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Food and Health in Everyday Life: A Qualitative Study with Children from Contrasting Backgrounds

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Abstract

Background

Children's relationships with food are high on the research and policy agenda of many nations, driven by the global issue of childhood obesity. However, few studies have focused on children's perspectives on food and health, echoing a broader picture within child health research where children have typically been viewed as objects rather than subjects of enquiry.

Aims

Informed by insights from the social science literature emphasising that children actively make sense of and participate in health-relevant practices, this study sought to explore how children understand food in everyday life and their ideas about the relationship between food and health.

Methods

53 children aged 9-10, attending two schools in socio-economically contrasting neighbourhoods in Northern England, participated. A qualitative approach was employed comprising in-depth interviews and debates in friendship groups in schools and in-depth individual interviews with a sub-set of eight children and their parents in the home. Data were analysed thematically.

Findings

Children have a clear sense of their family's food-related values and portray themselves as active participants in family food negotiations. They view families as the locus for enduring health-relevant behaviours and demonstrate a nuanced understanding of how family finances relate to healthy eating. Children interact with a variety of messages in making sense of the relationship between food and health. Their narratives reveal important socio-economically patterned inequalities in access to and opportunities to decipher health information.

Conclusions

The thesis demonstrates the significance and complexities of families as sites for health promotion. It underscores the risk of giving children simplistic messages about food and health without adequate conceptual frameworks and without attending to perceived barriers to healthy eating, including cost. It highlights the need for public health to take on board inequalities in access to and opportunities to co-construct knowledge in how health messages are communicated with children.

Abbreviations and acronyms

Acronym	Definition
ADHD	Attention Deficit Hyperactivity Disorder
AMA	American Medical Association
BMA	British Medical Association
BMC	Bio Med Central
BMI	Body Mass Index
BMJ	British Medical Journal
BOGOF	Buy One Get One Free
CRFR	Centre for Research on Families and Relationships
CRM	Client Relationship Management
DASH	Determinants of Adolescent Social well-being and Health
DCSF	Department for Children, Schools and Families
DEAL	DiEt and Active Living
DFEE	Department for Education and Employment
DFES	Department for Education and Schools
DH	Department of Health
DIUS	Department of Innovation Universities and Skills
DOI	Department of Innovation Universities and Skills
EPPI	Evidence for Policy and Practice Information and Co-ordinating Centre
ESRC	Economic and Social Research Council
GLD	General Learning Difficulties
HAES	Health At Every Size
HEA	Health Education Authority
HM Treasury	Her Majesty's Treasury
HMG	Her Majesty's Government
HMSO	Her Majesty’s Stationery Office
HOC	House of Commons
IoM	Institute of Medicine
ITV	A UK commercial public-sector television network
KFC	A fast-food restaurant specialising in chicken-based meals
LEA	Local Education Authority
LLSOA	Lower Level Super Output Area
MRC	Medical Research Council
MSG	Mono-Sodium Glutamate
NAEP	National Assessment of Educational Progress
NCB	National Children’s Bureau
NCMP	National Child Measurement Programme
NHS	National Health Service
NHSP	National Healthy Schools Programme
NICE	National Institute for Health and Clinical Excellence
ONS	Office of National Statistics
PE	Physical Education
PSA	Public Service Agreement

PSHE	Personal, Social, Health and Economic Education
REF	Research Ethics Framework
ScHARR	School of Health and Related Research, University of Sheffield
SEN	Special Educational Needs
SEP	Socio-Economic Position
SLD	Speech and Language Difficulties
UREC	University Research Ethics Committee
VAT	Value Added Tax

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1. Introduction

In the context of the now global issue of childhood obesity, children's relationships with food are high on the research and policy agenda of many nations. However, there is little research which focuses on children's perspectives on food and health, echoing a broader picture within public health research where children have typically been viewed as objects rather than the subjects of enquiry. Informed by insights from the social science literature, which emphasise that children actively make sense of and participate in health-relevant practices, this study explores how children understand food in their daily lives and their ideas about the relationship between food and health. A small number of parents also participated in the study and their narratives help to provide context for the children's accounts.

In Chapter Two I critically review the salient literature, which helped to refine my research focus and strategy. I provide an overview of public health priorities and the public health policy context regarding the relationships between children and food, including how children and families are positioned in the debate. I then synthesise contrasting understandings of children and family from the social science literature, which provide an alternative way into children's health-relevant understandings and ideas. Recognising the enduring nature of socio-economic inequalities in diet and indeed obesity levels, I then look at how children make sense of their social and financial position and how this relates to health and food practices. In the final section, I review recent UK-based research regarding children's ideas about healthy eating. I conclude this chapter by showing how I used insights from this diverse literature to refine my research focus for this study.

In Chapter Three I explain and justify the research strategy I adopted in this study and provide a reflexive account of the how the research process worked out in practice. In the first section I delineate my ontological and epistemological position and explain why I adopted a qualitative approach. I then discuss my reasoning for employing semi-structured interviews as the method of data generation. In the second section I discuss the process of generating the data including sampling strategy, recruitment, sample profile and research encounters. I discuss both the rationale and the reality of each stage. I also discuss how I managed the data and the

feedback sessions I ran in schools for the children who participated in the study. In the third section, I describe the complex process of analysing the data and writing it up. An evaluation of the validity, generalisability and reliability of the study forms the fourth section and in the final section I consider the ethical issues (both anticipated and encountered) related to this study.

In Chapters Four and Five, I explore in detail the key findings from my study. Children's ideas and understandings are privileged and parents' insights included in order to help provide context. In Chapter Four, I explore children's family food narratives. First, I discuss children's articulation of family food moralities and mottos. Second, I explore how children describe the everyday negotiations around food and eating among family members. Third, I outline children's ideas about continuities and discontinuities in family food practices, and their emphasis on the former. Finally, I look at children's understanding of the relationship between family finances and food practices.

In Chapter Five, I explore how children make sense of (un)healthy eating and how this relates to the body. I discuss how children engage with clear, categorical constructions of healthy and unhealthy foods but also demonstrate more nuanced understandings. I then outline children's ideas about the positive benefits of eating healthily and the negative consequences of eating unhealthily and their recognition of the temporal aspects of the relationship between food and health are discussed. Lastly, I explore how children locate individual bodies in making sense of the relationship between food and health.

Chapter Six forms the discussion of my findings. I provide a brief recap of the thesis aims and a short overview of the current public health policy context (and how it has changed since the inception of this study). I discuss the key findings from my study. I reflect upon the ways in which my study both coheres and contrasts with previous research and also how it contributes new insights. I also evaluate the strengths and limitations of the study before considering its implications for policy and practice and priorities for future research.

In Chapter Seven, the concluding chapter, I outline the key ways in which the thesis adds to the extant literature base. I also revisit and reflect upon my personal interest in socio-economic inequalities in health and my commitment to exploring how and why health inequalities are experienced, generated and maintained across the lifecourse and how policies might mediate this. In this way, I offer a more reflexive, personal account of the ways in which the study has deepened my own understanding of socio-economic inequalities in health and look forward to the research areas I am particularly excited about exploring further.

2. Literature review

In this chapter I critically review the salient literature, which helped me to refine my research focus and strategy. My aim is to convey the unfolding storyline of the research which informed my study (Booth *et al.*, 2011). I draw upon conceptual, methodological and empirical literature from diverse sources and different academic disciplines. I used a number of different search strategies to identify relevant literature. The most fruitful technique proved to be 'pearl growing' (Booth *et al.*, 2011, p.73). In this technique key works, 'pearls', form the basis of subsequent reference list checking, citation searches and key word searches using electronic bibliographic databases. I also identified much relevant literature through the 'berry picking' technique, searching for literature in areas of abundance, for example key relevant journals, books and conference proceedings (Bates, 1989). Expert recommendation and author searches were further sources of useful literature. Membership of academic study groups covering key topic areas (Health inequalities; Youth; Childhood, Families and Relationships; and Food), membership of research centres (including the Centre for Research on Families and Relationships), updates from the National Obesity Observatory and the Child and Maternal Health Observatory and electronic citation alerts for key articles (pearls) helped me to stay up to date with both published and grey literature throughout the PhD.

In the first section I provide an overview of public health priorities and the public health policy context regarding the relationship between children and food. I discuss the dominance of the childhood obesity discourse and how this fuels policies which seek to influence children's food understandings and practices through both schools and families. I pay particular attention to how policies act on families in variable socio-economic circumstances and discuss the assumptions being made about children and families in public health policy. This first section informs the focus for the remainder of the literature review as I seek to synthesise and critique the research relevant to the policy areas identified. Having explored how children and families are framed in public health policy in the first section, I draw upon contrasting understandings of families and children from the social science literature in the second and third section, respectively. I discuss the ways in which the New Social Studies of Childhood can inform health research with children in the second section

and in the third I synthesise recent work which helps us to move beyond monolithic, structural accounts of families towards an understanding of families in terms of what they do. I focus particularly upon family food practices and children's participation therein and how this may differ in different families. In light of the enduring relationship between socio-economic position (SEP) and obesity and the subsequent focus on children and families of lower SEP in public health strategies and following the New Social Studies' emphasis on engaging with children's views, in the fourth section I discuss children's understandings of how socio-economic position relates to food and health. In the final section, I review literature relating to children's ideas about healthy eating, an essential starting point when considering public health policy geared towards improving children's nutritional understandings and practices. I conclude by summarising how the key insights from this diverse literature base helped me to refine the focus for this study.

2.1. Public health policy context: childhood obesity

Children's relationships with food have come under close scrutiny in the context of popular and policy-based concern with childhood obesity. The 2011 Health Survey for England shows that around 30% of children aged 2 to 15 are classed as either overweight or obese (Mandalia, 2012). There are clear physical and psychosocial consequences of being obese. In terms of physical health, childhood obesity is associated with the onset of chronic disease including type 2 diabetes (Seidell, 2000), cardiovascular disease (Freedman *et al.*, 2001), metabolic syndrome (Daniels *et al.*, 2005), osteoarthristis (British Medical Association, 2005) and polycystic ovary disease (Daniels, 2006). With regards to psychosocial consequences, poor self-image, bullying, depression and disordered eating patterns (NICE, 2006; Viner *et al.*, 2006; Jefferson, 2005; Erermis *et al.*, 2004; O'Dea, 2004) have all been related to obesity. Poor educational achievement has also been linked to childhood obesity (Lien *et al.*, 2007; Lawlor *et al.*, 2006; Novak *et al.*, 2006).

Strategies to tackle high levels of childhood obesity in the UK have been included in numerous government initiatives including The National Service Framework for Children, Young People and Maternity Services (DH), The Healthy Child Programme (DCSF and DH), Every Child Matters: Change for Children Programme (DCSF and DH),

the Public Service Agreement (PSA) target number 12 (PSA 12); the NICE guidance on Obesity (CG43), Healthy Lives Brighter Futures (DCSF and DH), Choosing Health (DH),and the requirements of the Health Improvement strategies - the NHS Plan, National Service Frameworks, and National Standards for Health and Social Care (Weir, 2009). Strategies focus on helping to improve the population's diet and increasing physical activity levels.

In relation to dietary intake, current UK guidelines for eating a healthy diet centre around eight key points: base meals on starchy foods; eat at least five portions of fruit and vegetables per day; eat at least two portions of fish per week, including at least one portion of oily fish; reduce saturated fat and sugar; reduce salt; keep active and maintain a healthy weight; ensure you consume sufficient fluids and ensure you eat breakfast (NHS, 2012). Wills (2010), however, notes that few adults or children in the UK adhere to official guidelines regarding a healthy diet and this is clearly demonstrated in the recent National Diet and Nutrition Survey, which explores nutritional intake in the general population aged eighteen months and upwards (DH, 2011a). Despite evidence showing that both adults and children do not meet current nutritional guidelines, the focus in both policy and media contexts is clearly on children. Curtis *et al.* (2011b) neatly summarise the current situation: 'Criticisms of British children's eating practices are so widespread as to be commonplace, almost every-day, occurrences' (p.65). However, as explored in the literature discussed in the next section, there are also well-documented socio-economic inequalities in children's diets and weight status. Criticisms of children's diets, therefore, are often directed towards those in lower socio-economic groups.

2.1.1. Socio-economic inequalities in childhood obesity

Research from across the developed world (Drewnowski and Darmon, 2005) consistently shows that people in lower socio-economic groups have less healthy diets in terms of fruit, vegetable and fat intake. Differences in diets are reflected in differing rates of childhood obesity. Indeed, Wills (2010) draws attention to the consistently higher rates of childhood obesity in lower socio-economic groups across the different axes of SEP. Children whose parents have manual rather than non-manual or professional jobs, children living in economically deprived rather than

affluent areas and children living in inner city rather than other area types are all more likely to be obese (Jotangia *et al.*, 2006; Wang and Lobstein, 2006). The intergenerational patterning of obesity whereby children of obese parents are significantly more likely to be obese themselves (Sproston and Primatesta, 2003) also means that well-documented socio-economic inequalities in adult obesity levels are likely to be reproduced and magnified through the generations. A number of mechanisms have been posited to account for the relationship between SEP, nutritional status and obesity levels, which can be broadly grouped into material factors, socio-cultural, psychosocial pathways and lifecourse understandings.

In terms of material factors, Drewnowski and Darmon (2005) argue that the social gradient in obesity is essentially an economic issue. Like many others (Attree, 2006; Dowler, 1997), they critique the current policy focus on psychosocial aspects of food, where eating healthily is portrayed as an issue of awareness, motivation and choice. They examine recent empirical research, which suggests that low-income groups may be particularly affected by the high cost of nutrient-rich foods (lean meat, fish, fresh fruit and vegetables) and low cost of nutrient-poor but energy dense foods (refined grains, added sugars and added fats). Their work coheres with UK-based studies, which highlight the difficulties faced by parents in negotiating tight budgets in relation to expenditure on food and Dowler (1997) provides a useful summary of such studies. First, food expenditure has to be a flexible part of the weekly budget in order to accommodate other priorities such as paying bills. Second, parents report going without food or eating more simply in order to prioritise their children's nutrition. Third, many parents and their children aspire to a 'good quality' diet even in difficult financial circumstances.

Other researchers have explored the importance of the local environment as a material factor in socio-economic inequalities in obesity. Indeed, the term 'food deserts' has been coined to describe areas where there is poor access to affordable, healthy foods. However, in contrast with findings from North America, recent large-scale studies in the UK have not shown an independent relationship between area food retail provision and individual diet and fruit and vegetable consumption. Further, they have not shown consistent differences in food prices, availability and access to supermarkets between socio-economically contrasting areas (Cummins and Macintrye, 2006). Macintryre (2007) suggests that although the idea of food deserts

is plausible and helps to divert attention from more individualised explanations for socio-economic differences in diet, in reality the concept is a ‘factoid’.

Socio-cultural explanations centre on the contention that a person’s health-relevant beliefs and behaviours are intrinsically linked to their socio-economic circumstances. With regards to obesity, the argument is that people in lower socio-economic groups have different attitudes towards their bodies, diet and exercise, which predispose them to higher levels of obesity. Calnan (1990), in his seminal work 'Food and Health', for example, found that ‘working class’ women prioritised making filling meals whereas ‘middle class’ women focussed upon moderation and balance. More recently, Wardle and Johnson (2002) found that British adults of higher SEP were more likely to perceive themselves as overweight, monitor their weight more closely and be trying to lose weight, as well as having higher rates of restrictive dietary practices. Such explanations stand in sharp contrast to work focussing on financial and environmental constraints, which emphasise material rather than attitudinal differences.

In terms of psychosocial pathways, Wilkinson and Pickett (2009) argue that it is our awareness of our status in society rather than actual income or education, which affects our likelihood of being obese. They highlight that for women the social gradient in obesity exists at every step of the scale. So, for example, differences in obesity rates are apparent even between the ‘higher managerial and professional’ and ‘lower managerial and professional’ groupings. This makes it difficult to argue that nutritional knowledge or income account for differences. Indeed, this ‘fine gradient’ in health inequalities is seen across the spectrum of diseases. The authors argue that greater income inequality leads to a heightened awareness of our place in society and a consequent rise in obesity mediated through both direct (higher stress among people of low SEP leading to raised cortisol levels which leads to increased fat deposition) and indirect (higher stress among people of low SEP encouraging comfort eating) psychosocial pathways.

Finally, a lifecourse approach to inequality proposes that a person’s health acts as a mirror of the social, psychological and biological advantages or disadvantages that they experience over time (Bartley, 2004). The patterning of these advantages and

disadvantages closely relates to individuals' social and economic circumstances. In many ways, the lifecourse approach can encapsulate the other explanations discussed so far: material factors, sociocultural influences and psychosocial stresses. Law *et al.* (2007) argue that the lifecourse approach has much to offer in terms of deepening our understanding of the social gradient in obesity. To support this, the authors allude to research showing that an individual is much more likely to be overweight if their parent is overweight, which could reflect both biological and social processes. Having an overweight parent, therefore, could be framed in terms of biological and social disadvantage. A lifecourse approach to obesity is still in its infancy but offers great potential for shedding light on the social gradient in obesity by exploring how patterns of advantage and disadvantage shape weight status.

Despite significant debate as to the causes of socio-economic inequalities in obesity and indeed the causes of obesity more generally, the school and the family are positioned as key players tasked with improving children's diets (particularly among children in lower socio-economic groups) and reducing levels of childhood obesity.

2.1.2. Schools as a strategic focus

As Aggleton *et al.* (2010) note, the last two decades have seen a growing emphasis in UK policy on the role of schools in promoting children's physical and emotional health. They highlight that as part of the Every Child Matters agenda (DFES, 2004), schools are now assessed on their contribution to health-related outcomes and a number of initiatives have been established to facilitate this. The most significant of these initiatives, the National Healthy Schools Programme (NHSP) and the Health Promoting Schools initiative in Scotland, provide a framework for schools to improve their pupils' physical and emotional health. The NHSP takes a 'whole-school approach' to health and wellbeing, emphasising the role of schools as loci for the engagement of entire communities in health-related work (Butcher, 2010). The programme has proven overwhelmingly popular with 99 per cent of all English schools voluntarily participating and 76 per cent attaining National Healthy School status (Aggleton *et al.*, 2010).

It is against this backdrop that the school has been identified as playing a potentially important role in improving children's nutritional status and in spite of the fact that recent research has shown that schools exert only a minimal influence over children's diets (Wills *et al.*, 2005; Ludwigsen and Sharma, 2004). Perhaps the most significant move has been the introduction of food and nutrition standards for school lunches in September 2006 by the Department for Education and Skills (now the Department for Education), following the Turning the Tables: Transforming School Food (School Meals Review Panel, 2005) and the Food Other than Lunch reports (School Food Trust, 2006), which were prompted by the television chef, Jamie Oliver's, scathing attack on the quality of school meal provision in 2005. The Labour government pledged £220 million over three years to improve school food (James, 2010) and established the School Food Trust (now Children's Food Trust) in September 2005 to provide support and advice to schools in implementing these standards (although funding has recently been withdrawn). Schools must also adhere to regulations regarding the messages about food with which children interact, including restricting sponsorship deals with companies associated with unhealthy food (NICE, 2010). In conjunction with the Children's Food Trust and as part of their efforts towards gaining Healthy Schools status (healthy eating is one of the four key components of healthy schools), a raft of other projects have been established in many schools, including healthy tuck shops, the provision of water fountains, cooking demonstrations and regulations regarding the food that can be brought into school from home.

Further initiatives include the School Fruit and Vegetable Scheme; part of the 5 a day programme to increase consumption of fruit and vegetables. Since November 2004, all children aged four to six in Local Education Authority (LEA) maintained infant, primary and special schools have been entitled to a free piece of fruit or vegetable every school day (DH, 2010). In terms of school as a vehicle for teaching about healthy eating, as part of the National Curriculum Key Stage Two, children are taught 'about the need for food for activity and growth and about the importance of an adequate and varied diet for health' (DFEE, 2000; see appendix 1). Evans *et al.* (2011), however, question the idea that teaching children about healthy eating equates to endowing them with the competence and the capacity to act for themselves. For them, such teaching is more likely to reflect children's positioning as

mere ‘vectors to carry information on ‘healthy lifestyles’ from educational spaces back to more responsible actors within the home (parents)’ (p.324).

In terms of how children and parents are positioned in these policies, Butcher (2010) argues that the government has sought to integrate the concept of children and young people’s participation in its policies, strategies and structures. She gives the example of the Every Child Matters agenda which states that every child should be given the necessary support to enable them to ‘make a positive contribution’ (DFES, 2004). She also highlights that one of the ten key elements of the NHSP is ‘giving children and young people a voice’ (Butcher, 2010, p.127). Examples of children’s participation include deciding what to sell and helping to sell produce at their tuck shops, communicating pupil feedback about school menus via their pupil councils and taking part in cookery lessons. However, Butcher also points to research evaluating the NHSP, which has highlighted a need for increased involvement by young people at each level (national, regional, local and school) (Warwick *et al.*, 2004).

The importance of effective communication and consultation with parents and families regarding the changes to healthier schools meals noted above has also been emphasised. James (2010) cites the example of Rotherham, South Yorkshire, where two mothers became the focus of intense media coverage in 2006 when they delivered fish and chips, burgers, jacket potatoes and sandwiches to their children through the school gates at lunchtime. James also draws attention to the initial fall in take-up of school meals in response to the changes, which was linked to various factors including cost, lack of choice, lack of consultation with pupils, unfamiliar food and poor marketing of the new menus (James, 2010, p.135).

Wills (2010) also notes the challenges for schools related to how children and parents are positioned in the National Child Measurement Programme (NCMP), which is also carried out in schools. Through the NCMP, all consenting children in Reception and Year 6 are weighed and measured and their weight status communicated to their parents. Wills (2010) warns that weighing children and reporting back to parents ‘reinforces the idea to children that they are being monitored’ (p.58) and implies that weight status equates simply to health status. Drawing on the work of Burrows and

Wright (2007), Wills (2010) asserts that this 'does little to encourage young people to critically engage with issues about weight and health'. Further, she argues, reporting children's weight status to their parents does little to help tackle the problem that many parents do not understand the significance or their child's obesity or simply do not accept that their child is obese (Jeffrey *et al.*, 2003), and parents may be less willing to work in partnership with schools in improving their child's diet and exercise status. Although other researchers have found that parents often do recognise that their child is overweight /obese but instead are unsure of how to work with their children for change (Curtis *et al.*, 2008), the argument that receiving a report of their child's weight status is unlikely to help, still holds. This brings us to the next policy focus for improving children's diets: families.

2.1.3. Changing families?

Curtis *et al.* (2011b) highlight that parental behaviour has consistently been identified as having the greatest influence on children's eating practices, particularly during infancy and early childhood (Saarilehto *et al.*, 2001) but also continuing into middle childhood and adolescence (Jefferson, 2005; Cooke, 2004; Birch and Davison, 2001; Cashel, 2000). Indeed, the 2006 NICE guidelines offer advice to parents to 'help children establish healthy behaviours and maintain or work towards a healthy weight' (NICE, 2006). However, Curtis *et al.* (2011b) also emphasise that since it is women who generally take on primary responsibility for family food provision (James *et al.*, 2009; Charles and Kerr, 1988; Murcott, 1983) it is women, therefore, 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; Oliveria *et al.*, 1992). Further, they argue that contemporary childhood obesity discourses position children as actively rejecting 'sensible' eating choices whilst simultaneously portraying them as passive 'victims of irresponsible parenting practices' (p.65).

The challenge for parents of providing healthy food and encouraging children to eat healthily is consistently emphasised in the research literature. Children's preferences for branded, socially acceptable (Ludwigsen and Sharma, 2004) and unhealthy foods (Warren *et al.*, 2008) and their 'pestering' strategies (Martens *et al.*, 2004) are all

highlighted. Stewart *et al.* (2006), drawing on the work of Coveney (2004), 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 food, this equates to increasing choice and ensuring that mealtimes are enjoyable as well as functional. However, recent research shows that children who are offered extensive food choices are less likely to adhere to recommended nutritional intakes (DIUS, 2005). 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. The authors draw attention to research which shows that 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 is portrayed as highly problematic.

Parents' own eating practices are also implicated in the literature. Parents, particularly mothers, are viewed as important role models for their children's developing preferences, practices and indeed weight status (Hood *et al.*, 2000). Curtis *et al.* (2008) point to research which 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 (van der Horst *et al.*, 2007). They also highlight the identified positive association between habitually eating together as a family and eating a healthy diet (Gillman *et al.*, 2000). 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.

The Change4Life campaign is the most significant UK policy initiative geared towards families and formed the social marketing component of the Labour government's Healthy Weight, Healthy Lives strategy. The programme'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 NCMP outlined in the previous section. 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). Here I outline the programme's five interlinked phases and then go on to discuss children's and parents' positioning in the literature. The visibility and currency of the Change4Life campaign in children's lives warrants this detailed attention.

The first phase of the programme centres around 'Reframing the issue' of obesity to focus on (i) how modern life (rather than individuals or families) causes obesity, (ii) fat in the body (rather than about size or appearance) and (iii) the importance eating well and exercising for everyone (not just a minority of overweight or obese individuals) (DH, 2009, p.43). Initial activities include television and print advertising distributed in children's centres, nurseries, schools and restaurants. A campaign website, consumer public relations and a helpline are also employed.

During the second phase, 'Personalising the issue' people who respond to these initial campaign activities are sent a welcome pack of materials, which includes a Handbook for Healthy Happy Kids, a 'lifestyle change' wall chart, stickers for children and a questionnaire, 'How are the Kids?', covering physical activity and eating behaviour. Five million 'at-risk' households are also sent this questionnaire automatically (how the campaign defines 'at-risk' households is discussed at the end of this section). In partnership with ITV[1], celebrities appear on primetime television examining their own and their family's food and physical activity practices. The celebrities are followed as they commit to and progress with making changes.

The third phase, 'Rooting the behaviours' focuses on giving families tips and advice to improve their health, based on their responses to the questionnaires. Tips focus on eight key 'lifestyle changes' for families:

> Sugar Swaps (replacing sugary snacks and drinks with ones that are lower in sugar)
>
> Meal time (having regular, proper meals)
>
> Snack check (checking the sugar, salt, fat and calorie content of snacks)
>
> Me Size Meals (age-appropriate amounts)
>
> 5 A Day (five portions of fruit and vegetables a day)
>
> Cut Back Fat (reducing fat intake including fat 'hidden' within foods)
>
> 60 Active Minutes (ensuring 60 minutes physical activity per day)
>
> Up and About (reducing sedentary activity)
>
> (DH, 2008a, p.5)

'Inspiring people to change', the fourth phase, includes marketing activities working in partnership with the local print press, radio, health and children's services to 'inspire people that change is possible (I'm in) and convince them that change is already happening (We're in)', for example, interviews with local people talking about how they have made changes (DH, 2008a, p.49).

The fifth and final phase, 'supporting people as they change' equates to giving at-risk families the opportunity to register with an ongoing Customer Relationship Management (CRM) programme, which will provide the 'encouragement,

[1] ITV is a commercial television channel, one of the five main terrestrial channels in the UK.

information and the support families need to get their children eating better and moving more' (DH, 2009, p.49).

Curtis *et al.*'s (2011b) critique of the wider obesity literature as simultaneously framing children as both active agents and passive vessels is certainly evident in the Change4Life literature (including both strategy and social marketing publications). 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). In this way, parents are 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). The phrase 'instigating healthier behaviours' is reminiscent of the New Social Studies of Childhood's critique that children are conceived of as 'socialisation projects within the private domain' (Mayall, 1998, p.269) and this is also evident in the 'Top Tips for Kids' leaflet (DH, 2008d), which advises that:

> Kids copy parents, brothers, sisters and friends – so when they see other people happily eating lots of different, healthy foods, they are more likely to follow suit.

In this way, children are portrayed as merely absorbing and mirroring the behaviour of significant others. 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. Similarly, the phrase 'Here are a couple of tips for getting some [fruit and vegetables] into them' (ibid) has connotations of feeding a baby or coercing a toddler. In this framing, children are passive objects to be fed not active beings that can opt for or even enjoy eating fruit and vegetables.

While the dominant theme of the Change4Life literature is parental control and children's passivity, a number of allusions to children as active agents are evident. In the same leaflet, parents are encouraged to provide three regular mealtimes since, 'it's easier to keep kids from pestering for snacks if they know when their next meal is coming'. 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 a negative way. Similarly, 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. In this way, throughout the Change4Life literature, children are

simultaneously presented as both passive and active. Their active participation, however, is largely confined to negative health behaviours.

In contrast, however, the evaluation of the first year of Change4Life, reports that, in response to feedback from families, the campaign will provide 'materials for schools to encourage children to make pledges to change their diet and/or activity levels' (DH and DCSF, 2010) which marks a step towards acknowledging children's potentially positive participation in their own food practices. A more nuanced approach is also 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' (ibid). 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' might be more for the benefit of parents (DH, 2008b).

In line with the epidemiological research described in section one of this chapter, the campaign 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). Indeed, 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). In sharp contrast to the 'affluent, older parents [...] who take food very seriously', are the 'at-risk' families, '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). Evans *et al.* (2011) argue that Change4Life 'aims to [...] refigure [...]

familial relations to fit an ideal classed and gendered model' but also seeks to mask this intention. They refer to the Change4Life's description of mother and child cookery groups, which implies that middle class mothers will not be participating:

> Mothers and children could cook together [...] using school recipe books comprising recipes created by other mothers [...] in order to avoid] the potentially alienating middle-class overtones .
>
> (DH and DCSF, 2008, p.54).

2.1.4. Challenging the obesity discourse

Despite the well-documented physical, social and emotional implications of obesity as outlined at the outset of this chapter, there is a growing awareness amongst the research community that inappropriately orientated attempts to tackle obesity may be more harmful than beneficial in terms of promoting children's long-term health and wellbeing. Wills (2010) draws attention to studies which have shown that intensive surveillance of young people's health-related behaviours and bodies can lead to feelings of marginalisation and disengagement from health-promoting activities (Brooks and Magnusson, 2006; O'Dea, 2004). Related to this, she highlights research showing the negative connotations associated with obesity including laziness, greed and shame (Hankey *et al.*, 2003).

The dominance of the obesity discourse regarding children's relationships with food has also been critiqued. Indeed, Wills (2010) emphasises that obesity does not necessarily and always indicate that a child is of poor health just as having a healthy weight does not always mean that a child is healthy. This contrasts with the presentation of bodies in popular and policy-based literature in which 'bodies are medicalised in a way which allows for only two alternatives: fat, unfit and unhealthy; and thin, fit and healthy (Evans, 2004, p.265). This is further complicated by difficulties in obtaining accurate indications of children's adiposity as the utility of Body Mass Index (BMI)[2], although generally deemed to be reliable for assessing adult adiposity, is questioned in relation to children (Monaghan, 2005; Reilly *et al.*, 2000).

[2] For adults, BMI is measured by dividing body mass by height squared. For children, however, it is important that the result of this calculation is then compared to typical values for other children of the same age using sex appropriate growth reference charts. Children are then given a BMI percentile, which allows comparison with other children of the same age and sex. A healthy weight lies between the second and ninety-first centile.
http://www.noo.org.uk/NOO_about_obesity/measurement/children

In a similar vein, Evans (2006) critiques the clear moral overtones of the House of Commons Select Committee Report on Obesity, quoting the phrase 'Gluttony or Sloth' (HOC, 2004, p.23), employed in the report. A significant counter-discourse to the medical model of obesity is the Health At Every Size (HAES) movement, which, as its name suggests, seeks to question the taken-for-granted association between slimness and health, overweight and ill-health and argues that it is possible for people of different shapes and sizes to be healthy (Robinson, 2005). Other important reasons to eat healthily, including increased protection against cancer and cardiovascular disease (Sproston and Primatesta, 2003), promoting wellbeing; optimal growth and cognitive and emotional development (Shepherd *et al.*, 2001) are indeed often lost in the overwhelming focus on obesity.

2.2. Changing perspectives on children and child health

Having explored how children and families (including families from different socio-economic groups) are framed in public health policy related to childhood obesity in the last section, I now explore contrasting understandings of families and children from the social science literature. In this section, I discuss the relevance of the New Social Studies of Childhood for health-related research with children.

2.2.1. Children in the dominant framework

Children have traditionally been viewed as objects or 'sociological projects' in the study of child health (Christensen, 2004; Mayall, 1998). 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 in shaping child health to the exclusion of other multiple factors which may also impact. 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. This view of children and its consequences for the research agenda in child health reflect a broader picture within what has been termed the 'dominant framework' for understanding children (James and Prout, 1997, p.10).

The ‘dominant framework’ has its roots both in sociology and developmental psychology. Working from a sociological perspective, Parsons (1956) highlighted children’s need to be socialised to gain an awareness of cultural values and conventions. Children are portrayed as empty vessels waiting to be filled with knowledge from and by adults. Piaget (1955), using a cognitive-developmental theory of growing up, viewed children as lacking in the necessary rationality to make sense of the world. Lee (2001) notes:

> The dominant framework endorses the treatment of children as a special case of humanity. It portrays children as peculiarly malleable and ties this malleability to an incompleteness that stems from their proximity to ‘nature’ and their lack of self-possession (p.42).

The binary division between adults and children is described critically by Qvortrup *et al.* (1994) as a difference between ‘human beings’ and ‘human becomings’. Whereas the human being is complete, self-possessed and self-controlling, capable of independent thought and action, the human becoming is changeable, incomplete, lacking in self-possession and self-control so that independent thought and action are impossible (Lee, 2001).

Lee (ibid) argues convincingly that the credibility of the dominant framework, with its standard views of adulthood and dependent childhood, was supported by the socio-economic and political climate of the early twentieth century. The socio-economic conditions of Fordism (regular working hours, long-term contracts and secure employment) allowed adults (or rather men) to be viewed as stable and complete. Children, in contrast, were seen as dependent becomings and leaders of the western European states sought to invest in their child population as a resource for strengthening their country's economic and political position. So children were increasingly set apart from society and their lives and chances were dependent upon parents and childcare experts. In the late twentieth century, however, such certainties and assumptions have been challenged. Globalisation of trade has weakened the relationship between the state and its population as a resource. Adult working lives are now uncertain and flexible with part-time working and short-term contracts in ascendance. Lee also argues that the undermining of male breadwinner status and the increase in women in employment has led to a challenging of traditional family roles and a replacement of stable romantic love with provisional relationships. Adults can no longer be deemed experts on how to live and therefore

children are becoming more actively involved in family decision-making. Globalisation and global regulation of childhood also mean that children's interests are not solely interests of the state (Lee, 2001). Prout (2005) argues that by the end of the twentieth century there had developed 'a pervasive sense that the social order was fragmenting under the pressure of rapid economic, social and technological change' and within this climate, the distinction between adults and children became blurred and children were represented as 'more active, knowledgeable and socially participative' (Prout, 2005, p.7).

2.2.2. Children in the new paradigm

It is in this context that James and Prout (1997) critiqued the dominant framework and proposed their new paradigm for understanding and researching children and childhood. The key aspects of this new approach were summarised in six points:

1. Childhood is a social construction. Our understanding of childhood is a product of the structure and culture of our society.

2. Childhood, like class, gender, or ethnicity, is a variable of social analysis. Childhoods are multiple and diverse.

3. Children's social relationships merit independent study, separate from the views of adults.

4. Children are active in the construction and determination of their own social lives, the lives of those they interact with and of the societies in which they live. Children are not passive subjects of social structures and processes.

5. Ethnography is a particularly appropriate methodology for research with children as it gives children a direct voice and the opportunity to participate.

6. Engaging with the new paradigm is part of reconstructing how childhood is viewed in society.

In each point James and Prout critique what they see as the major weaknesses in the dominant framework. Childhood as a natural, biological phenomenon is contrasted with their view of childhood as a social construction. The universality of childhood emphasised in developmental psychology and the socialisation perspective is replaced by recognition that childhoods are diverse. Research into children's relationships is given value and children are not seen in a vacuum. Children are recognised as social actors, actively constructing their own lives rather than as passive vessels to be filled with cultural awareness (Parsons, 1956) and rational

thought (Piaget, 1955). Ethnography is seen as a superior means of gaining insight into children's lives as opposed to the experimental surveys of developmental psychology. An ethnographic approach emphasises the importance of children's context(s) and everyday experiences rather than measuring behaviour in contrived, experimental situations.

The new paradigm, the critique of the dominant framework, has also been subjected to critical analysis. Lee (2001) argues that by defining children as beings (in response to the dominant framework's focus on children as becomings on a journey towards becoming fully human) the new paradigm is at odds with the ambiguity of modern childhood and indeed adulthood. According to Lee (2001), the changes in work and family life noted previously (short-term contracts, flexible working, high divorce rates, blended families) mean that adults can no longer be described as complete, static, end-products which is implied in their labelling as 'beings'. Children interact with a plurality of messages through peers, the media and information technology and cannot be seen as static or complete. Further, Lee argues, in dispensing with the idea of 'supplementation' in the process of growing up (whereby children 'come into possession and take control of themselves' (p.42)), a key concept in the dominant framework, the new paradigm fails to offer a picture of growing up at all. By emphasising children as beings, Lee argues, the new paradigm also perpetuates the myth that people can be completely independent and autonomous. Lee argues for a multiplying of the notion of 'becomings' to encapsulate the changing, fluid nature of contemporary life for adults and children in which we are all both incomplete and dependent. For Lee then we are all becomings but adults and children have different patterns of relationships and experiences.

In a later work, Prout (2005) notes that in focusing on childhood as a social construction, the new paradigm ignores the material components of social life:

> [...] at best there is an equivocal and uneasy evasiveness about materiality, whether this is thought of as nature, bodies, technologies, artefacts or architectures (p.63).

In a similar vein, James and Prout (1997) admit that the relativism of the social constructionist approach cannot account adequately for the reality of 'political, social and economic maltreatment ventured against children on an international scale'

(p.x). In response to their early recommendation for an ethnographic approach, James and Prout (1997) also later acknowledged advances in survey and more participatory research with children (p.xiii).

Acknowledging these criticisms, some key concepts of the new paradigm are still useful in working out how to view children and engage in research with them. Matthews (2007) contests Thorne's assertion that the new paradigm has become 'middle aged' (Thorne, 2006) and identifies three main ways in which it is still useful. First, it recognises children as playing a part in actively constructing their own lives. Second, there is an emphasis on exploring the plurality of childhoods, how different contexts affect children's relationships, rights and responsibilities. Third, the paradigm emphasises the relational structure of childhood and acknowledges that in these relationships adults have more power.

2.2.3. Children as social actors

Recognition of children as social actors requires and validates researching children in their own right. Matthews (2007) alludes to a growing body of literature which 'explores the sense that children make of their worlds' and 'provides evidence that children actively construct them' (p.324). Research emphasising children's position as social actors initially focussed on peer relationships (Corsaro, 2003; Adler and Adler, 1998; Fine, 1987). These studies provided evidence for children participating in and creating their own peer cultures, for example, through games. More recently, research has explored not only how children participate in their own cultures but how they participate in social life more broadly, for example the media (Buckingham, 2000). These studies show that children are not merely passive recipients of socialisation but active and reflective.

This emphasis on children as active 'makers' of their own worlds is also relevant to research exploring children's health. In this respect, Mayall (1998) argues that children can be seen as embodied healthcare actors:

> Children's bodies provide a dramatic case for the study of embodied experience, for children's bodies are the critical site of their own experience and of adult interpretation and behaviour. Children's bodies constitute the centre of adult attention in their early days and

> remain central to their experience and to their caretakers' in succeeding years (p.277).

In Negotiating Health, a qualitative study exploring health behaviours among primary school children, Mayall (1998) found that children carry out health-related activities at home and at school but that children's accounts indicate a tension and interplay between 'children's social positioning and their understanding of it, and their health care knowledge and actions' (p.278). Children's narratives demonstrate that child-adult relationships and adults' understandings of childhood and children are key 'structuring features' of their everyday lives. Further, the school and the home offered different opportunities for children's agency. 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. In the home then, Mayall argues that children had more opportunities to look after their own health.

Christensen (2004) goes further than Mayall (1998) as she argues that children can be agents for health within the family. She proposes the idea of the child as a health-promoting actor. This suggests that children should be seen as actors in their own right and that research should ask how children become involved in and, indeed, pro-active in health practices during growing up (p.379). The key ways in which children could be health-promoting actors include self care, personal care and hygiene, keeping fit and active, developing and maintaining relationships, dealing with everyday risks, developing knowledge, skills, competencies, values, goals and behaviours conducive to good health. This contrasts strongly with traditional theories of socialisation which see children as dependent, passive recipients of care and knowledge and stresses instead the 'interactive character of the socialisation process' (Christensen, 2004, p.382).

Graham and Power (2004), like Christensen (2004) also emphasise the importance of exploring children's health-relevant values, goals and behaviours. Writing from an applied public health policy context, the authors make explicit the link between health-relevant values, which may be established in childhood, and health behaviours (though this does rather position them as becomings):

> Childhood is important because it is when physical, emotional and cognitive development patterns are established. These include the kinds of things people value about themselves and others, and are linked to ways of behaving such as smoking, eating and exercise (p.v).

Similarly, Wills *et al.* (2008a) critique adult-centred public health agendas which 'risk ignoring young people's conceptualisations and experiences of health-relevant behaviours' (p.244) and this is supported by research evidence that health interventions which resonate with children's views are more effective (Thomas *et al.* 2003, p.115).

2.2.4. The diversity of childhoods

Acknowledging the diversity of childhood is another important aspect of research with children. James and Prout (1997) strongly critiqued the dominant framework's tendency to homogenise children. Both developmental psychology and the socialisation perspective encouraged scholars to write about children as if they were a unified, universal entity. The new paradigm, in contrast, emphasises the heterogeneity of contemporary childhood both within the same society and also within the different settings in which children carry out their everyday lives (Matthews, 2007). Indeed, Jenks (1996) recommends using the term 'childhoods' rather than 'childhood' to highlight the diversity of childhoods that frame children's lives.

Acknowledging Prout's (2005) criticism that a purely social constructionist perspective of childhood risks underplaying the materiality of life (access to resources, technology, and the physical body), the new paradigm's commitment to conveying the variety of childhoods and children's lived experiences should motivate researchers to describe children within their social context and avoid grandiose claims to describe childhood (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. Similarly, Christensen (2004) notes that more recently, children's health has been acknowledged as a plural

construct with interactions between family, friendships, school, media, consumer society and health care services.

Also working within the new paradigm, Backett-Milburn *et al.* (2003) draw attention to the consistent relationship between children's socio-economic, cultural and familial circumstances and adult health. They highlight the importance of understanding children's views and 'how they exercise agency in making sense of and recreating the health cultures in which they grow up' (p.614) for explaining how health inequalities may be reproduced over the life course. In line with the new sociology of childhood, however, they also emphasise the need to explore children's present time quality of life rather than focusing solely on children's health as a predictor of adult health. Similarly, the recent Marmot Review of Health Inequalities in England (Marmot *et al.*, 2010) prioritises improving children's chances to lead a healthy life, and stresses that the accumulation of advantage or disadvantage beginning in childhood is central to health outcomes.

In relation to the childhood obesity debate specifically, 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 may be constrained or restricted by differential access to resources or indeed different opportunities to exert their agency, depending upon their relationships with parents or carers. The new paradigm's focus on paying attention to the diversity of childhoods is therefore extremely important in this respect.

2.2.5. The relational structure of childhood

The new paradigm critiqued the dominant framework's focus on the individual child and requires children's relationships with peers and adults to be taken into account. Adults are recognised as having greater power than children (Matthews, 2007). In this respect, Qvortrup *et al.* (1994) and Mayall (1998) argue that children should be

seen as a minority category. The corollary of this minority group membership is that children are marginalised in society. 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. Within the new paradigm, generation has emerged as a key concept for exploring children's relational status. Working within a structural sociology of childhood, Alanen (2001b) argues that just as gender and class are seen as structuring social categories, so too should generation. The concept derives from the work of Manheim (1952), cited in Alanen (2001b), who viewed a generation as a cohort of people exposed to similar social and historical influences, who may share common perspectives and therefore have the potential to work together. Alanen (2001b) defines generation as:

> A socially constructed system of relationships among social positions in which children and adults are the holders of specific social positions defined in relation to each other and constituting in turn, specific (and in this case generational) structures (p.12).

Alanen (2001b) argues that research questions should address how generational relations are manifested on a micro level (for example between children and their parents in a family) but also on a macro scale – how the global social system positions people as adults or children. Mayall (2000) also argues that generation is a useful concept for both recognising the particular 'constellation of forces' shaping childhoods today but also as a means of 'drawing attention to people in their membership of groups, and to how group experience and understanding is shaped by large-scale historically rooted influences, ideologies and policies' (p.114). The concept of generation is inherently intertwined with a relational understanding of children's agency. Alanen (2001b) provides a very useful definition of agency, which encapsulates children's positioning within generational relations:

> [...] the 'powers' (or lack of them) of those positioned as children, to *influence, organise, coordinate and control events taking place in their everyday worlds* (p.21 my emphasis).

Prout (2005) highlights the advantages of a generational approach to childhood. First, it sees childhood as produced within a set of relations rather than as an 'essentialised category' (p.76). Second, in principle it is concerned with 'both the discursive and material resources, and the practices that are involved in the construction of

childhood' and is therefore amenable to capturing the diversity of childhoods (Ibid, p.76). However, Prout also identifies a number of problems which focus on the binary division of adulthood and childhood implied by a generational approach. First, there is no recognition of a spectrum of positions within the framework, for example infant, teenager, young adult or even 'tweenie'. Second, by focusing on a binary division of inter-generational relationships, intra-generational relationships are not acknowledged. Third, generation is portrayed as a stable, single structure and the potentially diverse and heterogeneous process of 'generationing' (on analogy with gendering) becomes static. Prout's comments highlight potential serious drawbacks in using a binary division of generation as a means of exploring childhood and attention should be paid to each. However, the concept of generation itself, drawing attention to the relational nature of childhood and the power differences between adults and children should not be discounted as a means of exploring childhood. Indeed, Alanen and Mayall (2001) offer a number of examples of studies which have usefully used the concept of generation in research with children. In relation to health, the potential for children to be health care actors (Christensen, 2004) depends to a great extent on child-adult relationships and Mayall (1998) notes that the concept of generation offers a useful means of ' [...] deconstructing (children's) social positioning as a group and as individuals in interaction with adult individuals and groups (p.276). In summary then, children's agency in everyday life is enabled, constrained and expressed very much through their relationships with key adults.

2.2.6. Challenging ideas

The new paradigm's emphasis on children as social actors with minority group status and within diverse contexts offers a significant challenge to researchers. Mayall (2000) notes:

> Researchers working within the new childhood studies paradigm try to maintain throughout the work the idea of the child as subject. The researcher can put to the children in all honesty the proposition that they are uniquely positioned to give evidence on their own lives […] (p.8).

Children's own views, their experiences, ideas and practices are therefore an important focus for study. Researchers have, however, noted that as adults there is an inherent difficulty in seeking to convey children's voices (Alanen, 1994). Alanen

(1994) urges the development of a child standpoint – a picture of society from the child's perspective. James and Prout (1997) argue, however, that in seeking to provide a unitary account of what it is like to be a child, the standpoint approach, like the dominant framework, falls into the trap of universality. Drawing attention to the social location and setting in research findings offers some antidote to this and, as noted previously, becomes an integral aspect in recognising the plurality of childhood. Lee (2001) acknowledges that within the new paradigm there is:

> [...] an anxiety that by listening to children and by acting as their messengers sociologists of childhood themselves may unwittingly do children an injustice by mediating them (p.133).

Lee, however, supports Derrida's (1976) argument that everyone is subject to mediation in that as soon as the spoken word is uttered, it is open to interpretation and dissemination by others. In this way, our aim as researchers should be to mediate participants well. Making the research process transparent to the reader and adopting a reflexive approach to research can help to do this and this will be discussed further in Chapter Three.

2.3. Rethinking families and children's participation in families

Smart *et al.* (2001) highlight that researchers were initially reluctant to apply the key concepts of the New Social Studies of Childhood to the context of children's family lives, preferring instead to explore what they perceived to be children's 'own social worlds' (for example, the street or the playground). Relatively quickly, however, researchers recognised that such a position was untenable: treating children as active subjects did not necessarily mean treating them as autonomous and independent from the families where they spent much of their childhoods and developed close relationships. A growing trend among family researchers away from structural (focussing on membership of families) and functional accounts (emphasising how families function) towards thinking about families in terms of what families actually do (Cheal, 2002; Silva and Smart, 1999; Morgan, 1996) also helped to facilitate the integration of insights from the New Social Studies of Childhood into research with families. The relevance of families in the development of children's health-relevant values and behaviours has long been recognised as has the complexity of engaging with families for the purpose of health promotion (Holland *et al.*, 1996). That families are pictured as key players in the development of childhood obesity and the

consequent focus on families in the Change4Life campaign necessitates engaging with contemporary understandings of families which can integrate insights from the New Social Studies of Childhood.

2.3.1. Family practices

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 life course. Smart *et al.* (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. Children and parents may spend their time in several different households (Smart and Neale, 1999). 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; Beck and Beck-Gernsheim, 1995) 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' (p.28). This coheres with other studies which have found that children focus on the quality of relationships (Brannen *et al.*, 2000; Smart *et al.*, 2001). Indeed, O'Brien *et al.* (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 (Edwards *et al.*, 2005;

Hallden, 2003; Seaman, 2002; 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 (2001b) 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. We might include health practices here too. Indeed, following Kvande (2007) 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).

Morgan (2011) highlights how the 'family verbs' like mothering, fathering and parenting emphasise the active nature of family participation and commitments but notes that there is no corresponding verb for what children do in families. Alanen (2001b) suggests the rather awkward 'childing' and corresponding 'adulting' to emphasise the relational and generational nature of the practices through which one becomes a child (Mannion, 2007).

2.3.2. Children's participation in family practices

James *et al.* (2009), also drawing on Morgan's notion of family practices, 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. In this respect, Alanen's (2001b) concept of generation, discussed in the previous section, is relevant as it helps to focus on the relational nature of childhood and how the power differentials between adults and children are played out in everyday family life. In Alanen's (2001b) words: 'the two generational categories of children and adults are recurrently produced... through relations of connection, and interaction, of interdependence' (p. 21). This contrasts sharply with more simplistic notions of children as dependent upon their parents. However, drawing on a study of children's everyday lives in Finland, Alanen (2001a) also differentiates between 'family children' and 'non-family children'. For 'family children' the family (parents and parent-child relations) form the focus of their self-identification and understanding about what it is to be a child. 'Non-family children', in contrast, look to relationships beyond the family (for example, school and extracurricular activities) as reference points for their self-identification (James *et al.*, 2009).

James *et al.* (2009) also point to 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 sees 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 demonstrate 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).

Smart *et al.* (2001) highlight the importance of gaining children's viewpoints in this respect - their values about family life, their conceptualisation of family structures and memberships, the way in which they negotiate family rules, roles and relationships and engage with other family members. In this vein, Morrow's (1998) study of how children perceive and define the concept of family, referred to earlier, provides some useful insights. Morrow found strong variation in the extent to which children felt that they were listened to within families and some demonstrated a significant awareness 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. In other words, children made a clear distinction between participation and responsibility.

2.3.3. Family food practices and children's participation

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 highlights 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 *et al.* (2011a) 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.

Within the social science literature exploring family food negotiations, two main explanations have emerged to account for differences in children's levels of participation. First, the extent to which children participate has been linked to different configurations of child-adult relations within the family (which cut across families from diverse social backgrounds). In their recent study with 11 and 12 year old children from socio-economically and ethnically diverse schools, James *et al.* (2009) argue that different kinds of participation by children as family members reflect the 'different generational hierarchies' operating in families from diverse social backgrounds. 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 indeed Maisie's brother help out with cooking and in this way the authors argue that 'family food practices appear to collapse the generational order' (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.

In contrast to James *et al.* (2009) a number of authors emphasise a link between children's level of participation and families' socio-economic 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. Following Bradley (1996), 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 *et al.*'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 and Hupkens *et al.* (2000) who found that middle class women considered preferences of family members less than their working class counterparts and prioritised health over cost. Although in Backett-Milburn *et al.*'s 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). In sharp contrast, the middle class parents described the high priority they placed on 'moulding eating practices' by controlling portion sizes, ensuring their children consumed an ample intake of fruit and vegetables by hiding them in soups or stews and by actively supervising and regulating their teenagers' diets. In this way, eating practices were portrayed as a 'family project' (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 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. In this study, then, SEP is shown to be highly significant in young people's participation in family food practices.

2.4. Children's understanding of family finances and social position

In this section, I explore literature relating to children's understandings of family financial resources and social position, in particular in relation to food and health. It follows on from the work just described which emphasised a link between SEP and children's participation in family food practices and also the enduring relationship between SEP, diet and obesity (and the consequent focus on children and families from lower socio-economic groups in the Change4Life strategy). It is also informed by the New Social Studies of Childhood's emphasis on engaging with children's views.

2.4.1. Children's awareness of family financial resources and social position

Research which looks at the extent to which children are aware of financial constraints and their implications for food provision is sparse. Attree (2006) cites a number of UK studies which have explored children's experiences of life on a low income more generally (although she acknowledges that very few studies have explored, even in a very general sense, children's experience of financial disadvantage). Key themes running through the studies are that children are acutely aware of financial constraints in their lives and experience pressure to fit in with their peers. Middleton *et al.* (1994), for example, explored economic and social pressures on parents and children in the 1990s. Children aged 8-16 years from diverse socio-

economic backgrounds were recruited via schools with very different numbers of children living in privately owned and local authority owned housing. Children, like their parents, emphasised their desire to participate in the 'activities, experience and lifestyle' of their community (p.146), particularly in terms of clothing. The authors note a 'disturbing gap [...] between poorer parents' perceptions of their children's reaction to living on a low income and the attitudes and aspirations of the(ir) [..] children' (p.150). So while parents believed that by teaching their children about budget limitations their children would learn to limit their aspirations, children suggested that they continued to 'want the same things' (p.150). The authors suggest that, despite parents' attempts to shield them, children from low-income families 'begin to experience the reality of their "differentness" at an early age' (p.150).

More recently, Ridge (2002) conducted a series of in-depth interviews with 40 children (aged 10-17) exploring their perspectives and experiences of life on a low income (all children were from families in receipt of income support for over six months). Like Middleton *et al.* (1994) the study found that children were eager to fit in and obviate unwanted attention for non-conformity, especially with regard to clothes. In relation to food, children also highlighted the stigma attached to taking free school meals which, although valued by the children, made them less desirable. The authors note that children employed a number of strategies to protect their parents from the realities of life on a low income, for example not asking to go on school trips or be part of clubs. This complements previous research (for example, Dobson *et al.*, 1994), which has consistently shown that parents struggle to protect their children from the effects of poverty. It echoes Middleton *et al.*'s (1994) finding that children are acutely aware of their socio-economic situation. The extent to which children are aware of financial constraints related to family food provision and how they make sense of this in relation to the healthy eating messages with which they interact could offer useful insights for policies aimed at improving children's diets.

Taking a comparative approach, Sutton (2009) explored how children understand and perceive their own social and economic positions in relation to others. The study focused on how children aged 8-13 identified themselves in relation to others and how income inequality and social exclusion arose in children's own accounts.

Children were recruited on the basis of relative rather than absolute wealth or disadvantage and were recruited via a private school and a previously council-owned housing estate. Sutton acknowledges the difficulties of recruiting based on advantage and disadvantage particularly in terms of the stigma attached to poverty. The research was described as a 'study of children's own lives, how they see the world and how they see others' and the children were aware that research was being conducted in two different locations. This approach avoided labelling children as 'poor', which could have influenced how they talked about their lives and could also have been emotionally damaging. The aim was to gain an 'insight into how the attitudes and experiences of children in the UK reflect their material circumstances' (p.279).

Sutton reports two key findings. First, none of the children referred to themselves as either poor or rich. Instead, children were keen to fit in with their peer group by conforming to an apparent norm or average. The private school children underplayed their material possessions in a bid to avoid appearing spoilt and the estate children spoke favourably of what they had in order to avoid criticism or pity. A second, and related finding, was that children defined being poor and rich in extreme terms, referring to children in Africa and homeless people on the one hand and the very rich who lived in large houses with 'gold taps' and 'gold baths' on the other (p.282). However, the author notes that the children presented a more nuanced, detailed evocation of social difference when they talked about 'chavs' and 'posh people'. The private school children demonstrated their awareness of social difference in their reference to 'chavs'. Chavs were identifiable by their clothing (tracksuits, hoods and baseball caps) and their poor behaviour. The private school children thought that being poor did not necessarily equate with being a chav, but did associate chavs with disadvantage and social housing. They positioned themselves in the middle of the continuum between chav and rich. The estate children, however, talked about 'scallies', 'gangsters' and 'druggies' (also defined by their clothes and behaviour) in their local neighbourhood at one end of the continuum and 'posh people' (generally spoilt, mean and greedy) on the other. In this way, the estate children also placed themselves midway along their constructed continuum.

Children's everyday experiences also differed significantly between the two groups. Whereas the private school children emphasised the importance of homework and after-school activities as part of their future-oriented outlook, such pursuits were not integral to the estate children's lives and they tended to focus on the present. However, the estate girls did express a desire to avoid potential risks to their future such as having a child at an early age, smoking and drinking, risks they acknowledged to be socio-economically patterned. In conclusion, Sutton highlights the importance children attach to fitting in with their social group. She also emphasises the importance of socio-economic background in shaping children's identity and experience.

Just as there is very little research exploring children's understandings of financial resources in relation to food provision and practices, there is a paucity of studies looking at how children perceive the relationship between socio-economic position and health. Backett-Milburn *et al.*'s (2003) study stands out in this respect. The authors explored primary school children's everyday experiences of health inequalities. Interviews were conducted with parents and 35 children (aged 9-12 years) from two socio-economically contrasting areas in a large Scottish city (areas were chosen based on the researchers' local knowledge of the city, small area statistics, information regarding over-researched areas and a strategy to use areas in close proximity to each other). A key finding to emerge from the study was that children perceived relationships and social life as equally or more important than material factors in explaining inequalities. Like the studies by Middleton *et al.* (1994) and Ridge (2002), the majority of children in the less affluent area articulated an awareness of disparities in resources between families and areas but unlike these studies they did not see this as having a significant impact upon their lives. Children from the more affluent area also tended to underplay what they had. Children in both areas talked about how they would adjust their requests according to what they knew or perceived to be available, for example, asking to go on a school trip (echoing findings from Ridge, 2002). The authors emphasise, however, that 'material differences set the context for differences between many of the children's lives' (p.619). Treats and gifts from the wider family helped to cushion the impact of material disadvantage for the poorer children.

2.4.2. Socio-economic position and eating practices

In relation to food more specifically, Ludwigsen and Sharma (2004) carried out interviews with children and young people aged 4, 10 and 15 in 9 schools (nursery, primary and secondary) in England, Wales and Scotland exploring children's perspectives on social and environmental influences on their food choices in school settings. Many of the primary school children (between 40% and 70%) in the study were eligible for free school meals (a recognised proxy for low SEP). The authors found a consistent relationship between children's ideas about the type of food people eat and their affluence, particularly in terms of the brands of food children eat and what they are able to afford. Like Middleton *et al.* (1994) and Ridge (2002) children demonstrated an understanding of their family's material situation. Primary children eligible for free school meals recognised the futility in asking for packed lunches and those not eligible realised that packed lunches would be cheaper than paying for a school dinner. Although primary children were less concerned with brands than their older counterparts, children in one school talked about the acute embarrassment experienced when their lunchbox contained an item from a local discount supermarket. The authors also argue that the most economically disadvantaged groups were most influenced by brands and by peer approval of high fat/ high carbohydrate foods.

Children also drew on income and gender-related stereotypes often evident in the media. Children were shown two photos: one of a burger, chips and carton of coke and the other of a plate of 'healthy' food (cream cheese and cucumber on brown bread, tomatoes, an apple, yoghurt and a glass of milk). Children were asked to describe someone their age that would eat each meal for their lunch. Children characterised the person choosing the healthy lunch as a wealthy, sporty girl and thought that a boy, probably from a low income family, would choose the burger and chips meal. It could be argued, however, that the activity itself invited such stereotyping and the photo of the 'healthy' meal, which many children found almost impossible to imagine eating, was probably more reminiscent of a food advert than a meal consumed in the everyday home or school context.

2.5. Children's ideas about healthy eating

Having explored children's potential to be health promoting actors (Christensen, 2004), their potential to participate in family food practices and how they make sense of SEP in a general sense and also specifically in relation to food and health, I now review UK studies published since 1990, which have explored children's understandings of healthy eating and which helped to refine the focus of my study. Reflecting the previous government's target to reduce the rate of increase in obesity among children under 11 (HM Treasury, 2007) and in line with the Change4Life's focus on this age group (DH, 2008a), the review focuses on qualitative studies with primary school-aged children (7-11). First, I look at children's ideas about healthy and unhealthy foods. Second, I explore the extent to which children engage with notions of balance and moderation. In the third section, I look at children's ideas about diet-disease links and in the fourth section I address the limitations of the studies reviewed here.

2.5.1. Categorising foods

Studies, using a variety of different methods, have consistently shown that children have a good awareness of what foods are widely held to be 'healthy' or 'unhealthy', 'good' or 'bad' (Hart *et al.*, 2002; Noble, 2000; Ross, 1995; Tilston *et al.*, 1991).

In defining healthy foods, children typically talked about fruit and vegetables (Gosling *et al.*, 2008; McKinley *et al.*, 2005; Dixey *et al.*, 2001; Turner *et al.*, 2000). Items such as milk and brown bread (McKinley *et al.*, 2005), fish (Tilston *et al.*, 1991) and foods containing vitamins and fibre (Turner, 1997) were also deemed to be healthy but mentioned much less frequently than fruit and vegetables. Other key ideas in defining foods as healthy included the concept of a 'proper meal' and homemade foods (Ross, 1995) and also food that comes 'from the ground' (Tilston *et al.*, 1991). Cooking methods were also mentioned by a minority of children, for example, grilled foods being healthier than fried foods (Gosling *et al.*, 2008; McKinley *et al.*, 2005). A minority of children mentioned specific nutrients, such as vitamins, minerals, proteins, carbohydrates and iron (Dixey *et al.*, 2001; Turner, 1997).

When talking about unhealthy foods, children tended to focus on foods with a high fat content (Noble, 2000; Turner *et al.*, 1997). However, some studies also highlight that children failed to recognise 'hidden' fats in foods (Turner *et al.*, 1997) and this problem is also documented in relation to sugar and salt (Tilston *et al.*, 1991). Children also talked about foods with a high sugar content and, to a lesser extent, salt. In line with their emphasis on fat and sugar, the foods typically offered as examples of unhealthy foods were crisps, chips, chocolate, sweets and fizzy drinks (McKinley *et al.*, 2005; Edwards and Hartwell, 2002; Turner *et al.*, 2000).

Gosling *et al.* (2008) also note that although children were generally able to distinguish between healthy and unhealthy foods there was clear uncertainty over the healthiness of foods containing multiple ingredients, for example, a burger in a bun with salad. For foods they found difficult to categorise as 'healthy' or 'unhealthy', children created an 'in-between' category.

2.5.2. Balance

A number of studies report that although children can and do categorise foods into healthy and unhealthy, they rarely refer to the idea of balance or moderation (Hart *et al.*, 2002; Noble, 2000). Hart *et al.* (2002), for example, suggest that the concept of moderation, although nutritionally correct, may be too complicated for this age group (7-11) to understand. However, children in their study were asked to sort foods out into 'good' or 'bad', and in this way it is debatable whether they perceived an opportunity to think about or indeed demonstrate an awareness of balance or moderation. Such an approach, reminiscent of Turner *et al.*'s (2000) request for children to describe what they would eat on a 'healthy day' and a 'dream day', arguably serves to reinforce a binary opposition between 'healthy' and 'unhealthy' foods and potentially strengthen connotations of 'good' or 'bad' (Coveney, 2000). Indeed, the nine and ten year-olds in a recent study by Dryden *et al.* (2009) certainly seemed to engage with a moral categorisation of foods as healthy and unhealthy when asked to draw 'dream' and 'nightmare' lunchboxes and discuss their pictures. The authors describe one child, Ruth, who drew a picture of chocolate in her 'dream' lunchbox but after a short moment of reflection quickly rubbed it out and said that she did not like chocolate. They argue that in doing this Ruth was attempting to

demonstrate good personal choices to the interviewer, 'the implication being that if she doesn't like chocolate, she is being virtuous' (p.89). The authors do acknowledge, however, that asking children to categorise 'dream' and 'nightmare' lunchboxes 'keys into moral debates around food, at some level' (p.85). Also tapping into moral debates, McKinley *et al.* (2005) argue that the tendency of children in their study to categorise foods as either 'good' or 'bad' meant that eating healthily equated to 'feelings of deprivation' because 'healthy' foods like fruit and vegetables were not perceived to be as filling, tasty or good value as 'unhealthy' foods like crisps or chocolate (p.547).

Other studies, however, report that children emphasise the importance of a balanced diet and are reluctant to engage in a simple dichotomous categorisation of healthy and unhealthy (Edwards and Hartwell, 2002; Dixey *et al.*, 2001; Turner, 1997; Turner *et al.*, 1997). Dixey *et al.* (2001), for example, note that although initially children might assert that eating just salad would be 'really healthy', after some reflection, they might say something like 'you need a bit of fat', or 'you can have a bit every day and it won't harm you' (p.73). Children also talked about needing 'a bit of everything from different categories' (of the Department of Health's 'Balance of Good health' model) and the authors argue that in this way, the children demonstrated some understanding of healthy and unhealthy diets rather than simply healthy and unhealthy foods. On the other hand, Edwards and Hartwell (2002) found that although children in their study talked about the importance of a balanced diet, there was some confusion as to exactly what this meant. One child, for example, talked about 'a balanced diet such as pasta, chocolate and eggs' (p.373).

