



Hidden hunger in a land of plenty: Food insecurity in Aotearoa New Zealand

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Abstract

Aotearoa New Zealand is a relatively wealthy, food-producing nation. Yet, increasing numbers of the populace are experiencing food insecurity, hidden hunger, and material hardship. More than an individual issue, ensuring food security requires consideration of the social and cultural components of growing, preparing, and consuming food and meals. Access to sufficient food to eat and the surrounding social practices are central to human flourishing. This article documents three research exemplars that challenge dominant global representations of Aotearoa New Zealand as an idyllic haven. Each case explores the invisibility and downplaying of hunger and poverty that occur within this 'land of plenty'. In describing and reflecting our respective research projects we illustrate how broader socio-political and economic factors play out materially in the everyday lives of marginalised groups by restricting access to food. Given that community psychologists have values which necessitate a critical praxis, we have the responsibility to challenge power differences and practices based on historical perceptions that serve to maintain inequities.

Introduction

Hunger and deprivation do not normally feature in global narratives about Aotearoa New Zealand (NZ). With a population of 5 million, NZ is a relatively wealthy OECD country that exports enough high-quality food (such as dairy, beef, lamb, kiwifruit, and apples) to feed 35 million people a year (Rush & Obolonkin, 2020). Despite the land producing more food than is needed for its own population, one in five NZ children aged 2-14 years live in households that are food insecure and have poor access to the types of nutritionally-rich foods required for optimal nutrition and health (Ministry of Health, 2019). Experiences of hunger and food insecurity are correlated with socioeconomic deprivation, with 40% of NZ children from the most deprived areas experiencing moderate to severe food insecurity (DPMC, 2021; Ministry of Health, 2019). Food insecurity is also disproportionately more prevalent in Māori and Pacifica households (Gerritsen et al., 2020).

The colonisation of NZ over the past 200 years has meant Pākehā (European) settlers and their families have been able to forge new lives of health and opportunity (Bell et al., 2017). These new lives have occurred at the expense of Māori (the Indigenous people of NZ) who were alienated from their land which was the basis for communal food growing, production, and distribution activities (Hutchings et al., 2020; Revington, 2017). The development of Pākehā society has also benefitted from the low-paid labour of Pacifica peoples in food harvesting, production, and related industries. The ongoing impacts of colonisation, land removal, and low-waged labour have resulted in reduced socio-economic opportunities and increased food insecurity for Māori and Pacifica.

Food insecurity refers to the inability to access nutritionally adequate and safe foods in a socially acceptable way, which includes meeting cultural needs such as providing for

guests or food for special occasions (Parnell & Gray, 2014). More than an individual issue, in contemporary societies, security of food requires a complex food system that accounts for the social and cultural dimensions of food production, collection, and consumption (Gorton et al., 2010). Increasing inequality of access to food has resulted in growing micronutrient inadequacies, or “hidden hunger”, in many OECD nations (Biesalski, 2013). Hidden hunger and food insecurity in wealthier nations contributes to the ‘double burden’ of malnutrition, whereby undernutrition and obesity occur concurrently, impacting on health (Delisle, 2008). Rather than having opportunities to select food for optimal nutrition, people on low incomes frequently need to purchase food that will satiate hunger (Mackay et al., 2018). Foods that are poor in essential vitamins and nutrients are often the most affordable, yet consuming these foods typically exceeds recommendations for salt, sugar, and calorie intake. Such foods do not contribute to diverse microbiomes and gut health (Rush et al., 2007). Again, these experiences are disproportionately experienced by poorer groups (Pollard & Booth, 2019). Alongside effects on individual health, food insecurity and hunger have wider social and societal impacts.

Emplaced food-related practices, such as gardening, reciprocal sharing, and eating of meals, are deeply connected to broader ways of being in the world (Graham et al., 2016). Such practices also embed a sense of belonging and sustain social relationships with others (King et al., 2015). Within a Māori worldview, the ability to engage in reciprocal acts of sharing and exchange with regards to food are key expressions of the values of manaakitanga (hospitality) and whanaungatanga (sense of belonging) (Hutchings et al., 2020; Revington, 2017). The expression of manaakitanga in particular is most commonly enacted through sharing of food and meals (Hutchings et al., 2012; Mead,

2003). These acts of manaakitanga contribute to and maintain the social cohesion of whānau (family) and wider groups (Hutchings et al., 2012). The absence of sufficient food to feed oneself, one’s whānau, or to share when hosting others, ruptures important cultural practices and relationship activities thereby disrupting social cohesion (Graham et al., 2018). This rupturing leaves people feeling out-of-place, and socially and culturally disconnected.

