapter 4). For example, an article by Herbert (2009) focused on a new licensing scheme for remote community stores while at the same time including the quote "but I don't think a licence is actually going to get people to cooperate and make better decisions".

Even if there is a lack of consensus about effective ways to address remote food insecurity, there is at least an understanding of some of the structural issues at work. The focus on individual 'solutions' and personal responsibility seen across the staff and media discourses, this thesis argues represents neoliberal views of poverty – as being the fault of individuals. Structural conceptualisations of food insecurity are seen more often in terms of remote

communities but for urban communities were absent in the media analysis and rare in the participant interviews. This lack of structural representations is despite growing recognition that food insecurity is not an issue of food, but rather an issue of income and structural violence. Combined with the general absence of urban Aboriginal and Torres Strait Islander representations across the data, the result is a dearth of 'talk' specific to urban Aboriginal and Torres Strait Islander food insecurity (discussed further in section 7.3.3). While 'urban' may be missing from the discourse, it is clear from the experiences of participants working with health service users, that food insecurity is prevalent in this urban area.

Further to the absence of urban representations, what is unique and complex about talking about and responding to urban food insecurity for health staff and Aboriginal and Torres Strait Islander people are the contexts influencing these actors. The negative representations of Aboriginal and Torres Strait Islander peoples, shown through the media analysis in this research and widely acknowledged by other authors (Fogarty et al., 2018), offer a view of Indigeneity that rarely departs from pervasive dysfunction, deviance and risk. This study demonstrates how social discourses relating to food insecurity for Aboriginal and Torres Strait Islander peoples co-locate these negative representations with neoliberal views about who is responsible. Colonisation continues to impact on the cultural safety of health care for Aboriginal and Torres Strait Islander peoples through negative social constructions of Indigeneity, which fuel the racism that is experienced and characterise culturally unsafe practice. Sharing experiences of food insecurity represents considerable risk for Aboriginal and Torres Strait Islander people in particular, because of the legacy and continuing practices of state intervention and child removal inflicted on families, with 'putting food on the table' being weaponised as justification.

Health staff who participated in this study acknowledged the risks of talking about food insecurity for Aboriginal and Torres Strait Islander people. Participant discourses constructed food insecurity for health service users in terms of struggle and shame. As staff working in Aboriginal and Torres Strait Islander health services, some with many years' experience, participants described their desire to be respectful in conversations with health service users about food insecurity. The trust discourse exemplified the steps that participants took to build relationships with Aboriginal and Torres Strait Islander people,

aware of not overstepping boundaries or making people feel uncomfortable. However, despite the positive intentions of participants, this thesis argues that neoliberal perspectives are interwoven with the moralisation discourse. In the context of helping, perspectives of participants sometimes included elements of judging deservedness and how people are spending their money. Similarly, despite the desire expressed by participants for trusting relationships, where Aboriginal and Torres Strait Islander people feel comfortable talking about food insecurity, the power-laden helper and help-seeker dynamic perhaps always represents some level of risk for the person seeking help. Given the notable conflict between the prevalent ideologies of neoliberalism, colonisation and biomedicine and providing a non-judgmental, safe space for talking about food insecurity, health services need to rethink how support is provided for Aboriginal and Torres Strait Islander people.

7.3.1 Ideologies operating in health care

Neoliberalism and colonisation work to shape Australian systems and structures that continue to undermine Aboriginal and Torres Strait Islander peoples' self-determination (Altman, 2014; Strakosch, 2015). Health systems are "sustained by neoliberal systems and colonial values" and need to be challenged to address health inequities (Poirier, Sethi, et al., 2022, p. 14). ACCHOs are described as resisting neoliberal ideologies by upholding self-determination for Aboriginal and Torres Strait Islander people and delivering holistic health care that challenges economically driven values about service delivery (Khoury, 2015; Poirier, Hedges, et al., 2022). However, these health services are still subject to funding structures based on biomedical models of health care (Khoury, 2015). Poirier (2022) suggests that ACCHOs are "grounded in collectivist values" (p. 5), and the principles that have underpinned establishing and growing this sector certainly reflect this (National Aboriginal Community Controlled Health Organisation, n.d.). However, this study shows that neoliberal values are represented in the discourses of staff in Aboriginal and Torres Strait Islander primary health services, and power dynamics are present in relationships that underpin food security support.

Neoliberalism has influenced the dominance of personal responsibility discourse that has contributed to taking the focus away from rights-based approaches focusing on access to

basic livings needs such as housing and food. For Aboriginal and Torres Strait Islander people, there has been a shift away from self-determination towards governments “reforming Indigenous behaviour” to encourage integration with the market economy (Strakosch, 2015, p. 1). The media discourses interpreted in this study also show that ‘rights’ are a contested space, with the conservative media actively disparaging a rights-based approach to social protections including food. The health staff discourses highlight the contradictions between acknowledging ‘food as a human right’ yet at the same time relying on charity to achieve that right. The ideology of individualism and supporting oneself serves to deflect attention from the structural issues that cause food insecurity.

Focusing on the individual is central to the professional practice for many health staff. Health promotion discourse has similarly been shaped by individualist ideology, with chronic diseases framed as the result of poor ‘lifestyle’ choices (Baum & Fisher, 2014) and positioned as personal responsibility (Robinson & Smith, 2023). Caraher (1994) argues that health promotion is embedded with power and, by focusing on the individual, blames individuals for their circumstances. Examples exist across key public health policies and documents that on the one hand acknowledge the importance of equity and addressing the social determinants of health, and on the other hand focus on “[e]mpowering personal responsibility to enable healthy lifestyles” (Robinson & Smith, 2023, p. 15). Behaviour change approaches to improve health are ‘rational choice models’ that reinforce existing power structures and “exalts the ‘haves’ for their successful lives while blaming ‘the have-nots’ for their plight” (Chin et al., 2000, p. 321). When the prevailing view is that people are responsible for their health, stigma is created among those individuals that experience illness (Lowenberg, 1995). A neoliberal discourse of what Lowenberg (1995) calls the “ideology of choice” can lead health professionals to reinforce notions of moral responsibility and blame towards individuals seen to be “guilty of causing their disease” (pp. 320-2). Arguably, these notions are carried over from conceptualising ill-health, in the minds of health staff and others, to conceptualising poverty and food insecurity – and attributing ‘causes’ to the individual. Indeed, Graham et al. (2018) suggest that framing the “poor food choices” (p. 1864) of people experiencing food insecurity as the result of knowledge deficits places the responsibility on individuals, rather than acknowledging the structural causes.

The ever-present narratives of dysfunction and deviance in social discourse were detailed in the media analysis in Chapter 4. Macoun (2011) also argues that Aboriginal culture is presented as a source of risk in the dominant Australian discourse, and particularly in the context of the ‘intervention’. The need to correct or control ‘Aboriginality’ is therefore “reinforcing the legitimacy and sovereignty of the settler state” (Macoun, 2011, p. 521) and serves to maintain existing power relationships. The health system is also a site for discursive representations of negativity and deficit. Foley and Schubert (2013) argue that public health nutrition commonly reinforces a deficit approach, focusing on ‘vulnerable’ populations, and poor dietary intake and practices. Described by Askew et al. (2020) as “the colonial practice of control over Indigenous peoples”, the authors argue that public health is complicit in the “oppression of Indigenous peoples” by the way the system “reproduces the very knowledge and relationships that render the strengths in Indigenous peoples and communities invisible” (p. 105). While there were some references to strengths in participant responses, there were also representations of and references to “vulnerable” (discussed in section 6.3.1.4) and comments about the contradictions between healthy eating and food insecurity (discussed in section 6.3.4).

