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Everyday Family Food Practices

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Abstract

This chapter considers the debates around childhood obesity and focuses on UK public health campaigns, such as Change4Life, aimed at children and their parents. It aims to broaden the childhood obesity debate commonly discussed in the UK public health literature by using Childhood Studies to critique everyday assumptions that seem to be made about children in public health policy. The chapter considers views and perspectives of children, thereby challenging assumptions that children are 'passive vessels' to be filled, suggesting instead that children play an active part in everyday family feeding practices. The family as a context for the negotiation of everyday food practices is explored and the dichotomous relationship of parent and child considered. Reflections are also offered on the fluidity and complexity of family structures and the importance that food plays within the context of everyday family life and how food provisioning impacts on intergenerational relationships within the family. The chapter finishes by exploring perceptions of 'proper' or 'real' food and its perceived importance for children. While the health literature assumes that children are simply recipients of parental feeding, this chapter highlights research that shows that children also construct their own understandings about the healthiness of food and that they are active participants in negotiating family food practices. Through exploring studies situated within contemporary childhood and families research, the chapter affords a much more nuanced picture of everyday family food practices and children's roles in those practices than is often presented in childhood obesity discourses.

Keywords: children, parents, family practices, food, eating, health, obesity

Introduction

Family food practices have come under intense scrutiny in the context of popular debate and policy concern with high levels of childhood obesity in the majority and, increasingly, the minority world

(World Health Organisation (WHO), 2012). Globally, over 170 million children (aged less than 18 years) are now estimated to be overweight (WHO, 2012, p. 13). Concern focuses on both the serious consequences for children's present-time physical and emotional health as well as forecasted increased morbidity (including diabetes, cardiovascular disease, cancers and osteoarthritis) and mortality as overweight and obese children become overweight and obese adults (Chinthapalli, 2012). The WHO proclaim that:

Due to the rapid increases in obesity prevalence and the serious public health consequences, obesity is commonly considered one of the most serious public health challenges of the early 21st century (WHO, 2012, p.13)

In the UK, the rapid expansion of food banks, testament to a growing number of families facing food insecurity and poverty, also places everyday food practices firmly in the spotlight. Taking a practice-based approach (Warde, 2005) focusses attention on the routine and often mundane or taken-for-granted nature of food in everyday life (Jackson, 2009; Punch, McIntosh and Emond, 2011). It hones in on the ways in which 'social structures like 'the family' are reproduced through the endless repetition of routine activities' like cooking and eating (Jackson, 2009, p.5) and explores how everyday rituals around food overlap and interrelate with other aspects of social life including caring and health-relevant practices. Within this, then, food is afforded not only nutritional but also symbolic value as it is recognised as 'something that can stand for thoughts, feelings and relationships' (Punch, McIntosh and Emond, 2011, p.1). The ways in which both parents and children understand, influence, contribute to and participate in family food negotiations, in the ebb and flow of everyday life, take centre stage.

This chapter begins by discussing how parents and children have been positioned in childhood obesity discourses within both the research and policy context. Though the chapter focuses on the UK context, parallels may be drawn with the public health landscape elsewhere and, in particular, with other contemporary initiatives such as the 'Go for 2 and 5' campaign in Australia and the 'Let's Move' campaign in the USA amongst others. Following this, contrasting understandings, drawing on the Social Studies of Childhood, are outlined and their relevance to children's health-relevant practices, including food, are explored. Children are then considered in the context of families with an emphasis on the everyday interactions that make up family life. The next section explores the ways in which these insights from the social science literature have helped to produce a more nuanced picture of the complexity of everyday family food practices than that which is seen in contemporary childhood obesity discourses. Both parents' and children's subject positions in everyday family food practices are considered and competing explanations for different levels of

participation by children within family food negotiations explored. The importance of food as a means of building and maintaining important relationships is also explored through recent studies focussing on children within families and children living in residential homes. In this way, food becomes an important resource for demonstrating love and care. However, the way in which food can become both a source of tension and a means of asserting control is also highlighted. This is considered particularly in relation to tensions between parents and grandparents regarding the suitability of food provided to children. Notions of 'proper' food are discussed and the chapter demonstrates that it is not just parents who are aware of and engage with these notions but children too. Indeed, the review highlights children's awareness of the perceived healthiness of different foods as well as their sophisticated understanding of how financial resources may relate to opportunities to eat healthily. In this way, the chapter does not provide an exhaustive review of literature concerning families and food but rather reviews a selected body of literature, informed by insights from the social science, which helps to unpick and create a more nuanced understanding of everyday family food practices.

Family Food in the Spotlight

Despite evidence that both adults and children fail to meet current nutritional guidelines, it is children's diets which have come under the closest scrutiny and indeed received the most criticism. Curtis, James & Ellis (2011) neatly summarise the situation: 'Criticisms of British children's eating practices are so widespread as to be commonplace, almost every-day occurrences' (p.65). Further, they highlight the inconsistency and incongruity of contemporary childhood obesity discourses which position children as actively rejecting 'sensible' eating choices whilst simultaneously portraying them as passive 'victims of irresponsible parenting practices' (2011, p.65).