Access to sufficient food to eat and the surrounding social practices are central to human flourishing. The dignity and mana (status) of food-related practice is in itself an issue of social justice and equity. As a field of practice and engaged in action-oriented research, community psychology has a long history of involvement in actively working towards human flourishing, dignity, equity, and social justice (Prilleltensky, 2001; Rappaport, 2000). These values are embedded into the competencies for psychological practice and are integral to the practice of community psychology (Langhout, 2015). The concurrent commitment to social transformation (Langhout, 2015) develops a sense of what might be politically possible, what is necessary, and how to potentially achieve change (Gould, 2009). That desire to ensure all people have access at all times to sufficient nutritious food to eat is at the heart of our respective research projects described within this article. As such, (a lack of) access to food acts as both a material and symbolic focus for action.

This article documents three research exemplars that challenge dominant global representations of NZ and explore the invisibility and downplaying of hunger and poverty in a ‘land of plenty’. Each of the cases illustrates how broader socio-political and economic factors play out materially in the everyday lives of marginalised groups by restricting access to food. Across all three cases we highlight the connections between

community psychology, scholar-activism, and principled practice, as well as identifying symbolic and material sites of tension. In writing the cases, the lead researcher on each project briefly describes their research before reflecting on the levers for social change that they actioned. In the first case, Kimberly reveals how social narratives surrounding hunger in schools work to invisibilise poverty. By making erased experiences more visible, Kimberly seeks to unsettle common-sense norms, in order to create space for broader discussions about causes of, and solutions for child hunger in schools. Bridgette builds on the importance of revealing hidden accounts of food insecurity and hunger. She offers a research exemplar of ways in which socially engaged researchers can elevate the voices of Māori persons whose hunger is overlooked and unheard within a Pākehā institution, in this case a tertiary hospital. Lastly, Rebekah reflects on the challenges experienced when working to change entrenched social narratives circulating in mainstream and social media about poverty and food insecurity. As we demonstrate, a community psychology praxis orientation opens up key leverage points from which to instigate community, institutional, and policy change.

Case 1: Milk in Schools (Kimberly Jackson)

One challenge to assumptions about NZ as a 'land of plenty' has been reports of growing numbers of children arriving at school hungry, with little or no food to sustain them during the school day. This case study focused on characterisations of low-income parents and families within contemporary media and policy materials relating to hungry school children and feeding children in schools. The research project contextualised micro level practices taking place within schools by questioning the wider structural processes that produce and reproduce material responses to food insecurity.

During the 1990s, the issue of hungry school children garnered significant media, public and political attention in NZ. Child hunger is a symptom of increasing levels of poverty and food insecurity for the whole family (Boston & Chapple, 2014). Adult citizens tend to hide their hunger for fear of stigma, so much adult hunger goes unnoticed. In contrast, schools are spaces within which hunger is rendered visible. A plethora of schemes emerged during the 2000s ranging from local level initiatives to high-profile national programmes. Most have been led by corporations, charities, social enterprises, and operate through 'partnership models', which is a mix of government, corporate and philanthropic funding (Wynd & O'Brien, 2014).

Narrative analysis was employed in this case as a methodology as it recognises the fundamental role of stories in how human beings create meaning (Bruner, 1990). The situation of school hunger, and the responses to the issue, sparked widespread discussion. While media, policy, public relations and advertising all function to shape and reinforce particular stories about hunger communities and individuals exercise agency in how stories are received and mobilised, or resisted (Rappaport, 2000). Nonetheless, over time, dominant narratives tend to develop status as 'common sense' understandings, ritualised through their prevalence within media, policy, and institutions (Couldry & Curran, 2003). Crucially, dominant narratives have material impacts, including impacts on people's health and their capacity to flourish by enabling or constraining their everyday life situations (Parker, 2005).

From 2012 until 2018, Kimberly garnered a research corpus of relevant secondary materials from a diverse range of sources. This material was comprised of the following: (1) 103 text-based items from mainstream national and regional news sources; (2) 26 items from broadcast radio, television news,

and current affairs programmes; (3) 36 policy items, for example reports, briefings, working groups and reviews, political speeches, and parliamentary debates; (4) 30 items from schemes aimed at feeding children in schools, including charities, corporates, social enterprises, and partnership schemes. The analysis process across the research corpus identified stories consistent across multiple sources and which were recognisable within different contexts. This led to the identification of five overarching narratives that characterised hunger in school children and what should be done to address it. The following five core narratives emerged from the analysis:

1. *Punitive Responsibilising*

The dominant narrative of punitive responsabilising constructs the problem of child hunger as an outcome of failed parenting. This construction reflects neoliberal narratives of self-responsibility where the parent is punished for their failure to meet their child's needs. From this perspective, the involvement by outside parties who feed children (e.g. providing lunch in schools) is a moral hazard that will worsen child hunger and reinforce parental irresponsibility. One such example is the following excerpt from a newspaper opinion piece, written by politician, broadcaster and writer, Michael Laws:

The responsibility for hungry kids needs to go back where it belongs: the parents. It should be an instant notification to Child Youth and Family when a child arrives at school without food. The parent who approves that abuse should not be a parent. Examine their circumstances and you will likely find other antisocial instances instantly, all blighting the innocent child (Laws, 2014).