2.5.3. Diet-disease links

A number of studies report children's uncertainty over how to relate their ideas about 'healthy' and 'unhealthy' foods to specific effects on the body (Hart *et al.*, 2002; Noble, 2000; Turner, 1997). Noble *et al.* (2001) refer to the frequent use of vague terms such as 'full of goodness', 'good for you' or 'bad for you'. However, a number of diet-disease links recur in the literature, predominantly in relation to the negative consequences of eating unhealthily. First, eating unhealthily or eating fat, more specifically, is frequently linked to heart problems (Dixey *et al.*, 2001; Turner *et*

al., 1997). Dixey *et al.* (2001), for example, cite a frequently articulated idea that 'the fat squashes the heart and the arteries get blocked' (p.74). Related to this, eating unhealthily, particularly eating lots of fat or salt, is often associated with causing problems in the circulatory system (Tilston *et al.*, 1991). Another frequently articulated consequence of eating unhealthily is putting on weight (McKinley *et al.*, 2005; Dixey *et al.*, 2001; Turner *et al.*, 1997) and again this is often linked to eating fat specifically. McKinley *et al.* (2005), for example, cite one child's description of chips as 'fatty and they make you put on weight' (p.548) but also cite another child who highlights that it is possible to put on weight by eating 'anything if you eat too much of it' (p.548). Children allude to the physical consequences of putting on weight such as not being fit (mainly boys) but also the social consequences including not getting a boyfriend (the girls) (Dixey *et al.*, 2001). However, children also talk about the importance of not being too thin or becoming anorexic (Dixey *et al.*, 2001). Another key idea is that eating too much sugar rots a person's teeth (Stewart *et al.*, 2006).

Children are even less sure of the positive consequences of eating well but talk about eating healthily being associated with energy, fitness and strength (Edwards and Hartwell, 2002). Interestingly, Ross (1995) notes that the children in his study thought that someone their own age who ate 'healthy' foods would be 'thin', 'not that skinny', not fat either', 'medium', 'fit', 'sporty', 'muscular', 'strong', 'able to run fast'. However, some participants highlighted that although they ate 'unhealthy' foods they actually fitted the physical description of someone who eats 'healthy' foods. This was rationalised by citing exercise as burning off (excess) energy. Turner (1997) notes that children who had special dietary requirements, such as those with diabetes, were better informed about particular nutrients and more aware of the constraints which govern food choices. Children in McKinley *et al.*'s (2005) study also demonstrated a critical stance towards the health claims of the Sunny Delight advertisement (a topical advert for an orange juice drink in the UK at the time of data generation). Children described the advert as 'really corny' and misleading 'it says it's good for you and you know they're so bad for you', 'there's more sugar in it than there is in coke', 'a boy in America drank 3 litres a day and turned yellow' (p.548).

2.5.4. Study limitations

A number of important limitations can be identified in these studies exploring children's understanding of healthy eating, Firstly, the majority of studies used focus groups as the sole means of data generation (Warren *et al.*, 2008; Hart *et al.*, 2002; Turner, 1997). Warren *et al.* (2008) acknowledge that children may have been influenced by the competitive nature of the focus group situation, eagerness to contribute and peer pressure. In their study, Hart *et al.* (2002) found that some children were reluctant to contribute to the group discussion and gave very short answers, perhaps inhibited by the large group (often of about seven or eight children). This prompted the interviewer to ask more direct questions and the authors recognise that this unintentionally led to more leading questions. According to the authors, the children's reluctance to justify their answers supports the idea that they may have been 'parroting' learned responses or those which they perceived to be correct' (p.6).

Further, the literature related to children's understanding of healthy eating largely focuses on children's ability to categorise foods into healthy and unhealthy with only some studies offering children the space to talk about notions like balance and moderation. Although there is some recognition of children's interaction with different healthy eating messages and hints that they do not always take such messages at face value (for example, their criticism of the Sunny Delight advert in McKinley *et al.*'s (2005) study), there is very little focus on children's critical engagement with messages, what they think of them, how they make sense of them and how they relate them to what goes on in their own lives. Dryden *et al.* (2009) critique this neglect of 'the wider context – including the changing social meanings attached to specific food practices' (p.72). Watt and Sheiham (1997) concur and argue that 'relatively few studies have assessed the social context and meaning of food in young people's lives' (p.340). Lupton (1994) warns against such an approach:

> Food practices are constructed according to rules which reflect a variety of ideological, symbolical, social or other concerns, and are not simply linked to people's understanding of nutrition (p.114).

Dryden *et al.* (2009) acknowledge the contribution of ethnographic studies by Mauthner *et al.* (1993) and Burgess and Morrison (1998), which focus on children's experiences of food in the school context (rather than their understanding of healthy

eating) and offer many insights into children's views of everyday food encounters. James (1990) also highlights the importance of taking into account factors beyond nutritional knowledge. In her empirical study of food practices, James found, for example, that the 'cultural meanings which surround confectionery contest the public health discourse of food morality' in that confection is 'nutritionally 'bad for you' but conceptually 'good for you' in its connotations of pleasure and enjoyable wickedness' (p.670).

A number of authors also emphasise the importance of seeking parental perspectives when exploring children's ideas about food and health (Warren *et al.*, 2008; Wills *et al.* 2008b) as this could offer important insights into the role of the family in children's developing ideas. However, the majority of studies (bar some notable exceptions including Curtis *et al.* 2011b and James *et al.* 2009) are limited to children's views and also tend to be carried out solely in the school setting, which may reinforce the notion that researchers are only interested in children's factual knowledge rather than their ideas and opinions.

2.6. Conclusion: Towards a research focus

In this section, I outline the key points from the literature review, which helped me to focus my research; articulate the research aims and acknowledge the influence of personal interests and experiences on the formulation of the research focus.

2.6.1. Summary of key points from the literature review

The first section of this literature review provided an overview of the public health policy context regarding children's relationships with food. It highlighted the overwhelming focus on childhood obesity and research emphasising the consistent and enduring relationship between SEP, diet and obesity. It explored the two main foci for intervention (schools and families) and discussed how children and parents were positioned within this. It also highlighted work which has sought to challenge the dominance of the obesity discourse.

The second section discussed the relevance of the New Social Studies of Childhood for health research with children, in particular the emphasis on children as social actors (embodied health care actors (Mayall, 1998) or even health-promoting actors (Christensen, 2004)), the diversity of childhoods (including differential access to health-promoting resources like education, time and money (Christensen, 2004)) and the relational nature of childhood (significant when designing health promotion strategies aimed towards children and families).

The third section, building on the second, looked at contemporary understandings of families from the social science literature, in particular the 'family practices' approach (Morgan, 1996) which focuses on how family members connect with and commit to each other and which, therefore, opens up the possibility of children actively participating in, contributing to and influencing family life, including health-relevant values and behaviours.

The fourth section highlighted the dearth of research exploring how children describe and understand the material and social realities of their everyday lives and how they actively engage in health-relevant behaviours (Knighting *et al.*, 2011; Backett-Milburn et al., 2003). Such research could teach us much about how inequalities are played out and have important implications for public health interventions, which may exacerbate health inequalities unless socio-economic barriers to uptake are addressed (Brown *et al.*, 2009). In relation to food, in particular, a number of UK studies have explored parents' perspectives of negotiating tight budgets in relation to food expenditure (Dibsdall *et al.*, 2003; Dowler, 1997). However, there is little research into children's perspectives on resources, diet and health.

The fifth section emphasised the focus on children's knowledge of food in research exploring children's understanding of healthy eating. It highlighted the dearth of research exploring children's ideas and opinions about the messages with which they interact and the paucity of work allowing children to voice their critical engagement and interaction with such messages. It also highlighted the usefulness of addressing children's social contexts and wider ideas about food in order to think about the intersection between health and other, potentially competing, concerns. Finally, a number of authors highlighted the usefulness of gaining parental perspectives when

exploring children's ideas about food and health but few studies have taken this approach.

In summary, the UK public health policy context provided the impetus and rationale for this literature review and, ultimately, the research focus. Contrasting ideas and insights from the social science literature relevant to carrying out health research with children have also helped to develop the rationale for this study. Finally, the lack of research exploring children's perspectives on resources, diet and health and also the relatively small body of work exploring children's conceptual frameworks for understanding the relationship between food and health informed the development of the research aims.

2.6.2. Research aims

The study aimed to explore, from the perspectives of children and parents living in socio-economically contrasting circumstances:

1. Children's experience and perceptions of food in their daily lives
2. Children's understandings of the relationship between food and health.

2.6.3. Acknowledging personal interests and experiences

Stewart *et al.* (2006) note that although rarely explicated in published research, researchers' personal interests and experiences are also usually crucial to refining the focus of a study. Indeed, given a PhD's potentially pivotal role in shaping a future academic career and its heavy demands in terms of time and labour, it would be foolish to undertake a project which did not enthuse and engage the researcher. From my own perspective, my key research interest lies in socio-economic inequalities in health. This stems from my upbringing in Sheffield, a city of contrasts in both health and wealth, visiting family in Anfield, Liverpool and through voluntary work with young mothers in Cambridge and with children in a disadvantaged area of Paris. I am particularly interested in how health inequalities may be generated and maintained across the lifecourse and how policies might exacerbate or ameliorate this. My interest in the lifecourse also informs my particular interest in the health and wellbeing of children, young people and families. Insights from the New Social

Studies of Childhood, which emphasise that children actively make sense of and participate in health-relevant behaviours, also cohere with my experiences of teaching in schools. In the next chapter, I outline how the aims identified above translated into the design of the study and how the study worked out in practice.

3. Study design

The aim of this chapter is to explain and justify the research strategy I adopted in this study and to provide a transparent and comprehensive account of the research process. In the first section, I discuss my research perspective. This involves delineation of my ontological and epistemological position and a critical discussion of why I adopted a qualitative methodology. I then discuss my reasoning for the particular method chosen, semi-structured interviews. In the second section, I provide a brief overview of the two-phase study design and then work through the specifics of each phase in detail (sampling strategy, recruitment, sample profile and the research encounters). I discuss these in terms of both rationale and reality. In this way, my aim is not to produce a 'sanitised' description but rather to convey the complexities, the challenges and dilemmas of the research process (Irwin and Johnson, 2005). I also describe how I managed the data (recording and transcription) and my use of field notes. In the third section, I describe the process of data analysis and reporting and consider the reliability, validity and generalisability of the study in the fourth. In the final section, I consider the ethical issues of the study. Throughout the chapter (rather than in one discrete section) I seek to locate myself within the research process and in so doing provide a reflexive and reflective account.

3.1. Research perspective

How do we understand reality? (Ontology) What is our relationship to it? (Epistemology) How can we find out about it? (Methodology) (Guba and Lincoln, 1994, p.108). Our response to these key, interrelated philosophical questions inevitably shapes the way in which we go about doing research and the assumptions we make about the data we generate. Active engagement with these questions and clear delineation of our response, therefore, is seen as a marker of credible research (Mason, 2002; Seale, 1999a). It is increasingly recognised, however, that study design is also informed by the specific research question and practical logistics of the research context (Snape and Spencer, 2003; Silverman, 2001; Hammersley, 1992; Bryman, 1988). In this vein, Seale (1999a) characterises social research as a 'craft skill' and proposes a 'toolkit approach' whereby researchers draw on epistemological, ontological and methodological insights as a resource rather than a

predefined schema. Mason (2002), however, highlights the interrelated nature of our research perspective and research questions – how we formulate our research question is an expression of our ontological and epistemological position. Further, focussing our attention on intellectual concerns will enable us to respond strategically to practical issues as they arise. Guided by Mason's (2002) insights concerning the interrelationship between research perspective and questions and the importance of taking a strategic (albeit practical) approach to research, this section will outline my research perspective, in terms of both ontology and epistemology, and outline the rationale for employing a qualitative methodology.

3.1.1. Ontology

My research perspective coheres most closely with a subtle realist philosophy (Hammersley, 1992). According to this position, there is an underlying reality which we can study but the data we generate will be influenced by both subjective perception and the different methods we use (Mays and Pope, 2000). For me, such a position represents an attractive compromise between the polarised dichotomy of naive realism and relativism, traditionally associated with quantitative and qualitative methodologies respectively. For naive realists or positivists, there is one external reality which researchers can access directly and about which they can produce definitive knowledge (Liamputtong and Ezzy, 2005). In sharp contrast, relativists assert that there is no independent reality rather people create their own realities through socially constructed meanings and interpretations. Subtle realists draw on elements of both viewpoints. Like the naive realists, they believe that there is a reality independent of our interpretation of it but, in common with the relativists, they assert that this reality can only be accessed through our own perspectives. In other words, the researcher can only access the social world through the respondents' interpretations of it, to which the researcher adds their own interpretations. I find this perspective compelling and, most importantly, convincing for a number of reasons. First, recognising an independent reality acknowledges that people's experiences and perspectives are influenced by external structures beyond their control. This therefore avoids the inevitable 'descent into nihilism' (Seale, 1999a) or 'relativist dead-end' (Houston, 2001) of a purely relativist position. Secondly, emphasising the importance of different perspectives acknowledges that

people differ in the way that they make sense of their everyday reality. Thirdly, drawing these two aspects together, Snape and Spencer (2003) highlight that a subtle realist approach encapsulates the diversity and multifaceted nature of both our everyday realities and the way in which we experience them. Such an approach is consistent with a holistic view of health as the result of a 'complex mix of social, economic, political and economic factors' (Baum, 1995, p.459).

3.1.2. Epistemology

The researcher's task is therefore to 'convey as full a picture as possible' of this complexity (Snape and Spencer, 2003, p.19). Hammersley (1992) emphasises, however, that in doing so the researcher should seek to represent reality rather than reproduce it (p.51). This stands in sharp contrast to the naive realist stance, which presupposes that by adopting a rational and objective approach, researchers can access and accurately portray the 'truth' (Angen, 2000). Hammersley (1992) argues persuasively that social research is inevitably interpretive. The respondents' own interpretations are paramount and the researcher should strive to represent these as faithfully as possible, while acknowledging that they add a further layer of interpretation in terms of their own research focus and theoretical insights. In this respect, Bhaskar's (1978) critical realism adds a further attractive dimension to Hammersley's subtle realism in that it is also concerned with challenging underlying structural or psychological mechanisms which have a negative impact upon people's lives if they become apparent in the course of the research. Houston (2001) highlights the consistency of such an approach with social work and indeed the critical realist stance is of value for public health research, which must take into account both facilitators and barriers to health. This also coheres with Hammersley's view that research should be 'value-relevant' but not 'value-laden' (Seale, 2002, p.107). In other words, the research topic, design and findings may have political, value-relevant implications but the conduct and analysis of the research should be grounded in the data rather than political motivations. In this vein, recognising my own interest in socio-economic inequalities in health and my commitment to working to highlight and potentially reduce these inequalities, as already mentioned, was part of my reasoning for choosing to work with children in contrasting socio-economic circumstances. However, throughout the research I have been acutely aware of the

importance of grounding my findings in the data. By providing a transparent account of the analysis process (Section 3.3) I hope that I can persuade the reader of how I rigorously worked through the data and formed interpretations.

3.1.3. Methodology

Mays and Pope (2000) argue that subtle realism's focus on representation rather than a search for the 'truth' means it can underpin both quantitative and qualitative research. The possibility that both quantitative and qualitative methodology may fit equally well within a single philosophical perspective allows researchers to take a more pragmatic approach to choosing the methodology (Murphy *et al.*, 1998) or combining methodologies (McKinlay, 1993) most befitting their research question. The previous chapters have highlighted the dearth of qualitative research which explores the material and social realities of children's lives with a view to contributing to the health inequalities research and policy debate (Backett-Milburn, 2003b). In their Lifecourse Framework, designed to facilitate policymakers in tackling socio-economic inequalities in health, Graham and Power (2004) highlight the wealth of quantitative literature linking childhood circumstances to health and draw attention to the need for qualitative studies:

> Qualitative studies that record children's and parents' experiences directly can provide deeper and richer understandings of how privilege and disadvantage affect people's lives (p.9).

They also emphasise that an important limitation in birth cohort studies, a key source of information on the links between childhood and adult health, is their focus on individual and family factors at the expense of children's 'broader social environment' including their peer group, the mass media and the school. Christensen (2004) echoes the importance of looking at the 'bigger picture' of children's lives in her conceptual framework for researching children's potential role as health promoting agents. This emphasis upon context and richness of accounts of social phenomena is a hallmark of qualitative research (Geertz, 1973).

For me, it is difficult to disentangle the formulation of my research aims from the selection of methodology as the two strategic decisions were very much interrelated. My research aims stem from identified gaps in understanding, gaps which are most

amenable to contributions from qualitative research. In this way, the research aims focus on exploring the dynamic and multidimensional nature of children's perspectives and understandings, rather than testing a pre-formulated hypothesis, which would be more amenable to a quantitative approach (Mason, 2002). The interrelated formulation of research aims and methodology is also linked to a more reflexive, personal concern. I recognise that the way in which a researcher approaches a topic and the gaps they find in the extant literature may be influenced by their particular methodological preferences. Becker (1998), for example, acknowledges that his decision to adopt a qualitative approach has a practical rather than ideological grounding in that he has experience of and enjoys this approach. For me, the focus on rich, holistic descriptions (Guba and Lincoln, 2005; Murphy *et al.*, 1998) and contextual understandings (Popay *et al.*, 1998) in qualitative research is appealing. Its potential to deal with the 'messy background noise' inherent in many areas of public health research was also a compelling (Baum, 1995, p.459) reason to adopt a qualitative approach for this study.

3.1.4. Method

In research with children, the way we understand children and childhood also has inevitable implications for the whole of the research process (methods, ethics, participation and analysis) (Punch, 2002). Somewhat ironically perhaps, many of those associated with the New Social Studies of Childhood have advocated the creation of specific 'child friendly' methods while simultaneously emphasising children's competence (Punch, 2002). Traditional research techniques such as interviews have been critiqued as emphasising the unequal power relationship between the adult researcher and child participant (Conolly, 2008). In contrast, task-based activities such as drawing, photography, sentence completion exercises, drama and role-play have been associated with a more 'participatory' and 'creative' approach, which builds on children's competencies. This focus on inherent differences in research competencies between children and adults, however, has been critiqued (Punch, 2002). Backett-Milburn and McKie (1999), for example, found that children's drawing skills shaped and limited what they were able to express through this medium. Harden *et al.* (2000) also critique the 'tendency to assume that task-centred activities will reveal some truth not accessible through talk' (paragraph

2.9) and the assumption that children will always find activities like drawing fun (paragraph 2.1).

Many researchers now advocate integrating both traditional and creative methods and this is the strategy I adopted in this study. Integrating more creative methods can help prevent boredom and sustain interest (Hill, 1997), help children to feel relaxed and give them thinking time (Coad, 2007), gain children's cooperation (Mauthner, 1997), reduce pressure to talk or maintain eye contact with the researcher (Harden *et al.*, 2000) and provide a springboard for discussion (Harden *et al.*, 2010). Punch (2002) sums up the rationale for integration very neatly. While traditional research methods can provide the opportunity for children to display their competencies, task-based methods can help to reduce problems of an unequal power relationship between adult researcher and child participant where the child may feel pressurised into giving a prompt, 'correct' answer. Such an approach emphasises children's competence as social actors and research participants while recognising that potential differences in research with children stem mainly from children's marginalised position in society. Flexibility in research methods can also encourage children to communicate their views (Conolly, 2008; Noble-Carr, 2006) and recognises that not all children share the same interests or skills. Whichever methods are chosen (by the researcher or participant), integral to addressing power differentials is a commitment to reflect on the complexities and dynamics of research relationships and how they play out using different methods of generating data (Conolly, 2008; Hemming, 2008; Barker and Weller, 2003) and I endeavour to do this as I describe both the rationale for and reality of the methods adopted.

In this study, data was generated using semi-structured interviews with children and their parents. Drawing on Punch's (2002) rationale, the interviews with children also integrated task-based activities. The principal reason for choosing interviews was my focus on children's perceptions and understandings rooted in children's daily lives. Interviews can provide an opportunity to explore participants' perspectives and 'conjure up' relevant social situations by, for example, asking people to talk through specific experiences or daily occurrences (Mason, 2002). Kvale's (1996) summary of the purpose of qualitative interviews as an attempt 'to understand the world from the subjects' point of view, to unfold the meaning of people's experiences [...]' (p. 1)

cohered with my research aims. The focus on gaining a detailed, nuanced understanding of how children make sense of food rather than their actual behaviours or practices supported the use of interviews as opposed to a survey or indeed participant observation. Mason (2002), however, emphasises the 'constructed' nature of data generated in the interview situation and the need to recognise that the method is 'highly dependent upon people's capacity to verbalise, interact, conceptualise and remember' and therefore can never be taken as a direct representation of people's understandings outside the interview context (p.64). This closely coheres with a subtle realist stance which emphasises that the researcher's task is to 'represent' rather than 'reproduce' reality. The social interaction between interviewer and interviewee and the interview context cannot be separated from the data produced so, as discussed previously, the researcher needs to reflect upon complexities of the interaction rather than aspiring to be a neutral data collector (Mason, 2002 p.65-6). Oakley (1981) also critiques the aspiration to neutrality and detachment in interviewing as 'morally indefensible' (p.41). In order to develop a rapport and for research participants to feel empowered to share their stories, she argues, the researcher must give something of themselves.

Mishler (1986) also emphasises the importance of empowering participants to share their stories and argues that this is closely linked to the study of their responses as narratives. According to Mishler, 'one of the significant ways through which individuals make sense of and give meaning to their experiences is to organise them in narrative form' (Ibid, p.118). Semi-structured interviews, which use a topic guide rather than a rigid schedule allow the researcher to give initial shape to the interviews but also help to promote a more narrative response (Hollway and Jefferson, 1997) as the participant is given space to articulate and emphasise what is important to them. This contrasts with structured interviews, which can emphasise the hierarchical power relations between researcher and participant (Mishler, 1986). This attention to the power dynamics in the research encounter is, as discussed previously, particularly pertinent in relation to children when we think about their positioning in child-adult power hierarchies. It is also highly relevant in terms of the research topic. Hollway and Jefferson (1997) refer to interviewees as 'defended subjects' who endeavour to 'stay safe through comfortable, well-rehearsed generalisations' (p.59). The potential for children and parents to act as 'defended

subjects when discussing food and health in the context of intense public and policy focus on childhood obesity is something which I was acutely aware of and aimed to guard against. Hollway and Jefferson (1997) propose four key principles, which can help move beyond 'well-rehearsed generalisations' in the interview situation: use open-ended rather than closed questions, elicit stories, avoid 'why' questions and follow up using respondents' own ordering and phrasing. I endeavoured to incorporate these principles in my interview strategy.

3.2. Generating the data

3.2.1. Overview

Data generation took place between September 2010 and May 2011. Data were generated with 53 children aged 9-10 attending two schools located in socio-economically contrasting neighbourhoods (Phase One). Eight children from these schools were later interviewed again at home, along with a parent (Phase Two). In terms of chronology, for practical reasons and to ensure I maintained close and flexible relationships, I spent the first half of the academic year working with children (and parents) from one school and the second half with children (and parents) from the other.

	Sample	**Methods**	**Format**	**Location**
Phase One	53 children (29 School A and 24 School B)	Semi-structured interview	Friendship groups	School
		Semi-structured interview (debate)	Friendship groups	School
Phase Two	Sub-set of 8 children (4 boys and 4 girls)	Semi-structured interview	Individual	Home
	8 parents (7 mothers and 1 father)	Semi-structured interview	Individual	Home

Table 1: Study design overview

The rationale and process are explicated below. The project materials (including information leaflets, consent forms, topic guides and activities) may be found in appendix 2.

3.2.2. Phase One: Sampling strategy and recruitment

I adopted 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). My priority, in line with my research aim was to recruit children in contrasting socio-economic circumstances. In common with much research with children, for reasons of efficacy and practicality, I both recruited through and carried out part of the research with children in primary schools. I identified socio-economically contrasting schools by consulting data provided by the Department for Children, Schools and Families (DCSF) regarding the number of students eligible for free school meals in each school, a key marker of deprivation. Local area knowledge and consultation with the local council regarding current and recent school-based research projects in the city helped to refine the selection to two schools.

Although ethnicity is also a key factor in both the prevalence of overweight and obesity among children (Wardle *et al.*, 2006; Taylor *et al.*, 2005; Saxena *et al.*, 2004) and also differences in dietary behaviours (Harding *et al.*, 2008), I decided not to sample specifically for ethnicity. This was largely due to practical reasons. First, I decided that carrying out research with children from one school in the autumn and then another in the spring term was a realistic and sensible goal. The demography of schools in the area meant that it was not possible to recruit two socio-economically contrasting primary schools with a mixture of children of different ethnic minority backgrounds attending. Indeed, certainly in the more disadvantaged areas of the city, ethnic minority groups are clustered geographically. Second, discussion with colleagues who have carried out research projects in schools emphasised the difficulty in recruiting children and families from ethnic minority backgrounds. This finding is echoed in evaluation studies of initiatives such as SureStart (Craig *et al.*, 2007). Other researchers have supplemented school-based recruitment with recruitment from places of worship but acknowledge that recruitment was also difficult here (Maynard *et al.*, 2009). While this does not undermine the value of research with these groups or in any way mean they should be excluded, I had to prioritise the practical need to recruit and complete the PhD. Third, I was aware of the value of speaking to parents (and some children) in their first language. However, I am not proficient in any of the community languages commonly spoken in Britain

and did not have the financial means to employ an interpreter or another interviewer. Purposively sampling for ethnicity, therefore, was beyond the scope of the present study.

I made initial contact with headteachers via telephone and email. The headteachers and teachers at both schools were eager for their students to participate and each school nominated one year five class to take part. My teaching qualification and significant experience of working with children may have promoted a positive response from the headteachers but I think they also viewed their participation in the project as cohering closely with their status as Healthy Schools. I anticipated that this sampling frame would enable the recruitment of at least 30 children across the two schools, a sample size which could encapsulate a range of perspectives, offer the possibility of making meaningful comparisons and not be so large as to impede a close-up, in-depth focus (Mason, 2002). Recruiting via a school class also cohered with a secondary sampling strategy which was to recruit a balance of boys and girls (in line with my research aim to explore children's perspectives and understandings rather than solely boys' or girls').

The decision to work with this age group (year fives, aged 9-10) was based upon three main factors. First, exploring the views of older primary school children is important as they are soon to attend secondary school, a key transition point in terms of autonomy, and they are approaching adolescence, which is seen as a critical period in determining enduring health-relevant behaviours (Graham and Power, 2004). Secondly, the strategy cohered with the previous government's target to 'reduce the rate of increase in obesity among children under 11' (HM Treasury, 2007, p.5) and the social marketing campaign, Change4Life's focus on this age group (DH, 2008a). Third, year six children (ages 10-11) were not chosen for pragmatic reasons; year 6 is a busy year for children and teachers as they work towards Standard Assessment Tasks (SATs).

I decided to work with all willing children in each class. I was aware from my own experience of working in schools that children are often eager to take part in extra-curricular projects and are also often very concerned about ensuring fairness for everybody. I wanted to make sure everybody had the opportunity to participate in

both of the school-based research activities. Indeed, children in both schools were keen to participate with only one child choosing not to do so. (Informed consent will be discussed in section 3.5.2)

3.2.3. Phase One: Sample profile

Contrasting neighbourhoods

Lower level super output area (LLSOA) data (ONS, 2007) showed a sharp contrast in the socio-economic profiles of the neighbourhoods in which the two schools were located. Neighbourhood summaries of key topics including income, employment, health and education deprivation and barriers to housing and crime showed the two schools at opposite ends of the ranking scale which includes all 32,482 neighbourhoods in England. The total deprivation score for each neighbourhood reflected this clear difference. Although the two contrasting schools were identified based on relative rather than absolute wealth or disadvantage, the LLSOA data justifies labelling the areas / schools as, respectively, disadvantaged and advantaged. In terms of housing, in the disadvantaged area house prices were approximately two thirds of the city average but about one and a half times the city average in the advantaged area. Echoing this, the majority of people in the disadvantaged area were living in households of council tax band A whereas B, D and E were the norm in the advantaged area. In terms of income, while nobody in the disadvantaged area fell into the category of 'wealthy achievers'[3], just under half the population in the advantaged area fitted into this category. Potentially the only unifying feature of the two areas was the very low prevalence of ethnic minorities, which was well below the city average. From this point onwards, for brevity, I will refer to the 'advantaged' school as School A and the 'disadvantaged' school as School B.

Contrasting schools

The socio-economic profiles of the communities were reflected in the number of children eligible for free school meals at each school. In School B this was twice the national average and in School A the proportion was significantly below the national

[3] 'Wealthy achievers' form the top echelon of the Acorn Classification, based on the 2001 Census. The four categories below wealthy achievers are (in order): urban prosperity, comfortably off, moderate means and hard-pressed.

average. This data was echoed when talking to the children about school food as many children at School B acknowledged that they were in receipt of free school meals. Also reflecting the neighbourhood profile, both schools had very few children of minority ethnicity although an increasing number were joining School A. In the class I was working with at School B all children were White British and only four children in the class at School A were of minority ethnicity (with their socio-economic profiles mirroring those of their White British peers).

Both schools were mixed community schools with a similar number of children attending (approximately 360) although School B was a primary school with children aged between three and eleven whereas School A was a junior school so children were all aged between seven and eleven. The proportion of children with special educational needs (SEN) or disabilities was above average and average at School B and School A, respectively. These figures were also echoed in the classes I worked with. Twelve of the twenty-four children I worked with in School B were classed as having SEN including dyslexia, attention deficit hyperactivity disorder (ADHD), autism, general learning difficulties (GLD) and speech and language difficulties (SLD). Five of the twenty-nine children in the class at School A were classed as having SEN including dyslexia, autism and GLD. The schools also contrasted in terms of attainment with Ofsted (Office for Standards in Education, Children's Services and Skills)[4] noting low attainment and relatively poor language and communication skills in School B but above average attainment in School A. Probably related to this, the teaching style at the two schools appeared to be quite different. At School B learning activities were mainly teacher-led with lots of whole class activities. Independent work was generally carried out within clear frameworks. At School A, however, children engaged in lots of independent work with much scope for autonomous thought and decision-making.

Individual socio-economic position

Although the sampling strategy described could not guarantee contrasts in terms of individual socio-economic position (socio-economically disadvantaged individuals do

[4] Ofsted (the Office for Standards in Education, Children's Services and Skills) carries out inspections and regulatory visits of services for children and young people in the UK. It publishes its results online and reports directly to Parliament. http://www.ofsted.gov.uk/about-us

not always live in socio-economically disadvantaged areas or attend schools in these areas) demographic data provided by the children regarding parental occupation and address confirmed the efficacy of the sampling strategy. Parents of children attending School B were generally employed in manual, administrative or service roles including, for example, steelworkers, decorators, sales assistants and school assistants. Many mothers stayed at home on a full-time basis and in a number of families neither parent worked. Fathers and mothers of children attending School A were generally employed in professional roles such as doctors, university lecturers, solicitors, teachers, accountants and engineers. A minority of mothers worked part-time and very few stayed at home. In terms of address, the majority of children attending both schools lived in very close proximity to the schools and therefore their addresses reflected the community socio-economic profiles described above.

In the course of describing their everyday experiences and perspectives relating to food, children's accounts also revealed marked differences in the wider socio-economic realities of their lives. A number of key contrasts were apparent. First, while many of the disadvantaged children made reference to a lack of space at home (for example, having to eat on the settee due to lack of space in the kitchen or even on the stairs as there was no room left on the settee), many of the advantaged children talked of skiing holidays abroad, special meals in hotels and even holiday homes abroad. Second, while the disadvantaged children often described playing in the street after school and at the weekend, the advantaged children's lives seemed to be punctuated by numerous organized, extra-curricular activities. One particular example of this made a real impression on me. Helen, attending the disadvantaged school, confided that she could not take flute lessons at school because her mother was unable to afford the £20 deposit to borrow an instrument and asked me what she should do. In School A, however, in sharp contrast, virtually all the girls in the class played an instrument and were part of the school orchestra. Third, a number of the disadvantaged children expressed negative feelings towards their neighbourhood, which were not echoed by the advantaged children. For example, one girl admitted to feeling scared as she waited outside school for breakfast club because four local children had recently 'gone missing' somewhere nearby. Another talked about having to move house frequently because her family did not like the estates where they had lived. Children's awareness of financial constraints at School

B was also evident in relation to their participation in the research project. A number of children asked if they would have to pay to take part before taking the letter home, perhaps indicating that this would influence whether their parents permitted them to participate.

Healthy Schools

Both schools had 'Healthy School' status; however, this seemed to be implemented very differently in the two schools. At School B the member of staff responsible for Healthy Schools had recently left and the school learning mentor acknowledged that Healthy Schools had 'taken a back seat' recently. Indeed, talking to staff, and to some extent children, revealed that the Healthy Schools status no longer had a very strong profile around the school. However, a number of initiatives linked to being a Healthy School were evident. The learning mentor ran a daily breakfast club for children and their parents/carers. This had been set up over ten years ago with the aim of ensuring that all children had something to eat before school but the menu had recently changed due to 'Jamie Oliver and new government guidelines'. So sausages, flapjacks, cake and ketchup were no longer permitted and instead toast, spaghetti, oven-cooked bacon, cereals and 'healthy' drinks were served. The learning mentor also ran a daily fruit tuck shop in the school yard. This had been set up relatively recently in response to the free fruit for infant school children initiative so that in junior school children could continue to receive fruit (albeit now having to pay for it). The tuck shop provided a source of revenue for school equipment and the children were aware of this. The school had also recently taken part in a consultation exercise with the School Food Trust (now Children's Food Trust) and in light of this the dining room had been redesigned. School meals were provided as part of a service with three other local schools.

Further, the school had recently been involved in health initiatives run by outside agencies. A Change4Life course had been run for parents on school premises and the uptake for this had been high. A local museum had also run extracurricular craft activities for the children based on the theme of eating healthily and also sponsored by Change4Life. As part of this children had made plaster of Paris pots in which to grow their own vegetables. They had also made storyboards about making changes towards a healthier lifestyle. Both initiatives included parents and children from the

class with which I was working. In terms of class work, both the teacher whose class I worked with and the other Y5 teacher were unsure what the children had studied previously in relation to healthy eating but they planned to cover the National Curriculum Key Stage two unit 2a 'Health and Growth' (DFEE, 2000; see appendix 1) in the summer term (I worked with the class in the autumn term). While I was working with the children, they also took part in a Harvest Assembly. They prepared for this by drawing different vegetables and then researching the nutritional benefits of these vegetables online with the aim of presenting their work in assembly. However, in the end, the teacher provided written scripts for each child and composed a jingle for the class to chant: 'Live life the healthy way, always eat your five a day'. During data generation, children shared snippets of information that they had picked up from this activity and echoed the chant, sometimes changing the words, for example 'Live life the healthy way, always eat your milky way[5]'. The children also discussed famine as part of their Personal Social Health and Economic Education (PSHE) work and copied down a prayer written by their teacher:

> Today we are giving thanks
> For the hardworking farmers,
> Who harvest the crops,
> Who give us our five a day
> To keep us healthy
> And make us feel good inside.

The five a day message even pervaded the children's literacy work. Each child's literacy book contained a small booklet entitled 'Healthy Writing 5 a day: Power Features for Power Writers'[6], an aide memoire which contained five key tips to 'up level' their writing (move their written work to the next National Curriculum level).

At School A, being a Healthy School was given a high profile. Throughout data generation children often referred to their school being a 'Healthy School' and teachers were also keen to emphasise this status. In particular, children and staff pointed to their annual Health Week as evidence of their efforts towards maintaining

[5] The Milky Way chocolate bar is a chocolate bar produced by the Mars confectionary company. Marketing campaigns for the product, with their catchy jingles and cartoons, are geared towards children.

[6] 5-a day writing aide memoire: http://www.andrelleducation.co.uk/shop/by-type/classroom-aids/5-a-day/

their status as a healthy school. Every year the whole school participated in health-related learning activities with different topics for each year group including growing up, smoking and drugs, healthy lifestyles (healthy eating and physical exercise) and sex education. In the previous year the year five class I worked with had focussed on healthy lifestyles. This had involved lots of different activities including a chef coming in to do a cookery demonstration, two parents (a doctor and a nutritionist) leading learning on the meaning of a healthy diet and a trip to the local museum (the same museum mentioned above) to see an exhibition about food and take part in a fruit tasting session. Reflecting the importance they attached to their Healthy School status, photos and artwork from Health Week were displayed in a prominent position in the school hall and there was also a display about eating healthily including posters and books at the school entrance. As at School B, there was also a daily fruit tuck shop, the 'fruit shack'. This was run by the year six children in conjunction with the head of PSHE. Teachers were keen to emphasise children's active participation in this activity, including ordering the fruit from a local fruit shop. However, it emerged during data generation that some of the children thought that decisions regarding what to sell could and should be arrived at more democratically.

Regarding class work, unlike at School B, the children at the advantaged school had recently studied the National Curriculum Key Stage two unit 2a 'Health and Growth' including personal health, healthy eating and exercise (DFEE, 2000). The teacher explained that, in relation to healthy eating, they had learnt about food groups, the effects of different foods on the body and that she had emphasised the need for moderation as opposed to labelling foods as 'good' or 'bad'. To this end, children had completed food group wheels, short food diaries and menu planning exercises. They had been asked to think about, discuss and record how healthy their diets were, how they could be improved and whether they should eat 'unhealthy' foods. Again, insights from this work were apparent during data generation with many children keen to display their knowledge of which food groups should be eaten in abundance and which restricted. However, as will be discussed in more depth in the findings section, children also critiqued a number of aspects of their learning at school. It was also quite amusing that while I was helping out in class children participated in a handwriting activity which involved copying out a poem all about how much a child loved eating lots of sweets.

The class teachers in both schools were very enthusiastic about the research project and very accommodating towards me. They both thought that participating in the research project would be a positive learning experience for the children and would help to encourage them to articulate their thoughts and ideas. Both teachers perceived their classes to be 'chatty' and thought that the children would have lots to say about the topic. They also highlighted some students whom they perceived to be rather quiet. I discussed my research strategy with the teachers and they both thought that an emphasis on talk with optional task-based activities would suit their classes and promote the involvement of children with different SENs.

3.2.4. Phase One: Familiarisation period

In order to begin to develop a rapport with the children, I helped out in both classes for a week prior to starting the research project proper (Harden *et al.*, 2000; Mauthner, 1997). I went by my first name and dressed casually with the aim of setting a tone of informality and distinguishing myself from the teachers (Mauthner, 1997). Like Hemming (2008) I also tried to distance myself from the task of disciplining children in the classroom context. Children in both schools were warm and receptive to my presence in the classroom and took the opportunity to ask questions about the project and many asked if they could be the first to participate. They also asked questions about my life more generally – if I was married, whereabouts I lived and whether I had brothers and sisters. I tried to be as forthcoming as possible with my answers, recognising that 'giving something of myself' was as an essential part of building a rapport with the children (Oakley, 1981). At school B, the girls often greeted me with a hug and a number confided in me about sensitive aspects of their family lives. This was perhaps due to my emphasis on my interest in their lives in my explanation of the project or potentially because they had a middle-aged male teacher, in whom they felt less comfortable confiding. I initially felt quite awkward about this but did not want to jeopardise research relationships by appearing cold and reserved. Children in both schools were respectful but informal, for example, complimenting me on my hair and clothes (like Mauthner, 1997).

3.2.5. Phase One: Friendship group interviews and debates

My interview strategy was principally guided by sensitivity to the potential power differentials between adult researcher and child participant and a desire to make the research process as interesting and enjoyable as possible for the children. Westcott and Littleton (2005) note that empowering children in the school setting is particularly important as they may be used to a 'teacher initiation- child-response-teacher feedback' scenario in which children are invited to give a 'correct' response. With this in mind, I invited children to work in small friendship groups of their own choosing. Other researchers have found that this set-up is familiar for schoolchildren (Mauthner, 1997) and helps to give them more confidence (Hemming, 2008; Mayall, 2000) and talk more freely (Hill, 1997). I also decided to work with each group twice with the aims of developing rapport and trust, ensuring I had the opportunity to follow-up on children's ideas and thoughts (Noble-Carr, 2006) and offering them the opportunity to refine or add to what they had shared previously.

In the first interview, I began by introducing myself and giving a few details about my family. I invited children to do the same and the details they gave about their families may be found in appendix 3. We then talked through food encounters on a regular school day and I also asked about cooking, shopping and advertising. A number of researchers have found that encouraging children to describe specific daily events through storytelling and anecdotes is an effective means of generating data (Curtis *et al.,* 2009; Mauthner, 1997; Mayall, 1993; Backett and Alexander, 1991). It gives children a helpful starting point for articulating their ideas and understandings in relation to their own lives and provides a context for the researcher to ask more specific questions in relation to the research topic (Mauthner, 1997). With a view to sustaining interest and stimulating discussion, when discussing break time and food after school, I shared a number of pictures of different drinks and snacks with the children. The pictures served as a prompt to discuss whether children had a snack, what snacks they liked and what snacks were available. Children were invited to supplement the pictures with their own drawings. However, like the task-based activity in the debate (see below), the pictures were not intended to be analysed as independent sources of data.

The second interview was structured around a debate. I created ten picture cards each with a food-related statement on the underside. Children were invited to pick a card and discuss (or 'debate') if they had heard such a statement and whether they agreed with it or not. The statements were formulated from salient issues identified in the literature review including, for example, 'chocolate is bad for you' (categorising foods, diet-disease links) and 'if you eat fruit and vegetables you can eat sweets and cake' (ideas about balance) and 'eating healthily is expensive' (links between SEP and food and eating practices). The aim was to explore children's ideas and understandings as expressed in the first interview in more depth and also focus more closely on how food relates to health. The idea for the debate stemmed from a similar card game in the British Heart Foundation 'Big Food Challenge Pack' (British Heart Foundation, 2006) and I hoped that it could provide a contrast to the structure of the first interview and thus help to engage the children. I also envisaged that framing the activity as a debate would encourage the children to critically engage with the ideas rather than feeling like they had to give a 'correct' answer. Further, I hoped that by encouraging critical engagement the children would be more likely to speak about their own experiences and perceptions rather than simply repeating well-rehearsed ideas. Again to help break up the discussion and stimulate interest, I invited children to rephrase the statements according to their own ideas. However, wary of differing literacy levels, I anticipated acting as a scribe and inviting the children to decorate their speech bubbles. Indeed, both research activities were designed to be inclusive and ensure that children with different attainment levels felt confident to participate.

3.2.6. Phase One: Friendship group interviews and debates: Reflection

In practice, working in friendships groups proved very fruitful. I sensed that children in both schools enjoyed comparing and contrasting their experiences with their friends and discussing the different topics. The children often also constructed joint narratives, refining and adding to what their friends said. Children who knew each other particularly well added extra detail or different insights to their friends' narratives. In some instances children purposefully facilitated each others' narratives by asking each other questions or telling me that I should ask their friend about a particular issue as they would have something interesting to say. A number of

children also said that they had continued their discussions during their free time. For example, during the debate, one group said that they had already started discussing one of the statements that I had shared with them at the end of the first interview as an indication of the next stage. The children in both schools were also usually very respectful of each other and on only a few occasions did I ask children to make sure their partner had chance to speak. While children generally appeared to take the research very seriously, we still laughed and joked and maintained an informal atmosphere. On a few occasions, however, I did feel frustrated when the children seemed distracted and disruptive. One of the boys with ADHD at the disadvantaged school was particularly problematic as he distracted his friend with what I perceived to be nonsensical comments and drawings. In such instances, I found it difficult not to revert to acting as a teacher and disciplining the children. I tried to be patient and ask the children to take it seriously. When one child fell off his chair I took a sympathetic rather than disciplinary approach. Working in rooms which were new to the children (we variously worked in the school library, spare classrooms, storage rooms and the staff room) also proved distracting to some as they wandered around looking at all the interesting resources and pictures on the walls. However, the children often continued to talk as they explored, reminiscent of Irwin and Johnson's (2005) 'kinetic chatterer' (p. 825) and in these cases I tried not to say anything. I was also reminded of this when interviewing a parent who was busy preparing the evening meal and moving around the kitchen during an interview.

On a couple of occasions in School B, the friendship group interviews were not so friendly and communication was compromised. For example, one child was virtually silent throughout the debate and she later told me that she had fallen out with one of the other children but would like to take part again in a different group (which I organised). On another occasion, a boy and girl who were 'dating' (their term) took the opportunity to criticise each other and 'show off'. However, these examples were rare and working in friendship groups generally promoted an informal and inquisitive environment for the cross-pollination of ideas and understandings. Indeed, a number of children who appeared very reticent and quiet in class (and whom the teachers had warned would have little to say) seemed to gain confidence from the particular dynamics of the research setting and were very vocal.

Structuring the interview around the school day worked well and I think helped to emphasise that I was interested in the children's own ideas and understandings rather than right or wrong answers. Some children gave quite lengthy monologues about particular experiences and seemed keen to use the interview as an opportunity to voice their opinions. For example, many of the disadvantaged children spoke at length about how disgruntled they were at the recent price rises at their school fruit tuck shop. Like the children in Hill *et al.*'s (1996) study, a number of children expressed their wish that they could have more such opportunities to share their views and for them to be taken seriously. Sometimes, however, children gave quite short responses to my questions and I was very aware of the rapid-fire dialogue which ensued, which went against my aim to promote a more narrative response. This was particularly the case at School B. Through listening back to early interviews I realised that I was sometimes quick to offer my own interpretation of what children were saying in these instances and make links that it was not clear they would have made themselves. Subsequently, I tried to invite the children themselves to comment further on what they had said either by probes and prompts or by allowing longer silences (which I found uncomfortable at first), which children then filled themselves.

After the first interview, a number of children said they were looking forward to the next part and many kept asking me when it would be their turn. The debate interview also worked well. I had initially been concerned that children might find the rather abstract or hypothetical nature of the exercise difficult but they were quick to relate the statements to the realities of their own lives and gave many examples drawing on their own experiences. During the course of the debate, I also managed to follow-up specific threads with children which I had noted from the interviews. For instance, I was keen to find out more about how one boy, Tim, saw himself as an example to his younger brother regarding eating practices so I asked about this when Tim and Lee were discussing the role of parents in ensuring children eat healthily. In many cases, the children recognised the complexity of the statements and were reticent about giving definitive answers. In this way, the statements proved a useful tool for exploring the depth of children's understandings and ideas. One child, Hermione, however, was so wary about providing a simplified response to statements which she perceived to be both complex and controversial that she was almost unable to commit to any kind of answers at all. This was particularly

disappointing as she had shared such interesting insights and understanding in the previous interview. Other children seemed much more confident during the debate and more willing to share their ideas. Although children generally agreed with their friends, some debates were enlivened by a friendly disagreement and children seemed to really enjoy defending their arguments. Children at both schools had recently started Philosophy for Children[7] classes and so had some experience of being asked to share and defend their views. This could perhaps help to explain their enthusiasm for and engagement with the activity. As the interviews and debates progressed I was able to focus on specific lines of inquiry and develop a more nuanced understanding of issues salient to the children. For example, many children sought to make sense of school-based health messages by drawing on their own personal experiences and this is something I sought to explore further.

The integration of the task-based activities into the interview and debate played out very differently in the two schools. In School B nearly all the children were eager to draw their own pictures and create their own statements. They were often quite competitive regarding who could create the most pictures or statements. In School A, however, most children declined the invitation to engage with these activities and seemed quite happy just talking. Indeed, the advantaged children generally seemed to have more to say and gave quite lengthy, extended answers and monologues. This highlights the importance of giving children choice and not assuming that children will necessarily find creative methods more fun (Punch, 2002). Further, it raises the issue of how to manage the different 'eloquences' of participants in data analysis so that those most able to or comfortable with talking do not dominate and this will be discussed in section 3.3.

3.2.7. Phase Two: Individual interviews in the home: Rationale

The primary aim of Phase Two was to explore shared familial experiences, perspectives and understandings in relation to the research topic (Curtis *et al.*, 2011b; Wills *et al.*, 2008b; Backett-Milburn *et al.*, 2001). Primary school children have identified the home as the principal site for learning health beliefs and behaviours

[7] Philosophy for Children (P4C) classes provide a framework for children and adults to discuss and think through current or pertinent issues together. They aim to promote critical thinking, creativity, pupil voice and inquiry-led learning. http://www.philosophyforchildren.co.uk/

(Mayall, 1993) and the most important source of nutritional information (Noble 2000; Turner, 1997; Tilston *et al.*, 1991). As highlighted in the literature review, parental behaviour is also consistently identified as the most important influence on children's eating practices (Cooke, 2004; Saarilehto *et al.,* 2001; Cashel, 2000). Backett-Milburn *et al.* (2003) stress the usefulness of talking to parents for understanding the 'contexts and resources framing children's negotiations of their health-relevant behaviour and lifestyles' (p.164). In their study, children emphasised the importance of their parents in protecting and promoting their health and wellbeing and recognised the pressures parents were under. Parents' accounts also often illuminated children's perspectives and vice-versa. Further, meeting with children again in the home can offer the opportunity to develop a greater sense of rapport with the children and therefore encourage more in-depth discussion of personal experience and understanding (Curtis *et al.*, 2008). I was particularly keen to explore in more depth how children understood the relationship between food and health as this was more difficult to cover in depth in the interviews structured around everyday food encounters and in detail during the debates. I also reasoned that children would be potentially more likely to talk about personal and family health biographies in a one-to-one situation.

3.2.8. Phase Two: Sampling strategy and recruitment

For Phase Two, my strategy was to ensure as diverse a sample of perspectives and ideas as possible (particularly in relation to family-related perceptions and understandings), in order to facilitate conceptual generalisability of the findings. Listening over interview recordings, consulting my field notes and reading over interview summaries helped me to identify children (and parents) with whom I was interested in talking to in greater depth. For example, I was keen to talk further with Cheryl because of the understandings she derived from family members' illnesses and Josh was intriguing in that he believed parents should make choices for their children but happily subverted this by sneaking foods when his mother was not looking. In this way, sampling was guided theoretically in that I chose children who appeared to be raising issues relating to key emerging concepts such as family context, family health biographies and generational relationships.

I aimed to recruit a sub-sample of about five children (boys and girls) and their parents from each school. I considered that this number would allow me to fulfil the aim of Phase Two but also be practically manageable and meaningful in terms of both data generation and analysis. Recruitment for Phase Two at the first school (School B) proved quite problematic. I initially approached five children who all appeared very keen to participate. We read over the information leaflet for Phase Two together and they took another information leaflet and letter home. However, parents were less keen or unable to participate and I received only two positive responses. This meant that I had to keep working through the process of identifying children (listening to recordings, consulting field notes and interview summaries) until (after sending letters home with nine different children) I managed to recruit four children in total. However, this did help me gain much greater familiarity with the data from Phase One as I was forced to look beyond the most 'obvious' candidates for Phase Two. Some of the children expressed disappointment and frustration with their parents. I felt very awkward about asking 'extra' children to participate as it must have been clear that they were not my 'first choice'. However, I sensed that all the children were keen to be involved and did not bear any grudge for not being asked at the outset. At the second school, School A, keen to obviate this struggle, I decided to invite the whole class to consider participating in Phase Two before constructing a shortlist from any positive responses. I explained to the children that I could only recruit four children and parents. Ironically, I received twelve positive replies and so wrote to eight children and parents to express my gratitude but decline their offer of help. I felt just as uncomfortable about this strategy as the previous one. Again children were chosen on the basis that they had articulated key emerging concepts.

3.2.9. Phase Two: Sample profile

Eight children, four boys and girls from each school participated in Phase Two. From School B, Elizabeth, Josh, Daniel and Rosalyn participated along with their mothers. From School A Stephanie, Bob and Nick participated with their mothers and Ava participated with her father (see appendix 3 for family details provided by children).

3.2.10. Phase Two: Interviews in the home: Reflection

I received a very warm welcome in all of the homes I visited in Phase Two. Many parents said that their child had told them a lot about the project and that they had been very keen to participate in this next phase. I sensed that parents were keen to encourage their children's enthusiasm by participating themselves. Although I felt apprehensive about meeting the children's parents, creating a good impression and ensuring that they enjoyed participating, I soon felt at ease as I reflected that I had developed a close rapport with the children and knew them each well enough to engage in meaningful conversation about their lives.

Despite discussion on the telephone when arranging the interviews, a number of parents did not seem to realise that my plan was to speak to them and their child separately and privately. The children, however, were very aware of this and tried to facilitate it. Nevertheless, the logistics of finding a private space in which to talk were sometimes complicated, particularly in the disadvantaged families' houses where space was very limited. This created some awkwardness initially as parents were apologetic regarding the lack of space. With Elizabeth, for example, after negotiating the loft ladder on the landing we carried out the interview sitting on her bed. With Josh, we sat crossed legged on the carpet next to his bed. Both children seemed quite comfortable with this situation, however, and it helped to ensure an informal atmosphere, particularly with the kittens on Elizabeth's bed and Josh's sister popping in periodically to say 'Hello'. Both children were keen to show me their rooms and possessions. With the advantaged families, there was sufficient space to work with the children in private, downstairs. I also worked in the kitchen with two children, one from each school, and this proved fruitful as they looked for inspiration there for the interview. Daniel, for example, retrieved a packet of Iced Gems[8] from the cupboard as an example of something that should not be eaten too often. Nick, on the other hand, looked around the kitchen for inspiration for what an unhealthy person might eat but could not find anything. Interviews with parents generally also took place in the kitchen, sometimes standing up or perching on a stool with the disadvantaged parents. Again, the kitchen provided stimulation for the interview. Elizabeth's mother, for example, pointed to a bottle of lemonade as she talked about

[8] Iced Gems are miniature biscuits topped with crisp, coloured icing and made by confectioners Jacobs. They are a traditional favourite at children's parties.

how fizzy drinks had damaged her teeth. Large bowls full of fresh fruit were also displayed prominently in some of the kitchens, perhaps replenished for my benefit?

Although I employed a topic guide for the individual interviews in the home, focussing on the relationship between food and health, this was adapted significantly for each participant as I was keen to maximise the opportunity to follow up on what each child had previously shared and give them the opportunity to direct our discussions. I envisaged that the individual interview could potentially offer more personal insights. As well as asking questions about how children understood the relationship between food and health, I designed two task-based activities. The first activity involved children noting down or drawing, in two adjacent circles, what they thought a healthy person and an unhealthy person would eat. Children were invited to think about whether there was any overlap and why that might be. Very aware of the potential for this activity to be interpreted as healthy and unhealthy foods, thus reinforcing a polarisation of 'good' and 'bad' foods, I emphasised to the children that they might like to think about how often somebody ate certain foods or drinks (thus including the possibility that a healthy person might, for example, eat sweets as a treat). This activity was also designed as a springboard for the second activity which involved children labelling (again either by drawing or writing) two illustrated children in order to show how different foods (and different amounts of those foods) actually affect the body. I suggested to children that they could use their ideas from the first activity to help them with this second activity. Just as in Phase One, neither activity was designed to be analysed as an independent source of data but rather as part of a discussion.

Again children interpreted the activities quite differently. While some children seemed very keen to demonstrate their understandings through coloured-in, neatly-drawn and written outputs (as well as talking), others only used the paper to jot down ideas which they expressed in more depth through talking. Nick and Bob, the two boys from School A, were particularly keen to talk rather than draw or write and I sensed that they felt that their drawing and writing skills would constrain their ideas. Josh, on the other hand, who was much less eloquent and a very skilled artist seemed to really enjoy the opportunity to convey his ideas through pictures and used the characters to articulate his thoughts.

When talking to the children more specifically about the relationship between food and health, nearly all of the children seemed less confident than they had done in school where this topic was explored less directly and where the children were working in friendship groups. Children possibly felt that this was more of a knowledge test than previous work so I tried to emphasise that I was interested in the different ideas they had heard and what they thought about them. I was keen that we continue talking while the children were drawing / writing so that it did not seem like I was observing in order to assess their skills. All the children, however, were very quick to relate their more abstract, often school-based knowledge to their own situations and when they did so they seemed much more enthusiastic and sure of themselves. Nick, for example, seemed to find it very difficult to define what a healthy and unhealthy person would eat but talked with ease and eloquence about how he tried to encourage his mother to cut out sugar in her tea and how he sometimes refused cake if he thought he did not need it.

The interviews with the parents generally came after those with the children. At the parents' request, nearly all were carried out shortly after the end of the school day (the parents interviewed either worked from home, part-time, or did not work). However, this sometimes meant that parents were juggling the interview with trying to look after children, prepare the evening meal or respond to phone calls. Ava's father, for example, was busy preparing chicken fricassée from scratch while he spoke and Daniel's mother had to keep an eye on the fish in the oven as well as trying to ignore squabbling going on between Daniel and his little sister in the next door room and the crash of things being broken. In the end, this interview was only very short as I think we both found it very difficult to concentrate. However, the timing and location also helped to contextualise the parents' accounts. Ava's father, for example, talked about how he usually blended onions before adding them to dishes so that the children could not identify them but said that tonight he had not had time. Shortly after, with almost comic timing, his youngest daughter came into the kitchen and asked, somewhat accusingly, why there were big onions in the pan. Similarly, Daniel's mother explained that her younger daughter enjoyed eating fruit and vegetables much more so than Daniel and when I was leaving asked Daniel's sister what her favourite food was and she replied 'grapes'.

The topic guides with the parents followed the topics explored with the children in school and at home (though this did not involve revealing anything the children had said in the research). Nearly all parents seemed very interested in the topics and eager to share their experiences and ideas about their own children. Indeed, specific stories shared by the children during the individual interviews often came up again with their parents. In many cases I barely referred to the topic guide as parents had lots to say and the topics were covered in the 'natural' flow of conversation. I had felt very nervous about asking parents potentially sensitive questions about how their children understood the relationship between food and health but the parents, like the children, seemed to enjoy the opportunity to share their stories, even very personal and sometimes worrying or sad ones. I had been particularly worried about the interviews with the disadvantaged parents. I felt very self-conscious of my identity as a (relatively) slim middle class university academic and the potential for the research encounter to be interpreted as me checking up on the families. In reality, however, probably because the children had talked about me and the project and maybe also because of my familiar Yorkshire accent, I felt that we soon developed a rapport just as with the advantaged families. Many of the parents in both contexts, for example, frequently said things like 'what *we* think' or '*our* ideas' referring to our shared identities as adults thus intimating that they thought we had similar understandings and ideas. Further, during feedback sessions in school a number of children said how much their parents had enjoyed the project too. Rosalyn, for example, said 'My mum right likes you' and Ava said her father thought I was 'really nice'. Like their children, all of the advantaged parents were very keen to talk more about what I was going to do with my findings and the potential implications of the study.

3.2.11. Recording, transcription and field notes

All interviews were recorded using a small Dictaphone. I generally operated the Dictaphone though in some instances children were keen to do so and I allowed this. Many of the children also requested the opportunity to listen to part of their interviews when we had finished and often found this very amusing. Initially a number of children seemed to want to interact directly with the Dictaphone rather

than with me or the other participants, introducing themselves to it each time they spoke or adopting a newsreader-like voice.

In some cases, due to background noise (for example, a violin lesson or a class discussion taking place in the next door room) the quality of the recording was not optimal but, with close attention and effort, the vast majority of what was said could be deciphered and transcribed. The duration of interviews varied greatly, with some lasting approximately twenty minutes and others taking over an hour. Interviews in school were often interrupted by 'messages' for the children and on a number of occasions in both schools we had to move rooms to accommodate other activities. In the home, interviews with parents were frequently interrupted by other family members or telephone calls. I transcribed all the interviews verbatim. Although very time-consuming transcribing helped me maintain close contact with the data throughout the research process and revealed nuances in the data which I was not able to process whilst carrying out the interviews themselves (Harriss, 2008). It highlighted gaps, missed opportunities for questions and threads to follow up on in later research encounters. In this way it helped me to reflect more deeply on the data and generate ideas, which I added to my field notes. I made brief interview summaries immediately following transcription to help me keep track of salient themes and consolidate my field notes.

Throughout the data generation process I made short field notes. I made sure that I word-processed these contemporaneously and destroyed the original as I was wary of accidentally leaving my field diary and people reading it. In Phase One, I made initial notes about the school context, the children's attitudes towards me and the project and how I felt about my role in the school. In Phase Two, I noted down my initial impressions of the family, their home and how I felt the family perceived me. In both phases, I made specific notes about the interviews including the location and my thoughts about the interview dynamic, tone and content.

3.2.12. Feedback to children

Shortly after I had completed Phase Two, I visited each school to give the children some feedback regarding emergent findings. Providing feedback is one way of

acknowledging research participants' contribution and is viewed as good research practice (Shaw *et al.,* 2011; Noble-Carr, 2006). Feedback can also offer the opportunity for children to comment and critique the researcher's interpretation of the data generated. Eager to retain children's enthusiasm for and engagement with the project, I tried to make the feedback as interactive as possible. I gave the children a brief verbal snapshot of some of, what I perceived to be, the most interesting findings. I then asked the children to create posters outlining what they thought about particular findings and whether they thought that anything should be done in light of them. In School B, aware of generally low literacy levels and the predominance of teacher-led activities in the classroom, I provided a more detailed verbal commentary of findings and then shared out the different key findings to children in the form of questions and responses on coloured paper. I made sure that I gave the more complex and wordy findings to children who I thought could cope with this. At School B, I gave a shorter commentary and then invited children to read the findings which I had displayed, in the same format as at school one, but this time stuck up all around the room. Children were then invited to choose a finding which they found particularly interesting to inspire a poster. This second strategy proved more successful as children enjoyed discussing the findings as they walked around and they had more choice about the inspiration for their poster. However, in both schools, the children generally did not question or provide their own interpretations rather the posters they created usually reiterated the findings that I had shared. 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.

In recognition of their time, children and parents who participated in the study were also given a small token of my gratitude. Phase One participants were given a small stationery item (chosen from a rubber, pen or pencil sharpener) and Phase Two participants were given a £10 voucher for a local shopping centre. I tried not to draw too much attention to this thank you gift when recruiting participants so that it was not promoted as an incentive to participate (Roker, 1998).

3.3. Analysing the data and writing the thesis

Pope *et al.* (2006) emphasise that the process of qualitative data analysis is 'fluid, and crucially, non-linear' and describe how the analysis progresses by 'moving backwards and forwards between the original data and the emerging interpretations' (p.63). The inherently 'messy' process of analysis can therefore be difficult to outline succinctly. A transparent account of the analytic process, however, is important as it will allow the reader to see how interpretations are grounded in the data (Attride-Stirling, 2001; Ritchie and Spencer, 1994). What follows is an attempt to describe the data analysis process as honestly, accurately and comprehensively as possible by showing the steps I took in this process. However, in doing this, I recognise that I have simplified the complexity of the process and perhaps given an artificial sense of order in what was very much an iterative and, at times, frustratingly meandering journey. Throughout the data analysis process the software package NVivo8 was employed to facilitate coding, retrieval, interrogation and storage of data (Curtis *et al.*, 2008). In this way, NVivo8 was used to facilitate data management rather than as an analytical tool *per se*.

3.3.1. Initial data analysis

Some initial data analysis proceeded in conjunction with data generation. Pope *et al.* (2000) note that continuous analysis is almost inevitable in qualitative research, 'since the researcher is 'in the field', collecting the data, it is almost impossible not to start thinking about what is being heard and seen' (p.114). Emerging patterns and themes salient to the children were used to shape subsequent fieldwork (Richards, 2005; Patton, 2002; Mays and Pope, 2000). For example, themes resonating with children in interviews in friendship groups were further explored during individual interviews and interviews with parents. A brief overview of key ideas was also constructed in order to provide feedback to the children shortly after data generation in each school and one theme was explored in detail for a conference presentation and subsequent journal paper. Taking a nine month maternity leave shortly after data generation also necessitated an extended period of 'separation' from the data before more formal analysis was undertaken.

3.3.2. Phases of more formal data analysis and writing up

1. Familiarisation

   The first stage of formal analysis involved preliminary readings of the whole dataset (transcripts, field notes, the pen portraits I had made of each school and of the children who participated) with the aim of gaining a holistic overview of the dataset and the concurrences and contradictions therein (Curtis and Fisher, 2007; Ritchie and Spencer, 1994). I also listened to many of the interviews on headphones walking to and from university. Re-familiarising myself with the data was particularly important given my maternity leave post data generation. However, as soon as I began to read over the transcripts and listen to the audio recordings I felt reconnected with the children and parents. I was soon able to visualise the interview context, picture their faces and sense the dynamic of the interviews.

2. Creating thematic networks

   Thematic networks were created as a framework for analysis (Attride-Stirling, 2001). Thematic networks offer a guiding principle for moving from text to interpretation and consist of 3 levels of themes, deduced in order:

   i. Lowest-order premises evident in the text (basic themes)

This involved assigning multiple descriptive codes (basic themes) to passages of text, in line with a cross-sectional, categorical approach to indexing with the aim of providing an overview of the data (Mason, 2002). All the data relevant to each category were identified, examined and compared with the rest of the dataset in order to establish more analytical categories, in accordance with the technique of constant comparison (Pope *et al.*, 2000).

   ii. Categories of basic themes grouped together to summarise more interpretive principles (organizing themes)

More analytical, interpretive coding categories (organising themes) were developed and adapted as the analysis proceeded (Sharkey and Lawson, 2005). These drew on both preliminary readings of the data and a priori issues derived from the research

aims. In this way, themes were identified both inductively (emerging from the data) and deductively (arising from the research question) (Pope *et al.*, 2000).

> iii. Super-ordinate themes encapsulating the principal metaphors in the text as a whole (global themes) (p.388).

Each global theme is the 'core of a thematic network' (Attride-Stirling, 2001, p.389) and analysis may therefore warrant the creation of more than one thematic network. An example of how I derived a theme may be found in appendix 4.