In support of the idea that children actively reject sensible eating choices, numerous studies have drawn attention to children's preference for unhealthy, socially acceptable food (Warren et al., 2008). Children's mischievous strategies for getting their own way, including pestering (Martens, Southerton & Scott, 2004) are all emphasised in the obesity literature. The task of proving healthy food and encouraging children to eat healthily is thus portrayed as a significant challenge for parents particularly in the context of contemporary debates surrounding the notion of 'good' parenting. Stewart et al. (2006) suggest that, on the one hand, good parenting is increasingly associated with

offering 'greater freedom, autonomy and choice for children' (p.334). In relation to family food practices, this would equate to increasing choice and ensuring that mealtimes are enjoyable as well as functional. However, research shows that children who are offered extensive food choices are less likely to adhere to recommended nutritional intakes (DIUS, 2005), which goes against this idea. On the other hand, parental strategies such as offering food-based rewards for carrying out certain activities or chores (like tidying a bedroom) or for eating certain foods (like cake for cabbage) have also been shown to have negative consequences. Such strategies may actually increase children's preference for the food used as a reward while simultaneously decreasing their preference for the other food (Hursti, 1999). In this way, achieving the right balance of control and choice in the family food environment is portrayed as highly problematic.

Parents' personal food biographies and behaviours and their social backgrounds are also implicated in the childhood obesity debate. Curtis et al. (2011a) highlight that parental behaviour has consistently been identified as having the greatest influence on children's eating practices. However, Curtis et al. (2011a) also emphasise that since it is women who generally take on primary responsibility for family food provision (James et al., 2009), it is women who are viewed as having the most significant influence on the development of children's eating habits and the creation of family food environments (Hood et al., 2000).

Parents, particularly mothers, are perceived as important role models for their children's developing preferences, practices and weight status (Hood et al., 2000). Indeed, research demonstrates that an increase in the availability of fruit and vegetables in the home only translates to children eating more fruit and vegetables when parents also eat these foods in the home environment (van der Horst et al., 2007). Parents, therefore, are portrayed as key players in terms of provision, regulation and modelling and this is clearly reflected in the UK's £75 million Change4Life campaign, launched in January 2009. Honing in on the Change4Life campaign offers a pertinent case study for reflecting upon how family food practices figure in the contemporary obesity discourses.

The Change4Life campaign's overarching aim is to 'reduce the percentage of obese children to 2000 levels by 2020' (DH, 2009, p.5), with its progress evaluated through the National Child Measurement Programme, delivered through schools. The programme's three key objectives are 'to encourage target groups to:

1. Be aware of the risk of accumulating dangerous levels of fat in their bodies and understand the health risks associated with this condition
2. Reduce overall calorie intake and develop healthier eating habits. In particular by:
 - Cutting down on foods and drinks high in added sugar
 - Cutting down on foods high in fat, particularly saturated fat
 - Reducing frequency of snacking in favour of regular balanced meals
 - Eating more fruit and vegetables (increase 5-a-day habit)
3. Increase exercise by engaging in regular physical activity, with particular emphasis 'on parent/child activities and by avoiding prolonged periods of inactivity or sedentary behaviour'. (DH, 2008a, p.3)

The expressed focus on 'long term prevention' and working against the 'conveyor belt' of excess weight in childhood leading to adult overweight or obesity is provided as justification for directing their efforts towards families (DH, 2008a). The central message of the campaign is 'eat well, move more and live longer'. The marketing activities employed aim to 'drive, coax, encourage and support' people to do this (DH, 2009, p.3) by inspiring 'a societal movement through which government, the NHS, local authorities, businesses, charities, schools, families and community leaders' can all help to improve children's diets and physical activity levels (DH and DCSF, 2010, p.7).

Curtis et al.'s (2011a) critique of the simultaneous framing of children as both active agents and passive vessels in current obesity discourses is certainly evident in the Change4life literature. Although the programme's declared focus is on families, parents are deemed responsible for 'instigating healthier behaviours amongst their children that will serve them well as they grow up' (DH, 2008a). Parents are thus the real focus, a point made explicit in this statement: 'we are particularly targeting parents with younger children (0-11) and those who are pregnant or attempting to become pregnant' (DH 2008a). Children are portrayed as passively copying those around them and soaking up health information like sponges. There is no reference to children's active interpretation of people's behaviours or indeed how children may take decisions, which are different from those around them. The phrase 'Here are a couple of tips for getting some [fruit and vegetables] into them' (DH, 2009, p.4), for example, has connotations of feeding a baby or coercing a toddler. In this framing, children are impassive objects to be fed not active beings that can opt for or even enjoy eating fruit and vegetables.

In the few instances where children's active participation in family food practices is highlighted, this is largely limited to negative health behaviours. In the same leaflet, for example, the warning 'Don't let them skip breakfast' implies that, left to their own devices, children would take the opportunity to miss a meal and subvert parental control. This is perhaps also motivated by a desire to divert blame away from parents and to avoid disengaging (or disgruntling) those parents who are seen to be reluctant to engage with public health messages and professional advice. In this instance, children's agency is emphasised and children are portrayed as actively shaping (or rather actively *trying* to shape) their own diet albeit in an undesirable way.