The assumption expressed in this comment encompasses the notion that children have

insufficient food because of their parents' choices and parents should be subject to individual sanctions from the government agency responsible for intervening in child abuse, Child Youth and Family.

2. *Taxpayer Sovereignty*

The taxpayer sovereignty narrative recognises the practical and ethical imperatives of alleviating child hunger. However, the over-riding priorities are prudence with state funds and that the "hard-working taxpayer" is not held responsible for feeding other people's children. This narrative contrasts the "hard working taxpayer" with the "dependent" recipient of government money (Hackell, 2013; Wiggan, 2012). For example, blogger and former National Party advisor David Farrar writes: "The Green policy to provide free (i.e. taxpayer funded) school lunches to all decile 1 to 4 primary schools is a woefully bad use of taxpayer money – even if one accepted that it is the state's role to provide two out of three meals a day to school kids" (Farrar, 2014, para 1). Here, Farrar emphasises the costs to taxpayers of providing food to children in low-decile schools. The taxpayer sovereignty narrative promotes the idea of choice for taxpayers and suggests individuals should decide who and how they contribute (Weiss, 2001). Instead of state involvement in feeding children, charities and businesses are encouraged to choose to develop schemes, and individual citizens encouraged to support such schemes through donations and volunteer work.

3. *Communitarianism*

The communitarian narrative also argues against state responsibility for feeding children in schools. Whilst community psychology as a discipline understands communities as diverse collectives, community as a term is deployed in varied and complex ways (Clarke et al., 2000;

McClure, 2013). The communitarian narrative mobilises nostalgic notions of community in order to delegate responsibility from the state. This narrative favours a return to an imagined time when communities were more self-sufficient (Fyfe, 2005). The increase in hungry children is attributed to a loss of capability within communities as a result of state dependency, and that communities contain the expertise and resources to resolve problems without recourse to state funding. The following extract is from a newspaper commentary about proposals to fund schools to provide food. Silloway Smith is a member of Maxim, a pro-business organisation that funds reports into NZ policy:

So what happens when you replace community initiative with government handouts? ... These things have to come organically through communities, tended by people like my friends in South Auckland and allowed to grow by the whanau and neighbours who make up those communities ... It should be communities at the heart, not schools. And definitely not the state. (Silloway Smith, 2014).

The communitarian narrative thus emphasises the role of motivated individuals and communities in creating solutions for themselves. It is presumed that this will build self-reliance and restore resourcefulness.

4. *Virtuous Benevolence*

The virtuous benevolence narrative can intersect with communitarian and tax-payer sovereignty narratives. However, virtuous benevolence foregrounds the social rewards of non-state forms of assistance, such as volunteering, for those who provide help, with positive experiences of helping others emphasised. The focus of action is personal engagement and charitable giving on the basis that the “essence of private charity is voluntariness, individuals helping one

another through love of their neighbour ... There is no compassion in spending someone else’s money – even for a good cause” (Tanner, 2003, p. 97). This narrative elevates charitable giving above political responses and highlights the positive benefits of reaching out to those less fortunate. For example, the following comments on a company’s website following a staff day of making lunches for low-decile schools: “The feedback about how people feel afterwards is incredible, and explains the 3-month waitlist to volunteer. You will feel something you won’t do anything else in NZ” (Stoyanof, 2018, para 10). In this extract the opportunity to help feed children is positioned as a positive experience for those participating as helpers.

5. *Third Way Pragmatism*

This narrative focuses on the social and economic costs to society of children unable to learn because of hunger, irrespective of whom or what may be responsible. The third way pragmatism narrative does not engage directly around the causes of hunger in schools, but rather advocates for immediate responses on moral and/or practical grounds (Clarke & Newman, 1997). The moral basis for action is that children are suffering and cannot be held responsible for their own circumstances. Debating the causes of the problem, it is argued, will not get children fed and we should care that innocent children are going hungry, more than we care about why. David Shearer, a Labour party politician from 2009-2016, explains in a media interview: “I hear people argue that this is the responsibility of parents. We can debate that endlessly but it won’t change this reality: tomorrow morning kids will still turn up to school hungry. And a hungry kid is a distracted kid who can disrupt an entire classroom” (Hartevelt, 2012). This narrative is used to support any means of alleviating hunger, including public-private partnerships and initiatives targeting school children.

