

‘Handing down of beautiful knowledge’: Yarning with workers about feeding practices and mealtimes in Australian First Nations families

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ABSTRACT

Mealtimes and feeding practices are shaped by culture and have long-term implications for social and emotional wellbeing. To date, there has been little research in Australia that has focused on First Nations families' feeding practices and mealtimes. This co-designed study aimed to explore First Nations' families feeding practices through yarning circles with workers ($n = 14$) at an Aboriginal Community Controlled Organization. Most workers (79%) were Aboriginal and/or Torres Strait Islander and all worked directly with First Nations families. Using thematic analysis, four themes were inductively identified from the yarns: the importance of childhood experiences, history, and intergenerational knowledges; mealtimes as a point of connection and wellbeing; the impact of structural barriers on feeding practices; and the important roles of First Nations workers supporting families with feeding difficulties. Workers described how First Nations families' feeding practices and mealtimes are informed by cultural values and knowledge that have been passed down through generations. Yet throughout the yarns, participants highlighted the impact of historical and current structural factors (e.g., cost of living, child removal, housing) that affect families' ability to engage in feeding practices that align with their beliefs and culture. Workers described several strengths-based approaches they use to support families, including community-led mealtime groups, liaising with mainstream health services, and providing a respectful space. We propose that the Social and Emotional Wellbeing model is a holistic strengths-based resource for workers to conceptualize First Nations families' strengths, values, and challenges in relation to feeding and mealtimes. More co-designed research including the perspectives of First Nations families is needed to better understand healthy and culturally aligned feeding and mealtime practices.

1. Introduction

Mealtimes and feeding practices are deeply influenced by culture, history, and traditions (Daniels, 2019). Childhood feeding and mealtime experiences are also associated with a range of health and functional outcomes, including mental health (Paquin et al., 2021), nutrition (Skinner et al., 2002; Poelman et al., 2019), language development (Fiese & Schwartz, 2008), learning of social norms and cultural identity (Ochs & Shohet, 2006), and food behavioral patterns (Chilman et al.,

2021; Skinner et al., 2002). To date, most Australian research on mealtimes and feeding practices has focused on non-Indigenous families (Rohit et al., 2019; Chan et al., 2011; Gallegos et al., 2011; Leech et al., 2014), yet connection to family and community is recognized as integral to social and emotional wellbeing (SEWB) for First Nations Peoples¹ within Australia (Gee et al., 2014). Families have previously been identified as the primary context in which eating occurs and therefore should be the primary consideration for supporting healthy eating within some First Nations communities (Abbott et al., 2010). Communal

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¹ In this article, we use the term First Nations peoples and Indigenous to refer collectively to Aboriginal and Torres Strait Islander people of Australia. The term is used to recognize the diversity of nations, cultures and languages among the First Nations peoples throughout Australia (Australians Together, 2021).

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approaches to feeding practices and mealtimes in First Nations families are, therefore, likely to be deeply entwined with family members' health and wellbeing. Colonization in Australia commenced with the arrival of Europeans in the late 1700s, resulting in the claiming of land and sovereignty, leading to the dispossession, marginalization, and oppression of Aboriginal and Torres Strait Islander peoples, disrupting their societies, cultures, and ways of life through policies and practices of control and assimilation (Moreton-Robinson, 2007; Short, 2003). However colonization continues today as an internalized and often unconscious ideology that elevates the colonizing culture and denigrates the cultures of the colonized (Muller, 2014). Colonizers transformed Indigenous food sources and practices to reflect their cultural norms, thereby dominating Indigenous food cultures (Singley, 2012). While there is emerging research about First Nations people's lived experiences navigating a colonized food system in Australia (Christidis et al., 2021), there is a paucity of research specifically examining the values, facilitators, and challenges related to family feeding and mealtimes among First Nations families within the context of Australia. A review investigating First Nation's experiences navigating food systems in North America indicates that systemic challenges exist, including food insecurity and loss of traditional diets with health discrepancies exacerbated by history trauma, climate change and discriminatory policies (Malli et al., 2023).

1.1. Healthy feeding and eating

The family food environment has a direct effect on childhood development and is where a child's food behaviors emerge (Campbell & Crawford, 2001; Chilman et al., 2021). Eating habits established in infancy and childhood typically continue into adult life (Malachowska & Jeżewska-Zychowicz, 2021); therefore, it is important to understand factors influencing children's eating behaviors in the family context and from an early age. Among non-Indigenous young children, multiple factors such as duration of breastfeeding, the introduction of complementary foods, sensory preferences, and genetic predisposition have been identified as contributing factors for feeding difficulties (Mudholkar et al., 2023). Feeding difficulties can manifest as significantly limited food preferences, hypersensitivity to food textures or temperatures and pocketing food without swallowing (Mayes & Zickgraf, 2019). Picky eating and food neophobia are the most common feeding difficulties in early childhood in non-Indigenous young children (Wolstenholme et al., 2020). Structured mealtimes and responsive parenting styles are linked to healthier and more adaptive childhood feeding practices in non-Indigenous populations (Chilman et al., 2021; Finnane et al., 2017). These relationships have not yet been explored among First Nations children within Australia.

