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Abstract

Reducing childhood obesity is an international priority and children's diets, food knowledge and practices have come under intense scrutiny in both policy and popular discourse. Notwithstanding evidence that health interventions which resonate with children's own views are the most effective, there is still relatively little research which mobilises children's everyday perspectives on food to inform public health policy. We report key findings from a qualitative study with 53 children aged 9-10, attending two socio-economically contrasting schools in the UK. The study explored children's understandings of food in everyday life and their ideas about the relationship between food and health. Throughout the study, despite recent attempts to position schools as key sites for public health interventions, children consistently emphasised families as the locus for enduring food practices. The research highlights the value of listening to children and applying our understanding of their perspectives to ensure that public health initiatives work with the important influences on their diet and health that they themselves identify.

Keywords: children, families, schools, food practices

1. Introduction

Children's relationships with food have come under close scrutiny over recent years prompted, to a significant degree, by popular and policy-based concern with childhood obesity. Obesity constitutes a major public health challenge throughout the Global North, and increasingly the Global South (World Health Organisation (WHO), 2012). Between the years 1980-2013, the worldwide prevalence of overweight and obesity rose by 27.5% for adults and by 47.1% for children (Ng et al., 2014). During childhood, obesity is associated with significant and far-reaching negative impacts for both physical health (including metabolic risk factors, type 2 diabetes, orthopaedic problems, sleep apnoea, asthma and fatty liver disease) and psychological wellbeing (including poor body image, low self-esteem, depression and reduced quality of life) (Pulgarón, 2013, p.A19). However, the long term effects may extend into adult life and childhood obesity has been described as a 'ticking time bomb' (Chinthapalli, 2012), heralding a substantial burden of increased morbidity and mortality for the future, including diabetes, osteoarthritis, cancers, and major vascular disease (Ng et al., 2014). While encouraging children to eat healthily is seen as one important contributory factor in efforts to address the burgeoning problem of obesity, healthy eating has potentially much broader, though perhaps less frequently articulated, public health benefits, including protection against cancer and cardiovascular disease (Sproston and Primatesta, 2003) and the promotion of children's wellbeing, optimal growth and emotional development (Shepherd et al., 2001).

1.1 Children, Food and Schools

With the increasing universalisation of schooling, schools have come to be recognised as key sites for public health interventions (Roberts, 2012), through which food-related initiatives can be directed towards children. According to the World Health Organisation (WHO, n.d), their Health Promoting Schools Programme represents one of the most widespread settings-based approaches to improving health. Programmes have been established in all six WHO regions and in over 80 countries (WHO, n.d). Integral to this broad-ranging initiative are nutritional programmes that focus upon the provision of, and children's learning about, food. Although the nature and type of food provision in schools varies between countries (Harper et al., 2008), schools are positioned as highly significant to young people's developing knowledge and practices. The US Government's Centre for Disease Control (CDC) argues:

Schools play a particularly critical role by establishing a safe and supportive environment with policies and practices that support healthy behaviours.

Schools also provide opportunities for students to learn about and practise healthy eating [...].

A recent review mapping national school food policies across Europe, Norway and Switzerland (carried out as part of the EU Action Plan on Childhood Obesity 2014-2020, (European Union, 2014)), for example, found that all thirty countries have a School Food Policy (SFP) in place with an even split (15:15) of mandatory versus voluntary policies (Bonsmann et al., 2014). Policies vary between a list of foods which can(not) be sold on school premises (Cyprus) to extensive voluntary recommendations (e.g. Germany, Italy) or mandatory regulations (e.g.

Finland, Slovenia). Nearly all SFPs utilise food-based standards and seek to improve child nutrition, teach about healthy eating and lifestyle behaviours and reduce childhood obesity. Common aspects include energy and/or nutrient-based standards, restrictions on vending machines and food marketing, and the importance of training school caterers (Bonsmann et al., 2014, p.21).