The five prevalent themes explored above demonstrate that parents are often blamed within dominant narratives about hungry school children. Children with insufficient food at school are frequently characterised in terms of their families failing to adequately care for them, despite the material austerity many communities are subject to (Boston & Chapple, 2014). The dominant narratives about hunger in schools do not engage with structural or upstream causes of food insecurity. Those who advocate for food in schools (e.g. third way pragmatism) typically draw on a child poverty model whereby children's needs are addressed in a targeted way that problematises or invisibilises the hunger of the child's parents (Devine, 2014). Further, narratives regarding hunger in schools are illustrative of a dominant cultural context favouring self-reliance, reflecting the intersection of neoliberal norms regarding self-responsibility and reduced reliance on state support. Attending to the historical and cultural context of dominant narratives about hunger in NZ highlights how transnational and local narratives interact to express "common-sense neoliberalism" (Hall & O'Shea, 2013). In relation to hungry school children, the dominant charity and corporate-based responses to hunger serve to maintain the neoliberal status quo.

Clarifying the ways in which dominant narratives hegemonize neoliberalism aided myself (Kimberly) to disseminate my research beyond academic contexts. Even compassionate and empathetic citizens struggle to understand why de-politicising hunger, narrowly targeting children for charitable attention, or promoting volunteering can become barriers to resolving food insecurity, rather than representing solutions. By bringing to the fore core narratives underpinning responses to hunger in schools and discussing the principles they are built on, such narratives are revealed as culturally and historically situated. Assumptions about 'how we do

things' can then be subjected to a more critical questioning. In this way, examining dominant narratives becomes a form of praxis, expanding possibilities for how social issues like hunger are understood and responded to. The next case further draws out aspects of praxis and examines a hospital ward as a material site of hunger and tension.

Case 2: Hungry in hospital (Bridgette Masters-Awatere)

This case study draws upon research undertaken at a large, publicly-funded hospital in NZ. Hospital staff observed recurring readmissions of Māori children (0-4yrs) for preventable illnesses, such as those associated with poor living conditions. Experiences like these are not unique to the one hospital in the study. This hospital was the site of a randomised control trial (RCT research), which involved 1000 parents/caregivers of a child (0-4 years) admitted to the paediatric ward within a one-year period. The particular focus of this case is on the narratives shared during 24 interviews with 15 whānau (families) of a tamariki Māori (child of Māori descent) admitted during the RCT. A significant issue raised by whānau during interviews was the limited access to food for the parent/caregiver while caring for their child during their hospital stay. Subsequently, an analysis of hospital policies relating to the provision of food for parents/caregivers of a child admitted to hospital was undertaken.

The negative and positive hospital experiences revealed by whānau were used as leverage points to improve hospital experiences for all whānau. My position as a researcher whose employment was independent of the hospital, meant that I occupied multiple privileged positions; 1) as a Māori (who has had experiences of the hospital system and could understand the coded ways that whānau may share negative experiences, such as racism), 2) as an

academic (who has the skills, knowledge and abilities to draw upon multiple sources of evidence and conduct robust analyses), 3) as an independent researcher (who was employed outside of hospital structures); and 4) as a community psychologist (who can combine all of these positions into praxis to examine the structures at play to find leverage points within the hospital system from which to challenge power dynamics). My praxis as a scholar-activist served as a platform to challenge a public hospital system designed to privilege Pākehā (NZ European) health needs.

Hospitals in NZ were designed from the very beginning to serve Pākehā health needs (Waitangi Tribunal, 2001). Enabled through the repression of Indigenous health knowledge (for example, the Tohunga Suppression Act, 1907) and restrictions on culturally centred health care (Durie, 1987; Laing & Pomare, 1994), Māori health has been negatively impacted since the arrival of Europeans in NZ (Moeweka Barnes & McCreanor, 2019; Walker, 1990). Māori continue to encounter barriers to making fully informed, culturally cognisant decisions about their choice of health provision and access (Dawson et al., 2019), experience ongoing health inequities (Graham & Masters-Awatere, 2020b), and are less likely to access, and benefit from, a health system based on Pākehā norms and values (Durie, 1987). Subsequently, is vital to identify barriers and to reduce the negative experiences of Māori whānau in the NZ health system.