A more nuanced approach, however, is evident in the campaign's recognition that parents 'have to work *with* their kids, not *against* them' in the Principles and Guidelines for the Government and NHS (DH, 2008a, emphasis added). The importance attached to working with children is also reflected in the aim to make all campaign typography, logos and language 'child friendly' and an alphabet of active cartoon characters is used for the logo, with bright colours and 'snappy' and 'memorable' language. For example, 'children eating to their appetite, via appropriate control of serving size' is rephrased as 'me size meals' (DH, 2008a). Other promotional material such as the 'Time for Change' poster seems designed to appeal to both children and parents. Catchy phrases such as 'Give peas a chance!' and 'It's just mind over batter!' with amusing cartoons could stimulate children's interest but the associations with 'Give peace a chance' and 'It's just mind over matter' may be more for the benefit of parents (DH, 2008b).

The Change4Life literature also identifies 'at-risk' families, 'clusters of families who are most at risk of becoming overweight' (DH, 2008a, p.5), predominantly those families living on a low income (DH and DCSF, 2010, p.13). So these families, identified in preliminary research for the campaign, are 'particularly those with low socio-economic status, (for whom) concerns about a poor diet and low activity levels were not a high priority' (DH, 2008c, p.12). In sharp contrast, the only healthy cluster identified is described as 'affluent, older parents' (DH and DCSF, 2008, p.42) who 'take food very seriously. They are interested in organic, environmentally friendly and Fairtrade products' (DH 2009, p.49). Colls and Evans (2010) emphasise the classed overtones in this description but also highlight the DH's articulated awareness that 'health is tied to the notion of middle class lifestyles' (DH and DCSF, 2008, p.12). Thus family food practices are portrayed as being inextricably linked to socioeconomic position or social class.

Fairbrother et al. (2012) highlight that there is a wealth of research demonstrating that 'people in lower socioeconomic groups have less healthy diets in terms of fruit, vegetable and fat intake' (p.528). Despite evidence that structural factors like cost, accessibility and availability of foods are key to this inequality, however, public health policy has tended to depict eating healthily as a lifestyle choice and has focussed on improving knowledge and awareness of the benefits of eating healthily (Attree, 2006). The recent exponential rise in the number of food banks in the UK (Lambie-Mumford et al., 2014), also attests to the reality of food insecurity and food poverty for many households. Lambie-Mumford et al. (2014) argue that food bank usage represents just the tip of the iceberg in relation to food insecurity as they highlight that turning to food aid is a 'strategy of last resort' when families have exhausted all other avenues like 'cutting back and changing eating and shopping habits, juggling budgets, turning to family and friends' (p.7). Whilst a number of studies have explored parents' experiences of trying to juggle food budgets to make ends meet, until recently, children's perspectives on the relationship between family finances and family food practices have been neglected. This contrasts with a growing body of research which emphasises children's active role in making sense of and participating in their everyday lives (Corsaro, 2003).

Positioning Children

Adults are recognised as having greater power than children (Matthews, 2007). Children are subject to separate laws and a separate United Nations convention of rights, they lack certain civil and political rights, they are considered dependents within the family and their needs rather than their rights are emphasised in social policy. As such, children have traditionally been viewed as objects or 'sociological projects' (Christensen, 2004; Mayall, 1998) or portrayed as empty vessels waiting to be filled with knowledge from and by adults. It was hence seen as an adult responsibility to socialise children and to teach them to be culturally aware (Parsons, 1956). It is this assumed unawareness of children that placed children in a secondary and disadvantaged category where they were seen as lacking in the necessary rationality to make sense of the world (Piaget, 1955).

The Social Studies of Childhood considers children as actively constructing their own lives. Recognition of children as social actors requires and validates researching children in their own right and a growing body of literature 'explores the sense that children make of their worlds' and 'provides evidence that children actively construct them' (Matthews, 2007 p.324). Research emphasising children's position as social actors provide evidence for children participating in and

creating their own peer cultures (Corsaro, 2003) but also how they participate in social life more broadly (Buckingham, 2000). These studies show that children are not merely passive recipients of socialisation but active and reflective. In relation to health research, however, adult or 'adultist' perspectives have dominated research agendas with three main consequences (Christensen, 2004). First, there has been an emphasis on the role of adults to the exclusion of other multiple factors which may be important in shaping child health. Second, renewed interest in the lifecourse perspective has led to an epidemiological concern with child health solely as a predictor of population health. Third, there has been a focus on objective measures of child health and a neglect of the underlying processes and complexities, including children's own contributions to their health.

Children's narratives demonstrate that child-adult relationships and adults' understandings of childhood and children are key 'structuring features' of their everyday lives. Further, different settings, such as the school and the home, offer different opportunities for children's agency. In the field of health research, this is hardly considered. Mayall (1998), however, found that at home child-adult relationships were flexible and contingent but at school, adult ideas of childhood and children were more rigidly defined and upheld, which allowed children less space to exercise their own agency. It is important to consider differences in the lived experiences of children at different stages of childhood. For instance, although Mayall (1998) argues that that primary school aged children had more opportunities to look after their own health within the home, James, Curtis & Ellis (2009) found that secondary school aged children were able to exercise greater control over their food choices in school, where food choices were more easily edited and selected. Of course these choices are also constrained by what food is offered and how much money children have; in addition to the different stages of childhood, James and Prout (1997) strongly critiqued the tendency to homogenise children. Instead they emphasised the heterogeneity of contemporary childhoods both within society and also within the different settings in which children carry out their everyday lives (Matthews, 2007). The importance of looking at different settings in which children carry out their lives was also highlighted by Mayall's (1998) study, which showed how the home and school environment contrasted in terms of children's agency within them.