1.2. Feeding practices and mealtimes in Aboriginal and Torres Strait Islander families

Australian First Nations peoples have a long and rich history of complex agricultural, feeding, and mealtime practices (Broome, 1996). In this context, mealtimes were considered an important cultural and social activity, whereby Elders passed down knowledge to support the health of younger generations (Broome, 1996; Wilson et al., 2020). Prior to colonization, Indigenous populations had "sustained their food environment to meet their needs for over 60,000 years through a deep understanding of the land, water and connection to their Country" (Sherriff et al., 2022, p. 2). Yet today, through the impacts of colonization and government intervention (Paquin et al., 2021), there are widely recognized disparities in health status and access to healthcare for First Nations people when compared to the general population (Australian Institute of Health and Welfare, 2024). For example, the life expectancy between Indigenous and non-Indigenous males differs by 8.8 years and females by 8.1 years (Australian Institute of Health and Welfare, 2024). Intertwined with the broader experiences of colonization, lifestyle changes and an increasingly Westernized diet have had

adverse health impacts for First Nations peoples (Gracey, 2000).

First Nations families' experiences of feeding and their mealtime practices are currently underrepresented in the literature (Rohit et al., 2019). In their scoping review of parent feeding practices in First Nations people, Rohit et al. (2019) found that much of the existing research focused on young infants, and particularly on mothers' decision-making and initiation of breastfeeding. Emerging research highlights that family is an important support and, at times, a barrier to healthy eating among First Nations people (Christidis et al., 2021). While feeding practices varied between First Nations families, parents were often highly responsive to children's hunger cues and typically had flexible rather than set mealtimes (Rohit et al., 2019). Cultural values about children's autonomy have been shown to shape parents' feeding patterns in First Nations families (Rohit et al., 2019 & Rohit et al., 2021). Despite these values, families frequently face external pressures influencing their food choices. Economic constraints, related to cost-of-living pressures and restricted incomes often compel families to opt for less healthy food options due to the higher cost of nutritious foods (Foley, 2010). This dynamic reflects broader systemic issues contributing to disparities in diet quality and health outcomes among First Nations communities in America and Canada (Malli et al., 2023).

In their systematic review, Christidis et al. (2021) used a socio-ecological framework to understand the dynamic factors impacting First Nations peoples' experiences of food and nutrition in Australia. The review found that actions are needed at all levels to address First Nations peoples' concerns about food and nutrition. At the societal and cultural levels, the review found that systemic changes are needed to ensure healthy and traditional foods are available, improve adequate housing, address racism, and minimize junk food availability and advertising. At the community level, services and institutions (e.g., community housing, health services, schools, food stores) were recognized as important to building healthy food environments. At the relational and individual level, the authors suggested that health professionals should develop practical food skill programs in a culturally safe manner, to support food and nutrition literacy within families.

Viewing First Nations peoples' feeding and parenting practices through a Western lens may be of little benefit to communities and it risks de-valuing and misunderstanding non-Western ontologies and practices (Penman, 2006). Western views on feeding typically focus on the individual responsibility of the parent and nutrient-centric food perspectives (Campbell et al., 2022; Rohit et al., 2021), requiring behavioral interventions (Chilman et al., 2023). Conversely, non-Western views value collective food sharing, and community involvement, highlighting the need to address systemic barriers like food access (Rohit et al., 2021; Sherriff et al., 2022). By understanding a community's feeding practices through a collaborative approach to research and applying culturally relevant frameworks, researchers and workers can focus on supporting enabling, culturally safe environments (Rohit et al., 2019). Further research in this field should, therefore, be co-developed with First Nations communities and draw on culturally relevant models of health and wellbeing, such as the cultural domains of SEWB (Gee et al., 2014).

The SEWB model (Fig. 1) is a holistic way to represent First Nations people's experiences of health and wellbeing. Gee et al. (2014) described seven overlapping cultural domains that typically characterise the social and emotional wellbeing for First Nations peoples' definitions of SEWB (see Fig. 1), First Nations people "may experience healthy connections and a sense of resilience in some domains, while experiencing difficulty and/or the need for healing in others" (Gee et al., 2014, p. 58). Consistent with the model proposed by Christidis et al. (2021), Gee et al. (2014) highlighted that socio-ecological factors have important and unique impacts on SEWB for First Nations people. These socio-ecological factors are conceptualized as having cumulative and concurrent effects on SEWB (Zubrick et al., 2014). In contrast to the socio-ecological model, the SEWB model emphasises the impact of historical experiences alongside contemporary external factors, while also