My conversations with the 15 whānau (families) revealed that parents often suffered hunger and stress in addition to the distress of having a sick child in hospital. These parents shared harrowing stories of:

- going without food for the duration of their child's admission,

- surviving on the leftover food provided for their 7-month-old child
- being denied hospital meals for 4 days while they stayed with their 18-month-old child, despite having a medical condition that required regular meals
- the financial strain the family suffered as a result of reduced employment hours by their partner who had to provide care for other children
- severe stress when leaving a 18-month-old alone in hospital in order to access local convenience store food

The lack of food meant that parents were reliant on other whānau members to purchase and deliver meals to the hospital ward. If whānau lived far afield from the hospital location, were caring for the siblings of the admitted child, and/or unable to take paid leave from their place of employment, the parent in hospital often went hungry. Additional barriers included the cost of food items at the hospital cafeteria and being reluctant to leave their child alone on the hospital ward. Subsequently, Māori mothers in particular went without food, subsisting on cups of tea and left-overs (such as pureed apple and half-eaten yoghurts) from the supplied meals for the admitted child.

Our analysis of whānau Māori interviews produced overwhelming accounts of hunger and isolation by parents and caregivers while caring for their child in hospital (see Graham & Masters-Awatere, 2020a; Masters-Awatere, Graham, Scott, & Atatoa Carr, 2020). Considering these shared experiences in combination with the aforementioned processes of colonisation and marginalisation, the distress Māori mothers were experiencing produced bile-in-the-mouth feelings of sickness for these parents. The stress, shame and stigma meant that parents tend to hide their hunger and avoid asking for help. The ongoing removal of Māori infants from their families by state agencies (Stanville & Froideville, 2020), which have

occurred in hospital settings, creates a deep sense of fear for Māori mothers and leaves many reluctant to draw attention to their own hunger and need.

Examination of existing policies related to the provision of food for parents/caregivers made it clear that the health system was marginalising (and therefore failing in its obligations to) the parents of Māori children. Driven by a desire to contribute to social-justice and health equity, a technical report that centred whānau Māori experiences was published (Graham & Masters-Awatere, 2020a). When presented with the technical report, hospital staff sympathised with the shared narratives. However, for various reasons, there appeared to be reluctance to make meaningful changes that would improve hospital experiences for whānau Māori. A similar experience has been observed in a related study (Masters-Awatere, Cormack, Graham & Brown, 2020). Curious that hospital staff seemed apathetic when they were presented with a hospital systems issue, a systematic literature review was conducted (Graham & Masters-Awatere, 2020b). The literature review provided wider context of the dismissal of Māori experiences while in hospital and gave further impetus to examine food policies at hospitals throughout NZ. While a diverse range of policies was observed, findings highlighted inconsistencies in considering access to food for parents/caregivers who remain with a child during a hospital admission (Masters-Awatere, Graham, Scott & Atatoa Carr, 2020).

This case study has highlighted the various ways a community psychologist can utilise their skills to challenge policies and practices that fail to serve those caught within a system that attends to individual care of a sick child whilst ignoring the parent. The power of the participants' stories was utilised within dissemination strategies (conference presentations, social media posts and speaking forums) in combination with peer

reviewed publications to affect positive change for whānau. The Ministry of Health has been challenged to improve service provision in order to meet international standards and national obligations to meet the needs of parents and caregivers who remain with their child during a hospital admission (Masters-Awatere et al., 2020). This case uncovers instances of food insecurity for Māori parents when away from their home and community supports and connections during a family health crisis. Recent findings that families flow into and out of food insecurity at various times and points in their lives (Gerritsen et al., 2020) highlights the need for ongoing action in seeking reform and change, and for systems thinking that intentionally applies a poverty lens. The case also provides a real-world exemplar of scholar-activism in practice. The third case continues with the scholar-activism theme and describes one approach to finding leverage points to change societal narratives.

Case 3: The Community Meal (Rebekah Graham)

In this section, I (Rebekah) draw on my PhD research in Hamilton (a city in the central North Island of NZ) with families living with food insecurity. As part of this research, I spent 18 months attending a community meal and eating alongside and talking with meal attendees regarding their experiences of food insecurity. Additionally, I conducted a series of in-depth interviews with seven families regarding their everyday food-related practice. I utilised photo-elicitation and go-along interview techniques alongside active listening, participant observations, and field notes. Engaging in multiple interactions with families was a crucial part of the research process and created 'thick' participant accounts of everyday lived realities. A high level of trust was necessary for participants to share their experiences of poverty, hardship, and hunger. Part of my analysis included making the invisible visible and

articulating the unsayable. As was noted in the Milk in Schools case study, those living with hunger in NZ today are constrained by dominant narratives of blame and shame with regards to hunger. Subsequently, participants are typically reluctant to share experiences of hardship and poverty.