In the UK context, the English National Healthy Schools Programme (NHSP) and counterparts in Scotland, Wales and Northern Ireland have proven extremely popular with schools and 99% of English schools voluntarily participate, with 76% achieving National Healthy School Status by 2010 (Aggleton et al., 2010). Reflecting the international picture, healthy eating is a key component of achieving Healthy Schools status. Alongside formal teaching about healthy eating (figuring in both Personal Social, Health and Economic Education (PHSE) and the science curriculum (Department for Education, 2015), a range of initiatives have been established in many schools including healthy tuck shops, water fountains and cooking demonstrations. moves at a national level include the introduction of food and nutrition standards for schools, the establishment of the School Food Trust (now Children's Food Trust) as well as the School Fruit and Vegetable Scheme, in which all children aged four to six in Local Education Authority maintained schools receive a free piece of fruit or vegetable each school day (Department of Health (DH), 2010) and, most recently, the provision of free school lunches for all infant school children (Children's Food Trust, n.d.) (although the annual grant to help small infant schools fund this provision was withdrawn in early 2016 (Long, 2016)).

1.2 Children's understandings and ideas

In relation to the impact of initiatives such as the Health Promoting Schools and the Healthy Schools Programme, much research has focussed upon assessing children's knowledge of healthy eating. This body of research has highlighted that children are generally able to distinguish between what they perceive to be 'healthy' (often described in terms of eating lots of fruit and vegetables) and 'unhealthy' (usually defined as eating too much sugar or fat) diets (Welch et al., 2012, Bisogni et al., 2012., Gosling et al., 2008). Indeed, although there seems to be confusion over the healthiness of foods containing multiple ingredients and uncertainty over diet-disease links (Stewart et al., 2006), the research generally demonstrates that children can and do articulate many of the key ideas promulgated in school-based teaching. However, although children can reiterate the messages there is no clear relationship in the literature between learning those messages and food practices.

In response to this, a small but burgeoning body of research in the social sciences has begun to try to understand the meaning of food and eating in the context of children's everyday lives. Informed by the Social Studies of Childhood (James and Prout, 1997) which recognises children as active social agents and as experts in and on their own lives (Christensen, 2004; Brady et al., 2015) the work privileges children's own experiences and perspectives. Punch et al. (2011) summarise some of the key themes to emerge from this body of work including the role of food in demonstrating care and affection (Punch et al. 2009), as a means of resistance and focus for negotiation (Pike, 2008), as a tool in the construction of children's identities (Author

2009) and the importance of shared meanings (Kohli et al., 2011 and Pike, 2011). Recent work has also considered the notion of foodscapes as a way into exploring children's becoming as consumers (Brembeck et al., 2013), the impact of food provisioning on intergenerational relationships (Author, fc. 2015), the variation between families in terms of who controls children's food (O'Connell and Brannen, 2013), the similarities and differences in perceptions of home food and eating practices between teenagers in contrasting socio-economic groupings (Backett-Milburn et al. 2010) and children's understandings about the influence of family finances on opportunities to eat healthily (Author, 2012). Such child-centred research therefore provides important insights into the complexity of children's relationships with food in everyday life. However, to date, opportunities for such insights to inform public health policy and practice have not been fully realised. In this paper, therefore, we report on findings from a study which explored how children make sense of food in their everyday lives and their understanding of the relationship between food and health, in order to consider how this child-centred focus might inform public health initiatives geared towards improving children's food knowledge and practices.

2. Method

The study comprised two phases. First, 53 children aged 9-10 attending two schools located in socioeconomically contrasting urban neighbourhoods in the North of England participated in friendship group interviews and debates. This age group was chosen to reflect an international focus on reducing obesity among children under 11 (WHO, 2008). Second, a sub-set of eight family case studies were carried out to explore familial experiences and perspectives (Author, 2011) and understandings of the relationship between food and health in more depth. All interviews were audio recorded and transcribed verbatim. All data were anonymised and children chose their own pseudonyms. Formal ethical approval was granted by the University of Sheffield Research Ethics Committee.

For phase one, a purposive sampling strategy designed to 'encapsulate a relevant range in relation to the wider universe but not to represent it directly' (Mason, 2002, p.121) was adopted. Two contrasting schools (School A, the more affluent, and School B, the more deprived) were identified using census data, eligibility for free school meals and local area knowledge. Following a week of familiarisation, during which the first author worked with children in each class, children were invited to take a letter and leaflet home if they were interested in participating in the research. Giving primacy to children's own consent and consistent with a view of children as research subjects in their own right (Christensen & Prout, 2002), parents were only required to respond if they wished to opt their child out of the project. Before each interview, key project information was recapped and children were

invited to ask questions before being asked to sign a consent form. In total, 53 children participated. Four children from School A were of minority ethnicity. The remaining children all identified themselves as White British.