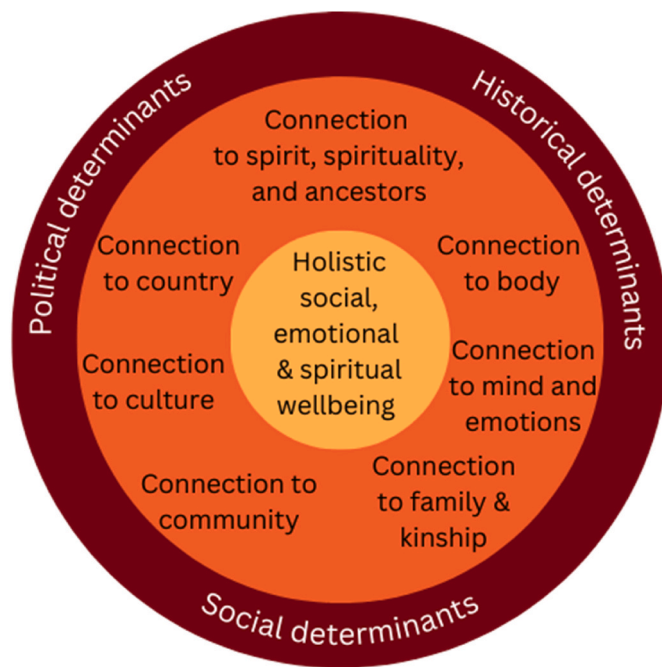


Fig. 1. Social and Emotional Wellbeing model with historical, ecological, and social determinants

Note. Recreated from “Aboriginal and Torres Strait Islander Social and Emotional Wellbeing” by G. Gee, P. Dudgeon, C. Schultz, A. Hart & K. Kelly, 2014, p. 63, in H. M. P. Dudgeon, & R. Walker (Ed.), “Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice”. Copyright Gee, Dudgeon, Schultz, Hart & Kelly.1.3 Rationale.

centering the importance of connection to family, culture, and spirituality in a strengths-based way (Zubrick et al., 2014). While the cultural determinants have not yet been applied to the context of feeding and mealtimes, the use of a similar model by Christidis et al. (2021) alongside the need for a culturally-specific model indicate that the SEWB model may be relevant to this context.

Examining the current research highlights a gap in the literature related to feeding practices and mealtimes in First Nations families, particularly in families with children older than infants. Workers at Aboriginal Community Controlled Organizations (CCOs) and Community Controlled Health Organizations have a unique expertise as members of and/or in working with First Nations families. However, to date, there is a lack of published research that draws on their knowledge and experience. The present study seeks to address this gap and determine what is known among workers at an Aboriginal CCO about:

1. Traditional and contemporary feeding practices and mealtimes among Aboriginal and Torres Strait Islander families,
2. Factors impacting families’ feeding and mealtimes, and
3. How services can support families’ healthy feeding and mealtimes.

2. Methods

2.1. Study design

Ethical approval was obtained from the University of the Sunshine Coast (UniSC) Human Ethics Committee, ethics no A231878. The research protocol and ethics application were co-developed with staff from REFOCUS, an Aboriginal CCO situated on Kabi Kabi/Gubbi Gubbi Country in South-east Queensland, Australia. The research protocol and ethics also received approval from executive staff in the organization.

The project was underpinned by a participatory methodology, where researchers work in partnership with the community to identify the

research focus, approach, and findings (Spinuzzi, 2005; Graham et al., 2019). For this project, this included having a First Nations worker from the CCO involved in the project team (SD) to co-develop the study design, ethics application, yarning methodology, and engage in the thematic analysis and drafts of the journal article. Initial meetings within the research team identified that for researchers to respect community dynamics, researchers would initially collaborate with staff to increase the likelihood that potential future direct research engagement with families is conducted respectfully and effectively. As recommended by Kennedy (2022), further co-design elements were integrated during the data collection and data analysis phases, by providing opportunities for iterative feedback and guidance from staff at the service. In designing this study as an initial exploration, we recognized that most of the research team is non-Indigenous and had not yet established trusting relationships with First Nations families at the health service. Therefore, it was considered more culturally safe to facilitate yarning circles with workers, rather than directly with families (Rohit et al., 2019). In doing so, a collaborative and trusting relationship between the university and service is being developed, which could facilitate future research with families (Laycock et al., 2011).

2.1.1. Reflexivity statement

Yarning is more than a means to collect information. As part of decolonizing research, it requires researchers to consider their own positionality and engage in reflexive practice (Kennedy et al., 2022). This research was conducted through a partnership between researchers from the UniSC and REFOCUS, an Aboriginal CCO that specializes in providing services to First Nations families and communities. The five members of the project team from UniSC are non-Indigenous, with backgrounds working in occupational therapy, public health, and community services. SD is a Gamilaroi woman and manager at REFOCUS, bringing rich knowledge about the organization, its workers, and the families and communities it supports. RT is Chief Health Officer at REFOCUS, who has Wiradjuri heritage on her father’s side, and has considerable experience working with First Nations communities. KW teaches in Indigenous wellbeing courses at UniSC.

2.1.2. Yarning methodology

This project used a yarning methodology guided by the work of Bessarab and Ng’andu (2010). When used effectively, yarning offers the opportunity for two-way knowledge sharing that is culturally safe and allows participant-led research that centres Indigenous voices (Kennedy et al., 2022). Yarning is, therefore, the most recommended method of data collection with Aboriginal and Torres Strait Islander peoples (Smith et al., 2020). Our yarning method involved the co-facilitation of yarning circles by a First Nations worker (SD) and a non-indigenous research assistant (LH) from the University. Open questions and prompts were used by the co-facilitators to initiate the conversation, for example “What do mealtimes look like for the families you work with?”. During the yarn, participants moved freely between different types of yarning, including informal social yarning, collaborative yarning (i.e., sharing ideas), and research topic yarning (i.e., talking about the specific research questions). Shifting between these different forms of yarning was led by participants and the co-facilitators de-prioritized the need to keep the conversation ‘on-track’. Co-facilitators encouraged participants’ stories to emerge naturally so that their knowledge and experiences could be shared and recorded in a culturally safe way (Smith et al., 2020).