My conversations with families and community meal attendees highlighted problematic societal assumptions regarding food insecurity and poverty. My research participants were knowledgeable about food and health eating, but they were constrained by insufficient resources with which to feed their family. In response to ongoing hardship, households pooled resources, activated broader familial networks, and accessed charitable and state supports to try to ensure that all family members got enough to eat. Participants also experienced shame and stigma with regards to their food scarcity and engaged in rationing practices to hide their situation and present as ordinary families. Such practices of passing were one way for individuals to avoid being judged by wealthier groups. However, passing is problematic in that these practices delegitimise experiences of hardship and reinforce dominant hegemonic assertions that there is 'no real poverty in NZ'. The provision of food in dignifying ways such as the community meal, helped to mitigate the negative impacts of food insecurity on health and well-being. Nevertheless, there is a need to move beyond ameliorative responses and overly-simplistic individual victim-blaming narratives that shame people in need and silence their everyday lived experiences of hardship. Subsequently, in disseminating research findings I sought to challenge dominant narratives surrounding food insecurity in Aotearoa New Zealand.

As well as presenting participant stories in person, I wrote articles for news media that challenged dominant constructions of food insecurity and argued for societal solutions

grounded in a humanistic approach. This activism was a deliberate attempt to counter the dominant narratives of neoliberal blame. In order to approach this as solidarity work (Warren, 2010), I intentionally elevated the lived experiences of participants through using quotes that conveyed their humanity, humour, and hardships. When presenting stories, I contextualised participants' lives by outlining the complexities involved, and I did not shy away from the emotions evoked by grim circumstances. During in-person presentations, there would often be a visceral, audible response from the audience when they were presented with the realities of impoverished lives. To avoid this becoming a form of "poverty tourism" or "poverty porn", I invoked socio-political aspects of hunger and framed participant experiences as occurring within a broader context of trauma, poverty, and undiagnosed health challenges.

Incorporating values-based praxis into research dissemination meant challenging the dominant neoliberal narratives surrounding food insecurity and communicating the lived experiences of poverty in a humanising manner. The dominant deficit oriented narratives, erase the wider societal context within which poverty exists, and present charity as the preferred response. Articulating alternative accounts of food insecurity that made visible societal structures provided one way of shifting public assumptions about individual culpability for food insecurity. Utilising mechanisms, such as social media and news platforms, was a key leverage point. Another leverage point was political agitation in the form of policy writing, responding to Select Committees, and activism on social media sites.

Changing socially-constructed knowledge requires creating – and repeating – alternative narratives that provide new ways of thinking (Berensten-Shaw, 2018). Sharing people's stories and lived accounts is more

effective at communicating ideas than only presenting statistics and figures (Berensten-Shaw, 2018). I repeatedly communicated stories to illustrate the message that parents are doing the best they can, people live under-resourced lives, and that NZ has the resources to ensure that all citizens are fed. For instance, one piece I wrote for The Spinoff³ (an online current affairs website) was widely shared on social media and subsequently reposted by a nationwide commercial news station under their NewsHub brand⁴. I was also invited onto national public radio⁵ to discuss the topic of food insecurity. These platforms provided an outlet for me to elevate and contextualise participant experiences and directly challenge dominant constructions of food insecurity.

Case Study 3 illustrates the commitment of the time, energy, and effort required to write, pitch, and promote written articles via social and news media. For example, radio work requires several hours of preparation. This work is unpaid and occurs on top of existing workloads. Further, engaging on social media means exposing oneself to negative commentary, angry responses, and harassing behaviours. Media engagement, when compared with published journal articles, is less valued within academia and does not neatly fit current measures of academic worth. Consequently, scholar-activist type work, while important in addressing societal attitudes and arguing for change, comes at a personal cost. These costs create additional barriers to engaging in the very type of work needed for social justice engagement integral to the practice of community psychology.

³ <https://thespinoff.co.nz/parenting/06-09-2019/why-hungry-parents-make-for-hungry-kids/>

⁴ www.newshub.co.nz/home/new-zealand/2019/09/why-hungry-kids-make-for-hungry-parents.html

Discussion

Each of our respective projects took a community psychology orientation that broadened the focus of food insecurity beyond individual-level experiences, and reflected our commitment to social justice, social innovation, and social transformation. A common thread is the role community psychologists can play as spokespersons who shine light on these hidden hardships and agitate for social justice, solidarity and systems change (Robertson & Masters-Awatere, 2007). Our approach foregrounds human stories of lived experiences to disrupt the common public recourse to poverty denial and victim-blaming. We utilised research methodologies that were narrative and relational, and which prioritised the perspectives of people living with poverty and hardship.

Across each case there are three core community psychology values expressed: 1) prevention and promotion; 2) ecological thinking; and 3) action/praxis. The community psychology value of prevention and promotion underpins our core research theme of intentionally making visible the unseen to benefit the underserved. Visibility creation is crucial for building momentum for social transformation by bringing the stories and experiences of excluded and marginalised people to the fore and working to prevent their stories from being ignored and/or dismissed (Balcazar & Suarez-Balcazar, 2016). Each of the described studies make visible the invisible aspects of poverty: the societal narratives used to frame child hunger, mothers in hospital quietly going without meals, and the shame that drives parents to hide their hunger from others.