3. Exploring thematic networks

This stage involved the systematic exploration of the thematic networks. Each theme was explored fully and the significance of the global theme elaborated on by illustration with basic themes and text segments or by paraphrasing (Attride-Stirling, 2001). Bazeley's (2009) useful 3-step formula 'describe, compare, relate' was used to facilitate the interrogation of each theme. The formula can, in Bazeley's words, help the researcher to move from 'garden path analysis' towards a coherent model. The first stage, description, involves recording the characteristics and boundaries of the theme (who, what, why, when). For example, multiple indexing of single passages may provide initial clues as to associations within the data (Ritchie and Spencer, 1994). The second step involves looking for differences in the characteristics and boundaries for that theme across the data set (according to data source, context, and demographic groups). The third step involves exploring relationships between themes by asking questions of each theme. Bazeley recommends using Strauss' (1987) coding paradigms to assist:

- Under what conditions does this category or theme arise?
- What actions or interactions or strategies are involved?
- What are the consequences and do these vary depending on the particular circumstances or the form in which it is expressed?

Throughout the analysis process it was also necessary to bear in mind that much of the data was generated in the context of group discussions in schools. Ritchie *et al.* (2003) highlight five additional features which should be considered and these were used as a guide: group dynamics, interactions between group members (affirmations disagreements, conflicts), uneven coverage (within and between groups), less

extensive coverage (time is shared between participants) and the influence of other views (p.257-8). Detailed transcripts and field notes did indeed go some way towards capturing these additional features. In this way, interactions are indicated in the flow of the text (for example, 'Person A intercepts / follows Person B') and non-verbal communications have been added to the transcript (for example, nodding or shaking heads). The development, modification and refinement of participants' views as the discussion proceeded was also revisited, reflected upon and incorporated into the analysis.

4. Writing the report

Data analysis and the writing of the research into a thesis cannot be considered mutually exclusive. Bazeley (2009) suggests that 'reflective writing becomes a critical source of interpretive understanding as concepts are dissected and ideas explored' (p.13). This resonates strongly with my experience as I grappled with making sense of how different elements of the data fitted together and how organising themes fitted into more global themes. Writing up the thesis was integral to the process of analysis as it was through writing that my thoughts and interpretations took on real shape and became crystallised. I endeavoured to use quotations to illustrate my argument and explain qualitatively the relationship of the quotations included to those that were left out (Mason, 2002, p.184) for example by highlighting when a quotation was 'typical', 'expressing commonly held views' or indeed 'exceptional'. I also aimed to present an argument that is 'fallibilistic' (Seale, 1999b, quoted in Mason, 2002, p.192) by giving ample contextual and reflexive material for readers to judge how convincing it is. In addition, I tried to avoid the temptation to quote only the most eloquently articulated ideas and instead sought to paraphrase ideas, which although less immediately 'attractive', were equally important. I was particularly mindful of this as the different eloquences corresponded very closely to the different schools and I was acutely aware that it would be unjust and unethical to let the advantaged children's voices predominate and, more importantly, this would not allow me to fulfil my research aims. However, simply by virtue of the children from School A having more ideas and more to say (this will be revisited in the findings section), sometimes their voices do predominate.

In writing the discussion chapter and drawing conclusions, I have employed conceptual theories to illuminate and make sense of my findings and relate them to a broader public health context. Using theory in this way helps to avoid the temptation to neatly slot findings into theories predefined at the outset of the research. It also coheres with an applied policy focus on health research, which takes a particular health issue as a starting point rather than more grandiose claims to interrogate or build theory. Ritchie *et al.* (2003), also writing from an applied policy focus, quote Richard and Richards (1994) who emphasise that explanations do not simply emerge from the data but more often are:

> [...] actively constructed, not found, as Miles and Huberman nicely put it, like 'little lizards' under rocks. They will continue to be constructed by human researchers. They are 'mental maps', abstracted webs of meaning, that the analyst lays over bits of data to give them shape without doing violence to them (p.83).

This idea of laying over interpretations onto data 'without doing violence to them' coheres very closely with my strategy and approach.

3.4. Reliability, validity and generalisability

Debates about whether qualitative data can really constitute 'evidence' and the criteria by which we can judge qualitative research loom large. Some qualitative researchers argue that established measures of judging quality such as reliability, generalisability and validity, although suitable for quantitative data, go against qualitative approaches, which aim for transparent interpretation rather than neutrality or an objective truth. Other researchers, however, (Lewis and Ritchie, 2003; Mason, 2002) convincingly demonstrate the utility of the concepts in informing and evaluating qualitative research but acknowledge that the technical procedures through which we employ these concepts will be different for qualitative studies. In this section, drawing on the ideas of Mason (2002) and Lewis and Ritchie (2003) I summarise the steps I took to maximise the reliability, validity and generalisability of this study.

3.4.1. Reliability

Lewis and Ritchie (2003) discuss reliability in terms of 'sustainable' research. They quote Seale (1999b) who emphasises the importance of demonstrating 'as much as possible of the procedures that have led to a particular set of conclusions' (p.158). Although acknowledging the inherent difficulties in exactly replicating qualitative studies, they emphasise that in an applied policy context, 'some notion of replicability has to matter if any wider inference from the data is to be drawn' (Lewis and Ritchie, 2003, p.272). In the two previous sections, I have endeavoured to provide an honest, detailed overview of both the logic for my chosen methods of data generation and analysis and how this worked out in practice. I have reflected upon the difficulties encountered in particular interview contexts and the implications of this for analysing the findings. I have also discussed the particular challenge posed by representing a diversity of voices with different eloquences. Throughout these sections I have followed Mason's (2002) principle that it is necessary to 'continually and assiduously chart and justify the steps through which [...] interpretations are made' (p.192) in order to produce a transparent and ultimately sustainable (if not absolutely replicable) study.

3.4.2. Validity

In relation to qualitative research, demonstrating validity is most usefully conceptualised as ensuring and demonstrating that the research is measuring or explaining what it claims to measure or explain (Mason, 2002, p.188). In explicating validity, Mason (2002) offers the example of ensuring that a study demonstrates that it is 'tapping into views and attitudes, rather than behaviours, or discourses' if the research claims to study 'everyday views or attitudes' (p.188) and this example is very relevant for my work. Similarly, Backett-Milburn and McKie (1999) stress the importance of problematising the 'social and contextual influences on data generated with children' (p.392) and refer to James and Prout (1997) who emphasise that the ways in which children define and perceive the research task and what it means to them can have a significant effect on the substantive material they portray (Backett-Milburn and McKie, 1999, p.392). In relation to health specifically, Backett and Alexander (1991) warn that health and keeping healthy are inevitably morally loaded concepts for children just as they are for adults. When talking to children

about health-relevant issues, therefore, we need to think about the extent to which our methods engage with children's own views and ideas about health grounded in their everyday experience or whether they simply promote the rehearsal of socially acceptable representations.

Bearing this in mind, through the study design chapter and also throughout the findings and discussion chapters that follow, I have endeavoured to provide ample context for the interviews and the data generated. At the most general level, this includes acknowledging the dominance of the childhood obesity discourse with regards to children's relationships with food and recognising that this both sets the context for the research and inevitably permeates the children's narratives. At a more specific level, I have provided details regarding the different school contexts both in terms of their status as Healthy Schools but also in terms of the relevant curricula completed by the children. I have also sought to highlight particular instances where contemporary news events or media discourses seem to be evident in the children's narratives or where I feel that the children are specifically trying to convey or emphasise their health consciousness. However, I do not believe it is possible to neatly separate children's 'everyday views' from contemporary news items or discourses and, as will be discussed further in the findings section, the ways in which children negotiate and adapt the ideas with which they interact is a key element of the research. In this way, my perspective coheres with Harden *et al.* (2000) who, drawing on Miller and Glasner (1997), argue that 'narratives which emerge in interview contexts are situated in social worlds' and that part of the researcher's task is to 'capture elements of these worlds' (paragraph 5.4). When understood like this, they continue, we can acknowledge that children (like other research participants) may tell interviewers different stories from those they would tell their friends, their parents, or other interviewers, but they are nevertheless founded in their 'real worlds' and on their 'knowledge and experience' whether or not they are 'accurate representations of any particular event' (paragraph 5.5).

3.4.3. Generalisability

A study's generalisability is inextricably linked to both its reliability and its validity. Studies must at the very least be rigorous, accurate and valid (in terms of both data

generation and analysis) if we are to argue that they can be generalisable (Mason, 2002). In this way, the accounts of my efforts to ensure the study was both reliable and valid are pertinent here too. However, there are also specific ways in which a study's generalisability can be increased. In terms of study size, although not necessarily empirically generalisable, Mason argues that small-scale studies, based on strategic samples, can produce findings with conceptual generalisability. The close-up pictures of particular contexts and processes produced can be used to identify cross-contextual generalities, relevant to wider social contexts and this principle informed my research approach.

As already explained, I took the strategic decision to sample from two socio-economically contrasting schools in recognition of the consistently identified associations between socio-economic position, food and health. However, it must be acknowledged that although demographic details provided by children confirmed the efficacy of this sampling strategy in terms of recruiting children of contrasting socio-economic position, it is possible that children living in pockets of disadvantage in privileged areas or vice versa may have different experiences and understandings. Further, although four of the children from School A were of minority ethnicity, all of the children from School B were of White British origin. In this way, the study cannot offer any insights into the potential intersection between minority ethnicity and socio-economic position.

In Phase Two, my strategy was to ensure as diverse a sample of perspectives and ideas as possible (particularly in relation to family-related perceptions and understandings), in order to facilitate conceptual generalisability. Although difficulties in recruiting children and parents from School B for Phase Two meant that I had to repeatedly rework this strategy in order to recruit, Phase Two still encapsulated a great deal of diversity in perspectives and ideas among both children and their parents (although all children and parents were White British).

In this way, I believe it is possible to argue that this study has a high degree of conceptual generalisability and that insights may therefore provide useful pointers for public health policy and practice, as discussed in the final chapter of this thesis.

3.5. Research ethics

Formal ethical approval was obtained from the University of Sheffield prior to data generation (see appendix 5). However, ethical considerations are interwoven throughout the research process and dilemmas cannot always be anticipated (Morrow, 2008). Effective and ethical research demands ongoing reflexivity on the part of the researcher (Noble-Carr, 2006).

Ethical considerations pertaining to adults must also be applied with children (Morrow and Richards, 1996). However, research with children demands a particularly sensitive approach (Skelton, 2008; Hill, 2005; Morrow and Richards, 1996; Alderson, 1995). Valentine (1999) highlights the reasons for this: the unequal power relationships between children and adults; adults as gatekeepers; the legal complexity of children as minors and the particular nature of the locations for research with children (often the school and parental home). In this way, the ethical issues centre around children's 'social location as subordinate to adults' rather than their 'innate difference' (Harden *et al.*, 2000, paragraph 2.24).

Recognising the importance of actively and continually engaging with research ethics throughout the study (Mason, 2002), I was nevertheless determined to ensure that my research design was ethically justifiable. I was guided in this task by Hill's (2005) principle-based approach to ethics in which he outlines four key areas for consideration: involvement in the research; consent and choice; possible harm or distress; and privacy and confidentiality. In contrast to a rigid, pre-defined ethical checklist which can encourage a mechanical treatment of ethical issues, using this approach provided an invaluable ethical lens through which to view each stage of my project. I will now take each principle in turn describing how it influenced the planning of the project and how it played out throughout the course of the research.

3.5.1. Children's involvement in the research

As already discussed, my interview strategy was principally guided by sensitivity to the potential power differentials between adult researcher and child participant and a desire to make the research process as interesting and enjoyable as possible for the

children. In this way, sensitivity to 'ethical' issues underpins the whole research process and it is not easy to disentangle it from other aspects. However, particular strategies to encourage children's active participation, minimise power differentials and create a positive research relationship included adopting (where possible) Hollway and Jefferson's (1997) questioning technique, incorporating a familiarisation period into the data generation timetable and being flexible about how children wished to be involved, for example, emphasising to children that they could choose whether and how to engage with the task-based activities. The outcomes of this approach were evident in some children's decision not to engage with the task-based activities and children's eagerness to participate in each stage of data generation. Children frequently asked if they could be the next to participate and were keen to convey their enjoyment to me. For example, I always thanked the children for their help at the end of each interview but the children were quick to thank me, 'No thank you, it was really fun'. When I was in the classroom, children often came to tell me about what they had been doing. I gained the impression that children felt that they could trust me and that I was genuinely interested in their lives. However, as already referred to, a number of the girls in School B also confided in me about sensitive aspects of their lives. This was both during the interviews but also in general conversation in the classroom before lessons begun. I listened attentively. I was keen to consolidate productive research relationships but most importantly I felt that this was the least I could do given that the children were giving up their time and energy to help me with my work. I questioned the extent to which this was appropriate but felt that it reflected the positive relationship and trust that I had built up with the children. It is important to note, however, that these disclosures did not provide any indication of harm and I had previously planned what to do in such an eventuality in my information sheet.

3.5.2. Consent and choice

The recruitment and consent strategy for this study was developed in conjunction with advice from the Centre for the Study of Childhood and Youth, which was in the process of drafting revised guidelines for the University Research Ethics Committee (UREC) on undertaking research with children and young people. The process followed in Phase One is outlined in Figure 1**.** Permission to carry out the research

was obtained from participating schools (Heath *et al.*, 2007). During the initial 'familiarisation' week, I explained the project verbally to each class, distributed a short information leaflet and advised the children that they could ask me any questions about the project at any point. I asked children who were interested in participating to take a letter and separate information leaflet home to their parents. Parents were only required to respond if they did not wish their children to participate, giving primacy to children's own consent. This is consistent with a view of children as research subjects in their own right (Christensen and Prout, 2002; Alderson, 1995). Following this, children's consent was practically facilitated by working with them in small friendship groups rather than as a whole class and by carrying out data generation away from the classroom. In this way, I aimed to avoid the children becoming a 'captive sample' due to their school and class teacher agreeing for their class to participate (Morrow, 1998, p.212).

Before beginning the first interviews, we read over the information leaflet again together (Stevens, 2010; Morrow, 2008; Noble-Carr, 2006) and children had the opportunity to ask questions (Hill, 2005) before being asked to sign the consent form. This follows the Principle of Fraser, according to which children are deemed competent to consent if they have sufficient understanding (Heath *et al.*, 2007; Alderson and Morrow, 2004; Masson, 2004).The approach also coheres with the Economic and Social Research Council's recommendation that consent should be sought 'through dialogue with both children and their parents' (ESRC, 2010, p.24). For Phase Two, I sought opt-in consent from both children and parents.

No parents sought to opt their children out against their children's wishes. Three children initially chose not to participate. However, two of these children then changed their minds. While one of these children seemed to be very engaged and interested in the project during data generation the other was despondent and disruptive. The only child who did not participate in Phase One expressed a keen interest in participating in Phase Two. However, since the aim of Phase Two was to build on and explore further themes which had arisen during Phase One, this was not possible.

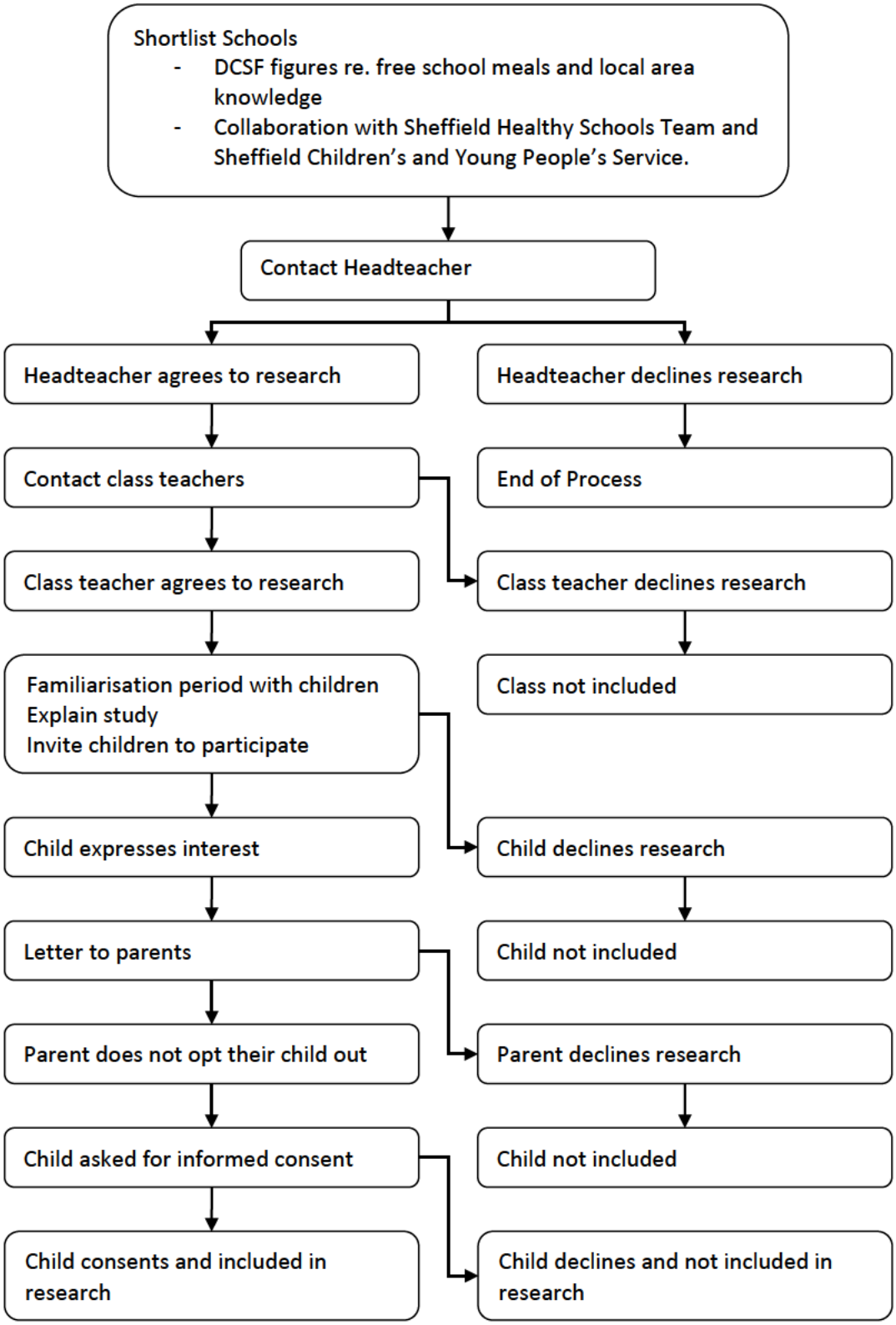

Figure 1: Recruitment and consent process

3.5.3. Possible harm or distress

Hollway and Jefferson (2000) argue that research encounters can be a cathartic process and that part of this may include getting upset or becoming distressed. However, this risks confusing research with therapy and I endeavoured to avoid initiating any upset or distress. Although I acknowledge that the researcher can never take a neutral stance in relation to data generation or indeed analysis I did try to distance myself from any moralising messages about what is healthy or how we should appear physically. In this way, I made a conscious effort to avoid asking children about 'good' or 'bad', 'healthy' or 'unhealthy' foods specifically (as opposed to eating healthily etc.). When children used these terms themselves, however, I followed suit thereby privileging their understandings. In a similar vein I endeavoured to emphasise that I was not trying to teach them about healthy eating but rather find out about their thoughts and ideas. This proved quite tricky on a few occasions when children asked what I thought about specific foods, for example, pies. I tried to ask other members of the group to comment but this seemed artificial and I was wary of irritating the children by not giving them a straight answer. I was also particularly worried about working with children whom I perceived to be overweight as I thought they might get upset. In reality, two of these children made no reference at all to their weight and neither did their friends. The others talked very openly and without any apparent distress about making a concerted effort to eat healthily and take exercise as they recognised that they were overweight. In this way, the research topic itself, though potentially very sensitive, did not seem to cause any upset or distress. This is not to say that it had no impact on the children. A number of children said that they had been discussing the topics outside of the research encounter and one child said that telling me about the cooking demonstrations they had received at school had prompted her to make homemade burgers with her dad.

The only time a child became visibly distressed during data generation was when we were discussing their families at the beginning of the first interview in school. The child's parents had recently divorced and this was obviously a very sensitive issue for the child as they remained very quiet and subdued throughout the interview in sharp contrast to their normal talkative self. The child stayed behind at the end of the

interview and asked if she could take part again on another day and I obviously agreed to this.

3.5.4. Privacy and confidentiality

In terms of ethical procedures to guarantee privacy and confidentiality, every effort has been made to ensure that identifiable information has not been included in this thesis or any other research output. All data was anonymised at the point of transcription and children chose their own pseudonyms. Parents are referred to throughout as 'pseudonym's parent'. Children and parents were informed that all data generated would be anonymised and that excerpts would be used in research reports and papers. Children were also informed of the proviso that if they disclosed any potential harm I would, after discussion with them (Alderson, 1995, p.3), be obliged to share this with their class teacher (Morrow and Richards, 1996, p.95). All audio files were erased after verbatim transcription had been carried out. Hard copies of data have been kept in a locked filing cabinet and all contact information stored on a password protected computer at the University of Sheffield (to be destroyed upon completion of the project).

During the course of data generation, however, ensuring privacy and confidentiality was not always so clear-cut. Due to a lack of space in school, we often had to share the workspace with other groups of children and staff who could potentially overhear what we were saying. I tried to ensure we were sitting as far away from other groups as possible and we were sitting close to each other so as not to have to shout. I also emphasised to the children that they should not share with other people what their group members said during the interviews. I sensed that children took this seriously and a few reinforced this message to their friends when sharing a particular sensitive story.

In the home space too, parents often popped in to ask the child something or curious siblings came in to see what was going on. In these cases, the children seemed generally unperturbed but I was conscious that it might have prevented them from discussing issues involving other members of the family. I also emphasised to parents and children both verbally and in the information leaflet that I would not share with

one what the other had said. However, from talking to the parents it was obvious that many of the children had enjoyed sharing their involvement in the project with their parents and it had prompted discussion at home.

3.6. Introducing the Findings chapters

In the following two chapters, I discuss the main findings from this study. The findings are separated into two broad themes with sub-themes. In Chapter Four, I explore the theme Food in everyday life: the importance of families. In Chapter Five, I interrogate the theme Making sense of (un)healthy eating and how this relates to the body. The findings in these chapters are presented without relation to the literature. The ways in which the findings cohere with, contrast with and extend the literature base will be discussed in Chapter Six. Throughout the findings, children's own understandings of healthy eating are privileged. Where relevant, parents' ideas and perceptions are also included as a context for children's ideas but children's ideas are foregrounded throughout.

4. Food in everyday life: the importance of families

In this chapter, I explore children's family food narratives. Throughout the interviews and debates, children did not simply discuss food and eating in general or abstract terms, rather their accounts illuminated issues and concerns they negotiated and navigated from day to day. As they discussed their everyday food negotiations, they shared stories, which provided insights into complex issues including family values, familial relationships and breakdown, and household finances. Over the course of the fieldwork it became increasingly clear that the way in which children made sense of food in their daily lives was inextricably linked to their understanding of themselves as family members. First, I discuss children's articulation of family food moralities and mottos and how they contrast their own and other families. Second, against this backdrop, I explore how children describe the everyday negotiations around food and eating between different family members. Third, I outline children's ideas about continuities and discontinuities in family food practices, and their emphasis on the former. Finally, I look at children's understanding of the relationship between family finances and food practices.

4.1. Family food moralities and mottos

Children had a clear sense of their family's food-related values and how these fitted into moral frameworks or moralities. They represented, displayed and made these values explicit through their narratives in the form of mottos. A number of mottos were consistently articulated by children in both schools but some were more apparent in one or the other of the schools. Children also frequently contrasted their own family moralities and mottos with those of other families.

4.1.1. Consistently expressed mottos

Across the dataset the most prominent and consistent family motto was that it is important to eat plenty of fruit and vegetables, which children perceived to be synonymous with eating healthily. Many children emphasised that, for their families, purchasing fruit and vegetables was a high priority when shopping for food. In the

context of describing his family's limited financial resources, for example, Daniel describes how his mother has to prioritise buying 'the most important things', which he defines as fruit and vegetables. Children were also generally keen to note that their meals at home included fruit and vegetables and frequently talked about being able to help themselves to fruit. Highlighting the importance their families attached to fruit and vegetables seemed to be one of the key ways in which children sought to demonstrate their family's healthy aspirations. This is particularly evident in the following exchange in which Rosalyn and Kerry are eager to emphasise the size and diversity of their fruit bowls at home:

> Rosalyn: And my fruit bowl's *that* big! [gesticulates size of fruit bowl]
>
> Hannah: 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

The salience of the '5 a day'[9] message is clear and shows how family morals are being influenced by broader cultural norms, which are infiltrating into family life. Rosalyn later describes her grandmother's fruit bowl in a similar way, which reinforces the sense that this is something of which she is proud and which she thinks is an important way of conveying her family's food values:

> Yeah, my nannan's got two big fruit bowls about that big each! And she just like piles things and then she eats a pear, like a pear three times a day or sommet.
>
> Rosalyn, School B

This quote also perhaps hints at the not always straightforward ways in which high profile health messages are interpreted in families - here the emphasis is clearly on consuming a large quantity rather than a wide variety of fruits as expounded in the '5 a day' message.

The other most consistently articulated motto concerned the importance of treats. Children from both schools valued having treats as a positive (rather than neutral or

[9] http://www.nhs.uk/ipgmedia/national/British%20Dietetic%20Association/Assets/FruitandVegetables-Howtogetfiveaday.pdf

negative) practice. Treats were portrayed as an enjoyable part of family life, which although not perceived as healthy in themselves could be integrated into a healthy family lifestyle. Children talked about having treats as an incentive to eat healthily, at the end of a hard day, as a reward for good behaviour, a regular tradition, an indulgence after parents' paydays and to celebrate a special occasion. Treats were often synonymous with what children and parents perceived to be more unhealthy foods like chocolate, sweets, pizza and crisps and as such were contrasted with fruit and vegetables (see Chapter Five for how children make sense of (un)healthy eating).

Children frequently described having a treat as a reward *after* eating fruit or vegetables. Michelle, for example, says:

> Sometimes we have a little treat like when erm, when like, sometimes after pudding sometimes my mum says, 'If you have like an apple then you're allowed something out of the treat cupboard afterwards'.
>
> Michelle, School A

Parents also articulated the idea of having a treat as a reward. Ava's father describes how they have a treat like biscuits, cake or, if friends are round, ice cream and marshmallows, after a meal. The main course and fruit are portrayed as the essential elements of eating healthily and treats as an 'extra' or bonus to be enjoyed afterwards. He describes how this practice has become 'automatic' – the way things work in their family:

> So yeah, yes, there's an incentive to get to the, to get beyond the main course beyond the savoury to get to the fruit to get to the end. Because yes, I suppose that is a strategy. It's become automatic so it's kind of funny talking about it [...]
>
> Ava's father, School A

Indeed, the idea of eating the main course, or at least making a good attempt at the main course, before eating any pudding and, similarly sweet things should be eaten after rather than before meals were recurring motifs throughout the dataset. There seemed to be a notion of 'proper' food followed by sweet foods or fruit. These ideas seemed to reflect enduring, nuanced familial understandings rather than messages highlighted in current public discourse. Tim's account, however, was unusual as he portrays his mother as tolerant and responsive to her children rather than proactively encouraging certain behaviours, which was more common in the dataset

as a whole. He says: 'If my brother feels a bit full because he's eaten too much chocolate and he doesn't want his dinner then my mum's fine with that' (School B). Here then, Tim's mother seems to be working within a different, competing moral framework.

Weekly treat nights and special occasions were valued as opportunities for families to spend time together and enjoy themselves. Christmas, Easter and birthday celebrations in particular were singled out as times when departures from everyday family food practices were anticipated and accepted. Rosalyn, for example, usually very keen to demonstrate that she eats healthily, says:

> I'm happy with what I eat 'cos sometimes I have sweets, only sometimes and it's normally like Christmas and Easter I have most chocolate 'cos like you do [...] I always get Quality Street[10] at Christmas.
>
> Rosalyn, School B

Her phrase, ''cos like you do' is a good illustration of children's consistently articulated idea that chocolate was an inevitable and almost integral part of Christmas and Easter. In the context of talking about how she will bring her own children up, Elizabeth also affirms that she will carry on the tradition of such treats at Christmas time and explains:

> Cos it's like you're trying to keep 'em [children] healthy and they could like have little treats. Like tomorrow we can start our advent calendars[11], yey! [laughs]
>
> Elizabeth, School B

When describing these occasions, unlike their usual family meals, children were not concerned with health aspects but much more interested in conveying that they were something special and enjoyable. Children and parents constructed treats as outside the normal, routine and rule-bound (even if they were a regular occurrence).This was evident in both schools. Fred, for example, describes going out for a meal at Pizza Express[12] for his brother's birthday. The adjectives 'massive' and

[10] Quality Street is a popular, traditional selection of chocolate sweets packaged in a presentation box and typically associated with Christmas and other celebrations.
[11] Here Elizabeth is referring to the increasingly commercialised notion of advent calendars which are filled with chocolate.
[12] Pizza Express is a popular restaurant chain, specialising in handmade, freshly-prepared pizzas.

'giant' contrast with ideas of moderation and restraint more commonly articulated by the children in relation to eating healthily:

> Fred: And then for the main course I had, what was it? Oh yeah! 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 and Bradley, School A

Children's and parents' treat narratives also highlighted that the idea of eating the 'right' food but also the idea of eating food in the 'right' place, suggesting that eating well together as a family is about more than obtaining optimum nutrition. Stephanie, for example, talks about monthly pizza nights, which involve eating on the floor and watching television, which contrasts with her family's usual, proper practice of eating around a table and discussing the day's events. Similarly, Ava's father, in the context of highlighting that their family always eat meals together around the table, explains that rules are departed from at Christmas and Easter:

> We don't have food wandering around the house so they don't have sweets in their rooms or, well, I mean, around Christmas or Easter they'll all end up with sweets in their rooms.
>
> Ava's father, School A

The narratives of the vast majority of children demonstrated that they saw no contradiction between aspiring to be a 'healthy family' and having occasional, or indeed, regular treats. Just as children emphasised that striving to eat healthily was part of everyday family life, having treats and celebrating with food was also portrayed as part of 'doing family'. Indeed, an important aspect of treats was that they were sanctioned by adults. Elizabeth, for example, talks about being allowed to have chocolate as a treat after eating lots of fruit and vegetables: 'You can eat as much as you want because [...] no one's gonna tell you off because you're having a treat and one of your parents have said that you can' (School B). In this way, children and their parents were consistently able to maintain their motto that it is important to eat healthily (mainly by eating plenty of fruit and vegetables) while valuing treats as special and distinct.

In one of the friendship group interviews, however, two girls were critical of their family's tendency to eat lots of chocolate at Christmas. Caitlin, having just described her resolution to follow her dentist's instruction to eat fewer sweets, says:

> Well I tell, I tell my mum to tell everyone that I didn't want a lot of chocolate and last Christmas I got erm, erm six erm nine or ten erm presents with chocolates in and I didn't really eat 'em all and I put 'em all in fridge.
>
> Caitlin, School B

The scenario described by Caitlin is in sharp contrast to the caricatures of children pestering parents for 'unhealthy' food in some alarmist media representations. Here Caitlin demonstrates how she is taking the initiative to reduce her intake of sweet things and trying to encourage her family to support her in this venture. Similarly, Selina thinks her family eat too much chocolate at Christmas:

> I think at Christmas you should just have a Christmas dinner, no chocolate, or you can have just one piece a little bit of chocolate cake, that'd be good for you and just erm have it and then open your presents but don't have no stuff to eat, only Christmas dinner [...] Yeah because at Christmas we, you all gather round the tree and in our family, we used to and we all gather round the tree and we stuff chocolate in our mouths.
>
> Selina, School B

There is an evident tension here between the idea of treats and an aspiration to eat healthily. The situated context of the interview is potentially important as Selina and Caitlin perhaps feel almost obliged to criticise these chocolate treats as they understand that eating lots of chocolate is generally not perceived to be a healthy practice. They are keen to emphasise that they value eating healthily but seem to struggle to make sense of these chocolate treats within their wider frame of understanding. This contrasts with the examples above where treats and healthy eating seem to coexist quite happily in children's and parents' meaning making. Quantity and children's ideas about excess seem to be important here as both girls describe what they perceive to be large amounts of chocolate.

Children in both schools also talked about the importance of family food traditions and articulated these in the form of mottos. The most frequently cited family tradition was the weekly Sunday Dinner. Nearly all children talked about how much they enjoyed this meal and often referred to their family's particular way of doing it.

Sunday dinners were seen as integral to family life. Stephanie, for example, in response to her friend Lilly's comment that she does not like Sunday dinners (although she still has to have them), remarks:

> [...] it'd be impossible in my house not to like roast dinners because we have it every Sunday and if we go like 'I don't like roast dinners' my mum goes 'Tough 'cos you're going to have to eat it'.
>
> Stephanie, School A

However, Sunday dinner could also be modified and adapted. Lee, for example, wonders what his friend Tim, as a vegetarian, might eat for Sunday dinner. Tim replies quite nonchalantly, 'Carrots, broccoli, erm cauliflower, peas, sweet corn, erm runner beans [...] quite a lot' (School B). Joseph and Sam (step-brothers) also describe their Sunday dinner as a 'sort of pick and mix' and recount how they save up their money and go to the shops themselves to buy all the food for the dinner (School B). In this way, children's narratives demonstrated that the *idea* of Sunday dinner was more important than the actual food consumed.

Other family food traditions had been more recently introduced and included regular treat days or nights as discussed above. Kerry, for example, talks about having fish and chips every week after swimming as 'a Saturday tradition that we usually do' (School B). Her use of the word 'tradition' is interesting as it is something generally associated with longstanding practices perhaps passed down through generations. Kerry, however, seems to be describing a regular event, which has been only relatively recently initiated. Cultural (here used in the sense of non-British) and religious traditions were only articulated by children in School A (this was not a factor at School B as all of the children were of White British origin) and this will be discussed section 4.1.2.

In this way, children from both schools consistently articulated the importance their families attached to eating plenty of fruit and vegetables, integrating treats into a healthy lifestyle and participating in family food traditions (some of which were longstanding and others more recently initiated). Bearing in mind the two girls who criticised their family's excessive chocolate consumption at Christmas, children portrayed themselves as active in and largely supportive of these family food mottos.

4.1.2. Contrasting schools, contrasting mottos

Although there were commonalities in the mottos articulated by children in both schools, as described above, a number of mottos were clearly patterned by school (and, by implication, socio-economic position). The most salient motto in the narratives of children at School A (but not significant at School B) was that all family members should eat the same for their evening meal and that choice should be restricted (children at both schools generally described how they could help themselves to the breakfast cereal they wanted or make toast or crumpets and such like). Children from School A were strongly in favour of all family members eating the same for their evening meal as they thought that it ensured that children ate a variety of different foods. They were also very critical of other children's parents who they deemed to be too lenient with their children and who cooked different foods for different family members. Michelle's account was typical:

> Well, my mum, what she used to do, well when we used to try different stuff or like I was just like being erm moody and I wouldn't eat it and I didn't want to eat healthily, I just wanted chocolate, then she'd say like, my mum would like go 'Well that's all you're having so, so if you don't eat it then that's alright but you're not gonna, apart from fruit, you're not gonna be allowed anything else' [...] so like because I didn't want to be hungry I'd eat it and now I've just got used to the taste but, and I'm not naming names, but some parents they, if their children don't want it they'll just go, 'Alright then I'll cook you another thing' or like let them but that's not what happens with me.
>
> Michelle, School A

She goes on to say that when parents give in to their children and cook whatever they request children do not learn to enjoy different foods. Bob expresses a similar sentiment as he recounts a story his mother has told him about some family friends whose son refused to eat the same meal as the rest of the family, which meant the mother had to cook a meal specifically for him. It is noteworthy that this is a story that his mother decided to tell him, it is a story with a clear moral dimension:

> Because at some people's houses I, erm, my friend called Steven who now lives in Canada erm he, his brother, his mum phoned up my mum and they were just having a talk and, and they were saying how erm my friend's brother erm Simon, he didn't like what they were having so she had to make some lasagne.
>
> Bob, School A

The parents at School A, including Bob's mother, also talked about the importance of all family members eating one evening meal and employed the same reasoning as the children: that it was important for children to get used to eating different foods. They thought that if the children saw that their parents were eating the same food then they would be more likely to try it. In this respect the narratives of both children and parents conveyed a real sense of children as 'unfinished' and in need of further development and refinement. Further, parents thought that if they were eating the same as their children they would be more aware if the repertoire of meals became repetitive and would therefore be more motivated to ensure that their children ate a wide variety of foods. The practicality of all family members eating the same was also a key focus in the parents' narratives. Ava's father describes how when he took over the main caring responsibilities in the family he cooked one evening meal for everybody whereas the nanny used to cook different meals for all three children:

> I suppose I was imposing my choice but I wanted to make my life easier, a practical point which is, you know, if you're making a meal you want us all, the whole family, to be able to eat it.
>
> Ava's father, School A

Only a few children at School B talked about everyone eating the same for the evening meal at their house. Elizabeth quotes her mother, 'You've got to eat it or you're not going out' and, similarly, Elizabeth's mother says 'I cook a meal and everyone eats it'.

Linked to their emphasis on the importance of eating the same, as a family, many of the children from School A thought that they ate 'grown-up' or 'adult' food at home. In this way, family food was synonymous with 'grown-up' food:

> Ava: I don't know, he definitely puts veg in it and he'll usually, my mum and dad will usually eat the same stuff as we do because we eat quite grown-up, like quite grown-up stuff.
>
> Emma: Are you saying that I eat babyish stuff?
>
> Ava: No it's just how many mums and dads do you know that eat pizza and chips every night?
>
> Emma: Yeah true.
>
> Hannah: That's interesting so what do you think is grown-up stuff and what's children's stuff?
>
> Ava: Well like casserole and

Emma and Ava in unison: And pie!

Emma: And ratatouille.

Hannah: They're adult things.

Emma: Erm whereas like sausage and mash and chips are children's foods 'cos if you walked into a room you wouldn't expect the child to be sitting up and eating chicken casserole, you'd expect them to be eating something like –

Ava: Pizza! [enthusiastically]

Ava and Emma, School A

Ava's father affirms Ava's assertion that they eat 'quite grown-up' as he says, 'I don't tend to cater for just children's, children's meals'.

Children at School B also differentiated between children's and adults' food but most thought that they ate children's food. Tom, for example, contrasts what he and his parents eat, 'Erm, like, like we like chicken nuggets and they'll have like mushrooms, eugh!' Rosalyn also differentiates between children's and adults' foods. She defines children's food as 'like burgers and all like [...] chips and like all kinds of like sausages and all like what children'd normally eat at home'. However, it is not clear from this narrative if this is the kind of food she has at her home or if this is the kind of food she thinks other children would have at their homes. Her description of what she eats at home elsewhere in the interview context though would suggest that here Rosalyn is talking about *other* children.

A further motto articulated predominantly by children from School A was the importance of homemade rather than readymade food. Children from School A had a very keen awareness of their parents' desire to know exactly what different foods contained and posited this as the main motivation for cooking from scratch:

Michelle: [...] but like at home we, because my mum, normally she cooks everything, she doesn't buy like microwaved food so she knows what's been put into her food so like she wouldn't, now and again yes we go to McDonalds even though we don't really like it.

Olivia: I don't really like McDonalds.

Michelle: And stuff but now and again we go to Pizza Hut but we'd only do it now and again because of like my parents, they don't really know what's like been put into it but at home they know what's been put into it and stuff.

Olivia and Michelle, School A

Here Michelle clearly contrasts homemade food with microwaved or fast-food. She demarcates going to McDonalds and Pizza Hut (perceived as the polar opposite of homemade food) as a rare occurrence, separate from usual family practice. Indeed, although children at School A talked about going out to restaurants as a treat, they rarely admitted to frequenting fast-food outlets like McDonalds or Burger King and if they did so, it was with some reticence. They also talked about their *personal* preference for homemade food and here there was a strong sense that children actively agreed with and took on board their family food mottos for themselves. Edward, for instance, asserts:

> Edward: Yeah, yeah I prefer to have a meal cooked at home than a takeaway.
>
> Hannah: Oh really, why is that?
>
> Edward: Takeaways are often fast-food and they deliver it really quickly so it must be fast food.
>
> Hannah: And are you not keen on fast food?
>
> Edward: No.
>
> Hannah: The taste or?
>
> Edward: Well I don't like to be eating something thinking it's not been cooked properly.
>
> Edward, School A

Edward's phrase 'they deliver it really quickly so it must be fast food' , which he takes to mean that it must not be 'cooked properly' is also interesting as it suggests that he seems to be trying to make sense of popular criticisms of 'fast food' in his own way. Children also used the homemade vs. readymade distinction to designate whether or not they perceived foods to be freshly prepared. Indeed, children's criticisms of school food centred on this dichotomy. Bob, for example, describes how in year four he and his classmates saw a van coming down the school drive with food in it but thinks that they should make the meals in school:

> Because it would be fresh and it would just be more nice because we, because school dinners aren't all that lovely because it's just erm, they come out of a van so it, so I did have school dinners but it just put me off because they don't make fresh things, they just get stuff out of the van and it's been travelling for a long way and it's been all stocked up in baskets.
>
> Bob, School A

The value placed on homemade food among children from school A was generally absent from the narratives of children from School B. As well as talking about going out to restaurants, children from School B frequently talked about visiting fast-food outlets or having a takeaway as a treat. Regan's narrative is in particularly sharp contrast to the narratives typical of children at School A as he is keen to convey the large number of times he has visited outlets described in negative terms by the affluent children as sources of 'fast food':

> I've had McDonalds lots of times, I've had KFC[13] one time, I've had Pizza Hut[14] about a thousand times and I've had erm, erm, Chinese about a thousand times, loads of times.
>
> Regan, School B

Rosalyn, however, unlike the majority of her peers at School B, clearly values homemade food and is keen to point out that her grandmother's Yorkshire puddings are homemade: 'And I help her 'cos she makes her own Yorkshire puddings, she dun't like buy 'em, she makes her own' (School B). Rosalyn's mother, in the context of describing how Rosalyn enjoys eating healthily, also emphasises that she values home-cooked food:

> Yeah 'cos we tend to do a lot of home-cooking anyway, we don't tend to live out of ready-meal boxes or, we tend to buy fresh meat and we always have fresh vegetables anyway so she, erm, Rosalyn likes preparing veg.
>
> Rosalyn's mother, School B

Here Rosalyn's mother associates home-cooking with what she perceives to be other important aspects of eating healthily like eating fresh food and vegetables. Indeed, Rosalyn's mother goes on to say that Rosalyn has had homemade food ever since she was weaned as a baby, 'she was never like a jar of baby food kind of child'. In this way, she implies that home cooking is a longstanding and valued family practice.

As already alluded to, a number of children at School A (but not School B) talked about the importance of cultural values for family food practices - the influence of traditional food from their parents' or grandparents' country of origin. The extent to which these cultural values influenced everyday family food practices, however, appeared to vary considerably. For some children, the preparation of dishes from

[13] KFC is a popular fast-food restaurant serving mainly chicken-based meals.
[14] Pizza Hut is an eat-in and takeaway restaurant serving pizza.

their parents' or grandparents' country of origin was reserved for special occasions while for others it was an everyday family practice. Aaron, for example, describes how his mother (whose own mother was born in South East Asia) cooks curry almost every day and George says that his family is from North Africa so for breakfast they always have bread dipped in olive oil rather than toast. Michael and Michelle, in contrast, talk about having dishes from their parents' countries of origin, respectively, only 'sometimes'. In this way, it is not the frequency with which these foods are eaten that is important so much as the symbolic significance they have as a medium through which meaning and family tradition are conveyed. Here then, different practices can take place without disrupting the sense of continuity in family values, in this case cultural values. Continuities and discontinuities in family food practices will be further discussed later in this chapter.

Religious influences were also mentioned by some of the children at School A. George and Taylor talked about eating only Halal meat because they and their families were of Muslim faith. In contrast, Aaron describes how he and his mother are vegetarian because his mother was brought up as a Hindu even though she no longer has an active faith:

> Well my mum is because anyway it's just because my mum's mum is a Hindu and they have to be vegetarian so my mum was brought up being a vegetarian and I was brought up being a vegetarian even though my mum's not a Hindu.
>
> Aaron, School A

Aaron emphasises that his vegetarianism is not motivated by religious values or animal rights concerns but rather that he has just never tried meat because his mother has always cooked vegetarian dishes. In this way, he highlights that his eating practices are shaped by what he has become exposed and accustomed to in his family food environment rather than any active decision on his part. However, he is likely to have been exposed to many opportunities to try meat, not least in school (indeed, he describes his disgust when, having told a dinner lady he was vegetarian, she proceeded to scrape off a meal containing meat from his plate before serving him the vegetarian option). This suggests that there is some active buy-in to these family cultural - religious values so that he chooses to remain a vegetarian even outside of the family domain; it is part of being a member of his family.

So as the accounts above highlight, whereas children from School A emphasised the importance of family food and were keen to demonstrate that by partaking in family food, they generally ate what they perceived to be 'grown-up' food, children from School B rarely articulated valuing all family members eating the same and indeed, often thought that they ate 'children's food'. Similarly, whereas children from School A clearly valued and were keen to emphasise that their parents valued homemade food and avoided 'fast-food' (which they perceived to be the opposite of homemade food), children from School B were enthusiastic about visiting the kind of fast-food establishments derided by their more affluent counterparts. Further, and closely related to the ethnic makeup of the two schools, cultural and religious influences on family food moralities were only evident among children from School A.

4.1.3. Contrasting other families

Children's understanding of their own family moralities and mottos was particularly evident in their narratives of difference between their own and other children's families. Going round to friends' houses, having friends round for tea and the school context provided particular opportunities for children from both schools to see and reflect upon other families' values and practices and contrast them with their own. Bob, for instance, talks about visiting a friend's house:

> I wouldn't let my children have chocolate spread sandwiches everyday 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

Bob's reference to chocolate spread sandwiches is interesting as he goes on to describe his father's annoyance with the school for allowing children to have chocolate spread sandwiches whilst away on a school trip. Bob admits that he chose chocolate spread sandwiches but asserts that he thought this would be acceptable as he perceived it to be an out of the ordinary occasion. Here then Bob is clearly contrasting what he knows to be his family's moralities with what he perceives his friend's family to think is important. However, Bob is also very aware that his family are particularly concerned with eating healthily. He reflects:

> Because we, we usually have, sometimes we have like funny-looking things and if, and if someone came round and they had just like

> vegetables and then, well like roast vegetables and then like garlic roasted around it or something they'd probably think, 'What on earth is that?' [laughs]
>
> Bob, School A

Bob's mother also highlights that their family do things differently from other families. In the context of describing what she perceives to be salient for Bob in his understanding of the relationship between food and health, she says:

> [...] but for Bob I think it's probably to do with diet and cancer because that's what we've spoken about and I've had to explain to them why we're eating certain things and why we're not eating other things because it's different from what their friends are going to be eating [...] I mean that's at home. When they go out they can eat whatever they want to and, you know, we still go out for pizza and stuff like that, you know. We just don't have cheese on ours.
>
> Bob's mother, School A

Here then Bob's mother highlights a difference in the actual food consumed by their family and other families but also a desire to fit in and do the kinds of things families do as she describes how they do go out for pizza but compromise by ordering it without cheese on top.

Children and parents also talked about doing things differently when children had friends over for tea. For a number of children and parents these occasions were perceived to be a treat. Nick, for instance, talks about having 'party food' when friends come round and Ava's father acknowledges that they have treats like ice cream and marshmallows. Many children said that they would have food that they perceived that everyone would enjoy like pizza, sausages, chips and beans - also foods that they associated with being children's foods. Related to this, the children at School A generally emphasised the difference between this and usual food more than children at School B. Jacob, for example, talks about having more 'known food' when friends come round rather than meals like noodles with aubergines and mushrooms, which he thinks his friends might not like. They also made frequent reference to other children (particularly younger children) being 'fussy eaters' and thought that their parents could not force other children to eat vegetables. Michelle's narrative was typical:

> Well like every Thursday my brother and his friend, my brother's friend he comes round and because he's like a really fussy eater, unlike me and my brother, we have to, well normally we have stuff

> like pizza and we have like jacket potato with cheese and beans and stuff and my mum like sometimes gives us some pepper but she doesn't give him any pepper.
>
> Michelle, School A

Stephanie's mother echoes this idea of preparing a meal that everyone will eat but also describes how as the children have grown older they have become more accepting of different foods:

> I usually go for something that I anticipate the friends will eat so, although as they've got older that's become easier. When they were younger it was a real issue so whenever anyone came round for tea it was always fish fingers and chips, although Aaron doesn't eat chips, he just doesn't like them. And so that was slightly awkward but, but you know obviously I think well most children'll eat fish fingers and they're not bad for them because obviously they've got fish in them. And then either peas or baked beans, whichever the kids will have. But now I'll do a bit more adventurous things, things that we'd cook ourselves so a chicken curry or a risotto so something a bit more maybe unusual because I think most children by Stephanie's, I mean most of Stephanie's friends aren't that phased by having a plate put in front of them with something they don't usually eat.
>
> Stephanie's mother, School A

School provided another context where children noted differences between their own and other families. Hermione, for example, talking about parents bringing sweets for children when they pick them up from 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.
>
> Hermione, School B

Bringing sweets for children every day after school goes against the children's frequently expressed idea that sweets are treats and therefore should not be everyday or routinised. The way in which Hermione relates parents bringing sweets for children to parents swearing at children also highlights the clear moral dimension here. Rosalyn's mother echoes Hermione's sentiments and emphasises the contrast between what some families choose to do and what she does:

> I know there's lots of kids what come from, they come out of school, you see, you stand and see 'em everyday and their mums have got packets full of sweets for them every time they come out of school and that's the first thing kids do and they're rifling through their

> mum's pockets [..] I don't, I sound awful, make myself sound evil but I don't take Rosalyn sweets to school, I don't!
>
> Rosalyn's mother, School B

Her phrase 'make myself sound evil', however, is also reminiscent of the maxim 'You've got to be cruel to be kind' as she grapples with making the best decisions with regards to her daughter. The implication in both Hermione and Rosalyn's mother's narratives is that whereas other parents may appear to be kind and generous, they are not really acting in their children's interests. In this way, children and their parents both articulated ways in which their family thought and acted differently to other families in relation to food. They were keen to display and justify the logic of their own values and decisions.

4.1.4. Section summary

In summary, children emphasised the importance of families in their everyday food-related meaning making. They clearly viewed themselves as family members and described how their family 'did' food through what I have termed moralities and mottos. There were many consistencies in these descriptions across the dataset but some appeared to be socio-economically patterned. Contrasting their own and other families' ways of doing food served to reinforce children's sense of belonging and the importance they attached to families for making sense of food in their daily lives.

4.2. Family food negotiations

Children's discussions of everyday family food negotiations highlighted the complex and sometimes conflicting ways in which their family food moralities and mottos played out on a day-to-day basis. Within these discussions, children (and parents) expressed their ideas about different family members' subject positions and practices within the family generational frame (parents' strategies and children's tactics), the perceived tensions between aspirations and actual practices and their ideas about who should be responsible for ensuring children eat well.

4.2.1. Parents' strategies

Children described a number of strategies adopted by parents with the aim of translating their family food moralities and mottos into actual practices. They also described their own role in sustaining and sometimes actively engaging in these strategies. Children described how their parents adopted both 'covert' (in inverted commas as children's description of such tactics demonstrates that they were acutely aware of them) and overt tactics.

In terms of covert tactics, following on from the commonly articulated motto that families valued fruit and vegetables, many children, particularly the girls from School A, described how their parents hid fruit and vegetables within other foods:

> Sometimes my dad puts secret ingredients into the pasta sauce, like one time it was aubergines and I ate it and then he told me it was aubergines and I don't like aubergines! But I still ate it.
>
> Ali, School A

Here Ali's use of the term 'secret ingredients' perhaps reflects her father's positive framing of this strategy. Children's narratives also demonstrated that they understood and approved of this strategy:

> Katherine: I think that's good because like it hides it so the child eats it without noticing.
>
> Ali: Although sometimes I can sniff out peppers!
>
> Katherine and Ali, School A

Katherine's phrase 'the child' is interesting as she does not say 'so I eat it', and in this way she seems to be suggesting that *other* children might need this strategy but she does not. However, she goes on to describe how she not only approves of this strategy but has become active in it herself. In this way, she associates herself more with the parent's than the child's role:

> [...] my best friend usually doesn't like having carrots and things on top so we always hide them in with the potatoes and she always gobbles it up really, really quickly. And she never, ever knew, she was like, well I only told her a couple of weeks ago and she's been having it for absolutely ages.
>
> Katherine, School A

Even cakes could be the repositories for hiding fruit and vegetables and a number of girls, in different interview contexts at School A, talked about enjoying cakes with 'hidden' carrots or courgettes. Ava, for example, describes Katherine's collusion with her mother in the baking of her birthday cake. Ava also uses the positive term 'secret ingredient' and Emma explains her approval of this strategy:

> Ava: The secret ingredient in Katherine's birthday cake was courgette. Yeah and I think I made a joke about, something like I was allergic to courgettes and Katherine's mum hit the ceiling.
>
> [...]
>
> Emma: Katherine told us, she said 'Emma, have you eaten your cake 'cos I want to tell you something so I said 'Yes' but I hadn't. She said 'Well the secret ingredient is courgettes' and I said 'Well I'm not eating it now'. [laughs]
>
> Ava: And I had a mouthful and then she told me it was made of courgette! [giggles]
>
> Hannah: What do you think about putting vegetables in cake then?
>
> Emma: Well I think it's a good way to make your child eat vegetables because you can say like, 'Here's a muffin', like a chocolate muffin, you could hide courgettes in it and get your child to eat vegetables without them knowing it.
>
> Ava and Emma, School A

Parents also acknowledged hiding as a strategy. Ava's father explains why he usually liquidises mushrooms and onions when he uses them in cooking. He portrays it as a strategy to overcome what he perceives as children's volatile food preferences:

> I'm very intrigued to see if, how many of them [his daughters] eat them because obviously fungi, mushrooms, tend to be a bit of erm, they now, two out of three of them seem to think they like mushrooms. I don't know, that started about two or three months ago, but then it can depend what mood they're in. They might. You might end up with a whole row of mushrooms left around the side. Whereas if they've actually been liquidised in they'll eat it and they'll think it's all very tasty.
>
> Ava's father, School A

Children also discussed more overt strategies, such as bribery, bargaining and making food fun. In line with the idea that sweet things should follow the main course and that fruit and vegetables should be consumed before treats described previously, many children shared accounts of how this played out in the form of bribery and

bargaining between parents and children. The exchange described by Aaron was typical:

> Well, my dad, my parents say, 'You can't have a yoghurt if you don't eat your main course' [...] and then when I say 'I'm not hungry anymore' they always say, 'Well I guess you won't be wanting a yoghurt then!' [laughs]
>
> Aaron, School A

Here Aaron's laughter after narrating this exchange suggests that he is very aware of the rules of the game. Indeed, these accounts of the everyday negotiations between parents and children were often described in a jovial and light-hearted manner and children intimated that they agreed with their parents' strategy even if, at times, they resisted it.

These exchanges were portrayed as usual everyday practices with parents and children playing the role that was expected of them. Two of the children at School A, however, said that this kind of bargaining was not necessary in their families. Bill very clearly asserts that this is because his parents do not believe in 'bribery' and says that he eats fruits and vegetables anyway. However, he does concede, 'If I was a fussy eater they would probably do that but I'm not a fussy eater'. Similarly, in response to her friend Katherine's story of being allowed a treat after eating an apple, Ali says:

> I used to do that, now I don't usually do it now 'cos I like fruit, I mean I don't need to be told 'if you eat this then you can have that' because I have sweety days, I'm allowed to have sweets on a Saturday.
>
> Ali, School A

Here, although Ali points out that she likes fruit, she also acknowledges that her parents employ a similar but different strategy, that of treat nights, which as referred to earlier was something children frequently talked about. Parents also talked about using treats as a strategy. This is nicely illustrated in Ava's father's explanation:

> I suppose we have, in the old fashioned way, sort of said if you eat too much of the good things you think you like at the expense of other things actually, if you have too much of something, it's always nice when you don't have so much, so that's, that goes back to strategies as well. I suppose yes we have pointed out that although chocolate is lovely and crisps are lovely and whatever it might be, yeah well I think those are the main things that I think children would go for, maybe cola and fizzy drinks, or, although these things are

> lovely if you're allowed to have them all the time then actually they would be less lovely because it wouldn't be such a treat.
>
> Ava's father, School A

His idea that he and his wife do things 'in the old fashioned way' echoes Stephanie's mother's characterisation of their family practices as 'a bit Victorian' and hints at the idea of continuity of values over generations, which will be discussed further in section 4.3.

Children at both schools also talked about parents' efforts to make eating healthily fun. Rosalyn, for example, describes how her mother makes her a 'fruity surprise' with cream and different fruits each time. Selina relates how her mother cuts strawberries into the shape of love hearts and draws a smiley face on oranges in her packed lunch box (School B). Similarly, Stephanie describes how her mother 'does this thing that we call a river' and separates her brother's plate of food into two halves with something like pasta and vegetables on one side and fruit on the other. Stephanie impersonates her mother:

> 'Eat this side of the river and you must eat the fruit and the veg and the sauce before you get your chocolate pudding' and I'm like, how hard it is to eat like, to understand that you have to eat fruit and veg and maybe some sauce? Well because my mum's *always* reminding us.
>
> Stephanie, School A

Indeed, children often talked about parents having to employ different strategies for siblings, particularly younger siblings who were often portrayed as more problematic eaters. Just as children emphasised the differences between their own and 'other' families then, they also emphasised the difference between themselves and their younger siblings, whom they perceived as less knowledgeable about and less concerned with eating healthily. Interestingly, references to older siblings were largely absent from children's narratives, perhaps reflecting their desire to portray themselves (rather than older siblings) as competent and capable.

4.2.2. Children's tactics

As well as describing their experience of, and active involvement in, parental strategies to facilitate eating healthily, children described their own tactics in family

food negotiations. They described tactics geared towards resisting but also facilitating healthy eating for themselves and their families.

With regards to resisting healthy eating, sneaking what they perceived to be unhealthy food like sweets, crisps and biscuits from behind parents' backs was a recurring tactic described with delight by children at both schools. Children thought that parents should take responsibility for their children in terms of eating healthily but their narratives also demonstrated a perception that children would try to thwart their parents' efforts and this was part of being a child. Josh, for example, says that his mother does not let him have sweets from the mobile grocery store but describes with relish how he sneaks upstairs to get a pound coin from his money box to buy some himself. Even those children who were keen to emphasise that they enjoyed fruit and vegetables and aimed to eat healthily talked about occasions when they would engage in 'deviant' behaviour. Rosalyn, for instance, while keen to emphasise the size of her fruit bowl at home as alluded to earlier, talks about sneaking sweets into the trolley while at the supermarket and describes how she manages to sneak them out of the sweet cupboard at home:

> But normally I'll go out of the front door, walk round the side, go in and sneak in back door and get some like, a biscuit or a Jaffa Cake and then go back outside.
>
> Rosalyn, School B

That the interviews and debates in school took place in friendship groups seemed to be particularly important here as children added to and interjected into each other's amusing stories about going behind their parents' backs or engaging in pestering. Children appeared to enjoy sharing their tips, tactics and tales. Phoebe, Bex and Nicky's discussion of their strategies at the supermarket illustrates this nicely:

> Phoebe: I always sneak things in the basket and yesterday I snook a big pack of Mini Eggs in the basket! [lots of giggles] And she bought 'em - a big pack of Mini Eggs! [everyone in giggles] [...]
>
> Hannah: Ah, does anybody else do any sneaking?
>
> Bex: *Me*! [laughs] I always like sneak in. [all laugh]
>
> Phoebe: I ask my mum loads and then if she says 'No' I just give up and sneak something in.

> Nicky: You just have to keep saying, 'Please mum, please mum' and then she gets really annoyed and then she says 'No' and you just carry on saying it and then she goes, 'Oh, okay'.
>
> Phoebe, Bex and Nicky, School A

Indeed Nicky's tactic of continually requesting specific (unhealthy) items was frequently described by children as a successful strategy. Rosalyn even describes her tactic of asking for things time and time again as a 'hobby' (School B).

Daniel, however, in the context of describing how he often asks for sweets at the supermarket or at home, describes his surprise and incomprehension that his mother actually lets him have them. He says, 'I can't believe that she gives me sweets when she used to be right good when she was at school' (School B). Daniel cannot understand how his mum could have been well-behaved at school but still allow him sweets now, which he perceives as the antithesis of good behaviour. His mother's narrative, however, throws light on her reasoning:

> Daniel's mother: Well Daniel's not a normal child as such. Did you know he's got ADHD and other sorts of problems?
>
> Hannah: Yes I know he has ADHD.
>
> Daniel's mother: He's a bit hard to control so sometimes with Daniel I just say 'Just get a biscuit while I cook your tea', you know, so you try and limit it, there's no point saying you can't have anything so you try and limit it [...] But it's not the same for the little'un, she's not allowed to eat before tea.
>
> Daniel's mother, School B

Importantly, although children talked about engaging in resistance, this was consistently within the parameters of shared moral values. With the exception of the two girls who critiqued their families' excessive chocolate consumption at Christmas, there were no children who openly contested their families' food morals and actually wanted to eat differently.

As well as describing tactics which resisted healthy eating, children also described tactics which facilitated this. These narratives often had a strong moral dimension and very clearly demonstrated how children took on board family moralities and mottos and showed how they played their part in ensuring that these were reflected in practice. Children often talked about this in terms of helping their parents out. This

is particularly clear in Bob's narrative of why he thinks it is important for children to eat healthy food even if they do not like the taste:

> If you like hate Brussels sprouts, you really don't like the taste of them, they're still good for you so you're still doing something healthy. And if you think of it like you're doing a good deed because you think you're having a Brussels sprout you can be like 'I've done a good deed' because your mum or dad really wants you to eat them.
>
> Bob, School A

Here Bob recognises that eating healthily is important for his mother and father and he clearly wants to make them happy by doing so; he is engaging in emotion work. He is supporting and encouraging his mother and father and trying to make them feel good. In fact, many children offered a number of insights into how eating healthily was a way in which they helped to 'make' family relationships. Bill, for example, describes how he eats lots of fruit and vegetables, which means that his parents do not have to resort to bribery (School A) and Elizabeth says ‘Then your life can get easier without your mum and dad having to nag you and nag you to eat your fruit and vegetables’ (School B). Children also discussed particular techniques for consuming food they did not like, including eating the food very quickly, gulping it down with water or covering it in something which they enjoyed. Ava describes how she employed two of these tactics simultaneously when eating cabbage: ‘We hated it completely so I smothered it in tomato ketchup and stuffed it in as fast as I could (School A).

In addition to describing their tactics for eating healthily themselves, children at both schools talked about promoting healthy eating among other members of their family, particularly younger brothers and sisters. As already mentioned, children perceived younger siblings to be both less knowledgeable about and less concerned with eating well and children often talked about setting an example by their own actions. Here Tim describes how he tries to encourage his younger brother to eat vegetables:

> Actually this is what I do, when my mum tries to give him some broccoli he says ‘No, I don’t like broccoli’ and what I do is I’d have a plate full of broccoli and I’d just get my fork and go ‘Mmmmmm really nice, yes yummy, right here yummy’.
>
> Tim, School B

They also discussed how they employed strategies that they had learned from their parents, like hiding fruit and vegetables or making something more appetising by adding an extra ingredient. This is nicely illustrated by Abigail's narrative of how she encourages her younger brother to eat his apple:

> What I did is, me and my brother had some apple pieces and he was like 'I'm not eating that by itself' because he's not too keen on that and my dad was like 'Abbie just make sure he eats them' so I just put some like, su, I can't remember what I put on it, su, no, wait, I didn't put sugar, I put some stuff on it that he would, I put some honey on it and he just ate it all.
>
> Abigail, School A

The way in which Abigail is apparently trying to avoid saying that she adds sugar and instead says that she 'put some honey on it' is also interesting as honey was often proposed as a healthy alternative to sugar by children and this will be discussed further in the next chapter.

A minority of children, again at both schools, talked about encouraging their parents to eat more healthily, which perhaps reflects familial power relations where it is easier for children to act or model in relation to siblings, especially younger siblings, than parental adults. Phoebe, for example, describes how she has told her mother to go to Weightwatchers 'because I want my mum to lose weight because she's a bit fat' (School A). Chocolate was seen to be a particularly weak point for parents and a number of children described how they had told their parents to cut down. Rosalyn, for example, says 'And then if my mum's eating chocolate, I'll say 'Mom, stop it, it's not good for you' [...] I'll tell her off and I'll be the parent!' (School B). Her phrase 'I'll be the parent' is important as it indicates that she thinks parents are much more likely to instruct children to reduce their chocolate intake than vice versa. Here then Rosalyn demonstrates a realistic understanding of intergenerational power relations and the scenario which she describes is not what she perceives to be the norm. Indeed, some children, though they engaged with the possibility that children could tell their parents what to eat, thought that this would never happen in their families:

> Michelle: [...] If they're like worried because their parents are getting overweight and stuff then like it's good that they tell their parents if they like, 'I think you should start eating healthily because you're getting a bit fat' and stuff.
>
> Hannah: Yeah, do you think children do that?

Michelle: Erm...

Olivia: Well if I told me mum that she needs to eat healthier because she's getting fat she'd probably tell me off for being cheeky! [laughs]

Michelle: Yeah! [laughs] Or mine would go, my mum would go like 'very rude, very, very rude!' [puts on a posh voice].

Michelle and Olivia, School A

Other children and their parents, however, described a very reciprocal relationship in this regard. Nick and his mother provide a particularly compelling example of this. In response to a question about whether he thinks it is easy for his mother and father to help him to eat healthily Nick reflects that he is quite sure that it *is* easy. He explains, 'because I enjoy it really and being sporty as well' (School A). He goes on to describe how recently on the way home from school with his neighbours they visited the local bakery but Nick decided he did not want anything because he thought he could 'live without it'. Nick's mother also reflects that there are never any 'struggles' about Nick eating healthily as he 'sort of moderates his own intake' and she too tells the bakery story which has been recounted to her by the neighbour who thought that it was most unusual. They both go on to describe how they help each other to be healthy and illustrate this with the same stories:

Hannah: What helps you to be healthy?

