

Household Food and Nutrition Security

Policy Position Statement

Key messages:

Food and nutrition security (FNS), a human right, is consistent access to adequate nutritious, culturally appropriate food for a healthy and active life. The components of food security are availability, accessibility, utilisation, stability, agency and sustainability.¹ It is impacted by issues including a lack of money, transportation, affordable housing with food preparation and storage facilities, and food literacy. Food and nutrition insecurity (FNI), is a persistent social and public health issue, affecting over four million Australians, including one in six children annually. Responses to this issue should address nutrition-sensitive and nutrition-specific strategies.

Key policy positions:

1. Clear leadership and coordination from one federal agency or department to take carriage of food-related activities and initiatives, including appointing a Minister for Food sitting with the Prime Minister and Cabinet Portfolio.
2. Implement biannual monitoring and surveillance of FNI, including capturing prevalence, severity and the experience for adults and children using the United States Department of Agriculture 18-item Household Food Security Survey module.
3. Address inadequate social protection payments, particularly JobSeeker, disability, youth allowance, single parent and remote living allowances.
4. Address the lack of affordable housing and the increasing costs of essential utilities, fuel and nutritious foods, such as through maintaining the 10% goods and services tax (GST) exemption on minimally processed foods.
5. Provide continued investment and action to improve mental health via prevention and management (in time, in place) strategies, this includes a focus on reducing structural and individual racism.
6. Develop a comprehensive, cross-sectoral FNS policy and action plan that aims to shift dependence away from the charitable food relief system to a system that addresses the underlying drivers of food insecurity.
7. Develop a comprehensive emergency food response across all levels of government with a strengthening of disaster relief management plans to ensure rapid response, plus secure, resilient and healthy food supplies to communities.

Audience:

Federal, State and Territory Governments, local governments, policymakers and program managers, PHAA members, media

Responsibility:

PHAA Food and Nutrition Special Interest Group

Contacts:

[Food & Nutrition SIG](#)

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Policy position statement

PHAA affirms the following principles:

1. Food is a human right under international law, that nation states are obligated to protect, respect and fulfil (Article 11 of the *International Covenant on Economic, Social and Cultural Rights* 1966).²
2. Addressing FNI requires a whole-of-systems and cross-sectoral governance approach. This means food systems transformation with strong connections between agricultural, health and social policy.³
3. Household FNI is grounded in low incomes, unaffordable and unstable housing security, inadequate universal public health and structural discrimination.^{3,4}
4. Institutionalised structural discrimination is a key determinant of FNI.⁵ There are clear racial disparities in rates of FNI with higher rates identified in Aboriginal and Torres Strait Islander households.⁶
5. Aboriginal and Torres Strait Islander Peoples must be key rights-holders in policy action to address FNI with the right to participate in all decisions affecting them.⁷
6. The government has a responsibility to protect and support breastfeeding for the nutrition and health of mother and baby and to protect the food and nutrition security of infants and young children.⁸
7. Climate change is a fundamental threat to human and planetary health and to FNS. Urban and regional food systems are vulnerable to the impacts on agriculture, transport and water supply and the increasing number and severity of natural disasters.⁹
8. Australia has the food and economic resources to ensure all citizens and residents are food secure and can access food in dignified ways with agency over their food choices.¹⁰
9. Charitable food relief is an inappropriate primary response to, and does not solve, chronic FNI.¹¹ Solutions to FNI can be both nutrition-sensitive (e.g., regulating employment conditions) and nutrition-specific (e.g., policies and programs that impact directly on food availability, access and affordability).⁴
10. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goals 1 – [End poverty in all its forms everywhere](#), 2 - [End hunger, achieve food security and improved nutrition and promote sustainable agriculture](#), 3 - [Ensure healthy lives and promote well-being for all at all ages](#) and 12 - [Sustainable Consumption and Production Patterns](#).

PHAA notes the following evidence:

11. At least eleven federal departments are involved in food policy. With no unified food policy framework, there is a risk for policies and activities to contradict or undermine each other.¹²
12. The latest available national data on household FNI is from the 2023-2024 National Nutrition and Physical Activity Survey that used the USDA FSSM 10 item survey. This found that one in eight (13%) of Australian households were food insecure with one in four households in the lowest income quintile.⁴⁶ Prior to this survey, the only available national data on household FNI was from 2011-12, where using a single item, 4% of Australian households and 22-31% of Aboriginal and Torres Strait Islander households were food insecure.¹³ This is likely an underestimate of the general Australian household data by 5-10%¹⁴, and 50% in very remote Aboriginal communities.¹⁵ The lack of recent, regular,

adequate and robust data hinders the understanding of the extent of the problem, its causes and impacts.³

