ESRC Final Report: Reference RES-000-23-1581

Food Practices in an Institutional Context: Children, Care and Control

Samantha Punch, Ruth Emond, Ian McIntosh and Nika Dorrer
Department of Applied Social Science, University of Stirling

1. Background
2. Objectives
3. Methods
4. Results
   4.1 Food and Residential Care
      4.1.1 The social organisation of food
      4.1.2 Bureaucratisation of care
      4.1.3 Institution versus ‘home’
      4.1.4 ‘Home’ versus workplace
   4.2 Power and Resistance
   4.3 The Meanings of Food: Relationships, Care and Control
   4.4 Identity and Difference
      4.4.1 Stigma and class
      4.4.2 The gendering of food practices
   4.5 Food Practices and Generations
      4.5.1 Intra-generational relations
      4.5.2 Inter-generational relations
   4.6 Policy and Practice Implications
   4.7 Conclusions: Food and Ambiguity

5. Activities
6. Outputs
7. Impacts
8. Future Research Priorities

Annex
   References
   List of Activities
   Future Outputs

Word Count: 5332 (excluding title page, and Annex)
1. Background

Food practices are commonly associated with ‘home’ and the routines of ‘everyday life’ (Bennett and Watson 2002). Our familiarity with food practices can deflect attention away from the meanings and actions that surround them. The aim of this research was to bring together the fields of sociology and social work to explore the food practices of children and staff within residential care.

Despite recognising the diversity of childhoods, research has tended to locate children within a familial setting. Relatively little research has been carried out in relation to children and food within institutional contexts (except in schools e.g. Valentine 2000; Salazer et al. 2008; Nukaga 2008; Pike 2008). Whilst residential care for children has long been the subject of academic and political debate (Berridge and Brodie 1998), there is limited research which explores the meanings attached to daily food interactions (except Rose 1987; Ward et al. 2003).

2. Objectives

Our five original objectives, listed below, were met in full and this report addresses each in turn:

- To explore the social organisation of food and food practices within residential care homes. (section 4.1)

- To examine the role of food in relation to the exercise of, and resistance to, forms of power within residential care homes. (section 4.2)

- To investigate the meanings attributed to the rituals and routines of food preparation and consumption. (section 4.3)

- To explore the extent to which food and food practices impact on a sense of identity or difference. (section 4.4)

- To study the nature of daily inter-generational and intra-generational interactions
involved in the distribution, regulation and consumption of food. (section 4.5)

3. Methods

Data was generated using ethnographic techniques and involved three 12-week blocks of semi-participant observation in three residential children’s homes (between three and six day-long visits per week, and some overnights). The data consisted of 36 weeks of fieldnotes, overt audio recordings of mealtime interactions, 48 unstructured or spontaneously recorded interviews, 49 semi-structured interviews and 12 focus groups with children and staff from the three homes. In total 16 children aged 9 to 18 (11 boys and 5 girls) and 46 members of staff (26 women and 20 men including managerial staff, care workers, cooks, administration and domestic staff) took part in individual interviews and/or a focus group. The identities of the children’s homes and our participants are protected by using pseudonyms and presenting only pen pictures of the homes (‘Lifton’, ‘Wellton’, and ‘Highton’) in Table 1. The research was guided by the British Sociological Association’s Statement of Ethical Practice and was informed by established codes of ethics for researching with children (Alderson and Morrow 2004) and the previous work of Emond (2005) and Punch (2002). Data was analysed thematically facilitated by the computer package NVivo.

4. Results

4.1 Food and Residential Care

4.1.1 The social organisation of food

Routines, Marshall (2005) argues, serve to simplify everyday life and provide a sense of normality and predictability. Staff emphasised the importance of routines in the provision of care, particularly given many children’s past experiences of instability (Howe 2005). Food and the regular times and procedures through which it was shared, offered a rhythm and context for daily interactions between staff and children (see Table 1). Food practices were described as “themes of constancy” (Garry, Assistant Manager, Highton, Focus Group). Such regularity was thought to aid the adjustment of children’s potentially disturbed relationships to food.
### Table 1: The Research Settings