Since adults have significant power over children, children's agency in everyday life is therefore enabled, constrained and expressed very much through their relationships with key adults. Hence, framing children as active participants is not without its risks. By asking children to pledge to change their diet (DH and DCSF, 2010), for example, the Change4Life campaign risks neglecting children's context and opportunities for physical activity and access to more healthy foods as defined in the

campaign. In this way, while the new paradigm can help those involved in public health policy to consider children's potential agency in making 'healthy choices', it must also acknowledge that these choices are constrained or restricted by differential access to resources or indeed different opportunities to exert their agency, depending upon their relationships with parents or carers.

Doing Family

The emphasis on children's relationships, particularly familial relationships, has important implications for contemporary debates around children's health and wellbeing. Morgan's (1996) notion of 'family practices' has been particularly influential in helping to move away from a fixed idea of 'the family' towards describing families in terms of what goes on within and what is worked out through the interactions of family members. Morgan (2011) identifies five key features of the family practices approach. Firstly, the notion of family practices conveys 'a sense of the active' (p.6). The focus is on how individuals go about 'doing' family rather than the more passive idea of 'being' family. Second and related to this is the idea of the 'everyday' (p.6). The taken-for-granted activities of daily living and the life-events which figure in the lifecourse of the majority of the population are the very essence of the everyday process of 'doing' family. Morgan's third emphasis is on 'fluidity' (p.7). Who counts as family and what counts as family practices may change depending upon the circumstance and who asks the question. This marks a significant shift away from the idea of a static and bound family unit. Fourthly, history and biography are also implicated. Morgan emphasises that family practices may be influenced by contemporary legal, economic and cultural constraints and ideas; they do not start from a blank slate. Finally, and this point is only emphasised in Morgan's updated work, *Rethinking Family Practices* (2011), the notion of family practices carries with it a sense of reflexivity. This is both on the part of the researcher (how the researcher shapes what they are observing) and also the research participant (how they reflect on their participation in 'doing' family).

This emphasis on 'doing family' rather than 'being' family provides a way into understanding the diversity of contemporary family groupings and the different ways in which families may change over the lifecourse. Smart, Neale & Wade (2001) highlight how increased geographical mobility and migration, divorce, separation and re-partnering mean that the idea of a singular and static family is no longer possible and children and parents may spend their time in several different households. Silva and Smart (1999) warn, however, that although family practices are changing, particularly

viewed in terms of a person's lifecourse, the actual amount of change within and across families has often been exaggerated in popular and policy discourse. They refute the idea promulgated in the individualisation thesis (Beck and Beck-Gernsheim, 2002) that family ties are being weakened and assert that families still play a crucial part in 'the intimate life of and connections between individuals' (p.5). Williams (2004) supports this and argues that families still matter to people. She asserts that social changes, rather than weakening family links, mean that individuals must become 'energetic moral actors, embedded in webs of valued personal relationships, working to sustain the commitments that matter to them' (p.41). This focus on the active, purposeful participation of family members within and potentially across different households, rather than a focus on biological relatedness or marriage ties, makes most sense when we focus on families as 'doing' rather than 'being'. Silva and Smart (1999) summarise this neatly:

In this context of fluid and changing definitions of families, a basic core remains which refers to the sharing of resources, caring, responsibilities and obligations. What a family is appears to be intrinsically related to what it does (p.6)

Morgan's (1996) notion of a 'doing' family also resonates with the ways in which children make sense of and define families. Morrow (1998), for example, found that children had an 'accepting, inclusive' understanding of family and who counted as family members. Children's views of family life included a diversity of family practices and structures and did not focus on blood ties or the nuclear norm (p.vi). For children, regardless of their gender, ethnic background and location, the key characteristics of family were love, care, mutual respect and support: they focused on 'what families do for children in terms of provision of material and emotional support' (Morrow, 1998, p.28). This coheres with other studies which have found that children focus on the quality of relationships (Brannen, Heptinstall & Bhopal, 2000; Smart et al., 2001). O'Brien, Alldred & Jones (1996), for example, note that children who perceived that their absent fathers no longer provided adequate love or care were likely to exclude them from their definition of who counted as family. Mason and Tipper (2008, p.441) point to other studies which have shown that children and young people are reflective and creative in how they define family and how they view family membership, which may include members of their household, pets, a variety of relatives (both living and dead) and, sometimes, those living in different households (Brannen et al., 2000; Morrow, 1998; O'Brien et al., 1996). That children feel able to negotiate and redefine who counts as family arguably reflects a socio-legal and cultural context where their ideas and perspectives are welcomed albeit to different extents and it is recognised that these ideas and perspectives may be different to those of adults

(Mason and Tipper, 2008, p.457). This coheres with Alanen's (2001) understanding of generations at a micro and macro level.