2.1.3. Recruitment and participants

Participants in the study were current practitioners at REFOCUS supporting child and family wellbeing. These practitioners work with First Nations families to provide early intervention, education, support, and cultural advocacy in terms of health and wellbeing concerns, child protection, and family reunification. All participants were over 18 years old, had experience working directly with First Nations parents and

families within the last 5 years, and were able to give informed consent to participate in the study. Participant recruitment was conducted by sharing the project summary via the CCO's internal mailing list and flyers were also distributed by CCO staff at the organization. All disseminated materials were reviewed and approved by at least one First Nations staff member of the CCO and were distributed by CCO staff. Additional participants were recruited via word-of-mouth snowball sampling led by SD. Participants were informed that they could complete all or part of the yarns and may withdraw from the project at any point.

2.2. Data collection

Data collection occurred through a series of yarns between May and October 2023. Two yarning circles were initially proposed, with the flexibility to facilitate additional yarns if they were determined to be helpful by the research team and CCO. This approach is supported by Smith et al. (2020), who highlighted the need for researchers to be responsive to community needs when engaging in yarning. In total, three yarning circles were conducted at REFOCUS alongside an additional individual yarn via Zoom.

The yarning circles were each conducted at lunch time at REFOCUS. Participants had the option to join in person or digitally via Zoom. At the start of each yarn, participants were provided the project summary and consent form. The inclusion criteria and purpose of the project were also described verbally, and consent was confirmed verbally prior to the yarning circle. Demographic data (including age, recency of working with Aboriginal and/or Torres Strait Islander families, and Aboriginal and/or Torres Strait Islander background) and written consent forms were collected before or immediately after each yarning circle. As part of the ethics application and in the Participant Information Sheet, it was made clear that the demographic details were anonymous and subsequently would not be linked to specific quotes.

Three key considerations were made in recognition of the positionality of the non-Indigenous researchers involved in the project. First, as described above, each yarning circle was co-facilitated by a First Nations worker who was known and well trusted by the yarning circle participants. Second, the yarning approach was iterative and responsive to feedback from participants and the CCO. Initially, two yarning circles were proposed; however, as relationships were built during these yarns and the purpose of the yarns became clearer, participants identified other staff who should be included. An additional yarning circle and an individual yarn with a key worker were therefore conducted. Third, the yarning circles were limited to CCO staff, rather than parents and families engaged in the service, in recognition of the power imbalance and historical impact of external researchers working with First Nations people. To holistically capture what was known by workers in the organization, First Nations workers and non-Indigenous workers at the CCO were invited to contribute their knowledge during the yarning circles. First Nations workers at the service had recommended the inclusion of specific non-Indigenous workers as part of the yarning process due to their established connections to the community and unique professional experience (e.g., in relation to feeding and mealtimes). The yarning methodology was used to elevate Indigenous knowledges and lived experiences of First Nations workers, while allowing for the integration of knowledge from experienced non-Indigenous workers at the service (Geia et al., 2013).

As part of the co-production approach, preliminary themes from prior yarning circles were shared with participants at the start of each yarn as part of a collaborative yarn. These themes were compiled by LH and shared using mind maps (see supplementary material) created in Coggle software (Coggle, 2024). No participants expressed disagreement with the previously identified themes and the visuals became a starting point for research topic yarns.

2.3. Data analysis

Audio from the yarns was recorded and LH and LK transcribed the recordings. Codes were then generated independently by LH and LK using NVIVO 12 software. Themes and subthemes were developed using inductive thematic analysis (Braun & Clarke, 2006) by LH and LK, and disagreements were resolved through discussion until a consensus was reached. Where it was unclear if statements were in relation to the experiences of First Nations or non-Indigenous families, these statements were not included. As part of our co-production approach, the themes and sub-themes were mapped using a socio-ecological model and the SEWB model and discussed with the project team, including a First Nations worker from the CCO who was part of the project team. Themes and sub-themes were then finalized by LK.

3. Results

Demographic details for the study sample are summarized in Table 1. Three yarning circles (n = 13) and one individual yarn (n = 1) were conducted with a total of 14 unique workers from the CCO. Five of the participants attended more than one of the yarning circles. As outlined in Table 1, most participants were Aboriginal and/or Torres Strait Islander (78%) and women (93%). All participants were employed four days per week and spent most of their time working with Aboriginal and/or Torres Strait Islander families with children/adolescents.

3.1. Feeding and mealtimes in First Nations families

Four key themes were identified from the yarning circles: 1) the importance of history and intergenerational knowledges; 2) feeding and mealtimes as a point of connection and wellbeing; 3) structural barriers impacting families; and 4) the role of workers and services supporting families with feeding and eating. Subthemes relating to each of these themes were also identified. Given the small sample size and need for cultural sensitivity, the demographic characteristics of the participants are not provided with quotations to ensure their anonymity is maintained. All quotes in the results section come from yarning circles and yarn participants.