Nick: Erm my dad and Rich (a close family friend] [...] And my mum. I try to keep my mum healthy.

Hannah: You try to keep her healthy! How do you try and keep her healthy, that's interesting.

Nick: Erm sometimes I tell her not to have sugar in her tea.

Hannah: Yeah.

Nick: She only has one, she's cut down!

Nick, School A

In the context of providing the same anecdote about sugar in her tea Nick's mother describes how both she and her husband have tried to encourage Nick to have a healthy diet but consider that 'As he's got a bit older he's very much taken his own decisions over'. Indeed, she concludes 'Nick's more my sort of monitor than anything'. Nick's mother also emphasises how her diagnosis with breast cancer has impacted upon the whole family's motivation to do what they can to keep healthy and the relationship between family health biographies and understanding of the relationship between food and health will be discussed more in Chapter Five.

In this way, children presented a diversity of intergenerational relations or power relations within families and these did not seem to be related to socio-economic position.

4.2.3. Acknowledging difficulties

Children and parents in both schools acknowledged that although their families generally aspired to eating healthily, this was not always possible. Busy lives and a consequent lack of time and energy for parents (generally mothers) to prepare nutritious meals were perceived to be important factors.

Children had an acute awareness of the pressures their parents were under. Emma, at School A, for instance, highlights her mother's busy work schedule as a teacher:

> We have to get up really early in the morning, like at six o'clock and I have to eat my own breakfast quite fast in the morning and everything. In the evening she's so tired out she has to mark and everything so she usually just gives me a quick dinner like chicken casserole or potato mash with beans and sausage, something like that, so something easy to do.
>
> Emma, School A

Emma contrasts her family practices with those of her friend Ava:

> Ava: But we, we mostly eat home cooked meals so all we buy is ingredients and I don't usually go to the shops with my mum and dad.
>
> Emma: Yep I'm not like that. My dad, my dad only cooks me Sunday lunches on Sunday and my mum sometimes cooks ratatouille and spaghetti bolognaise but the rest of the time I just, we have to buy the food.
>
> Ava and Emma, School A

Here 'buy(ing) the food' seems to imply buying readymade food rather than buying ingredients to make food as Ava has described. Emma's phrase 'we have to' seems to be revealing in light of her earlier emphasis on the time pressures her parents are under with busy jobs. It is not that her family do not value homemade food but that they are sometimes unable to turn this motto into practice. Similarly, Aaron contrasts his mother's expressed desire for their family to eat more healthily with the reality of the strains of everyday life: 'It always gets said but it never gets done [...] my mum's just so tired from work that she just gives in and gives us whatever' (School A).

Parents at both schools were also aware of the potentially important role of time constraints when striving to eat healthily. Those parents who did not work full-time believed this was an important contributing factor in being able to prepare what they perceived to be healthy meals. Rosalyn's mother contrasts her current situation with that of families with two parents working full-time:

> I can do that anyway now 'cos I've got a different job where I work in a school so I finish at half past two, pick Rosalyn up and we're home by half past three and so I can start preparing something from fresh at half three. If it takes an hour and a half we can still eat for five o'clock, half five at latest. But I suppose for some families that don't come in until five o'clock, half past five for them to start cooking from fresh. I know what she's like when she comes in from school, she's hungry. And then the longer, the longer you wait when you're hungry and then you get it put in front of you and you don't feel like it, you've gone past it.
>
> Rosalyn's mother, School B

Indeed, the time after school and before the evening meal was seen as particularly problematic by many parents and having the opportunity to plan and prepare in advance was deemed to be important. Here Josh's mother describes her intention to look at the snack plan from the Change4Life literature:

> But I keep thinking 'ooh I'll get it out' 'cos it, 'cos like after school, between that time and teatime it's really hard not to give them something quick like a biscuit or [pause] but erm like I say you've really got to make time to make it work actually.
>
> Josh's mother, School B

Children also described this time as potentially problematic:

> [...] Between when we get back from school, which is about half past four and when we have our tea, which is normally about six, me and my brother usually go up to my mum and say 'Can we have a snack, we want something to eat, we're hungry?' erm and she says 'No 'cos it's nearly tea' and then we have tea.
>
> Olivia, School A

Similarly, Daniel says that sweets and chocolate are 'bad for you' but acknowledges, 'if my tea waits too long I have sweets instead 'cos I like em so much sweets' (Daniel, School B).

Interestingly, as the narratives above indicate, children generally seemed to assume that their mothers were responsible for food preparation at home. Michelle, for

instance, articulately describes the pressures her mother is under in her bid to combine work and family life. She recounts how her mother focuses her time and energy on providing for her and her brother both financially and in terms of nutritious food provision:

> She tries to get like as much money as she can by working but she doesn't like, she cooks mine and Joseph's meals healthily but she [...] say we're having curry and me and my brother and my dad we'd have like a meat version and like we'd have the same rice but she'd have like a vegetarian version but that's only if she's got time and normally she's got to rush and stuff.
>
> Michelle, School A

A minority of children also talked about contending with 'fussy eaters' as a problematic aspect of family food negotiations. Although the term 'fussy eater' was generally reserved for *other* children, on a few occasions children defined themselves as fussy eaters and described the consequent lengths their parents had to go to in order to help them to eat healthily. Bex, for example, defines herself as 'a very, very fussy eater' and describes how her mother 'blindfolds' her to encourage her to eat her vegetables:

> My mum puts vegetables on my plate and then when I say I won't eat them she puts her hands over my eyes and makes me [...] because if I can't see something I can't taste it.
>
> Bex, School A

Similarly, Josh says: 'Erm, vegetables, I'm not a vegetable person! (Laughs) [...] I mean when I were younger I used to like vegetables but now I'm very picky' (School B). Josh recognises that his mother actively tries to increase the variety of vegetables he eats but concedes that this does not work, ''cos most of vegetables she cooks I don't like! So she just gives me the ones what *I* like'. Josh's mother's echoes this: 'So if I know they won't eat it I don't put it on their plate 'cos that avoids arguments. I'll give 'em something else'. In this way, both Josh and his mother are aware of the gap between family moralities and family practices. Even Ava's father concedes that, although his children are 'very good eaters' he can sometimes find himself cooking the same meals over and over again as he knows that they will eat them. He contrasts this with eating in school where he considers children are more likely to try different things:

> [...] it broadens a child's range if they're doing it [school lunches]. Because they're actually eating with their peers and it makes it less of an issue whereas at home they feel they can try not to eat things

> although that doesn't really work in this house but they, they at least try. Or you find you narrow the range of food you give them because you know what they like so you almost, you self-select because you want them to eat what you cook! [laughs]
>
> Ava's father, School A

4.2.4. Taking responsibility for eating healthily

While parents and children acknowledged that children could play an active role in both resisting and facilitating eating healthily there was a definite consensus that parents should take ultimate responsibility for ensuring their children eat healthily. In very general terms, children emphasised the importance of adults being in charge in everyday life. Katherine and Josh, for example, both describe a world where children are in charge of what they eat as 'mad' and 'crazy', respectively. Katherine says:

> If adults aren't in charge then children would eat really unhealthily. So I think adults should take care of them. And if there weren't adults in the world, children would just go mad. I mean there would be lots of arguing like 'I'm the king' or 'I'm the king of the children!' They would all argue about food and they wouldn't know how to make food with all like the packaging.
>
> Katherine, School A

In response to a question about who should take responsibility for ensuring children eat healthily, Josh describes an equally dramatic course of events:

> Josh: If the world went crazy people would be going to police stations and getting guns and bullets and shooting people. Like the elephant gun is very loud and can make you go deaf.
>
> Hannah: Why do you say that, Josh?
>
> Josh: Because it would be crazy if children could decide everything.
>
> Josh, School B

In both Katherine and Josh's narratives, however, there seems to be a distinction between 'children' as a category and children as individuals. Children as a category are portrayed as irrational and unthinking, which contrasts with the reflective and thoughtful way in which the majority of children engaged with the topic of healthy eating throughout the research and the examples in which they highlight their active engagement in efforts to eat healthily themselves and sometimes how they encouraged others to do so too.

More specifically, children offered three main reasons why parents should be responsible for ensuring their children eat well. Firstly, children and parents both acknowledged that parents bought most of the food consumed by children, which inevitably gave them a high degree of control over what their children ate. Daniel describes this in quite dramatic terms:

> Parents are the ones with the money and if they don't buy it [healthy food] for the children then they can't eat it then children will have a little life and they will eventually die very soon.
>
> Daniel, School B

Rosalyn's mother also talks about parents as providers:

> I can understand children having their own opinion but I think children of school age that haven't actually got an income obviously have to actually eat what their mum and dad or whoever, what their carers, actually provide for them.
>
> Rosalyn's mother, School B

Secondly, children and parents reasoned that parents should take responsibility as they did the vast majority of the cooking. Children did talk about helping their parents out from time to time but this was often for special foods like birthday cakes or as a kind of kitchen assistant chopping the vegetables.

Thirdly, some children and parents thought that children were not concerned with eating healthily and therefore could not be trusted to take responsibility for eating well. For Daniel, for example, a concern with eating healthily is something that might develop with age:

> Hannah: And do you think that children think about being healthy or not really?
>
> Daniel: Not really I don't think.
>
> Hannah: I wonder why that might be.
>
> Daniel: They're not bothered when they're young, maybe when they're older.
>
> Daniel, School B

Similarly, Daniel's mother does not think Daniel is interested in the idea of eating healthily:

> Probably not. He likes what he likes. Like we'll sit and have a stew and he'll have chips and fish fingers [..] Or if we're sat eating a

> Sunday dinner I'll eat my vegetables, my meat, he'll just eat his Yorkshire puddings and that's it. He knows what he likes!
>
> Daniel's mother, School B

For most children and parents, however, although they thought that children could, should and indeed did take an interest in eating healthily, parents were consistently identified as the key players in ensuring children ate well. Indeed, parents who did not assume this responsibility were fiercely criticised. Emma goes as far as to suggest that parents who give in to their children's requests for sweet foods are actually engaging in 'child cruelty':

> Yeah 'cos if you have a parent who thinks they're doing you a favour by letting you eat chocolate and sugar they're not actually doing you a favour, they're actually being cruel to you. Like child cruelty but the child doesn't notice it because that's what they want to eat.
>
> Emma, School A

Although fiercely critical of such practices, children were acutely aware of the challenge their parents faced in trying to balance responsiveness to their children's wishes with a desire to ensure they ate healthily. Ava', for example, says: 'Well it's probably quite hard really because they want to give you treats but they also want to keep you well and healthy' (School A). Parents also emphasised this tension. When describing how they only have pizza as a treat, for example, Stephanie's mother worries that this 'sounds really kind of hard doesn't it' and her phrase echoes Rosalyn's mother's fear, as noted earlier, that her decision not to take her daughter sweets after school 'sounds kind of evil'.

4.2.5. Section summary

In summary, children's discussions of everyday food negotiations gave insights into how their family moralities and mottos translated, albeit in complex and sometimes contradictory ways, into actual practices. Children were aware of (and generally actively approved of) a variety of parental strategies to encourage them to eat healthily including both apparently covert and overt tactics. They also described a number of their own tactics both to resist eating healthily but also to actively try to eat healthily and promote healthy eating among other family members. Further, children recognised the tensions between their family's food aspirations and actual

food practices, singling out time constraints as the most significant challenge. They thought it was ultimately parents' responsibility to ensure children eat well but recognised the difficulties parents may face in this respect.

4.3. Continuities and discontinuities in family food

In line with their acute awareness of their own family food moralities (even if they were not always able to translate these aspirations into practices) and how these contrasted with those of other families, children consistently emphasised continuities in family food values and practices both throughout their lifecourse and across familial generations. Children viewed these continuities as consistent with perceived continuities in other health-relevant behaviours. Although they also acknowledged discontinuities, narratives of discontinuity were much less prevalent. Children from blended families, living across more than one household, noted both continuities and discontinuities in family food practices.

4.3.1. Continuities

Children and parents in both schools consistently viewed childhood as a key life stage in the development of enduring eating practices and families were deemed to be pivotal in encouraging the development of healthy eating practices. Children at both schools thought that eating habits would become firmly established during early childhood and engrained over time and that it would be very difficult to make changes when they were older. A small number of children talked about the possibility of breaking with established 'bad' eating habits by going on a diet later in life but this was viewed as an exception and children thought that their bodies would already be damaged by longstanding unhealthy habits. Discussing why he thinks children should not eat too many burgers, for example, Bob remarks:

> So I don't think that's good so if you eat loads of fats you'll just get fat and overweight. And it's kind of not really possible to get it back again if you're really overweight because if you do exercise you'll run out of stamina so quickly that you won't be able to burn off any calories at all.
>
> Bob, School A

They also provided examples of people who had unsuccessfully attempted to change eating practices. Hermione recounts what appears to be a family story:

> [...] once my dad knew this, I think it was my dad, well somebody knew in my family this woman and she wouldn't go outside because she was afraid of people calling her 'fatty' or something like that. But she, she dun't wanna, she *tried* losing weight but ... she just kept on eating.
>
> Hermione, School B

Children thought that eating practices established in childhood and within families would be longstanding. They provided a number of reasons to justify this view. Firstly, children made frequent references to 'getting used to' eating in a certain way during childhood. Kelly, for example, says that eating healthily as a child is important because otherwise 'your body won't get used to healthy stuff' (School B). Children thought that, throughout their lives, they would almost unreflexively continue eating in the same way as they had done as children. Jacob hints at this 'taken for granted' nature of eating practices: 'If you eat healthy now you will just get used to it and that will basically be your diet so you'll like it and you'll just carry on wanting to eat it' (School A). In the context of reflecting on his own diet, he provides a personal example of how this works out in his family:

> I think it's weird 'cos we don't really have a lot like, well, we do have chocolate, but we don't have like lollies in our house and stuff like that [...] so then you just get used to not having them so I don't really want them. I think they're alright but I don't really want them.
>
> Jacob, School A

Similarly, Josh thinks that eating Weetabix[15] is good for you not only in terms of its nutritional properties but because, in his reasoning, people who eat Weetabix do not 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. You eat Weetabix for your breakfast, have like a little snack.
>
> Josh, School B

[15] Weetabix is a popular wheat-based breakfast cereal, promoted as providing sustaining energy for the day ahead.

Secondly, children talked about developing an enjoyment of or dislike for certain foods, which would endure. Again they related this to parental provision. Selina, for example, describes her mother's current predilection for 'chocolate snaps' with reference to her grandmother's provision when her mother was young: '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). Hermione also employs this reasoning to explain why, at school, other children tend not to choose the sandwiches made with brown bread even though she thinks this is 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). Her phrase 'when they were children' is interesting because it implies that she thinks they are no longer children and therefore less open to trying new things. The quote also hints at the way in which family values and practices are at play within the school context. The idea that childhood (or even infancy) is a key stage in developing an enjoyment of or dislike for something was also evident in parents' accounts. For example, as referred to earlier, Rosalyn's mother reasons that Rosalyn does not like salt now because when she was a baby she would always feed her homemade food without any additives or salt.

Related to this, children from both schools frequently talked about the importance their family attached to trying new foods and to frequently re-trying foods which they disliked. However, whereas eating fruit and vegetables was portrayed as important for all family members, the importance of trying different foods seemed to be confined to child family members. Cheryl (School B), for example, says 'it's chicken what I hate and I get told to try and try and try'. Ski describes a different parental technique: 'Every time my dad says I'll give you a fiver he doesn't, he just wants me to try things so that when I get older I know what they are' (School B).

A number of children at School B thought that children should keep trying foods they disliked because their taste buds might have changed and so they might now like them. There was a strong sense of futurity and a notion that their current tastes and preferences were errant though malleable. In this way, they emphasised physiological changes. While talking about the importance of exploring new foods, for example, Elizabeth reasons: ''Cos like maybe some things that you didn't like when you were younger you might like 'em now 'cos your taste buds change' (School

B). Discussing the role of families and schools in children's eating practices; Elizabeth's mother also talks about taste as physiological and as changing over time. This is a shared familial understanding but the origin of this understanding is unclear, potentially from the Change4Life course that Elizabeth's mother has recently attended:

> [...] everybody's tastes change, don't they? I mean I've heard that your taste buds change every six month. So what my kids have said they don't like now I get them to try it again.
>
> Elizabeth's mother, School B

Children from School A talked much more about training themselves to like different foods by repeatedly trying them rather than physiological changes in tastes. Michael, for example, talks about his parents' tactic to keep 'making' him eat sprouts. However, he does not portray himself as the passive recipient of his parents' values but rather emphasises his active approval of this tactic and again contrasts the way his family works with other families' ways of working:

> Some children their parents like sprouts and some children don't like it but I like sprouts [...] I think that's one of the things about if your parents always make you eat things then you will like them eventually.
>
> Michael, School A

This idea of diversifying palates by repeated exposure was also particularly evident in the narratives of parents at School A. Ava's father talks about his and his wife's decision for their three daughters to eat school lunches as school lunches provide a way of facilitating this diversification. The narrative here is interesting as it contrasts with children's discussions in which they seem to see family as the context within which their tastes are broadened. Here Ava's father talks about the importance of social relationships around food in the school context:

> We do school lunches with them, we want them to do school lunches, and it's actually all about eating together socially and eating what they don't necessarily want to eat but in fact when they start to eat it together they start diversifying what they like actually. At home they can be more awkward or try to be more awkward.
>
> Ava's father, School A

Ava's father also talks about tastes 'growing up', however, and seems to conflate the idea of physiological changes in taste and changes in taste by exposure. He also hints

at continuities in parental strategies over generations as his parents tried to introduce different foods to him when he was younger and now he does the same with his children and this will be explored further later in this section:

> You sort of, suddenly a few years later you see some kidney and you think ooh I might try, I think I'll buy it. And you think but I never liked kidney when I was a child, you know. You know but then you realise your taste, you know your taste grows up and you realise that's why you were being introduced to it because your parents liked it and they tried to introduce it to you.
>
> Ava's father, School A

Thirdly, as well as the notion of taken for granted practices and developing (dis)likes, children and parents also discussed the importance of parents nurturing in their children a conscious desire to eat healthily. Edward articulates this idea of developing a healthy eating mentality 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). In this way, some children took on board not only the idea of developing certain practices but also the concept of taking on particular attitudes towards the relationship between food and health. Similarly, Josh's mother talks about encouraging children towards a particular way of thinking. Like Hermione in her brown bread story, Josh's mother thinks age is important, explaining that by the age of 15 or 16 it might be too late to nurture a commitment to eating healthily. There is also a feeling of linearity here - if you can get children to like something now then this is fixed and enduring into the future:

> 'Cos they've got a mind of their own [...] so I think it's best to get 'em when they're young i'n't it. You know, get their brains working a bit 'Well that's better for me so I might just have that' [...] then as they get older it might kick in a bit more you know what I mean 'cos they've been prepared a bit along the way I suppose you'd call it.
>
> Josh's mother, School B

On the whole, children approved of their parents' efforts to ensure their family ate healthily even if they conceded that family food practices did not always meet healthy aspirations. Bex, for example, admits that she is a 'fussy eater' (and therefore not as healthy as she could be) but she cannot understand why because she and her cousin are the only fussy eaters in the whole family (School A). Here then, Bex sees her disjuncture from the rest of her family's (healthy) eating habits as surprising and

strange, it jars with what she perceives to be normal intergenerational continuities. In sharp contrast, Daniel criticises his father's drinking practices and resolves to be different himself. He articulates his understanding of the addictive properties of beer through describing its effect on his father, 'He's cuckoo with it', and is resolute that he will never start drinking, 'that's why I never want to smoke or drink beer because once you start you can't stop!' (School B). Such narratives of discontinuity in which children critiqued their parents' practices and resolved to be different themselves, however, were extremely unusual.

In addition to highlighting the enduring nature of childhood eating practices established within families throughout a person's lifetime, children frequently talked about the replication of family eating practices over multiple generations. Many children had a very keen sense of continuity in family food biographies: current family food values and practices were often explained with reference to the past and were deemed to be relevant to the future. In this way, children often linked their parents' food-related attitudes, values and practices to those of their grandparents. Kelly's comment was typical:

> 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.
>
> Kelly, School B

In turn, they often talked about bringing their own children up in a similar way and positioned children rather passively in terms of family food practices:

> I know that 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

In their narratives of continuities in families then, though they often described quite different family eating practices, a key theme was children's approval of the way their family negotiated food and eating practices. Michelle's comment was typical:

> I'd give my children food that I used to have and stuff [...] just try and get them to eat healthy meals and just try and get them to do what my mum does 'cos it seems to have worked.
>
> Michelle, School A

This sense of continuity, history and longevity in the children's food narratives is neatly illustrated in Bob and Nick's summary of how family practices are replicated over generations:

> Bob: And if you're, if you're brought up like normal people are and you just eat healthily then later on you'll just eat healthily because if you then start trying stuff, which is not very nice you might not actually like it because you'll just be used to having healthy stuff.
>
> Nick: Yeah it carries on in the family, how you were brought up.
>
> Hannah: You reckon?
>
> Nick: Yeah they bring up their children the same.
>
> Bob: Yeah and because if 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 and 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

For Bob and Nick this awareness of intergenerational replication of eating behaviours heightens the imperative to eat healthily. Eating healthily is important for their own bodies but also for the health of future generations of their family. So family becomes important both in terms of laying foundations for future eating habits but also as the very reason for eating healthily:

> Bob: It's for your future, it's not just your body, it's important for your children and their children and so on.
>
> Nick: Yeah erm like if you start eating sweet things, you get used to them.
>
> Bob: And, and when you're grown up you won't stop eating it because you won't be able to resist, you'll say 'ooh I'll just have another chocolate bun' or something.
>
> Bob and Nick, School A

This exchange also gives an interesting insight into children's expectations regarding individual agency, which will be further explored below. Although most clearly and richly articulated among children from School A, this idea of intergenerational replication of family food practices was evident in the narratives of children from both schools. A number of parents also articulated the idea of children taking after their parents in terms of food preferences and practices. Elizabeth's mother perceives that in their family her daughter is like her and her son like his father:

> You see I'd say Elizabeth takes after me and how I eat whereas my son he takes after his dad and how he eats. [...] I mean he's more for burgers and Mcdonalds and pizza and all that sort of stuff so you know he just seems to follow in that footstep.
>
> Elizabeth's mother, School B

Children from School A frequently related their ideas about intergenerational continuities in family food practices to their understandings about family continuities in other health relevant behaviours such as smoking, taking drugs and drinking alcohol. In this way, the family was viewed as the locus of the development of health relevant behaviours. A minority of children from School B also made a link between continuities in food practices and other health relevant behaviours. Kelly, for example, continuing her narrative about her mother taking after her grandmother in giving her children fruit, wonders if she might smoke because her mother smokes. The intergenerational logic is apparently further reinforced because Kelly's older sister has started smoking:

> Kelly: I don't know because my nannan used to smoke and now she doesn't but now my mum's smoking.
>
> Hannah: Oh right.
>
> Kelly: So I think I might take after my mum I don't know.
>
> Hannah: You think you might end up smoking?
>
> Kelly: Yeah because my big sister Gina she's sixteen and she were sneaking to smoke [...]
>
> Kelly, School B

In contrast, Ali (School A), worries that when she goes to senior school she might make friends with people who smoke and therefore be more likely to smoke herself but sees the fact that her parents do not smoke as a protective factor:

> Luckily because it [the work on smoking the class have done as part of their school Health Week] says if your parents don't smoke then it's more likely that you won't smoke which is good because my mum tried it once erm one cigarette and threw up so and then my dad never even tried it.
>
> Ali, School A

In this way, particularly among children from School A, health-relevant practices, including eating practices, were portrayed as family practices and parents were portrayed as role models for their children. Children thought that they were likely to carry on doing things in the same way as their parents. So children of smoking

parents would become smoking adults but children of non-smoking parents would become non-smoking adults.

The concept of addictive behaviours was frequently employed by children to account for the close relationship between eating and these other health-relevant behaviours. Children thought that eating unhealthily could become like an addiction, something over which people have minimal control. They thought that eating unhealthily could encourage children to develop addictive tendencies. Jake, for instance, says: 'And it isn't like you can, if you're an adult you'll probably get addicted to, like smoking and stuff' (School A). Chocolate and other sweet foods were particularly implicated in this regard. Bob, for example, explains that if parents let children have lots of chocolate this could encourage them to take drugs 'because it feels nice at the time but afterwards it doesn't' (School A). As Bob's narrative suggests, children conveyed the idea that they could exert only minimal individual agency but parents, in contrast, were pictured as having the potential to protect children against this addiction. Lee (School B) clarifies this point as he says:

> When it comes to chocolate, like I've just said I want my children to grow up healthy and that, when it comes to chocolate they're not gonna get like, they're gonna like scram everything! I'm just gonna say, 'Stop scramming all chocolate!'
>
> Lee, School B

Similarly, Phoebe explains parents' pivotal role in the replication of addictive behaviour over generations of families:

> Anyway, if you like eat unhealthily when you're younger you like get addicted to it so when you're like an adult and you've got kids you feed them unhealthily because like your parents fed you unhealthily. And so on and so on.
>
> Phoebe, School A

The notion of unhealthy behaviours becoming like an addiction was echoed in some of the parents' accounts. Elizabeth's mother, for example, explains that she joined a local Change4Life course for her son 'Cos he's, he's a junk food addict. And he's got a bit of weight on him'. The implication here is that she can potentially help to resuce him from this addiction. Ava's father also talks about the related idea of dependency: 'In this house, what do we eat? No, we're not overly sweet dependent' (School A).

Throughout their narratives children consistently emphasised that families, rather than schools, were the locus of health-relevant behaviours. This is clearly evident in Bex, Nicky and Phoebe's narrative about why they think parents should take ultimate responsibility for making sure their children eat what they need:

> Bex: Because like if parents didn't 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 it's 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'.
>
> Bex, Nicky and Phoebe, School A

The parents in the study also thought that families were the key influence in teaching children to eat well. Echoing the earlier idea of parents as role models for health relevant behaviours, Stephanie's mother talks about parental practices as setting an example for children:

> I think it's definitely within the family. Because if we don't eat well then they're never going to learn to eat well, I believe. Because they follow what they're shown, don't they?
>
> Stephanie's mother, School A

Ava's father agrees that families are the most important influence and emphasises attitudes at home. In this narrative, in contrast to his earlier reference to school dinners positively encouraging children to eat new things, school seems to assume little significance:

> I mean it must come up on the curriculum somewhere where they try and teach them. The irony is I'm not sure if the school lunches follow that through but I think the greatest influence it must be, it must be the attitude towards food at home, as well.
>
> Ava's father, School A

In this way, children (and parents) thought that childhood was an important stage in life in terms of establishing habits, (dis)likes, attitudes and even identities related to eating healthily and families were depicted as integral to this. Children's emphasis on

continuities in food and eating practices was clearly in tune with their assertion that parents should take responsibility for ensuring their children eat healthily as discussed earlier. Parents were portrayed as moral guides in relation to eating healthily and just as children were keen to contrast their own and other families' food moralities, they emphasised family continuities as a way of demonstrating that they shared important similarities with and therefore belonged to their family.

4.3.2. Discontinuities

Although children certainly emphasised continuities in family food practices, a number of discontinuities were also mentioned and these related to vegetarianism, responses to changes in health knowledge and health status, and differences between grandparents' and parents' provision.

Vegetarianism was portrayed as a source of discontinuity, but also continuity, in family food practices, particularly among children from School A. As already noted, for some of the children at School A, being vegetarian was related to their religion and it was almost taken for granted that all family members would follow a vegetarian diet. Other children also identified themselves as vegetarian but said this was because their parents had decided to be vegetarian and this was the food that was prepared at home (this tended to be initiated by mothers rather than fathers). Some children, however, described how their mothers had decided to be vegetarian but still prepared meat dishes for the rest of the family:

> Yeah because erm my dad, my brother and me, we like to have meat and my mum, well she eats fish, she's a pescetarian but she doesn't like meat so normally if we have like curry or something she'd do a meat sauce, she'd do like rice for all of us and in one pan she'd cook a meat sauce and in the other she'd do the veggie sauce. But she'd do less of the veggie sauce so like, 'cos she would be the only person eating it.
>
> Michelle, School A

Previously Michelle has highlighted the importance her family attaches to all family members eating the same and her emphasis here on the fact that they essentially have the same dish but one is prepared without meat attests to this. Neither parents nor children articulated any sense of inconsistency between the ideal of all eating the same and one parent being vegetarian. Being vegetarian was portrayed as a valid

option (for parents). Nick's mother, however, describes how when he was younger Nick found it difficult to make sense of the fact that his mother was the only vegetarian in their family, highlighting Nick's focus on continuities within families:

> I can remember a time when he didn't get it and, you know, think of it as an option or a choice that people can make kind of thing. Erm but, you know, I just said well, 'you can eat meat and you can decide, if you decide one day you don't want to that's fine but you know, you can have meat' but obviously I don't buy a lot of it, so it's not meat with every meal. But erm yeah, so he's kind of like, he doesn't sort of look at me now like 'Oh you're a vegetarian!' [laughs] But I think at one time it was a bit like I was the odd one out in our family type of thing, which is the case really, all like the rest of my family all eat meat and things. So he was very much in that camp of like we're all the same and you're different mum! [laughs]
>
> Nick's mother, School A

Only one child, Tim at School B, talked about deciding to become vegetarian himself in a meat eating family. Tim describes his reasoning quite simply, ' Well it's because erm I just don't really like the taste of meat'. He goes on to describe how he often has the same food as the rest of the family but just without the meat and in this way, like a number of his contemporaries, he 'manages' discontinuities in such as way as to emphasise continuities in the family.

A number of children at school A talked about how changes in public health knowledge had led to changes (discontinuities) in food and eating practices. Edward, for example, says that his mother told him that when she was young they did not know about the 5 a day message and therefore did not eat as much fruit and vegetables. Similarly, Bob explains that his mother started smoking when she was younger because at that time she did not know how bad it was for the body. Such narratives illustrate how public discourses may inform and influence family practices. Narratives regarding changes in public health knowledge were less evident among children from School B but some parents mentioned this. Elizabeth's mother, for example, talks about changes she has made since attending the Change4Life course: 'I used to buy all chocolate but in, you know Mini Twixes and Kitkats and stuff but I've stopped buying 'em, I have stopped buying 'em' (School B).

Changes in health status were another motivation for changing eating practices described by both children and their parents. Bob and his mother both talk about

their decision to avoid dairy products because his mother has read that they are linked to breast cancer from which she is currently recovering. Nick and his mother also talk about changes in eating practices since Nick's mother's diagnosis with breast cancer and because his father's new partner is very 'into fitness'. Nick thinks they are healthier now both in terms of diet and exercise. Family health biographies as a source for understanding the relationship between food and health will be further discussed in Chapter Five. Children's narratives of parents going on diets (and therefore eating differently from the rest of the family), will also be discussed in Chapter Five. However, diets were not portrayed as evidence of discontinuity in family practices perhaps because they were seen as a temporary measure.

A more frequently narrated discontinuity among children from School B was the disjuncture between the practices of parents and grandparents in relation to children's food. Children at school B seemed to see their grandparents much more frequently than children at School A, most likely due to geographical proximity as many of the children talked about popping round to their grandparents on a nearby road or even down the road after school or at the weekend. Children from School B consistently contrasted the way in which their parents negotiated healthy eating with their grandparents' intergenerational practices. Grandparents were generally portrayed as bearers of sweets, chocolate and other treats. Josh's narrative typifies this: 'Me nannan gives me junk food - not for dinner though - stuff like biscuits and stuff' (School B). Just as children expected parents to implement strategies to encourage them to eat healthily, children's narratives revealed that they expected grandparents to give them treats and to prepare their favourite meals; this was portrayed as a privilege of being a grandparent rather than a parent. Meals at grandparents' houses were often described as prepared especially for children:

> And then like at my nannan's I always have what I fancy, well I normally always have my favourite, them mini cod things with bread crumbs on and I have peas and ... oh, a few chips [...] 'Cos I get spoilt at my nannan's.
>
> Rosalyn, School B

By conceptualising grandparents' intergenerational practices as treats, children could make sense of them as outside their usual eating practices and therefore acceptable as part of a healthy diet.

Parents also contrasted their own and grandparents' practices. Josh's mother, for instance, describes how she tries to anticipate her mother's habit of giving the children lots of biscuits and sweets by preparing sandwiches in advance so they can fill up first. Elizabeth's mother also recognises that Elizabeth maximises the opportunity of seeing her grandmother to buy sweets from the local shop: 'She always makes nannan take her to shop! [..] She's told her that I don't never buy her no sweets! (Laughs)' (School B).

Interestingly, in contrast to the children, the parents' narratives provided many examples of discontinuities in family food practices over generations and the changes were all described as improvements. In this way, like the children, parents were often (although not always) keen to portray their current family practices in a positive light. Elizabeth's mother, for example, says that while continuing to cook the same kinds of foods as her mother did when she was growing up, like cottage pie and stew, she makes sure she adds more and different flavours to improve the taste (School B). Many parents talked about making a conscious decision to do things differently from how they were brought up. Josh's mother, for example, explains that when she left home at 18 she decided that she wanted to try different foods:

> No it is a bit different because when I were young we had a lot of chips. Erm we didn't eat pasta, whereas we have pasta, we have rice. I mean me mom made a lot of things don't get me wrong, like Shepherd's pie, you know your traditional things. […] but we did have chips a lot and processed food you'd call it wouldn't you?
>
> Josh's mother, School B

Moving away from more traditional foods and processed foods was a recurrent theme in parents' narratives. Parents related this to differences in food supply, changes in family circumstances and changes in understandings about the effect of different foods on the body. The influence of different family circumstances (financial resources and work commitments) is salient for Stephanie's mother. She describes how her parents both worked full-time but struggled financially:

> I know from what my mum tells me when I was very young that she, they struggled to make ends meet so they'd only have meat twice a week, for example, whereas we'd eat meat every day or well, if we wanted to, and not have to think about the cost of that. Erm, and, yeah, so we had more ready done stuff and much more meat sort of, erm a piece of meat, potatoes and veg, that kind of thing […]

Stephanie's mother, School A

Parents' narratives made it clear that family food practices were not static, changes and adaptations could be made while maintaining continuity in moralities and mottos. This is an important point for public health messages, which might seek to change people's diets by drawing upon their enduring food-related moralities and mottos. Stephanie's mother, for example, talks about trying to introduce different foods as part of her continued aspiration to eat a healthy variety of food:

> Erm well at the moment what we're trying to do is introduce them to different food because I'm a bit worried that we always eat the same kind of food, just like family staples but because you tend to get into habits, don't you, erm so often, especially when the youngest was only four I'd, you know, give him something different and he'd be like 'Oh no I don't like that', straight away, 'Don't like that'. And even the older two, I mean Stephanie, she's good at trying things because, well because she's a good girl, I mean, I don't, I'm sure every mother says that!

Stephanie's mother, School A

4.3.3. Blended families: continuities and discontinuities

More than half the children at school B and approximately one sixth of the children at School A lived in either blended families, across more than one household, or with one parent and met up with the other parent on a more or less regular basis. Although a number of continuities between these different contexts were noted, discontinuities in family food moralities, mottos and practices were much more prevalent in children's narratives. Discontinuities centred on a number of different factors including ideas about children's participation in food decision-making, financial resources (discussed in the final section of this chapter), cooking skills and time constraints.

The most prominent discontinuity noted by children regarded what they perceived to be their different levels of participation in food decision-making in different family contexts. Many children contrasted their mother's house where they thought that they had very little input into food decisions with their father's house where they perceived that they had much more choice. This may also have been related to the fact that many of the children lived with their mothers during the week and tended

to stay with their fathers at the weekend. There is a sense here that, as with treat food, food with the non-resident parent is ‘food-out-of-the-ordinary’ and therefore more ‘deviation’ is tolerable as it does not confront or challenge the ‘usual’. Aaron remarks:

> Well at my dad's house he lets us choose so we have like chocolate cereal sometimes or we can have other things that we're allowed to pick [...] and at my mum's house it's, she's more like, you know like, erm, precautious about what we eat.
>
> Aaron, School A

The food Aaron describes is very reminiscent of the treat-like foods associated with 'spoiling' and the kinds of foods described earlier as part of grandparental relationships. Aaron goes on to explain that he thinks mothers are generally more 'precautious' and this seems to be in relation to both their children ''Cos that's what mums do' and also themselves:

> Well my mum always says she’s, she’s not very fat but my mum says ‘Oh my God I’m so fat’ and she says erm, and she says like erm ‘Oh I’m not going to eat chocolate ever again’, things like that.
>
> Aaron, School A

This notion is echoed in the children's narratives as they often describe their mothers as more concerned with eating healthily themselves than their fathers. However, the idea(l) of choice for children when at their father's house did not always play out in practice. Cheryl, for example, explains that although her grandmother is prepared to cook different meals for different family members (her father lives with her grandmother) Cheryl does not feel that she can take up this choice. Her priority seems to be maintaining a good relationship with her father:

> Cheryl: Mostly we have salads at home but when I go to my dad's [...] my grandma has to do like eight different things 'cos everyone doesn't like what everyone else likes. My uncle dunt like stuff what we like so my grandma does all different stuff.
>
> Hannah: Lots of different things.
>
> Cheryl: But I don't ask for stuff 'cos if I do I'll get done off my dad.
>
> Cheryl, School B

Miley also describes how in theory she and her sisters are allowed to choose what they want for their tea when staying with their father but highlights how this does

not always work in practice. Again maintaining positive relationships between family members seems to take precedence over the idea(l) of choice:

> But then my dad gets mad like, like Oliver goes 'No I want pizza' and we've had it like the other night and then Lucy goes 'No I want pizza' and then he says 'Right, fine then, we're choosing what you're having, you're not choosing because all this fighting and everything'.
>
> Miley, School B

Miley, however, in contrast to the majority of children, describes how she can choose whatever she likes for her evening meal when staying with her mother. Also in contrast to the other children, she describes how she actually prepares the meal herself: 'Well erm at my mum's I'm allowed to cook because all I do is get stuff out of freezer and put it in microwave'. She goes on to compare this scenario with a particular food-related incident with her step-mother:

> Miley: My step-mum says this, 'Get it ate, now!'
>
> Hannah: Does she?
>
> Miley: She's mean!
>
> [...]
>
> Miley: I have to eat what she gives me and I was eating in kitchen and I went like this [sound effect of retching]
>
> Hannah: Yeah.
>
> Miley: I went like that 'cos erm it goes back down and my dad goes, 'Are you okay?' and I goes [shrugs shoulders] 'cos Katie makes me eat it and then I, when I finished it I put it on side and I said 'Dad I've just gone like that' and he says 'I know' and then he starts rowing with Katie and everything. Sometimes he does, sometimes he dun't. I hate Katie. But sometimes she's nice to me and she buys me everything!
>
> Miley, School B

The high degree of choice when staying at her mother's house is in sharp contrast to the (step-) parental control she describes here. Miley's narrative is reminiscent of the traditional 'wicked step mother' story as Miley portrays herself as the victim of her 'mean' step-mother and seeks to rally her father to her cause. Perhaps surprisingly, this is one of the few instances where step-parents figure significantly in the food narratives of children in the study. Children rarely referred to their parents' partners in terms of food decision-making. For a minority of children, however, in the course of describing their family food moralities and practices, the 'step-parent' seemed to have almost replaced their original blood parent in children's understanding of who

was part of their family. Lee, for example, explains that the father he calls father is actually his mother's boyfriend:

> Lee: No-one's a vegetarian in my family. [...] Well, not that I know of and not in my … I might… my Dad might know someone 'cos I've got another dad but they split up 'cos he were doing naughty things to my mum so they split up.
>
> Hannah: Oh. So the dad who's in your house is..
>
> Lee: Is my mum's boyfriend now. [...] He's, he's better than my old dad.
>
> Lee, School B

Parents' cooking skills were also contrasted by the children and deemed to be a significant factor in the different foods eaten when staying with each parent. Rowan's narrative demonstrates this very clearly as he explains why his mother cooks more processed food than his father:

> Because she's rubbish at cooking. My dad's two jobs are cooking and an engineer. And mum's job is being a, my mum's job is being a rubbish cook and being a doctor. She's good at doctoring but not good at cooking.
>
> Rowan, School A

Like many of his peers at School A, however, Rowan goes on to say that he values homemade food and thinks it's better 'because you know what's in it'. In this way, he maintains the morality that homemade food is good (and indeed is complementary of his father's skills in this arena) but has to suspend or set aside this value when eating at his mother's house (and criticises her lack of cooking skills).

Rowan also emphasises the importance of time constraints in influencing different family food practices and this was a recurring theme in children's narratives of discontinuity between different family contexts. Again the fact that he sees his father at the weekend is also significant here as he contrasts breakfast at his mother's house on a weekday with breakfast at his father's at the weekend:

> When I'm at my mum's house I have my, I have Golden Nuggets every morning and it's very rushed. At my dad's house, on the other hand, on Sunday morning it was, I had, I had a toasted tea, a toasted cross bun and this may sounds like a lot [...] a chocolate spread tortilla.
>
> Rowan, School A

Kerry, like many of the children, also demonstrates a keen awareness of the importance of time constraints as she explains why her father does not sit down to eat breakfast with her each morning:

> [...] 'cos he's usually quite busy in the morning getting everything ready, doing ironing and everything. He's like my mom-dad so he's like busy.
>
> Kerry, School B

The way in which she defines her father as 'mom-dad' in this narrative is also interesting as it perhaps implies that she is keenly aware of the gendering of such domestic tasks.

Like their children, parents were aware of the discontinuities in values and practices between the different family contexts in which children lived and interacted. Elizabeth's mother, for instance, describes the learning she has gleaned from attending a Change4 Life course and how she is trying to put this into practice with her son, whom she considers to be overweight. She describes her efforts to encourage his father (her ex-husband) to follow this through and also how she tries to communicate with her ex-husband through her son:

> I'm drumming it into his head, 'Tell your dad you don't want to go to McDonalds anymore' [...] and it's like trying to explain to him, it's alright treating him once in a while but you can't do it every week because it's not, well he only has to look at a burger and he puts weight on so.
>
> Elizabeth's mother, School B

Selina also describes how her father lets her choose what she can have for her tea even though he is under strict instruction from her mother that she should have chicken nuggets. She describes how she and her father collude against her mother: ‘Well I’m only allowed chicken nuggets so when I don’t have chicken nuggets at my dad’s I have to lie to my mum’ (School B). Such deliberate collusion, however, was rare. Indeed, a number of children and parents described how, although separated, parents remained in contact with each other and tried to convey a unified message about food and eating practices. These children and parents emphasised continuities rather than discontinuities. Nick's mother, for example, describes how she and her ex-husband, Rich, discuss their strategy for countering the influence of Rich's friend, Simon, who is, in Nick's terms, 'a fitness addict':

> And, you know, I have, Rich and I have had a conversation because I've said, 'Oh Nick mentioned about Simon' and Rich says 'Oh yeah, we need to sort of balance that out a bit because he's at another end of the scale' and you know, it's sort of erm, it's a balance thing I think. But Rich sort of says like Simon's at one end and he'll watch everything that sort of passes his lips and sort of like kind of erm, that's perhaps not a good, perhaps not the best message for Nick at his age, you know.
>
> Nick's mother, School A

Similarly, Aaron is aware that his parents are trying to provide continuity in their food provision even though they are separated. He describes how his father relates to him the instructions he has received from Aaron's mother about trying to eat healthily. Aaron acknowledges, however, that neither parent consistently manages to prepare healthy foods in practice:

> My mum always says 'We're gonna be healthy from now on' but then she doesn't manage it and then she just goes back to normal. And my dad always says, 'Right, mum says we're gonna be really healthy now' but then he doesn't either. We buy ready-made food quite a lot but my dad does make some things, my mum makes loads of curry like nearly every day.
>
> Aaron, School A

His use of the pronoun 'we' rather than 'he' in the phrase 'we buy ready-made food quite a bit' and his description of his father's resolution to be 'really healthy' suggests a solidarity with his father, he is less critical of his father than Rowan is of his mother. He goes on to clarify the value he places on homemade food, informed by his mother, but reflects that his father is simply not capable of cooking so Aaron has to accept different practices when staying with his father:

> Well I eat, the most things that I eat, my dad does pizza, pasta pesto and stuff like that. I'm not sure readymade stuff is that great 'cos you don't always know what's in it. That's what my mum says. But my dad hasn't got the cooking skills so he has to do readymade stuff instead. But my mum likes making curry and she puts like loads of vegetables and stuff in it. And I love cooking.
>
> Aaron, School A

Aaron also recognises the continued influence of his mother on his father as he describes how his father has remained vegetarian even after separating from his mother who always prepared vegetarian meals for the family. Here then he emphasises continuity between the two households and also continuity between before and after his parents' separation.

4.3.4. Section summary

In summary, while parents underlined both continuities and discontinuities in family food values and practices, children placed much more emphasis on continuities (although children from blended families highlighted both continuities and discontinuities between the different households in which they lived). Childhood was depicted as a key stage in the development of (un)healthy eating practices, which may endure throughout the child's lifecourse and even across generations of families. Families were portrayed as the locus for the establishment of healthy eating practices and also other health-relevant behaviours such as smoking, drinking alcohol and taking drugs.

4.4. Family financial resources and healthy eating

In the course of describing their everyday encounters with food during the friendship group interviews, children from School B frequently alluded to the impact of financial constraints on their and their family's food and eating practices. Indeed, talking about economic hardship in relation to food prompted discussion of family financial struggles more generally. While this was not the case for children from School A, many children from both schools had a lot to say in response to the debate statement 'Eating healthily is expensive'. Children articulated their ideas about the connection between financial resources and healthy eating practices and their understanding of how their own family finances influenced food purchases. They also proposed a number of strategies to facilitate eating healthily on a budget and discussed their ideas about the relationship between the cost and healthiness of food.

4.4.1. The connection between financial resources and healthy eating practices

Children from both schools generally discussed other people's financial resources in extreme terms. They drew on a wealth of media information in their construction of stereotypical notions of others, including TV programmes and books. 'Rich' people were thought to have servants, drive fast cars and eat caviar:

> Bradley: if you have more money you tend to be like, not as in footballers but if you're just like a billionaire; you tend to be, well, eat like quite advanced foods.
>
> Fred: Like caviar.
>
> Bradley: Yeah.
>
> Jake: Posh food.

Bradley, Fred and Jake, School A

Some children defined rich people as being of royal or noble descent while others pictured them as lottery winners. A minority of children thought that rich people would eat better than poor people:

> Like especially in the olden days when like rich people like, like aristocrats and stuff ate like meat and fish and hearty food while peasants like and serfs and people and slaves they only ate very basic things like turnips and bread, not even bread because that's quite hearty.

Rowan, School A

Most, however, thought that being rich did not equate to eating healthily in the way they understood eating healthily, that is, eating lots of (fruit and) vegetables:

> Actually I don't think it's easier for rich people to eat healthily because I saw this TV programme about the Tudors and there was this king and he had quite a lot of things like boar and things like that, he had no vegetables whatsoever.

Tim, School B

Rich people were consistently described in a negative light, particularly regarding health-relevant behaviour. Children thought they would be excessively frugal, 'as tight as a duck's bum' (Hermione, School B) or prefer to spend money on other extravagances like cars rather than eating healthily (Abigail, School A). There was agreement in both schools that rich people would opt for unhealthy eating practices as they were less constrained by finance or expectation:

> Phoebe: It could be 'cos like if you've got loads of money you buy like unhealthy food with it and then you might like get addicted and...
>
> Bex: And sometimes if you're like really, really rich like Phoebe said sometimes you don't want to eat healthily and sometimes you just want to eat rubbish and you think everyone will love you so it doesn't matter.

Phoebe and Bex, School A

Similarly, Louise and Miley draw on both fictional and real characters to defend their assertion that rich people will eat 'crap':

> Louise: Cos like on Garfield Two that cat used to eat all meat and everything and all servants. And you know when they're right posh like the Queen and, you know...
>
> Miley: She can do whatever she wants.
>
> Louise, School B

Poverty was also viewed as other and absolute. ‘Poor’ people were described as homeless, drug addicts or people living in developing countries. This was potentially compounded by media campaigns for Red Nose Day (a biennial national charity event to help tackle poverty) during data collection in School A:

> Okay right, 'cos we're very lucky we're not living in the condition people all the way in like Africa and places like that. They eat quite basic foods and I think there's something which looks a bit like porridge, I don't know what it's called, but I can't imagine it tastes very nice.
>
> Bill, School A

Indeed, while rich people were considered responsible for making unwise personal choices, poor people were deemed to have little or no choice regarding eating practices:

> Like homeless people. You can’t afford to buy nowt because the only thing you can do is like you can get one pence from people like when I’ve been to Skegness this right poor person was asking everyone for money […].
>
> Tom, School B

Eating healthily was perceived as problematic for poor people as children believed that, in order to consume sufficient calories, poor people might have to eat food perceived to be unhealthy. This is neatly encapsulated in Bob's assertion that they might 'have to eat quite fatty' (Bob, School A) and Ava's contention that poor people might ‘need a bit more chocolate […] because if they don’t eat as much as the rich families they might need a bit more energy’ (School A).

In the course of their discussion, however, one group of children reflected on the need to differentiate between different degrees of poverty:

> Olivia: And it, it depends what kind of poor you mean, is it like so poor they're sitting in the doors of shops or, or like...
>
> Michelle: Poor like...
>
> Olivia: Poor like they have a house but not very big and like...
>
> Michelle and Olivia, School A

Indeed, when asked about 'families with a bit more or less money than other families', rather than 'rich' or 'poor' people, children from both schools articulated a more nuanced understanding of relative poverty. In these terms, children in both schools thought that a lack of money could make it difficult to eat healthily. Children from School A spoke of circumstances they acknowledged to be detached from their realities. Stephanie, for example, draws on her reading of contemporary children's fiction:

> I've heard of it but in books and stuff but I, I've heard of families that are not very well off they have to eat pizzas and stuff. Pizzas and stuff for dinner is not very good really.
>
> Stephanie, School A

She goes on to identify the book as authored by Jacqueline Wilson whose books she perceives to be 'all about issues'. By contrast, Kelly relates this to her own situation, which she perceives as typical:

> It is diffic, difficult for my parents 'cos I've got, they ant got the money to give me a pound in the morning for breakfast club and then give me some money for ...30p sometimes. Sometimes they give you 30p for a snack for me and my sister. So it's hard in my house and probably any other.
>
> Kelly, School B

Like Stephanie, a number of parents from School A also depicted a relationship between socio-economic position and food and eating practices. In their narratives they suggested that social values about food could be read from socio-economic position. Bob's mother, for example, describes how their family cook from scratch and thinks that other families whose children attend the same school as Bob, a school in an affluent area, will also be the kind of families who cook from scratch:

> Well I suppose the other thing they look, because we cook from scratch, from ingredients, they will know about how to make a meal from ingredients, you know, not just from a packet. But presumably most children at [...] School have got quite a good, it's that kind of school, I would imagine, where people cook from ingredients.

Bob's mother, School A

Similarly, Ava's father relates valuing homemade food to affluence or social position as he describes his dismay at finding out that their nanny fed the children on jars of baby food rather than making food from scratch. He finds it incomprehensible that a nanny who has previously been employed by wealthy people for over fifteen years could do this:

> But then you think, you kind of look at it, look at that and you think if that's a nanny with families, with families who are actually wealthy enough to employ a nanny then something's really going wrong in terms of the concept of buying something and actually turning it into something else!

Ava's father, School A

Ava's father goes on to contrast the way their family does things with what he perceives to go on in other, presumably less well off, families. His phrase 'I don't know what the properties are but...', however, suggests that his ideas seem to be based more on assumptions about, rather than any clear knowledge of, what makes some foods better than others:

> People will just, they'll just buy preserved meals and dinners and all, all, or eat out or order out, which often have lots of preservatives or, I mean, I don't know what the properties are but...

Ava's father, School A

Stephanie's mother, in contrast to Bob's mother and Ava's father, however, wonders whether parents in their 'area of the city' might actually have less time to prepare home cooked food:

> Again not to be stereotypical about different areas of the city or the country or whatever but in families traditionally at [School A] it's both working parents and you know, limited, time limited and I wonder how much actually that can sometimes mean that children are having something quick and easy and not as healthy as they might be or it means that the parents overcompensate, I don't know.

Stephanie's mother, School A

Her assertion that parents at School A were more likely to be working parents than in other areas of the city certainly played out in the demographic data provided by the children in this study. In this way, both children and parents (though mainly parents from School A) highlighted anticipated differences in eating practices between people in different social and economic positions.

4.4.2. Children's awareness of family financial resources and their influence on food purchase

Children from both schools expressed a keen awareness of their own family finances and a nuanced understanding of their influence on food purchase. While the less affluent children made frequent, spontaneous references to financial constraints and the importance of cost, however, the more affluent children tended only to mention price or budgets when prompted to do so. When discussing food in the school context, nearly all the disadvantaged children complained about a recent price rise (from ten to 15 pence) for a piece of fruit from the tuck shop. Elizabeth, for instance, says:

> I don't think it's that good 'cos if your mum's skint[16] and you don't have owt[17] at home, you know to take to school for fruit, then that's a bit mean you'll, you'll just be hungry.
>
> Elizabeth, School B

She goes on to clarify that she is speaking from personal experience:

> Because everyone just tells on me because my mum di'nt have any fruit money and so I asked to see if I could bring a couple of sherbet lemons in and I got one out, you know, to quickly have, and erm but everyone just kept telling on me.
>
> Elizabeth, School B

Elizabeth's mother also tells the same story and goes on to say that Elizabeth always wants to buy fruit from school rather than bring it from home, which would work out considerably cheaper. She narrates the exchange between her and Elizabeth:

> Yeah she's not allowed no sweets because sometimes she's ended up with sweets in her pockets, maybe she's had 'em and forgotten about 'em. Crossing lady sometimes gives her some sweets [...] You know only a couple [...] But she'll put 'em in her pocket and then she'll forget about 'em and she pulls 'em out at break and she's in trouble [...] Erm but she does get money, you know for fruit. She has to have her fruit money everyday otherwise she cries [...] Costing me a fortune! It's like 'We have fruit in house, why don't you take it?' 'No, I need to buy it'.
>
> Elizabeth's mother, School B

Other children talked about no longer purchasing fruit from the school tuck shop due to the price rise. Ski, for example, says 'No I don't buy it now 'cos it costs that money

[16] Colloquial term for being short of money.
[17] Regional variation of 'anything'.

and my mum dunt, my mum dunt want me buying ‘em for sake of 15p and erm’ School B).

In sharp contrast, children from School A rarely mentioned the cost of the fruit at their school ‘Fruit Shack’ and when they did it was, with few exceptions, to highlight that it was good value at 20 pence (five pence more than at School B). Katherine, for instance, praises the provision: ‘It's really good and it's quite cheap 'cos they sell like apples, kiwi, watermelon and cucumbers’ (School A).

Cost was also raised as an important issue at lunchtime only by the children from School B. Many said that they only had school dinners because they were free for them and their parents could not afford to buy packed lunch items. The children were quite open regarding eligibility for free school meals and did not demonstrate any embarrassment: ‘It’s just that my mum ant got enough money and with four boys’ (Lee, School B). Cost was also mentioned as an important issue for many children from School B not eligible for free school meals. They described various ways in which they and their family negotiated the 'choice' of whether to have school dinners or packed lunches. Hermione, for example, talks about her grandmother giving her mother money to pay for her school dinners. Josh describes how, for him, school dinners are a weekly treat: ‘I mean, I can only have ‘em once a week ‘cos my mum can’t afford it’. Josh's mother also explains why the children just have dinners on their favourite day. There is a shared understanding between Josh and his mother here, this is clearly something that they have discussed and worked out together at home:

> 'Cos I have to pay for the meals, so they have one school dinner a week so generally it's Josh on a Wednesday 'cos it's like Sunday dinner. Sarah's on a Friday 'cos it's pizza or chips 'cos she likes them! [laughs]
>
> Josh's mother, School B

In relation to family food shopping, many of the disadvantaged children talked about parents ‘struggling’ to make ends meet. They were aware that parents had to prioritise and ‘get the important stuff’ (Hermione) and the ‘cheapest, goodest stuff she can’ (Daniel). Children realized that parents faced competing priorities such as saving up for special occasions like Christmas and necessities like school uniforms and

new shoes. Hermione, for instance, recognises the futility of asking for items from the supermarket:

> Hannah: And can you ask for things when your mum goes [food] shopping?
>
> Hermione: Hmm, hmm, not really because my mum's just either got a certain amount of money so she can get what she *needs* [Hermione's emphasis].
>
> Hermione, School B

Being restricted to a set amount of money was a recurrent theme in the children's narratives of food in everyday life:

> 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.
>
> Rosalyn, School B

Some children even talked about having to scale back celebrations due to financial constraints. Josh, for example, says that his family always have roast pork for their Christmas dinner rather than turkey. He explains: 'Yeah, yeah 'cos erm now she's been running out of money for Christmas [...] 'cos sometimes meat can cost a lot at Christmas' (School B).

Many of the children thought that their family financial struggles were shared by their friends, they considered themselves typical. In response to Daniel's comment that he no longer buys fruit from the fruit stall at school, for example, Josh reasons 'his mum probably didn't have money' (School B). Indeed, talking about the cost of food prompted children to talk about money struggles more generally. Miley, for example, says 'Well it's hard in my house because I haven't got any pocket money for ages. Know what I mean?' (School B). Kerry talks about her father struggling to make ends meet but is looking forward to the new supermarket opening up close by as her father is hoping to secure a job there. Despite their frequent references to money struggles, however, perhaps unsurprisingly none of the children intimated that they thought they actually ate unhealthily due to financial constraints. The only hint of this

came from Lee, who, in the context of explaining that coke is not allowed in school because it is unhealthy and 'rottens your teeth', admits that, on occasions, his mother has given him coke instead of lunch: ‘Well, if I sometimes go on a trip and my mum ant got enough money she gives me a little bottle of coke because she ant got enough money’ (School B). Parents from school B also emphasised the lack of affordable, local shops selling the food their family needed to eat healthily. Rosalyn's mother, for example, describes a recent trip to Lidl[18]:

> Like today I nipped in [to Lidl]. What did I need today? I wanted some mushrooms; I wanted some mushrooms for curry today. So I’ve nipped in and got some more veg but I had a look around and I thought I couldn’t do my week’s shopping here ‘cos they’ve just not got what I want. So then it’s, you can’t, you can’t win because I don’t have time to go to Lidl for all my fresh veg and fruit, which would save me money, and it keeps longer but then I would have to then go to another supermarket to buy everything else.
>
> Rosalyn's mother, School B

Like the children from School B, many children from School A considered cost to be an important factor for parents in relation to family food purchase. They thought their parents opted for healthy but good value products, including buying basic ingredients rather than readymade food: ‘But we, we mostly eat home cooked meals so all we buy is ingredients’ (Ava). Many were aware of the usual cost of a weekly shop and thought this was considerable:

> Well I know it's usually when we do our weekly shop we usually go over a hundred - like a hundred and twenty, thirty or something so it does cost quite a lot.
>
> Jacob, School A

Generally, however, price was not perceived to be a constraining factor. Some children acknowledged that, for their parents, price was not at all important: ‘Generally if it's healthy, and also wine, she picks it up’ (Bob, School A). Bob's mother affirms this as she says, in response to a question regarding the extent to which cost is an important factor at the supermarket, 'Sometimes I think I’m spending too much but I just spend it'. She goes on to illustrate this by saying that she chooses organic fruit and vegetables, even though they are more expensive, because she has heard about a link between pesticides and cancer.

[18] Lidl is a German discount supermarket chain with stores throughout Europe.

Children from both schools living in blended families were aware of and talked about differences in financial resources between the different households in which they lived and the impact of this on food purchasing decisions. Nick, at school A, compares his mother's and father's attitude to the price of food:

> Erm my mum does look at the prices sometimes, my dad doesn't like spending lots of money and if he thinks something's a lot of money, he doesn't buy it.
>
> Nick, School A

Similarly, Kerry contrasts the meals she eats with her father with those she eats at her mother's house and relates this to household income:

> Because sometimes my mom'll make me big dinners but me and my dad haven't got as much money as my mom 'cos my dad dun't work so I won't have as big dinners as I do at my mom's so I get quite full at my mum's.
>
> Kerry, School B

Children from both schools also recognised that parents sometimes told them that different foods were too expensive because they thought they were unhealthy. Caitlin, for example, describes a conversation between her and her mother at the supermarket about sweets: 'And my mum says that they're a lot of money and I know why, it's because she dunt want me to eat 'em and I don't eat 'em anymore' (School B). A number of parents also acknowledged this as a strategy. Elizabeth's mother (School B), for instance, describes how Elizabeth asked for a cookie maker for Christmas to which she responded, 'It's a lot of money'.

4.4.3. Strategies to facilitate eating healthily on a budget

Children proposed many strategies to facilitate eating healthily on a budget, some of which reflected their own family practices. Many children in both schools reported that parents often looked out for and even chose their supermarket or shopping day on the basis of special offers. Michael, for instance, says: 'My mum erm she always goes to Waitrose[19] on a Monday 'cos they always have special offers on a Monday' (School A).

[19] Waitrose, a UK supermarket, is part of the John Lewis partnership, a partnership associated with high quality and superior customer service.

Parents also talked about making the most of special offers at the supermarket:

> I do go for erm, I know the staples, so I'll look for offers on though like buy one get one free, things like, things we'll always use – tea, coffee, erm that kind of thing. Occasionally, not so much with the fresh stuff really because I buy the fresh stuff for meals specifically so no not with fresh stuff really but with staples yeah like pasta and rice and stuff.
>
> Stephanie's mother, School A

However, Stephanie's mother also highlights the difficulty of cooking food for the family based solely on special offers and reductions:

> Whereas my husband goes and buys just the BOGOF[20] stuff and just the kind of reduced things for that day and comes home and goes 'Tadaaa! I paid just twenty-five pounds!' and I go 'Yes, but what are you going to make with that?' [laughs].
>
> Stephanie's mother, School A

In a similar vein, Tim highlights that special offers could distract his mother from shopping for what she really needs:

> Tim: I think my mum would think 'ooh, what to get, what to get, ooh that's half price!' [imitates mother's voice].
>
> Interviewer: [laughs] Yep.
>
> Tim: 'Now back on focus' [imitates mother's voice].
>
> Tim, School B

Parents but not children from School B also talked about saving money by buying lower-priced brands or 'ranges'. Daniel's mother says: 'I wouldn't buy top of range foods, we just have like medium range' (School A). Elizabeth's mother, however, concedes that, although cost is important to her when working out what to buy at the supermarket, there are some more expensive brands of foods which she always buys:

> It is, yeah it is. I mean, I'll go for shop name brands with a lot of foods if I can. But I mean there'll be some foods I've tried cheaper ones and you've got to have, you know like with your baked beans you've got to have Heinz and you know there is some things where you've got to stick with, like fish fingers you've got to have Captain Birds Eye fish fingers 'cos otherwise they just taste funny! [laughs].
>
> Elizabeth's mother, School B

[20] BOGOF is a well-known acronym for 'Buy one get one free' special offers in supermarkets.

Buying local, seasonal produce was proposed by children from School A. Informed by a recent school project, they had a sound understanding of the reason for differences in price between local and imported foods:

> Michelle: Yeah but if it's close then they don't have to pay like that much for transport.
>
> Olivia: And like the fridges that they keep the food in and inside the thing because we did this thing a couple of weeks ago, about the environment…

Michelle and Olivia, School A

Michelle and Olivia's acquired knowledge was reinforced by their parents' decision to order weekly organic fruit and vegetable boxes containing local produce. Children from School A also explained why seasonal produce was cheaper than non-seasonal produce, which could be expensive:

> It can be expensive if you go somewhere like Waitrose where everything's expensive, erm, some fruits that like aren't in season, like strawberries, if you have strawberries when they're not meant to be and it's not like hot in summertime, if you have them in winter then it's more expensive because there's less of them.

Nicky, School A

Many children, from both schools, also proposed 'growing your own' fruit and vegetables. They thought that everybody could afford to buy seeds:

> And like, and like fruit you can grow it and vegetables so you don't have to right pay for it or you, you have to pay for it just once but you can grow the rest of it so you don't have to.

Tom, School B

While this was not reported as a strategy adopted by any parents some of the disadvantaged children did mention having a go at growing things themselves, inspired by an after-school craft activity run by the local museum as part of a project to promote healthy eating. The practicalities of such an endeavour were only referred to by one child:

> I think it is, if you want to grow something it may, it takes months maybe years like if you have something like an apple you have like an apple seed and you can plant the apple in your garden but there's a very big chance of it dying.

Bill, School A

Choosing which grocery store or supermarket to shop at on the basis of cost was also proposed by children attending both schools. However, the reality of this suggestion played out very differently in the two contexts. The disadvantaged children talked about shopping at the local shop where bills could be paid at a later date or having to go to the market for cheap fruit:

> We have to go to a market and it's not an expensive market, it's a cheap market, strawberries are only one pound for a bag if it's a tub it's two pound so my mum gets a bag.
>
> Selina, School B

One child even described how her family relied on the leftovers from a nearby Greengrocer where a friend of the family worked. Although the children from School A mentioned that their parents chose certain shops because they were good value, they also recognized that, for their families, cost did not have to take priority:

> They are the cheapest supermarket I know. My mum doesn't like it because, actually my mum thinks it's a bit grotty but if you had to, if we were kind of poor, we would definitely go to Asda[21] 'cos it's the cheapest supermarket everywhere.
>
> Stephanie, School A

They realised that quality took precedence for their parents:

> Asda are always like we have 50% cheaper products than the other supermarkets and we went but we didn't really like Asda because even if there is a load of cheap stuff the quality is cheap too.
>
> Bob, School A

In a similar vein, Jacob justifies his parents' decision to buy fish at Waitrose or the fishmongers because 'it's usually a bit better than the cheaper stuff. It's better quality' and Aaron advises against buying Tesco Finest (a high quality supermarket range) products as they are expensive but acknowledges that his family does so.