The focus on fluidity in terms of what actually counts as family practices (as well as who counts as family) is also particularly relevant for health research. Christensen (2004) notes: 'Health practices are woven into the everyday life of families as they try and establish sustainable routines' (p.381). This echoes Morgan's point that family practices may overlap with other practices like class and gendered practices. Health practices might also be included here too. Indeed, Morgan talks about using 'family' as an adjective rather than a noun, one lens among many by which to 'describe and explore a set of social activities' (p.5). He also highlights that the way in which practices are defined depends upon both the perspective of the participant and that of the researcher. The key to defining practices as family practices is the understanding that the practice is carried out with reference to another family member. However, the argument is circular since family members will be defined as such because practices are directed towards them. James *et al.* (2009) neatly articulate this reciprocal, relational nature of Morgan's notion of family practices:

A view that envisages family as an ongoing and dynamic set of social relationships that are actively 'lived', rather than as a set of roles that are simply inhabited. (p.36)

James *et al.* (2009) draw on Morgan's notion of family practices, and assert that families are nevertheless 'constituted structurally in terms of the relational identities of parents and children' (p.37). Similarly, Smart *et al.* (2001) successfully argue that within this new formulation children can be 'actively engaged in negotiating their own family practices' and reflective about their role in this (p.18). In other words, a family practices approach in which the emphasis is on how family members connect with and commit to each other, opens up the possibility of children actively participating in, contributing to and influencing family life including health practices. In this respect, Alanen's (2001) concept of generation, aids focus on the relational nature of childhood and how the power differentials between adults and children are played out in everyday family life. She argues that 'the two generational categories of children and adults are recurrently produced... through relations of connection, and interaction, of interdependence' (Alanen, 2001, p. 21). This contrasts sharply with more simplistic notions of children as dependent upon their parents, which is often implied in contemporary child health debates.

James *et al.* (2009) also draw on the work of Zeiher (2001) who, in her study of the division of domestic labour in German families, characterises children's relationships with family members as

simultaneously 'dependent, independent and interdependent' (p.37). For Zeiher, how children are positioned (or how they position themselves) within their families is fundamental to the everyday process of 'doing' family. She also points to how wider societal trends have influenced children's positioning within and participation in the day to day process of doing family. On the one hand, children have increasingly been viewed as autonomous social actors but, on the other, the expansion of compulsory education means that they are now socially and economically dependent upon their parents for longer. She argues that these trends have resulted in three different patterns of family interaction and, with these, the production of different child identities. In some families, childhood is viewed as a project and every opportunity must be seized to further children's development and education. Although to some extent scaffolded by their parents, these children's engagement in leisure and extra-curricular activities provides a space for them to establish their identities beyond the family context. In other families, parents' care and constant presence extends to all areas of children's lives, leaving them little space in which to carve out identities beyond the family. A final pattern sees children taking on domestic responsibilities within the family, which Zeiher views as helping to foster a more 'egalitarian, interdependent relationship' with their parents (James *et al.*, 2009, p.38). James *et al.* (2009) highlight that both Alanen and Zeiher's work demonstrates that different family practices, informed by different understandings (among parents and children) of what it is to be a child may promote or limit the extent to which children participate in the 'making and doing of family' (p.38).

Morrow (1998) found strong variation in how much children felt that they were listened to within families and some children were acutely aware of the potentially problematic nature of decision making within families (p.vii). In a similar vein, Rigg and Pryor (2007), in their study with 9 to 13 year old children in New Zealand, found that children were 'willing and able to articulate themselves' within the family context but this did not necessarily translate into a desire to take on decision-making responsibilities. Children made a clear distinction between participation and responsibility. Again this complicates the simple dichotomising of the parent child relationship in health messages which position the child as being wholly dependent or, conversely, entirely responsible for their own eating practices.

Finch's (2007) notion of 'family display' also helps to take these debates about 'doing' one step further. Building upon Morgan's family practices approach, Finch argues that:

Display is the process by which individuals and groups of individuals, convey to each other and to relevant audiences that certain of their actions do constitute 'doing family things' and thereby confirm that these relationships are 'family' relationships (Finch, 2007, p.67).

James and Curtis (2010), drawing upon their study exploring child-adult relations through the lens of food, argue that both children's and parents' narratives of family life and eating practices work as tools of family display. They provide, for example, a revealing pen portrait of Sheila, a mother who is at pains to display her own family's health practices by contrasting them with those of another family eating in close proximity at an eat-as-much-as-you-like pizza restaurant. While Sheila condemns the other family's greedy practices at the restaurant and alludes to their ample body shapes (presumably as evidence of their over-indulgent tendencies), she is keen to emphasise that her family really enjoy the salad option and only consume a small amount of pizza. Here then, Sheila is making sense of and displaying her own family's practices by contrasting them with those of another family. Emphasising their departure from what she perceives to be healthy eating serves to reinforce her family's more balanced approach to eating. Importantly, however, the authors also reflect on the relevance of the situated nature of the interview context within a broader context of widespread concern with rising levels of childhood obesity. They argue that narratives like Sheila must, therefore, be regarded as 'heightened forms of display and also as particular snapshots in time' (p.1175).