Neoliberalism shapes the policy direction of health services, evident by a focus on individual factors and disease management, rather than the social determinants (Baum et al., 2016). Browne et al. (2019) also argue that the neoliberal political environment, and “‘individual responsibility’ approach” (p. 2874), serves as a further barrier to prioritising Aboriginal and Torres Strait Islander nutrition policy. Neoliberal ideologies about health that focus on personal autonomy contribute to moralistic perceptions of health status and blaming lifestyle for poor health (Poirier, Sethi, et al., 2022). While it was rare for participants in this study to overtly draw on negative or blaming discursive frames when talking about Aboriginal and Torres Strait Islander peoples’ experiences of food insecurity, this thesis argues that the influences of these broader narratives are reflected in staff discourses. Participants mostly drew on representations of people experiencing food insecurity from a point of weakness, focusing on individualistic factors in strategies to alleviate food insecurity. The influence of neoliberalism is reflected in the individual being seen as responsible for addressing their own problems, through improving their knowledge, skills or circumstances – with an undercurrent of blame. A “moral obligation” exists that encourages

self-regulation of bodies, by individuals adhering to healthy behaviours (Nelson, 2012, p. 58). The predominance of education as the primary strategy to alleviate food insecurity in the staff interviews exemplifies this individualism.

Health promotion and prevention is based on expectations of individual behaviour change underpinned by measurements of Aboriginal and Torres Strait Islander peoples' ill-health that represent "disease and deviance", implying "they are incapable of health" (Askew et al., 2020, p. 105). Watego (2021) reflects on representations of Aboriginal and Torres Strait Islander people within health professional education, arguing that:

Within the health sciences, we are not known as genocide survivors. We are unknown as living, as healthy, or as well. We are instead known via our premature deaths, via illness and ailments, the cause of which can be explained through a knowing of us as a people who don't know what's good for us. (p. 35)

The focus is on Aboriginal and Torres Strait Islander people as 'the problem', rather than interrogating the structural failure of the health system (Watego, 2021). Although, for decades, some areas of health education have incorporated perspectives that examine the sociological constructs – and failures – underpinning health and illness (Germov, 2019) and Aboriginal and Torres Strait Islander issues (Eckermann et al., 2010). The media analysis, however, illustrates the dominance of negative societal representations.

Aboriginal and Torres Strait Islander bodies have been scrutinised and moralised in Australian settler society through ongoing colonising practices, often compared with the white 'norm' and presented in terms of risk (Nelson, 2012). Likewise, Kowal (2015) argues that 'closing the gap' is based on liberal, Eurocentric assumptions of "what a 'good' life requires" (p. 35). According to Taylor and Guerin (2014), health professionals must challenge this dominant discourse, otherwise "Indigenous health will remain constrained by low expectations and 'truths'" (p. 132) that impede equitable healthcare. Lea's (2008) quote epitomises the predicament of the traditional view of many health professions working with Aboriginal and Torres Strait Islander people:

As public health practitioners work slavishly to reduce the high levels of Indigenous morbidity and mortality, an obsessional endpoint becomes the need to share their health information and 'capacity-build', to the point where Aboriginal people are

inspired and empowered to transform themselves. The underlying theory is relatively straightforward: if Aboriginal people knew exactly how sick they were, and if they knew the real causes, they would want to work on themselves with greater vigour and determination. (p. 119)

Health professions are grounded in theories of behaviour change and empowering individuals 'to make healthy choices', thus perpetuating core values of neoliberalism in the process.

Chambers and Narayanasamy's (2008) study described the way these competing discourses and ideologies influence health staff and can lead to conflicting attitudes. Nurses' constructions of health reflected their 'primary socialisation', or views that were shaped through their interactions in the social world, and 'secondary socialisation' through nursing education (Chambers & Narayanasamy, 2008). The study suggested that nurses were more influenced by their 'primary socialisation', to reflect ideologies that see individual choice and behaviour as responsible for ill-health, rather than views promoted through professional nursing education conceptualising health in a holistic way (Chambers & Narayanasamy, 2008). Chin et al. (2000) suggest that for health staff who do not adequately consider the social contexts for people seeking health care, negative attitudes can be formed "not only about unhealthy behaviours but also about the people who practice them" (p. 321). The importance of health staff interrogating their own attitudes about food insecurity, and its causes, is highlighted here to ensure that staff do not reflect biases that could impede developing trusting relationships with people experiencing food insecurity (Chin et al., 2000).

This section has discussed how the ideologies of neoliberalism, colonisation and biomedicine are reinforced in health service and health care, and how they potentially impact the staff discourses about food insecurity. These perspectives are central to the professional practice of many health staff. Yet this study argues that health staff must acknowledge and counter views that result in blame on individuals for broader structural issues. Individualism was seen as a focus in the media analysis and staff interviews, clearly representing dominant social views about who is responsible for food insecurity. McGregor (2001) suggests that challenging neoliberal perspectives is necessary to humanise health

policy and achieve social justice and dignity for those receiving health care. The impacts of colonisation were also represented across this study, with acknowledgment among many participants in the health staff interviews of the deep intergenerational trauma caused and experienced. Despite participants describing ways that colonisation results in shame and risk for Aboriginal and Torres Strait Islander people around food insecurity, there were scant references to how staff or health services explicitly acknowledge and seek to address this. Health services and their staff must confront the ways these ideologies undermine safe, respectful conversations and support around food, which is discussed in more depth in section 7.4.

7.3.2 Charity as the default solution to food insecurity

Charitable responses to food insecurity are normalised in capitalist neoliberal societies, as described in section 2.2, and stem from several centuries of paternalistic treatment of ‘problematic’ poor people. In this study, the media analysis demonstrated that while there were some representations of food insecurity as a structural issue, particularly from independent media, the personal responsibility ideology was dominant across the sample. In addition, the ‘rights agenda’ was portrayed negatively, blamed for perpetuating poverty and disadvantage for Aboriginal and Torres Strait Islander people. Participant responses also reflected a reliance on donations and being able to provide food packages, demonstrating a view of the charitable food system that Lindberg (2017) describes as centred on “benevolence and gifts instead of rights and justice” (p. 41). The ‘struggle’ discourse (described in section 5.2) framed food insecurity in terms of crisis and constrained choices. The outcome from this discourse is that the need for immediate food aid is rationalised, perhaps, problematically, at the further expense of choice for people experiencing food insecurity.

Representations of people in crisis who are restricted in their ability to make choices about food, maintain stereotypes of poverty where ‘beggars can’t be choosers’, evoking images of Dickensian workhouses being ‘for their own good’. People accessing charitable food programs have been found in broad Australian literature to have internalised those sentiments, with many drawing on the phrase to describe their experiences (Booth et al.,

2018; McNaughton et al., 2021). Booth et al. (2018) described participants as “grateful yet resigned” (p. 2834) about the food provided by charities, despite it not meeting peoples’ needs or preferences. The executive director of a regional food bank in the United States suggests the implication for people accessing charitable food, when there is no choice provided, is that people should be grateful regardless of whether the food meets their needs (Martin, 2021). For people accessing charitable food when experiencing food insecurity, wanting to appear grateful was often reflected in the literature, even when the food was out of date or of poor quality (McKay et al., 2020; McNaughton et al., 2021). The recipients of food aid in Booth et al.’s (2018) study sought choice and control over the food they were provided, to help address health conditions like diabetes and provide the dignity of feeding oneself and one’s family.