Many children from School A also thought that food cooked from scratch was both more healthy and less expensive than unhealthy, readymade food and emphasised that cooking from scratch was the norm in their homes. Their emphasis on the superiority of home cooked over pre prepared meals, as discussed in section 4.1, suggests however, that saving money was perceived as a bonus rather than a main

[21] Asda is a large UK supermarket famous for its former catchphrase 'That's Asda price' in reference to its claim to be exceptionally good value for money.

motivating factor for cooking from scratch. Ava, for example, describes how her family make their own bread 'from ingredients', which works out cheaper than buying bread straight off the supermarket shelves. Parents from School A also thought that it was cheaper to cook from ingredients rather than buying readymade foods, which, they perceived, meant that eating healthily was actually more economical. Ava and her father, for example, clearly share similar views on this subject. Ava's father explains why he thinks that, contrary to what people think, eating healthily is 'incredibly cheap':

> I mean if you buy to cook it's much, much cheaper. No, I mean I'm forever doing that Daily Mail rant about people's cost of living or standard of living has gone up and the Chancellor's bag has Marks and Spencers premade meals in it or something strange!
>
> Ava's father, School A

He goes on to describe how this evening he has used the leftover carcass from their chicken fricassée to make a stock for soups or as the basis for other meals. However, Ava's father also emphasises the importance of time and he qualifies his narrative: 'But you've gotta have someone who's got the time to get their head round it or who loves cooking and is prepared to prepare!' (School A). Indeed, parents from both schools highlighted the importance of making or finding time to prepare food in advance, which they thought would help to reduce waste and make eating healthily more cost-effective. Nick's mother explains:

> [..] the other thing I've started doing more recently is, it's a bit like preparing more than you need in one meal 'cos, then, you know, it's like freezing it or having it over a couple of days with something else. [...] so [...] you can do things quite efficiently.
>
> Nick's mother, School A

Stephanie's mother, however, recognises that some families face difficulties both in terms of time and finance. She contrasts her own upbringing with the way things are for her family now:

> My parents were both working parents and they had full-time and we used to eat, they, financially, I think, they had a harder time than we have so I now that we're more privileged in that respect, I know we're fortunate erm so that I know from what my mum tells me when I was very young that she, they struggled to make ends meet so they'd only have meat twice a week, for example, whereas we'd eat meat every day or well, if we wanted to, and not have to think about the cost of that.
>
> Stephanie's mother, School A

4.4.4.The relationship between the cost and healthiness of food

In line with the array of strategies proposed to facilitate eating healthily on a budget, children generally believed that eating healthily need not be expensive. A number of reasons were given for this assertion. Some children referred to what they perceived to be unhealthy expensive items, including chocolate, fish and chips and McDonalds. However, by far the most frequently cited reason in both schools was the perceived low cost of fruit, and, to a lesser extent, vegetables. In their discussions about the cost of food, children consistently conflated eating healthily with eating fruit and vegetables:

> Louise: Because apples, like, from Morrisons ...
>
> Cheryl: They're like 10p.
>
> Louise: Erm for one apple they're about 5p or 10p for one big massive apple.

Louise and Cheryl, School B

Some parents also thought that the low cost of fruit and vegetables helped although they still thought that eating healthily was hard work. Daniel's mother, for example, says: 'It's difficult, you could but if you really wanted to 'cos fresh vegetables they're not that expensive, so yeah' (School B). In contrast, however, papayas, mangoes and coconuts (seen as exotic fruits in the UK) were thought to be expensive but healthy, and children in both schools held them in high esteem. Children wished that they were available in their school tuck shops as a change from the usual apples, pears and oranges and asked for them as treats at home.

A minority of children thought healthy eating was expensive and defined various foods as cheap but unhealthy (crisps, chocolate, sweets, sausages and bacon). Particularly cheap versions of foods were also thought to be particularly unhealthy:

> And there's also like this, I've seen it quite a lot actually, well a few times, there's like these really cheap packets of crisps like 15p or something, which are like really salty and stuff.

Thomas, School A

A number of children from School A talked about the role of the government in influencing costs. Bill thinks the leader of parliament is pivotal in keeping the price of healthy foods low, motivated by a desire to reduce the national weight problem:

> Bill: In some shops like chocolate is more expensive but in other shops because, let's face it, England's quite a fat country, so they make fruit and veg quite lower and low price, which I think is better.
>
> Interviewer: Who do you think makes the decision on the prices?
>
> Bill: I think the leader of parliament.
>
> Bill, School A

Many children thought that supermarkets and shopkeepers were actively trying to encourage people to eat fruit and vegetables, and so improve their health, by making them affordable:

> Ava: Yeah and I also think shops are trying to do their best to make the vegetables make vegetables and fruit like not as expensive as the unhealthy things like it would be a good idea to make them less expensive so people would buy them.
>
> Emma: Otherwise people are gonna say, 'I can't eat healthily, it's too expensive, what am I gonna do?' And they'll die.
>
> Ava and Emma, School A

The minority of children that perceived healthy eating to be expensive, however, demonstrated quite sceptical views about corporate motivations:

> Or sometimes they're more expensive because they taste a lot, lot better. So and they want to make money because more people buy it so they'll just say, a load of people bought animal biscuits[22] so that's why they'll put the price up.
>
> Kerry, School B

They talked about supermarkets trying to tempt people by reducing unhealthy items:

> [...] when they do like reduce the price then they normally make the price go down far more on the cakes and stuff so that, 'cos then like people who have less money or people like my mum who go in and look for the, all the bargains, erm, they go in and they go 'Ooh here's some nice cake let's buy the cake'…
>
> Olivia, School A

Some parents also talked about the relationship between offers and reductions, and the healthiness of foods. In response to a question about whether eating healthily is expensive, Rosalyn's mother responds:

> It's difficult to say. I do think [pause] I do think trying to eat healthily can actually be dearer than just buying ready meal things because they tend to have more offers in supermarkets on ready meals than

[22] Small chocolate-coated biscuits made in the shape of animals.

> they do fresh meat [...] And me personally I think vegetables have gone right expensive. But it won't stop me buying them.
>
> Rosalyn's mother, School B

Despite disagreement over the relationship between the healthiness and cost of food, there was a general consensus that price is important and that eating healthily should cost less than eating unhealthily:

> I think erm we should, erm fruit and vegetables should be less than chocolate and burgers and pizzas and that the sweet shop should be more because like, if you see an advert and say you think it's really good, like at McDonalds you can get a burger and it's like that big [demonstrates size] and it's like £1.79 and you think it's a good buy. Well I do think it's good that they're making their prices low but I don't think it's good for people's heart or anything.
>
> Bob, School A

In this way, children demonstrated not only an awareness of the interrelationships between the affordability, healthiness and purchase of food but also an understanding (albeit variable) of the role of commercial interests and the government in influencing these interrelationships. A number of the advantaged children even speculated that the government's recent decision to increase value added tax (VAT) might make eating healthily expensive although they acknowledged that they were not entirely sure about this.

4.4.5. Section summary

In summary, children depicted stereotyped caricatures of rich and poor people. Rich people were described in negative terms with regards to eating practices and poor people were thought to have little or no control over them. However, when prompted to do so children also engaged with ideas of relative affluence and poverty and drew upon their own experiences of this. Children also demonstrated an acute awareness of their own family financial resources and their impact on eating healthily at home and school. The less affluent children made frequent, spontaneous references to financial constraints on eating healthily but the more affluent children tended only to mention price when prompted to do so and conceded that, for their families, price was generally an important but not constraining factor. Children also proposed a variety of strategies to facilitate eating healthily on a budget, some of

which they described in relation to their own families; constructed hierarchies of food purchasing outlets and allied quality and price. Children generally maintained that eating healthily is affordable due to the perceived low cost of fruit and vegetables. Although there was disagreement over the motivations of governments and supermarkets in deciding food prices, children emphasised state and corporate responsibility for ensuring that eating healthily is affordable.

4.5. Chapter conclusion

This chapter has highlighted the extent to which family stories and family narratives suffused children's food meaning-making. Children demonstrated a nuanced understanding of their own family's food moralities and articulated these moralities through mottos. While some mottos were articulated by children in both schools (the importance of fruit and vegetables, treats and traditions), others were more common in School A (family 'adult' food and homemade food). Children contrasted their family's food moralities and mottos with those of other families. They also recognised and described how these moralities played out in terms of everyday family food negotiations, discussing their own and their parents' strategies, acknowledging difficulties and emphasising parental responsibility for ensuring children eat well. Children also consistently emphasised continuities in family food and other health-relevant values and practices both throughout their lifecourse and across familial generations. Children and parents at both schools were unequivocal in the importance they attached to parents and the family food environment for helping children to eat well. Although certainly relevant for their understanding of how food relates to health, schools were not portrayed as having a significant influence on children's developing eating practices. Their consistent emphasis on both family food moralities and continuities in family food values and practices demonstrated a keen desire to display how similar they were to the rest of their family and the extent to which they belonged to their families. Children also articulated a keen awareness of the link between family financial resources and healthy eating although the reality of this played out very differently for children attending the different schools.

5. Making sense of (un)healthy eating and how this relates to the body

In this chapter, I explore how children make sense of (un)healthy eating and how this relates to the body. In the first section, I discuss how children engage with clear, categorical constructions of healthy and unhealthy foods but also demonstrate more nuanced understandings, particularly in relation to the idea of balance. I also discuss children's 'chocolate narratives', which provide a compelling picture of the complex and sometimes contradictory messages with which children interact. In the second section, I consider children's ideas about the positive benefits of eating healthily and the negative consequences of eating unhealthily. I also explore their narratives regarding the temporal aspects of the relationship between food and health as they describe the effects of food on their and other / imagined bodies in childhood, adulthood and old age. In the third section, I discuss how children locate individual bodies in making sense of the relationship between food and health and highlight the incongruity between universal healthy eating messages and what they perceive to be the needs of specific bodies.

5.1. Constructing (un)healthy eating

Throughout children's narratives there were clear constructions of healthy or 'good' and unhealthy or 'bad' foods. However, children also displayed more critical understandings in which they challenged the dichotomous categorisation of healthy and unhealthy foods and instead foregrounded the notion of a balanced diet (albeit with variable understandings of exactly what constituted a balanced diet). They clearly interacted with a variety of messages about eating healthily and this is neatly evidenced in their 'chocolate narratives'.

5.1.1. Categorical constructions of healthy and unhealthy food

For children in both schools, as already alluded to in relation to consistently articulated family food mottos, fruit and vegetables were deemed to be virtually synonymous with the idea of healthy food. Bob's comment was typical: 'I think healthy stuff is like fruit and stuff. Most fruit, well, basically all fruits and vegetables

are good for you' (School A). Parents also thought that fruit and vegetables were salient in their children's understanding of healthy foods. Ava's father, for example, describes how his daughters tell him what vegetables they have eaten at school as he believes they think vegetables are healthy (and probably also that he will be pleased that they have eaten them):

> They say things like 'I had corn' or 'I had broccoli' or 'I had peas' and they're always very pleased to tell me so it makes me feel that they're aware that they should.
>
> Ava's father, School A

Children's allying of healthy food with fruit and vegetables was particularly apparent in the frequent exchanges in which children contrasted unhealthy food, particularly sweet foods, with fruit and vegetables. This is neatly captured in Elizabeth's description of the Change4Life quiz, which her family recently completed. Here, she talks about 'bad things' and fruit, intimating that for her fruit is the very definition of something 'good':

> Erm well we took a quiz and it were like [...] what exercises do you do, what do you do at school, what do you eat for your tea, dinner, breakfast and supper and erm, and it's like what bad things have you had and what fruit have you had.
>
> Elizabeth, School B

Elizabeth goes on to define herself as a healthy eater based solely on her high intake of some specific fruits and vegetables: 'Cos I eat loads and loads of carrots [...] quite a few erm apples [...] and that's it really, and pears or bananas' (School B). Elizabeth's mother also seems to equate eating vegetables with eating healthily as she describes her efforts to encourage her son to eat better. Like Elizabeth, she talks about the Change4Life campaign, which she refers to here as 'they':

> Yeah erm she'll [Elizabeth] eat her veg and things, he'll [Elizabeth's brother], I'm getting him to eat bits now but, like they say, even if I only manage to get him to eat three sprouts it's better than no sprouts. So that's why I'm trying to do it now.
>
> Elizabeth's mother, School B

In this way, children, and to some extent parents, consistently conflated eating healthily with eating lots of fruit and vegetables. However, the importance of eating five portions of fruit and vegetables as *one aspect* of a nutritious diet often seemed to be lost in children's fruit and vegetable narratives. Instead, conveying their high

levels of fruit and vegetable consumption or love of fruit seemed to be a key way in which children tried to demonstrate, through the medium of the interview, that they aspired to and tried to eat healthily. Daniel's comment provides a rather amusing example of this more general tendency: 'You know me? If I could have a watermelon and pineapple *every* minute of the day I'd have, I'd ask for one *every* second of the day' (School B). Further, as this narrative also demonstrates and as noted in the previous chapter, the idea of eating a variety of different fruit and vegetables from across the spectrum or rainbow of colours, seen as an important element of the five a day message, was not evident in children's narratives.

For children at school B, this conflation of healthy eating with eating fruit and vegetables was also reinforced by their learning for a school harvest assembly for which their teacher created a class ditty to be recited in front of the rest of the school: 'Live life the healthy way, always eat your five a day'. The children enjoyed chanting this to each other and nearly all repeated the ditty in the interview context (although some also enjoyed changing the words 'Live life the healthy way, always eat your Milky Way[23]', which prompted further debate as to the healthiness of Milky Ways). As noted in the Chapter Three, children at School B also had a small aide memoire inserted into their literacy books 'Your five a day for improving your writing', which included tips such as adding adjectives and conjunctions to their work, perhaps reinforcing the potency of the 5 a day message as a means of self-improvement. The 5 a day phrase certainly appeared very frequently in their narratives. Vanessa, for instance, says: 'If you eat your five a day then it's much better than eating chocolate [...] 'cos it makes you healthy' (School B).

The sweet properties of fruit meant that it was generally perceived to be an easy, palatable way of eating healthily. Stephanie, for example, says: 'I think it's very easy to just eat one fruit a day [...] it's really easy to just grab a piece of fruit' (School A). Vegetables, on the other hand, were generally perceived as a necessary evil and contrasted with tastier but unhealthier foods. Thomas sums this up nicely:

> Erm I think that all, most of the nicer foods like are not as good for you, mostly anyway, erm all like the things that don't taste as nice they're more like vegetables but that's what I think so erm, so it's

[23] Milky Ways are chocolate bars made by the Mars confectionery company, the television adverts for which seem to be directed towards children.

> better, it's healthier for you to eat a bit more that you don't think tastes as nice than ones that taste nice, still eat some.
>
> Thomas, School A

In this, Thomas reflects widely held parental values and Emma makes this explicit as she says 'my mum is very strict about eating vegetables' (School A).

Alongside their narratives regarding the importance of fruit and vegetables, however, some children criticised the repetitive nature of school-based healthy eating messages, which they perceived to focus on the opposition between fruit and vegetables on the one hand and unhealthy food on the other. These criticisms were most common among children from School A. In response to a question about how useful children found their school's Health Week, for instance, Michelle and Olivia remark:

> Michelle: And it's sort of for people who don't really do healthy eating.
>
> Olivia: And it's better for you to go and tell other people who don't really eat healthily, who need to know about it, rather than telling us over and over again!
>
> Michelle: Yeah! [laughs]
>
> Olivia: 'Cos we're just gonna take in the same stuff 'eat healthy, eat healthy' and then we're like 'Oh yeah, I was told that before and before that!'
>
> Michelle: Yeah and we sort of like know it and it's a bit, and it's a bit like, 'Don't eat chocolate; eat lots of fruit and veg'.
>
> Michelle and Olivia, School A

However, Elizabeth's mother (School B) also describes how her daughter has become tired of the repetitive nature of school-based healthy eating messages. Her reference to 'arts and crafts after school' relates to sessions organised by the local museum in which children made small plant pots out of modroc plaster bandage to house tomato plants. In this way, growing fruit and vegetables was portrayed as a means of eating healthily. Elizabeth's mother's comment suggests that Elizabeth thought that this session represented a rather thinly disguised veil for yet more teaching about healthy eating:

> Erm I don’t know, I don’t know, it’s been done to death a bit at school to tell you the truth. I mean she, she were doing erm er arts and crafts after school because she says ‘All it’s about is healthy eatin’. And she says ‘and I already know it all, I’ve done it already’

> and it’s like, you know, it’s like all the same things so I think sometimes they do try and push it a bit too much.
>
> Elizabeth's mother, School B

As already highlighted in children’s contrasting of fruit and vegetables with unhealthy foods, sweet foods such as cake, biscuits and sweets were commonly put forward as examples of quintessentially unhealthy foods. Further, children often described unhealthy foods in terms of foods which were forbidden at school. They talked about how they were not allowed to bring in foods like cake, biscuits and sweets for break and were instead advised to bring in or purchase fruit from the tuck shop. Such forbidden foods were also given as examples of the kinds of foods they had to sneak into the trolley at the supermarket or out of the cupboard at home. Rosalyn, for example, describes sneaking sweets and a readymade chocolate bun mixture into the trolley behind her mother's back. Bob contrasts 'healthy things' with 'chocolate and sweets and cake' as he reflects upon a visit from the Expo Chef, an initiative in which chefs from a food education company visit schools to teach practical cooking skills and healthy eating through demonstrations and taster sessions. He is critical of his classmates' diets, which he perceives to be unhealthy due to their high consumption of such sweet things. The narrative also illustrates the ‘othering’ evident in the family narratives of the previous chapter:

> I think we should, I think we should have lots more healthy things than just chocolate and sweets and cake. I think you should only have sweet stuff like twice a day or once a day. Although there are some, erm, there's this Expo Chef who came into our school and she said 'Who has four sweets? [...] Who has four like chocolate things?' And some people still had their hands up! And having four sweet things and then just a sandwich isn't really right.
>
> Bob, School A

Parents also thought that their children contrasted healthy (fruit and vegetables) with unhealthy (sweet) foods. Indeed, Bob's mother’s take on his understanding of healthy eating echoes his description above:

> I think he would think it involves eating a lot of fruits and vegetables, not too much sugar and not too much... sort of cake really and, well that is sugar, but, in his terms, cake and chocolate.
>
> Bob's mother, School A

Indeed, parents' narratives revealed that this thinking also pervaded their own understandings. This is nicely illustrated by Elizabeth's mother who, after stating that she has stopped buying chocolate biscuits, like Mini Twixes, for snacks, says:

> You know, they can have a biscuit or, you know, I've got, I think we've got some Rich Tea in. Erm, erm, but most of the time they go for fruit anyway. Well I mean he [Elizabeth's brother] never really has nowt anyway, he doesn't really snack like between his meals, he'll ask for a slice of bread and butter.
>
> Elizabeth's mother, School B

The contrast she makes between Mini Twixes, which are marketed as children's chocolate snacks and Rich Tea, traditional biscuits for dunking in a cup of tea by an adult is interesting. For Elizabeth's mother Rich Teas are more acceptable than Mini Twixes, the kind of snacks that are much maligned by campaigns like Change4Life. The narrative also reveals that 'a slice of bread and butter' does not fit in with her definition of what a snack is. Snacking is negatively framed and associated with particular, unhealthy foods like chocolate, biscuits and crisps, which are often derogatively labelled as 'junk foods'. In the same vein, Josh describes how his grandmother gives him 'junk food - not for dinner though - stuff like biscuits and stuff' (School B). In this way, snack foods take their place at the bottom of the hierarchy of foods; they are almost non-foods in that they are deemed as outside proper meals and are void of nutritional benefit. The healthy alternative to snacking is, of course in these narratives, fruit, the quintessentially healthy food, which can be consumed in plentiful quantities and without parental permission.

In addition to sweet foods, there was also a high degree of consensus that foods like burgers, chips, pizza and crisps were high in fat and therefore unhealthy. Elizabeth, for example, describes an experiment she and her mother carried out at home as part of the Change4Life campaign: 'Erm well we've got to try and cut down on crisps because my mum's stood outside, lit a, lit a crisp and all fat went dripping off of it, loads and loads' (School B). Elizabeth's mother also recounts this story and reflects that she has decided to stop buying beef burgers since participating in the Change4Life programme because they 'ooze fat'. Indeed, parents frequently talked about their efforts to minimise fat consumption at home and thought that reducing fat intake was an important message to convey to their children.

A minority of children at both schools, however, also differentiated between 'good' and 'bad' fats and thought that good fats were essential for health. Bob, for example, says 'Well my mum says a lot about this thing called Omega 3 fatty acid, which is good' (School A). He acknowledges that this understanding of good and bad fats is not widespread amongst his peers:

> [...] if I mentioned Omega 3 to someone in my class they would say that fat would be bad for you but it's not bad because, it's a good fat because you do need some fats because if you're really skinny then one you won't look very nice, you can see all your bones and stuff. And also, if you have fats you won't be too underweight [...]
>
> Bob, School A

However, like many of his peers, he maintains the association between eating fat and body fat; eating some fat is described as beneficial because it prevents bodies from becoming too thin. Rosalyn too differentiates between good and bad fats. In the context of talking about fish and chips being unhealthy because they contain so much oil, she says:

> Rosalyn: Erm but some oils are good for you.
>
> Hannah: Yep, yep. So have you heard of which type of oil or how do you work out if they're good or bad?
>
> Rosalyn: Erm vegetable oil that's good 'cos vegetables are good for you as well.
>
> Rosalyn, School B

Both examples seem to illustrate that children are exposed to messages which contradict the general healthy eating messages with which they interact, like fat is bad. This leaves children having to make sense of them by drawing on other sources of understanding. Rosalyn draws on the salient message that vegetables are 'good' to explain why vegetable oil might be healthy.

Children from both schools also frequently defined healthy foods as 'light' and unhealthy foods as 'heavy', potentially drawing on media representations of diet foods as 'light':

> Erm usually for evening meals I have like soup and stuff and usually we don't really have puddings because we eat quite lightly. Sometimes we have like buffets and stuff so but not like buffets with crisps and like sweet things, just like carrots and cucumbers and usually, usually we don't have very sweet things for pudding because usually I just feel too full up already.
>
> Bob, School A

Many of the children's narratives, particularly from School A, regarding unhealthy food were also reminiscent of the advertising slogan 'naughty but nice'[24]. This is nicely captured in Ali's comment:

> Well, sometimes it's really weird because most bad things for you taste nice and then some things that aren't bad for you taste a bit horrible!
>
> Ali, School A

In a similar vein, Nick quotes a close family friend who apparently often employs the phrase 'no pain, no gain' to remind Nick of the efforts required to eat healthily. Nick interprets this as, 'You can't just eat something that you enjoy because most people enjoy sweet things' (School A). As this quote illustrates, children were very aware that the foods they enjoyed eating were often the foods typically considered to be unhealthy. When annotating the picture of what an unhealthy person would eat with 'sugary, fizzy drinks', 'lots of sweet stuff', 'fatty foods', 'burgers x 3' and 'chips x 3 courses', for example, Ava remarks: ‘I really like making not healthy up for people because it's really fun thinking of all my favourite food and then putting like 'times ten!' (Laughs)’ (School A). Her reference to ‘x 3 burgers’ and ‘chips x 3’ suggests also that the problem may be, at least in part, in consuming excessive amounts.

Related to this, a number of children considered the extent to which their own diets reflected their expressed ideas about healthy and unhealthy food. Caitlin, for example, describes the kind of food she usually has and implies that most of the time she does not have 'good things':

> Caitlin: Erm, erm, some... sometimes because I normally have meatballs and chips erm sometimes I have some good things and my brother and sister...
>
> Hannah: What do you mean by good things?
>
> Caitlin: Erm, erm, healthy things.

[24] This advertising slogan, appropriately for cream cakes, was coined by Salman Rushdie in the 1970s.

> Hannah: Oh what like?
>
> Caitlin: [long pause] Oh I can't think.
>
> Hannah: Don't worry [pause]
>
> Caitlin: Beans, peas, sweetcorn, [getting faster and faster] carrots, broccoli, cabbage.
>
> Caitlin, School B

Rosalyn also tries to evaluate her own diet in relation to what she has just said about fatty foods being bad: 'What about fry-ups? Cos I like bacon, I have bacon and eggs and squashed tomatoes and mushrooms' (School B).

A particularly clear way in which children dichotomised healthy and unhealthy foods was in the distinction they drew between natural (healthy) and artificial (unhealthy) foods. This was most salient in the narratives of children from School A although also expressed by some children from School B. The main focus of children's arguments in this regard was that natural foods had nothing added. Though the source of this understanding was not clear from their narratives, they frequently talked about the natural character of fruit and vegetables, which were perceived as unadulterated. As discussed, children held fruit and vegetables in very high esteem but there were clear gaps in their understanding of why they were so good for them. Their natural, unadulterated character, perhaps their most distinguishing factor from other foods which involved some degree of processing, was an important means for children to make sense of why they were promoted as the ultimately healthy foods:

> Because there isn't, because it's grown on trees they haven't done anything to them they've only washed 'em so they've just picked 'em off tree or from underground if they're vegetables and then, and then they wash 'em they do stuff to them and then off they go.
>
> Hermione, School B

The natural sweetness of fruit was contrasted with quintessentially unhealthy foods to which sugar was added. Describing how he knows if something is healthy or unhealthy, Bob comments:

> Because if something is like really, really sweet then I don't think it's going to be very good for you. But if, if it was like an apple although apples are quite sweet they've got like good sugars like fructose in it and, and, and they're just, you just feel nice, you just feel good. And even though sweet things like donuts and chocolates and stuff, they are really nice but you can see, you can see that like, if you look in the ingredients it has like sugar and sugar at the top, salt.
>
> Bob, School A

Honey was also mentioned by children from School A: this was perceived, like fruit, as a natural, healthy sweet alternative to sugar. Michelle and Olivia, for example, think that their school tuck shop should stock 'other healthy things like flapjack' and give their reasoning as follows:

> Hannah: So why do you think flap jack's healthy, that's interesting?
>
> Michelle: Well it's not, well like it's got loads of like, quite a lot of honey in it and stuff like...
>
> Olivia: It has got quite a few oats which are good for you and if you have it with fruit in the fruit's good for you.
>
> Olivia and Michelle, School A

Many children also thought that water was the ultimate healthy drink because it has nothing added. Talking about what to drink while exercising, Thomas and Edward contrast water with other drinks:

> Edward: Well water is very natural and quite a lot of juices have things added to them.
>
> Hannah: Oh right.
>
> Thomas: Oh and erm most other drinks have like sugars in them or artificial flavourings and things and water doesn't.
>
> Hannah: What do you think's the problem with artificial things?
>
> Thomas: Not as good for you.
>
> Edward and Thomas, School A

Further, as the narrative above illustrates, children from School A were very critical of food companies' perceived strategy of adding artificial ingredients to improve the taste or make products addictive. This was particularly the case with chocolate and other sweet things. One child, Katherine, also talked about avoiding products which contained monosodium glutamate (MSG), something not mentioned by any of the other children. Her phrase 'And can I tell you like?' was typical of the advantaged

children's keen desire to convey their understanding of the relationship between food and health and their apparent interest in the topic:

> Katherine: And can I tell you like?
>
> Hannah: Yeah.
>
> Katherine: Monosodium glutamate, MSG, that my daddy told me about, 'cos I, I always like check on the back of the packet to see if it's in. Like quavers, they've got MSG that's not good for you and it makes you want to eat like more and more of it.
>
> Katherine, School A

Katherine continues her discussion of natural and artificial by expressing that she does not like the sound of the zero fat and zero sugar yoghurts that her friend Ali enjoys. Here, whereas the majority of children talked about natural products in terms of nothing added, Katherine represents a minority voice that goes further to also include nothing taken away:

> Katherine: I don't know why. It just doesn't seem right zero fat, zero sugar just taking the fat out of it. Because it's like natural for things to have sugars and fats.
>
> Hannah: Yep, that's really interesting!
>
> Ali: When it's zero sugar it means man-made sugar! Added sugar, zero added sugar.
>
> Katherine and Ali, School A

Katherine's keen interest in the natural vs. artificial distinction is reflected elsewhere in her narratives. She talks about her father having many food allergies and how consequently they always scrutinise food labels to check that they do not contain anything that her father cannot eat. She also talks about conversations she has with her mother, a doctor, about how foods affect the body. Further, she also describes discussions with her father about how many calories she will burn at swimming and other sporting activities as she is a keen sportsperson. In this way, discussions about the relationship between food and health seemed to be very much part of everyday life for Katherine - her father's allergies, her mother's profession and her own sporting endeavours perhaps prompting a particular interest in the subject. Importantly, these family discussions help her to make sense of food-related information gleaned from different spheres.

Many children from both schools, however, highlighted the conflicting messages with which they interacted regarding the natural vs. artificial distinction. Natural sugar

was a source of much debate. On the one hand, children thought that natural sugars must be good for them by virtue of them being natural. On the other hand, they realised that even natural sugars could damage their teeth. Selina talks about visits to the doctor and dentist:

> Yeah if you eat too much erm apples and bananas that can send your teeth rotten and it can send your teeth to wobble and to get things stuck so you can't get em out [...] 'Cos when I go to the in dentist and the doctors because people go in dentist and the doctors with a right load of toothache and doctors say 'Where did you get your toothache from?' and she, and some people say, 'Well I eat too much healthy things so the doctor says, 'Don't eat too much just eat erm five a day, like an apple, a pear, an orange, a plum and a raspberry'.
>
> Selina, School B

The narrative not only illustrates the simplistic understanding of 5 a day, in particular its association with fruit and a lack of familiarity with what constitutes a portion, but the dentist's and doctor's cautionary words seem, to Selina, to be clearly at odds with popular messages extolling the virtues of fruit. Katherine and Ali also highlight such conflicting messages and express a desire to gain a more comprehensive understanding:

> Katherine: Yeah I would like to learn more about this. It's just, I don't know why the dentist says, 'Now if you have too much fruit then it's like bad' because they were saying that fruit's healthy and now they're saying it's bad for you! It's like all the sugars they like dissolve your teeth and they say, they say, 'Oh you could have this special toothpaste'.
>
> Ali: I thought it was good sugar natural sugar?
>
> Katherine: Yeah I thought it was good. Now I think it's bad for you.
>
> Katherine and Ali, School A

These passages, together with Bob and Rosalyn's musings on good and bad fat and Bill's assertion that 'fast-food' is 'bad' because it is cooked quickly and therefore not properly, highlight that giving children simplistic messages without sufficient explanation of the how and why results in confusion for children. They have to find their own ways of working with and making sense of incomplete messages.

5.1.2. Balance: towards a more nuanced understanding

As to some extent already evidenced in their debate regarding the distinction between natural (healthy) and artificial (unhealthy), children's narratives

demonstrated that they were aware that simplistic dichotomies were not always easy to maintain. Indeed, although they certainly engaged with categorical ideas of healthy and unhealthy foods, children also demonstrated more complex and nuanced understandings. This was particularly evident in their frequent references to the importance of a balanced diet. Indeed, children's balance narratives provide a pertinent example of how children draw upon a variety of different sources of understanding that they meld to construct their own frameworks of understanding.

Some children, mostly from School B, talked about balance in terms of 'good' foods offsetting 'bad' foods. Elizabeth, for example, describes her understanding of balance in these terms:

> 'Cos I'm having a bit of a change - I just eat random things like it could be something bad and then a good thing and then something bad again and then something good, good, bad, bad, good, good, good, good, good [...] I mix 'em all up, get a balance.
>
> Elizabeth, School B

This notion of offsetting was particularly common with fruit, and to a lesser extent vegetables, which were portrayed as having the potential to transform otherwise 'unhealthy' foods such as cake, sweets and ice lollies if they were included in the ingredients. As noted in the previous chapter, for example, a number of children at School A talked about hiding fruit and vegetables in other foods like cake and thus ‘redeeming’ them. However, in some narratives, there was a degree of uncertainty about the extent to which fruit and vegetables could offset or override unhealthy ingredients. Josh, for example, begins to argue that cake can be healthy but thinks that this might also necessitate a sugarless cake and he is unsure if this is really possible. The narrative also provides a good example of the importance of parents' food provision in children's ideas about healthy eating. In the context of justifying why cake can be healthy, he says:

> Josh: Yeah if it's got a lot of fruit in it [...] and not sugar, no sugar but I think, I think you've got to have it in or it won't taste very nice.
>
> [...]
>
> Hannah: So how much do you think you can eat cake then, how often?
>
> Josh: Erm when my mum makes it.
>
> Josh, School B

Other children, instead of focussing on 'good' and 'bad' foods offsetting each other, emphasised the importance of eating a variety of different foods. Michelle, for example, talks about the importance of variety when describing her parents' priorities for her and her brother:

> Yeah that we get enough fruit and veg and that we get enough of everything and that we get a varied diet otherwise they like, 'cos they make sure, say we hadn't had fish for quite a while then they'd go, 'why dont we have fish tonight 'cos you've not had it in quite a while?'
>
> Michelle, School A

Children from School A consistently (and sometimes also children from School B) qualified this notion of variety and emphasised that a balanced diet meant eating different amounts of food from across the food groups. However, there is also a hint of the 'offsetting' idea in this narrative too:

> Well as erm, don't just eat the same amount of everything 'cos you can eat loads of fat and loads of fruit and vegetables and that's not really a balanced diet but if you eat like quite a lot of fruit and vegetables then you can eat erm, you can eat some crisps and things.
>
> Edward, School A

Related to their emphasis on different amounts of different foods, children also talked about balance in terms of the importance of moderation. They thought that as long as foods like 'crisps and things' were eaten in moderation then it was still possible to maintain a healthy, balanced diet. Bob, for example, resists the notion of food that is 'bad for you' as he asserts that it is only 'bad for you' if you eat too much of it:

> But 'cos everybody says that 'ooh pizza's bad for you' and everything like that, you know, everyone says it's bad for you but its' not bad for you if you only eat a little bit.
>
> Bob, School A

This relates back to treats being out of the ordinary and also Ava's reference to 'burgers x 3' in her drawing of what an unhealthy person would eat. However, children perceived some tension between this dimension of balance and the rules with which they had to abide, particularly in the school context. Fred, for example, is critical of their school's policy not to allow any chocolate, sweets or crisps to be consumed at break as this does not fit in with what they are taught about

moderation. However, he does concede that some of the younger children might not be able to moderate themselves:

> They should make a rule where you're allowed to bring it in like twice a week [...] well yeah, maybe not for the year threes, some of the year threes would go a bit wild.
>
> Fred, School A

In a similar way, as mentioned in the previous chapter, Bob is confused by his father's annoyance that his son chose chocolate spread sandwiches while on a school trip as Bob perceives this to be an occasional treat, which is entirely compatible with the idea of a balanced diet: ‘But I thought it was occasional so I thought it was alright, and my dad didn't, I thought it was okay 'cos it was just occasional’ (School A).

As to some extent already indicated in the examples, children’s understanding of a balanced diet drew on a number of different sources. Many children, particularly from School A, talked about learning about a balanced diet at school as part of the National Curriculum topic on Healthy Eating. They made frequent references to aide memoires for healthy eating such as 'the balanced plate', 'the balanced wheel' and 'the food pyramid' that they had learned about at school (see appendix 1). Talking about sweets and cake, Ava asserts:

> It's the smallest part of the health wheel so, it's the smallest part, you shouldn't eat as much. The biggest is fruit and veg, then it's carbohydrates, I think then it's fats, then it's sugars.
>
> Ava, School A

In this way, children recited well-rehearsed, school-based messages in the same way as they might their times tables learned by rote. Parents also thought that school was an important source of learning about the notion of balance. Ava's father, for example, discusses the healthy eating messages with which he thinks his daughters interact:

> [...] Erm well from home it's pretty clear from what they can eat, they know, they, as usual what demarcates an unhealthy thing is because it's a treat! [laughs] Unfortunately yes, it'll be erm high days and holidays - erm ice cream or crisps or erm, the, the healthy eating thing is about, they definitely have an idea of a balanced diet. And they obviously hear that from school, they've been taught that at school.
>
> Ava's father, School A

Children also drew upon their learning in other aspects of the curriculum. Abigail, for example, seems to be drawing on a recent maths lesson about fractions, which I had observed and helped with, in explaining the idea of balance:

> So if I ate for example six vegetables, if there was a vegetable, a plate of vegetables like sitting beside a cake, and I eat all of them then I can have a quarter of the cake.
>
> Abigail, School A

However, Abigail also goes on to acknowledge that it is not always easy to translate this school-based learning to everyday eating practices. She says that although the food pyramid gives an idea of differing relative amounts it does not help with actual amounts. Consequently, she describes how her and her friends look on food labels' recommended daily amounts but these too are confusing:

> Yeah so we look on the packets, especially the crisp packets because they say how much you should daily have, calories and stuff, for children and stuff so you know what you should have. Yeah but on some packets it's different. On one packet it says eight hundred for children but then erm I read one, it was like a mushroom pie or something and I read it and it was like less than eight hundred so I, I don't know.
>
> Abigail, School A

It is interesting here that what seems to be noteworthy for Abigail is the inconsistency of the calorie count 'for children' rather than any questioning of the usefulness of the term 'children' as a category itself. There is no reference here to the many different body shapes, sizes and energy requirements of children though this is something children do pick up on (see section 5.3).

Children from both schools also thought that balance, variety and moderation were important considerations for parents when preparing meals at home and a message that they wanted to convey to their children. Jacob emphasises that his parents teach him about balance:

> Yeah you need to make sure you eat enough but not too much [...] And that's why your parents kind of teach you to get the right balance of like fizzy drinks, chocolate, unhealthy stuff and healthy stuff. So yeah I think it's one of the main things that they teach you about, your parents.
>
> Jacob, School A

Parents' emphasis on balance was also echoed in their own accounts. Nick's mother, for example, says: 'I sort of try to encourage him to sort of to just eat balanced meals I think really is the thing or how I perceive it to be' (School A).

In addition, children from both schools referred to advertising and food labels as a potential source of understanding about balanced diets:

> Harry: Erm well I think it's important to have a balanced diet [...] erm quite a lot of fruit and vegetables and two to three erm chocolates or biscuits.
>
> Hannah: And where have you heard about a balanced diet?
>
> Bill: Special K.
>
> Harry: Health week.
>
> Harry and Bill, School A

Bill's reference to Special K is interesting here as it is a cereal marketed strongly towards adult women and certainly not geared towards children. It is also strongly marketed in relation to losing weight. In this way, children demonstrated that they frequently engaged with messages prevalent in the wider media and messages often directed towards adults rather than children.

Children's discussions regarding a balanced diet also revealed clear disparities in terms of access to sources of information between children from the two schools. Children from School A generally seemed to take a keen interest in current affairs and enjoyed keeping up to date. They talked about the recent debate surrounding the general election and other contemporary news items. Here, for example, Edward describes a radio broadcast he has heard, which he thinks was on radio four (which is certainly not aimed at children and which has a particular audience profile)[25], which has informed his thinking about balance:

> Well I heard on the radio that there's no such thing as bad food but there is such a thing as a bad appetite where you have like too much chocolate, too much fat. You can just have chocolate as erm a little snack and it won't harm you at all.
>
> Edward, School A

[25] Radio four is the UK's second most popular radio station and is run by the British Broadcasting Association (BBC). Renowned for its news bulletins and in-depth current affairs programmes, the station is associated with a middle class, London-centric audience. http://en.wikipedia.org/wiki/BBC_Radio_4

In this way, in their discussions of balance and also more widely in terms of their understanding of the relationship between food and health, children drew upon messages geared towards them (school teaching; elements of the Change4Life campaign; parents' mottos and practices; and packaging and advertising for children's products) but also messages geared more towards an adult audience (including television medical documentaries and hospital dramas; adverts for products aimed at adults; and current affairs debates in different media including television and radio). Children from the affluent school, however, had consistently more to say and drew upon a wider range of sources in formulating their ideas. For children from school A, understanding the relationship between food and health was portrayed as a valuable and interesting enterprise. They seemed to relish the challenge of remembering the different elements of these aide memoires and demonstrating their understanding of the concept of a balanced diet. In this way, the interview was perhaps perceived as another opportunity to perform well as many of them were used to doing in their class work.

Closely related to their greater access to knowledge, children from School A also demonstrated a greater degree of confidence in critiquing what they perceived to be received wisdom, again this was particularly evident in their discussions regarding the aide memoires for a balanced diet promoted at school, which children perceived contained too little sugar. This is neatly illustrated in Emma and Ava's discussion of the balanced wheel, which they have been learning about in health week:

> Ava: But I think you need a bit more sugar.
>
> Emma: Because they only had *that* much! [gestures tiny amount]
>
> Ava: Yeah and there was so much fruit and veg it wouldn't be good to eat that much fruit and veg and only that much sugar!
>
> [...]
>
> Emma: Yeah 'cos they make it a big thing that it's good to eat fruit but they never thought that sometimes you might need to eat quite a bit of sugar if you want to get your energy going and if to get you burning energy.
>
> Hannah: Oh right and when you say 'they', who do you mean?
>
> Emma: Teachers and parents, all people like that.
>
> Ava and Emma, School A

Indeed, the idea that sugar was vital for energy was prevalent in many of the narratives of children from School A. The understanding that sugar equated to energy seemed to be much stronger and more resilient for children than many other messages. The source of this understanding, however, was not clear from their narratives but the argument was often put forward as a justification for their own intake of sweet foods and perhaps, therefore, represented a useful way of rationalising their own diets in the face of opposing messages, from teachers and parents, which say sugar is 'bad'. Michelle, for example, when asked if they have anything else they would like to add at the end of the interview is keen to emphasise the need for sugar:

> Well I just, I don't think that it's very important to, 'cos like, some people don't say 'Oh don't get any sugar, it's best to have lots and lots of fruit and vegetables and no sugar'. Well that's actually quite unhealthy because in your diet you should have like a mixture of sugar and vegetables and stuff [...]
>
> Michelle, School A

5.1.3. Making sense of complex and contradictory messages

Children's discussions about chocolate, in response to the debate statement 'Chocolate is bad for you', provide an illuminating illustration of the complex food-related messages with which they interact and which they develop for themselves regarding healthy eating. They help to show how children go about putting together some of the salient messages already identified in this chapter.

First, children's chocolate narratives to some extent demonstrated the dichotomising of healthy (good) and unhealthy (bad) foods. However, they also highlight the difficulty of maintaining such a distinction as children discuss the different ingredients within chocolate. Children from both schools, for example, thought that the fact that chocolate contained milk (perceived as healthy) must mean that it was, at least in some part, good for them. Cheryl's version of their school assembly ditty 'Live life the healthy way, always eat your Milky Way', for example, prompts the following exchange:

> Louise: Yeah but I've got a better one cos Milkyways aren't healthy, erm live life the healthy way, never eat your Milkyway
>
> [...] Josh: I've ate 'em!

Cheryl: You could have ‘em ‘cos it’s got milk in it.

Louise, Josh and Cheryl, School B

Hermione also tries to weigh up whether chocolate is healthy depending upon whether it contains more milk (good) or sugar (bad). However, she seems to be articulating contradictory ideas here rather than simply sugar is bad as her first comment is that sugar gives energy:

> You know chocolate it gives you energy dunt it, because sugar gives you energy [...] is there more chocolate and sweet stuff inside chocolate or is it more milk than sugar?
>
> Hermione, School B

She goes on to try to make sense of this through her viewing of the recent Harry Potter movie, which is perhaps a rather surprising source for understanding the relationship between food and health:

> Well chocolate’s half and half isn’t it? Because chocolate is has sugar in it but sugar it makes you either hyper or it gives you strength. That’s why, you know in Harry Potter, this man gave Harry Potter a piece of chocolate because it, you know, I don’t know I’ve forgot what you call it but it is bad for you as well because sugar’s bad for you [...] It depends which milk it’s got in as well.
>
> Hermione, School B

Children also drew on the categorical construction of artificial as unhealthy and natural as healthy. Bradley and Fred, for example, contrast sweets (artificial) with chocolate (natural):

> Bradley: But if you have like five sweets a day that *would* be bad for you but you could have five little bits of chocolate a day and that *wouldn't* be bad for you.
>
> Hannah: Oh right, what's the difference between sweets and chocolate then, do you think?
>
> Fred: Sweets have got more sugar in them and colouring.
>
> Bradley: ‘Cos sweets have got added artificial sugar in them and then chocolate's in a way more natural or something.
>
> [...]
>
> Fred: Yeah like the blue Smartie was banned for a bit 'cos it had too much artificial colours in it [...][and yeah they've brought it back now. Now it hasn't got anything, all of that chemicals and stuff so it's safe to eat now.
>
> Fred and Bradley, School A

Similarly, Josh seems to link the fact that some chocolate has 'cocoa seeds and stuff' to it being healthy, again perhaps associating seeds with a natural origin. For Josh, the frog on the labelling is purposefully highlighting this property:

> Josh: It's not good for you. But sometimes you can get healthy chocolate!
>
> Hannah: Oh right?
>
> Josh: With cocoa seeds and stuff.
>
> Hannah: Oh right, yeah, that's interesting. Where did you find out about the cocoa seeds?
>
> Josh: 'Cos it's got it on some of the chocolate bars I've had.
>
> Hannah: Erm do you mean it, how do you know, does it say on the label or?
>
> Josh: Yeah it's got these; it's got like this frog on it.
>
> Hannah: Oh yeah? I haven't seen them. So how does it, how do you know it's healthy with the cocoa beans?
>
> Josh: Because I don't know but my mum told me that cocoa beans were good.
>
> Josh, School B

As well as drawing upon categorical constructions of healthy and unhealthy, however, children also employed the notion of a balanced diet when discussing chocolate. Indeed, many children emphasised that chocolate was an important part of their diet. Here Olivia puts forward her own body, a body that consumes chocolate, to support her argument and in doing so rationalises what she eats:

> Olivia: You could say chocolate is bad for you if you have too much. Because it's not true that chocolate's bad for you because I eat chocolate...
>
> Michelle: You need some, you need some.
>
> Olivia: And I'm not completely fat, am I?
>
> Michelle: You need some chocolate in your diet.
>
> Olivia: Yeah.
>
> Michelle: Otherwise you'd, you'd be unhealthy, you'd, you'd still, you'd have a little bit of problems but too much of it could like, could be bad.
>
> Michelle and Olivia, School

Similarly, Nick is critical of his father's friend who 'hardly eats any chocolate' and even refers to what he perceives to be the beneficial properties of chocolate for the body:

> Nick: My dad's friend takes it a little far and he's a bit over, he, he, hardly eats any chocolate [...] if you do, if you're like fitness mad and hardly eat any chocolate it like strains everywhere [...] but if you eat like a little bit of chocolate you won't strain so easily [...]
>
> Bob: It's not so good for you to be too thin.
>
> Nick and Bob, School A

Here Nick and Bob seem to associate abstinence from chocolate with an excessive exercise regime, both of which they think is unhealthy. Partaking in such an exercise regime and refraining from chocolate, they think, will 'strain' the body.

Within their emphasis on the importance of chocolate as part of a balanced diet, however, chocolate was frequently described as a treat rather than part of everyday efforts to eat healthily. Lily, for instance, criticises other, younger children who bring chocolate for break at school:

> Lily: And I don't think you should be having chocolate in the morning. So like, some people in year three, like my sister's friend, erm, Georgina, she says that she erm brings chocolate for break to school, which you're not allowed so my sister tries to bring some chocolate to school and then I try and tell her it's bad for her and then she doesn't like listen and then she just erm ignores me the whole time.
>
> Hannah: Ah, so why do you reckon it's not so good in the morning then Lily?
>
> Lily: Well I don't think it's good because it's not very good as soon as you've brushed your teeth and then you've got chocolate all round your mouth and then erm it's not really breakfast, it's like a treat.
>
> Lily, School A

In a similar vein, Olivia describes how as a treat for her birthday she is allowed not just a little bit of chocolate but a lot. In this respect then, chocolate is an acceptable treat and, as mentioned in Chapter Four, treats are framed as outside the rule-bound everyday:

> Olivia: I, I think because like my dad's a doctor and he like thought, 'cos he went to university he first started off like erm looking at like what was good for you and what was bad for you and in that he was told that erm you should have a varied diet and you shouldn't and chocolate's not bad for you, it's just like if you eat too much of it and then like he tries to tell us at home that...

Michelle: Having a little bit's alright.

Olivia: Yeah having a little bit's alright. But not, he, he and he doesn't say, have a little tiny weeny bit and that'll be alright, he says you can have some chocolate so like on my birthday I got lots of chocolate!

Olivia, School A

Children's accounts also showed that they faced competing messages regarding (un)healthy eating. A number of children from School A, for example, talked about their being 'something healthy' in chocolate despite offering chocolate as a quintessentially unhealthy food. Jake, for example, says, 'I heard dark chocolate was good for your heart' (School A) but his classmates simply laugh. Similarly, Edward says:

I, I er also found out that erm dark chocolate, there is like a chocolate that you just look at it and it's black, totally black and it's, it's actually really good for you because it's got quite a lot of vitamin C in.

Edward, School A

5.1.4. Section summary

In summary, children put forward categorical constructions of healthy food (largely fruit and vegetables and other 'natural' foodstuffs like honey) and unhealthy foods (most often sweet foods and foods with a high fat content as well as artificial foods). However, they also engaged with more nuanced understandings as they highlighted the importance of a balanced diet (although exactly how this was defined varied considerably). Children also noted apparent tensions between the notion of a balanced diet and the rules with which they had to abide, particularly in the school context. Further, their narratives demonstrated the ways in which they drew upon different sources of information in making sense of (un)healthy eating and the confidence displayed by the children from School A in particular to critique popular messages. The salient messages with which children interact and the ways in which they try to work with these messages to form coherent understandings are neatly captured in their discussions regarding chocolate.

5.2. The relationship between food and the body

Children described both positive benefits of eating healthily and negative consequences of eating unhealthily. However, although children certainly engaged with the idea that eating healthily had a positive impact on their bodies they seemed to find this quite difficult to articulate in relation to personal experience, particularly in School B. Children talked much more confidently about the negative impact of eating unhealthily. They also differentiated between effects on the body in childhood and adulthood much more when talking about eating unhealthily.

5.2.1. The positive benefits of eating healthily

When asked about the specific effects of foods they consistently described as healthy, children often replied in either quite extreme or rather vague or abstract terms or simply said that they did not know. Vanessa, for instance, explains why eating fruit and vegetables is necessary. Her tone of voice and her phrase 'and all that lot' imply she, like a number of her contemporaries, is rather fed up with being told to eat healthily: 'Because it's much healthier and all that lot. It's good for keeping us healthy because if we don't have any fruit we might die' (School B). In similarly extreme terms, Elizabeth says:

> Because if you don't really much like fruit and you don't really eat fruit then that means that if you don't eat too much fruit you can like, you know, get a bit poorly a bit. 'Cos you need fruit and to survive quite a bit.
>
> Elizabeth, School B

Although perhaps hinted at in Elizabeth's phrases 'get a bit poorly a bit', few children talked about the importance of eating well in terms of protection from minor illnesses and this was rare in parents' accounts too. Rosalyn's mother, however, relates the fact that Rosalyn is rarely ill to her healthy lifestyle in terms of diet and exercise:

> Erm I mean we like to walk with dog and things like that so, she does tend to like, she does get plenty of fresh air like I say she does get fresh food and stuff like that so I don't think she does bad. She's never, she's not really poorly so I think all that contributes to it.
>
> Rosalyn's mother, School A

Many children really struggled to offer clear justifications to back up their assertions about the healthiness of particular foods, most frequently fruit and vegetables. They often seemed quite defensive and reluctant to offer a suggestion in case it was wrong and this was particularly so among the children from School B. In response to a question about why he thinks apples are healthy, for instance, Josh seems to be trying to piece together different snippets of information:

> Josh: I don't know, maybe because they've got a lot of iron in.
>
> Hannah: Oh right, where have you heard about that, that's interesting, Josh?
>
> Josh: I don't know [...] I think I heard it at school.
>
> Josh, School B

There were frequent references to fruit and vegetables being full of vitamins. Very often, however, although keen to demonstrate that they knew that fruit and vegetables were good for you because of the high vitamin content, children seemed to be quite confused about how vitamins actually worked in the body. George's comment was far from unusual: 'Fruit is good 'cos it's got quite a lot of vitamin C, or all kinds of vitamins. And I think it's... (trails off)' (School B). A number of children from School B, however, recited extracts or snippets of phrases that they had retained from their Harvest Assembly on healthy food:

> Rosalyn: [...] Erm peas have got vitamins, wait, [reciting from memory], they're packed filled with vitamin... they're packed filled with vitamin A or C, I don't know, I've forgot which one erm and...
>
> Kerry: I remember, cabbage are full of vitamin C and everyone knows it's good for you 'cos I remember it off my play.
>
> Rosalyn: And peas help you with your eyesight and growing teeth.
>
> Rosalyn and Kerry, School B

They were keen to emphasise the source of their understanding perhaps to help give it credence and value. One particular message regarding the usefulness of fruit and vegetables for the body, however, appeared in many narratives from both schools: 'I think carrots are healthy because they can make you see in dark. (Laughs)' (Elizabeth, School B). Indeed, Elizabeth's mother highlights the enduring nature of this message:

> But yeah kids are taught that, aren't they. 'Eat carrots they're good for your eyes'. [laughs] [...] Yeah so like I remember my parents saying it to me so I've said it to my kids so. But I don't know if erm I don't actually know if she's, she thinks of anything else but I don't know.

Elizabeth's mother, School B

In general, children were keen to obviate the specifics of how healthy foods worked in the body and were satisfied with the idea that healthy food was 'good for you'. Elizabeth, for example, talks about carrots being 'full of goodness and flavour' (School B). Similarly, Nick says:

> Nick: Yeah my dad has this friend and she's a cook and she says like 'food that feeds you' and when she says that she means like healthy food.
>
> Hannah: Oh right! That's a nice way of putting it.
>
> Nick: Yeah, healthy food.

Nick, School A

Indeed, the positive effects of eating healthily were more often defined not so much in themselves but rather by contrasting them with more detailed descriptions of how eating unhealthily affects the body negatively. Following Nick's definition of healthy food, for example, Bob goes on to say:

> Yeah because chocolate doesn't feed you, it's just, it's just a sugar rush and then you enjoy it and then you think 'Ooh I'm still hungry' and it forces you to eat more chocolate.

Nick and Bob, School A

Similarly, Kerry defines the healthy properties of fruit by what it does not do, 'because it dun't raise your blood pressure' (Kerry, School B).

Amidst this general tendency to vague and abstract explanations or 'negative definitions', however, there were three salient ideas about the positive impact of eating healthily in children's narratives. First, many children engaged with the idea of an immediate 'feel good factor' in response to the debate statement, 'Eating healthily makes you feel good'. Sometimes children described 'feeling good' in more physical terms such as feeling 'energetic' or 'light' after eating healthily, usually after eating fruit. More often, however, children talked about emotional responses like feeling 'happy' or 'proud' after eating healthily or feeling pleased with themselves for obeying their parents. There was a clear moral dimension to eating healthily in these accounts. Elizabeth, for example, talks about 'stepping int' light and having some good things' (School B), perhaps drawing on the phrase 'seeing the light' in terms of a

religious conversion or sudden realisation. Aaron and Abigail's exchange also captures the gist of children's narratives well:

> Aaron: Eating healthily makes you feel good. It makes you, it, it doesn't make you feel like erm...
>
> Abigail: Happy.
>
> Aaron: It doesn't make you feel 'Ooh that's as good as chocolate' but it does make you feel good inside like 'Ooh I feel proud of myself, I've eaten something healthy'
>
> [...]
>
> Abigail: Yeah 'cos like if you eat it you go 'Mmmm that's really nice or but sometimes you do feel, well, you do feel good 'cos you think 'Oh I'm gonna clear up some of my blocked arteries and stuff' [...] But then afterwards you're, whenever you've finished eating and you're like watching telly and you go, 'Mmmmm, I want some chocolate now!'
>
> Aaron and Abigail, School A

That children feel that they are subject to physiological changes such as blocked arteries in childhood and that there could be such an immediate cause and effect is illuminating. Abigail's notion 'clearing up' blocked arteries echoes children's ideas about offsetting 'bad' foods with 'good' foods as explored in the balance section of the previous section. Here healthy foods are portrayed as having redemptive properties in terms of their effects on bodies which have consumed and been damaged by 'bad' foods. Further, as Abigail's comment illustrates, children referred to the pleasure of eating quintessentially unhealthy foods like chocolate and sweets but differentiated between the way this and eating healthily made them feel physically, emotionally and morally. Bob sums this up neatly: ‘If you eat sweet things they are very nice but if you eat healthy things they still make you go like 'I'm healthy' and stuff (School A). Indeed, correspondingly, Aaron goes on to say that after eating lots of chocolate he thinks 'Ah I shouldn't have eaten all that' and Abigail concedes 'Sometimes you feel guilty'.

Some children rejected the idea of a 'feel good' factor altogether or the idea that eating healthily provides energy. They said that quintessentially unhealthy foods like sweets, crisps and chocolate made them feel good as they loved the taste or because they provided energy:

> Well chocolate does also make you feel good 'cos it's got this like, it's a mini drug or something like that so it does give you like this little thing that makes you feel good. So yeah, with chocolate, I don't know it does actually make you feel good because you feel like you've got a lot of energy and you just feel nice.
>
> Jacob, School A

Again there seems to be some resonance with media discussions here. It is also interesting that this comment and also the previous comments about dark chocolate being good for you come from children attending School A.

Second, children frequently talked about how eating well could help them to perform well at school and parents seemed to be the main source or proponent of this message. Rosalyn, for example, explains why she eats fruit every morning before school:

> Rosalyn: Because it's brain food [...] to help you work in the day.
>
> Hannah: Oh right where have you heard that, brain food?
>
> Rosalyn: My dad and mom tells me so then I eat my breakfast! [laughs]
>
> Rosalyn, School A

Similarly, Michael and Jacob also articulate this idea and Jacob offers a personal story of how this has played out for him:

> Michael: Being healthy makes you work better in class.
>
> Hannah: Oh right. Where have you heard that, Michael? That's really interesting, if you eat better you work better.
>
> Michael: My mum told me that.
>
> Jacob: Yeah the same as Michael because sometimes I think it might have happened once, some days I don't have breakfast and after that I just can't really concentrate.
>
> Michael and Jacob, School A

Third, children also consistently related eating healthily to growth and strength. Josh, for example, seems to be drawing upon learning at school, relating plant to human physiology, as he describes the impact of eating healthily on children's bodies 'and you get growth, like a plant' (Josh, School B). Parents also talked about their attempts to emphasise the link between eating well and strength. Daniel's mother, for example, says:

> That's what I try to drum in and I do say to him 'Look you're not going to be strong if you don't eat, you won't have energy' and things like that, I try.
>
> Daniel's mother, School B

As well as from school and parents, children's narratives demonstrated that the idea of strength and growth were salient in advertising messages for children's food. Daniel says:

> Daniel: Water's good for you, orange is good for you, milk's good for you.
>
> Hannah: And why are those three good for you?
>
> Daniel: I don't know, they're just. Milk helps you grow. Oh, Munch Bunch yoghurts help. I've never tried 'em but I think they help you.
>
> Hannah: Oh right, how have you found that out?
>
> Daniel: Off advert. [...] I think they help your bones and make you strong. I think that's what it says.
>
> Daniel, School B

Like Daniel, many children articulated the idea that milk is good for strong bones and teeth. Indeed, this was the most consistent idea articulated by the children in relation to the positive effects on the body of a specific food. Children could relate to this message and talked about how it influenced their own practices. Sam, for instance, says, 'And I like milk, it's good for you, strong bones and teeth, and I have it every night' (School B).

A number of the boys in School A also linked their capacity to participate in sport and indeed their sporting success and physiques to what they ate. Fred, for example, attributes his being 'quite mobile', which is very useful for playing tennis, to eating lots of vegetables. His friend Bradley agrees with this understanding and adds '...meat makes you stronger, like I think I've got the strongest kick in year five and I eat loads of meat and stuff'. This group of boys were very keen to convey that they enjoyed eating lots of different vegetables. They thought that liking vegetables was unusual for boys of their age, implying that they were somewhat different from the norm. They proudly talked about their classmate Bob who 'loves sprouts' and indeed Bob himself also talked about the link between diet and sporting success. He describes how his father has highlighted the relationship between eating healthily and stamina by contrasting Bob, who eats very healthily, with his cousin, who does

not. In this way, the boys clearly articulate their own healthy practices by contrasting them with the practices of others:

> Bob: And if he, and if he was more, and if he ate more healthily he'd have a lot more stamina because my dad said when we went on a walk with him that I was hardly out of breath and he was going [sound effects heavy breathing].
>
> Hannah: Oh dear, yeah.
>
> Bob: So I think it, it doesn't, wait a sec, it doesn't just affect your stomach it affects your stamina. If you want to be good at sports just eat healthily because you'll get more stamina and you can keep on going for longer and... well basically you can just keep on going for longer and say because I like [...] Because I like, I like some vegetables more than chocolate because like hard boiled sweets aren't really that nice so, I still like them but they aren't like my favourite, I actually like Brussels sprouts more.
>
> Bob, School A

Bob's mother also comments that they have discussed the relationship between eating well, staying slim and sport and thinks that this is an important element of Bob's understanding of how food works in the body:

> So if Bob like plays football we'll talk, I think he does understand the importance of being slim. Not the importance, the advantages of being slim if you like [...] for playing sport and also for eating a, a varied diet that has a lot of nutrients in it for maintaining your energy levels and being able to function well.
>
> Bob's mother, School A

These narratives clearly demonstrate that Bob's family values being good at sport and see food as crucial to this. Just as Rosalyn's parents, who know that she is motivated by succeeding at school and therefore describe fruit and vegetables as 'brain food', Bob's mother and father highlight the link between food and sporting success as they know this is important for their son. Here then parental strategies to encourage children to value and practise healthy eating by linking it to what they know their children already perceive is important are evident in both their own and their children's accounts.

5.2.2. The negative effects of eating unhealthily in childhood

In terms of effects on the body which would manifest themselves within childhood, children described both immediate (going hyper, feeling full, sick, bloated, and heavy

or dehydrated) and more long-term effects (damaged teeth and unhealthy body sizes with consequent emotional impact).

Children from both schools frequently talked about how consuming too many sweet foods and drinks made children 'go hyper' (hyperactivity was only ever mentioned in relation to children and younger children were deemed more susceptible than older children). Children particularly enjoyed recounting stories to each other of how their younger siblings had been affected:

> Tim: My little brother does get hyper when he has things that are
>
> Lee: Coke
>
> Tim: Bad for him like one time he had some coke and he ran around the whole house and he was just like 'heyyyyyyyyyyyyyyyyyyy'!
>
> Tim and Lee, School B

Some children interpreted rules at home regarding what foods they could consume and when in relation to the risk they posed of making children 'go hyper':

> Elizabeth: Erm were not allowed fizzy drinks, you know, before bed.
>
> Hannah: Yep, why do you think that is?
>
> Elizabeth: Otherwise you get hyper and you wee wee in your bed.
>
> Elizabeth, School B

Children also interpreted school rules about which foods and drinks could be consumed on the premises with reference to the potential for them to cause hyperactivity among the pupils and thus disrupt the learning environment:

> Louise: You're not allowed cola, we're not allowed bubblies, we're not allowed pepsi.
>
> Hannah: Why do you think you're not allowed these things?
>
> Josh: Because they're too [interrupted by Louise]
>
> Louise: Because it sends you hyper and then you get you know like if you act silly to other people who are older and you annoy 'em you get hurt.
>
> Louise and Josh, School B

A number of children, particularly at School A, demonstrated a sophisticated understanding of the physiology of 'going hyper'. Bill, for example, defines Harry's

assertion that 'I feel like I can fly' after eating something like 'six packets of Haribo[26]' as 'hyper' and he and Bill explain how this works in the body:

> Rowan: The heart rate goes faster and the rest of the drink goes up to your head and makes you go crazy [...] the rest of the sugar goes up to your head and steals your common sense for a while, literally!
>
> Bill: And it elevates your adrenaline, that's what the heartbeat does. Like before I did a cross-country race I had this little energy drink and like a tiny, tiny cube of chocolate about that high of dark chocolate, 75% pure cocoa, and I was like [pants] like bouncing up and down on the startline! [...] And when I ran the race I was like neeeeeeeeeeeeeeoooooooooooooooowww – really fast!
>
> Bill and Rowan, School A

This exchange, however, in which Bill describes how fast he was during a cross-country race also suggests that going hyper has its time and its place and is not always necessarily bad. It seems to relate to how and when individuals can be different kinds of children - going hyper before bed is not acceptable but feeling pumped up with energy before a race is positive.