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Wellton</th>
<th>Highton</th>
<th>Liftton</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age of children</strong></td>
<td>9-13 years</td>
<td>12-16 years</td>
<td>14-18 years</td>
</tr>
<tr>
<td><strong>Ethos</strong></td>
<td>Focus on providing safety and structure; consistent implementation of clear boundaries and routines. Emphasis on children experiencing ‘normal’ family-like living and learning practical skills.</td>
<td>Focus on overcoming institutional characteristics, creating a relaxed environment, recognising diversity, offering choices. Emphasis on maintaining safety and developing independent living skills.</td>
<td>Focus on being ‘family-like’, connectedness, and building relationships. Emphasis on creating a sense of belonging rather than developing children’s independent living skills.</td>
</tr>
<tr>
<td><strong>Food Routines:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared mealtimes around the table</td>
<td>Tea (children make their own lunch supervised by adults)</td>
<td>Lunch and tea</td>
<td>Lunch and tea</td>
</tr>
<tr>
<td>Breakfast (some variation at weekend)</td>
<td>Prepared at staggered intervals to avoid clashes and delays</td>
<td>Maybe in their bedroom or may take something to eat on way to school</td>
<td>Individualised routines between particular children and staff</td>
</tr>
<tr>
<td>Supper</td>
<td>Supper kept to a minimum; usually just juice in children’s bedrooms as a means to settle them for the night.</td>
<td>Toast and cheese in the dining or living room. Prepared by children or staff.</td>
<td>Tea and toast in the living room. Other snacks if requested. Prepared by staff.</td>
</tr>
<tr>
<td><strong>Participation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisation of meals</td>
<td>Cook prepares tea on weekdays. Care workers prepare meals when the cook is off.</td>
<td>Cook prepares lunch and tea at weekends and some weekdays. Assistant managers, domestic and care workers prepare meals when cook is off.</td>
<td>Cook prepares lunch and tea on weekdays. Assistant managers, domestic and care workers prepare meals when the cook is off.</td>
</tr>
<tr>
<td>Who participates in the main meal</td>
<td>Care workers and children.</td>
<td>Care workers, cook, assistant managers and children.</td>
<td>Care staff, cook, managers, domestic and admin staff, and children.</td>
</tr>
<tr>
<td>Cleaning tasks</td>
<td>Cleaning rota: each child takes turns doing the dishes. Care workers contribute to cleaning.</td>
<td>Children expected to clean their own dishes. Care workers contribute to cleaning.</td>
<td>No expectations that children clean their own or others' dishes. Cook and domestic staff mainly responsible for cleaning.</td>
</tr>
</tbody>
</table>

There was often tension between food routines that helped children move into care and awareness that regular mealtimes may be an alienating experience for children. Staff suggested they were constantly working against the children’s inclination to disrupt routines and to “stuff themselves full” if given the opportunity (Rob, Care Worker, Wellton, Focus Group). The children’s accounts of previous family food practices highlighted that ‘meals’ tended to be consumed in a way that fitted their lifestyles. As Natalie said, “we used to have it [food] on the floor or we had it on our lap” (10, Wellton, Interview). The majority of children retained a preference for food routines that allowed them to combine eating with other activities: “I think it would
be better if the kitchen was just open for whatever time” (Alex, 15, Highton, Interview).

Staff views varied on this given that fixed mealtimes allowed them to structure work time:

I need routine. A kid needs routine. Well, I’m not saying we all need routine, but for me to focus properly I need to have, not fixed as in stone, routine. (Gail, Care Worker, Highton, Interview)

Thus issues of control, and notions of time, were regularly expressed and experienced through food. Divergent perceptions between staff and children were a feature of the daily interactions around food practices within residential homes (see Output B, p37).

4.1.2 Bureaucratisation of Care

Our exploration of food practices illuminated the bureaucratisation of care, often driven by a heightened perception of risks within residential homes. As Beth noted, if something happens, “it goes far and wide” (Care Worker, Lifton, Interview). In particular the kitchen was subject to health and safety regulation and elevated levels of supervision. Children were viewed as in need of protection and control through access and hygiene rules. Management of food practices was characterised by considerable ambivalence as rules could be associated with an overly ‘institutional’ ethos which staff were keen to avoid.

Children’s experiences of food regulation varied across the three homes. Rules were deemed necessary and some adult concerns were internalised (see Output B, p28). At Highton, enforcement of hand washing was viewed as reasonable by children although not something they would necessarily do at home. Other practices, such as limiting access to food and mobile phone use during meals, could be viewed as being unfair and primarily about displays of staff power. As Alex points out: “you don’t really need to be watched making your toast” (15, Highton, Interview).
Further contributing to the bureaucratisation of care were the difficulties of translating a prescriptive set of children’s rights into daily practice. There was tension between two potentially conflicting sets of rights: children’s basic needs and the rights of self-determination. Trying to implement these sets of rights required a continuous weighing up of sometimes contradictory responsibilities, needs, and wants which was often visibly and continually played out over food (see Punch et al. 2008).

4.1.3 Institution versus ‘Home’

The children were clear they were living in an institution rather than ‘home’. However, the residential home could be made ‘home-like’ and relationships and interactions around food were crucial to feeling ‘at home’ (see Output B, pp.21-24). Children referred to the potential of food for stirring memories of being with family. Children at Lifton stated that eating food around the table could make them feel at home; “you just feel like a big family” (Ryan, 15, Lifton, Focus Group). However, a significant number of children objected to rules that prevented them from choosing when, where and what to eat. Some of the girls at Highton pointed out that it was “annoying” when the adults said “it’s just like your own house” when, for them, it clearly was not.