3.1.1. Theme 1. the importance of history and intergenerational knowledge

Participants described the importance of passing down knowledges about feeding and cooking from Elders and family members to younger generations. Three subthemes relevant to this theme were: intergenerational transfer of knowledge; disruption of knowledges; and reclaiming of shared knowledges. The use of the term knowledge, as opposed to skills, was deliberate. As described by one of the yarning circle

Table 1
Demographic details for participants (N = 14).

Variable	n	%	Mean (SD)	Range
Ethnicity				
Aboriginal	9	64		
Torres Strait Islander	1	7		
Aboriginal and Samoan	1	7		
Non-Indigenous	3	21		
Gender				
Woman	13	93		
Man	1	7		
Age			39.1 (12.3)	23–62
18–34	6	43		
35–54	5	36		
55+	3	21		
Highest educational qualification				
High school	1	7		
Certificate II/III/IV	2	14		
Diploma or advanced diploma	6	43		
Bachelor's degree	4	29		
Postgraduate diploma or degree	1	7		

participants "... I like to use the word knowledge rather than skill, because skill is kind of measuring, it's a westernized word, but how we like to talk about it is knowledge and gaining knowledge."

3.1.1.1. Subtheme 1.1 intergenerational transfer of knowledge. As part of yarning about feeding and mealtimes, participants identified that it is important to recognize the extensive and enduring forms of knowledge that Aboriginal and Torres Strait Islander families hold. Sometimes, this included knowledge about how to be resilient in the face of food scarcity and the impacts of colonization. According to one of the yarning circle participants:

We have families who come in, who have generational knowledge, because Aboriginal and Torres Strait Islander peoples have had to budget, live on shoestrings, so we can make anything out of nothing, and this is the knowledge that is transferred.

Other participants highlighted the rich cultural knowledge about traditional foods for spiritual and physical health: "... its more than just about physical nourishment, it's about spiritual nourishment also". Much of this intergenerational knowledge came from parents' own experiences in childhood, which shaped their development of skills and knowledge about feeding and mealtimes in the present.

... how important it was the knowledge passed down from Mums, Aunties, and your family on what good stuff to cook, and at least having those basic skills because it does give you that encouragement to do a lot more cooking at home yourself.

3.1.1.2. Subtheme 1.2 disruption of knowledges. Participants identified that many families they work with have had the passing down of knowledge disrupted due to colonization, particularly aspects related to the Stolen Generation. The Stolen Generation refers to a period in Australian history whereby First Nations children were forcibly removed from their families (Barta, 2008). This resulted in some parents having limited practical skills (e.g., meal planning, cooking) because they had not been taught. It also led to families missing the connection to the cultural aspects of feeding and mealtimes, including traditional foods and cultural practices, which were considered important for the family's health and wellbeing.

... that food makes us healthy, and that whole forced relationship with food, westernized food, you know it's all written up in the Aboriginal Protection Act, the White Australia Act, they actually said how to make Aboriginal children sick and unhealthy was to not eat their food because they knew there was a spiritual and emotional health life force in that food that Aboriginal and Torres Strait Islander people needed to eat to maintain their health, so if they stopped allowing them to eat they would die off.

The disruption of knowledges was not only historical, but also included ongoing experiences for families. Participants talked about the impact of family separation and interactions with the child protection sector. One yarning circle participant described that, "... for our little people who have been in the child protection sector and who are children of parents who have been in the child protection sector, sometimes four-five generations who have been completely removed from family interaction."

3.1.1.3. Subtheme 1.3 reclaiming and sharing knowledges

Participants highlighted that much of the cultural knowledges about feeding and mealtimes have not been entirely lost. To reclaim them, they described the importance of creating safe spaces where First Nations people can share these knowledges together. In the yarning circles, one worker described how "... [First Nations people] have all this cultural knowledge, this generational knowledge. Not for

everyone, but for a lot of us, that isn't recognized, so we don't tap into that until we are in safe spaces."

3.1.2. Theme 2. feeding and mealtimes as a point of connection and wellbeing

Participants described how experiences in childhood and cultural values shaped parents' ideals about feeding and mealtimes. Cooking and food preparation were often positively described as a communal experience that involved family and others in the community. Mealtimes were also described as an activity where families could connect, check-in, and support each other's wellbeing. Three subthemes were identified: communal approaches to mealtimes, mealtimes as a place for connection and care, and responsive feeding practices.

3.1.2.1. Subtheme 2.1. communal approaches to mealtime. Cooking food together was described as an integral aspect of mealtimes, rather than a separate activity. Participants recalled mealtimes as important social activities that could involve several households and broader kinship networks.

... like, there used to be a big kitchen table much the same as this and if Nan was cooking or Mum was cooking in the kitchen or the Aunts were cooking, us kids used to be in the kitchen talking to them, especially when we were older.

3.1.2.2. Subtheme 2.2. mealtimes as a place for connection and care. Mealtimes were identified as an important opportunity to connect as a family and an opportunity for adults to check-in with children about their wellbeing. One participant described mealtimes as "connection time, and it was all coming together. It was that time where you shared a meal and had a yarn you talked about your day and that kind of thing." Another participant described how mealtimes were "... a good way especially for Mum and especially Dad to gauge how our energy and emotions were that day."