For Aboriginal and Torres Strait Islander people, there is a colonial context that further shapes the provision of ‘charitable’ food and mutual obligation. These early perceptions of deservedness in Australia’s history (described in section 2.1), and concerns of receiving help that one is not entitled to, reflect a long pattern of judgments by those with power in ‘benevolent’ relationships, particularly relating to Aboriginal and Torres Strait Islander people. The ration system was an example of ‘help’ provided primarily on the terms of the ‘helper’, with Aboriginal and Torres Strait Islander people relatively powerless in the transaction. The current charitable food system perpetuates similar relationships that, instead of being based on access to food as a human right, ‘helpers’ provide food that is often poor quality and offer little choice for households. Providing charitable food also enables the helper to ‘do something’, perhaps motivated by allaying their discomfort and sense of responsibility, and driven by the view that something is better than nothing.

Participants in this study described situations where people attended the health service when in crisis and with very few support options available. Sometimes this was due to being late in the day and referral services being closed, or due to eligibility requirements restricting access in times of need. In these circumstances, participants preferred to have food support available within the health service, often commenting on a desire for more food, whether it be through donations or internal funding. It was clear that participants wanted in-house options for food aid to overcome issues with access and appropriateness

(from a cultural and health perspective) of external providers. Food aid plays an important role in providing an immediate response to hunger and food insecurity, that results from crises and unexpected events that impact on the household food budget. Despite this, food aid itself does not represent an appropriate long-term 'solution' to chronic food insecurity that is often experienced due to deficits in income and failure to provide adequate livelihoods. Parsell et al.'s (2022) comments are also worth considering here, as they argue that charitable giving, at the expense of rights, is esteemed in Australian society: "the poor are the unfortunate means for the compassionate citizen and caring society to be illustrated" (p. 537). The desire to help among participants in this study was undeniable, however, the underlying motivations of these behaviours deserves reflection by health staff engaged in these conversations.

Participants in this study sought to create respectful relationships based on trust to help people feel safe to ask for food support, however it is questionable whether a relationship of this nature between givers and receivers can be empowering or respectful. Warah (2008) describes this relationship as "fraught with difficulty", where the "giver basks in the glow of philanthropy or duty; the recipient is grateful for the kindness shown at a time of need" (p. 153) and over time this can sour, resulting in judgment about "lifestyle" and "dependence". Alternatively, considering the role of relationality within Aboriginal and Torres Strait Islander cultures, community obligations form part of a sophisticated system that, through connectedness, "provided an ordered universe for people" (Graham, 2014, p. 17). The complexity of the helper-help seeker dynamic in Aboriginal and Torres Strait Islander health services, where there is the potential for both paternalistic relationships and those grounded in supportive relational community networks, requires further consideration that is outside of the scope of this study.

The moralisation discourse shows how 'helping' can be co-located with 'policing', with participants describing concerns that people may take advantage of food support provided by the health service or were perhaps not entitled if their money had been otherwise spent on drugs, alcohol or gambling. Examples of participants deciding "as a group here that we don't want to just give them [supermarket vouchers]" and "I guess because what they can use those gift vouchers for is to buy drugs" articulated concerns about support being used

for unintended purposes. The media discourses interpreted in this study reflect and reinforce views of dysfunction and blame that were reproduced in staff discourses and imply distrust and not being 'responsible' with money. This thesis acknowledges there are budgetary limits on food and other food security strategies for health services, and that support cannot be endless. However, in the examples represented by participants in this study, health staff are placed in decision-making positions to determine deservedness, further reinforcing their power in the relationship with health service users.

Without a broad social discussion on alternatives to charitable food relief, participants may have been focused on what they felt they could influence within the scope of their roles, by relying on charitable responses to food insecurity. The challenge of short term 'fixes' to structural issues were identified by some participants, describing helplessness (see section 6.3.1). This study demonstrates that health services are inherently designed to focus on 'fixes' – it is how our medical system operates. When societal views about food insecurity are influenced by neoliberalism that perpetuates the myth that individuals are responsible for both their circumstances and the solutions, staff are reflecting these values. The limitations expressed by participants in their ability to respond to food insecurity point to the urgent need to develop organisational responses (discussed further in section 7.4).

7.3.3 Urban is absent

This study interprets one of the main barriers to addressing food insecurity for urban Aboriginal and Torres Strait Islander communities as the absence of 'urban' in social commentary, and in how health staff construct food insecurity. Indigeneity, and issues around food insecurity for Aboriginal and Torres Strait Islander communities, are conceptualised almost exclusively in geographically remote contexts. As mentioned in Chapter 5, some participants in this study were surprised at the extent of food insecurity within urban communities. Framing Aboriginal and Torres Strait Islander people as traditional and living in remote areas forms a narrative where urban representations are mostly absent; from health research (Eades et al., 2010; Jennings et al., 2018), from food insecurity representations (Bramwell et al., 2017), and from the media analysis presented in this study where none of the articles focused solely on urban communities and issues.

Framing Aboriginality in terms of traditional clothing, with spears, or sitting around a fire, further perpetuates the idea that “‘real’ Aboriginal people don’t live in cities” (Fredericks, 2013, p. 13). Beckett (1988) echoes the sentiments that those who do not conform to the remote construction of Aboriginality may have their identity questioned, saying “[s]uch representations of Aboriginality called into doubt the special status of those who called themselves Aboriginal, but lived in urban settings, practised no traditional arts or ceremonies, and generally failed to ‘look the part’” (p. 207). Language used around the ‘intervention’ had the effect where “Aboriginality is thus discursively constrained to place” (Macoun, 2011, p. 529), further reinforcing the idea that authentic Aboriginal identity equates with remoteness.

Australia’s history of questioning and denying the legitimacy of Aboriginal people has occurred since colonisation, and native title has further complicated the conceptualisation of ‘traditional’ Aboriginality as claims are based on continuing cultural practices and access to country. Fredericks (2013) suggests that Aboriginal people are seen to not have any culture when living in urban areas, describing the myth of the ‘traditional Aboriginal person’ that appears not able to exist with contemporary urban identities. The media analysis presented a social view of Indigeneity that also reflected an inability to reconcile ‘traditional’ with ‘modern’, ‘remote’ with ‘urban’. The heavy focus on remote communities, discussions about the viability of ancestral homelands, and questions about the compatibility of ‘traditional culture’ with the ‘modern world’ are evidence of this contradiction in Australian discourse.

The ‘noble savage’ frame was present in the media analysis in this study, drawn upon as a tool to represent Aboriginal and Torres Strait Islander people as traditional and living exclusively in remote areas, but also to challenge the validity of cultures and homelands. Behrendt (2016) suggests that, while some argue the ‘noble savage’ represents a positive stereotype leading to a more sympathetic view of Aboriginal people, it in fact permits the questioning of Indigeneity and who is deserving of rights. The implications for urban-dwelling Aboriginal people are described by Behrendt (2016):

If rights are granted based on sympathy towards a particular stereotype, those Aboriginal people who do not fit within that paradigm will be excluded, and

considered inappropriate beneficiaries of these protections because they are not 'authentic'; they will be seen as not 'Real'. Those who do not embody the images of passivity, childishness and naturalism, who do not live lives based on an affinity with nature, who do not use quaint logic to deduce naive and simplistic understandings of the world around them, will be considered as being outside the set of worthy beneficiaries. And urban Aboriginal people, house-owning Aboriginal people, angry Aboriginal people, and Aboriginal people who do not speak their traditional languages will all fall outside of the Aboriginal people who are perceived to be deserving. (pp. 170-1)

The focus on food security for remote Aboriginal and Torres Strait Islander communities is explained by this thinking – that the Aboriginal and Torres Strait Islander people living in remote communities are considered 'authentic' and 'deserving'. Drawing on historical perspectives of the 'deserving poor', societal responses are implemented to help those who are seen to not be able to help themselves. While there continues to be an absence of urban representations of Aboriginal and Torres Strait Islander peoples, the food security issues facing urban households will remain hidden or, at the very least, be minimised in comparison with the challenges for remote communities.