For phase two, the sampling strategy was guided by the aim to ensure as diverse a sample of perspectives as possible, in order to facilitate conceptual generalizability of the findings. In total, eight children and their parents were recruited across the two schools (four children and four parents from each school). The guiding principles for the interview strategy were sensitivity to the potential power differentials between child participant and adult researcher and an aim to ensure the research process was as inclusive and enjoyable as possible (Westcott and Littleton, 2005). In phase one, children worked in small friendship groups of their own choosing, a familiar set-up for schoolchildren. First, children participated in a semi-structured interview, which worked through their everyday food encounters and thoughts about these. Describing specific daily events through storytelling can enable children to articulate their health-relevant ideas in relation to their own lives (Author, 2009) and help to avoid the simple repetition of well-rehearsed health information. Pictures of drinks and snacks were provided to prompt discussion and children were invited to create their own drawings. Children also participated in a debate using ten picture cards with a food-related statement on the underside. These expressed themes evident in the literature including, for example, Chocolate is bad for you; Eating healthily makes you feel good; If you eat lots of fruit and vegetables you can eat sweets and cake. Framing the activity as a debate was designed to

encourage children to critically engage with ideas rather than feeling compelled to give a "correct" answer. The interviews in phase two also included task-based activities: drawing what a healthy and an unhealthy person would eat and annotating pictures of two children showing how different foods affect the body. In both phases, task-based activities were used to promote enjoyment and stimulate discussion (Punch, 2002) and it was this discussion that constituted the data for analysis.

Preliminary data analysis was carried out in conjunction with data generation and used to inform subsequent fieldwork. We followed Braun and Clarke's (2006) six phases of analysis: familiarising yourself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report (p. 87). Consonant with a commitment to valuing children's perspectives, we sought to ensure our analysis was data-driven (an inductive approach) rather than attempting to fit the data into a pre-prescribed theoretical framework (a deductive approach). However, we recognise that explanations do not simply emerge from the data but more often are 'actively constructed' (Richards and Richards, 1994, p. 170). Explanations are like 'mental maps [...] that the analysis lays over bits of data to give them shape without doing violence to them' (Richards and Richards, 1994, p. 170). This idea of laying over interpretations onto data 'without doing violence to them' coheres very closely with our approach. Indexing and interrogation of analytical categories were repeatedly refined in conjunction with the project advisory group. The software package

NVivo8 was employed to facilitate data management (coding, retrieval, interrogation and storage).

In order to promote trustworthiness of the data, preliminary analytical categories were shared with the children and they were invited to comment upon and modify these although few chose to do so. Eager to retain children's enthusiasm for and engagement with the project, we endeavoured to ensure the feedback to children was as interactive as possible. The first author visited both schools and gave a brief verbal snapshot of some of the salient findings. Children were then asked to create a poster outlining what they thought about particular findings and whether anything should be done in light of them. However, children generally did not question or provide their own interpretations. Rather, the posters they created in both schools usually reiterated the findings that had been shared with them. Indeed, the children seemed to find it much more difficult to articulate any personal perspectives when drawing and writing and this contrasted with the often articulate responses provided during the interviews. This resonates with Backett-Milburn and McKie's (1999) warning that children can feel limited and restricted when asked simply to draw or write about their perspectives rather than talk about them. It may also take them back to a school learning frame.

3. Results

In this section we report interpretations of children's perspectives gained during both phases of data collection. We explore how and why children, in both of the schools, consistently emphasised the importance of families and played down the role of schools in the establishment of enduring food practices. Since children's views about the role of schools were frequently expressed in relation to and through comparison with families, we hone in on their ideas about families as a structuring framework. We begin by looking at children's foregrounding of family-based as opposed to individual food values. We then explore their ideas about the importance of early childhood and the familial context in the development of lasting food tastes and attitudes. We go on to discuss children's accounts regarding intergenerational family continuities in food practices and note the telling absence of school-based teaching and provision from these narratives. Finally, we look at the ways in which children justified their view that parents, rather than schools, should take ultimate responsibility for ensuring children eat well. Consistent with our child-centred focus, our interpretations privilege children's own understandings of healthy eating.