3.1.2.3. Subtheme 2.3. responsive feeding practices. Participants briefly described how some First Nations mothers were highly responsive to children's feeding needs. One participant provided an example from a client where "... she's very in tune with the baby. She knows exactly what baby wants. Even though baby is 6 weeks old, baby makes the decisions. She just follows her cues."

Children's food preferences and concepts of 'fussy eating' were shaped by the community and context, with one participant describing that "I was just really fussy and I got what I wanted. If I didn't get it, then I could go to one of the aunties or uncles house and get it then ..." Another participant described that First Nations children often were given self-determination about how much and what they ate, based on what was available "... you can choose how much you eat from that option, but nothing else different is being created. Yeah, so if you wanna just eat rice, if it's rice and stew, and you just wanna have rice, that's fine".

3.1.3. Theme 3. barriers impacting feeding practices

Participants highlighted that the families they worked with really wanted to feed their children well and in a way that met their cultural values. However, First Nations families faced barriers that affected how they fed their children. Three subthemes describing these barriers were identified: cost of living and finances; lack of time and energy; and structural factors.

3.1.3.1. Subtheme 3.1. cost of living and finances. Most commonly, participants spoke about the cost of living and their clients' limited finances impacting their ability to cook and prepare meals. One participant described that "[The most] important barrier for these mums is the finances. They really want to feed their children well, feed their families

well. They just can't afford it." Participants frequently reflected that the increasing cost of food and ingredients was a growing challenge and stressor for First Nations families in their area.

3.1.3.2. Subtheme 3.2. lack of time and energy. Participants often spoke about feeling a lack of time and energy for meal planning, grocery shopping, and/or cooking. Ultimately, this led to families relying on takeaway and fast food, which was perceived as expensive and meant that families had less money available to shop for fresh food and were more reliant on takeaway. One yarning circle participant described that "... sometimes families are too tired to [cook] and will get takeaway because, yeah, and sometimes they will spend this amount of money because it's easier."

3.1.3.3. Subtheme 3.3 structural factors. Participants outlined how broader structural factors – including housing, transport, services – impacted food choice, shopping, and feeding practices for families. One participant described the impact of housing, as "... families that are struggling, some families are living in hotel rooms and so they can't even cook, so sometimes it's just frozen meals that they are having." Another yarning circle participant described the impact of transport access, "... cause a lot of them don't even have transport, they don't have a car, they have to catch a bus and some of them live in areas where there is only a couple buses a day, and that impacts them as well."

Geographical location also impacted family's mealtimes. Families were often isolated from their broader kinship systems and communities, which resulted in mealtimes being less likely to include Elders, Aunties, and Uncles who can share knowledge and provide connection. For single parents, isolation and lacking a supportive network was especially a barrier to engaging in communal mealtimes and feeding practices.

3.1.4. Theme 4. the role of workers and services supporting families with feeding and eating

Participants highlighted several ways that their service supported First Nations families' health and wellbeing in relation to feeding and mealtimes. Four subthemes were identified: creating opportunities to draw on and reclaim knowledges; supporting practical skills; scope of role; and liaising with mainstream services.

3.1.4.1. Subtheme 4.1. creating opportunities to draw on and reclaim knowledges. Participants highlighted that knowledge about feeding and mealtimes is present within First Nations families and communities, but this knowledge is not recognized by many mainstream services and workers. One yarning circle participant described that "... there's a lot of skill in Aboriginal people and a lot of knowledge and strength that isn't acknowledged to begin with."

Community-led group cooking programs, facilitated by First Nations workers at the CCO, were a strengths-based opportunity for First Nations parents and families to share knowledge about feeding and mealtimes. This was identified as particularly important for families where inter-generational knowledge about feeding practice had been disrupted. One worker described how "... I highly encourage mums to participate, and especially for those brought up in the system, and a core reason is that they are exchanging knowledge from a wide range of backgrounds." Groups also provided an opportunity for connection and community, particularly where parents feel isolated or may have missed out on positive childhood experiences with feeding and mealtime. As described by one yarning circle participant, "... even for our young [parents] who have lost that connection. But they *haven't* lost that. That connection is there, they just need a focal point to jump back on it you know."

3.1.4.2. Theme 4.2. supporting practical skills. In their roles working with families, some participants also described that they may help build practical skills in a range of areas with parents. At times, workers

provided education about healthy eating (e.g., nutritional information) to parents. Given the cost of living demands, workers were often pragmatic about finding alternative supports to put food on the table for families. For example, one worker described how "... we're really trying to help them, you know, tap into local food banks and trying to help them budget a bit better too." Workers also described working with parents in relation to meal planning, shopping, and cooking skills.

I've just been working on brainstorming new ideas, and then going to the shop and finding all the resources for that dish, making sure it's all in her budget and that sort of thing and so, yeah, trying to switch out some less healthy choices with healthier choices.

3.1.4.3. Theme 4.3. scope of role. Feeding was sometimes described as 'personal business' for a family and participants highlighted that it may not be appropriate for them as workers to tell families what to do regarding feeding and mealtime practices. When talking about feeding and mealtimes, one worker highlighted that "... the thing is they are just trying to get by, trying to do the best they can sometimes. Who are we to come in and say you should be doing this and doing that?" Relatedly, participants sometimes saw their role in feeding and mealtimes as primarily related to referring to other specialists (e.g., dietitians).