Discourses of personal responsibility and moral failure exist in representations of food insecurity, for both remote and non-remote contexts, with poor choices blamed on dysfunction and welfare dependency. Although, in addition to neoliberal perspectives of food insecurity, the concerns for remote communities were clearly articulated in the media analysis – these are issues of infrastructure, food supply, refrigeration. The 'solutions' to remote food insecurity were presented as "simple" (Simpson, 2016), with governments called upon to take action. A media analysis by van Burgel et al. (2023) similarly found remote food insecurity for Aboriginal and Torres Strait Islander communities represented "as a simple issue requiring an immediate fix" (p. 8), with underlying moral assumptions as to the causes. The numerous inquiries and policies relating to remote food security, despite there being "no improvement in the cost of food in remote stores" (Aboriginal Peak Organisations Northern Territory, 2020, p. 6), indicate where the government focus has been in terms of food insecurity. Instead of seemingly straightforward 'solutions' that are

proposed for remote communities, urban food insecurity is, however, generally an outcome of poverty that engenders a very different response among the community.

Ending poverty requires an ideological shift away from blaming the individual for their circumstances, towards acknowledging the structural factors that create social problems. Many community services organisations, including the Australian Council of Social Services and St Vincent de Paul Society, actively advocate for action on structural issues (Australian Council of Social Service & University of New South Wales, 2023; St Vincent de Paul Society, 2015), yet this study demonstrates that discourses shaped by neoliberal and colonial perspectives overshadow those voices, notably in most news media. These representations of remote and urban communities imply that food insecurity for Aboriginal and Torres Strait Islander people living in urban areas is subject to the inaccurate but predominant view held by the general Australian population. That is, feeding yourself and your family is a matter of personal responsibility. The neoliberal response to poverty is at the core of societal views about food insecurity, founded in assumptions like ‘there is a fair go for those who have a go’, where the systemic drivers of disadvantage and poverty are considered irrelevant. The narrative within these dominant discourses is that if you cook more, budget better, cut back on other expenses or get a job then you can provide food for yourself. And if those strategies fail, donated food from charities is an acceptable solution. Continued advocacy to raise social security payments to adequate levels to address poverty and food insecurity (Booth & Pollard, 2020; Davidson et al., 2023) has failed to overcome the dominance of this neoliberal narrative.

Despite the absence of urban reflections of Indigeneity in the media, the strengths within urban communities have been demonstrated in other studies (Brough et al., 2004). Indeed, in an urban community in southern Meanjin/Brisbane, other research has identified a mix of both ‘traditional’ and contemporary food and cultural practices among Aboriginal and Torres Strait Islander residents that reflect the suburb’s urban Indigenous cultures (Foley, 2005; Greenop, 2008). Urban Aboriginal and Torres Strait Islander communities are a source of strength and pride that are generally overlooked in dominant representations of deficits and ill-health (Brough et al., 2004). Identity for urban Aboriginal and Torres Strait Islander people forms connection within community and social capital, but racism and urban cultural

stereotypes challenge and question such strengths (Brough et al., 2006). Drawing on the strengths of urban communities, and considering the unique context of urban areas, there are opportunities to co-develop tailored responses to food insecurity in these areas.

Given the implications for health service delivery and safe, trusting relationships due to the influences of neoliberalism, colonisation and biomedicine, the following section moves to consider ways to counter these ideologies through the application of cultural safety.

7.4 Addressing the power imbalances in food security responses

This section presents potential ways forward to address the findings of this thesis. It is timely here to reiterate a central aspect of cultural safety, that the decisions about which actions represent culturally safe options must be made by Aboriginal and Torres Strait Islander people. While this section recommends actions that may address power imbalances, decision making by Aboriginal and Torres Strait Islander people is paramount. As this section articulates, co-design and power sharing between health services and Aboriginal and Torres Strait Islander people must underpin responses to address food insecurity.

This study describes the way that seeking support for food insecurity is linked with shame, policing and power dynamics, despite the intentions of health staff to create safe and supportive environments. The health system is already a site of unequal power, resulting from the helper/help-seeker relationship, and the ascendancy of professional expertise and privilege. Compounding these factors is the ongoing discrimination and impacts of colonisation when accessing health care resulting in the deaths of Aboriginal and Torres Strait Islander people (Cox & Best, 2022), with child removal being an ever-present risk for families. So, the questions remain: what role should Aboriginal and Torres Strait Islander health services play, if any, in addressing food insecurity? How can cultural safety and dignity be maintained for Aboriginal and Torres Strait Islander people experiencing food insecurity?

It has been articulated previously that Aboriginal and Torres Strait Islander health services are ideally situated to be providing support for food insecurity. Aboriginal and Torres Strait Islander community controlled health organisations are well placed as a result of their ethos to deliver holistic, culturally safe health care (National Aboriginal Community Controlled Health Organisation, n.d.). However, government health services such as the site included in this study also must reconceptualise food security as core business. Arguably, any health services accessed by Aboriginal and Torres Strait Islander people must examine how food security support is provided. The disproportionate prevalence of food insecurity in Aboriginal and Torres Strait Islander communities and its detrimental health impacts should give reason for health services broadly to consider food security as ‘health business’.

Cultural safety can offer a framework for health services to drive structural change to improve food security for Aboriginal and Torres Strait Islander communities living in urban areas. Cox and Best (2022) argue that the model of cultural safety can be applied across health systems to challenge power and privilege that is perpetuated by dominant cultures. This thesis argues that the approach of cultural safety offers a way to consider and address the issues of power interpreted from this study, potentially shaping more effective and safe interactions around food insecurity. Discourses are produced and reinforced through social interactions such as health service encounters, and this research illuminates the way these broader societal perspectives shape our perspectives and practice as individuals. This discourse analysis provides a potential tool for health staff to reflect on their practice, and challenge their underlying attitudes, assumptions, values and privilege. The intent of this study is to foreground dignity for Aboriginal and Torres Strait Islander people when seeking or receiving support for food insecurity, with maintaining dignity being a key aim of cultural safety (Cox et al., 2021).

As described in section 3.1.3, the central tenets of cultural safety are that it challenges dominant paradigms, acknowledges the sociocultural and historical contexts, challenges the power relations in health services, and seeks social justice. Reflection and practice change at all levels – individual, teams, health services – is needed to identify and engage in culturally safe service delivery. The impact of “personal and organisational cultures (power dynamics, values, priorities, beliefs, traditions)” on the interpersonal encounters that occur within

health services can be explored (Cox & Best, 2022, p. 73). Opportunities to reflect on how colonisation, neoliberalism and biomedicine impact on these personal and organisational cultures, in relation to food insecurity, can facilitate conversations within health services to address relationships of power. The key findings from this study, including issues of 'deservedness', the helper-help seeker dynamic, and responses to food insecurity that add to shame and stigma, can be considered through structurally-embedded reflective processes that engage with the underlying assumptions of staff and organisations.