Staff considered food routines and mealtimes to be crucial for the creation of a ‘family-like home’ (Kohli et al. Forthcoming 2010) and to enable them “to teach these kids some elements of normal life” (Eleanore, Care Worker, Wellton, Interview). However some staff, mostly at Highton, highlighted that the residential home is ‘home’, workplace and an ‘institution’. Others, particularly at Wellton, felt that different rules were required compared to a family home because of the children’s backgrounds and difficulties. In the face of this ambivalence to ‘home’ and ‘institution’ staff drew on dominant ways of ‘doing family’ (Finch 2007). Food practices were crucial in this (Dorrer et al. 2008). Such practices included: mealtimes around the table, having snacks in the house, providing ‘home-cooked’ food, children’s participation in menu planning and setting the table.

In contrast, children did not always associate such routines with their sense of ‘home’ or ‘family’. For example they found the planning of menus difficult or “pointless” and strongly felt that they should not be made to cook or clean for other residents. Thus staff and children drew from a range of different experiences and understandings of what
constituted ‘home’ and family (James et al. In Press 2009). Food rituals and routines highlighted the difficulties of juggling the residential care homes as workplace, institution and home (Output D).

4.1.4 ‘Home’ versus Workplace

Several of the food practices of which staff spoke marked the residential home as being an unusual workplace. The ideal of creating a ‘home-like’ environment - essentially, doing ‘home’ at work - meant that, for staff, the work/home binary was rendered ambiguous and conflicting. Rachel commented on the problem of having breaks:

They’re not [breaks], you’re still working, you’re still with the kids. The only time you can go away on your own is if you smoke. (Assistant Manager, Highton, Interview)

Often only mealtimes without children present were considered a true break from work. In all three homes food or beverages were used to structure time in terms of the alternation between professional, task-focused periods and relaxed, personal time. Some staff at Highton and Wellton described negative eating experiences as highlighting the difference of care homes from other workplaces (Output D).

4.2 Power and Resistance

Power can be understood as a ‘web of possibilities for agents’ (Lukes, 2005: 68). Their choices and ‘possible selves’ (Oyserman and Markus 1990) are limited by different power structures and networks, including dominant ways of ‘knowing’ and perceiving that privilege certain realities and marginalise others. Our research noted that child-adult relations were characterised by a ‘power paradox’: staff and children, at times, perceived each other as both powerful and powerless (see Output B, pp.29-34). However, the regulation of food practices could function as a tangible reminder of adult power, with the control of food becoming equated with the adults’ control of children’s needs in general, “It’s their food, but they’re not allowed to touch it without the staff’s permission. If staff say no, it’s no” (Gail, Care Worker, Highton, Interview).
Given the view that “staff’s going to win at the end of the day” (Alex, 15, Highton, Interview), many children felt that ‘doing as you are told’ was the best option. Interactions around food could thus illustrate the limits of children's power. At Lifton, power differences inherent in the differential access to food and other spaces were often played out with humour in the form of ‘games’. For example one of the boys gained access to the snacks storage room in order to play a ‘prank’ on a member of staff by moving snacks from their usual location and leaving a note saying ‘nice try’ in their place.

Staff at Wellton and Highton controlled access to food and children responded by rebelling against such regulation. Several members of staff across the residential homes, including the cooks, saw their possession and use of keys as symbolic of their power: “You have got that control, it’s like it’s a power thing - we’ve got the power, we’ve got the keys” (Sally, Care Worker, Highton, Focus Group).

Staff at all levels pointed to the inappropriateness of the use of punishment in a child care context and preferred to talk of ‘consequences’ and ‘sanctions’. Several felt it was reasonable to use food as a sanction. Removing a child from the dinner-table due to disruptive behaviour was considered necessary if it compromised people’s right to eat or created a safety issue. Thus at Wellton, the staff did not consider that missing out on the meal or pudding was a punishment. The adults’ privileged position was therefore manifested through differing entitlements to food (see Output B, p33). The dining room or kitchen would regularly become adult-spaces, for example through offering cups of tea to visitors. Staff could also change the meaning of foods, by turning them into ‘treats’ and ‘rewards’ or withholding them as a sanction.