As referred to in the previous section, eating too much was widely deemed to be unhealthy and children made frequent references to personal bodily experiences. Children at both schools also talked frequently about feeling sick or too full after eating too much. This was usually after eating too many sweets or fatty foods:

> Yeah you might get headache and you get tummy ache and you have to go to bathroom for a bit and just sit down and if you've got a chair in bathroom and I just sit there like that.
>
> Caitlin, School B

However, some children emphasised that eating too much of anything could make you feel bad: 'But I can't eat too much bananas [...] 'Cos if I do I feel a bit bloated [...] after a bit' (Elizabeth, School B). The use of the term 'bloated' is interesting here as a number of children used it to describe how they felt after eating too much. A term often used in adverts for products like probiotic yoghurts and such like this is not a term one might usually associate with nine and ten year old children. However, one group of children mentioned the fact that they hated the Actimel probiotic yoghurt adverts as they perceived the claims made for the product to be unrealistic. A

[26] Haribo are a well-known brand of sweets in the UK.

number of children also talked about their parents saying they felt bloated after eating too much:

> Cheryl: My mum gets like very full when she, when she's eating so she eats something else.
>
> Hannah: How do you mean?
>
> Cheryl: I mean she dunt eat anything else she just takes her plate and clears up.
>
> Hannah: Oh right so she knows when she's full.
>
> Cheryl: Yeah 'cos she says she's bloated.
>
> Cheryl, School B

Similarly, many children talked about feeling 'heavy' after eating unhealthily. As mentioned earlier, children often described what they perceived to be unhealthier foods as 'heavy' and healthier foods as 'light' and in this way children felt like they took on this characteristic of the food when they ate them:

> Ava: And if you eat heavy food a lot you'll kind of get rounder.
>
> Emma: Ava! [annoyed because Ava talking about weight again] You can stop talking about the beach ball! [their way of talking about being round]
>
> Hannah: What do you mean by heavy?
>
> Ava: Like bacon and sausages. Because I've learnt from experience, I had a bacon sandwich and then went to swimming lessons and I nearly sank.
>
> Ava and Emma, School A

George and Edward's exchange also links in the physical sensation of feeling heavy with the potentially more emotional response of feeling 'a bit bad and things':

> George: I think if you eat like unhealthily you feel quite happy because you feel it's like delicious but once you, if after a few days, if you eat quite a lot of unhealthy stuff you feel a bit bad and things.
>
> Edward: And you feel like you can't get up and stuff like [...] quite heavy.
>
> George and Edward, School A

Likewise, following on from a discussion about how eating healthily makes you feel good, Nicky contrasts this feeling with how she feels after eating a McDonalds. Frequently offered as an example of 'fatty foods' by children, Nicky describes how she feels 'fat' after eating a McDonalds meal. Again, being fat is associated with being unhealthy:

> Sometimes when you go to the shopping centre on a Saturday like lunchtime we, we, because we sometimes we just go and instead of buying something and making it at home sometimes we just have a McDonalds and it makes me feel really fat.
>
> Nicky, School A

To a certain extent, children thought that these physical sensations could be a reliable indicator of the healthiness of foods or when they had eaten enough or indeed too much. Rosalyn, for example, reasons: 'I think melted chocolate is more bad for you because warm chocolate makes you feel sick' (School B). Similarly, in the context of talking about whether he usually eats puddings, Nick says: 'Erm sometimes we do have fruit salads quite a lot or sometimes I just get full and let it go down' (Nick, School A).

So Nick describes how he responds to his body's cues. In the same vein, many children also talked about feeling very thirsty or having a dry throat if they had not drunk enough water. A number of children from School B criticised the school policy of not letting children inside to get a drink during break times and many children thought that the school tuck shop should sell drinks:

> Why can't they, especially on a sunny day, like get water from that fountain inside like where they sell stuff and then they can, they can like bring like tiny cups about that big they can fill 'em with water, put them on the stall and they'd cost about 5p each.
>
> Hermione, School B

Children highlighted the dangers of becoming dehydrated and emphasised their body's need for water for survival. There was a definite sense that they should trust their body to tell them when they needed to drink more. Josh, although slightly confused, refers to another signifier of dehydration and the exchange demonstrates children's interest in their own bodily functioning and how this relates to health:

> Josh: You know when boys have a wee and they're like that [gestures looking over toilet bowl]. Well, sometimes when their wee is white it means they, they ant drank enough and if they've got yellow wee they're alright.
>
> Cheryl: Eugh, Josh! [...] How do you know that?
>
> Josh: Because erm my mum's told me. I asked my mum, she were in bathroom and I said, I told to my mum 'How come my wee is white?' and she said 'It's 'cos you ant, you ant drank enough'.
>
> Josh and Cheryl, School B

Concerning the more long-term impacts of eating unhealthily in childhood, the most salient themes in children's narratives were teeth and unhealthy body sizes. Sweet foods and fizzy drinks were portrayed as particularly damaging for teeth. Children at the disadvantaged school often spoke of their own personal experience of painful trips to the dentist for extractions, fillings and treatment for abscesses:

> Hannah: And what do you have with your sandwiches?
>
> Ski: Erm, I have a piece of fruit, some crisps, a drink.
>
> Rosalyn: Sweets.
>
> Ski: Yeah and sometimes sweets but I need to cut down on them [laughs]!
>
> Hannah: Why do you need to cut down on them?
>
> Rosalyn: Cos of her mouth.
>
> [...]
>
> Ski: Like every time I have sweets I get an ulcer sometimes and then it's making my teeth bad so I need to cut down on them.
>
> Ski and Rosalyn, School B

They also made frequent references to grandparents' or parents' poor teeth. Indeed, many children said that such personal experiences and family biographies had motivated them to try to reduce their intake of sweet foods and drinks. Elizabeth, for example, is clear about the relationship between what her mother used to eat and the current state of her teeth: 'My mum used to eat loads and loads and loads of chocolate that's why she's got holes in her teeth' (School B). Elizabeth's mother also describes how her dentist told her how the acid in fizzy pop weakened teeth so now she does not allow her children to drink it. As evidenced in Elizabeth's narrative, her mother draws attention to the poor state of her own teeth as a warning; it is clearly a tactic on her mother's part:

> So after that no juice. I mean don't get me, I mean I drink lemonade. They can't. They're not allowed it. I mean I know that's awful but it's like 'Well, do you want teeth like mine when you're older?'
>
> Elizabeth's mother, School B

Unlike the children from School B, the children from School A, however, did not offer personal narratives of their own or their relatives' poor teeth. Although this could be interpreted as the advantaged children seeking to 'keep up appearances' it may simply mirror well-documented inequalities in dental health between different socio-economic groups. This example perhaps emphasizes the importance of socio-

economic context in terms of the lived experience of the body. While talking about the effects of eating lots of sugary foods, for instance, Bob says:

> So I don't think that's very good because if you, because erm if you have like really bad teeth all your teeth fall out and you might have, you might not want to have loads of silver and gold teeth! [laughs]
>
> Bob, School A

This caricature of a person with 'loads of silver and gold teeth', far from Bob's own reality, clearly contrasts with the lived reality of painful dental abscesses and rotten teeth falling out as described by some of the children from School B.

A number of children from both schools also talked about the risk of children becoming too thin through eating unhealthily. Rosalyn and Kerry, for example, refer to a school friend who they perceive to be 'way too skinny' (School B) and think that she should eat more. The topic of anorexia was also quite frequently discussed in school A although much less so in school B. Some children drew upon representations of anorexics in books they had read to inform their understanding:

> Ava: And there's this disease called anorexia or something when you feel fat but you're actually thin and you stop eating so you get really, really thin and then you die.
>
> Hannah: Yeah, where have you heard about that, Ava?
>
> Ava: Erm well it was in a book I've read and I don't know how I thought about it yesterday.
>
> Ava, School A

A minority of children talked about people they knew who had suffered or were suffering from anorexia. Rowan, for instance, talks about his cousin Mary and tries to make sense of why she developed the condition. He relates her eating practices not just to her self-perception as too fat but also to her difficult family situation:

> All worrying, I don't know, it's just a, it's just a cause because you see, because she saw lots of fat people, yeah. And one thing I thought helped, one thing that everyone thought helped get rid of it was when her alcoholic dad, like fives times the amount, erm average amount for a man a day, yeah erm when he died we thought that would help her get better.
>
> Rowan, School A

Related to this, a minority of children from School A also questioned what they perceived to be the automatic association between body size and health. Michael,

for instance, says: ‘Well it doesn't matter what you really look like, it's your health that matters’ (School A).

A much stronger theme throughout the fieldwork, regarding the longer term impact of eating unhealthily in childhood, however, was becoming overweight. Indeed, 'getting fat' was the most frequently narrated effect of eating unhealthily and a key motivator to eat healthily. Talking about what he would have for breakfast if he could choose anything, for example, Bob says:

> I don't really know because I'd like to have something quite sweet but not to have it every day, not have it every day 'cos then I'd just grow fatter and fatter and fatter.
>
> Bob, School A

Children also warned that even if there appeared to be no immediate health consequences of being overweight in childhood, these would manifest themselves later:

> Bex: Yeah ‘cos like on Embarrassing Bodies[27] you see all these things that people have because they were fat when they
>
> Phoebe: were younger.
>
> Bex: Yeah when they were kids.
>
> Bex and Phoebe, School A

A number of children at School A emphasised that eating unhealthily would also lead to very low levels of physical activity. They emphasised that people who thought that they could eat unhealthily and then make up for this by doing exercise were, in their opinion, misguided. Bill's narrative, although a caricatured scenario, typifies the children's ideas in this regard:

> If you eat lots and lots of junk food, and then you might be a bit fat so when you run you might be a bit like [demonstrates running very slowly and with difficulty] and you might not, at the end of the day you might not actually get a lot of running in. You might be running all day but have only gone two centimetres [...] and you'll go 'Oh I'll just give up, I'm gonna go home and have a couple of chocolate bars and it won't matter; and sit on the sofa' or as Americans call it, couch.
>
> Bill, School A

[27] Embarrassing Bodies is a weekly television show aired on UK terrestrial television in which three doctors tour the country and invite people with, what they perceive to be, embarrassing ailments, to visit their mobile surgeries. http://www.channel4.com/programmes/embarrassing-bodies

In the same vein, Bill goes on to explain why parents do not want their children to become fat:

> Because my dad always says this 'Your childhood, spend it wisely, get involved' and if you're a bit chubby you might not, you might not be able to climb up a ladder, a really high ladder.
>
> Bill, School A

As well as finding it physically difficult to participate in sport due to excess weight, children also consistently related eating unhealthily to being 'lazy' and not making the effort to participate in exercise. In other words, the kind of people who ate unhealthily were also the kind of people who would not want to take part in physical activity. As already mentioned in the Chapter Four children also associated eating unhealthily with other unhealthy behaviours such as taking drugs and smoking.

Like many of her contemporaries from both schools, Ava emphasises the negative emotional consequences of being overweight, she goes on to explain:

> Ava: I don't want children who look round.
>
> Emma: I told you to stop talking about the beach ball.
>
> Ava: It's just about making sure you look after your child and they're as healthy as possible.
>
> Emma: Yeah parents need to look after their children and give them lots of fruit and vegetables to help them grow up and be strong.
>
> Ava: Yeah you don't want your children to get round or they'll get bullied or they won't feel very nice.
>
> Ava and Emma, School A

Only two children talked about trying to lose weight themselves but the measures they described echoed other children's ideas about the relationship between food and weight gain and loss. Joseph at School B describes how he and his mother are both trying to lose weight through exercise and diet. He describes how he eats Special K for breakfast and 'well like erm, apples, apples, oranges or bananas for dinner'. Similarly, Ava describes how she went on a diet in year three but had to stop as her father started to notice her unusual behaviour: ‘But he got a bit suspicious when I ate my meal, ate half an apple, maybe a whole apple and refused a chocolate biscuit’ (School A). Indeed, Ava's narratives were suffused with references to gaining weight by eating unhealthily and she acknowledges now that she probably was not overweight at all when she went on a diet and this is confirmed by her friend, Emma:

> Ava: Well, ‘cos in the summer I wear these really tight strapped tops and I thought, which I don’t think was true, I went like that [gestures bulging out].
>
> Emma: She didn’t.
>
> Ava and Emma, School A

Her father also thinks that she associates eating unhealthily with gaining weight. When asked about her understanding of the relationship between food and health, he says:

> Yeah, yeah I think she has an awareness. I think particularly, I don't know whether it's particularly with girls, well I don't think I was thinking about it when I was ten, I can only talk from my own viewpoint of life, but she seems to be aware of the idea of people getting fat [...] and the idea that if you eat too much food then you can become obese. Well, she wouldn't use that word, but overweight.
>
> Ava's father, School A

In fact, a number of other parents at School A emphasised their desire for their children not to become 'obsessed' with the link between diet and weight. Like Daniel's mother, Nick's mother highlights how she is keen to promote the idea of food as important for being 'physically strong' and able to exercise. She recognises that there are other competing messages and wants to ensure this is the message which resonates with Nick:

> And erm, you know, so I, so, 'cos I wouldn't want him to get the message that if I eat less then I'll not put on weight and then I'll be healthy. You know, I don't want him to mix the messages about, you know, it's wrong to eat too much, it's wrong to eat too much of the thing that makes you overweight but you can eat plenty of the other stuff that's sort of, you know [...] I don't think I'm struggling to get that message across, I think he does know. So erm, but, but you know, I, I just suppose in the back of my mind I'm thinking like you hear stories, if kids get too obsessive about it later on it, it could actually go in another disorder sort of direction really.
>
> Nick's mother, School A

Nick's description of a close family friend as a 'fitness addict' would suggest, however, that Nick is clearly aware that people may become 'obsessive' and this is not something he intends to do:

> Erm well my dad says it's unhealthy [referring to cheese] but we still have it sometimes, my dad makes us tuna pasta bake so, with a lot of cheese in but that's like sometimes. And also this guy, he's called

> Simon and he's a fitness addict and erm [...] and when he got into all this fitness he's given up, he loved cheese and he's given it up, he doesn't touch cheese [...] but I think it's a little mad not to have any!
>
> Nick, School A

5.2.3. The negative effects of eating unhealthily in adulthood / old age

Children emphasised two key, interrelated effects of eating unhealthily which would manifest themselves in adulthood and old age: becoming overweight and sustaining heart damage. A minority of children also talked about how eating unhealthily could increase a person's risk of developing cancer. Despite parents' declared attempts to focus on the positive gains of eating healthily, children's narratives were suffused with images of fat bodies and becoming overweight was perceived as a real and worrying risk. Indeed, one parent, Stephanie's mother, talked about trying to hide her own efforts to lose weight from her daughter in order that she might maintain a 'comfortable relationship with food':

> I'd want her to have that sense of reasonableness about it, do you know what I mean? That they kind of get everything in perspective I think, girls in particular, I mean the message is a good one - eat healthily, eat the right thing - but I think somehow it can become so easily distorted to 'If you're fat you're ugly' and 'If you erm, if you eat anything sweet then you're going to become fat and you're going to get spots'. And, well, that's putting it to one extreme but having seen the effect of that through my teenage years on my, on a couple of my very good friends but then it's with them for life and it's terrifying. And so, on the occasions when I've tried to cut down myself, I won't tell her, you know, if I went on a diet I would not dream of hinting and the occasions when I have, which, well I'm not very disciplined but when in the past I've tried to eat more healthily or reduce my fat intake or whatever erm she's noticed that. So she's said, 'Are you not eating now?' and I say, 'No, I'm eating later' and she'll say 'Are you not having your pudding?' and I'll say but I always make a reason why and say 'Well I'm having it later' or whatever so that, 'cos I just don't want that to be an issue. [...] So yeah, the message I'd want her to have is everything in moderation and to be able to have a sort of comfortable relationship with food, does that sound a stupid thing to say?
>
> Stephanie's mother, School A

However, many of the children from school A talked about and were clearly very aware of their parents' (usually mothers') efforts to lose weight and talked about their attendance at slimming clubs like Weightwatchers and Slimming World. They

were certainly familiar with the language of dieting and employed terms such as 'going on a binge' (Phoebe, School A) and 'falling off' a diet (Emma, School A). Children focussed on their parents' attempts to eat lots of fruit and vegetables and to reduce their intake of high-fat foods. Nicky, for example, clearly associates eating a low fat diet with trying to lose weight as she explains why her mother prefers Weightwatchers to Slimming World:

> Because in Weightwatchers they make like cakes, which are low in fat and you go there and you get people to try people's things that they've made that are low in fat.
>
> Nicky, School A

Among children from School A in particular, trying to lose weight was portrayed as a common feature of adult life, almost something that children anticipated and associated with growing up. Indeed, Stephanie, like many of her contemporaries, talked about it being much easier to put on excess weight as an adult than as a child:

> When you're young if you eat loads and loads of fatty stuff and hardly any vegetables, you might stay as thin as a pin when you're younger but erm you never know and if you carry on all your life eating fatty stuff you're just gonna turn out not as thin as a pin anymore [...]
>
> Stephanie, School A

Similarly, Nick's phrase 'when I grow up' intimates that he believes that weight gain is more likely to happen later on in life. Like Ava, he also refers to the impact on a person's wellbeing of being overweight and, as discussed in relation to the 'feel good' factor of eating healthily, he is very aware that his mother wants him to be healthy:

> And my mum wants me to be healthy so I'm ok when I grow up, so I'm fit and well and not just a fat slob! [laughs] Because it's not nice being fat I don't think [...] you probably just feel fed up because you can't do very much.
>
> Nick, School A

Olivia also reasons that children should eat healthily because health problems of eating unhealthily will manifest themselves later on in life and then people will think 'Why did I do that?'. She refers to her grandfather to illustrate her point: ''Cos my grampy he has a very sweet tooth (all laugh) and he ate lots of sugary stuff and then he got kind of fat'.

As well as family stories of attempts to lose weight, children's 'fat' narratives were also suffused with images and caricatures from television and media. Fred, for

example, talks about Fat Tony 'that comic book guy that can't get out of his car' (School A) and Elizabeth (School B) talks about the popular television show The Fattest Man in Britain and, like Nick and Ava earlier, hints at the emotional impact of being overweight:

> Hermione: But you know if you eat too much chocolate now, if you keep on eating it erm your stomach dunt like eat and you eat it, turns it into fat and when you get older you're really fat and but you could lose weight couldn't you anyway!
>
> [...]
>
> Elizabeth: No but if you're fat then that means you can get bullied. [...] Yeah you know like the Fattest Man in Britain then he goes to try and get to that shop and everyone says 'Ha, ha, ha look at that fatty run!'
>
> Hermione and Elizabeth, School B

Children often drew upon extreme media examples, which they evidently found funny and intriguing:

> Katherine: You know there's the fattest man in Britain! He can't even stand up and he has to stay in bed and he's bigger than his bed. I've, I've...
>
> Ali: Did you see that in the Guinness Book of World Records 2011?
>
> Katherine: No it was on television. And they had to, to make him less, because he was so heavy they couldn't weight him, he was so heavy.
>
> Ali: He would break the scales!
>
> [...]
>
> Ali: I've just found out, I know in in the Guinness Book of World Records there was a record for the biggest tummy tuck!
>
> Katherine and Ali, School A

Indeed, some parents also drew attention to television as a source of understanding and a prompt for discussion at home about the relationship between food and health. Rosalyn, for example, talks about seeing a hospital programme in which a person was so fat they 'had to have it all chopped off' (School B) and her mother notes:

> I think she knows that obviously if you eat all fatty foods all the time then I, I think she knows that they are wrong and that they can be harmful as in like you can get blocked arteries and things like that and obesity and things like that. I mean there's plenty of things on television regarding it and if there's anything on like that and we are watching it she'll ask questions regarding that [...] Erm 'cos we're a bit like, we like the medical programmes and things like that and if

> there's like anyone on there having I don't know, gastric bands or anything like that she'll say 'Why are they having them?' and I'll say 'Well, really they, they may have been eating bad for quite a few years and basically that is how you end up if you don't try and control it'.
>
> Rosalyn's mother, School B

So for Rosalyn and her mother television provides a useful prompt for discussing quite complex concepts like fat blocking up the arteries. Indeed, all parents from School A talked about discussing the relationship between food and health and thought that their children were interested in the topic and eager to learn more. The mothers of the two boys at School B, however, thought that their sons were not very interested in the subject and hinted that they did not think that they would be able to take in more complex messages. Josh's mother, for instance, says of her son:

> He knows you get fat [...] but that's about it really [...] we haven't gone into erm, but this is what he's noticed [...] other people being fat [...] but we haven't gone into that 'oh it blocks your arteries' and you know, things like that.
>
> Josh's mother, School B

However, even Rosalyn's mother, who talks about discussing concepts like blocked arteries with her daughter, thinks that considering health effects too far in the future is not a priority for children:

> At the moment I think she thinks, she might think that bad things can happen to her in the future if she doesn't eat right but I think trying to see maybe ten years from now at that age, it's a, it's too much for them to think about. It's too far ahead for 'em to try and take it on board. [...] I think they just think about just day-to-day, what they're gonna do and who they're gonna play with kind of thing at the moment.
>
> Rosalyn's mother, School B

Children also talked about what they perceived to be the inevitable consequences of growing old and thought these could be exacerbated by eating unhealthily. Children at both schools described growing old with phrases like 'getting weaker' and 'nearer to death' and drew on family stories to help them to make sense of this:

> [...] you get problems as you're getting older and like if you're eating unhealthily then it doesn't really help. Cos my grandma's friend he, he used to like, he used to eat really unhealthily and he's quite old now and he's had to have loads of things and he's had to like have a metal plate in his knee and he's had to have loads of operations on

> his heart and stuff and it didn't really help that he started, that he ate a lot and that he, it well, was a bit unhealthy and some of it was healthy but he just ate a lot and now he has to be on a diet but because he's been like eating a lot he doesn't, he can't really get used to it.
>
> Michelle, School A

Linked to becoming overweight, children frequently talked about how eating unhealthily would damage a person's heart but again thought that this would only manifest itself later in life. Aaron's comment illustrates this well:

> I think it's, you might not think about it when you're younger, not think that it's going to do anything to your body until you get to the age when you're really old and quite weak, it just breaks out and like sometimes you'll end up with a heart attack or something 'cos I think it clogs up the arteries.
>
> Aaron, School A

Children generally explained how fat specifically would build up in blood vessels with fatal consequences:

> Well sometimes it makes, it builds up fat in your veins so then no, no blood can get through, no blood can get through your veins cos it's all blocked with fat so you end up dying.
>
> Kelly, School B

In this way, although fat could begin to build up in a person's arteries as a child (as expressed earlier in Abigail's discussion of how eating fruit and vegetables could help to clear arteries), it would only become evident in adulthood.

Fat was also described as surrounding and constricting the heart: 'An adult can just die straight away if you don't eat healthy, 'cos your heart thingies [...] it gets all fat around it which makes you suffer' (Cheryl, School B). Parents also talked about their emphasis on the link between eating unhealthily and heart damage, and again highlighted the role of fat. Elizabeth's mother makes this very clear:

> She knows that she's got to eat healthy to help her grow up strong [...] And I'm always drumming it into her that you can't have your bad fats 'cos when you get older you'll end up having a heart attack [...] I mean I'll tell her blunt.
>
> Elizabeth's mother, School B

Further, children thought that adults and older people needed to be particularly careful if trying to lose weight through exercise as exercise could precipitate a heart attack. They used this reasoning to highlight the importance of eating well (in addition to participating in exercise) to lose weight:

> If you're really big and fat then you do, then you go to the gym and work really hard it could like give you a heart attack and stuff like that.
>
> Michael, School A

In contrast to the frequent narratives regarding overweight and heart damage, perhaps surprisingly, very few children mentioned cancer when talking about the negative consequences of eating unhealthily. Abigail's comment was unusual:

> If you eat really unhealthy when you're young it can affect your health when you get older and you're more likely to risk cancer and stuff like that.
>
> Abigail, School A

However, two children who did frequently talk about the link between diet and cancer both had mothers who had suffered from breast cancer. Bob, in particular, talked a lot about the link between eating lots of dairy products and cancer:

> Milk I don't think, because my, it's been proved that with milk you're more likely to get cancer. [...] And so I thought if you only have a little bit because erm but milk is good for babies because they can grow and get taller and stuff so milk is good for babies. And it's good for us in a way to give us protein and stuff but it doesn't always give us. If you have like milk everyday because I think some people at school that I didn't tell them, I didn't really tell them at school but [...] I think they could do with a bit less milk. [...] Because my mum said she probably had cancer because she's had, she had a lot more milk when she was younger.
>
> Bob, School A

He goes on to describe how his mother's diagnosis with breast cancer led her to do lots of reading around the subject and he mentions by name the author of a book on the subject, which has been influential on his mother's thinking and therefore his family's practices. Indeed, Bob refers to the importance of reducing dairy many times in the course of the interview and debate and it is clearly something that is important in his understanding of the relationship between food and health. He also demonstrates very sophisticated understanding of how food works in the body with clearly articulated and firmly held ideas. His mother affirms that Bob has a good

understanding of the relationship between food and health and relates this to their frequent discussions about this at home. She also alludes to the salience of the message about heart disease in contrast to the lack of awareness regarding the link between diet and cancer and this is certainly evidenced in the data for this study:

> Well I think he must have, just because we've spoken about it so much, so particularly the links between what you eat and cancer, which are, which are not prevalent I don't think in, in the general media. I certainly didn't know there was a link between diet and cancer until I heard a program on radio four about diet and prostate cancer.
>
> [...] But in the media [...] erm things like heart disease I mean I think there's quite a proven and publicized link isn't there between heart disease and diet. Like for instance there was that campaign about eating a bag of crisps every day – drinking a, you know thing of oil, wasn't there. [demonstrates drinking oil]
>
> Bob's mother, School A

As the quote from Bob further above also illustrates, as he says 'I think people at school [...] they could do with a bit less milk', he recognises that his understanding is at odds with that of his peers, who think that dairy products are good for health. Bob's mother also highlights the apparently contradictory messages with which he interacts:

> He probably gets quite, as I was just saying to you, contradictory messages with what I'm saying at home and what he hears in the general kind of world. So, for instance, I've read quite a lot about diet and breast cancer and how milk and hormones and growth factors in milk can actually promote cancer [...] so we've cut out dairy products but I think at school, you know, he's told that dairy products are good for you and that you need calcium for healthy teeth and bones.
>
> Bob's mother, School A

Nick's mother, also recovering from breast cancer, highlights the conflicting messages with which she and Nick interact and describes how they try to make sense of them together. In the context of talking about how Nick tries to ensure that all the family are as healthy as possible, she says:

> So erm, you know, he's aware also because obviously we know other people like, I mean, well, I think you know erm Bob's situation is the same because his mum has had the same and erm she's cut out all dairy products as part of her diet. And I mean I haven't, I've cut it down but I haven't cut it out but, you know, I've read around it and things but I've kind of, kind of, you know, you weigh up what you think is right for you and also because, you know, there's kind of a

> conflict between what you read and then the clinical advice. You know the clinical advice doesn't always go with that. I've asked about, I've asked the questions, you know, like should I cut out dairy and it's all a bit like, it's a separate sort of body of advice really than the clinical advice. So, so I haven't totally changed my diet although I kind of perhaps do think about it more. But Nick will be asking me, you know, like kind of if I'm going to cut out dairy [...] he's spoken to Bob yeah and it's, you know, shall we have soya milk instead of ordinary milk.
>
> Nick's mother, School A

The discussion of the link between dairy and cancer also captures the complexity of information and messages children draw upon in making sense of the relationship between food and health and the tension between different bodies or sources of evidence.

5.2.4. Section summary

In summary, children often provided extreme or vague definitions of how eating healthily could positively impact upon the body. However, some more specific ideas such as feeling good; performing well at school and growing and becoming strong (perceived to be particularly useful for sport) were evident in their narratives. In relation to the negative effects of eating unhealthily, children identified both immediate (going hyper, feeling sick, bloated, heavy or dehydrated) and more long-term (damaged teeth and unhealthy body sizes with consequent emotional impact) effects in childhood. They also emphasised the high risk of becoming overweight or sustaining damage to the heart in adulthood.

Many of these salient messages are illustrated in Ava's annotations to the 'Food and health: what's the connection?' activity (see Figure 2**Error! Reference source not found.**). In common with many of her peers, she shares many more ideas about the negative effects of eating unhealthily than the positive benefits of eating healthily. In relation to eating healthily, like many of her contemporaries, she employs the rather vague phrase 'full of vitamins' although she does relate vitamin intake specifically to 'good, strong teeth'. Again in common with many of the children she explains the impact of eating healthily by way of contrasting the negative effects of eating unhealthily. So rather than emphasising that eating is associated with a healthy body

size/shape, she talks about it ensuring that a person is 'not too big'. More specifically, however, she draws upon the idea of

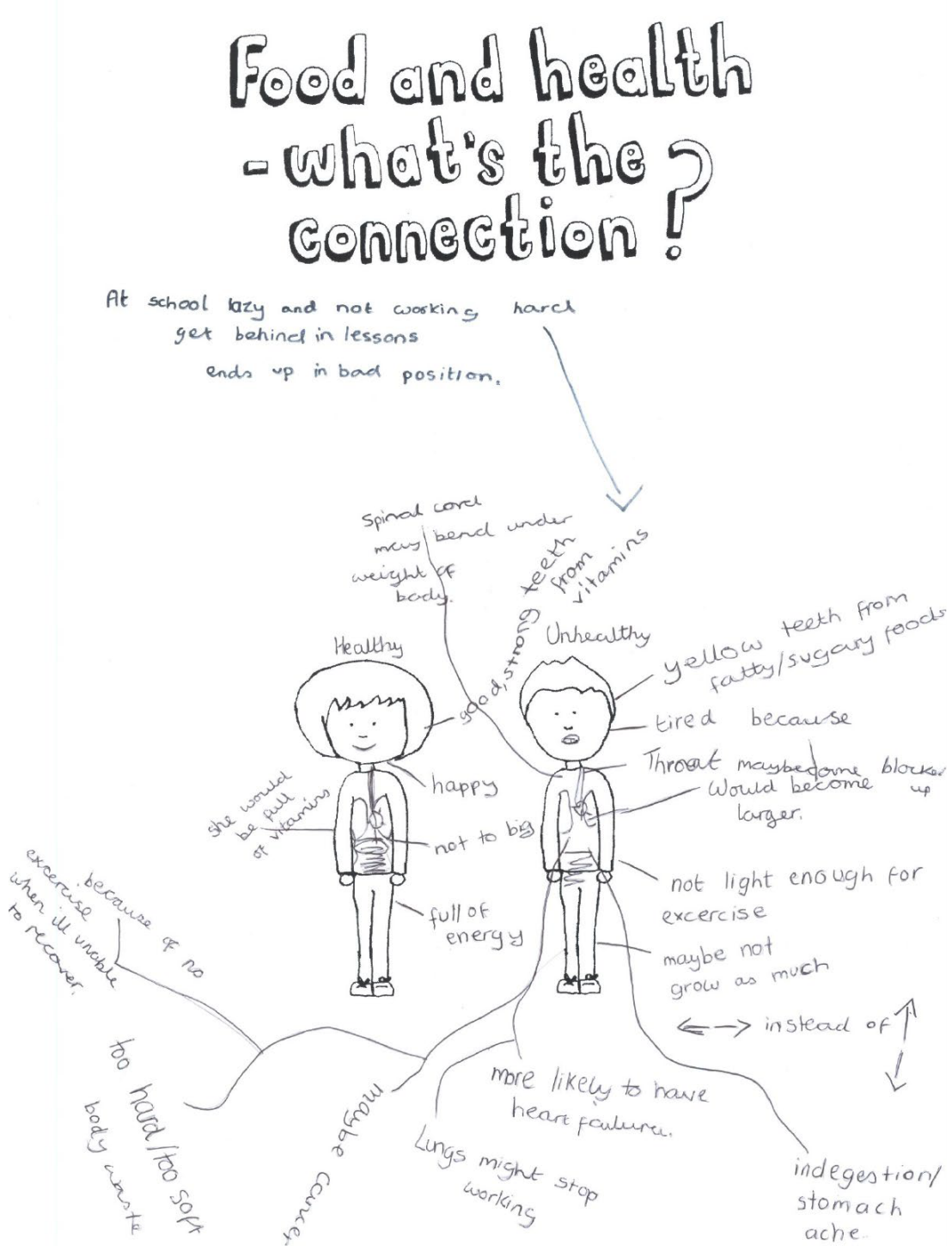

Figure 2: Phase 2 activity 2: Food and health - what's the connection?

a 'feel good factor' related to eating well, both in terms of its emotional impact, feeling 'happy', and its physical impact, being 'full of energy'.

In relation to eating unhealthily, Ava notes both immediate and more long-term effects. In terms of immediate impact, she, like her colleagues, relies to some extent on bodily sensations or signals as an indicator of eating unhealthily as she mentions 'indigestion / stomach ache' and 'too hard / too soft body waste'. She also links eating unhealthily to 'not working hard' at school and in this way connects these two apparently morally reprehensible behaviours. In terms of long-term effects, like the majority of children, Ava highlights excess weight and heart failure. However, she does also mention cancer (unlike many children) and lung problems (again not mentioned by many children) and this perhaps relates to her mother's profession as a doctor.

5.3. Locating the individual in the relationship between food and the body

5.3.1. Throughout the fieldwork children highlighted an incongruity between what they perceived to be universal healthy eating messages and the nutritional needs of individual bodies. Critiques of popular and school-based healthy eating messages occurred particularly frequently in the accounts of children from school A. Children debated the extent to which, by following nutritional advice, individuals could change the body with which they were born. They also highlighted the interrelationships between food, exercise and the body and emphasised how nutritional needs changed over the lifecourse. Children also demonstrated a sensitive awareness of the specific nutritional needs of individuals with foods allergies and different health conditions. Individual bodies: the bodies we are born with or the bodies we create

Although most children tended to claim that individuals were responsible for their body size and shape and that eating healthily and taking exercise were integral to this, a number of children expressed a much more critical understanding, using phrases such as 'big boned' to imply that people's body shape was much less amenable to change than implied in the healthy eating messages with which they were familiar. While discussing the importance of children eating healthily so that they can maintain a healthy weight as an adult, Bradley and Fred articulate this idea of being born with a particular body shape:

> Bradley: Some people just get like, don't get fat from eating junk food they're naturally that way.
>
> Fred: Big boned.
>
> Bradley and Fred, School A

Similarly, Stephanie talks about some people who are 'just naturally thin' and thinks that they 'might want to like eat up a bit more and stuff like that' (School A). Kerry and Rosalyn talk about their own experience and define themselves as 'born big' and 'born chubby' respectively but question whether family resemblances in body shape more generally are related to family eating practices. Kerry's opening phrase is clearly in the same tone as Michael's assertion:

> Kerry: I'm healthy but I'm not thin [...] it just depends how you're born so I were born big and some people might be born small.
>
> Rosalyn: I were born chubby!
>
> [...]

> Kerry: It depends what your parents are like 'cos, like when they're a bit of a, 'cos when a baby's born they'll say to the parents, 'Oh it looks right like you'!
>
> Rosalyn: I'm not being mean but Alan's mum and dad they're like fat so I think it's the way they're born and sometimes it's not. [...] Kids can be born thin but they can grow up to be big because they copy their parents.
>
> Kerry and Rosalyn, School A

Rosalyn's mother echoes her daughter's take on her body size and says that this is a subject that they have discussed together at home. Like Kerry and Rosalyn, she also weighs up the competing ideas of family bodies and family eating practices:

> Erm she is actually, she's quite chunky Rosalyn but I'm quite chunky myself but I think erm, I think there's always a bit of peer pressure at school anyway. 'Cos Rosalyn, Rosalyn's come home a few times and said 'Oh some of my friends' or 'So and so said that I'm fat' but it's like I said 'You're not fat Rosalyn because you don't eat fatty things, you're not fat you're just unfortunately, you're just built that way, you exercise, you go to school', more often than not erm we tend to walk to school [...] and like I say we take dog out plenty so, so she's not, she's not fat because she overeats, that's what I'm trying to say.
>
> Rosalyn's mother, School B

5.3.2. The interrelationship between food, exercise and the body

Just as Rosalyn's mother highlights the importance of exercise as a mediator between food and the body, many of the children at school A talked about the importance of food as a fuel for exercise. Although some children talked about this at School B it was not a salient theme. Many of the boys (and some of the girls) at school A were keen sportspeople and took their participation in sport very seriously as alluded to in the section 5.2.1. They perceived a clear link between eating healthily and succeeding in sport so sport became an important motivator for eating well. Jacob, for example, talks about the link between his family's participation in sport and what they eat:

> I think my dad cares more about what he eats than my mum because he does a lot of sport so. I think that's why we eat quite healthily as well too because we do so much sport.
>
> Jacob, School A

He goes on to talk about skiing holidays where he and his family eat 'really healthily' in order to be able to perform well on the slopes. In a similar vein, boys at School A thought that professional sportspeople needed to eat particularly healthily:

> Yeah 'cos like footballers they need like, they're on a special diet like they've got to eat healthily and they're not allowed to drink so much alcohol and stuff like that [...] to keep healthy otherwise they won't be fit enough for football.
>
> Michael, School A

They also talked about eating specific foods themselves for optimum sports performance:

> Fred: I always have a football match on a Sunday morning so I always have loads of healthy stuff on like Saturday night.
>
> [...]
>
> Bradley: There are these mixes where you can have like pasta and like some, 'cos pasta's good for you-
>
> Fred: 'Cos it's got a lot of carbs in it.
>
> Bradley: Yeah and you can have, and my mum makes it where you put like vegetables and meat in it so it's like five a day erm, you've got meat in it. And I have it before training.
>
> Bradley and Fred, School A

So for many of the children at School A eating healthily was portrayed as an integral aspect of performing well at their chosen sport. The children appeared keen to be seen as sporty people who looked after their bodies by exercising and eating well. They took their sports seriously and therefore also their eating practices. In relation to sport, they conveyed a sophisticated, scientific understanding of how food could help them to succeed in sport.

As Fred's reference to 'carbs' here suggests, many of the children at School A articulated an awareness of fast and slow release sources of energy and thought that different types of exercise required different sources of energy. Katherine, for example, describes the importance of slow-release energy when she goes swimming:

> Ali: Bananas give you energy.
>
> Katherine: They disperse it, they disperse it really slowly [...] Well, if you have loads of sweets and crisps they disperse energy, you know, really quickly and then it'll go really quickly. Like if I went to my swimming and just had a bag of crisps then I would just be exhausted

> because, because I mean it's an energy boost for a short time, around five minutes only. But I mean like bananas and fruit and things like that are supposed to disperse slowly.
>
> Katherine and Ali, School A

Similarly, Michael describes when fast release energy would be useful:

> Well like if you need energy for a quick period of time like say you were just having like a sprint erm race and stuff then before you can have like a couple of chocolate bars to give you lots of energy.
>
> Michael, School A

As alluded to earlier in the chapter, many children rationalised their intake of sweet foods, drinks and crisps (the kinds of foods that they knew were generally perceived to be unhealthy) with reference to energy for exercise. In doing so, they critiqued popular and school-based messages that these were 'bad' foods. Stephanie's narrative was typical:

> [...] I swim for about forty-five minutes and afterwards I do actually have, I have a fruit shoot and maybe a bar of chocolate [...] but that's because, like I said before, I really need that for energy after doing that [...] plus I might also have, but not as well, sometimes I might have a bag of crisps. My mum says that's good because they've got salt in them and they help, you know, after doing a lot of exercise salt is very good for you. But if you do loads and loads of exercise and then eat really, really unhealthily it does, it does matter because it won't do your body any good because you need a balanced diet.

Similarly, Katherine justifies her alternative pudding motto on the basis that she frequently swims at a high level:

> Katherine: My motto for lunch and dinner is 'No meal is complete without a pudding'. I love my puddings.
>
> Hannah: And when did you start that motto?
>
> Katherine: Well I've really always liked puddings and I only don't have them if I'm ill [...] Unless I'm not hungry but I usually am hungry 'cos I usually do well, I do lots of swimming like four times a week like hard swimming 'cos I'm in a team, it's Junior Olympics 1, 2.
>
> Katherine, School A

However, this sophisticated understanding of different energy sources was not confined to those children who perceived themselves to be sporty. Sam, for example, quite in contrast to many of the boys at his school, defines himself as an 'indoors person' but perceives that a 'sugar rush' can help him at football. Like Tom in the

previous section, Sam also turns the idea of 'junk' food on its head as he asserts that he needs it for energy for sport:

> Sam: I do it [play football] once on a Tuesday, twice on our football day, which is today and tomorrow and once on a Saturday and also I've got, erm my mum and dad are always telling me to go outside and when I come in they tell me I have to have fruit and I think it's unfair cos I need my junk food.
>
> Hannah: Why do you need your junk food do you reckon, Sam?
>
> Sam: Sugar rush [...] I'm like Diary of a Wimpy kid. Erm it's a book by Geoff Kinney [...] Yes and he, really he's an indoor person - he's master at video games, same as me [...]
>
> Sam, School A

Many of the boys at both schools talked about drinking energy drinks when participating in sport. They acknowledged that these drinks were very sugary and therefore bad for their teeth but justified them on the basis that they were designed for exercise. Fred and Jake's narrative was typical:

> Fred: Well yeah when I, yeah I don't drink like Lucozade usually but when I do football I take Lucozade with me.
>
> Jake: Yeah when I go to athletics I take it.
>
> Fred and Jake, School A

Indeed, children often talked about sports coaches or parents encouraging them to drink the energy drinks when participating in sport and in this way emphasised that their practice was condoned or even encouraged by adults. Tom's narrative, however, is interesting here. In the context of describing how his father buys him energy drinks when he takes part in football tournaments, he is keen to emphasise that the apple-flavoured one he buys is not as unhealthy as some others:

> Well I got these; they got these Morrisons home-made energy drinks. [...] It's like, it's like, it ant got no like acid to get your teeth out but it's nice it gives you energy.
>
> Tom, School A

Here then, although like the other children he justifies the high sugar intake with reference to exercise, he is still influenced by other health messages like acid eroding teeth. One child, Bob, also critiqued television messages about the utility of drinks like Lucozade for sport:

> Yeah I think water's good for you and like Lucozade things they've got lots of sugar in them and they've got lots of, they've got like loads of

> really sugary stuff and like so, and on telly I just see adverts for like Powerade and stuff and it says 'hydrates better than water' even though it's probably not as good for you as water.
>
> Bob, School A

While children emphasised the interrelationship between food, exercise and the body, they were keen to highlight that they did not think that exercise alone could mitigate an unhealthy diet. Nick's comment depicts this well:

> If you eat loads of unhealthy stuff you'd have to do loads and loads and loads of exercise. But even if you do loads and loads and loads of exercise it doesn't work, it doesn't wear off all the fat that's inside your stomach.
>
> Nick, School A

Such comments were met with murmurs of assents and nods from their friends. Children also narrated family stories to illustrate this:

> My mum says she's really fat, she's not, she's just got a running machine, she's on it every day, it doesn't make any difference I don't think unless you exercise so much like running machines and stuff. I think that the key to it is erm, don't erm, exercising keeps you healthy but it won't really burn off much calories so what you need to do is to eat healthily and stop eating chocolate so you won't have to burn the calories.
>
> Aaron, School A

A number of the boys from School B also talked about the need to stay fit and healthy in order to work in particular jobs, like the army or as a security guard. Tom says: ''cos when you're like, if you're like a security guard for a park or something if you're fatter then you can't run' (School B).

5.3.3. Nourishing the body over the lifecourse

Children's emphasis on exercise as an important mediator in the relationship between food and health also figured in their discussion of changing nutritional needs over the lifecourse. Children at both schools thought that people would have different nutritional requirements at different stages in their lives and offered various reasons for this.

A number of children referred to the specific nutritional requirements and particular vulnerability of babies and toddlers. The importance of milk for nourishing babies was a recurring theme. Even Bob, though keen to emphasise that most people would benefit from reducing their milk intake, concedes that milk is good for babies. Eating too many salty or sweet foods was thought to be particularly dangerous for babies. Louise, for example, tells a family story of her cousin's baby who ate too much chocolate:

> [...] like my [...] cousin she's, yeah she's twenty-one [...] she's had a baby called erm Jo and Jo ate too much chocolate because erm she gave him a bag of chocolate coins and he ate em all and there's twenty in a pack, erm he ate em all and now he's in hospital.
>
> Louise, School B

With regards to infants and children more generally, children emphasised the importance of nourishing growing bodies. Indeed, as previously referred to, optimum growth was portrayed as one of the main effects of and motivations for eating healthily in childhood. References to their own growing bodies occurred frequently in the children's accounts. Emma, for example, justifies snacking in between meals and her large appetite more generally with reference to a growth spurt, which she is currently experiencing:

> Ava: I don't think we need snacks in between meals unless we're really, really hungry.
>
> Emma: Ahem!
>
> Ava: What?
>
> Emma: I have snacks between meals but that's, that's because I'm on a growth spurt at the moment. [Ava laughs]. No, I ate two sandwiches, two pieces of fruit, my mum's sandwich, all my dad's crisps and a strawberry milkshake!
>
> Ava and Emma, School A

Ava and Emma both go on to describe what they and their parents believe to be the specific nutritional requirements of their growing bodies:

> Ava: I have to drink milk at breakfast; I'm not allowed to leave it.
>
> Emma: I have pineapple.
>
> Hannah: Why do you think you have to have it Ava?
>
> Ava: Because my dad says I need to grow.

> Emma: I have, erm, I usually have growth smoothies, which [...] where it's just crushed fruit, it's like squeezing an orange, crushing a pineapple and making it, taking juice out of them.
>
> Hannah: And why is it, who calls them growth smoothies?
>
> Emma: I call them growth smoothies [...] They're actually called Innocent Smoothies but I call them growth smoothies because every time I drink one I usually get, I get growing pains in the school, don't I, Ava? [both giggle]. Usually in my ankles but they can be in my shoulder.
>
> Ava and Emma, School A

As Emma's narrative suggests, children were acutely aware of their changing and growing bodies. For some children, this appeared to be quite disconcerting and they found it difficult to make sense of their 'new bodies' in relation to what they had been eating, again challenging the apparently straightforward link between food intake and body shape and size. Stephanie's account is particularly illuminating in this respect:

> Stephanie: Yeah and I used to be light as a feather and now I'm really, well I'm not exactly really heavy but all my friends who try and pick me up they go 'Right, you're really heavy now' but I don't know why that is, because my diet hasn't really changed very much it's just like...
>
> Lilly: Stephanie, it's probably how you grow.
>
> Lizzy: Yeah you've just grown.
>
> Lilly: 'Cos when you grow you get taller and then your body starts to change and you get heavier as you grow.
>
> [...]
>
> Stephanie: I know it's just suddenly, suddenly I've gone from three stones to five stones and I, I'm literally saying that I can't remember being four stones at all [...] so I really did have a growth spurt [...] I'm like well, why did I do that? You know, like 'ooh that's really weird'.
>
> Stephanie, Lilly and Lizzy, School A

Parents also made frequent references to the nutritional needs of growing bodies and particularly why, sometimes, they and their children might eat differently. Nick's mother, for example, explains her decision to cook meat for her son even though she is a vegetarian:

> And erm I mean what I do, because I think, in terms of his age and he's growing and things like that, it's not as if I'm imposing my view

> on what I feel healthier doing but erm so we'll just sort of, I'll get chicken for him and things like that sort of thing [...]
>
> Nick's mother, School A

Similarly, both Rosalyn and her mother talk about having different milk for different family members. The parents have semi-skimmed while the children have full-fat milk. Rosalyn's mother explains her rationale and her estimation of Rosalyn's interpretation:

> [...] She knows that some yoghurts are more fattening than others. 'Cos she'll say, 'which ones?' 'cos sometimes she'll say 'Are these my yoghurts in here or are they your yoghurts?' and I'll say 'No they're anybody's yoghurts'. I tend to try and buy Rosalyn the yoghurts that are made with full fat milk, obviously because they're better for her bones and things like that. I don't like her having anything what's obviously too low in fat because I think sometimes it can be damaging in children. I don't know whether that's right or not. But I just tend to think, if it's too low, low fat then they're not getting enough calories. Erm whereas I do tend to buy her full fat and she does still have full fat milk [...] erm but I think that's just from a point of view where I want her to have strong bones and get enough calcium and things like that so.
>
> Rosalyn's mother, School B

Like Rosalyn's mother, children and parents at both schools highlighted contrasts in the perceived nutritional needs of children and adults. In particular, children thought that adults might need to pay careful attention to what they ate as they would not be using energy to fuel growth and, as alluded to earlier in their discussions of the negative effects of eating unhealthily in adulthood, this meant that adults were more susceptible to putting on excess weight:

> Ava: [...] when you're like nineteen and you're really, really overweight it's not easy to get thin again when you're an adult 'cos you've stopped growing and it's not easy to get thin.
>
> Emma: You'll have to go on a diet for a long time.
>
> Ava and Emma, School A

Children also thought that adults should watch their food intake carefully as they were likely to be much less active than children and thus expend less energy on a day-to-day basis. Kerry's comment was typical:

> Because when they get older they don't think they have to eat a lot healthier because they're not doing as much stuff. But they do, because they're usually just sitting down when they're older but if

> you get older and you're not doing a lot of stuff you have to eat healthier than little kids because little kids are running about a lot.
>
> Kerry, School B

They provided examples from their own personal experience to support these ideas. Olivia, for instance, demonstrates a keen awareness of her mother's situation:

> One of the other reasons why my mum doesn't like to eat lots of sweets and sugary stuff is because she knows she's not gonna be running around all day like me and my brother do at school so she doesn't need to eat all the sugary stuff, she just needs to eat stuff that's good for her 'cos she's not gonna burn it off, burn all the calories off.
>
> Olivia, School A

The quote perhaps also reflects the nature of food-related conversations in some homes. Here Olivia and her mother seem to have discussed the issue of variation in energy requirements with activity levels and this is used to rationalise eating habits. Such family discussions about the relationship between food and health were much more frequently alluded to by children from School A.

5.3.4. When bodies have different needs: health conditions and food allergies

Children from both schools had a strong sense that individuals with particular health conditions might have different nutritional requirements and might need to be particularly careful about what they ate. References to food allergies occurred very regularly in children's accounts of what it means to eat healthily. Nearly all children talked about knowing someone with a food allergy or having an allergy themselves. They emphasised that although foods like nuts and different fruits were generally healthy for most people they could be potentially very dangerous for people with allergies:

> Fred: Yeah it's important to know what you're eating when you've got allergies. It's like Harry he's got a lot of allergies and he needs to read the wrapper of whatever he's eating.
>
> Bradley: Any nuts.
>
> Fred: Yeah, yeah I had to make, we had to bring snacks into school for Castlebridge [a residential school trip] and I didn't, my mum made sure that there weren't any nuts in. There weren't.
>
> Fred and Bradley, School A

Children often made sense of their school's rules about what food they could bring in, their 'healthy eating' policy, in relation to protecting people with allergies:

> Lily: We're not allowed to bring buns in just in case erm...
>
> Stephanie: Nut allergies.
>
> Lily and Stephanie, School A

Children told many stories about food allergies and catering for people's individual needs was portrayed as 'part and parcel' of everyday food interactions. Ava, for example, describes the challenge of catering for multiple allergies:

> Yeah and one of my mum's husband's friends, well it was her husband, they got divorced, he divorced his wife, well she, he can't eat flour and I don't think he can eat gluten so we had a cake without flour and it had almonds in it instead and my sister's allergic to nuts so she ate some, she ate one mouthful and then she had the cake snatched away from her because it had almonds in it!
>
> Ava, School A

Similarly, Ava's father talks about making sure to check for allergies when the children have friends round for tea. In this way, paying attention to food allergies was portrayed as an important and normalised aspect of ensuring people's health was not compromised both at school and at home. The salience of food allergies in children's everyday lives perhaps also explains some rather confused food allergy narratives, in which children conflated a dislike for particular foods with an allergic reaction:

> Vanessa: Yeah I'm not allowed to eat sprouts 'cos I'm allergic to them!
>
> Hannah: Oh right, what happens if you eat them?
>
> Vanessa: I'll get an infection and I'll start getting loads of spots on my arms [...] erm 'cos I'm allergic to plums 'cos I hate them.
>
> Vanessa, School B

Many of the children talked about the specific needs of people with diabetes and drew upon a variety of sources to inform their understanding. A recurring idea was that for some diabetics eating sugar was necessary for healthy functioning and children employed this reasoning to challenge the more widespread idea that sugar is 'bad' or unhealthy. A number of the children, in different interview groups, at School B described a scene in the film, 'Mall Cop', where a security guard with diabetes is trying to catch some 'bad guys':

> He felt, erm, it started, he sat down on this chair and he started feeling all like sick and before, at the start of the film it told you about it and said that he's got a low sugar level sometimes so he had to have erm sweets and candy and he found this right dirty lollipop on floor and he had to eat it so then he like got up and felt like you know all giddy and trying, knowing what he needed to do and like catching bad guys.
>
> Rosalyn, School B

Children from School A also articulated the idea that sugar was vital for people with diabetes and drew mainly upon their observations of a classmate with diabetes:

> Ava: Yeah 'cos Lily, if you've noticed, Lily needs to have snacks and she eats a lot, she eats sweets and chocolate 'cos she needs more sugar.
>
> Emma: 'Cos when she eats sugar it just goes really quickly so instead, you know, most people have a healthy breakfast. Instead hers is a bit of cereal and then a chocolate bar, because she needs energy.
>
> Ava and Emma, School A

The way in which Emma contrasts a 'healthy breakfast' with what Lily eats highlights her awareness that what she believes Lily 'needs' goes against the grain of what is typically deemed to be healthy for the general population. In the context of talking about school food rules, Lily herself highlights that she is allowed things that are forbidden for other children in the school context:

> Yeah I have sugary things so erm 'cos I've got diabetes so when I'm not feeling very well or something then I have a little bit of chocolate or some Lucozade or something.
>
> Lily, School A

Similarly, Stephanie justifies her need for chocolate on the basis of her health conditions and in doing so challenges the idea that chocolate is not healthy for her. Her phrase 'get over things' perhaps also hints that chocolate is a way of coping emotionally with her health conditions as well as providing a source of energy:

> If I need a bit of energy 'cos and I'm one of those people, I've lots of different medical reasons, and I think chocolate is one of my ways to get over things.
>
> Stephanie, School A

A family history of diabetes was another key source of understanding for a number of children, particularly at School B. However, in these contexts, children emphasised

that family members with diabetes had to eat less salt and less sugar than other people. Lee, for example, talks about how diabetes affects his grandmother and how she needs to avoid sugar and sweets:

> When you're diabetic you're not allowed [sugar and sweets] [...] only a few little bits of chocolate and you're not allowed no salt. My nannan's diabetic [...] and she's been saying all time when she's had like chocolate 'Just be quiet now, I've got a headache' and all that and 'I feel dizzy'.
>
> Lee, School B

Cheryl describes the effect of diabetes on her grandfather and his particular nutritional needs in similar terms: 'He can just pass out, stuff like that [...] he gets right poorly and he can't do stuff'. She acknowledges that she does not understand why and how diabetes affects her grandfather in this way and highlights that his body's response to food is not like that of other people's:

> And, erm, he's so thin, he like can't get fat with what he eats [...] 'cos he's too poorly and has to have like ten tablets a day [...] and this injection before his tea.
>
> Cheryl, School B

A minority of children articulated an understanding of the different types of diabetes and in this way emphasised the different responses to or consequences of different foods for different people:

> Erm, I've heard, because sometimes when I'm just sitting down for a bit I'll see on telly, erm I'll hear on telly, it says 'If you eat too much sweets you will get diabetes, if you eat too much or you're just born with it'.
>
> Kerry, School B

This juxtaposition in Kerry's narrative of type 1 diabetes, which people are born with, and type 2 diabetes, which is intimately linked to eating practices, also closely relates to children's debate about bodies we are born with versus the bodies we help to create by what we eat.

A number of children from both schools also talked about actively trying to change their body shape but said that they had had little success in doing so thus intimating again that the relationship between food and the body is not always straightforward. This was most frequently related to children defining themselves as too thin.

Elizabeth, for example, describes her efforts to gain weight by changing what she eats:

> Yeah I like to eat too much fat because I wanna get fatter! [whines] My mummy calls me 'skinny ribs' [funny voice] and I don't like it! [funny voice] And they also say I'm 'skin and bones'.
>
> Elizabeth, School B

Elizabeth's phrase 'too much fat' highlights the incongruence between what she thinks is generally healthy and what she believes her body needs. Elizabeth's mother is very aware of how Elizabeth has taken on board comments about her shape and her belief that she needs to eat more fat. She is keen, however, to emphasise to Elizabeth that there are different types of fat:

> She always says she wants to eat something fat because she's skinny [laughs] [...] but you see partly that's me as well because I've said, 'You need to grow a bum to hold your jeans up!' [laughs] Because everything falls off her and she's got no waist! [laughs] I keep saying 'You need to get some fat on your bum to hold your jeans up' so she thinks that sometimes she needs to eat fat! [laughs] [...] But it's like explaining, well, there's your good fats and your bad fats and it's like that.
>
> Elizabeth's mother, School B

Tom takes a similar view to Elizabeth and concedes that he wants to put on weight to stop his mother worrying. He describes potentially very serious consequences feared by his mother: ‘She's worried I'm gonna die or 'cos like they might take me to the doctors and then they'll take me away’ (School B). Also like Elizabeth, he turns the idea that typically unhealthy foods are unhealthy for him on its head. He refers to advice he has received from health professionals during visits to an 'eating clinic'. The health professionals have told him that 'junk food' is vital sustenance for his body:

> 'Cos I might die apart from the junk that I eat keeps me alive [...] like chocolate and stuff like that but they keep me alive that's what they said.
>
> Tom, School B

He goes on to talk about world war two soldiers for whom chocolate was a vital source of energy ''cos they didn't have no proper food [...] they had to be rationing' and in this way seems to be relating his story to theirs.

In a similar vein, Aaron at school A highlights that although he looks at the calories on the back of food packets he realises that for him the popular instruction to think

about reducing calories is not applicable. He describes how he has had to take growth hormones and how he persuaded his mother to let him take packed lunches to school so that he could eat more to fuel growth. In the context of describing a playground take on the card game 'Top Trumps', created by him and his friends, in which they swap foods according to the amounts of ingredients like salt, sugar and fat or calories (the person with the higher number of calories in their packet of crisps, for example, has to give some crisps to their friend with fewer calories in their snack) he emphasises:

> Aaron: But I don't care.
>
> Hannah: You're not bothered about the calories.
>
> Aaron: No, my mum says I have to eat loads more 'cos I'm way too thin. And I'm underweight as well.
>
> Aaron, School A

However, although like Elizabeth and Tom, Aaron critiques the relevance of popular message that people should reduce their calorie intake, he describes how he wants to get 'bigger and stronger' rather than 'fatter'. He wants to put on weight by eating healthily rather than by resorting to foods typically considered unhealthy like fat and chocolate. In this way, he takes on board salient messages about eating healthily and relates them to his specific situation:

> Aaron: I want to be healthy; I don't want to be thinner. I want to eat more to get bigger but not eat more chocolates. Because people say that you get bigger by eating chocolates but I mean like fatter, I don't want to get fatter, I want to be bigger and stronger.
>
> Hannah: Yep and how do you think you can do that?
>
> Aaron: Just to eat like plenty and like a balance, a mixture of things.
>
> Aaron, School A

Other children talked about a perceived discrepancy between people's eating practices and their body shapes, which appeared to make nonsense of the healthy eating messages with which they had interacted. A number of children referred to someone they knew who seemed to contradict their understanding of how food works in the body. Hermione's story illustrates this well:

> Or some people they like eat, like my cousin; he eats loads and loads and loads and loads and loads of sweets. [...] And like loads of cake, hot chocolate, stuff like that but he dunt get fat, he's really thin, he's about that thin! [gestures]

Hermione, School B

Elizabeth recognises the similarity between Hermione's cousin and herself as she says:

> Oh he's like me! I can eat all day! [...] My mum says 'Nope you're not having that, it's mine!' [...] because I've been eating near enough my whole life and I've never got any bigger or fatter!
>
> Elizabeth, School B

5.3.5. Section summary

Children (particularly children from School A) highlighted an incongruity between universal healthy eating messages and what they perceived to be the needs of individual bodies. They debated the extent to which body shapes and sizes are related to the bodies with which individuals are born or their eating practices. Children also drew attention to the interrelationships between food, exercise and the body and largely referred to family discussions and advertising to inform their ideas. In line with their emphasis on the temporal aspects of how food affects the body, children highlighted that individuals have different nutritional needs at different stages of their lifecourse. Children demonstrated a strong sense that individuals with particular health conditions, food allergies or particular body shapes or sizes might have different nutritional needs.

5.4. Chapter conclusion

As the narratives explored demonstrate, children interact with a variety of different, sometimes competing messages, from a number of sources including school-based messages, media, advertising and family health biographies. Children work with these messages and develop meaning by drawing upon their own experiences and rationalising what they eat. They engage with categorical constructions of healthy and unhealthy food but also demonstrate more nuanced understandings, particularly in relation to the idea of balance. They also highlight the simplistic nature of some health messages, which do not adequately address the how and why of healthy eating. They are left confused and have to work out their own ways of making sense of this information. They do this by evaluating these messages in relation to their own experience and by their observation of their own and others' bodies. They try to

piece together snippets of information and make connections between isolated 'facts'. Children can outline both positive benefits of eating healthily and negative effects of eating unhealthily. However, they are much more confident in discussing the latter and demonstrate a more detailed understanding of how the effects of eating unhealthily may manifest itself in the body at different stages of the lifecourse. Children critique universal healthy eating messages, which they perceive to sometimes contradict with the needs of individual bodies. They debate the extent to which food practices translate directly into bodily effects, emphasise the importance of exercise as a mediator between food and the body, highlight the changing needs of the body over the lifecourse and demonstrate a sensitive awareness of the differing needs of people with specific health conditions and food allergies. Children from the affluent school, however, have much more to say, draw upon a wider range of sources in formulating their ideas and display a greater degree of confidence in critiquing received wisdom.

6. Discussion

The purpose of this chapter is to situate my findings within the wider literature relating to children's relationships with food, to explore implications for public health policy and to identify future research priorities. In the first section, I provide a brief recap of the thesis aims and a short overview of the current public health policy context (and how it has changed since the inception of this study). In the second section, I discuss the *key* findings from my study. I reflect upon the ways in which my study both coheres and contrasts with previous research and also how it contributes new insights. In the third section, I evaluate the strengths and limitations of the study before considering its implications for policy and practice in the fourth section and priorities for future research in the fifth section.

6.1. Study aims and context

The aims of this study were to explore with children and parents living in socio-economically contrasting circumstances:

1. Children's experience and perceptions of food in their daily lives
2. Children's understandings of the relationship between food and health.

The study was carried out in the context of intense popular and policy concern with high levels of childhood obesity in the UK and significant socio-economic inequalities in overweight/obesity distribution. Key policy initiatives directed towards improving children's diets focussed on schools and families. The most recent data from the National Child Measurement Programme (Ridler *et al.,* 2013), which looks at changes in children's BMI between 2006/07 and 2011/12, shows that, for children in Year 6, overall obesity prevalence has seen 'a statistically significant increase of 0.32% per year' (p.7). The data also demonstrate widening socio-economic inequalities in the prevalence of obesity within this age group.

Despite a changing political context, including significantly reduced funding and a focus on public responsibility for health rather than top-down, government intervention, a raft of key policy initiatives relate to the government's declared aim for England to cooperatively achieve a 'sustained downward trend in the level of

excess weight in children by 2020' (DH, 2011b, p.6). These include policies and strategies related to population health in general (the Public Health Responsibility Deal; Changing Behaviour, Improving Outcomes: A New Social Marketing Strategy for Public Health; the Public Health Outcomes Framework, the Healthy Child Programme; Improving Children and Young People's Health Outcomes; Achieving Equity and Excellence for Children) and also those focussed more specifically towards obesity (Healthy Lives, Healthy People: A Call to Action on Obesity; NICE Guidance on Working with Local Communities to prevent obesity; The School Food Plan; The National Child Measurement Programme; a new Change4Life strategy and renewal of the Start4Life programme). The policies share a common focus on guiding people towards healthy behaviours rather than prohibiting unhealthy practices and tend to work within a voluntary rather than legislative context (Jones *et al*., 2010).

6.2. Key findings

In this section, I outline the key findings, which form the basis of the discussion chapter. These findings offer an important contribution to the current evidence base and are highly pertinent to the contemporary policy context. There are six key findings:

1. Children have a clear sense of their family's food-related values and contrast these with those of other families
2. Children view families as the locus for enduring health-relevant behaviours
3. Children portray themselves as active participants in family food negotiations
4. Children demonstrate a nuanced understanding of family financial resources and their impact upon eating healthily
5. Children interact with, develop and critique a variety of messages in making sense of the relationship between food and health
6. Children's narratives reveal important socio-economically patterned inequalities in access to and opportunities to make sense of health information.

Findings one to three relate to aim one of the thesis as identified above. Finding four spans both aim one and aim two. Findings five and six relate to aim two. However, the findings are to a great extent inter-related and help to shed light on one another.

6.2.1. Children have a clear sense of their family's family food-related values and contrast these with those of other families

Throughout their narratives, children demonstrated that they were acutely aware of their family's food values and contrasted these with those of other families. That children consistently emphasised family rather than individual food-related values and aspirations contrasts sharply with contemporary discourses of individual responsibility for health but coheres with recent thinking in families and relationships research, which emphasises the continuing importance of the 'idea of family' at both an individual and society level. Ribbens McCarthy *et al.* (2003) summarise this neatly:

> The idea of family is still very strong. It constitutes a key concept by which people understand their lives, and a significant and powerful ideal at the level of both personal lives and public debate (p.27).

Children's family food narratives also had clear moral overtones. In keeping with this, they were consistently keen to show that their families *strived* to eat healthily even if they acknowledged that healthy *aspirations* did not always translate seamlessly into healthy *practices*. This builds upon a wealth of research which shows that adults are highly sensitive to what Popay *et al.* (2003) terms the 'moral imperative' (p. 3) to demonstrate their efforts to engage in healthy behaviours. However, there is much less empirical research demonstrating how children actively enter into such a moral discourse when discussing food and health (for an exception, see Dryden *et al.*, 2009).

Integral to their engagement in this moral discourse, children's accounts of 'doing food' well as a family seemed to be an important way of showing that they 'did family' well. Again this is consistent with recent conceptualisations of how, in contemporary society, individuals describe their family. Morgan (2011), for example, argues that much talk about family and family practices 'inevitably deploy(s) the language of morality' as family members are acutely aware of the need to conform to cultural expectations of what it is to be a 'good' family (p.167). In a context of intense public and policy focus on childhood obesity, where both parents and children are positioned as potential problems but also potential solutions, children's desire to demonstrate that they are part of a 'good' family through their descriptions of family food-related values is unsurprising. In his earlier work, Morgan (1996) explains how

the apparently mundane practices of 'doing family' (such as preparing and eating food) form part of 'wider systems of meaning':

> Practices are often little fragments of life which are part of the normal taken-for-granted existence of practitioners. Their significance derives from their location in wider systems of meaning (Morgan, 1996, p.190).