This section continues by providing some further examples of how this model could be applied to food security support within Aboriginal and Torres Strait Islander health services. Most importantly, change must occur across health services by implementing service-wide policies that consider and take action at all levels of the organisation. This study highlighted the ad hoc nature of food security support that was occurring at the time of the interviews, pointing to the need for systemic policy change so that staff across all areas of the health service can be part of the 'solution'.

7.4.1 Challenging dominant paradigms

In challenging these dominant paradigms, health services and their staff must critically reflect upon reliance on charitable food as the primary response to food insecurity. Health services have an opportunity to foreground rights-based conceptualisations of food insecurity, rather than responses that perpetuate pity and benevolence. This study, and many others cited throughout this thesis, describe the shame and stigma of seeking and receiving charitable food. Although usually under the premise of 'helping', how this system perpetuates shame and judgment must be interrogated, and opportunities for staff deciding who is deserving to receive support should be minimised. Adopting a strengths-based, whole-of-service approach may help to challenge attitudes that reinforce blame-driven neoliberal views about poverty and food insecurity.

7.4.2 Acknowledging sociocultural and historical contexts

The sociocultural and historical context of food insecurity for Aboriginal and Torres Strait Islander people living in urban areas can be more widely acknowledged and understood by

health staff. It was suggested by one of the participants in this study that there needed to be greater awareness of the reality of food insecurity for Aboriginal and Torres Strait Islander health service users. The ongoing effects of assimilationist child removal policies were acknowledged by many participants, discussed in section 6.2.2. The social discourse of ‘save the children’ perpetuates an underlying message that if children are ‘at risk’ then intervention – and therefore removal – is justified in the name of safety (see section 4.5). As one part of building cultural safety and to help health staff more fully understand the role of history (including recent history), the deep impact of these complex contexts could be explored through individual staff reflexivity and in staff professional development sessions. Best et al. (2022) suggest that staff workshops helped to develop participants’ understanding of the continuing effects of racism and colonisation. Bennett et al. (2011) describe understanding the impact of colonisation on practitioners’ identities, both personal and cultural, as a key step in decolonising practice. Staff reflexivity is fundamental to understanding the sociocultural and historical contexts of food insecurity for Aboriginal and Torres Strait Islander people, and considering their impact on health practice.

Acknowledging that reflection alone will not change practice, staff education requires effective policy and organisational change to support culturally safe practice. Working together with health service users may offer a way to develop organisational policies and practices that reduce the risk associated with talking about food insecurity for Aboriginal and Torres Strait Islander people. Displaying a keen awareness of the implications of sociocultural and historical contexts on health care delivery, one participant in this study (see section 6.2.2) described their carefulness when writing notes in the medical record about experiences of food insecurity. Issues such as these must be discussed within health services, in partnership with health service users, to determine safe and effective practices that both ensure support and minimise risk.

7.4.3 Challenging relationships of power

Challenging relations of power can begin with power sharing with health service users, particularly those with lived experience of food insecurity. Bowen et al. (2021) argue that:

acknowledging and addressing how systemic racism contributes to food insecurity requires centering the experiences and voices of people of color who have long worked to challenge all forms of oppression that act on the bodies of Black and Indigenous people and people of color. (p. 13)

Health services must establish clear opportunities for genuine input and decision-making by service users, that reduce the role of staff as experts. Both service users and health service staff can be involved in determining what dignified and culturally safe food security support looks like within each local health service.

The helper/help-seeker relationship is interpreted in this study as contributing to the already imbalanced power relationship between health staff and service users. Together, options for food support can be explored that reduce the need for people experiencing food insecurity to ask for help or identify themselves as in need. For example, there could be opportunities to increase investment in food and catering at health service events and activities, including take-home packs. Availability of food for health service users to take without requiring an appointment with health staff would also serve to reduce the need to 'admit help', and this could include increased provision of food available in the waiting room. The infrastructure and logistical constraints of health services providing food must be considered, however there may be solutions developed at local organisations that meet the needs of those experiencing food insecurity. Similarly, having more information about external food support organisations available in the waiting room provides an option for people who do not wish to share their experiences of food insecurity with health staff. Shared decision-making could address and help manage questions of safety and judgment at external food support organisations, to establish referral pathways that reduce the need for questioning deservedness, reduce shame and ensure that households receive the support they need.

Addressing issues of choice for people experiencing food insecurity is one way to both share power and challenge dominant paradigms. This study explored instances where participants took on the role of 'decision maker', by way of staff choosing to shop for service users rather than providing a supermarket voucher to spend themselves. Involving health service users in decisions about choice and availability of food support genuinely challenges the

stereotypes about poverty that were also described in this thesis – not being trusted to be in control of one’s own life. Shared decision-making can tackle the dilemma within health services: is any food better than no food, and is there a role for healthy eating promotion within food support? These are questions for health services and service users to negotiate together, finding a solution that meets the needs and preferences of people experiencing food insecurity.

7.4.4 Seeking social justice

Finally, cultural safety seeks social justice and can help in framing food security as a right, rather than a personal failing that relies upon charitable responses. People experiencing food insecurity are already likely to be feeling shame and stigma resulting from societal views about poverty. Rights-based responses take away the need for judgment about deservedness and ‘are they really in need’. Shifting the framing of responding to food insecurity as addressing a structural failure, rather than an individual one, can help to focus on equitable solutions, instead of food handouts. Acknowledging the structural drivers of food security – employment, housing, income, poverty, adequate social protections – and the compounding issues of racism and historically-entrenched poverty for Aboriginal and Torres Strait Islander people, is at the core of addressing social justice. Aboriginal and Torres Strait Islander primary health services already assist health service users with housing and social security support. Building on these actions, health services may consider additional ways to provide pathways out of food insecurity.

