

insights

evidence summaries to support
social services in Scotland

children, food
and care

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written by

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Key points

- Food and routines and rituals that surround it – shopping, preparing, cooking, serving, cleaning up - are important parts of our lives, yet often we fail to recognise the symbolic or hidden meanings of these activities.
- What, where, when and with whom we eat may send all sorts of messages. Food may be used to show we care or to exercise control. This is what we mean by the symbolic meaning of food.
- Food is a powerful medium through which caring and trust can be achieved and reinforced and a sense of belonging created.
- People, particularly children, often use food as a means of exerting power and control, particularly where they feel powerless and when power is being exercised by adults outside the immediate family.
- Establishing routines such as fixed mealtimes may be seen as important elements for the creation of a ‘family-like home’.
- Tension may arise between the use of food to control children on the one hand and recognition of their growing autonomy on the other.
- Children may have to learn and adjust to new rules about food when moving from home to residential accommodation: what may be seen as playful at home may be considered as deviant or challenging in residential care, or vice versa.

Introduction

Public policies and guidance concerning food tend to focus on its nutritional importance and its preparation and storage. Yet, thinking about food practices can be a useful way to reflect on broader issues about care. The way in which food is experienced can play an essential part in experiences of social care. The recurring and familiar cycle of routines that surround food practices, from shopping to preparing, to consuming and cleaning up, may lead us to overlook symbolic or hidden meanings, such as the link to wider care principles, such as the fulfilment of rights. Thinking about food practices, can therefore, be a useful way to reflect on broader issues about care.

The evidence

This *IRISS Insight* reviews the evidence about how food practices affect children in different care settings, drawing heavily from the experience of children in foster and residential care. However, many of the issues explored here have similarities to the experience of adults supported by social services and carers, so the Insight may also be of interest beyond those working with children.

Symbolism, shared meanings and belonging

Food works not only on a material level as sustenance, but also on a symbolic level as something that may represent thoughts, feelings and relationships. For instance, the same foodstuff can mean different things depending on who makes it, how and when it is eaten, and the relationship between the person eating and making the food. What, where, when and with whom we eat may send all sorts of messages. Food can play a powerful role in the demonstration of care and affection or to exercise control. This is what we mean by the symbolic meaning of food (Punch and colleagues, 2009).

In research conducted in three residential care homes in Scotland, several children suggested that knowing how somebody likes their food or drink and paying attention to detail, such as how you like your cheese on toast, helped children feel cared about. It was also a useful way for children to

show care to others, for example, through offering someone a cup of tea and remembering how they like it. Food interactions were tangible illustrations of holding somebody in mind and respecting them as a person (Emond and colleagues, 2013).

Food has a particularly important role in achieving or reinforcing trust and a sense of belonging: often it is the mechanism through which a 'family' and a 'home' can be created and maintained. However, because different people have different experiences and attach different meanings to food, these meanings may be not interpreted in the way intended. For example, while staff may intend to use food as a way of welcoming a child into care, the child may interpret this as a means of control.

A further source of confusion arises from the differing experiences, views and professional roles of the adults working in residential or institutional settings. In schools, for example, dinner ladies, teachers and classroom assistants have been found to hold different professional values and beliefs about food and its use. They also have different levels of power to influence food practices.

Institutional practices

'Institutional' care for children has long been associated with characteristics which deny individuality: the tight scheduling of activities, living as a group, having to adapt to the institution, the regulation of everyday life through formal rules, and the level of differentiation between staff and residents (Kendrick, 2008). The importance of routine and ritual continues into current care practices. For example, many residential homes insist on fixed times for meals which might involve constraining what individuals can do.

Marshall (2005) argues that routines serve to simplify everyday life and provide a sense of normality and predictability. This is a sentiment echoed by staff across residential care homes who may emphasise the importance of routines in the provision of care, particularly given many children's past experiences of instability and chaos (Howe, 2005). Staff can see it as their responsibility to compensate for these experiences by, for example, having predictable mealtime routines and having basic food always available (Punch and colleagues, 2012: 5).

One care worker described such food routines as providing 'themes of constancy' (Assistant Manager, quoted in McIntosh and colleagues, 2010). Such characteristics still feature prominently in people's understandings of what it means to be

‘institutional’, as reflected in this explanation by Alice, a cook working in a residential care home:

Set rules, set times, bedtime at a certain time, up in the morning, breakfast sitting down and all sitting together at breakfast, all going to school at a certain time, wearing the same sort of clothes, your name on your clothes, things like that. It's different children have different needs so that's why it's not good to have institutional things ... like people in boarding schools, all sleeping in the same big dormitories. All in a line for their dinner, all in a line for cleaning their teeth, things like that. You don't have that in here, it's more relaxed here really. And they are trusted. (quoted in Dorrer and colleagues, 2010)

Health and safety regulations can further emphasise an institutional nature. Ensuring that children stay healthy and safe can also require the restriction of access to certain foods or food related spaces. Concerns for safety can easily result in practices contrary to the original aim of creating an open ‘homely’ space for all. In contrast, food practices which are considered less institutional, such as having a takeaway in front of the TV, can be presented and experienced as a reward for good behaviour.