Food, Eating and Everyday Family Life

In her seminal work *Feeding the Family*, DeVault (1991) anticipates Morgan's (1996) 'family practices' approach as she argues that, rather than being about a collection of individuals, it is through everyday activities like eating together that families are constructed (p.15). Morgan correspondingly argues that exploring the everyday negotiations around food and eating is likely to reveal both 'the fluidity of contemporary family relations as well as the durability of some family practices and structures' (Jackson, 2009, p.5). In this way, exploring family food practices provides a way into understanding more about how both parents and children influence, contribute to and participate in 'doing' family. Such an approach can help us to move beyond what Curtis, Stapleton and James (2011) define as the 'hierarchical, unidirectional understanding of intergenerational relations' which they perceive to dominate the literature related to childhood obesity (p.429) and help to generate more nuanced understandings of the complexities of family food negotiations.

In relation to roles and subject positions, in their recent study with 11 and 12 year old children from socio-economically and ethnically diverse schools, James et al. (2009) found that mothers still do much of the family feeding. Despite claims that families are becoming more equal, mothers did the majority of the food shopping, preparation, and accommodating for differences in preferences. Although there were families in which fathers were more instrumental in contribution to feeding practices, in these families food cooked by fathers was presented as being something 'a bit special' or else 'helping out' with the children when particular circumstances arose. Without exception, when asked who their favourite family cook was, all children concluded, 'mum'.

In relation to children's participation, however, the picture appears to be more complex within the social science literature than that presented in public health discourses. Within this, two main explanations have emerged to account for differences in children's participation in everyday family food practices. First, the extent to which children participate has been linked to families' socioeconomic background. Backett-Milburn et al., (2011) for example, in a study with young teenagers found very different views among what they defined as working class and middle class parents and teenagers with regards to teenagers' participation in family food practices. They took social class to mean: '... a hierarchical (and unequal) framework of relationships which arise from the social organisation of labour, education, wealth and income' (p.78). For the purposes of their study, the authors used parental occupation as a proxy for social class. Working class parents described how their teenagers increasingly made their own food choices at home and often ate different food at a different time and place to their parents. In explaining these practices, they referred to limited food budgets and the importance of not wasting food. This resonates with Dobson's (1994) study which found that, in a bid to avoid waste, mothers on a low income provided food which they knew their children liked. Although in Backett-Milburn et al.'s (2011) study working class parents did talk about trying to provide healthy food at home, they reflected that teenagers' eating behaviours ranked low down in their 'hierarchy of worries' about teenage health-relevant behaviours including poor school performance, drugs and engaging in relationships with a 'bad crowd' (p.81).

The middle class parents, in contrast, described the high priority they placed on 'moulding eating practices'. They described different strategies like controlling portion sizes, ensuring their children consumed an ample intake of fruit and vegetables by hiding them in soups or stews and actively supervising and regulating their teenagers' diets. In this way, eating practices were portrayed as a 'family project' (Backett-Milburn et al., 2011, p.82). Both sets of parents, however, talked about the

increasing challenge of influencing children's food intake through the teenage years. In contrast to the differences in their parents' narratives, the teenagers from both working and middle class families thought that they had little control at home (mothers were portrayed as exerting the most control) and surprisingly few admitted to trying to 'bend rules' or change parental provisioning. However, whereas the middle class teenagers generally approved of the food provided and prepared for themselves and the rest of the family, the working class teenagers talked more about preparing food themselves and their narratives indicated a greater autonomy with regards to where and what they ate, echoing other studies in which the most economically disadvantaged groups of children report the most freedom (Backett-Milburn et al., 2011). In Backett-Milburn et al.'s (2011) study, then, socioeconomic position is shown to be highly significant in young people's participation in family food practices.

In contrast to this emphasis on socioeconomic position, the extent to which children participate has also been linked to different configurations of child-adult relations within the family, which cut across families from diverse social backgrounds. James et al. (2009), also working with children from socioeconomically contrasting backgrounds, argue that different kinds of participation by children as family members reflect the 'different generational hierarchies' operating in families, regardless of their socioeconomic background. They describe three families: those of Maisie, Roy and Gemma. In Maisie's family, children are perceived as having equal status to the adults and so their food preferences, along with those of their parents, are taken into account when preparing family meals. Although both parents are strict vegetarians, Maisie's mother is keen to clarify that both children understand that they can eat meat if they choose to do so. Further, both parents and also Maisie's brother help out with cooking and in this way the authors argue that 'family food practices appear to collapse the generational order' (James et al., 2009, p.40). In Roy's family, in contrast, all family members eat 'children's food' such as chips, burgers and pizza. The authors argue that this reflects 'an indulged and prolonged encouragement of Roy's 'childness'' by his parents and that this is echoed in the fact that in Roy's family children are not expected to help out around the home. In Gemma's family, current food practices are shown to be the result of frequent arguments between adults and children as Gemma's mother describes how she now restricts what she cooks to the food that Gemma likes. The authors argue that Gemma therefore corresponds to Zeiher's (2001) identification of a child that has gained 'semi-independent status' (p.40). The very different family food practices adopted by each of these families, the authors argue, reflect the families' very different conceptualisations of children as family participants. These different understandings

promote different intergenerational relationships within families and therefore facilitate different levels of participation by children.