3.1.4.4. Theme 4.4. liaising with mainstream services. Participants described that they would often help families understand and communicate with mainstream health providers, including doctors and dietitians. One yarning circle participant stated, "Yeah, sometimes I say, 'excuse me can you repeat that?' – but you still never understand in medical terminology anyway unless you practice it. I still don't understand, and I sit in that area." Another participant described the importance of a respectful approach with families: "Usually if you give them the time and explain what it is, actually is, they will consider it, but if you are being forceful, they just not engage at all."

3.1.4.5. Overlap of themes. As is characteristic of qualitative data, there are many intersects among the themes (Terry et al., 2017). For example, sub-themes 1.2 and 3.3 overlap in their exploration of how structural factors and historical disruptions impact family dynamics and food practice. Such overlaps reveal a complex interplay: the structural barriers faced by families often stem from historical injustices, resulting in compounded challenges related to food security and cultural connection.

4. Discussion

This project drew on the knowledge and experience of workers at an Aboriginal CCO to better understand feeding practices and mealtimes among First Nations families. The yarning circles highlighted the need to consider First Nations families' feeding practices and mealtimes holistically. Parents' mealtime ideals and feeding practices appear to be deeply shaped by past experiences (Theme 1), which may include positive childhood experiences as well as the enduring impacts of colonization and child removal. Through yarning, workers shared about the importance of communal mealtime experiences and that mealtimes were a key opportunity for families to connect with and care for each other (Theme 2). However, intersecting barriers often affected First Nations families' feeding practices and mealtimes and workers often described the impact of the cost of living and other structural issues (Theme 3). Workers highlighted the rich knowledge that First Nations peoples hold and identified that REFOCUS plays an important role in helping families reclaim that knowledge, connect to the community, build practical skills, and communicate with mainstream services (Theme 4). While previous research by Christidis et al. (2021) used a socio-ecological framework to explore First Nations peoples' experiences of food and nutrition, we propose that the cultural domains of

SEWB (SEWB model; [Gee et al., 2014](#)) is a culturally appropriate model that can be used to holistically capture First Nations peoples' experiences of feeding and mealtimes.

4.1. Cultural domains of social and emotional wellbeing

In our study, participants highlighted that feeding practices and mealtimes are culturally significant activities that can support physical and spiritual health, while providing opportunities for connection and care. The findings from this study can be understood in terms of the SEWB model ([Gee et al., 2014](#)). Through the model, we can identify that the social and emotional wellbeing of individuals, families, and communities are shaped by connections to 1) body, mind, and emotions, 2) family, kinship, and community, and 3) culture, country, and spirituality.

Connection to body, mind, and emotions refers to aspects of health and wellbeing that are related to "bodily, individual and intrapersonal experiences" ([Gee et al., 2014](#), p. 4). In the yarning circles, participants identified that mealtimes provided physical sustenance to family members and that eating traditional cultural foods was important to both physical health and emotional wellbeing. Yet when families often ate fast food and takeaway, workers believed that this had negative implications for the children's physical health.

Connection to family, kinship, and community describes how wellbeing is grounded in deep interpersonal relationships and interactions. While emerging research has suggested that family can both positively and negatively impact First Nations children's healthy eating behaviours ([Christidis et al., 2021](#)), our study highlights that mealtimes are important events in supporting family and community connectedness. Similarly, [Power \(2008\)](#) highlighted that among First Nations people in Canada, traditional food practices, including harvesting and sharing, play a vital role in cultural identity and community bonds. In the yarning circles, participants described how families and kinship systems would come together for mealtimes communally. As part of this, there was considerable knowledge sharing about healthy feeding between families and the generations. However, workers identified that many families in their region were now physically isolated from their kinship networks and were therefore less likely to cook together and eat communally. Community-led cooking groups were one way to provide an opportunity for families to reclaim this collective approach to cooking and mealtimes, which may rebuild some networks and provide an opportunity to share knowledge. Within a household, mealtimes were also identified as an important opportunity for family members to talk about mental health and support each other's wellbeing. If families were busy or had not developed a routine for eating together, they often ate separately or at different times. Workers reflected that this impacted the family's connectedness and could affect their wellbeing.

Connection to culture, country, and spirituality highlights that social and emotional wellbeing is tied to one's spirituality, Country, and cultural identity. For feeding and mealtimes, this includes cooking traditional cultural foods and using practices passed down from Elders. Some workers highlighted that the transfer of knowledge about traditional cooking practices had been disrupted and that the generational knowledge of First Nations people is often not recognized. Reclaiming this knowledge about feeding practices and sharing it in safe spaces helped families regain connection to spirituality, country, and culture.

4.2. Understanding feeding and mealtimes in the socio-ecological context

In line with [Christidis et al. \(2021\)](#), participants in our yarning circles identified that families' feeding practices are impacted by intersecting external factors from across the socio-ecological framework, including at the community, service, and systems levels. During our yarns, participants emphasized the ongoing impacts of past experiences (e.g., child removal) that interact with current factors impacting feeding and mealtimes (e.g., cost of living). The SEWB model represents a

strengths-based and culturally appropriate way to conceptualize the impact of socio-ecological factors on feeding and mealtimes in First Nations families. In contrast to the socio-ecological model, the SEWB model foregrounds the enduring impacts of historical experiences for First Nations families.