⁵ www.rnz.co.nz/national/programmes/thepanel/audio/2018712191/the-panel-with-leonie-freeman-and-david-slack-part-1

Ecological systems thinking (Trickett & Rowe, 2012) is reflected in the way in which our respective research moves across and between individuals and systems. Our cases exemplify ecological systems thinking that moves beyond individual intervention programs in order to influence contexts as well as individuals (Trickett et al, 2011). In doing so we disrupt the dominant 'downstream' focus. Each exemplar integrates research, intervention, and analysis at multiple levels (Trickett & Rowe, 2012). The Milk in Schools case links the hunger of individual school children to broader narratives utilised to deflect and quell demands for structural change. The Hungry in Hospital findings of mother's going hungry while caring for a child in hospital led Bridgette to investigate national policies on food provision. Rebekah utilised individual stories of hunger shared by attendees at a local Community Meal to challenge dominant constructions of hardship. Each case moves across and between the agency of the individual(s) concerned and the inequitable systems and structures which impact on the individual. However, shifting societal perspectives on issues such as hunger, without losing sight of the agency and self-determination of the people involved, is an ongoing challenge in this space.

The practice of 'giving voice' is insufficient when that is all that is done; action must also be taken. As noted in our cases studies and in Table 1 (below), action includes actively searching out for opportunities to redress inequity (Oetzel et al, 2018), intentionally working to decolonise one's psychological practice (Robertson & Masters-Awatere, 2007), and seeking out opportunities for resistance within the confines of systems (Preston & Aslett, 2013). Table 1 summarises the core intersections between community psychology values and the core themes across our cases. The Hungry in Hospital example demonstrates that merely presenting participant experiences was insufficient to

action change. Hence, further ongoing advocacy was required to change hospital practices. Rebekah's case highlights challenges for community psychology researchers when inserting more humanising, dignifying accounts of people facing food insecurity into media deliberations. Such accounts can function to contextualise the everyday lived experiences of having insufficient food and connect these to the larger social structures that create poverty, perpetuate inequities, and drive poor health.

The core community psychology values align with our three key themes of 1) scholar-activism, 2) decolonising through principled practice, and 3) understanding food as a material and symbolic representation of inequality and poverty. Table 1 presents these ideas in matrix form. The first column of Table 1 outlines the intersection of community psychology with scholar-activism. Scholar-activism requires cognitive and emotional engagement and a strong sense of what is morally right (Gould, 2009). One such approach is reflexive practice, which encourages community psychologists to articulate their worldviews, values, assumptions, and experiences in order to interrogate how positionality influences their work (Novak & Harter, 2008). Each of our respective cases required a high degree of reflexive work. Bridgette's case in particular makes visible the reflexive components of positionality and praxis. Despite the importance of reflexive practice in interrogating one's positionality, there is a long tradition of psychological research practice that denies the visceral and de-values the expression of values, emotions, and affect (Kelly, 2010). Nevertheless, it is the heart and mind engagement that is an important component for turning activism into solidarity work (Warren, 2010). Solidarity work results in an activism that is "practiced with subordinated groups and not for them" (Langhout, 2015, p. 267). Practicing with and not for people is particularly

Community psychology values	Scholar-activism	Decolonising through principled practice	Symbolic and material sites of tension
Prevention and promotion. “Make visible the unseen to benefit the underserved”	Cognitive and emotional engagement (Gould, 2009); <u>reflexive work</u> (Balcazar & Suarez-Balcazar, 2016)	Decolonise practice (Robertson & Masters-Awatere, 2007); Challenge colonisation of community-based research (Sonn & Quayle, 2013)	Food as a core site of visibility for poverty and inequality
Ecological approach. “Principled approach to find leverage points to disrupt a negative “victim-blaming” lens	Integration of research, intervention and analysis at multiple levels within a system (Trickett & Rowe, 2012)	Principled practice informed by cultural concepts that cultivate reciprocal relations (Hodgetts et al., 2020)	Influence contexts as well as individuals (Trickett et al, 2011); seek leverage points (Oetzel et al., 2018)
Action-oriented. Works to give voice, avoids voyeurism”	Solidarity work (Warren, 2010); working <i>with</i> not <i>on</i> (Langhout, 2015)	Long-term activism and engagement; Reflexive engagement (Hodgetts et al., 2020)	Seek opportunities for resistance (Preston & Aslett, 2013); Advocate for change (McNamara & <u>Naepi</u> , 2018)

Table 1: Matrix of community psychology values and core themes

important for scholar-activists engaging in poverty-related work, in cases where the scholar-activist is socially distant across class, race and/or life experience. This solidarity work of Bridgette's praxis and Rebekah's efforts to disseminate research findings into the public space of popular media offer exemplars of this form of activism.