3.1 Food Values in Children's Everyday Lives

Children were able to readily articulate food-related understandings and values. Their discussion of food values made reference to both intrinsic and extrinsic properties; intrinsic value was attributed to foods that children understood to be nutritionally beneficial and

healthy. In this regard, children did frequently refer to school-based learning about which foods were 'good' for them and the importance of consuming at least five portions of fruit and vegetables per day. The intrinsic value attributed to some foods was clearly associated with moral judgements, communicated by children through the use of oppositional adjectives such as "good", and "bad" and, "right" and "wrong", which peppered their narratives. Indeed, throughout the fieldwork it became increasingly clear that children perceived food practices as inherently moral practices. Significantly, however, these food-related values and moral practices were strongly associated with family life, and the moral pursuit of eating healthily was perceived as a family rather than an individual enterprise. This was particularly evident in children's discussions regarding stereotypically 'good', fruit and vegetables. Rosalyn and Kerry, for example, are keen to highlight the size and diversity of their fruit bowls at home:

Rosalyn: And my fruit bowl's that big! (demonstrates size of fruit bowl)

Interviewer: Is it, wow!

Rosalyn: Yeah I fill...Kerry: (interrupts) My fruit bowl's that big with all the apples but my bananas are on side (laughs).

Rosalyn: I have grapes, plums, peaches.

Rosalyn and Kerry, School B

However, children also clearly understood that food and food practices were carriers of extrinsic values. These were constructed in children's discussions by reference to the benefits associated with food consumption practices; children described both the importance of food for demonstrating the characteristics and worth of their own family vis a vis other families and

for promoting family togetherness. As with intrinsic food values extrinsic food values were also articulated by children by reference, almost exclusively, to the family, rather than the school, food environment.

Children demonstrated their understanding and approval of their family food values through comparisons that they drew with other families: this was achieved either by emphasising "good" foods that they ate within their family, but which others did not, or by emphasising "bad" foods that were eaten within other families but which their own family eschewed. Here Bob talks about a recent visit to a friend's house:

I wouldn't let my children have chocolate spread sandwiches every day for lunch or like eat pancakes for breakfast and for tea, that kind of thing. 'Cos I once went to someone's house and they had pancakes for tea and not for pudding.

Bob, School A

Here, Bob also suggests that there are "right" and "wrong" contexts within which foods can be eaten. Puddings are permissible after the "proper food" has been consumed but should not constitute 'tea', a colloquialism for the main evening meal. This did not mean that children associated no value to foods that they did not categorise as "good", "nutritious" or "healthy". Indeed, children's narratives demonstrated that they associated significant extrinsic value to some foods which contradicted the healthy eating messages promulgated in wider policy discourses and, indeed, in the school context. Their reference to treat foods, within discussions

of family eating provides a compelling example of this. Often synonymous with what children perceived to be more unhealthy, yet tasty foods like chocolate, sweets, pizza and crisps, children frequently contrasted treats with fruit and vegetables. Just as they stressed that striving to eat healthily was part of everyday family life, having treats and celebrating with foods was portrayed as important for promoting family togetherness. Weekly treat nights and special occasions were particularly valued as opportunities for families to spend time together and enjoy themselves. Here Fred describes going out for a meal at a local Italian restaurant for his brother's birthday:

Fred: And then for the main course I had ... well, obviously it was pizza but it was massive! (gestures size with hands)

Bradley: Not quite that big! (all laugh)

Fred: Well it was massive, I managed to eat it but except the crust ... and then for pudding we had two, we ordered two giant, well not giant, ordinary-sized ice creams and I was full and so was my mum so we just shared it round a bit.

Fred, School A

Fred's employment of the adjectives "massive" and "giant" contrast with ideas of moderation and restraint more commonly articulated by the children in this study in relation to eating healthily. Here then, the value of these eating practices are not associated with their intrinsic healthfulness but with the extrinsic value that is evidenced through his excitement and enthusiasm about this special, shared family occasion.

3.2 Developing Enduring Food Practices in Childhood

Much health promotion effort, and children's learning about five a day in particular, focuses upon conveying understandings of "good" and "bad" foods, though this overt labelling may be actively avoided and indeed unintentional. However, in children's discussions it was clear that being able to identify "good" foods was insufficient; children also needed to develop a "taste" for such foods if they were to eat healthily. Furthermore, they suggested that the alliance of good foods with tastefulness needed to be learned within the family. Children, they argued, need to be presented with opportunities in which they can learn to experience healthful foods as, simultaneously, tasteful foods. Thus, children thought that enduring food practices would be established in childhood and in the context of family life.