This suggests that children's emphasis on positive everyday food-related values is very much part of their understanding of what is important to their families and, indeed, what it is necessary to convey as important. This idea of conveying a positive and commendable picture of family life through their food narratives can be helpfully conceptualised through Finch's (2007) notion of 'family display'. Building upon Morgan's family practices approach and indeed drawing upon his notion of 'wider systems of meaning', Finch argues that:

> Family practices need to be linked in a sufficiently clear way with the 'wider systems of meaning' [...] to enable them to be fully understood as such [...] 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).

The concept of 'display' can also help to make sense of children's contrasting and apparently contradictory emphasis on the importance their family attached to having treats at home (or indeed at a restaurant or while on holiday). For the children, talking about regular treat nights (like sitting eating pizza in front of the television) offered another way of conveying that their family ‘did family’ well. In contrast to their emphasis on their family's aspiration to eat plenty of fruit and vegetables, which was extolled for its health virtues, treats were discussed not primarily in terms of being healthy (although children clearly thought that they could be incorporated into a healthy lifestyle) but rather as an integral aspect of doing family. Related to this, Finch alludes to her earlier work (Finch and Mason, 1993) on negotiating kin relationships, which showed that a key priority in presenting families to an external audience was to communicate the message ‘this is my family and it works’ (p.70) and this finding clearly resonates with and helps to shed light on the children's accounts of family food in this study.

Children's awareness of their family food-related values and practices was made explicit in their contrasting of their own family's ways of doing food with those of other families. Again the concept of display is useful here. Through condemning what they perceived to be the negative health behaviours of other families (for example, parents bringing sweets to the school gate and catering for different tastes at the evening meal) children clearly conveyed the message (displayed) that this was not the way that things were done in their family. Parents also highlighted differences between their and other families' food-related values and practices. Frankel (2012) alludes to the importance of assessing similarity with and difference from others in making sense of oneself. To explain this further, he cites Cohen (1986) who claims that marking out 'our sense of similarity to and difference from other people' is made possible by our sense of belonging 'whether to a cultural or smaller unit, such as household' (p.1). Caplan (1997) sums this up very helpfully in relation to food as she describes how we use it 'to express significant relationships' (p.25). This explanation has real resonance with this study and the importance of emphasising similarities and continuities *within* families as a way of confirming this experience of belonging will be further discussed in the next section.

Given the very limited body of research exploring children's perceptions of food in their daily lives, it is difficult to find other instances of children engaging in this setting up of contrasts between 'our' and 'other' families in relation to food practices. James and Curtis (2010), however, also drawing on the notion of display, provide a revealing pen portrait of Sheila, a mother who is at pains to display her own family's healthy practices by contrasting them with those of another family eating in close proximity in 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, like the children and parents in this study, Sheila is making sense of and displaying her own 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 obesity. They argue that narratives like that of Sheila must, therefore, be regarded 'as heightened forms of display and also as particular snapshots in time' (p.1175). This is clearly an important caveat for the study discussed here too, also carried out at a time of intense policy and popular focus on childhood obesity and family eating practices. The children, like Sheila, evidently recognised the importance of conveying their family's positive food-related values. However, as noted earlier, children (and parents) in this study did at times acknowledge the difficulties their families faced in sustaining healthy eating practices due, for example, to time or financial constraints. In this way, to a certain extent, their accounts also revealed the enduring difference between what Gillis (1997) has termed the families we 'live by' and the families we 'live with':

> Often fragmented and impermanent, [the families we live with] are much less reliable than the families we live by. The latter are never allowed to let us down. Constituted through myth, ritual and image they must be forever nurturing and protective, and we will go to any lengths to ensure that they are so, even it means mystifying the realities of family life (p.xv).

The interplay between family food morals and broader contemporary public health messages (in the context of popular and policy concern with childhood obesity) was indeed evident throughout children's and parents' narratives, perhaps most particularly in their emphasis on eating lots of fruit and vegetables, cohering with the Department of Health's '5 a day campaign'. This corroborates Frankel's (2012) assertion that morality is embedded in our 'everyday' lives as we interact with the social world around us and try to 'create' and 'shape' meanings (p.19) for ourselves. In relation to food more specifically, Warde (1997) argues that the symbolic meanings associated with food preparation and eating within families may be dynamic and adapted in response to the changing social world around us. In his documentary analysis of recipe books and advertising related to food preparation, for example, he notes that the value placed on preparing homemade meals evident in literature from the 1960s was no longer as apparent in the 1990s as advertisers became aware of increasing time pressures for women (p.138). However, although it was clear in this study that all participants interacted with broader discourses regarding, for example, high levels of obesity and the undesirability of becoming fat, socio-economic position appeared to be an important mediator of this relationship. Emphasising the importance of homemade food rather than pre-prepared or fast-

food and all family members eating the same (adult) food, for example, was largely confined to the narratives of the socio-economically advantaged children. This socio-economic patterning in attitudes towards food and eating practices is consistent with previous literature with adults (Calnan, 1990) and also recent work with young people (Backett-Milburn *et al.*, 2011).

It is important to note at this point, however, that children did not agree with everything their parents said nor indeed comply with all their wishes. Although they projected this idea of family and family values and aspirations, it was also clear from their accounts that families are never entirely consensual units; there are inevitably elements of contestation (Cheal, 2002). Children's positioning of themselves as actively participating in their family food negotiations (both in facilitating and resisting healthy eating) will be further discussed in section 6.2.3.

6.2.2. Children view families as the locus for enduring health-relevant behaviours

In keeping with their acute awareness of their family's food values, children emphasised the importance of families as the locus for enduring health-relevant behaviours. Their consistent underscoring of the pivotal role of families in the development of healthy eating (and other health-relevant) practices is consistent with a large body of research emphasising the importance of families in the establishment of children's health-related behaviours (Broderson *et al.*, 2007; Fuller, 2007; Lake *et al.*, 1997). Indeed, in relation to food specifically, parental behaviour has been consistently identified as having the greatest influence on children's eating practices (Curtis *et al.*, 2011b), particularly during infancy and early childhood (Saarilehto *et al.*, 2001) but also continuing into middle childhood and adolescence (Jefferson, 2005; Cooke, 2004; Birch and Davidson, 2001; Cashel, 2000). Children themselves have also identified the family as having the most significant role in their developing eating practices (Dixey *et al.*, 2001; Gibson *et al.*, 1998; Skinner *et al.*, 1998; Tilston *et al.*, 1991) and played down the importance of schools (Wills *et al.*, 2005; Ludwigsen and Sharma, 2004). However, much of this research predates the recent intense focus on schools as sites to provide for, regulate and teach children about eating healthily. One might have expected (indeed hoped) that this policy focus on schools as a vehicle for improving children's diets, and children's awareness

of their school's efforts to gain and maintain their status as a 'Healthy School' would have at least resulted in children in this study acknowledging that schools played an important role in helping them to develop healthy eating practices. Importantly then, this study shows that *despite* recent attempts to position schools as key public health sites, children's focus on the importance of families (and their downplaying of the role of schools) in developing health-relevant behaviours, is strong and enduring.

Children's emphasis on continuities in food and eating practices within and through generations of families was clearly in tune with their assertion that parents (rather than schools or indeed children themselves) should take ultimate responsibility for ensuring children eat healthily and this will be discussed further in section 6.2.3. Parents were portrayed as moral guides in relation to eating healthily and just as children were keen to contrast their own and other families' food moralities, they emphasised continuities in their family food practices as a way of demonstrating that they shared important similarities with and therefore *belonged* to their family. That children viewed eating and other health-relevant behaviours as inherently moral practices (as discussed earlier) is significant here. In his study of how children (aged 9-11) express moral agency, Frankel (2012) similarly found that parents are perceived to be the most effective providers of moral education in a more general sense. Frankel explains this by drawing upon the idea of 'mutual relationships'.

Mutual relationships may be defined as relationships in which parents can act in 'a knowledgeable and concerned way for their children' (p.6). Within the context of mutual relationships, children view their parents as knowing and caring for them well. This means that 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 do so (p.6). Frankel alludes to the work of Thompson and Holland (2002) who consider the notion of mutuality in terms of an 'ethic of reciprocity' which they connect to the authority of parents. They argue that it is through the establishment of a mutual relationship between parents and children that adult acts of power may be reinterpreted and redefined. It is within this context, for example, that even an act 'as forceful as smacking can be seen as legitimate and as a proper use of this authority' (p.143). This concept of mutual relationships is very useful in helping to make sense of why children consistently point to the family as the locus for the development of health-

relevant and importantly, morally-relevant, behaviours. It also coheres with other research regarding food in which children have noted that they are more likely to comply with the wishes of 'significant adults', that is adults with whom children are close, like a parent, or whom they value, like an athletics coach (Ross, 1995).

That children's family food narratives most frequently involved interactions between children and their mothers is also consistent with this notion of mutual relationships. Indeed, children in Frankel's (2012) study viewed mothers as the people who 'give the best advice' and Frankel argues convincingly that this is because mothers 'most strongly exemplified the notion of the 'mutual other'' (p.145). A mother's credentials were inextricably linked to children's perception of her as a carer; 'a role that was seen to develop and nurture similarity and thus offer belonging' (p. 145). This finding is also consistent with many studies which depict mothers' caring role in food provision (James *et al.*, 2009; DeVault, 1991; Charles and Kerr, 1988; Murcott, 1983) and those studies which have shown that mothers have the most significant influence on family food environments (Gosling *et al.*, 2008; Hood *et al.*, 2000; Oliveria *et al.*, 1992).

The relationship between parents, particularly mothers, and children contrasts strongly with the school context in which there is a very different relationship between teachers and students. Children generally spend less time with particular teachers than their parents and different power dynamics are at play so teachers and students do not generally enjoy mutual relationships. This makes it difficult for children to accept teachers as moral guides. Schools, in both this study and that of Frankel (2012), are described as arenas in which rules rather than relationships dominate. Children were very aware of their school's stance on eating healthily (even if they admitted that rules were not always backed up with action) and talked frequently about health *information* they had gleaned from school teaching but they emphasised that their *ideas* about and their *attitudes* towards food were primarily shaped by their families. Similarly, children emphasised that much of the important learning regarding healthy eating practices had taken place in the family context *before* children had even started school. This coheres with research with adults regarding perceptions of healthy eating, activity and prevention by Hesketh *et al.* (2005) in which there was a high degree of consensus amongst parents that

'behaviours are shaped early in life and [...] largely entrenched by the time children reach school age' (p.23). Adults in Devine *et al.*'s (1998) study similarly thought that *early* experiences with fruit and vegetables strongly shaped their *current* eating behaviours. The children in Frankel's (2012) study also thought that they 'already knew about right and wrong thanks to their parents' (p.158) before starting school. Schools then are clearly seen as secondary arenas for learning about morality and morally-laden subjects including health-relevant behaviours like eating. Indeed, consistent with Morgan's (2011) assertion that family practices may take place away from the home (p.9), children's narratives frequently revealed how family food values and practices were carried over into the school context. Children's focus on the importance of parents in this study contrasts with findings from research with adolescents in which parental influence is perceived as more marginal. In Sylow and Holm's (2009) study, for example, teenagers associated eating with autonomy, freedom from parental guidance, moving towards adulthood and belonging to new peer groups (cited in Bisogni *et al.,* 2012, p.65).

Children's emphasis on continuities in family food practices throughout the lifecourse and across multiple generations is also significant in relation to thinking about ways in which we might intervene to change (indeed improve) children's and families' eating practices. The way in which children located themselves and their practices firmly within both past and future family networks coheres very closely with recent calls in families and relationships research for a 'connectedness thesis', an antithesis to the individualisation thesis, which has been the subject of many critiques (Duncan and Smith, 2006; Brannen and Nilsen, 2005; Gross, 2005; Jamieson, 1998; Ribbens McCarthy *et al.*, 2003; Smart and Shipman, 2004; Crow, 2002; Lewis, 2001). Smart (2007) explains the rationale for a connectedness thesis by emphasising 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). This idea, reminiscent of Morgan's (1996) concept of 'wider systems of meaning' referred to in the previous section, also resonates with Weisner's (2002) focus on 'meaningfulness'. Weisner (2002) emphasises the importance of 'meaningfulness' to 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' (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. Children's narratives demonstrated that they did indeed recognise and engage with the 'meaningfulness' of their family food-related values and practices and also played their part in helping to sustain them (discussed further in section 6.2.3). Through emphasising their family's efforts to eat plenty of fruit and vegetables, for example, children laid claim to their family's aspiration to sustain a healthy lifestyle, which they understood to be important and meaningful for their family.

The way in which children described how the practices and values of their grandparents informed the present and, in turn, how present family practices and values would inform their own future families' ways of 'doing food' is in sharp contrast to assumptions that children think only about the here and now, particularly in relation to health. Children's views resonate very closely with Bengston *et al.*'s (2002) notion of 'linked lives', which sums up the ways in which individuals recognise 'interconnections and interrelationships' between past, present and future lives. Children's assertions that they would not smoke because their parents did not smoke, for example, locates them firmly within 'linked lives'. This finding echoes other recent in-depth qualitative studies exploring a variety of different family practices (Brannen *et al.*, 2004; Williams, 2004; Lewis, 2001; Silva and Smart 1999), which highlight the 'meanings attached to forms of exchange and connectedness' (meanings that tend not to be evident at national survey level) (Smart, 2007, p.15).

In relation to food specifically, Curtis *et al.* (2009) also found that children remarked on continuities in family food practices across generations and that their accounts 'position parents – and particularly mothers – as important mediators of inter-generationality' (p.83). The authors argue that noting continuities in family food practices (such as the home-cooking of traditional foods) helps to 'reflect and convey a domestic moral order across the generations' (p.83). Focussing on the role of grandparents in children's food meaning-making, the authors reflect that their research coheres with Brannen *et al.*'s (2000) finding that grandparents can provide 'a sense of symbolic importance to children - giving them a sense of continuity and

belongingness' (p.136). This allusion to 'belongingness' fits neatly with Cohen's (1986) idea that it is our experience of belonging which helps us to mark out our similarities from and differences to other people (p.1). In this way, it helps to draw together and highlight the interrelated nature of the findings from this study that children have a clear sense of their family's food values and that they locate the establishment of enduring health behaviours firmly within the family context. Disconfirming accounts, where children articulated a desire to depart from family practices or where they simply dismissed the imperative to eat healthily, were very rare.

The findings from this study also go further than that of Curtis *et al.* (2009) as children describe not only continuities in family food values and practices but also relate this to continuities in and linkages between other health-relevant behaviours, which they also see as established within families. Children's emphasis on the interrelationships between health-relevant behaviours is in tune with recent research from the King's Fund, which, using data from the Health Survey for England, show how lifestyle risk factors (smoking, excessive alcohol use, poor diet, and low levels of physical activity) often co-occur in the population (Buck and Frosini, 2012, p.1).

Children's emphasis on the importance of childhood as a critical period in which (un)healthy behaviours would develop and become established is perhaps unsurprising and coheres with other research exploring children's ideas about childhood (Mayall, 2001). Mayall (2001) reflects that 'a common and virtually universal theme is that childhood is a time for learning what you need to know for later life' (p.121) and in this way both the children in her and this study could be said to be drawing upon cultural constructions of what it is to be a child. Their ideas, to some extent, reflect the traditional view of children as 'sociological projects' in the study of child health (Christensen, 2004; Mayall, 1998) and indeed echo critiques of the dominant framework as portraying children as 'peculiarly malleable' and 'incomplete' (Lee, 2001, p.42). Similarly, Qvortrup *et al.*'s (1994) idea that children are constructed as 'human becomings' in contrast to adults who are viewed as 'human beings' resonates with children's accounts in this study. Children's own narratives portray children as 'unfinished' and in need of development and refinement (Lee, 2001). In this sense, it could be argued that, to a certain degree,

children's views cohere with the Change4Life campaign's assertion that parents are responsible for 'instigating healthier behaviours among their children that will serve them well as they grow up' (DH, 2008a). Frankel (2012), however, argues that 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's family food narratives in this study certainly attest to their view of themselves as active family participants rather than passive dupes and it is to this finding that I now turn.

6.2.3. Children portray themselves as active participants in family food negotiations

Throughout their accounts, children demonstrated their active engagement in family food negotiations. However, this active engagement played out differently not only between different families but also between different family members. Alanen's (2001b) concept of generationing can help to shed light on children's descriptions of how different generational relationships played out on a day-to-day basis. As noted at the outset of this study, Alanen (2001b) delineates the concept in the following terms:

> The notion of a generational structure or order refers to a complex set of social processes through which people become (are constructed as) 'children' while other people become (are constructed as) 'adults' (p.20).

In relation to family practices, James *et al.* (2009) helpfully highlight that the different ways in which both parents and children construct or understand 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). However, it is also important to recognise that parents' and children's ideas and understandings do not take shape in a vacuum. Zeiher (2001) points out that 'both children and adults carry society's patterns of childhood in their heads, though sometimes different interpretations of these' (p.38). Similarly, James (1993), reflecting on her own parenting experience, notes:

> I began to see how my children's childhood was being culturally defined. They were learning to be children through confronting and negotiating the definitions of childhood given to them by me, as their mother, by their father, their teachers, their grandparents and their friends; through the books they learnt to read, the television

> programmes they watched and the advertisements they enjoyed (p.19).

In the same vein, in her research, Mayall (2001) found that children's narratives demonstrated that they:

> [...] share understandings of their social situation - including their experience of the character of child-adult relations. [...] We can see how children describe and seem to accept normative accounts of the social status of childhood, how they act within it but also in tension with it (p.126).

However, children's engagement with normative accounts of childhood was often most clear when children described *other* children or children in general rather than themselves, for example, when reasoning that (other) children were irresponsible or unthinking in relation to eating healthily. Roos *et al.* (2002) also report that children talked about what they perceived to be 'culturally appropriate behaviour at different life stages' (p.15) and noted that 'typical children do not like vegetables and other healthy food' (p.15). In this study, although children articulated the idea that children are generally irresponsible or unthinking in relation to food this did not cohere with their own accounts of reflective practice and their thoughtful discussions in the interview context. In this way, children distinguished between children as a category and themselves as individuals.

Many children did, however, recount amusing stories of how they sometimes actively resisted their parents' attempts to ensure they ate healthily. Through these narratives, it was clear that children were very aware of and, to a certain extent, seemed to relish playing along with the idea that children are 'meant to' engage in acts of resistance. They described how they sneaked 'forbidden' food items into the trolley at the supermarket, climbed up to a high cupboard in the kitchen when no one was looking or pestered their parents for sweets and chocolate until they succumbed. Such narratives reflect a large body of research highlighted by Punch (2001, p.24) which depicts the ways in which children actively resist their parents (Punch 2001; Waksler, 1996; Hockey and James, 1993; Reynolds, 1991; Waksler 1991; Lukes, 1986). Montandon (2001), for example, describes a range of strategies employed by children, including 'submission, circumvention of parental dictates, wearing down parental resistance, vociferous defeat strategy, negotiation, argument, bargaining' (p.61). In relation to food more specifically, children's resistance to

healthy eating through pestering (Martens *et al.*, 2004; DH 2008d) and deviance, for example, feeding food to the dog or putting it into the bin (Ross, 1995) has also been noted previously. Mayall (2001) relates strategies of resistance such as this to the 'continuously negotiated' character of parent-child relationships in which 'children seek to acquire greater autonomy through resisting the boundaries, challenging parental edicts, seizing control' (p. 121).

Resistance, however, was only one aspect of the 'continually negotiated' character of parent-child relationships evident in children's food narratives. Frequently, children clearly distanced themselves from the stereotype of children purposefully resisting their parents as they described how they engaged in facilitating healthy eating both for themselves and other family members. Their narratives revealed a number of motivations for engaging in facilitating healthy eating (or, at least, for projecting images of themselves as doing so through the interview encounter). Very often, children talked about eating healthily in terms of helping their parents out or doing a good deed so that their parents did not have to nag or resort to bribery or simply because they knew it would please their parents. This resonates with Punch's (2001) research which found that children feel a strong sense of responsibility towards other family members. Indeed, Morgan (2011) asserts that 'as family participants, children engage in making relationships through emotion work' (p.168). In this way, although children described episodes of resistance (often with great glee and laughter), their narratives demonstrated that they were acutely aware of their parents' desires for them to eat healthily and often felt obliged to do so. They recognised that obeying their parents (and indeed supporting and sustaining family food values) was an integral aspect of building and maintaining positive family relationships.

Again Frankel's (2012) focus on the foundation of mutuality between children and parents can help to make sense of this as mutual relationships inevitably lead to a sense of commitment and responsibility among children and parents towards each other (although, he does acknowledge that this may be to varying degrees). Mayall (2001) also argues that children's active engagement in 'maintaining and constructing relationships' within the family by, for example, comforting parents and dealing with difficult parent or sibling moods, evident in their accounts in her work, can be seen as 'moral work'. She argues that although children in her study did not 'overtly assign

moral status to their actions' (p.126) their narratives demonstrate their understanding that children as well as adults contribute to child-adult relationships. This idea of 'moral work' coheres very closely with Morgan's reference to the 'emotion work' taken on by children and other family members. Related to this, Frankel (2012) argues that children are inevitably drawn into 'moral engagements' at an early age since:

> Morality reflects a capacity for the individual to identify and act in a way that promotes interaction through doing what is acceptable. Having established children as social agents, it is therefore not such a significant jump to recognise their moral agency (p.31).

He successfully justifies his assertion that the 'moral agent' (Mayall, 2001) should be seen as a 'facet of the social agent, through which the agent seeks to make sense of and position themselves within the context of the world around them' (p.32). In this way, the social and the moral are 'inextricably linked', to be a successful social agent we must demonstrate moral agency (p.32). Frankel also highlights other studies which have emphasised children's role as moral agents (Short, 1999; Damon, 1990; Dunn, 1988; Kagan, 1986; Pollard, 1985). Children in this study then clearly demonstrated moral agency in their narratives of how they worked to build and maintain positive family relationships through food.

Children were also keen to show, however, that they themselves engaged in the moral imperative to eat healthily rather than simply responding to their parents' healthy aspirations. They described the efforts they made to eat healthily themselves but also to support other family members to eat healthily. In this way, children could be seen to be taking on a role which is at odds with normative ideas about what it is to be a child and what matters to children. Indeed, that children can be actively engaged in positive health behaviours and care about their own health contrasts clearly with literature produced at the outset of the Change4Life campaign in which children's active participation is largely confined to negative behaviours.

On an individual level, children described many different instances where they reflected upon their own current health status and the implications of their eating practices for their future health. They talked about responding to and changing their behaviours in the light of what they perceived to be the negative consequences of eating unhealthily in the past, such as decayed teeth after eating too many sweets.

This coheres with research by Dixey *et al.* (2001), also with 9-10 year old children in the North of England, which highlights that in their study children engaged in a number of strategies geared towards attaining and maintaining a healthy diet. However, it contrasts with the majority of research in this area as evidenced in a recent review of qualitative studies regarding healthy eating (Bigosni *et al.*, 2012,) which reported that children generally associate healthy eating with adult or parental desires rather than a personal motivation (Cullen *et al.,* 2000; Watt and Sheiham, 1997; Ross, 1995) and emphasise their preference for 'unhealthy' food (Ludwigsen and Scott, 2009; Cullen *et al.,* 2000; Watt and Sheiham, 1997; Ross, 1995).

In relation to other family members, children described ways in which they supported healthy eating among both siblings and parents, although the former was much more common. This perhaps reflects familial power relations where it is easier for children to model or encourage healthy behaviours in relation to siblings, especially younger siblings, than adult parents. So children generally feel more comfortable promoting the health of younger siblings than their parents as they perceive this to be more in line with the 'usual character' of inter-generational and intra-generational family relationships. Age is thus associated with power and competence. Indeed, children frequently emphasised their own competence by contrasting it with the incompetence of younger, and, it seems, often only a couple of years younger, children and this is something that is noted in a number of areas of children's lives. Punch (2001), for example, notes the importance of birth order and sibling composition in her study and she highlights the 'ubiquitous' and 'multidimensional' nature of power (p.34). Children described encouraging siblings to eat healthily in terms of both a concern for their health and as a way to help their parents. They frequently talked about engaging in strategies that their parents had used to encourage them to be healthy when they carried out this task with younger siblings. Making food more appetising by adding an extra ingredient and hiding vegetables within other food, for example, were described as parental strategies, strategies they engaged in now with younger siblings and also projected themselves engaging in with their own children in the future.

In relation to parents, children's attempts to encourage healthy eating were often motivated by family health biographies (such as a parent being diagnosed with a

disease) or children's fears that a parent's current practices would result in ill-health in the future. Children clearly cared a lot about and were sometimes worried about their parents' health. Personal health biographies and concerns helped to make potentially abstract notions of healthy eating and healthy lifestyles more meaningful and important for the children. This finding coheres closely with recent research in which children described how important it was to them that their parents give up smoking (DH, 2011c). Children's awareness of their parents' concerns for their offspring's health and children's reciprocal care for their parents' health resonates with Zeiher's (2001) focus on the mutuality of intergenerational relationships. Her summary of intergenerational relations as including dependence (parental care), independence (self-care by the child), interdependence (playing an active part in meeting the needs of the family as a whole) and reciprocity (playing an active part in caring for other members of the household) is apt for this study. Although increasingly accepted among family and relationships researchers, this idea of reciprocity or exchange and the understanding that child-adult relations are configured differently in different families contrasts sharply with one-dimensional understandings of adult-child relations, often prominent in public health discourse, in which children are viewed as either completely dependent upon or resistant towards parents. However, it is important to note that the level of reciprocity or interdependence between different family members may differ between different families. While some children depicted a family understanding of generational relationships which made it possible for children to act as health-promoting agents towards their parents by, for example, encouraging them to lose weight, other children described how this would be impossible in their family. Similarly, Dixey *et al.* (2001) found that some children reported their parents as saying 'Eat this, eat that!' and restrictions on sweet eating but others spoke of a more supportive and reciprocal relationship with, for instance, children doing exercises with their mothers, as part of a joint initiative to stay healthy (p.74).

Despite their emphasis on their participation in health-promoting activities within the family, however, children were very clear that parents should have *ultimate* responsibility for ensuring children eat healthily. Indeed, a group of children at School A eloquently likened this to their relief that, as children, they did not have to take on the responsibility of voting in the forthcoming general election. They thought

that growing up inevitably involved taking on increasing levels of responsibility, including responsibility for health. This coheres with Mayall's (2001) finding that children consistently recognise that they are dependent upon their parents for provision and protection. Rigg and Pryor (2007), in their research, also note that children were 'willing and able to articulate themselves' within the family context but emphasise that this did not necessarily translate into a desire to take on decision-making responsibilities. In this way, children clearly distinguish between participation (which they are positive and enthusiastic about) and responsibility (which they would prefer to leave to parents).

In summary, the study is aligned with a small but growing body of research which demonstrates children's active contribution to health practices within the family (Backett-Milburn, 2000; Brannen *et al.,* 2000; Brannen and Storey, 1996; Backett 1992; Backett and Alexander, 1991). It also highlights children's potential to be not only health care actors (looking after themselves) (Mayall, 1998) but also health-promoting agents within the family (nurturing the health of other family members) (Christensen, 2004). However, their potential to do so clearly depends on the nature of specific child-adult relationships. In this vein, Curtis *et al.* (2009) helpfully emphasise the importance of the 'particular social and cultural context' (p.92) for understanding the negotiation of interdependencies in child-adult relations. Furthermore, individual families can sometimes be sites of resistance and conflict but at other times demonstrate cooperation and mutual support. Punch (2001) summarises this neatly as she highlights the constant negotiation and renegotiation involved in maintaining household relationships. These findings clearly have important implications for public health strategies geared towards families and this will be discussed further in section 6.4.

6.2.4. Children demonstrate a nuanced understanding of family finances and their impact upon eating healthily

In relation to children's understanding of family finances and their impact on eating healthily, this study builds upon existing literature in a number of ways. Echoing previous research, children depicted stereotyped caricatures of rich and poor people (Sutton, 2009; Backett-Milburn *et al.*, 2003; Willow, 2002; Roker, 1998). Frankel (2012) cites Rapport (1995) who suggests that stereotyping can provide a useful

'shorthand' for making sense of the world and argues that this may be particularly important for children who have more limited experiences on which to draw. He argues that stereotypes offer a helpful means of sorting and 'establishing meaning in relation to different people' (p.83). He highlights the work of James (1993), which demonstrates how children engage in stereotyping people according to bodily characteristics, which also carry moral meanings and therefore afford 'a basis on which to [...] make moral judgements on the moral acceptability of themselves and others' (p.84). In this way, children's use of stereotyping is both a tool for display (Finch, 2007) and, intrinsically linked to this, a means of showing the extent to which they engage with morality (Frankel, 2012). Attree (2008) also hypothesizes that for disadvantaged children in particular, 'perceiving poverty as an abstract concept […] may be one way to preserve self esteem' (p.30). Indeed, in a recent UK consultation with children and young people on their experience of poverty, participants rarely used the terms 'poor' or 'poverty', preferring instead attenuated expressions such as 'less well off' (Martin and Hart, 2011, p.18).

Also in line with previous research (Ridge, 2002; Roker, 1998; Middleton *et al.*, 1994), children in both schools demonstrated an in-depth, realistic awareness of their own family's financial status. Children were aware of how family finances shaped food 'choices' at school and at home, with references to reliance on extended family or wider social networks to alleviate limitations on resources among the disadvantaged children (Ludwigsen and Sharma, 2004; Backett-Milburn *et al.,* 2003; Daly and Leonard, 2002; Middleton *et al.*, 1994). The narratives of the disadvantaged children echoed other studies which have explored parents' perspectives of negotiating tight budgets in relation to food expenditure and their engagement in various money-saving strategies (Dowler, *et al.*, 2011; Green *et al.*, 2009; Dibsdall *et al.*, 2003; Dowler, 1997). Hochschild's (2003) notion of children as 'eavesdroppers' within the family context (p. 172-181) is pertinent here. Morgan (2011) summarises the notion neatly:

> Children frequently have an ambiguous role within the household being sometimes fully constructed actors while, at other times, unrecognised observers or even, temporally, non-persons. The occasions where this eavesdropper status may be heightened are those where adult concerns and adult projects (financial concerns, separation and re-partnering, negotiations about divisions of labour) come to the fore. Here, the adults become the object of the child's

> gaze and the young person may become a kind of lay sociologist or psychologist observing and interpreting adult behaviour (p.94).

Children's acute awareness of their family financial resources and their impact on food and eating practices provides a compelling example of how children observe and interpret parental practices. Such awareness is only likely to be heightened in the context of rising food prices, which have a differential impact upon different income groups (Dowler *et al.*, 2011, p.403), and economic austerity measures. Like the adults in Davidson *et al.*'s (2006) study, the advantaged children recognized their relative privilege.

In contrast with previous research, the disadvantaged children demonstrated no desire to 'keep up appearances'. In other studies children have highlighted the stigma attached to taking free schools meals (Ridge, 2011; Child Poverty Action Group, 2005) and their embarrassment over the meagre contents of their school lunchboxes (Murcott, 1997). However, Ludwigsen and Sharma (2004) found that primary children were generally less concerned with the brands of food included in their school lunchboxes and their association with family financial status than their secondary school counterparts. Attree (2008) postulates that the relatively homogenous demographic make-up of primary schools may help to explain this difference. Davidson *et al.* (2006) also suggest that recruiting participants through networked groups can create a sense of collectivity and produce shared accounts. This may be particularly relevant when discussing potentially sensitive topics such as financial resources. Indeed, children in both schools generally perceived their financial situations as typical and often constructed joint narratives, adding to and complementing each other's assertions.

The study also offers some challenging new insights into children's perspectives on the interconnections between family finances and eating healthily. Firstly, the study has demonstrated that children have sophisticated ideas about how family finances relate to health and diet. While children do draw on school-based teaching, their understanding goes far beyond this. Children actively engage with a variety of media messages and negotiate these in relation to their own personal experience. In other words, they do not passively intone messages but search for explanations in the social context of their daily lives. The ways in which children actively search for and

create meaning as they construct their understandings about the relationship between food and health will be further discussed in sections 6.2.5 and 6.2.6.

Secondly, and linked to this, although children recognize that they are economic dependents, their parents control the finances and largely determine how food is purchased, children are clearly participants in today's consumer culture and linked into the international food network. This is demonstrated in their construction of hierarchies of food purchasing outlets, their allying of quality and price, and their awareness of the vast array of food available, including exotic fruits. Indeed, children at opposing ends of the socio-economic spectrum aspire to eating highly-esteemed, exotic fruits, even though their opportunities to do so may differ.

Thirdly, children's ideas at times cohere and at times contrast with contemporary discourses. While there is some evidence that children mobilize discourses of personal responsibility (see also Dryden *et al.,* 2009) and relate food choices to individual morality (Coveney, 2000; Lupton, 1996) children tend to reserve their critiques for the affluent 'others' of society. They only criticise 'rich people' who should, given their means, be able to make better health-related choices. However, children in contrasting socio-economic circumstances are acutely aware of family finances and underscore the role of supermarkets and governments in ensuring healthy eating is affordable. In this way, in contrast with many studies with adults regarding health and socio-economic position in which they lay emphasis on healthy lifestyle choices (Bolam *et al.,* 2004; Popay *et al.,* 2003; Blaxter, 1997; for an exception see Davidson *et al.,* 2006) children privilege environmental or structural factors in their narratives regarding the interrelationships between diet, cost and health. This emphasis on the importance of structural constraints on healthy eating coheres with Morgan's (2011) assertion that 'family practices are not conducted in a vacuum' (p.66):

> Individuals might wish to 'do' family in a particular way, to be 'good' parents, 'good' partners and so on but feel constrained, through the scarcity of resources, from doing so to the fullest extent (Morgan, 2011, p.66).

It also corroborates Christensen's (2004) argument that a family's ecocultural pathway to health will inevitably be influenced by the resources available to them. Limited financial resources, for example, may 'disrupt the daily routines of family and

the goals they are pursuing through them' (p.381). In this way, the findings from this study are relevant to understanding health inequalities from a lifecourse perspective as they show how privilege and disadvantage are played out in children's lives, and how children view the connection between financial status and health-relevant behaviour (Graham & Power, 2004).

6.2.5. Children interact with, develop and critique a variety of messages in making sense of the relationship between food and health

The study provides a detailed picture of children's interaction with a variety of messages from different sources (including the family, school, media and advertising) regarding the relationship between food and health. Whereas some of these messages were largely communicated in a consistent and comprehensive manner, others were often confusing and even contradictory, which meant that children had to work to make them meaningful in relation to their own lives.

In terms of comprehensive messages, in line with many previous studies (Welch *et al.,* 2012; Gosling *et al.*, 2008; McKinley *et al.*, 2005; Roos *et al.*, 2002; Dixey *et al.*, 2001; Turner *et al.*, 2000) children frequently described eating plenty of fruit and vegetables as virtually synonymous with eating healthily. Welch *et al.* (2012) describe this conflation of concepts (i.e. healthy food = fruit and vegetables) as tacitly involving the creation of a tri-fold taxonomy for food: healthy foods (fruit and vegetables), unhealthy foods and, by implication, 'other foods'. They suggest that this notion of 'other foods' deserves further investigation and this proposal certainly holds weight in relation to this study as, in their preoccupation with the dichotomy between 'healthy' and 'unhealthy foods', children rarely referred to foods which might fall into this 'other foods' category.

Also in keeping with previous research (Dixey *et al.*, 2001; Noble, 2000; Turner *et al.*, 1997), children frequently discussed the importance of reducing intake of foods high in sugar and fat. Foods like crisps, chips, chocolate, sweets and fizzy drinks were often cited in this regard (like Welch *et al.*, 2012; Gosling *et al.*, 2008; McKinley *et al.*, 2005; Edwards and Hartwell, 2002; Turner *et al.*, 2000). In this way, children consistently distinguished between good or healthy foods (fruit and vegetables) and

bad or unhealthy foods (noted above) and this too reflects previous research (Hart *et al.*, 2002; Noble, 2000; Ross, 1995; Tilston *et al.*, 1991). Indeed, Lupton (1996) emphasises the enduring nature of the binary opposition between 'good' and 'bad' food in both popular and medical discourse. However, whereas Welch *et al.* (2012) assert that such categorisation reflects a reductionist message, which limits children's 'healthy food knowledge' (p.722), Bisogni *et al.* (2012) argue that this reflects the way we process information:

> Categorisation is a cognitive process that helps people store and retrieve information about food and eating, and, therefore, simplifies decision making (p.289).

Indeed, Welch *et al.*'s (2012) warning that categorising limits knowledge appears unwarranted in this study. Although children clearly engaged with categorical notions of healthy and unhealthy food, in contrast to some previous research (McKinley *et al.,* 2005; Hart *et al.*, 2002; Noble, 2000), they also consistently referred to the importance of a balanced diet in the course of their narratives (like Edwards and Hartwell, 2002; Dixey *et al.*, 2001; Turner, 1997; Turner *et al.*, 1997). In this way, their narratives went beyond using categorical distinctions as a shorthand for describing healthy eating and offered more nuanced understandings, even if there was a high degree of debate about the meaning of a balanced diet (like Edwards and Hartwell, 2002).

The ideas consistently articulated by the children as described above cohere very closely with the initial aims of the Change4Llife campaign, which involve an awareness of the danger of accumulating excess levels of fat in the body and an aspiration to reduce overall calorie intake and develop healthier eating habits by, in particular, cutting down on foods high in added sugar, minimising foods high in fat, reducing snacking in favour of regular balanced meals and eating more fruit and vegetables. In this way, the study coheres with research which demonstrates that children are generally aware of the dominant messages about how to eat healthily (Jackson, 2009; Hesketh *et al.*, 2005) and contrasts with studies which depict children as having little interest in or knowledge of healthy diets (Lupton, 2005; Ross, 1995).

However, children's narratives also highlighted messages, which were unclear or incomplete. Although children were generally confident in discussing the negative

consequences of eating unhealthily, for example, their accounts revealed a high degree of uncertainty and confusion regarding the positive benefits of eating healthily. In relation to eating unhealthily, children made frequent references to weight gain and damage to the heart (McKinley *et al.*, 2005; Dixey *et al.*, 2001; Turner *et al.*, 1997) and also damaged teeth (Stewart *et al.*, 2006). However, consistent with previous research (Edwards and Hartwell, 2002; Hart *et al.*, 2002; Noble, 2000; Turner, 1997), they were much vaguer when discussing the positive impact of eating healthily. Although children talked about a 'feel good' factor, growth and strength, they found it much more difficult to draw upon their own experience when trying to describe how eating healthily helped their bodies. Their focus on and greater understanding of the negative consequences of eating unhealthily echoes critiques that important reasons to eat healthily including promoting wellbeing, optimal growth and cognitive and emotional development are often lost in the overwhelming focus on obesity (Shepherd *et al.*, 2001).

Further, although children generally had a good idea about the prominent messages in contemporary discourse regarding healthy eating, their narratives also showed that inconsistencies and confusion lay close beneath the surface. Indeed, although the importance of eating plenty of fruit and vegetables was a consistent and widely supported message, a number of children alluded to warnings, particularly from dentists, that eating too much fruit would damage their teeth. They highlighted that this warning contrasted sharply with dominant messages promoting fruit and questioned whose authority they should trust. Again this highlights the importance of presenting a more comprehensive albeit complex message (regarding the health benefits but also potential problems with fruit) rather than two apparently polarised and simplistic messages: the more fruit the better or too much fruit is bad. Similarly, although children frequently referred to the importance of cutting down on fat, they emphasised that the body needs fat and some children even talked about good and bad fats. Such nuanced understandings proved difficult to integrate into one-dimensional messages about the importance of reducing dietary fat, which are generally promulgated in health promotion. Similarly, children's narratives (particularly children from School A) revealed that although they recognised and indeed appreciated the reasoning for the dominant message to reduce consumption of sugar, they also thought that this did not always cohere with their experience.

They drew upon their own personal experiences, including preparing for sporting events, when sugar was deemed to be a useful energy source. Children's chocolate narratives, in particular, highlighted the complex and sometimes contradictory messages with which they interacted. Through their narratives they referred to many aspects of learning about healthy eating including the benefits of natural rather than artificial foods, the health benefits of milk, the importance of sugar and of balanced diets (including treats). They also drew upon their own bodily experiences and body shapes to justify their consumption of chocolate. These examples highlight the danger of promoting simplistic messages, which make it difficult to make sense of the complex nature of the relationship between food and health. Giving single health messages devoid of explanatory frameworks serves only to emphasise gaps in knowledge, which children have to fill.

Children's active meaning making was also particularly evident in their narratives regarding the importance of the individual in mediating the relationship between food and health. Although explored in more detail in relation to adults (Maubach *et al.,* 2009; Maskarinec *et al.*, 2001; Falk *et al.,* 2000; Janas *et al.,* 1996; Lupton and Chapman, 1995), the importance of drawing on personal experience as a resource for understanding the relationship between food and health has not been explored in detail in relation to children (for example, Gosling *et al.*, 2008). This reflects the predominance of quantitative research regarding children's health knowledge, which pays little attention to the context of their own lives. Children's discussions regarding the importance of the individual in mediating the relationship between food and health in this study, however, provide a detailed picture of how they go about constructing and developing meaning for themselves. Their emphasis on differentiating between the bodies we are born with versus the body we create; the interrelationship between food, exercise and the body, the different nutritional needs of the body over the lifecourse and for people with health conditions and food allergies demonstrate that their understanding goes much deeper than the simplistic, apparently universal messages promulgated in popular and policy discourse.

Further, although previous researchers have noted the multiple information sources drawn upon by children in understanding the relationship between food and health (Gosling *et al.*, 2008; Noble *et al.*, 2001; Birch, 1998; Turner *et al.*, 1997), this has

often been little more than a concluding comment as opposed to an integral finding. This study, however, has documented the ways in which children interact with and develop these messages rather than simply noting their source (for example, the school, media, family and other social relationships). In this way, the study makes an important contribution to demonstrating children's 'active engagement' with health knowledge and the ways in which they 'create meanings for themselves' rather than simply absorbing messages from adults (Christensen, 2004, p.382). Christensen's (2004) conceptualisation is pertinent here:

> This interplay of many different social actors and contexts creates a health universe of competing values that renders outmoded the idea of a one-way transmission of health, practice and values. This underlines the idea that contemporary societies require children to create meanings for themselves (p.382).

This finding has significant implications for both the content and mode of delivery of important public health messages and this will be discussed further in section 6.4.

The interactive character of children's relationship with health messages in this study can be usefully conceptualised by drawing upon the notion of health literacy. Although sometimes confined to very narrow definitions relating to how people process and understand basic health information (IoM, 2004) including their ability to comply with therapeutic regimens (AdHoc Committee on Health Literacy, 1999) in the medical literature, the concept can encapsulate much broader ideas related to our interaction with health information. Recognising that it remains a highly contested concept (Bankson, 2009), Nutbeam's (2000) definition has been very influential:

> The personal, cognitive and social skills which determine the ability of individuals to gain access to, understand, and use information to promote and maintain good health, these include such outcomes as improved knowledge and understanding of health determinants, and changed attitudes and motivations in relation to health behaviour, as well as improved self efficacy in relation to defined tasks (p.263).

Nutbeam (2000) also offers a more nuanced conceptualisation as he helpfully differentiates between different types of health literacy:

> 1. Basic or functional literacy: the basic skills in reading and writing to function effectively in everyday situations.
>
> 2. Communicative / iterative literacy: more advanced cognitive and literacy skills which, together with social skills, can be used to actively

> participate in everyday activities, to extract information and derive meaning from different forms of communication, and to apply new information to changing circumstances.
>
> 3. Critical literacy: more advanced cognitive skills which, together with social skills, can be applied to critically analyse information, and to use this information to exert greater control over life events and situations.
>
> (Nutbeam, 2000, p.263-4)

The ideas of communicative and critical literacy provide a particularly useful framework for conceptualising how children in this study actively constructed their understandings of the relationship between food and health. The way in which children in this study critiqued the universality of popular public health messages regarding the relationship between food and health and instead privileged the importance of the individual in mediating this relationship offers a pertinent example of their participation in critical literacy practice. Indeed, Chinn (2011) cites Ishikawa *et al.* (2008) who consider the process of applying health information to specific, individual circumstances to be a key aspect of critical health literacy. In a similar vein, Rubinelli *et al.* (2009) refer to the ability to 'contextualise health knowledge for (our) own good health' (p.309) as integral to critical health literacy and this is certainly demonstrated in, amongst other examples, children's critique of the dominant message to reduce sugar, when their own experience shows them that sugar can be an useful energy source, particularly when engaging in sporting activities. Chinn (2011) highlights the relevance of such critical thinking skills in what she describes as an 'age of information overload' where individuals are forced to navigate through a wealth of often inconsistent and competing information and develop their own ideas. She also cites Lupton (1997) who relates this to the notion of the 'ideal health consumer' in contemporary society: a consumer who is 'sceptical of expert opinions, reflexive, autonomous, evaluating information in terms of personal benefit [...]' (Chinn, 2011, p.62).

Nutbeam (2008) also asserts that his idea of using information 'to take greater control over life events and situations' relates to the 'capacity of individuals to respond to the social determinants of health' (p.2075). In this vein, children's nuanced understandings of the relationship between family finances and their impact on healthy eating explored in the previous section could also be usefully

conceptualised as an important aspect of critical literacy. Wills (2009), cited in Chinn (2011), provides a pertinent example of how such critical skills differ from more basic literacy skills as he states that 'Being able to read a food label is one thing, understanding why a McDonalds is so cheap, filling and ubiquitous is another' (p.4). This example evidently echoes aspects of the findings from section 6.2.4 and highlights how children are indeed engaging with ideas about the interrelationship between individual health behaviours and structural factors such as income and the price of food (Chinn, 2011, p.62).

In this way, the concept of critical health literacy provides a compelling means of conceptualising the ways in which children related health messages to their own family practices, finances, health biographies and personal experiences and drew upon their understanding of structural and environmental factors, and developed and sometimes critiqued the information with which they interacted. The concept also coheres very closely with the New Social Studies of Childhood's emphasis on children as active meaning makers and experts on their own lives. In particular, it resonates with Christensen's (2004) concept of the 'health promoting child', which emphasises that children should be seen as actors in their own right and that research should explore how children become involved and pro-active in health practices during growing up (p.379). Indeed, Christensen specifically refers to 'developing knowledge, skills, competencies, values, goals and behaviours conducive to good health' as key ways in which children can promote both their own and others' health (p.379).

That the concept of health literacy has been explored so little in relation to children (Schmidt *et al.*, 2010; Abrams *et al.,* 2009) perhaps reflects 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 (Christensen, 2004), echoing the 'dominant framework' for understanding children (James and Prout, 1997, p.10). Indeed, in the few instances where the notion has been related to children, it has been very much under the umbrella of a developmental approach to childhood, drawing on the work of Piaget and Vygotsky (Borzekowski, 2009, p. S285) in which children are defined as 'lacking' (Abrams, 2009, p. S263). Employing the concept in this study, informed by the New Social Studies of Childhood, which sees children as

active and reflective in making sense of their own lives, negotiating and renegotiating the information, with which they interact, marks a key departure from the literature.

Further developments in what Chinn (2011) describes as the 'second wave of health literacy research' (p.61) also draw on contemporary pedagogical theories, in particular the New Literacy Studies. Insights from the New Literacy Studies are especially useful in shedding light on the important socio-economically patterned inequalities in children's access to and opportunities to make sense of health information evidenced in this study.

6.2.6. Children's narratives reveal important socio-economically patterned inequalities in access to and opportunities to make sense of health information.

The presence of important socio-economically patterned inequalities in access to and opportunities to make sense of health information is a significant cross-cutting finding. Although children's narratives from both schools demonstrated that they interacted with a wide variety of different information sources (including the school, media (comprising television and radio programmes, advertising and books), family (including values, practices and health biographies), wider social networks and personal, bodily experience), the accounts of children from School A showed that they tapped into resources, which were not evident in the accounts of their peers at School B. Similarly, they made more frequent references to opportunities to discuss and co-construct knowledge with other people.

Although children from School A had already studied the national curriculum topic on health and the body (DFEE 2000, see appendix 1), the differences between children's narratives in the two schools went far beyond school-based learning. Throughout their discussions, children from School A made it very clear that they were interested in and abreast of current affairs. They made frequent references to popular news items and contemporary debates, including, at the time of data collection, the election of a new government and recent rises in VAT. They talked about watching the news with their parents and discussing the items addressed. Similarly, they were able to draw upon their reading of contemporary children's fiction in making sense of how family finances might shape opportunities to eat healthily (Jacqueline Wilson,

see section 4.4.1) and children's engagement with physical activity in their discussions of the relationship between food and health (Geoff Kinney, see section 5.3.2). One child even mentioned listening to a radio four broadcast and gaining insights into the concept of a healthy diet. As noted earlier, radio four is associated with a middle class, London-centric and adult audience (see section 5.1.2).

Children from School A often talked about discussing healthy eating with their parents, sharing their views and learning from each other, which again relates back to the earlier discussion of child-adult configurations (Zeiher, 2001). Their narratives built upon information gleaned from the expertise of professional parents (like doctors, nurses, academics and teachers) in their understanding of the relationship between food and health. They described how together with their parents they interrogated the value of particular health messages and related them to their own lives (such as the importance of consuming adequate calories to partake in physical activity). They also referred to occasions when other children's parents had visited their class to discuss their particular area of expertise (including talks about sustainable food networks) and thus intimated the ways in which resources were being shared and maximised within the community. In this way, their narratives suggested that they had far more opportunities to co-construct reflective and relational knowledge in conjunction with other people.

Closely related to their access to different sources of information and their opportunities to make sense of and appraise health information, children from School A demonstrated a significantly greater confidence in critiquing popular health messages, including the importance of fruit and vegetables and the value of sugar as part of a balanced diet. In this way, children from School A displayed many of the characteristics of Lupton's (1997) 'ideal health consumer'. They were also much more critical of food companies' perceived strategy of adding artificial ingredients to improve the taste or make products more addictive and in this way demonstrated a nuanced sense of structural and environmental influences on health behaviours. In contrast, children from School B seemed to be much less willing to contest popular health messages and less certain of their own opinions. Indeed, although children from both schools were evidently unsure about the positive impacts of eating healthily, for example, children from School B seemed to be much more defensive and much more reluctant to offer any kind of response.

Such stark differences in both the resources with which children interacted and their opportunities to access people and processes that enabled the translation of health information from the abstract to the personal is clearly an important finding. It relates to Christensen's (2004) caveat that the resources available to children and families (including education and knowledge) are important in children's potential to act as health promoters. It also resonates with Marmot *et al.*'s (2010) argument that the accumulation of advantage and disadvantage beginning in childhood may be central to health outcomes. These findings may also be usefully conceptualised as differential opportunities to develop and engage in important aspects of health literacy, particularly critical health literacy. In this regard, Paakkari and Paakkari (2012) emphasise the importance of students' capacity to 'validate themselves as knowers with regard to their own lives' (p.136) in their ability to reflect on health matters from both their own and others' perspectives. That children from School B showed much less confidence in critiquing dominant health wisdom, however, suggests that they felt less able to validate themselves in this way.

The potential consequences of inequalities in health literacy are illuminated by Nutbeam (2008):

> People who have better health literacy will thus have skills and capabilities that enable them to engage in a range of health-enhancing actions including personal behaviours, as well as social actions for health and the capability of influencing others towards health decisions such as quitting smoking [...] (p.2075).

His reference to 'people who have better health literacy', 'skills and capabilities' however, runs the risk of perpetuating an individualised, deficit approach to understanding inequalities, an approach which is both ethically questionable and of limited value in terms of public health policy and practice. Increasingly, health literacy researchers are drawing upon insights from contemporary pedagogical theories, in particular the New Literacy Studies, which go beyond an individualised, skills-based approach and instead conceptualise literacy as a social practice:

> Instead of focussing on absolute differences in literacy, as an individual attribute that can be identified as present or absent, these researchers have examined in detail how people with a range of relevant personal and social resources engage with written material in socially situated 'literacy events' (Chinn, 2011, p.61).

From this perspective, literacy can be seen as 'something people do in their everyday lives' (Pahl and Rowsell, 2012, p.7) in interaction with those around them (Barton and Hamilton, 1998, p.13). There is potential interaction both at a micro level (for example, within the family) and also at a more macro level (for example, within a whole community), and 'in this way literacy becomes a community resource, realised in social relationships rather than a property of individuals' (Barton and Hamilton, 1998, p.13). Papen (2009) provides a compelling summary of the utility of such a focus on shared knowledge and expertise in relation to health literacy specifically:

> An individual's health literacy could thus be seen as the sum of what she knows and is able to do herself and what she is able to achieve with the support from friends, family and other significant people in her environment. At a more general level, this view of health literacy as being collectively achieved also challenges individualised notions of responsibility and risk, which underlie current health policies (p.27).

This focus on everyday interactive practices in the New Literacy Studies clearly resonates with the finding that children in this study had differential access to both the sources of health information and opportunities to make sense of it.

Useful insights can also be gained from the New Literacy Studies' attention to ecological perspectives on opportunities to engage in literacy practices. Informed by the natural sciences, ecological perspectives pay close attention to access to and capacity to mobilise different resources within communities. In their study of community access to literacy in Philadelphia, USA, for example, Neuman and Celano (2001) found significant differences between higher and lower income neighbourhoods in terms of the availability of books in the neighbourhood (to borrow, buy or view), environmental print and public areas where people could read. The authors argue:

> Literacy develops in settings that provide resources and opportunities for children to become involved in its cultural tools. Differences in these settings are likely to contribute to the considerable variation in patterns of early literacy development (p.12).

They refer to a wealth of research highlighting socio-economic differences in 'literacy achievement' (Donahue *et al.*, 1999; Snow *et al.*, 1998; Madden *et al.*, 1993; Jencks, 1973) to support their assertion (p.8).

At a more micro level, Lareau (1989), in a study of parental involvement, found that although parents from contrasting socio-economic groups shared similar aspirations for their children, there were clear differences in the skills and resources they could draw upon to promote children's academic achievement. Heath (1993), in her seminal work Ways with Words, also found important differences between the homes of children from contrasting socio-economic groups in terms of the everyday interactions between family members. The interactions among families from the higher socio-economic groups were much more akin to those of the school environment than were those of families in lower socio-economic groups. In this way, children from higher socio-economic groups were 'better prepared' to engage in and demonstrate their capacities in school-based literacy activities. Moll *et al.* (2005), eager to avoid creating or indeed perpetuating a hierarchical ordering of literacy abilities, describe the different learning assets and resources that families and children bring into other settings as 'funds of knowledge'. Similar to Heath (1993) they found that some funds of knowledge cohere more closely with knowledge promulgated and lauded in the school context.

These insights from the New Literacy Studies clearly resonate with the findings from this study. The focus on the resources available to and employed by families has clear overlaps with Weisner's (2002) notion of the ecocultural pathway for health. Other researchers have also noted the importance of situational determinants in relation to health literacy (Sorensen *et al.*, 2012, p.10). However, although health literacy has been identified as a potential mediator in health disparities (Abrams, 2009) we still know relatively little about health literacy in the context of other social determinants of health (Sanders *et al.*, 2009). These findings from contemporary literacy research within the New Literacy Studies paradigm offer potential ways of making sense of children's differential access to information and opportunities to make sense of this information. They closely resonate with the finding in this study that children from School A talked much more frequently about family discussions regarding the link between food and health and emphasised their parents' expertise on this topic. Freebody and Freiberg (1999), drawing on the social practices approach to literacy in relation to health literacy, argue that:

> What needs to be attended to are the local details of individuals' or communities' needs for, and barriers and access to, certain areas of

> knowledge that, for some, are associated with their relationship to specialised people and knowledge (p.65).

Their argument could equally apply to the findings from this study; it is clearly a fertile ground for developing further explanation.

The insights noted above are also potentially relevant in terms of children's engagement with the research process. The family discussions about food and health and popular news items mentioned by the children from School A, for example, arguably helped them to prepare for the interview situation. Indeed, children from School A certainly demonstrated their eagerness to display their knowledge as they sought to refine and add to previous discussions and ask further questions. They also utilised the discussions as opportunities to show their learning in other aspects of the curriculum by, for example, talking about fractions when discussing the balanced plate or by drawing upon their knowledge of the environmental impact of food miles when discussing the cost of food. Discussing the role of exercise as a mediator in the relationship between food and health was similarly utilised as an opportunity to convey their sporting abilities. In this way, again, the situated context of the interview as an occasion for display is important here.

In summary, the concept of health literacy, particularly critical health literacy, offers a compelling framework for discussing children's interaction with, development of and critique of a variety of messages in relation to food and health. It offers a valuable means of exploring how children can and do act as health promoting agents (Christensen, 2004). Drawing on insights from the New Literacy Studies, which depict literacy as a socially situated, interactive practice influenced by access to and capacity to mobilise relevant resources, also offers a potential way of understanding apparent inequalities in access to and opportunities to make sense of health information between children from contrasting socio-economic backgrounds. The insights also align well with the New Social Studies of Childhood's emphasis on both the relational nature of childhood (Alanen, 2001b) and its diversity, in particular relating to the differential resources available to children and families (Matthews, 2007). In drawing together insights from critical health literacy and the New Literacy Studies within a New Social Studies of Childhood framework, the study marks an important starting point for future empirical health research with children. Future

research priorities in relation to children and health literacy will be further discussed in section 6.5.

6.3. Strengths and limitations

Before considering the implications of this study for policy and practice, it is important to appraise the specific strengths and limitations of this small-scale, in-depth, children-centred study. Identifying strengths and weaknesses in both the design and the reality of the research process will help the reader to evaluate the extent to which wider inferences can be drawn from the study.

6.3.1. Strengths

A key strength of this study was its focus on children's views, which have been relatively underexplored in the context of public health, particularly in relation to children's ideas about food. The findings clearly demonstrate some of the integral features of the New Social Studies of Childhood: children play an active part in constructing and making sense of their own lives; childhoods are diverse and relationships are key. In this way, the New Social Studies proved a highly valuable conceptual framework for the research. The approach also coheres with recent research underscoring the importance of children's (and parents') active involvement in health practices while growing up (Graham and Power, 2004) and calls to ensure that strategies to promote children's health cohere with their own views and practices (Wills *et al.* 2008a). The study has helped move on from research focussing solely on children's health-related understandings, which have neglected the wider social context of children's relationships with food.

Children's emphasis on the importance of families in their food meaning-making and their focus on families as the locus of health-relevant behaviour have also underscored the benefits of talking with parents. While children's views have been fore-grounded throughout the thesis, the inclusion of parents' views has helped to shed light on shared familial ideas and understandings and contrasting perspectives. They have afforded different insights into family food negotiations and provided

useful contextual information. In this way, parents' accounts have often helped to illuminate those of the children.

The positive and productive research relationships forged during this study were also a key strength. This was potentially related to my extensive experience of working with children and my consequent confidence in interacting with and creating rapport with the children but also certainly due to the teachers' and children's enthusiasm for the project from the outset and throughout the study. The opportunities afforded by the research design for children to elaborate on and reconsider their ideas by my working with them on two and sometimes three occasions, the flexible topic guides and working in friendship groups in schools also helped to foster a positive environment in which children could reflect upon and share their ideas and experiences. This helped to ward against the potential for children to speak in abstract terms unrelated to their everyday lives, repeat well-rehearsed generalisations or feel they had to give a 'correct' answer. Indeed, the research relationships and design also allowed for children labelled as 'quiet' or 'shy' by their teachers to actively participate and share their thoughts. That some of the children felt able to choose not to participate in some of the task-based activities, instead preferring to simply talk, also demonstrates a certain degree of confidence in the research context.

A further key strength of the research design was the attention paid to socio-economic position. The different ways in which children from contrasting socio-economic backgrounds interacted with the research methods, the differences (and indeed sometimes similarities) in their ideas and experiences and their differential access to and opportunities to make sense of health information have provided important insights into the potential intersection between socio-economic position and children's perceptions and experiences of food and their understanding of the relationship between food and health.

6.3.2. Limitations

In terms of limitations, Dryden *et al.* (2009), in their research with children about 'Dream' and 'Nightmare' lunchboxes talk of the danger that their research simply

picked up 'what children thought we wanted to hear' (p.85). Indeed, the same danger has already been noted for this study when discussing its validity earlier (see section 3.4.2). I presented my project to children as being about 'Children, Food and Health' and included an image of a rosy apple on the information leaflets. In this way, I was quite open about situating my research within popular discourses about children's relationships with food from a health perspective. However, as mentioned above, children's narratives showed an in-depth and insightful engagement with the topic, not limited simply to popular discourses or prominent health messages, although they were certainly not unaware of them. In this way, the research design and the positive research relationships helped to temper this potential limitation. In terms of analysis, I have acknowledged both the wider context of the research (the dominance of the childhood obesity discourse) and also provided more close-up, contextual details about the differences between the two schools regarding their engagement in Healthy School status and their study of the National Curriculum topic 2a. Both these strategies help to increase the study's validity.

Irwin and Johnson (2005), in their ethnographic study with six-year-old children, also talk about their crises of confidence in the data produced with children: 'we found ourselves wondering if our data were rich enough, complete enough, and coherent enough' (p.82). They refer to their internalisation of qualitative standards, generally derived from work with adults, which often seemed to contrast with their experience. For example, children's narratives often contained seemingly irrelevant tangents (although these sometimes made more sense when reviewed later). Similarly, Harden *et al.* (2000) note that it is tempting to assume that data is talk and therefore the more talk we have the better our data. Such ideas resonate closely with my feelings about this study and it is tempting to label incoherencies, tangents and short responses as limitations of producing data with children. However, as Irwin and Johnson (2005) note, such features are often also characteristic of data produced with adult participants and indeed it is inevitable that at some points a more narrative and coherent response will not be forthcoming. Closely reflecting upon the process of data generation (see section 3.2), being attentive to the different eloquences among the participants and endeavouring to ensure that all voices are heard in the analysis (section 3.3) have all been important aspects of increasing the reliability of the study (see section 3.4.1).

As already referred to, although four of the advantaged children were of minority ethnicity, all of the disadvantaged children were of White British origin. In this way, the study cannot offer any insights into the potential intersection between minority ethnicity and socio-economic position. Children were recruited via socio-economically contrasting schools rather than according to individual characteristics. While demographic details provided by the children confirmed the efficacy of this sampling strategy in terms of recruiting children of contrasting socio-economic position, it is possible that children living in pockets of disadvantage in privileged areas or vice versa may have different experiences and understandings.

The study also involved only a small number of participants, which limits its empirical generalisability. However, as noted in section 3.4.3, Mason (2002) stresses that small-scale studies, based on strategic samples, can produce findings with theoretical generalisability. The close-up pictures of particular contexts and processes produced - as in this study - can be used to identify cross-contextual generalities, relevant to wider social contexts and with potentially important implications for policy and practice as explored below.

6.4. Implications for policy and practice

The study has highlighted a number of key implications for policy and practice designed to improve children's health and these are outlined below.

6.4.1. Families are important but complex sites for strategies geared towards improving children's relationships with food

Children's clear location of their own food values and practices within the family domain and their consistent emphasis on the intergenerational replication of health-relevant practices underscores the importance of families for strategies geared towards improving children's health. The importance of belonging to a family, sharing values and practices and negotiating positive family relationships emphasises the need to recognise that food is embedded within a complex set of social relations. Public health interventions must work with rather than against these relationships.

They must be sensitive to different child-adult relationships within families and explore how to draw upon shared familial understandings.

Children's emphasis on the importance of families in the development of enduring health-relevant behaviours contrasts with recent attempts to position schools as key public health sites, including Healthy Schools and the School Food Plan. While the utility of schools as a potential vehicle for intervention cannot be dismissed, due in large part to the heterogeneous and thus challenging nature of services and settings where families might be engaged *before* children reach school age (Hesketh *et al.,* 2005, p.25), the study highlights the importance of focusing efforts towards families.

6.4.2. Children have the potential to act as health promoters within the family

Although children emphasise the importance of families in their current and developing health-relevant practices, they nevertheless portray themselves as participants within the family domain. Their narratives demonstrate that they too should be viewed as potential agents for initiating and sustaining positive health practices within the family. It is important, therefore, that public health agendas resonate with children's ideas, understandings and experiences and family-focussed interventions recognise and indeed promote their active participation. That the new Change4Life (2011-14) strategy focuses on families (rather than children in isolation) but acknowledges children's potential role as 'change makers' marks an important step forwards.

6.4.3. Family financial resources and the cost of food are perceived as important influences on people's capacity to eat healthily

Children's allying of healthy eating with both individual and structural factors in this study to some extent mirrors the government's stance, which sees its role as promoting healthier behaviours and lifestyles by strengthening personal responsibility, self-esteem and confidence and also adapting the environment to encourage healthier choices (DH, 2011d). However, the most salient themes in children's narratives were their understanding of financial constraints and their insistence on corporate and state responsibility for ensuring that eating healthily is

affordable for everyone. Although addressed in relation to school through the provision of free school meals for the least well off, current health related policy does not address cost as a barrier to eating healthily in the home. The food-related pledges in the new Public Health Responsibility Deal make no reference to food pricing, which children raised as an important factor for encouraging and enabling people to eat healthily. In this way, the children's views echo an often-voiced concern that public health policy focuses on promoting healthy lifestyle choices rather than tackling the social determinants of health (Williams *et al.,* 2007).