Nourishing Bodies and Nourishing Relationships

Although food consumption fulfils a basic human need, research has examined the meanings which become bound up with food preparation and food consumption. Punch and McIntosh consider the significance of 'simple acts' and rituals around food preparation and reflect upon the care that is embedded and reflected within the notion of 'doing' food (Punch and McIntosh, 2013, p73). Furthermore, a number of authors have highlighted the importance of food practices in building and solidifying personal relationships (Knight, O'Connell & Brannen, 2015; Curtis et al., 2009). Within this understanding about food and feeding practices, Murcott's theory of 'caring' is realised. As well as being a family practice where socialisation happens, food is a critical part of everyday living and essentially sustains life. Since parents are charged with feeding children, food can also become a contested issue among families, and one where children's views and preferences are often taken seriously. As James et al. (2009) show:

Most of the time we try and fit into it so that people will like it. For example, last night there was onion gravy and we know that Billy likes not to have onions so you just scoop the gravy out without the onions. So we try and compromise wherever possible.
(Mother in James et al., 2009, p44)

Provisioning food to children, while sustaining and nurturing growing bodies, also takes on a symbolic meaning around the provision of psychological care and nurture (DeVault, 1991). In recognising the importance of food in developing and maintaining familial relationships, recent work has also explored the food practices and perspectives of children and young people living away from their families. Research by Dorrer et al., (2011) highlights the importance of food provisioning for young people living in children's residential units in Scotland. The authors suggest that in the absence of family, food can be used symbolically as a token of love and an offer of support and concern. In turn, care workers felt that relationships within the home became entwined and took on greater resemblance to familial relationships:

It feels more informal, it feels more relaxed. It feels like you're sharing with each other around the table. It feels like they are one big, happy family. (Care worker in Dorrer et al., 2011, p. 26)

While the sharing and giving of food can become symbolic as an offer of care and concern, so too can it become implicit of rejection. Emond et al.'s (2013) work with children in residential care illustrates how food and feeding becomes the spotlight in which other tensions are played out and that food was used by young people as a means of displaying control when they felt that they had little else that they could change in their lives:

Abbey had a really bad Saturday night ... so she went to her room. And the next thing she asked for a glass of juice so I thought 'oh go and give her a glass of juice' and came up with a glass of juice and she said ... 'you have fresh orange?' I says no.' Well what have you got?' Well I've got diluting blackcurrant. 'I don't like that.' I've got apple juice. 'I don't like that.' Well I says, I've got diluting orange. 'I don't like that, I don't like f***ing anything you've got' and she threw the glass at me and just missed me ... it didn't really matter what I brought her up, she would have thrown a glass anyway, she was just so, so angry. (Care worker in Emond et al., 2013, p. 12)

Research by James et al., (2009) and Fairbrother (2012) also found that food was a cause of tension within family relationships too, especially between parents and grandparents with regards to children's health and eating practices. Curtis et al., 2009 and Knight et al., 2015 draw attention to parental concern that grandparents offered more 'treats' and sweet foods than parents would like (Curtis et al., 2009; Knight et al., 2015). Knight et al. (2015), for example, depict the tensions between mother and mother-in-law:

I don't know what my mother-in-law gives them. She pops into the sweet shop quite a lot. We've had a few conversations about that... I don't like them having sweets every time they're collected ... there's certain sweets I won't let them have (mother, child aged eight, South European, two-parent family in Knight, et al., 2015).

Just as parents in Knight et al.'s (2015) study focused in on the undesirability of sweets, a number of authors have noted that particular types of food have been constructed in ways which define them as either 'good' or 'bad' food. 'Good' or 'proper' or 'real' food is depicted as 'natural' or 'fresh'

(Charles and Kerr, 1988). 'Improper' food, in contrast, is presented as that which is processed and packaged, laden with sugar and/or salt, often portrayed as snack food such as sausage rolls, pizza, chips or sweets. Curtis et al. (2011a) argue that while 'proper' food is depicted as something which children would be unlikely to choose to eat themselves, 'snack' food is often synonymous with 'children's food'. It is perhaps no coincidence that this food is food which is deemed to be also 'treat' food, and considered unsuitable for everyday consumption:

I tend to like we've got a little boy coming tomorrow and I tend to do more children friendly food when somebody's coming over. But the rest of the time we tend to eat more sort of adult type meals but if there's a friend coming over then I will try and make it a bit more child friendly... kind of like sausages... maybe pizza or something if somebody's coming over really whereas we don't tend, we, we tend to eat more sort of like pasta bakes and lasagne and stuff like that. Or chillis and stuff if it's. But I wouldn't, I'd, it would depend on the child really but it would be more child friendly food if we were having somebody over...I would be a lot more patient about that [] I wouldn't impose like I would make my kids do. (Mother's quote from Curtis et al. 2011).

However, research has also shown that value judgements about food are not just limited to parents. Children have something to say about the suitability of different foods and different amounts of foods. For example, in the study by Curtis et al. (2011), children, regardless of their socioeconomic background, were equally able to identify factors which made food unsuitable for everyday eating. Alicia compares 'food-as-it should-be' with food 'out of a packet':

if someone puts something in front of me then 'cause by looking at it you can tell. If it's out of a packet or if it's like (pause) just not (pause) right and [...] well you can, you can tell like if it's like mass production can't you because there's like everything always looks the same [...] and [...] you got one from the shop and just put 'em both in a cup you can tell which one's better for you because it's not got all the colourings in and all the 'e numbers' and stuff.' (Young person in Curtis et al., 2011b, p71).