Children described early childhood specifically as a time when children would develop a lasting enjoyment, or dislike, of certain foods. Whether children liked or disliked specific foods was, in their view, very much related to parental provision at this formative age. Selina, for example, describes her mother's current predilection for "unhealthy", "chocolate snaps" (chocolate crisp-shaped snacks) with reference to her grandmother's provision when her mother was a young child: "she loves her snaps so much because when she was a little kid my nan used to buy her about a hundred bags and they're only a pound a bag" (School B). Selina's grandmother had, in Selina's eyes, promoted opportunities for her mother to associate tastefulness with chocolate snaps, rather than healthy alternatives. Similarly, Hermione employs this reasoning to explain why, at school, other children tended not to choose the

sandwiches made with brown bread, which she believes to be the healthier option: "There's some brown bread but hardly anybody likes brown bread because when they were children they never got it so" (School B). Selina's reference to when her mother was a "little kid" and Hermione's phrase "when they were children" demonstrate the critical importance children attached to early childhood. Children reasoned that as they got older their tastes would become less malleable. Hermione's account in particular highlights what she perceives to be the futility of providing "healthy" food in the school context if this has not already been introduced in the home, familial context. Indeed, children consistently played down school food provision in terms of its influences on their food practices.

Closely related to this, children often discussed the importance of parents nurturing a conscious desire to eat healthily in their young children. Edward articulates the idea of developing a healthy eating identity as he talks about people becoming "healthy eaters": "If, if you eat healthily like when you're younger, then it'll probably encourage you to be a healthy eater when you're older" (School A). Similarly, Josh reasons that eating Weetabix (a wholegrain breakfast cereal) is good for you not only in terms of its nutritional properties but because children who eat Weetabix will not be adults who eat "rubbish": "And wheat makes you grow and it makes you healthy so you don't, so when you're older, erm when you're older so you don't eat all rubbish like chips, burgers and that" (School B). Children's narratives therefore conveyed a strong sense of linearity and futurity. Through their provision of "healthy" food, their promotion of opportunities for children to learn to ally healthfulness and

tastefulness, and through nurturing in their young children a conscious desire to eat healthily, parents' actions were deemed to be pivotal. Children thought that children who ate healthily and who had a positive attitude towards food would become healthy eating adults. This sense of linearity within the lifecourse was echoed in children's ideas about intergenerational continuities in food practices.

3.3 Intergenerational Continuities in Food Practices

Many children discussed perceived continuities in family food biographies: current family food values and practices were explained with reference to the past and deemed relevant for the future. School-based teaching and provision was notable in its absence from these accounts. Here Kelly gives a personal example of how intergenerational continuities are playing out in her family: "When they were younger my nannan she used to feed my mum fruit and stuff like that. But now my mum feeds us fruit as well because my mum takes after my nannan"(School B). In turn, children often discussed how they would bring their own children up in a similar way to how they had been brought up. In this way, children conveyed the idea that they would, in the future, actively continue to promote the practices and values, which their parents had nurtured in them:

I know that my parents have already done this when they were kids and erm their parents, their parents used to make them eat lots of things so they're making us and maybe, in the future, we might make ours.

Taylor, School A

This strong sense of longevity is beautifully captured by Bob and Nick as they describe how food practices "carry on in the family, how you were brought up" (Bob, School A) and situate intergenerational continuities within a historical context:

Nick: Yeah and they bring up their children the same.

Bob: Yeah and because of the, if like, I'm not sure if this is true but if like cavemen brought up their children healthily then they, well their children brought up their children healthily then they, well their children brought up their children healthily and the Vikings brought their children up healthily and they brought their children up healthily and then the Tudors brought their children up healthily, Victorians and then us.

Bob and Nick, School A

Although they acknowledged discontinuities in food practices, narratives of discontinuity were rare. However, Selina's comment on her grandmother's provision of chocolate snaps during her mother's childhood (noted earlier) does serve to emphasise discontinuity, as she implies that this is not something her own mother would do. Bex provides another example when she admits that she is a "fussy eater" (and therefore less healthy). She cannot understand why, because she and her cousin are the only fussy eaters in the whole family (School A). Bex sees her disjuncture from the rest of the family's (healthy) eating practices as surprising and strange as it jars with what she perceives to be normal intergenerational continuities. Across the

dataset, children clearly located themselves within a network of past, present and future family food practices; school did not figure in their accounts of continuity.