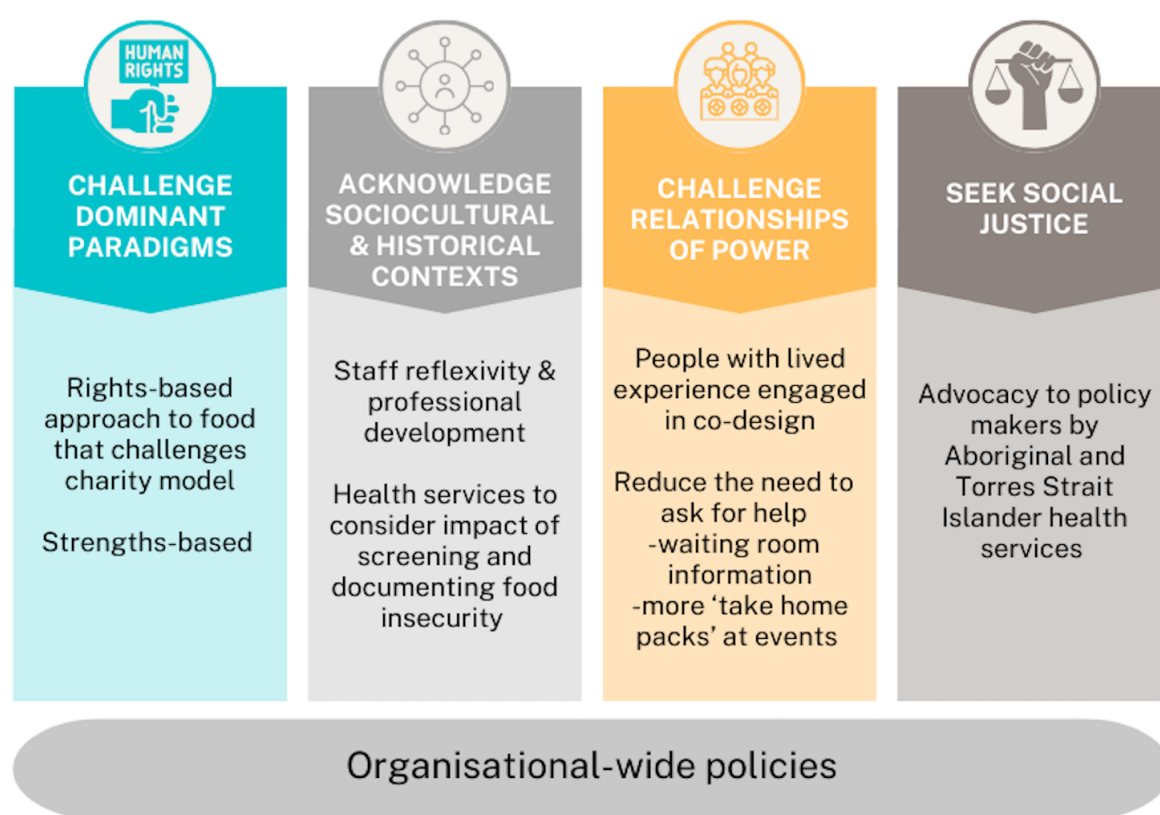
Aboriginal and Torres Strait Islander health services have a leading opportunity to advocate to government for action to address urban food insecurity. Health services can contribute to, and shape, public discourse to highlight the importance of urban Aboriginal and Torres Strait Islander food insecurity, and call for urgent responses that involve people experiencing food insecurity in decisions about solutions. Advocacy should also include the need for adequate social protection payments and affordable housing so that peoples’ health and wellbeing is not limited by the amount of money they have or their lack of housing. If considered through an equity lens, Aboriginal and Torres Strait Islander health

services can be a dominant voice that contributes to a change in discourses related to urban food insecurity.

The recommendations and suggested options in the sections above have been summarised in Figure 9 below.

Figure 9

Summary of potential ways forward for health services to address findings in thesis



Any next steps must be underpinned by genuine power sharing and decision making in collaboration with Aboriginal and Torres Strait Islander people, particularly health service users and those with lived experience of food insecurity. Additionally, there are opportunities for reflexivity by individual health staff – to reflect on their attitudes, values and practice – across all of the areas described above.

7.5 Researcher reflexivity

I came to embark on this research from a place of reflecting on the practice of individuals, focused on what we as health professionals can do to better support food security in urban communities for Aboriginal and Torres Strait Islander people. This was despite knowing, on an intellectual level, that the causes of food insecurity are structural. Similarly, seeing the influence of neoliberal ideology in the attitudes and values of my colleagues motivated me to further explore how health staff understand food insecurity and how it shapes their responses. This was without fully understanding how white supremacy continues to dominate the health system, through biomedical worldviews and the power afforded to white health professionals. While I believe there is much that individual health professionals can take from this research, and consider within the contexts of their own attitudes, values, privilege and practice through the lens of cultural safety, it was clear at all points throughout this journey that the way forward requires structural change. I do not choose to engage here with the discussion about ally or accomplice terminology (see Finlay, 2020, May 27), but I support the sentiment that we must be critical of our privilege (in the various forms this may take) and actively disrupt the status quo “to resist and dismantle the unjust structures” (Nixon, 2019, p. 1638). The focus must be on systems and structures, and we as individual health staff can call for and drive change from within.

This thesis shows there is more opportunity for critique of white health professionals than this study allowed, due to the decisions I made about methods. As has been acknowledged at points throughout the thesis, there were limitations in analysis and interpretation due to participants not being identified by Indigeneity. I accept this limitation, and invite future researchers to take up the opportunity, but in the interests of reflecting on my power and role as a white researcher, I chose to undertake this research in what I saw as a culturally safe way.

There was not scope in this thesis to explore further, and the direction of research did not specifically focus on, the complex interplay between healthy eating advice, food systems impacted by colonisation, and food insecurity. These questions continue to influence my practice as a health professional, and point to the importance of decision making being led

by Aboriginal and Torres Strait Islander people, especially those with lived experience, in how these challenges are responded to.

7.6 Conclusion

Food security for urban Aboriginal and Torres Strait Islander communities remains a significant issue, requiring systemic change to address the social determinants that cause it. This thesis has demonstrated that health practitioners working in Aboriginal and Torres Strait Islander primary health services already play a role in talking about and responding to experiences of food insecurity for health service users. However, food insecurity for Aboriginal and Torres Strait Islander people is shaped by the sociocultural context of colonisation that amplifies shame, stigma and risk. In addition, the ideology of neoliberalism pervades Australian society and social policy, resulting in a focus on individualism, conditional welfare policy and a narrative of deservedness rather than universal rights. These factors create a social environment that judges people experiencing food insecurity and where the 'solutions' are framed as benevolent, requiring displays of personal responsibility by those in need in order to be deemed worthy of help.

In health services, the dominant biomedical model further places an emphasis on individualism and contributes to institutional racism. As this study has illustrated, Aboriginal and Torres Strait Islander health services have a unique role to play in supporting food security for urban communities as part of holistic health care. However, while these health services in many ways challenge the overarching ideologies of colonisation, neoliberalism and biomedicine, they also cannot escape their influence. As a result, for Aboriginal and Torres Strait Islander people, talking about food insecurity with health practitioners is a potentially unsafe undertaking.

The absence of discussion about the specific issues affecting food security for urban Aboriginal and Torres Strait Islander communities further adds to the barriers to taking effective action. The importance of addressing food security in remote communities is undeniable, but should not detract from identifying and responding to the unique needs of urban communities. Although the structural and logistical issues for remote communities

are clearly articulated in social discourse, for urban Aboriginal and Torres Strait Islander communities, food insecurity is purely seen as an individual problem related to poverty. This study has demonstrated, as have many others, how pervasive the social discourses of 'moral failure', personal and responsibility and 'save the children' are for Aboriginal and Torres Strait Islander people. These discourses embed themselves in the narrative of food insecurity in Australia and compound negative representations of Aboriginal and Torres Strait Islander people.

Within health services, these dominant ideologies need to be challenged and food insecurity reframed to provide culturally safe experiences of discussing and supporting food insecurity for Aboriginal and Torres Strait Islander people. Reframing involves moving away from blaming individuals for their circumstances and relying on charitable food and personal responsibility as the 'solutions'. We must acknowledge and address the structural causes of food insecurity and prioritise action on employment, housing, racism and poverty – with Aboriginal and Torres Strait Islander health services advocating for the importance of food for health. While action is taken to address these determinants, a food-based model of responding to food insecurity will be required, and this thesis provides some considerations to address issues of dignity and safety. Co-design by health service users experiencing food insecurity is central to working towards a culturally safe model of support within urban Aboriginal and Torres Strait Islander health services that seeks to address the power imbalances that exist within health. Health service users, health professionals and health organisations are all part of the solution to influence structural change within health systems for safer, improved support for food insecurity.