The second column highlights how community psychologists can engage in principled practice as a form of decolonisation in action. Decolonisation requires active intentionality by the researcher and/or practitioner (Robertson & Masters-Awatere, 2007; Sonn & Quayle, 2013). Privileging logic and mind-work acts to suppress the very emotional engagement that drives both solidarity and activism work mentioned in the preceding paragraph (Sonn & Quayle, 2013). Decolonising community psychology means reflexively engaging in ways to incorporate socially transformative change and how we do (or do not) conform to scholarship demands for detached mind-work. Most mainstream academic scholarship remains situated within "white Western patriarchal structures which champion rationality" (Langhout, 2015, p. 268) and demands research based on the notion of the detached observer (Smith, 1999). Long-term activism and engagement, such as that described in our exemplars, avoids the practice by researchers of disengaging from participants, or the topic of research, once their data has been extracted. Too often researchers leave the scene with no further sense of responsibility to the research participants, and little or no compulsion to address the societal conditions creating poverty. The three cases convey our respective sense of ethical responsibility to address the wider systems impacting on individuals. This form of principled practice is informed by cultural concepts such as *manaakitanga* and care for others that cultivate reciprocal relationships (Hodgetts et al., 2020). Principled practice is a 'higher'

form of ethical engagement beyond merely ticking application boxes for institutional ethics committees. As noted earlier, solidarity work across socially distanced groups and issues requires reflexivity about one's positionality and is central to principled practice (Hodgetts et al., 2020).

Lastly, we turn our attention to symbolic and material sites of tension. More specifically, the way in which each of our cases identified food as a material and symbolic focus of poverty and inequality. As identified in the introduction, sharing food and meals are reciprocal acts of sharing and exchange and key expressions of *manaakitanga* and *whanaungatanga* (Hutchings et al., 2012, 2020; Revington, 2017). Across all three cases, the absence of sufficient food to eat along with blame-filled narratives communicated an absence of care, whether for impoverished school children or Māori mothers caring for a child in hospital. Insufficient provision of food and meals when away from home disrupted valued cultural practices and relationship activities and left people feeling out-of-place and socially excluded. The previous paragraph on ecological systems thinking identified the ways in which each of our exemplars sought to influence contexts as well as individuals (Trickett et al., 2011). Community psychologists work to identify the leverage points within systems (micro, meso and macro) whereby we can insert our research findings to assert the changes that are needed to redress inequity (Oetzel et al., 2018). For example, a determined Māori researcher whose place of employment was situated within an academic institution (and not within the hospital system) provided the ability to challenge policy, as this was a privilege enjoyed by Bridgette (that was not afforded to hospital employees). Each author intentionally actioned leverage points and foregrounded people's experiences as one way of addressing the de-legitimization of people's experiences of food insecurity. Now,

more than ever, community psychologists need to seek opportunities for resistance within the confines of systems, such as the neoliberal academy (Preston & Aslett, 2013). Advocating for change is a form of praxis connected to the value of social justice and transformation (McNamara & Naepi, 2018). There is a need for community psychologists to continue to engage with political power in seeking reform and change in order to improve the lives of under-served people living with poverty and hunger (Prilleltensky, 2001).

Conclusion

For many of us, food can be a taken-for-granted daily aspect of our personal subsistence, tastes, lifeways, and routines. Yet, food is about so much more, since it also reflects wider cultural, political, and social mores, as well as notions of power. Exploring who has access to food in a country like NZ tells us a great deal about who has social worth and political value in society. Such positioning differs from a rights-based approach in that it is not just about the right to food, but rather considers who has access to food, how much of it, and of what quality. The shame and stigma of poverty and hunger, and the habituated ameliorative responses, serve to entrench the framing of these issues as an individual affliction or flaw. In the current context of pervasive individualism and neoliberalism, there is an acute need for community psychologists to challenge and disrupt common sense norms. In particular, our role is to remind others of the importance of structural dimensions of contemporary issues, such as food insecurity and hunger. Given the entrenched and pervasive extent of individualistic framings, our reminders need to be constant and patient. Engaged community psychologists have a duty to be the conscience of society and in doing so have the responsibility to challenge the power differences and historical practices (such as colonisation) that maintain inequities. After

all, what good is gathering information if it is not turned into action and used to make socially transformative changes? Especially when one's research uncovers the extent of hidden hunger that exists in a fortunate food-exporting nation.

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