3.4 Parental versus School Responsibility for Ensuring Children Eat Well

In tune with their emphasis on family food values and continuities in food practices, both within the lifecourse and over multiple generations, children consistently highlighted parental rather than school responsibility for ensuring children eat well. Just as children highlighted that food provision in the home was much more important than that in the school, they thought that school-based teaching which contradicted family food values and practices would be futile:

Bex: Because like if parents didn't (take responsibility) the children wouldn't.

Nicky: The children would just go round and eat loads of junk food.

Phoebe: And like...

Bex: And they would like think its okay to just...

Nicky: Eat chocolate biscuits all the time and stuff.

Bex: Yeah and when they learn about it at school they would just be like, "Oh that's so wrong, my parents told me this."

Nicky: Yeah and like if they go round to someone else's house and they give them vegetables then they'd be like, "I don't, I don't eat these, my parents don't really do vegetables."

School A

In keeping with this, children were very critical of parents whom they perceived to be failing in their duty to teach their children how to be healthy. Hermione (School B), for example, discussing the practice of some parents who brought sweets for their children after school, says: "It's just not teaching the children anything, is it? It's just teaching the children to eat more sweets and er, some of the adults swear at the children sometimes." For Hermione, this practice goes against the children's frequently expressed idea that sweets are treats and should not be routinized as an everyday occurrence. The way in which Hermione relates the practice of bringing sweets into school for children, to parents swearing at children, highlights the recalcitrant nature of those parents who do engage in such activities and children's perception of parents as moral guides in relation to eating healthily.

Though they enjoyed recounting examples of how they both facilitated (for example, persisting with trying foods they disliked) and resisted healthy eating (for example, sneaking sweets into the supermarket trolley and pinching chocolate from the kitchen cupboards), children's narratives showed that they recognised and valued their parents' efforts to ensure they ate healthily. Selina, for instance, describes how her mother's food-related care is demonstrated through the act of chopping up strawberries into the shape of love hearts and drawing a smiley face on oranges that go in her packed lunch box (School B). Children's accounts, however, testified to what they perceived to be the School's *lack* of food-related care : Aaron, for example, describes his disgust when, having reminded a school dinner lady that he is

vegetarian, she proceeds to scrape off a meal containing meat from his plate before serving him the vegetarian option (School A).

Further, school was portrayed as a place in which rules, which did not always make sense to the children, dominated. Fred, for example, is critical of his school's policy not to allow any chocolate, sweets or crisps to be consumed at break as this jars with school teaching about moderation. He concedes, however, that some of the younger children might be unable to moderate themselves: "They should make a rule where you're allowed to bring them in like twice a week . . . well yeah, maybe not for the year threes, some of the year threes would go a bit wild" (School A). As the quotes above illustrate, school food provision, teaching and regulation were given short shrift by the children in terms of their influence on food values and healthy eating practices.

4. Discussion

Despite recent attempts to position schools as key sites for public health, children, as we have shown, consistently emphasise the importance of families and play down the role of schools in the establishment of food-related values and enduring food practices. Mobilising insights from contemporary research on families and relationships, particularly the notions of "connectedness" (Smart, 2007) and "mutual relationships" (Frankel, 2012), we now consider the implications of this important empirical finding for public health policy that is geared towards influencing children's diets, food knowledge and practices.

Our finding that children understand food practices as inherently value-based, moral practices is significant. It demonstrates that children, like adults, are highly sensitive to the "moral imperative" to engage in health-promoting behaviours (Popay et al., 2003, p.3). However, in contrast with neoliberal framings of personal responsibility for health, children viewed this endeavour as a family rather than individual pursuit. Echoing work by Author et al. (2009) and Knight et al. (2014), children also position themselves firmly within both past and future familial networks. Smart's (2007) notion of "connectedness" is helpful here as she argues that we need "an awareness of connection, relationship, reciprocal emotion, entwinement, history and so on" (p.189). She draws on Gross's (2005) concept of "meaning-constitutive traditions", which "involve patterns of sense making passed down from one generation to the next" (p.288). In relation to health specifically, this resonates closely with Weisner's (2002) emphasis on the importance of "meaningfulness" for what he terms a family's "ecocultural pathway": the different elements shaping opportunities for health and how resources for health are utilised within families. Weisner defines meaningfulness as "the moral and cultural significance of the daily routines to the family members" (2002, p. 276). He argues that if family members understand and value the everyday routines and practices in which they participate they will be much more likely to sustain them. Indeed, children's accounts in this study demonstrate that their family's food values and practices are meaningful and significant to them and these are associated with both intrinsic and extrinsic rewards.