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9 Appendices

Appendix A

Neoliberalism in Australia

Neoliberalism emerged in the 20th century as a reformulation of 1800s' classical liberalism that had espoused 'laissez-faire' economic principles of freedom from regulation and government intervention (Davis, 2014). Since the Great Depression of the 1930s, Keynesian economics had been in favour, promoting the role of government to redistribute wealth and create a more egalitarian society (Serr, 2006). John Maynard Keynes had proposed a new economic approach in the 1920s as a response to large scale unemployment across the UK and US in the wake of the First World War (Eatwell & Milgate, 2011). Keynesian theory was based on the premise that some intervention in the market is required by governments to "reduce socially undesirable disparities in the distribution of income", thereby enabling the market to operate within a more stable environment (Eatwell & Milgate, 2011, p. 345). The years between the world wars saw a decline in support for classical liberalism, and its central philosophies of individual liberty and economic efficiency, in favour of social democracy (Eatwell & Milgate, 2011). However, the resurgence in popularity of liberal economics in the 1940s was positioned as a way to avoid the trend towards fascism and totalitarianism occurring in parts of Europe (Davis, 2014).

Existing in different variations appropriate to the local conditions, the constant thread of neoliberalism is to enable free markets (Redden, 2019), through price signals, to more efficiently distribute resources than by government intervention (Davis, 2014). There is considerable focus in the social sciences on neoliberalism and its effects, and while "meaning different things to different people", it can be understood in political, economic and social contexts (Birch et al., 2016, p. 1). Broadly, neoliberalism is based on principles of private ownership (favoured over public assets), accumulation of private wealth, individualised labour arrangements, individuals acting in their own interests as the basis for society, and reduced intervention in the market to facilitate optimal efficiency and the collective interest (O'Neill & Weller, 2016). Stilwell (2006) argues, however, that

neoliberalism prioritises economic interests over social interests, displacing social democratic ideologies and role of welfare to redistribute wealth.

As social democracy enjoyed popularity during the middle of the 20th century, right-wing liberals maintained the neoliberal agenda through holding positions of power and influencing policy, establishing business-driven networks that would later serve as the basis for widespread political and social change (Plehwe, 2016). Stagflation – simultaneous high inflation and low economic growth – experienced by the United Kingdom and United States in the 1970s led to lack of confidence in Keynesian economics (Mendes, 2018) and created political momentum for the neoliberalist agenda of the Thatcher and Reagan conservative governments. These administrations championed individual liberties, reduced state regulation and spending, privatising assets, and restricting the power of unions (Hickel, 2016). This brand of economic theory maintained a ‘trickle down’ benefit to all from the economic growth generated by free markets, yet these policies resulted in greater economic inequality between rich and poor (Hickel, 2016).

Neoliberal policy agenda took hold in Australia during the Fraser Liberal-National Party government from 1975-83 (Mendes, 2018), and further cemented with the Hawke and Keating Labor Party governments from 1983-96 through significant reforms that reduced government intervention in labour and financial markets and sold public assets (Redden, 2019). The reforms lead by these governments maintained a collectivist tone, despite being neoliberal in nature (Redden, 2019). However, the Howard Liberal-National Party governments spanning 1996-2004, according to Redden (2019), were responsible for entrenching neoliberalism in Australian politics and culture. Davis (2014) suggests that conversion to a neoliberal Australia has not been without contest, evident in public debates between social and economic perspectives “over everything from road funding to childcare” (p. 31).

Appendix B

List of newspapers and online news sites searched

Australia & New Zealand Newsstream database:

- *The Age, Sunday Age*
- *The Australian, Weekend Australian*
- Community newspapers in southern Meanjin/Brisbane (*The Albert and Logan News, Bayside Bulletin, Brisbane News, Redland City Bulletin, South-East Advertiser, The Southern Star, Wynnum Herald*)
- *The Courier Mail, Sunday Mail*
- *Sydney Morning Herald*

Factiva database:

- Australian Associated Press
- Australian Broadcasting Commission
- Brisbane Times
- The Conversation
- Crikey

National Indigenous Times website

Appendix C

Participant Information and Consent Form

Talk about food insecurity Information for staff participants



Introduction

All staff at [relevant research sites] will be invited to take part in this research project. The aim of the research is to learn more about how health staff work with clients who are experiencing food access issues or do not have enough food to eat.

This form is a summary of what is involved in the research project. Please read it carefully. Ask questions about anything that you want to know more about.

This research project is low risk.

Why do we need this study?

This research project aims to find out how staff currently work with Aboriginal & Torres Strait Islander clients regarding food access issues and staff knowledge of clients' experiences and relevant support options.

The information will help inform future service delivery.

What do I need to do?

- Read this information and sign the consent form to show you are willing to participate.
- Participate in an interview with the researcher that will take about 45 minutes. This can take place at a time and location of your choice. The interview will be audio recorded.

What will I be asked?

You will be asked about:

- your experiences discussing food access issues with clients
- how you see your role in supporting clients regarding food access issues
- your perceptions about food access issues for clients
- your knowledge of available support options

How will the information be used to help me and others?

We cannot guarantee that you will receive any benefits from this study. We hope that we can use the information to provide better support for clients experiencing issues accessing enough food to eat.

Who is conducting this study?

The study is being conducted by Leigh Bramwell, Community Nutritionist and Masters student at Queensland University of Technology (QUT). Leigh is supervised by Professor Danielle Gallegos and Dr Leonie Cox from QUT.

How will the information I give be used?

The information collected in this study will be used to inform service delivery for clients experiencing issues accessing enough food to eat.

We will write a report which may be published in a health journal and shared among other health services and research institutions. The research team will not use your name in any reports published and any information that may potentially identify you will be changed to protect your privacy.

Is this study approved?

This study has been approved by the *Metro South Health Human Research Ethics Committee* and *Queensland University of Technology Human Research Ethics Committee*.

The *Inala Community Jury for Aboriginal and Torres Strait Islander Health Research* have also given their support for and will oversee this project.

This project will be carried out according to the *National Statement on Ethical Conduct in Human Research* (2007) produced by the National Health and Medical Research Council of Australia, which protects the interests of people who agree to participate in research.

Do I have to take part in the study?

If you don't wish to participate in this study you don't have to. Your decision whether or not to take part will not affect your relationship with [research setting] or QUT.

The confidentiality and anonymity of participants will be upheld throughout this study.

You can withdraw at any time and any information you have provided will be excluded.

What if I want to complain?

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

The Executive Officer Metro South Health Service District, Human Research Ethics Committee Princess Alexandra Hospital Ph: 3176 7672
or if you would prefer, QUT Research Ethics Advisory Team Ph: 3138 5123 or humanethics@qut.edu.au

How can I find out more?

If you have any questions about this project, you can contact :

Leigh Bramwell, Community Nutritionist ph 3181 7621

Leigh.Bramwell@health.qld.gov.au

Consent

I have read, or have had read to me in a language that I understand, this document and I understand the purposes, procedures and risks of this research project as described within it.
I understand that the interview will be audio recorded.
I understand that information provided to the research team about me will remain confidential.
I have had an opportunity to ask questions and I am satisfied with the answers I have received.
I freely agree to participate in this research project as described.
I understand that I will be given a signed copy of the information document to keep.

Participant's name (printed)

Signature

Date

Declaration by researcher*: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher's name (printed)

Signature

Date

** A senior member of the research team must provide the explanation and provision of information concerning the research project.*

Note: All parties signing the consent section must date their own signature.

Talk about food insecurity

Revocation of Consent

I choose to withdraw my consent to participate in the research project name above and understand that this will not influence my relationship with Inala Indigenous Health Service or QUT. I understand that any information I have provided so far will be excluded.