Evidence suggests that children think the creation of a ‘home like’ space which allows for flexibility around food practices is important. On the other hand the ‘institutional’ aspects that staff worried about – for

example the large number of people living together or having a cook –were not of great concern to the children. In fact, in one study, many children said they preferred living in a children’s home than in a foster home because there were more people to interact with and they liked having a cook (Dorrer and colleagues, 2010: 252).

Family-like home

Current UK policy tends to favour foster over residential care and promotes the view that children need families in order to grow and develop. Institutional care can be viewed as the opposite of a family and despite complexities and contradictions, the nuclear home continues to be regarded as the optimum place for bringing up children. In part because of the difficulties in defining what good parenting or care looks like, often those involved in supporting children draw on concepts about the ‘ideal family’ in order to reflect on whether what they are doing is ‘good enough’ (Curtis and colleagues, 2011).

Those involved in caring for children often consider food routines and mealtimes to be crucial for the creation of a ‘family-like home’ and to enable them ‘to teach these kids some elements of normal life’ (Care worker, quoted in McIntosh and colleagues, 2010).

Staff can draw on different ways of ‘doing family’ based on their own home life or views about the ideal family experience. Such practices can include: mealtimes around the table, having snacks, providing ‘home-cooked’ food, children’s participation in menu planning and setting the table. Eating together and mealtime-related interactions in the communal spaces of the kitchen and dining room tend to be considered as key practices in providing children with a sense of home and belonging. Food practices adopted in their own homes were key reference points, and things such as having takeaways in front of the TV were seen as an opportunity to give the children experience of ‘normal’ family life (Dorrer and colleagues, 2010).

Residential homes, and to some extent foster homes, are faced with the contradictory situation of being both a ‘home’ and ‘workplace’ (McIntosh and colleagues, 2011). Being able to help themselves to food and eat with the children was an important way for residential home staff to join in ‘doing’ home while being at work. The shift towards abolishing separate food breaks and making meals free for staff is linked by some to the creation of a more family-like home. Stop-overs in the kitchen for a cup of tea or a sandwich could help staff switch between the twin roles of managing office tasks and spending leisure time with children. Sharing food breaks with the children and eating the same as them could further bridge the place of home and the place of work.

Despite the emphasis on mealtimes as ‘family-like time’, they are also often used to welcome visitors or external workers to the residential home. In this sense, mealtimes are being used as a ‘display’ of the quality of care work delivered by the staff (Finch, 2007). Mealtimes, in particular, can become a training ground and tester of the adults’ and children’s skills and discipline, either because of having to manage or cope with the exposed group setting or due to the adherence to explicit and implicit rules of conduct.

Power and resistance

Studies have examined how power relationships between adults and children are played out and negotiated via food practices (Pike, 2008). Food is a key tool in the construction of children’s identities and there is a tension between controlling children on the one hand, while acknowledging their growing autonomy on the other.

Food practices also create or reinforce hierarchies within families and organisations. The resulting power relationships become incredibly complex when they involve, for instance, dinner ladies, classroom assistants and teachers (Pike, 2011); cooks, domestic staff and care staff (Dorrer and colleagues, 2010); foster children and birth children (Kohli and colleagues, 2011).

In the three children's homes studied by Dorrer and colleagues there was a fine line between the staff's regulation of access to food and spaces being perceived by the children as helpful and caring as opposed to constraining. For example, many children felt it was appropriate to lock the snacks cupboard which contained crisps and sweets, but when rules for handing out snacks became too rigid there was a clear perception that this was unfair: 'cause we should be able to help ourselves in our own house'. The same was the case in relation to children being encouraged to help with food-related chores in order to give them a sense of ownership and place. When participation was enforced, for example, through a rota system or sanctions, it was not experienced as learning or caring by the children but as unfair control or an imbalance of power.

Much of the literature highlights the important role that food and food practices can play in the resistance of power and control. Children's strategies of resistance emerge particularly strongly in settings where adult control is exerted by those beyond the immediate family.

In residential homes, for example, children may resist routines while at the same time accept their importance. Such resistance has its roots in the distribution of power within the residential setting and the children's need to retain a sense of autonomy in an environment where they are not living by choice. Resistance tends to be more likely

at times of distress or uncertainty or where children feel the need to maintain loyalty to birth families.

What is striking is how important a shared understanding of the 'rules' of this resistance are in order for them to be both effective and understood. What is perhaps seen as playful at home is seen as deviant or challenging in another context (or vice versa). Similarly, what is used to show deep pain and distress can be interpreted as disobedience and 'bad behaviour'. It is not only the formal food practices that children and adults have to learn, but also the informal rules and expectations.