Furthermore, as well as demonstrating their awareness of the healthiness of different foods and different amounts of foods, research by Fairbrother et al. (2012) show that children and young people are acutely aware of the parameters which are assigned to food and budget within their household. Fairbrother et al. (2012), working with nine and ten-year old children from

socioeconomically contrasting neighbourhoods in the North of England, found that children were acutely aware of their own family financial resources and how this impacted upon food purchases. Many of the disadvantaged children talked about 'struggling' to make ends meet. They had to balance the need to save money with a desire to eat healthily. Daniel, for example, explains that his mum has to get the 'cheapest, goodest stuff she can' (p.531). Children were acutely aware that parents were juggling competing demands for money (such as buying school uniforms and saving up for special occasions) and that money to spend on food was limited. The authors give the example of Rosalyn:

Rosalyn: Yeah and like, if you've brought erm, what's it called, an amount of money. What if you like buy things and then when you get to the tills it's too much and you really need it like if you needed milk but you needed other things too and then like when you got to tills it were expensive and you didn't have enough money?

Interviewer: Yeah. Does it, has it ever happened to you or your family?

Rosalyn: Yeah and it wasn't fair. (A young person in Fairbrother et al., 2012, p.531).

In contrast, although many of the socioeconomically advantaged children recognised that cost was an important factor for their parents, they realised that it did not constrain purchases. They thought their parents opted for healthy but good value products, including buying basic ingredients rather than ready-made food. They also thought quality took precedence for their parents. They definitely perceived a clear hierarchy of supermarkets in terms of expense, quality and target markets. They also reflected upon their relative privilege, 'we're so lucky to get this food' (p.352).

Children from both disadvantaged and advantaged areas proposed many strategies to facilitate eating healthily on a budget, some of which reflected what happened in their own families. They talked about choosing the supermarket or shopping day based on cost and special offers, 'growing your own' and buying local, seasonal produce. The reality, however, played out very differently in the two contexts. The more socioeconomically disadvantaged children referred to having to travel to the market for cheap fruit, shopping at a local shop where bills could be paid at a later date and even relying on leftovers from a nearby greengrocers where a family friend worked. They made frequent, spontaneous references to financial constraints and the importance of cost. In contrast, the more affluent children tended only to mention prices or budgets when asked. Children from both schools then demonstrated an acute awareness of their family's financial resources and how this impacted upon everyday family food practices.

Conclusion

This chapter has explored the complexity of everyday family food practices and the subject positions that adults and children occupy within everyday family life. Within this, food practices are negotiated and used as a means of building and constructing social relationships. The chapter has indicated how food provisioning becomes an important way of displaying care and concern, but can therefore also become a site of contestation. In this way, food becomes much more than a nutritional resource and instead becomes bound up with the very 'doing' of family. Within this framing, children have the potential to be active in everyday negotiations around food and, whereas health research has assumed that children are unable and unwilling to make sensible eating choices, this chapter instead shows that children are more aware of the healthiness of food than is generally assumed. The extent to which children are permitted, or wish, to participate in family food negotiations vary both between and within families. Therefore, the fact that campaigns such as Change4Life are geared around the role of parents' shaping of children's eating practices, is helpful in some way, it should also be considered that children's eating practices are always constrained by the provision which is made available to them. Children themselves have demonstrated their awareness of the impact of family finances on opportunities to eat healthily, for example, therefore it is important that public health interventions work cohesively with families to ensure that young people are supported and given access to appropriate foods to enable them to make healthy choices.

In summary, this review has demonstrated that families are important but inherently complex sites for the delivery of health promotion geared towards reducing childhood obesity. Attention must be paid to the ways in which food is embedded within and negotiated across a complex network of intergenerational relationships, which is not conducive to simplistic health promotion messages. Children must be given guidance and education through which they can shape their own eating practices since young people are often active in selecting and consuming foods according to their own preferences. However, it is important to resist the responsabilisation of children and young people who do not manage their eating in a way that would be preferred by public health professionals. Young people should not be held accountable for the consequences of poor education, and inadequate access to 'healthy' food items. As Morrow (1998) highlights, children are often acutely aware of the problematic nature of decision making within families (p.vii) and a nuanced view about the differences between participation and responsibility, sometimes preferring not to

take on the latter. Tisdall and Punch (2012) also make a clear distinction between participation and responsibility and draw upon Hartas's (2008) assertion that young people feel the pressure of responsibility keenly. With this in mind, they argue that children's agency as a concept should be 'contested and scrutinised' (Tisdall and Punch 2012, p.256). The challenge of tackling childhood obesity clearly brings the complex question of children's agency and their participation within family negotiations and decision-making into sharp relief. It is clear that different understandings of children's agency (among children themselves as well as parents and within public health policy discourse) promote different intergenerational relationships within families and therefore facilitate different levels of participation by children in everyday food practices.

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