Children's emphasis on the role of parents in conveying and nurturing these values in their children coheres with recent work showing that children consistently perceive parents to be the most effective providers of moral education (Frankel, 2012). Frankel (2012) harnesses the notion of "mutual relationships" (p.6), defined as relationships in which parents can act in 'a knowledgeable and concerned way for their children' (p.6) to conceptualise this. He argues that within the context of mutual relationships, children view their parents as knowing and caring for them well. Consequently children tend to recognise their parents' motivation in encouraging them to behave in particular ways and therefore often feel a "sense of duty to do what is right" and accept correction when they do not (Frankel, 2012, p. 6).

As well as helping conceptualise children's ideas about the importance of parents in nurturing positive family food values in their children, the notion of mutual relationships also provides a way into understanding children's down-playing of the role of schools. In schools, very different power dynamics to the home are at play so that children and teachers do not generally enjoy mutual relationships. This makes it difficult for children to accept teachers as moral guides. Reflecting this, schools, in both this study and that of Frankel (2012), are described as arenas in which rules rather than relationships dominate. While children in this study were very aware of their school's stance on eating healthily and talked frequently about health *information* they had gleaned from school teaching, they nonetheless emphasised the role of families in the establishment of enduring *values* and *practices*. Schools are thus seen as

secondary arenas for the promotion of morally-laden behaviours, including health-relevant practices such as healthy eating.

Children's emphasis on the importance of childhood as a critical period in which food values and practices develop and become established echoes previous research with adults (Hesketh et al., 2005; Devine et al., 1998). In Hesketh et al.'s (2005) study, for example, parents generally agreed that "behaviours are shaped early in life and . . . largely entrenched by the time children reach school age" (p.23). Mayall (2001) reflects that "a common and virtually universal theme (in children's and adults' narratives) is that childhood is a time for learning what you need to know for later life" (p.121). Children in this study can therefore be seen to be drawing upon cultural constructions of what it is to be a child and, to some extent, reflecting dominant framings of children as empty sponges ready and able to soak up knowledge that is conveyed to them. However, we would argue that our findings do not validate public health's tendency to position children as passive recipients of health promoting measures. Rather, as Frankel (2012) contends, children's conceptualisation of parents as "moral guides" does not deny their own agency but rather demonstrates that they "recognise they need a positive set of experiences on which to build their lives" (p.148). Indeed, children frequently demonstrated their agency within family food negotiations in terms of both resisting and facilitating healthy eating.

Overall, our findings suggest that children have a strong sense of "connectedness" (Smart, 2007) to their families and that because they enjoy "mutual relationships" (Frankel, 2012) children value parents as moral guides in relation to their developing food practices. In contrast to Backett-Milburn et al. (2011) who found that middle-class teenagers were generally more approving of their parents' food preparation and provisioning than were their working class counterparts, children from both schools in our study generally spoke very favourably of their parents' efforts. However, we do not believe this means we can dismiss the role of schools in influencing children's food knowledge and practices altogether. Indeed, in the context of high levels of childhood obesity (Ng et al., 2014), public health can ill afford to 'throw the baby out with the bath water'. Due in large part to the heterogeneous and thus challenging nature of services and settings where families might be engaged in health promotion before children reach school age and outside the school context (Hesketh et al., 2005, p. 25), targeting families alone would lead to missed opportunities to influence both children and their parents. Instead, public health interventions must seek to resolve the apparent disconnect between family values and school-based regulation and teaching about food. We would argue that teaching in the school context should start from the premise that children already have a lot to say and share in terms of their family-based food values. Furthermore, although admittedly schools cannot replicate the mutual relationships often enjoyed within families, care should be taken to avoid contradictions and ensure consistency between school teaching and school regulations at the very least. Providing clear rationales for

regulations and how they relate to teaching will also help make healthy eating messages become more meaningful for children within the school context.

In conclusion, through foregrounding children's everyday meaning-making in relation to food, we have highlighted a dissonance between contemporary public health policy and the lived experience of children. While public health policy positions schools as key sites for intervention, children view schools as marginal with respect to food-related understandings and instead emphasise the importance of families in the creation of enduring food practices. The research highlights the value of listening to children and applying our understanding of their perspectives to ensure that public health initiatives work with the important influences on their diet and health that they themselves identify.

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