In their chapter about SEWB, [Zubrick et al. \(2014\)](#) describe how socio-ecological factors (e.g., poverty, housing, discrimination, trauma) often occur concurrently and impact SEWB for First Nations families. Addressing these impacts typically requires an integrated response across multiple sectors ([Gee et al., 2014](#)). For people working with First Nations families experiencing difficulties related to feeding or mealtimes, it may be necessary to consider and address some of the historical and current external factors impacting the family before workers can directly support healthy feeding. Throughout each of the yarning circles, the conversation returned to the impact of cost of living on First Nations families. Financial pressures impacted on food choice in First Nations families and, consistent with [Foley \(2010\)](#), workers perceived that it resulted in the consumption of less healthy food. In comparison, addressing child-specific feeding challenges (e.g., fussiness, sensory reactivity) were framed as a less pressing concern for families. Using the SEWB model may help workers, including workers seeking to address feeding challenges, to holistically understand the richness and complexity of feeding practices in First Nations families.

4.3. Strengths, limitations, and further research

This research was conducted with a small sample of workers from one Aboriginal CCO in a peri-urban region of Southeast Queensland. It was important to focus on establishing a meaningful relationship with one service so that this project could directly address the needs of their community, in line with the principles of good Indigenous health research outlined by [Laycock et al. \(2011\)](#). As a result, some of the findings about feeding practices and mealtimes may be specific to this community, and quotes could not be directly linked to participants' demographic details. In qualitative research, the goal is not to achieve generalizability, but rather to provide findings that are credible and transferable to other contexts ([Curtin & Fossey, 2007](#)), therefore the transferability of these findings may be limited by the specific context in which the research was conducted. The inclusion of 13 female and only one male participant reflects the gender distribution within the service, but it may limit the applicability of the findings to other settings with different gender dynamics. Additionally, the perspectives of non-Indigenous participants, while valuable, may not fully capture the depth of Indigenous cultural beliefs and worldviews, which could influence the relevance of the findings in other Indigenous contexts. The repeated participation of five individuals in more than one yarning circle may have led to the reinforcement of certain themes, impacting the range of perspectives captured. Further research with other First Nations communities, including those in metropolitan and rural-remote areas, is recommended to explore the commonalities and unique aspects of feeding and mealtime practices among First Nations families throughout Australia. This will provide a broader understanding of how the findings from this study might be transferred or adapted to other settings.

The study is limited by the decision to conduct yarning circles only with workers rather than families attending the service. While many of the workers were themselves First Nations families, we did not directly capture the experiences of First Nations families receiving support from this service. This decision was made by the research team who were conscious of the need for community trust-building. However, the yarning methodology allowed for First Nations workers to talk about both their own families' experiences of feeding and mealtimes, alongside stories about their clients' experiences.

As part of future research, it is recommended that First Nations workers conduct further yarns about feeding and mealtimes with families attending the service to directly understand the families' perspectives on the research questions and themes identified in this study. These

yarns might be conducted by First Nations health workers who participated in this study given their established relationships and trust with the families they support, familiarity with the themes identified in this research study, and deep cultural knowledge of the community.

5. Conclusions

Feeding and mealtimes are often culturally important, communal activities for First Nations families. Historical and ongoing structural factors, including colonization and cost-of-living pressures, affect how First Nations families draw on their intergenerational knowledges and practical skills related to feeding and mealtimes. Group cooking and mealtime programs facilitated by First Nations workers and community members may provide a culturally safe space for sharing knowledge and building confidence about mealtimes, cultural foods, and feeding practices. Staff working with First Nations families can draw on Indigenous frameworks of health and wellbeing, such as the SEWB model (Gee et al., 2014), to understand the cultural, spiritual, and familial meanings of feeding and mealtimes. This model also provides a socio-ecological lens to help services recognize external factors that may adversely impact First Nations families' feeding and mealtimes, alongside intra-familial and individual causes of feeding and mealtime challenges. Further co-produced research with First Nations families is needed to understand family's experiences with feeding and mealtimes and identify effective supports when they face feeding-related challenges.

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CRediT authorship contribution statement

L.B. Chilman: Writing – review & editing, Methodology, Investigation, Funding acquisition, Conceptualization. **A. Mudholkar:** Writing – review & editing, Methodology, Investigation, Funding acquisition, Conceptualization. **P.J. Meredith:** Writing – review & editing, Project administration, Methodology, Investigation, Funding acquisition. **S. Duncan:** Writing – review & editing, Methodology, Investigation. **L. Kerley:** Writing – review & editing, Writing – original draft, Methodology, Investigation. **K. Wenham:** Writing – review & editing, Methodology, Investigation. **R. Taylor:** Writing – review & editing, Methodology, Investigation.

Declaration of competing interest

The authors have no conflicts of interest to declare.

Data availability

The authors do not have permission to share data.

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Appendix A. Supplementary data

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