6.4.4. Simplistic health messages devoid of explanatory frameworks emphasise gaps in understanding, which children have to creatively fill

That children do not passively absorb messages but rather work with them, critique them and develop them means that simplified, one-dimensional healthy eating messages (for example, the directive to reduce dietary sugar) without explanatory frameworks only serves to emphasise gaps in knowledge which children have to fill. While it is recognised that eating healthily represents a continuum rather than a simple dichotomy (in comparison to smoking, for example) (Hesketh *et al.*, 2005) it is vitally important for public health to work towards conveying the complexities and interrelationships between different aspects of a healthy diet in a coherent and consistent way. Schools may play a potentially important role in drawing together and working with children's understandings (developed through multiple sources) and encouraging them to critically appraise health messages rather than seeking to play the role of moral guide, a role best reserved for parents.

6.4.5. The communication of health messages may be influenced by important inequalities in access to and opportunities to make sense of health information

Public health must take on board inequalities in access to knowledge in the way it communicates health messages with children. Again, collaborating with children, potentially in the school context, by drawing upon their expertise, experience and understandings will help to negotiate a productive context for the cross-pollination of ideas and the co-production of knowledge and insights. In this way, the school may be positioned as a useful site for engaging in critical health literacy practices as

opposed to a font of information and guidance. This is particularly important in light of the government's declared aim to 'improve the health of the poorest fastest' (HMG, 2010). Numerous commentators have indeed noted the enduring dilemma for public health: unless specifically designed not to, prevention strategies often unintentionally exacerbate health inequalities (Buck and Frosini, 2012; Brown *et al*., 2009). Capewell and Graham (2010) highlight a growing body of evidence, which suggests that addressing cardiovascular disease risk factors through structural approaches (strategies which work on the wider social environment) generally reduce socioeconomic inequalities more so than agentic approaches (which focus on sustained behaviour change among high-risk individuals) (p.1). Increasing children's opportunities to engage in cooperative, critical literacy practices coheres with a focus on improving children's social environment as a means of reducing socioeconomic inequalities. However, together with the children's emphasis on the importance of family finance and the affordability of food, the important inequalities in access to and opportunities to make sense of health information in this study firmly support recent recommendations from the King's Fund that public health and health inequalities policies must be 'integrated and coordinated' (Buck and Frosini, 2012, p.14).

6.5. Future research

This study has identified a number of ways in which research in this field might benefit from further exploring specific topics: ethnicity and its intersection with cultural, social and economic inequalities; children's understandings of the social determinants of health; children's ideas about the clustering of health behaviours; lifecourse/ life transitions and children's participation in health literacy practices.

First, as already noted, an important limitation of this study is its focus on a largely white population. Although research findings published since the start of this study have explored how children from different ethnic groups perceive healthy eating, for example, they focus on a mixture of different ethnicities (Rawlins *et al*., 2013; Harding *et al*., 2011). Future research could focus on how children from specific ethnic groups, potentially from contrasting socio-economic backgrounds, make sense of food in their daily lives and how they understand the relationship between food

and health. This research could help shed light on the intersection of cultural, social and economic inequalities. A further degree of complexity might involve attention to the time of migration into the UK and families where parents are of different ethnicities.

Second, this study found that children demonstrated a sophisticated understanding of the implications of family finances for healthy eating. Further research could build on this work and that of Backett-Milburn *et al.* (2003) to explore children's understanding of how socio-economic position relates to health more generally and their understandings of the social determinants of health. Such research could have important implications for the design of public health interventions aimed at reducing health inequalities among children and indeed adults.

Third, children in this study consistently articulated the idea that different health-relevant practices are closely interrelated. Future research could explore this notion in more depth and seek to identify the ways in which children account for this interrelationship. It could also seek children's ideas about how public health might seek to intervene in a more holistic manner to improve children's potential to engage in health-promoting behaviours across the spectrum.

A fourth priority for future research, identified by the children at both schools in this study, would be to explore how children's perspectives on food and their understandings of food and health might change over time. A number of children asked me if I was going to work with them again when they started secondary school and they reasoned that they might have different things to say, due to a potentially different peer group (and potentially different peer pressures, for example, to start smoking) and also their perception that secondary school would lead to a greater degree of autonomy for them in relation to food. They thought that it would be interesting and fruitful for me to work with them on multiple occasions throughout their childhood. Indeed, their views cohere with existing research emphasising the importance of key transition points in children's lives (for example, the move to secondary school) (Graham and Power, 2004) and recent longitudinal research which has provided useful insights into children's unfolding and changing relationships, aspirations and achievements (Irwin, 2009). In a similar vein, further work could

usefully investigate the research aims of this study with children of different ages in order to shed light on how different intersections work at different points in the lifecourse.

Fifth, and potentially most importantly, future research could explore how children engage in health literacy practices in their everyday lives and consider how resources for and opportunities to engage in health literacy might be maximised for children in different socio-economic groups. Insights from the New Social Studies for Children, particularly the focus on children as active meaning makers, and the New Literacy Studies with its emphasis on literacy as a social practice, could helpfully inform this research.

7. Conclusion

In this concluding chapter, I reiterate the key findings of the study and outline the ways in which the thesis adds to the extant literature. I also revisit and reflect upon my personal interest in socio-economic inequalities in health (discussed in Chapter 2) and my commitment to exploring how and why health inequalities are experienced, generated and maintained across the lifecourse and how policies might mediate this. In this way, I offer a more reflexive, personal account of the ways in which the study has deepened my own understanding of socio-economic inequalities in health.

7.1. How the thesis adds to the extant literature

This study has explored, from the perspectives of children and parents in socio-economically contrasting circumstances, children's experience and perceptions of food in their daily lives and their understandings of the relationship between food and health. The study has demonstrated that children have a clear sense of their family's food-related values and portray themselves as active participants in family food negotiations. They view families as the locus for enduring health-relevant behaviours and display a nuanced understanding of how family finances relate to healthy eating. Children interact with a variety of messages in making sense of the relationship between food and health. Their narratives reveal important socio-economically patterned inequalities in access to and opportunities to decipher health information.

The study offers a number of important, original contributions to the current evidence base. First, the study has demonstrated the importance children attach to families as the locus for enduring and intersecting health-relevant behaviours and the complex nature of family food negotiations. Insights from contemporary research related to families and relationships, in particular the ideas of mutual relationships (Frankel, 2012), belonging (Cohen, 1986) and connectedness (Smart, 2007) have helped to illuminate these findings and situate them within a wider research context. Second, the study has provided empirical evidence to support Christensen's (2004) concept of the health-promoting child. Recognising children's active participation within health-relevant practices is thus depicted as an integral aspect in both the

design and practice of strategies designed to improve children's health. Third, the study offers important new insights into children's understanding of the relationship between family finances and healthy eating. In particular, their narratives show that although they recognise they are economically dependent upon their parents, they are clearly participants in today's consumer culture. Further, they emphasise structural constraints on healthy eating, specifically family financial resources and the cost of food. Fourth, the study has highlighted that children's understanding of the relationship between food and health goes far beyond school-based knowledge but rather draws upon, develops, makes connections between and critically appraises information gleaned from a variety of different sources. Mobilising the idea of health literacy, particularly critical health literacy (Nutbeam, 2008) to help conceptualise this finding makes an important contribution both to the very limited research base relating to children's engagement with health literacy practices but also identifies a potential area for development in school curricula. Fifth, finally and potentially most importantly, the study has revealed significant, socio-economically patterned, inequalities in children's access to and opportunities to make sense of health information. Insights from the New Literacy Studies, which conceptualise literacy as a social practice and take an ecological perspective, have offered potential ways of making sense of this finding and have helped to relate health literacy to the wider social determinants of health.

In summary, by mobilising and drawing together ideas from a variety of different areas (the New Social Studies of Childhood, contemporary research on families and relationships, current health literacy debates and the New Literacy Studies) to conceptualise the empirical findings, the study makes an important theoretical contribution to understanding how children make sense of food in their daily lives and how they understand the relationship between food and health. The study also highlights a number of key implications for policy and practice designed to improve children's health.

7.2. Personal reflections

In Chapter Two, I outlined the role of my own personal interests and experiences in refining the focus of this study. I highlighted that my key research interest lies in

socio-economic inequalities in health, stemming from my upbringing in Sheffield, a city of contrasts in both health and wealth, visiting family in Anfield, Liverpool and through voluntary work with young mothers in Cambridge and with children in a disadvantaged area of Paris. I also outlined my particular interest in the health and wellbeing of children, young people and families. It seems apt, as this thesis draws to a close, to reflect back on what I have learned in relation to socio-economic inequalities in health through my work with children (and parents), acknowledging that this interest is meshed into the thesis itself.

Though my focus for this study was children's experiences and perceptions of food in their everyday life and their understanding of the relationship between food and health, children's narratives revealed much about the broader complexities and nuances of their everyday lives. Through their food talk, children offered insights into the issues and concerns they navigated and negotiated from day to day, insights which were highly pertinent to their health and wellbeing. As noted in Chapter Three, children's narratives conveyed a real sense of their starkly contrasting socio-economic contexts.

As children discussed food in the home context, they painted pictures of very different home spaces and local environments. While many of the children from the advantaged school talked about eating together as a family around the dining table, the disadvantaged children were more likely to make reference to lack of space at home (for example, having to eat on the settee due to lack of space on the kitchen or even on the stairs as there was no room left on the settee). I also gained a physical, embodied sense of these differences when I carried out interviews with children and parents in the home context. Similarly, I could relate to the sense of fear articulated by one of the children at the disadvantaged school as she waited outside school for breakfast club to open (four local children had recently 'gone missing' somewhere nearby) as I visited children's homes in the early evening on dimly-lit, unfamiliar streets in the disadvantaged area. In this way, through both their accounts and also through spending time in the children's own environments, I felt that I gained a sense of the extent to which socio-economic inequalities pervaded children's everyday spaces and local environments.

Children's discussions of leisure time and holidays also revealed stark differences, which really brought home the diversity of, or rather disparities between, contemporary childhoods within one Northern city. While children from School A talked about their busy extra-curricular schedules (including tennis, rugby, swimming, diving, football, musical instrument lessons, drama) and the wealth of opportunities they enjoyed, children from School B tended to talk about playing together in the street outside their house, in their homes or using the school grounds for a 'kick around' after school hours. Similarly, skiing holidays abroad or time spent in the family holiday home contrasted with short stays in resorts like Scarborough and Skegness.

Through children's narratives and my own observations I also became aware of the very contrasting school environments, particularly in relation to the style of teaching and learning and this was most likely closely related to the different levels of attainment at the two schools. Whereas Ofsted noted low attainment and relatively poor language and communication skills in School B, they highlighted above average attainment in School A, very much reflecting the broader UK picture in terms of the relationship between area affluence and attainment levels in local schools. At School B learning activities were mainly teacher-led with lots of whole class activities. Independent work was generally carried out within clear frameworks. At School A, however, children engaged in lots of independent work with much scope for autonomous thought and decision-making. Such insights are highly relevant for a researcher carrying out an interview-based study. Indeed, I was acutely aware that interviews are highly dependent upon people's capacity to verbalise and articulate (Mason, 2002). Throughout the process of data generation and analysis I recognised the need to facilitate and indeed ensure that the children's (and parents') voices from School B were not overshadowed by those from School A. The temptation to over-report the voices of the affluent, confident and articulate children (and parents), is something with which I really struggled and tried to resist. Thinking about and developing strategies which may help to minimise such differentials will be an important aspect of my future research with children.

In this way, though particularly evident in relation to children's discussions of family finances and healthy eating and also the clear disparities in access to health

information and opportunities to make sense of this information as outlined in the preceding chapter, children's narratives were suffused with references which highlighted inequalities in their socio-economic contexts. Indeed, the very form of their narratives also conveyed this. Although many of these differences could perhaps have been anticipated at the outset of the study and indeed cohered closely with the findings from epidemiological studies, talking with children and hearing their stories had a significant impact upon me. Their stories provided close-up, nuanced pictures of contrasting lives with the children from School B experiencing multiple forms of deprivation in comparison to the children from School A. At times I found the stories and descriptions from children at School B distressing and depressing. I sometimes found it difficult to know how to react or how to move on sensitively from their disclosures. When one girl described to me how her mother could not afford to pay the £20 deposit to borrow a school flute, for example, I wondered if she thought I might be able to help her out and of course I very much wanted to do so but at the same time I felt this was inappropriate in my role as a researcher.

Throughout the research process I experienced a tension between my role as a middle class, affluent academic and my commitment to working to draw attention to and potentially reduce socio-economic health inequalities. I was acutely aware that my childhood, like the children from School A, was characterised by privilege in terms of opportunities and resources. I also had much more in common with these children in terms of academic aspirations and attainment and indeed confidence. In some ways, I felt like I had to work harder to ensure that I came across as friendly, approachable and trustworthy to the children from School B and this inevitably impacted upon our interactions. My lack of familiarity with the local area, for example, marked me out as 'other' to them and they had to explain and provide more detail for me than did the children from School A. During the course of the research I felt compelled to highlight the inequalities in children's opportunities and resources as they became apparent (Bhaskar, 1978) and in this way act a kind of advocate. Through detailed and rigorous reporting of the research process and analysis, however, I have endeavoured to ensure that the thesis stands up as 'value-relevant' rather than 'value-laden' (Hammersley, 1992). The findings are grounded in the data rather than personal or political agendas.

From a personal perspective, recognising that health practices are very much embedded in the socio-economic realities of everyday life (Christensen, 2004), I feel that though at times the research journey has been an uncomfortable and emotive experience, getting to know the children and hearing about the issues and concerns they managed on a day-to-day basis will equip me to design and carry out relevant, sensitive research with children in diverse circumstances. In particular, I am excited about exploring in more depth how children from different backgrounds and with different resources, in cooperation and collaboration with friends, family and other important people in their environment, engage in health literacy practices in everyday life. I am also eager to further explore children's understandings of the social determinants of health more broadly, and their ideas the interrelationship between different health-relevant behaviours. These research foci cohere with my commitment to furthering theoretical understandings of children's health-relevant ideas and practices and also have important, internationally relevant, implications for health and social care policy and practice.

8. References

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9. Appendices

APPENDIX 1 **Topic-related teaching**

A1.1 Unit 2A: Health and growth

Through this unit children learn that animals (including humans) grow and reproduce. They can use ideas about feeding and growth to learn about ways we need to look after ourselves to stay healthy [...]

Sections in this unit relevant to this study:

1. Why we eat and drink

Objectives	**Outcomes**
Children should learn: • that humans need water and food to stay alive • to record information in drawing and charts • that there are many different foods	Children: • allocate an additional food to an existing group and explain their choice • state that if we don't eat and drink we will die

2. Eating different kinds of food

Objectives	**Outcomes**
Children should learn: • that we eat different kinds of food • to collect information and to present results as a block graph	Children: • describe some of the foods they frequently eat, each in terms of type or taste e.g. banana as fruit, crisps as salty • with help present results of food survey as a block graph and say what this shows e.g. the food most children like best is chocolate, only two people like fruit best

3. Planning a meal

Objectives	**Outcomes**
Children should learn: • that sometimes we eat a lot of some foods and not very much of others	Children: • state that over time we need water and a variety of foods, although occasional treats are all right

4. Exercising

Objectives	Outcomes
Children should learn: • that we need exercise to stay healthy • to make and record observations and to make simple comparisons	Children: • identify differences eg I was hotter after PE, I felt really tired after I went swimming, I felt thirsty after football • recognise that being well and feeling good is what being healthy means and that regular exercise contributes to this

5. Children and young adults growing into adults

Objectives	Outcomes
Children should learn: • that animals (including humans) produce young and these grow into children and new adults	Children: • match parent and offspring and explain that all animals produce young which grow into adults

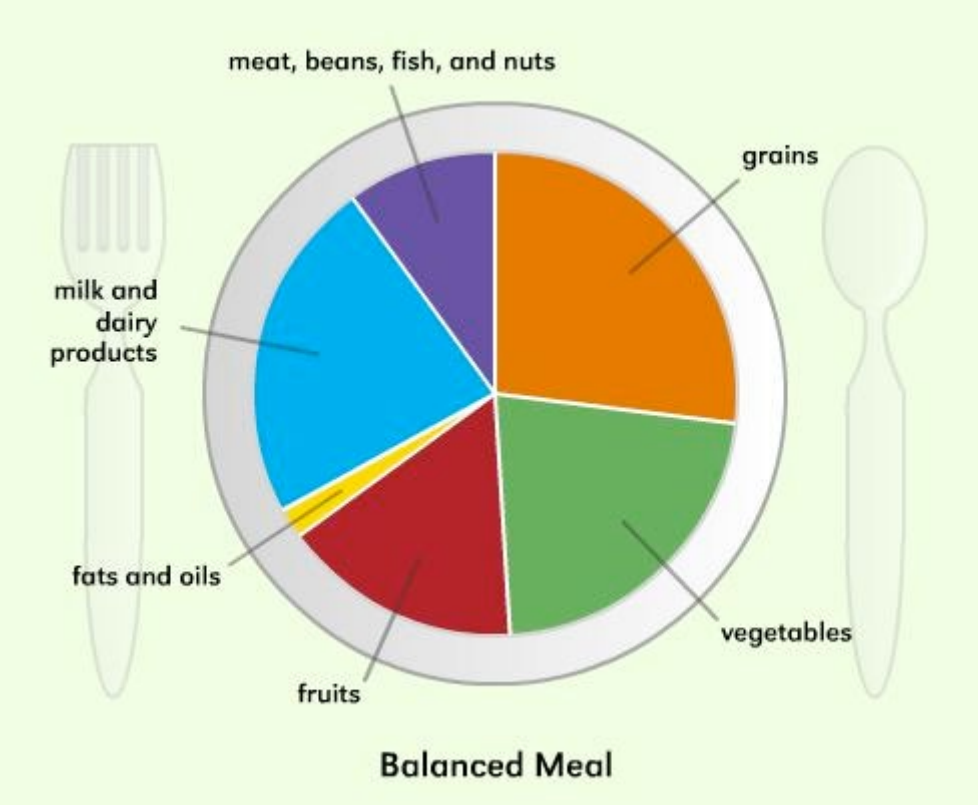
6. Looking after babies and children

Objectives	Outcomes
Children should learn: • that babies and children need to be looked after while they are growing • to ask questions in order to make simple comparisons of babies and toddlers	Children: • record in a variety of ways how the baby and the toddler need to be looked after and explain why this is necessary • ask questions about differences between the baby and toddler in order to make comparisons eg what does she eat, when does he go to sleep

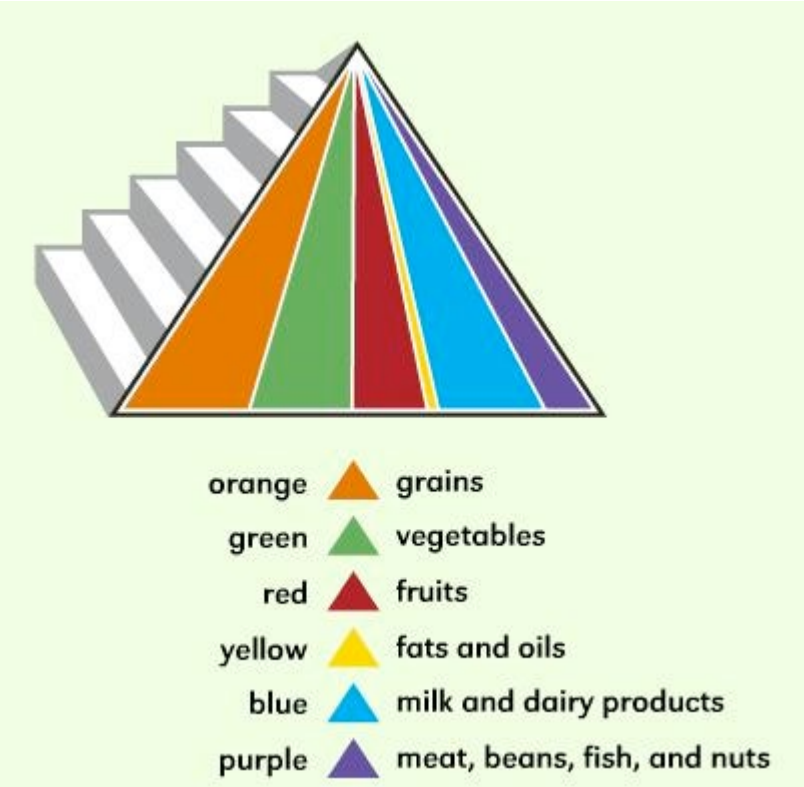
(DFEE 2000)

A1.2 Aide memoires for a balanced diet

A1.2.1 The balanced plate



A1.2.2 The food pyramid



APPENDIX 2 **Project materials**

A2.1 Email to headteacher

Dear X,

I am a PhD student in Public Health at the University of Sheffield. For my PhD, I am exploring:
- Children's experiences and perceptions of food in their daily lives
- Children's understanding of the relationship between food and health.

I would be very grateful if your school would consider supporting what I hope you will agree is an exciting project. I have collaborated with Amy Plant from the Sheffield Healthy Schools Team and Jeremy Hamm from the Children and Young People's Service in selecting your school for potential involvement and they are supportive of the research.

I would like to recruit approximately 15-20 Y5 children from your school to participate in paired interviews and task-based activities. I would then hope to recruit a sub-sample of about 5 children and their parents to take part in follow-up interviews.

I understand you and your staff are extremely busy, and would therefore take every measure possible to ensure there is minimal burden upon your school and staff. I enjoy working with children and I have experience of working as a teaching assistant in a primary school, leading a French club for primary school-aged children and also have a PGCE in French and Spanish. I would be very happy to volunteer some of my time to work as a classroom helper during the project both in recognition of the school's willingness to participate and also in order to develop a rapport with the children.

I am happy to visit the school or phone at a time convenient to you. Please let me know what suits you. Thank you very much for considering this. I look forward to speaking to you.

Yours sincerely,
Hannah Fairbrother

Teaching Assistant & PhD Student
The University of Sheffield
Telephone: 07885 974027
Email: h.fairbrother@sheffield.ac.uk

A2.2 Phase One: Information leaflet for children

The University Of Sheffield.

Children, food and health

What do you think?

My name is Hannah. I'm a student at Sheffield University. This is me...

I'm doing a research project about children, food and health. I'd like to talk to you and lots of other children to find out.....

- What you hear about food and if you believe it
- What you think about what you actually eat
- What is important to you about food and what is not important
- Whether you think food is important for being healthy

Before you decide if you want to take part in the project, it is important for you to understand why the research is being done and what it will involve.

Here are some questions you might have...

How can I help?
I'd like to talk to you and hear what you have to say. I have some fun activities that we can do together! We will go to a quiet space somewhere in the school like the library. We will talk in groups of 2 or 3. You can choose who is in your group.

Why have I been chosen?
Your school has agreed to take part in this study. I am asking boys and girls from Year 5 to help me.

Do I have to take part?
No, you don't have to take part but I would be very grateful if you did. I think you will find the project interesting and fun.
If you decide to take part you can change your mind at any time without giving a reason and choose not to do any parts you don't like the sound of. I won't mind about this at all.

Will you tell people what I say? You will be able to choose another name for yourself so that you can tell me whatever you like and nobody will know it's you. However, if you tell me anything about you or someone else being harmed, I will have to tell another adult.

What will you do with what I say?
Because it is really important that I remember what you say, I will need to record our conversations, but I will always tell you when I'm doing this.

Your ideas are really important. I will write up what you say for my project but I will not use your real name when I do this. Then I'll make sure I delete the recording. I'll also talk about what you say, using your made up names, to other people who are interested in children's ideas and thoughts.

Is it a test?
No. There are no right or wrong answers. I just want to know what you think.

What happens after?
If you enjoy taking part in the project you can carry on! I'd like to talk to some children at home and talk to their parents too. But I won't tell your parents what you've said or tell you what your parents have said!

Feel free to ask me any questions. You can also contact me by phone/ email/post:

☏ Phone: 07885 974027
E mail: h.fairbrother@shef.ac.uk
Post: Hannah Fairbrother
ScHARR
The University of Sheffield
Regent Court, 30 Regent Street
Sheffield, S1 4DA

A2.3 Phase One: Letter to parent/guardian and consent form

The University Of Sheffield.

Dear Parent/ Guardian,

I am a PhD student at the University of Sheffield and am carrying out a research project about children, food and health.

Your child's school has agreed to take part in this research and the class teachers have given their support. Your child has also expressed an interest in taking part. I would like to talk to children about their experience and views of food in their daily lives and how they understand the relationship between food and health. I am writing to ask for your permission to seek consent from your child to take part.

I enjoy working with children. I am a qualified teacher and have led a French club for primary school-aged children. I have enclosed an information sheet which describes the research and should help to answer many of the questions you may have. The research has been designed to be fun and interesting for children. All information from this research is strictly confidential, and individual children will not be identified in any of the reporting of the work.

If you have any further questions, please do not hesitate to contact me on the details below. I will also be available to answer any questions straight after school on Tuesday 1st and Wednesday 2nd February.

If you are **happy** for me to seek consent from your child to take part, **you do not need to do anything**. If you would **not** like me to ask your child to take part, please **return the form** below to the class teacher before Friday 4th December (you do not need to give a reason). If your form is not received by this date I will assume you are happy for me to seek consent from your child to participate. The research will take place from the week commencing 7th February.

Thank you very much for taking the time to read this letter and for considering your child's potential involvement in what I hope you agree is an exciting project at your child's school.

Hannah Fairbrother

Direct telephone: 07885 974027
Email: h.fairbrother@sheffield.ac.uk

I DO NOT wish my child to participate in the research project: Children, food and health.

Name of child (please print):

Name of parent/guardian (please print):

Signature of parent/guardian:

Date:

A2.4 Phase One: Information leaflet for parents

The University Of Sheffield.

Information for Parents

Research title: Children, food and health.

What is the purpose of the research?
The aim of this study is to understand children's experience and perceptions of food in their daily lives and how they understand the relationship between food and health. In the context of much debate and policies geared towards children and food, I believe it is important to find out children's ideas and understandings. I will be writing up the study for a PhD.

Why has my child been chosen?
Your child's school has agreed to take part in this research and the class teachers support the project. Your child has expressed an interest in taking part. If you agree, I will explain the research in detail to your child and seek their consent to participate.

Does my child have to take part?
They do not have to take part. Only parents of children who have expressed an interest in taking part have been contacted.

What if I change my mind?
You may change your mind at any point and your child will not be included in the research. If you do change your mind, please contact me. My contact details are at the end of this information leaflet.

What if my child changes their mind?
Your child is free to change their mind at any point. This is up to them. If they change their mind they will participate in normal classroom activities.

What does it involve?
The first part of the research is a discussion about children's everyday experience and perceptions of food at school and at home. Discussions will last about one hour and take place in small friendship groups of 2-3. To make the discussion fun, your child will be invited to complete short sorting activities with pictures of food and their own drawings. I will photograph the sorted pictures but not the children themselves. The next part will be a short activity where children will be asked to give their opinions of different statements about the relationship between food and health. The aim is to explore children's understanding and ideas in a fun and interesting way. I will also make it clear to the children that it is not a test with right or wrong answers; I just want to know what they think. The discussions will be recorded but all children will remain anonymous.

If your child enjoys their involvement in the project they will be asked to take part in the next phase, which involves talking to both your child and you in your home. If your child expresses an interest you will be contacted again to seek separate consent to participate in the next phase.

Continued…

When and where will the research take place?
The first phase of the study will take place in school. I have enhanced CRB checks and lots of experience of working with primary-aged children. However, in accordance with school policy, I will carry out the research in a quiet space in school within view of other school staff.

Is the research confidential?
All the research is strictly confidential and your child's identity will not be revealed to anyone. They will remain anonymous in all analysis and reporting of the research. The only exception to this is if they disclose any information which raises protection concerns, in which case the information will be passed on to the school's protection officer in line with the school's policy and the National Children's Bureau Guidelines for Research.

Who will have access to the data and where will it be held?
All data will be held in confidence at the University of Sheffield under my control. I will delete all audio recordings as soon as I have written them up. All data will be used only for the purposes of this research and not passed onto anyone else.

What will happen to the results of this research?
The results will be presented both nationally and internationally with the aim of informing policies geared towards children and food in the future. Participants in the study will not be identifiable in any of the reported material.

Who is funding the research?
The research is funded by the University of Sheffield.

Has the research been approved by an ethics committee?
The research has been approved by the University of Sheffield ethics committee. It also has the support of the Children and Young People's Service at Sheffield City Council.

Who should I contact for further information?
If you have any questions about the study or require any information, please do not hesitate to contact me:

Phone: 07885 974027 (please leave a message if I cannot answer your call)
E mail: h.fairbrother@shef.ac.uk
Post: Hannah Fairbrother
ScHARR
The University of Sheffield
Regent Court, 30 Regent Street
Sheffield, S1 4DA

THANK YOU FOR TAKING THE TIME TO CONSIDER THIS RESEARCH

A2.5 Phase One: Consent form for children

University of Sheffield

Consent Form for Children

Project: Children, Food and Health

Researcher: Hannah Fairbrother

Please tick box

1. Hannah has explained the project to me and I have read the information leaflet. I understand what the project is about. I have been able to ask questions. ☐
2. I understand that I do not have to take part in this project and that if I do take part but then change my mind or don't want to answer some questions then that is ok. ☐
3. I understand that what I say will be recorded and that parts of what I say may be written up or talked about by Hannah but with my made up name and school name. ☐
4. I would like to take part in this project. ☐

Name of Child	Date	Signature
Researcher	Date	Signature

**Sign and date in front of child*

Original + 2 Copies: 1 for the researcher and 1 for the child.

Any questions?

Please contact me by:

Phone: 07885974027 (please leave a message if I am not there)

E mail: h.fairbrother@shef.ac.uk

Post: Hannah Fairbrother
ScHARR
The University of Sheffield
Regent Court, 30 Regent Street
Sheffield, S1 4DA

A2.6 Phase One: Topic guide

Interview in friendship groups

Welcome, purpose, consent.

Thank you for taking part today, I'm really grateful to you for helping me with my project.

The project is about:

- What you hear about food and if you believe it
- What you think about what you actually eat
- What is important to you about food and what is not important to you
- Whether you think food is important for being healthy

I think it's really important to ask children about these topics. Please remember, there aren't any right or wrong answers. I'm interested in your lives and what you think. I'm interested in what you agree about and what you don't agree about. Today I'd like to talk to you about food during the school week. So I'll ask you some questions and we'll do some activities.

If there are any questions you don't want to answer that's absolutely fine. And if at any point you want to stop, just let me know, you can put up your hand like this if you like, and we can stop, no problem.

I'd be really grateful if you let me tape this because I've not got a very good memory and I won't be able to remember everything you say.

So, as it says in the information booklet, I'd like you to choose a name for yourself that I can use when I'm writing up what you say. This means that nobody will be able to tell what you've said.

WRITE PSEUDONYMS

Before we start, let's read through the consent form together and, if you agree, you can sign to say you would like to take part in the project.

Great, so first of all we can introduce ourselves so I can work out who's talking on the recording. Please tell me your name & bit about your family. You can use your real names. When I'm writing it up I'll use your fake name and change the names of anybody you mention so no need to worry about that.

Introduce ourselves (I start)

Who you live with

Brothers & sisters & ages

Parent(s) – at work or at home

Where do you live

1

Continued…

Tell me about what do you do for breakfast on a school day…

Altogether? (supervision, tv, rush , who decides - choice (what cereal),?)

Always have breakfast?

Breakfast club (supervision, choice, enjoyment)

So, the next thing I'd like to talk with you about is snacks at break time.

I'm wondering what is available from home or school, what you have (who chooses) and if there is anything else you might like to have…

If you like you can use these pictures or draw some of your own …

Tell me about lunchtime at school

School meals or packed lunches?

Who decides? Preference? Do you sometimes change?

Packed lunch - Different packed lunch every day? Who decides? Packed lunch rules?

Do you swap foods?

Rules about what you can eat at school (who makes the rules? agree with the rules? do people keep to the rules?)

How about a snack after school finishes?

We can use the pictures here again or you can draw your own if you like…

On the way home? Afterschool club? Childminder's? At home before meal?

Same kind of thing or different to snack at school?

Tell me about your evening meal

What do you call your evening meal in your house?

Do you look forward to …?

Who decides what you have to eat?

What did you have yesterday?

2

Continued…

Do you all eat at the same time / place? (eat early with siblings / wait & eat with parents?)

Do you ever have friends round for tea? Do you go round to anybody else's house for tea? Eat the same as usual?

Do you ever get takeaways or go out for food?

What about a snack before bed?

And the cooking? Do you ever join in? How about baking?

Homemade from scratch / ready meals

So, do you have any rules at home about what you can eat? Getting around the rules / arguments?

Do you ever watch any tv programmes about cooking or food?

Do you like to try foods you see on tv?

How about adverts for different foods and drinks?

How about food shopping? Can you tell me a bit about who goes shopping?

Where does X go?

What do you think X has to think about when working out what to buy?

Do you ever go shopping?

What do you think about if you see something you like at the supermarket?

Like trying new things?

Shops nearby?

Is there anything else you'd like to mention?

Explain next part of project – debate

A2.7 Phase One: Picture prompts

Selection of pictures: cox apple, banana, grapes, orange, fizzy drink, orange, squash, water, chocolate muffin, crisps, chocolate, doughnut.

British Heart Foundation (2006)

A2.8 Phase One: Debate statements

Debate in friendship groups

Thank you for taking part again today, I'm really grateful to you for helping me with my project.

On these cards I've got some things people say and I'd really like to know what you think.

- Do you agree? Why/ why not?
- Have you heard anyone say these things? What is the person like?

If you don't quite agree, you can write your own version on a mini whiteboard or we can re-write it together.

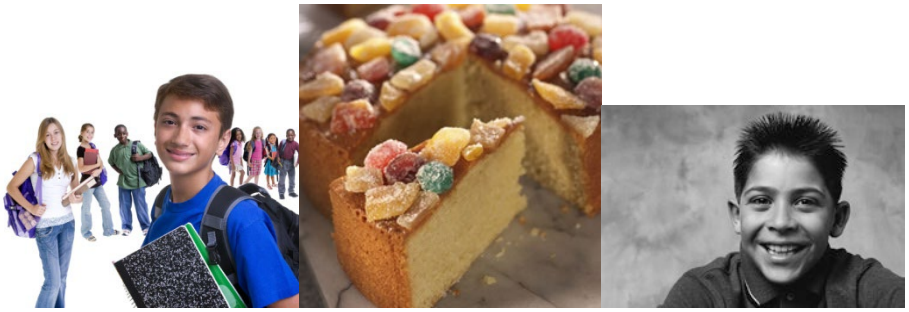
If at any point you want to stop, just let me know, you can put up your hand like this if you like, and we can stop, no problem. I'd be really grateful if you let me tape this again as I won't be able to remember everything you say. Of course I'll use your made up names when I write this up.

(Children invited to choose a picture with a statement for debate on the underside)

!!! Follow up each one e.g. which bits of chocolate are bad? What do they do?

Are there any other messages you've heard?
Do you believe them?
What is important to you about food?

Picture	Statement	Rationale
Trainers	It doesn't matter what you eat as long as you do lots of exercise.	Fuel, nutrition.
Chocolate bar	Chocolate is bad for you.	Balance, ingredients, effect on body.
Money (notes)	Eating healthily is expensive.	Resources, perceptions healthy eating.
Children	Adults need to think about what they eat more than children do.	Health beliefs, time.
Cake	If you eat lots of fruit and vegetables you can eat sweets and cake.	Off-setting, balance, total energy.
Smiling child	Eating healthily makes you feel good.	Well-being, concentration, energy.
School sign	It's easier to eat healthily at home than at school.	Contexts
Teacher	Children learn about being healthy at school.	Learning, messages (tv, parents, friends)
Boy eating ice cream	The most important thing is that the food tastes good.	Preferences/availability/health
Old and young women	Eating well when you're young is important for your future	Short vs long-term
Bikes	Parents should make sure their children eat what they need.	Responsibility



British Heart Foundation (2006)

A2.9 Phase Two: Information leaflet for children

The University Of Sheffield.

Children, food and health

What do you think?

It's me again!

Thank you so much for taking part in the first part of my project about children, food and health. I've really enjoyed talking with you and you've given me lots of interesting things to think about.

For the next part of the project, I'd like to come to your house and talk with you and then talk with one of your parents/ guardians.

Here are some of the things I'd like to talk with you about...

- A bit more about what we talked about in school
- What you think it means to eat healthily
- The connection between what you eat and your body

If you like, you can draw or write down some of your ideas too, it's up to you.

I'd like to talk with your parent/guardian about these topics and the topics we talked about in school.

Will you tell my parents what I say?
No. I won't tell your parents what you've said or tell you what your parents have said!

Here's a reminder of some questions you might have about my project...

Do I have to take part?
No, you don't have to take part but I would be very grateful if you did.
If you decide to take part you can change your mind at any time without giving a reason and choose not to do any parts you don't like the sound of. I won't mind about this at all.

Will you tell people what I say? I will use the name you chose for yourself at school so that you can tell me whatever you like and nobody will know it's you. However, if you tell me anything about you or someone else being harmed, I will have to tell another adult.

What will you do with what I say?
Because it is really important that I remember what you say, I will need to record our conversations, but I will always tell you when I'm doing this.

Your ideas are really important. I will write up what you say for my project but I will not use your real name when I do this. Then I'll make sure I delete the recording. I'll also talk about what you say, using your made up names, to other people who are interested in children's ideas and thoughts.

Is it a test?
No. There are no right or wrong answers. I just want to know what you think.

Feel free to ask me any questions. You can also contact me by phone/ email/post:

☎ **Phone:** 07885 974027
💻 **E mail:** h.fairbrother@shef.ac.uk
✉ **Post:** Hannah Fairbrother
ScHARR
The University of Sheffield
Regent Court, 30 Regent Street
Sheffield, S1 4DA

A2.10 Phase Two: Letter to parent/guardian

The University Of Sheffield.

Dear Parent/s

As you know, I have been working with your child's class collecting data for my 'Children, food and health' project. I have been helping out in class and talking with children and now for the next phase of the project, I would like the opportunity to speak to parents and their children.

If possible I would like to visit you in your home and talk to you and your child separately. I have included an information leaflet about this part of the project, much of which will be familiar from the first part. All information will be confidential and neither you nor your child will be identifiable in the reporting of the work.

Here are some of the questions I would like to ask you...

- What messages about food does your child hear and where do they come from?
- How do you think your child understands the relationship between food and health?
- What do you think your child feels is important in relation to food?

Participation is completely voluntary but I would very much like you to be involved. I am hoping to recruit about five families from your child's class. In appreciation of your time I would like to give you and your child each a Meadowhall voucher.

What now?

Please either return the slip at the bottom of this letter to school via your child or contact me on 07885 974027 or h.fairbrother@shef.ac.uk

I will recruit families as I receive replies so if you and your child are keen to participate please let me know as soon as possible. Thanks very much for your support.

Best wishes
Hannah Fairbrother

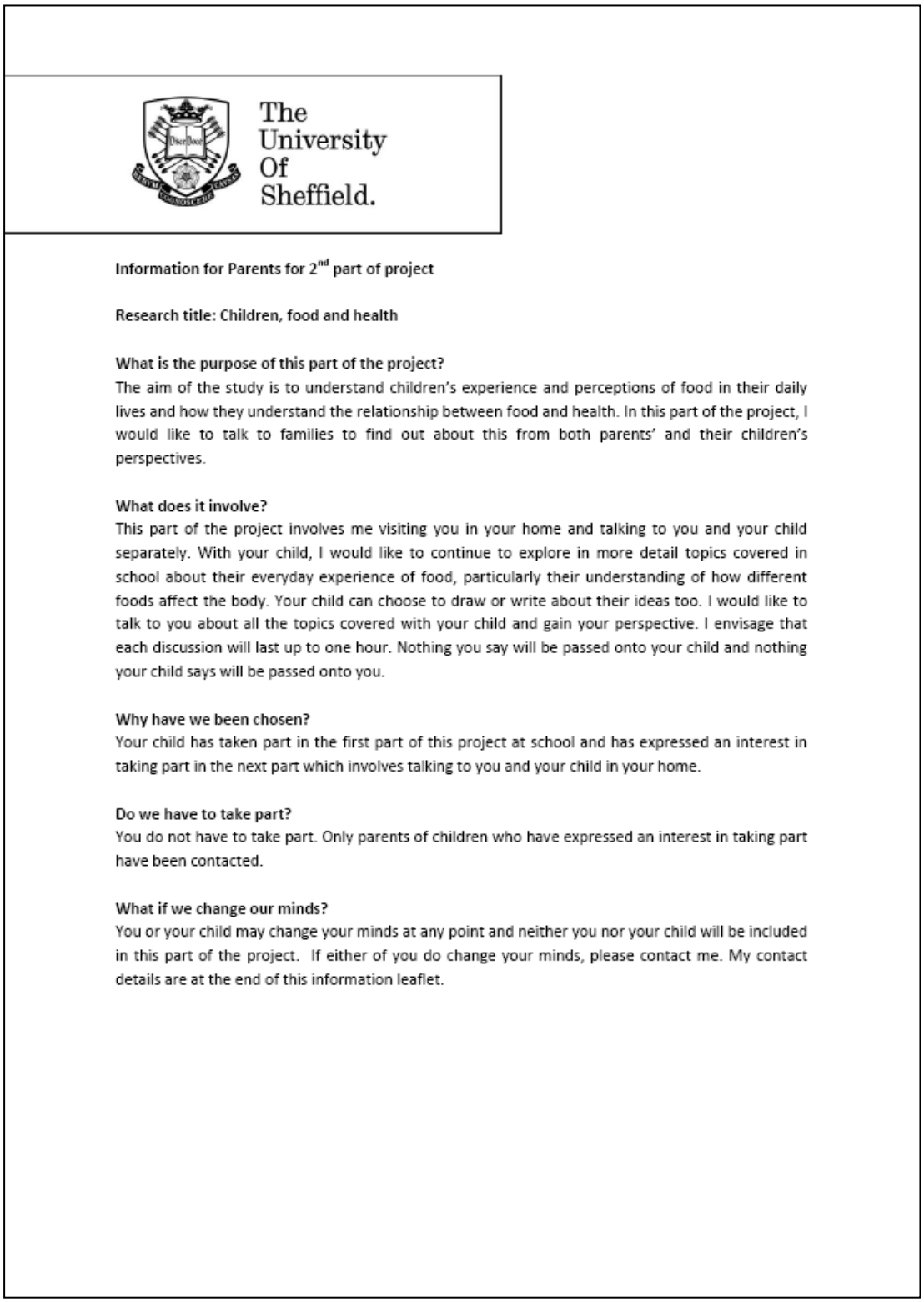
Name of parent/guardian: ----------

Child's name: ----------

Address: ----------

Phone number: ----------

A2.11 Phase Two: Information leaflet for parents



The University Of Sheffield.

Information for Parents for 2nd part of project

Research title: Children, food and health

What is the purpose of this part of the project?
The aim of the study is to understand children's experience and perceptions of food in their daily lives and how they understand the relationship between food and health. In this part of the project, I would like to talk to families to find out about this from both parents' and their children's perspectives.

What does it involve?
This part of the project involves me visiting you in your home and talking to you and your child separately. With your child, I would like to continue to explore in more detail topics covered in school about their everyday experience of food, particularly their understanding of how different foods affect the body. Your child can choose to draw or write about their ideas too. I would like to talk to you about all the topics covered with your child and gain your perspective. I envisage that each discussion will last up to one hour. Nothing you say will be passed onto your child and nothing your child says will be passed onto you.

Why have we been chosen?
Your child has taken part in the first part of this project at school and has expressed an interest in taking part in the next part which involves talking to you and your child in your home.

Do we have to take part?
You do not have to take part. Only parents of children who have expressed an interest in taking part have been contacted.

What if we change our minds?
You or your child may change your minds at any point and neither you nor your child will be included in this part of the project. If either of you do change your minds, please contact me. My contact details are at the end of this information leaflet.

Continued...

Please find below a reminder of some of the details about the research project:

Is the research confidential?
All the research is strictly confidential. You and your child will remain anonymous in all analysis and reporting of the research. The only exception to this is if they disclose any information which raises protection concerns, in which case the information will be passed onto the school's protection officer in line with the school's policy and the National Children's Bureau Guidelines for Research.

Who will have access to the data and where will it be held?
All data will be held in confidence at the University of Sheffield under my control. I will delete all audio recordings as soon as I have written them up. All data will be used only for the purposes of this research and not passed onto anyone else.

What will happen to the results of this research?
The results will be presented both nationally and internationally with the aim of informing policies geared towards children and food in the future. Participants in the study will not be identifiable in any of the reported material.

Who is funding the research?
The research is funded by the University of Sheffield.

Has the research been approved by an ethics committee?
The research has been approved by the University of Sheffield ethics committee. It also has the support of the Children and Young People's Service at Sheffield City Council.

Who should I contact for further information?
If you have any questions about the study or require any information, please do not hesitate to contact me on the details below:

Phone: 07885 974027 (please leave a message if I cannot answer your call)
E mail: h.fairbrother@shef.ac.uk
Post: Hannah Fairbrother
ScHARR
The University of Sheffield
Regent Court, 30 Regent Street
Sheffield, S1 4DA

THANK YOU FOR TAKING THE TIME TO CONSIDER THIS RESEARCH

A2.12 Phase Two: Consent form for parent/guardian

University of Sheffield

Consent Form for Parent/Guardian

Title of Research Project: Children, Food and Health

Name of Researcher: Hannah Fairbrother

Please tick box

1. I confirm that I have read the information leaflet explaining the above research project and I have had the opportunity to ask questions about the project. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline to do so at any time. ☐
3. I understand that my responses will be kept strictly confidential. I give permission for the researcher's university supervisors to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. ☐
4. I agree for the anonymised data that is collected from me to be used in future research. ☐
5. I agree to take part in the above research project. ☐

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Researcher	Date	Signature

To be signed and dated in presence of the participant

Original + 2 Copies: one for the researcher and one for the participant.

Any questions?

Please feel free to contact me by:

Phone: 07885974027 (please leave a message if I am not there)
E mail: h.fairbrother@shef.ac.uk
Post: Hannah Fairbrother
SoHARR
The University of Sheffield
Regent Court, 30 Regent Street
Sheffield, S1 4DA

A2.13 Phase Two: Consent form for children

University of Sheffield

Consent Form for Children

Project: Children, Food and Health

Researcher: Hannah Fairbrother

Please tick box

1. Hannah has explained the project to me and I have read the information leaflet. I understand what the project is about. I have been able to ask questions. ☐
2. I understand that I do not have to take part in this project and that if I do take part but then change my mind or don't want to answer some questions then that is ok. ☐
3. I understand that what I say will be recorded and that parts of what I say may be written up or talked about by Hannah but with my made up name and school name. ☐
4. I would like to take part in this project. ☐

_____	_____	_____
Name of Child	Date	Signature
_____	_____	_____
Researcher	Date	Signature

**Sign and date in front of child*

Original + 2 Copies: 1 for the researcher and 1 for the child.

Any questions?

Please contact me by:

Phone: 07885974027 (please leave a message if I am not there)

E mail: h.fairbrother@shef.ac.uk

Post: Hannah Fairbrother
ScHARR
The University of Sheffield
Regent Court, 30 Regent Street
Sheffield, S1 4DA

A2.14 Phase Two: Topic guide for individual interviews with children

Individual Interview in the home topic guide

1) **How we work out what is healthy or not so healthy**

(Child chooses whether and how to use Phase 2 Activity 1 or not)
What do you think a healthy person eats?
What do you think an unhealthy person eats?
Is there any overlap?
How did you find out about this?

Prompts
Can think about people you know / things you've learned
Mention ideas particular child came up with in school context
e.g. talked about artificial v. natural
e.g. talked about lots of sugar

2) **The connection between what you eat and your body**

(Child chooses whether and how to use Phase 2 Activity 2 or not, can use ideas from activity 1)
What would someone who eat really healthily look like? (inside and out)
What would someone who doesn't eat healthily look like? (inside and out)

Prompts
mention ideas particular child came up with in school context
e.g. talked about body needing energy
e.g. talked about putting on weight if eat too much chocolate
e.g. sugar – what happens after it goes in your mouth – where does it go?

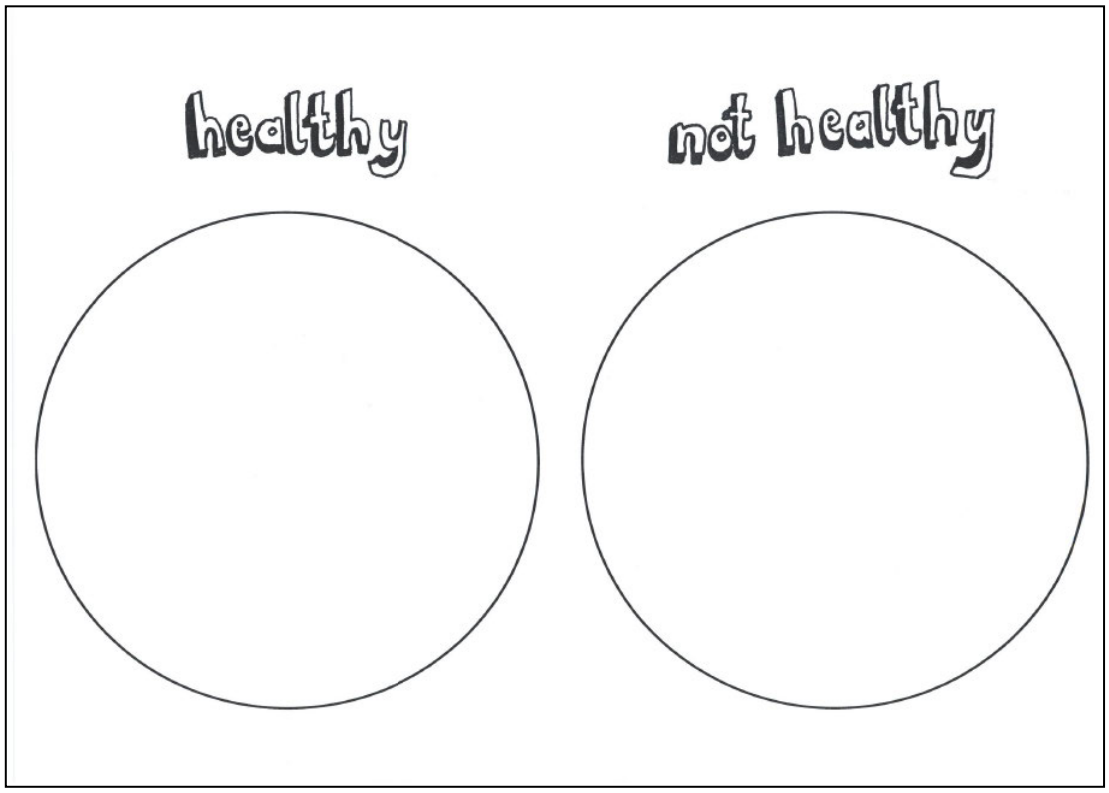
What do different foods do to your body?
What foods does your body need?
Does everybody need the same?
How do they help or stop you from doing what you need to do with your body?
Have you heard of any health problems / illnesses that are linked to what you eat?
How did you find out about this?

3) **Specific questions for each child particularly in relation to family understandings and relationship between food and body.**

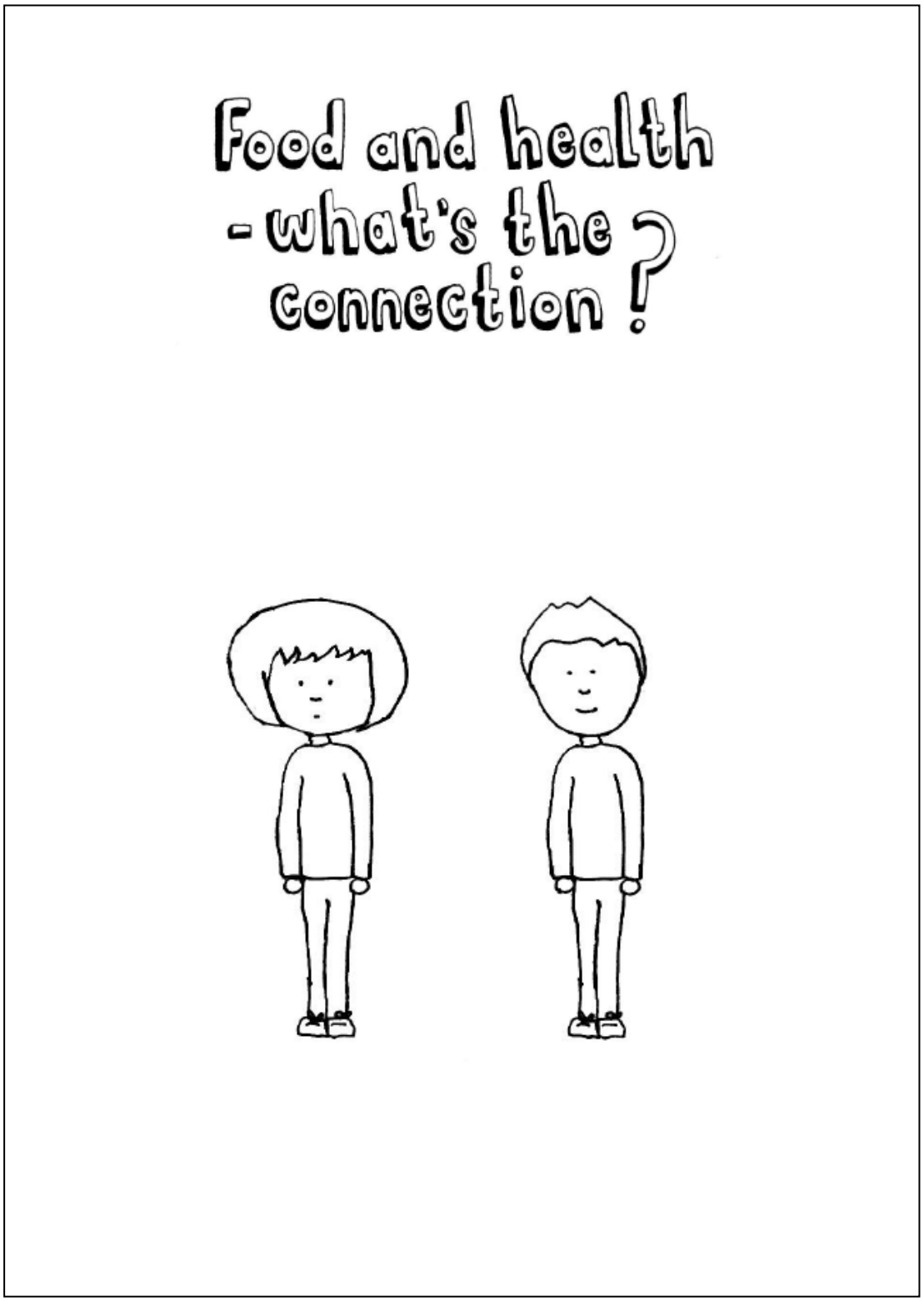
e.g. Bob – differences and similarities between messages from family and messages from school re. healthy eating; understanding of how food practices pass down the generations; eating healthy as responsibility to parents diabetes if eat too much chocolate; healthy body needs some chocolate, etc.

e.g. Nick – any differences mum's and dad's house, dad's friend's healthy eating mottos e.g. 'no pain no gain' and 'food that feeds you', how work out what body needs e.g. talked about sugar after a long run, , importance of developing good habits when young, etc.

A2.15 Phase Two: Activity one



A2.16 Phase Two: Activity two



A2.17 Phase Two: Topic guide for interviews with parent/guardian

Interview with parents

Thank you so much for agreeing to talk with me. As you know, my project is looking at different messages children interact with about food and how they understand the relationship between food and health. I'm interested to hear about this from both children's and parents' viewpoints.

I'd like to record the interview but when I write it up everything will be anonymous. All information will be confidential and neither you nor your child will be identifiable in the reporting of the work. Is this okay with you? Do you have any questions?

Messages

What messages do you think your child gets about food?

- Where do they come from?

Does your child ever ask for food and drinks they see on the TV?

Does your child talk to you about things they hear about food at school? (in lessons or in terms of what they're allowed to eat at school)

Do you think your child likes to eat the same as their friends?

Do you think your child is aware of anything the media says about children's relationship with food?

Have you or your family had any contact with healthy eating initiatives like Change4Life?

Do you think your children take any notice of what you eat?

Understanding

What do you think your child understands by the concept of eating healthily?

How do you think they work out what's healthy or unhealthy?

How do you think your child thinks different foods affect their body?

Where do you think your child finds out about eating healthily?

Do you talk about healthy eating at home?

Do they ask you questions about how healthy or unhealthy different foods are?

Do you think your child is health conscious in relation to what they eat?

Do you think children should take some responsibility for eating healthily?

Continued…

Practices

Do the children eat the same or different things to you?

Are there things you try to get your child to eat more / less of?

- Does this ever cause any arguments?

Who decides what the children eat at home?

How about at school?

Are there any foods the children aren't allowed to eat at certain times of day or anything like this?

Do the children ever do any cooking or baking?

Change in routine

Do the children have friends round for meals?

- Do you cook the same or different things to usual?

Do you eat different things at the weekend or on holiday?

Do you buy takeaways or go out for meals at all?

Do the children have food as a treat sometimes?

Shopping

What are your priorities when working out what to buy? (time, cost, health, preference)

Do you think your child is aware of these priorities?

Is the cost of food important for your family?

Are there things you'd like to buy for your family but you choose not to?

Do you think children take after their parents in terms of eating?

Demographics

- Who lives with you in your home? (relationships, ages)
- Do you or your partner work? What is your occupation?

Thank you so much for your time today. I'll just give you a minute or so to think about whether there's anything else you'd like to discuss and I'll just check through my list of topics to discuss with you.

APPENDIX 3 Gender, age and family members of children

A3.1 School A

Pseudonym	Gender	Family members as described by children (age in years of siblings if provided)
Rowan	M	Splits time between mum and dad's houses with sister (9)
George	M	Mum, dad, sisters (7, 2)
Stephanie	F	Mum, dad, 2 brothers (8, 4)
Phoebe	F	Mum, dad, 2 brothers (18,14)
Abigail	M	Mum, dad, sister (13), brother (6)
Nick	M	Mum, sees dad at the weekend
Bob	M	Mum, dad, sister (12)
Lilly	F	Mum, dad, 2 sisters (8, 11), 2 step-sisters live with their mum
Nicky	F	Mum, dad, sister (11), brother (2)
Fred	M	Mum, dad, brother (13)
Jacob	M	Mum, dad, 2 sisters (13, 11)
Lizzy	F	Mum, dad, brother (13)
Katherine	F	Mum, dad
Jake	M	Mum, dad, sister (7), 2 brothers (14, 12)
Bex	F	Mum, dad, sister (17)
Bradley	M	Mum, dad, brother (6)
Ali	F	Mum, dad, sister (4)
Emma	F	Mum, dad
Taylor	M	Mum, dad, 4 brothers (9, 8, 2, 5 months), sister (5)
Michael	M	Mum, dad, brother (18)
Ava	F	Mum, dad, 2 sisters, (8, 6)
Aaron	F	Splits time between mum's and dad's, sister (7)
Michelle	F	Mum, dad, brother (8)
Sam	M	Mum, dad, sister (4)
Edward	M	Divides time equally between mum's and dad's, no siblings
Thomas	M	Mum, dad, sister (4)
Olivia	F	Mum, dad, brother (7)
Harry	M	Mum, dad, 2 sisters (8, 6)
Bill	M	Mum, dad, brother (13)

A3.2 School B

Pseudonym	Gender	Family members as described by children (age in years of siblings if provided)
Regan	M	Mum, dad, 2 brothers (11, 6)
Ski	F	Mum, dad, brother (13)
George	M	Mum, dad, brother (8)
Tim	M	Mum, 3 brothers (21, 18, 6)
Josh	M	Mum, dad, sister (6)
Elizabeth	F	Mum, dad, brother (13)
Sam	M	Mum, dad, sister (6), 2 step-brothers (9, 11)
Caitlin	F	Mum, mum's boyfriend, brother (10), sister (4).
Kelly	F	Mum, step-dad, 4 sisters (6, 13, 16, 11), 2 brothers (3, 2) sister's friend.
Tom	M	Mum, dad, sister (12), brother (18)
Rooney	M	Mum
Daniel	M	Mum, dad, sister (3)
Louise	F	Mum, dad, sister (10)
Hermione	F	Mum, dad, sister (5), brother (3)
Kerry	F	Dad, stays with mum at weekend.
Joseph	M	Foster carers, their two daughter. Sometimes stays with dad (Sam's family).
Simone	F	Mum, dad, brother (7), sister (20).
Vanessa	F	Mum, step-dad. Sometimes stays with step-mum and 4 step-sisters, 3 brothers elsewhere.
Cheryl	F	Mum, mum's boyfriend, brother (5)
Selina	F	Mum, aunty, aunty's boyfriend, nannan, 4 cousins.
Rosalyn	F	Mum, dad, brother (18)
Jack	M	Nannan, granddad.
Lee	M	Mum, step-dad, 3 brothers (10 , 8, 5)
Miley	F	Mum, sister (5), brother (6)

APPENDIX 4 **Deriving a theme**

Global theme: Children's understanding of family financial resources and their impact on eating healthily

Descriptive codes	Basic themes	Organising themes
• Relative affluence • Rich • Poor	1. Children depict stereotyped caricatures of rich and poor 2. Children can also engage with ideas of ideas of relative affluence and poverty	The connection between financial resources and healthy eating practices
• Family financial resources • Free school meals • Fruit tuck shop • Price	1. The less affluent children make frequent, spontaneous reference to financial constraints 2. The more affluent children tend only to mention price when prompted to do so and concede that, for their families, price is an important but not constraining factor	Awareness of family financial resources and their influence on food purchase
• Cost-saving strategies • Hierarchies (outlets & foods) • Quality • Price • Relationship between cost and healthiness of food	1. Children propose a variety of strategies to facilitate eating healthily on a budget, some of which are adopted by their own families 2. Children construct hierarchies of food purchasing outlets and ally quality and price	Strategies to facilitate eating healthily on a budget
• Expensive • Cheap • Price • Government • Supermarkets • Relationship between cost and healthiness of food	1. Children generally maintain that eating healthily is affordable due to the perceived low cost of fruit and vegetables 2. Children disagree over the motivations of governments and supermarkets in deciding food prices but emphasise state and corporate responsibility for ensuring that eating healthily is affordable	The relationship between the cost and healthiness of food

APPENDIX 5 **Ethical approval**

The University Of Sheffield.

Cheryl Oliver
Ethics Committee Administrator

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Our ref: /CAO

9 August 2010

Hannah Fairbrother
ScHARR

Dear Hannah

Children, Food and Health

Thank you for submitting the above research project for approval by the ScHARR Research Ethics Committee. On behalf of the University Chair of Ethics who reviewed your project, I am pleased to inform you that on 20th September 2010 the project was approved on ethics grounds, on the basis that you will adhere to the documents that you submitted for ethics review.

If during the course of the project you need to deviate significantly from the documents you submitted for review, please inform me since written approval will be required. Please also inform me should you decide to terminate the project prematurely.

Yours sincerely

[redacted]

Cheryl Oliver
Ethics Committee Administrator

APPENDIX 6 Publications and presentations related to this thesis

A6.1 Publications

Fairbrother, H., Curtis, P., Goyder, L. (2012) Children's understanding of family financial resources and their impact on eating healthily. Health and Social Care in the Community, 20 (5) 528-36. DOI: 10.1111/j.1365-2524.2012.01070.x

Fairbrother, H. (2012) Creating Space: Maximising the potential of the Graduate Teaching Assistant Role. Teaching in Higher Education, 17 (3) 353-58. DOI: 10.1080/13562517.2012.678601

Excerpts from my PhD literature review have also been used as examples of good practice in the following book and companion website: Ridley, D (2012) The Literature Review. 2nd edition. Sage, London.

A6.2 Publications in progress

Fairbrother, H., Curtis, P., Goyder, E. (in progress) 'We don't have like lollies in our house and stuff like that [...] so then you just get used to not having them': Children's perceptions of continuities in family food practices. To be submitted to: Families, Relationships and Societies.

Fairbrother, H. and Palmer, A. (April 2013) Beyond 'the research child': representing diversity in qualitative research with children. To be submitted for potential inclusion in a special edition of the International Journal of Child, Youth and Family Studies.

A6.3 Conference and seminar presentations

Fairbrother, H., Curtis, P., Goyder, E. (June 2013) 'We don't have like lollies in our house and stuff like that [...] so then you just get used to not having them': Children's perceptions of continuities in family food practices. Oral presentation for the Centre for Research on Families and Relationships International Conference, University of Edinburgh.

Fairbrother, H. and Palmer, A. (April 2013) Beyond 'the research child': representing diversity in qualitative research with children. Oral presentation for the Centre for the Study of Childhood and Youth Postgraduate Seminar Day, University of Sheffield.

Fairbrother, H., Curtis, P., Goyder, E. (February 2013) 'Food that feeds you': children's understanding of the relationship between food and health. Poster for the Centre for Health and Wellbeing in Public Policy Exhibition, University of Sheffield.

Fairbrother, H. (July 2012) 'Chocolate doesn't feed you...': children's views on how food relates to health. Oral presentation at the Centre for the Study of Childhood and Youth International Conference, University of Sheffield.

Fairbrother, H., Curtis, P., Goyder, L. (July 2011) Material constraints and Healthy Eating – the views of primary school children in socio-economically contrasting communities. Oral presentation at the International Medical Geography Symposium, University of Durham.

Fairbrother, H. (May 2011) Children's understanding of family financial resources and their implications for healthy eating. Oral and poster presentation at ScHARR Research Day, University Sheffield.

Fairbrother, H. (September 2010) PhD Research Proposal. Oral presentation at the Social Health Research Group seminar, University of Sheffield.

Fairbrother, H. (June 2010) PhD Literature Review findings and current thinking. Oral presentation at the ScHARR Postgraduate Conference, University of Sheffield.

Fairbrother, H. (May 2010) What are the food messages that children interact with and how do they make sense of them? Poster presentation at ScHARR Research Showcase, University of Sheffield.