13. Household FNI is exacerbated by short and long-term “shocks” such as unexpected expenses and loss of employment.⁴
14. FNI disproportionately affects several population groups including refugees and migrants (70-72%),^{16, 17} young adults (47%-64%), university students,¹⁸ people who earn very low income earners (61%) or are on social protection payments,¹⁹ those living in rural locations (21%), people who were never married or who are separated (54%), people living with a disability (38%) or mental health conditions.⁶ One in ten pregnant Australian women are estimated to be going hungry.²⁰
15. Poverty is the underlying determinant of food insecurity. In 2019-2020 13.4% of Australians or just over 3 million lived below the poverty line, representing one in eight adults and one in six children.²¹
16. For infants and children FNI is linked with poor cognitive development, poor immunity, poor long-term health, adverse childhood experiences, low self-esteem and self-efficacy, trauma, structural violence and mental health disorders.⁴
17. The Australian Infant Feeding Survey in 2010 showed within the first four months exclusive breastfeeding drops to 36%, below the 2019 Australian National Breastfeeding Strategy Target of 50%.²² Reliance on commercial milk formula, particularly when driven by aggressive marketing or inadequate breastfeeding support, can increase the risk of FNI for infants and young children.²³
18. For adults, FNI increases all-cause and cardiovascular mortality, obesity and micronutrient deficiencies, the risk of chronic conditions such as cardiometabolic disease, diabetes, mental illness, disordered eating and eating disorders, and frailty and sarcopenia in older adults. Adults and children experiencing FNI are more likely to be hospitalised and to attend emergency departments.^{4, 24}
19. Health services, including paediatric outpatient and antenatal care settings, are positioned to screen for FNI and provide access to an immediate food safety net and referral pathways.²⁵
20. Access to good quality, affordable housing cannot be separated from FNI. JobSeeker, Youth Allowance, Parenting Payment and other recipients often must decide between paying rent or buying enough food.²⁶ JobSeeker recipients are 10 times more likely to be food insecure.¹⁹ The increased income support during the COVID-19 pandemic reduced reliance on food relief.²⁷ Increases in real wages allow households to increase the amount and the quality of their food.²⁸
21. There is growing awareness of how structural violence, including racism, affects health outcomes and contributes to FNI.⁵ Investigations of structural violence and FNI have been highlighted regarding access to charitable food relief.^{5, 19}
22. Australia is currently following best international practice by supporting a 10% GST exemption on basic staple foods, including fruit and vegetables.²⁹
23. Weather emergencies and pandemics are likely to increase in Australia. Disrupting food production and supply and could increase FNI for a larger proportion of the population.⁹ Most cities deploy just-in-time supply chains that are vulnerable to disruption and regional and remote areas experience limited infrastructure highlighting the need for resilient and adaptive food systems.^{30, 31}
24. Food charity is Australia’s dominant response to food insecurity without attention to nutritional quality.³² Food provided by emergency food relief agencies is not always nutritious and can exacerbate health disparities, create stigma, shame and exacerbate mental health issues.³³

25. Nutrition-specific and nutrition-sensitive approaches are needed in unison to address FNI.⁴ Examples of nutrition-specific interventions include those that directly influence and transform food systems, providing food safety nets in the form of nutrition-focused food relief, stabilising food prices building food and nutrition literacy.⁴ Nutrition-sensitive approaches include cash transfers, food subsidies, higher minimum wages with policies that enable collective bargaining, lower income and sales taxes, higher welfare income, lower housing prices, school meal programs, and affordable childcare.⁴
26. In Australia there has been increasing investment in school breakfasts and an increase in charitable approaches to school food. Internationally, school meal programs are one of the most comprehensive social safety nets improving food and nutrition security for children and young people.³⁴
27. The current supermarket duopoly is impacting on food affordability and is limiting agency.³⁵ Legislating the diversion of supermarket food waste to food charities is not a sustainable or preferable solution.

PHAA seeks the following action:

ASK

28. Implement biannual, food insecurity monitoring and surveillance system using the USDA 18-item [Household Food Security Survey Module](#), in government health surveillance systems and Australian Health Surveys. Use a two-question HFI screener within health and welfare service delivery.²⁵

ADVOCATE (nutrition-sensitive approaches)

29. Social protection payments should be increased to lift Australians out of poverty. Permanent increases in [JobSeeker](#), youth allowance (additional support for students on placement) and relevant payments to at least \$82 a day.³⁶ An increase of the remote area allowance from \$18.20 to at least \$52.50 a fortnight, would support for higher food cost in remote areas.³⁷
30. Increase the minimum wage and provide mechanisms for workers to negotiate wage increases.³⁸
31. Improve housing affordability by increasing public housing, social housing and private rental stock and putting controls on private rental prices.³⁹
32. Continue prevention and management strategies to improve mental health, and mitigation strategies for domestic, family and personal violence, and the prevention of institutional and personal racism.⁵

ACT (nutrition-specific strategies)

33. Use a cross-sectoral governance approach regarding food-related activities and initiatives coordinated by one federal agency/department; including appointing a Minister for Food within the Prime Minister and Cabinet Portfolio and working across Prime Minister and Cabinet (lead), Health, Finance, Treasury, Social Services, Agriculture and Water, Veterans Affairs, Environment and Energy portfolios.^{10, 12}
34. Transform the charitable food relief system to an equitable and sustainable system, enabled through comprehensive actions set out within a National Food and Nutrition Security Action Plan including:
 - Maintaining GST-exempt basic foods, and consider extending GST on products to 20% to encourage consumption of minimally processed foods that align with the Australian dietary guidelines.⁴⁰
 - Place-based, codesigned local food system transformation,⁴¹ led by local government with concomitant funding to support shorter localised food supply value chains, healthy food environments that minimise the impacts of the commercial determinants, and increase food and nutrition literacy.⁴² Include place-based food sovereignty approaches that preserve, strengthen and promote food sovereignty and food and knowledge systems for First Nations communities.⁴³
 - Support alternative supermarket models (coops and social supermarkets).⁴⁴

- Introduce a comprehensive school meal program with food and nutrition literacy and curriculum.
 - Fully implement the Australian National Breastfeeding Strategy²² to strengthen the support for breastfeeding and reduce the barriers for Australian women.²²
 - Re-orient charitable food to require nutrition guidelines, reduce eligibility criteria, prohibit acceptance or re-distribution of infant formula, and link to complementary interventions that promote long-term food and nutrition security.⁴⁵
35. Develop a comprehensive, government-led national emergency food response across all levels of government with a focus on shortening the supply chain.

PHAA resolves to:

36. Advocate for the above steps to be taken based on the principles in this position statement.

First adopted 2019, revised 2022 and 2025

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