Participant's name (printed)

Signature

Date

Appendix D

Indicative Interview Question Guide

-
- Describe your role and how long you have worked at this health service.
 - Tell me about the types of conversations you have with clients about food.
 - Describe what 'food insecurity' means to you.
 - Tell me about a time that you've talked with clients about difficulties accessing enough food to eat.
 - Whose role do you think it is to provide support for food security?
 - How do you feel asking clients questions about sensitive issues?
 - How do you think food security can be addressed for your clients?
-

Appendix E

Full list of media documents in sample

	Date of publication	Title	Author	Source
1	2/7/07	No more 'noble savage'	Barry Cohen	The Australian
2	3/7/07	Food substandard and too dear	Padraic Murphy	The Australian
3	12/10/07	Aboriginal health hit by high food cost	Tanya Chilcott	The Courier Mail
4	13/10/07	Indigenous households' helping hand	Sue Williams	Weekend Australian
5	23/10/07	Territory for hope	Simon Kearney	The Australian
6	29/10/07	Senior women key to success of reform	Simon Kearney	The Australian
7	3/11/07	Bush food an industry in infancy – Indigenous Australia Special Report	Glenn Wightman	Weekend Australian
8	3/3/08	Intervention policy does not wash	Stephanie Peatling	Sydney Morning Herald
9	15/4/08	Give us our rights: Aboriginal leader 2020 Summit	Patricia Karvelas	The Australian
10	17/4/08	Welfare quarantine rules may be eased	Patricia Karvelas	The Australian
11	2/6/08	Rich pickings for the slender	Garry Jennings	The Australian

12	26/7/08	Responsibility agenda needed for children		Weekend Australian
13	2/9/08	A genuine intervention might work	Jeff McMullen	Sydney Morning Herald
14	22/11/08	Soldier's sympathy intervenes	Paul Toohey	Weekend Australian
15	17/12/08	Fresh idea on remote gardens	Shirley McPherson	The Australian
16	14/1/09	Call to improve Aboriginal diets	Leo Shanahan	The Age
17	31/3/09	Intervention is hurting health	Larissa Behrendt & Irene Fisher	Sydney Morning Herald
18	3/7/09	Remote Indigenous stores set for health overhaul	Bronwyn Herbert	ABC News
19	4/7/09	Food for thought		Weekend Australian
20	17/9/09	Intervention 'abandoned', with no leader	Natasha Robinson	The Australian
21	17/11/09	Indigenous communities starved of fresh food, Govt told		ABC News
22	2/1/10	Competitive disadvantage is hardly the healthiest option	Sara Hudson	Weekend Australian
23	17/3/10	Macklin's welfare fight is only the beginning	Paul Kelly	The Australian
24	14/6/10	NT policy failing the children	Sarah Marland	The Age

25	22/7/10	Food training program cultivates a fresh idea	Debbie Guest	The Australian
26	3/8/10	Children in remote centres 'starving'	Natasha Robinson	The Australian
27	8/12/10	Outback food price worries persist APY Lands of SA	Nicola Gage	ABC News
28	9/12/10	Eat your greens strategy 'doomed'		ABC News
29	9/2/11	Still sorry, still closing the gap	Shane Green	The Age
30	21/5/11	An intervention still as divisive as ever, after four long years	Lindsay Murdoch	The Age
31	23/6/11	Gillard puts jobs, schools and grog bans at heart of new NT push: no retreat on intervention	Matthew Franklin	The Australian
32	9/8/11	How has the Northern Territory Intervention affected Aboriginal health?	Marilyn Wise	The Conversation
33	22/8/11	Starved of their future at birth	Marcia Langton	The Australian
34	2/9/11	Aborigines starving in APY lands	Rebecca Puddy	The Australian
35	3/9/11	Pleas for welfare controls ignored	Mark Schliebs	Weekend Australian
36	3/9/11	Job search parasites get rich off the unemployed	Noel Pearson	Weekend Australian

37	16/9/11	Income program for APY in frame	Michael Owen	The Australian
38	21/9/11	Legal advice used to shelve APY food plan	Michael Owen	The Australian
39	22/9/11	Back to the drawing board, again	Rosemary Neill	The Australian
40	26/9/11	Nutrition crisis looms for APY kids	Michael Owen	The Australian
41	2/12/11	The cunning of consultation: school attendance and welfare reform	Jon Altman	Crikey
42	7/2/12	APY 'book-up' still being used despite ban bid	Sarah Martin	The Australian
43	17/3/12	Six months after food alarm raised... APY women ignored for intervention	Sarah Martin	Weekend Australian
44	12/4/12	Food cost in APY lands 'prohibitively high'	Sarah Martin	The Australian
45	16/4/12	Fears APY food report lacking detail		ABC News
46	24/11/12	How greenie left-wingers conspired to wreck Aboriginal prosperity	Marcia Langton	The Age
47	7/12/12	NT's tough love: helping hand or a heavy hand"	Michael Gordon	The Age
48	19/2/13	Remote market gardens wither: APY project fails to provide food	Sarah Martin	The Australian
49	20/2/13	Lowitja's 'disgust' at gardens	Sarah Martin	The Australian

50	26/2/13	Food gardens 'foisted' on Indigenous lands	Sarah Martin	The Australian
51	15/4/13	Jail 'holds no fear for the hungry'	Patricia Karvelas	The Australian
52	19/4/13	Govt ditches remote garden expansion		ABC News
53	19/4/13	Aboriginal garden plan 'over-hyped', gets boot	Sarah Martin	The Australian
54	21/5/13	Gardens prioritised over APY power'	Sarah Martin	The Australian
55	1/6/13	Genes key to health gone awry	Nicolas Rothwell	Weekend Australian
56	8/6/13	As drugs and gambling devour life smart money feeds the APY kids	Sarah Martin	The Australian
57	9/7/13	Greens renew calls for APY fresh food subsidies		ABC News
58	4/9/13	Anaemia and poor nutrition running high among young Indigenous children	Danae Bosler	The Conversation
59	16/10/14	World Food Day, a time to recognise the value of bush tucker	Robin McConchie	ABC News
60	17/11/14	Chatterers wrong on poverty	Nyunggai Warren Mundine	The Australian
61	2/12/14	Food security plan for South Australia's remote indigenous communities cut short by Government	Natalie Whiting	ABC News

62	15/1/15	Millions needed to make gardens grow	Andrew Burrell	The Australian
63	26/3/15	Remote hunger rife, finds ABS	Sarah Martin	The Australian
64	27/3/15	APY food showpiece becomes a ghost town	Michael Owen	The Australian
65	28/4/15	SA: New food service cuts APY food prices		AAP
66	24/5/15	Why Aboriginal people need autonomy over their food supply	Karen Soldatic, Kim Spurway	The Conversation
67	28/8/15	Yirrkala store outrage: The challenges of retail in a remote Indigenous community	Emilia Terzon	ABC News
68	23/10/15	Groote's mine millions 'fail to deliver' basics	Amos Aikman	The Australian
69	11/2/16	We can't close the gap on Indigenous health unless we talk about what's in the larder	Stephen Simpson	Sydney Morning Herald
70	16/2/16	We can close the Indigenous nutrition gap - here's how	Amanda Lee, Nicole Turner	The Conversation
71	9/7/16	Growth faltering	Nicolas Rothwell	Weekend Australian
72	9/8/16	What a wicked game we play with our social engineering	Nick Cater	The Australian
73	10/9/16	As children, that which doesn't kill us puts us at greater risk of getting sick	Michael Marmot	Weekend Australian

74	14/10/16	Welfare reform will boost recipients' life chances		The Australian
75	16/12/16	Kanparrka Store put under ORIC administration	Tony Barrass	National Indigenous Times