Surveillance

Looked after children live relatively public lives in the sense that they are supervised by a number of adults (social workers, key workers, parents, etc.) and they can have limited scope to exercise limited power and control. They tend to be perceived as children who have not been cared for or controlled 'adequately' within their own families. Therefore, can be seen to represent, sometimes simultaneously, the child as 'innocent' requiring protection from society and the 'evil' child from which society requires protection (Davis and Bourhill, 1997). Children in public care, embodying the notion of both 'victims' and 'threats' to society, are thus a challenge to public attitudes (Emond and colleagues, 2013).

While it is increasingly seen as a parental and institutional responsibility to monitor children's nutritional welfare, as well as their body weight, adults' attempts at regulating children's access to food often goes beyond concerns for physical health. By controlling children's food intake, adults can assign particular positions to children and, as Valentine has argued, seek to 'civilise' them and/or define them as 'incompetent and irresponsible' (2000: 259) and in need of adult authority and regulation. For instance, in research about schools it has been found that children who complied with the staff's preference for school dinners and 'proper' dining etiquette can be granted privileges, while children who ate packed lunches were seated in segregated areas, their food subject to critical comment. When children enter their teenage years, there can be greater ambivalence about food practices, as there is an increasing desire to balance surveillance with the growing autonomy of teenage children.

It is worth also being aware that food can be used by children as a way to request surveillance and support. For instance, children may use complaints about food, the breaking of a food related rule, or the reporting of indigestion and not feeling like eating as a means of creating an opportunity to talk to a member of staff about how they feel. Children invite adults to monitor their well-being, and if they feel responded to this can lead to a disclosure of

difficulties and seeking staff's help (Emond and colleagues, 2013).

Balancing rights

Many staff struggle to find a balance between maintaining the rights of children against giving them a sense of independence in the form of 'responsibilities'.

... they're told their rights: they must be fed, they must have a roof over their head, clothed. Their lack of understanding is with these rights come responsibilities. (Care worker, quoted in Punch and colleagues, 2012)

The notion of taking responsibility is often linked by practitioners to 'preparing' children for the time when their 'looked after' lifestyle ends.

I'd like [children] to help out more and take more responsibility for cleaning up or washing up and I think also its practical life skills that they'll need. (Care worker, quoted in Punch and colleagues, 2012)

The following quotation exemplifies the attitude that staff often found difficult to deal with when balancing rights and responsibilities:

What's the point, if I'm staying there with an adult and then I've to cook my own food when they're

supposed to be looking after me ... they're the adults, they should be feeding me. They should make sure that I go to school, stuff like that. (Carrie Ann, 15, quoted in Punch and colleagues, 2012)

We can thus see that a number of potentially complex, contradictory, and often vaguely formed, notions and understandings collide and mesh with one another in a way that makes continually clear decisions and actions in relation to food practices and rights difficult to carry out in practice; perhaps even undesirable.

Implications for practice

Residential staff and foster carers are involved in a highly complex task, which includes helping children recover from the past, supporting them in the present and planning for their future.

Food can be an indicator for how the child is doing. Taking time to reflect on or discuss a child's experience of food can be a helpful way into wider reflection or discussions about a child's well being and experiences. Evidence suggests that food can be a safe way for children to talk about their family life or their earlier experiences. However, food can be very evocative and can stir up very powerful feelings and memories for children. Sometimes, this can be surprising to others who may be unaware of what the food might remind children of. Therefore,

a key implication of the evidence for practitioners is to be conscious of, and sensitive to, what food may symbolise to the children you support.

Given the strong emotions and everyday nature of food, practitioners can consider using food as a tool to demonstrate care, whether through preparing a child's favourite meal or remembering how they like their tea. Through food, children can experience a sense of consistency and nurture, as well as learn to develop autonomy and a sense of control. It is a powerful way of demonstrating trust, care, predictability, flexibility and attuned 'parenting'. It lets adults 'do' care rather than just 'say' care. Perhaps most significantly, it also lets children do care.

Food is a key mechanism for building and sustaining relationships so there are opportunities around preparing, eating and sharing food to help children develop and learn about relationships. As a result, it is important that staff and children are allowed flexibility and room to shape and negotiate their relationships and food practices.

In terms of food practices, there is no right or wrong way to do food. The correct approach depends on the individual child, the relationships within the home, what else is happening that day and a range of other factors around the wider context and situation. The evidence suggests that the best approach is for practitioners to approach food flexibly, being mindful of the individual child,

their likes and dislikes, and the previous rules and expectations they have experienced around food. It is also important that practitioners reflect on their own assumptions around food, and bear in mind that food or food practices may have different connotations for the child as those you intend.

To help stimulate reflection about the use and experiences of food, IRISS and the Food for Thought project partners have created an interactive introduction for practitioners which offers a series of questions supplemented with contextual evidence, further reading and information: <http://content.iriss.org.uk/foodforthought>

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