Although all the staff described instances of children complaining about food and conflict around the table, they felt strongly that often this had nothing to do with the food per se:

It’s a control thing – “You’ve got control over everything else in my life. You can’t make me eat that and I’m not eating it.” (Leanne, Care Worker, Highton, Focus Group)
Some children at Highton used pocket money to buy crisps, and fizzy juice; food which staff would not want them to eat. Several children at Highton and Wellton reported hiding unapproved snack foods in their rooms and eating them at night. Children at Lifton and Highton had strategies for subverting the distribution rules for snacks, for example by playing staff off each other. As Abbey declares, sometimes you would ask for something from the cupboard “just to take the piss” (12, Highton, Interview). Food was referred to as a “power tool”, a means for “power tripping”, a “weapon” and “a way to kick off” when children were upset. Interactions and various micro-contexts around food constituted key sites of resistance for children (see Output B, p12). Notions of power and surveillance were thus played out in everyday interactions around food: the locking away and distribution of snacks, mealtime chores, access to food and the kitchen, the creation of adult versus child spaces, the staff’s use of keys. Struggles around children’s versus adults’ power were often worked out in relation to food practices.

4.3 The Meanings of Food: Relationships, Care and Control

Food was used by children and staff as a way to make connections to places and people. It functioned as a medium through which the qualities of relationships were communicated and developed (see Output A). Most of the children used food as a means to cope with tensions and discomfort suggesting it “gives me something to do” and “stops you from thinking”. A significant number reported an association between snacking on sweets or crisps (snacks regulated by the staff) and getting “high” and “happy”. Children also used food and mealtimes as a safe outlet for anger, for example when complaining about menu choices or breaking rules at the table. Not eating and withdrawal from mealtimes were common when children were affected by difficult events. Thus, in all three homes, food was used to express particular feelings or moods (see Output B, pp.15-16).

Food was a tangible and regular sign that children were being cared for by staff, for example providing a favourite dish or preparing something in a particular way:

Natalie: They care for you, protect you.

Ross: Look after you. Feed you. (10, Focus Group, Wellton).
Several children suggested that knowing how somebody likes their food or drink and paying attention to detail (e.g. what cheese you prefer on your toast) demonstrated care. In particular offering someone a cup of tea and remembering how they like it was a key relationship marker (see Output A). Thus food interactions were tangible illustrations of holding somebody in mind and respecting them as a person.

Children’s feelings towards adult care and control were also marked by ambivalence. They accepted that the staff needed to take control as children may cause harm to themselves or others. For example, several children considered that locking away snacks helped them to stay healthy and was reasonable. Indeed, children at Highton and Wellton thought that the staff did not exercise enough control over other residents. However, several children suggested that staff were often simply “getting their way” and nobody should be “pushed into doing anything” (Alex, 15, Highton, Interview). Hence children perceived that there were ‘fair’ and ‘unfair’ forms of control (see Output B, p28) and these were variously contested and accepted in a range of mundane and everyday contexts around food. This research exposed the powerful symbolic value of food in relation to caring for others as it revolves around nutrition, bodies, comfort and close relationships. Food was thus a crucial way in which care was operationalised in practice.

4.4 Identity and Difference

4.4.1 Stigma and Class

The stigma attached to residential care affected both children and staff. Making the house look ‘normal’, including the ordering of ‘conventional’ food brands and household size products, was an explicit aim pursued by staff and demanded by children. At Highton and Lifton children were reluctant to invite friends for tea because it meant disclosing that they were ‘in care’. Similarly, staff were often wary about taking children out to eat as they were concerned about how they would behave.

Our observations confirm that the residential care context and its structures can limit how food can be used to retain or construct a sense of identity. Many viewed the residential units’ practices as being different to those at home or associated them with being characteristic of ‘posh’ people: “I think it’s too posh, washing your hands and that”
Food and consumption patterns also played a role in establishing class distinctions within the staff team. Food was either scrutinised for being too fancy or for being too cheap. Staff sometimes differentiated themselves from children and the ‘junk’ they ate through consumption of luxury snacks, such as expensive chocolate, or the use of a staff coffee machine at Wellton (see also Curtis et al. 2009). Some members of staff also used food to flag up their working class origins through the consumption of pies, bacon rolls and chips. Food as a conversational topic during mealtimes could function as a bridge for social divisions but could also highlight class differences which could be revealed through the disclosure of where people shop or go to eat (Backett-Milburn et al. Forthcoming 2010).

4.4.2 The Gendering of Food Practices

Many staff initially suggested that there were no significant gender differences in regard to food: “there are no clear, defined lines between male and female in this building” (Derek, Unit Manager, Lifton, Focus Group). However, across the three homes gender differences prevailed in regard to the permissiveness of certain behaviours and expectations held of others. For example, there was a strong association between ‘female’, ‘feeding’, ‘feelings’, and ‘sharing’. Female staff were more likely to bring in food for colleagues or children and initiated cooking with children more frequently. For men, there could be an expectation that they would at times behave in a domineering and jovial manner at the table.

Differences in staff’s responses to girls and boys in relation to food could also be detected. Female staff often responded to girls’ eating or non-eating with gentle persuasion, surprise or worry. They initiated more conversations around food preferences with the girls and placed greater emphasis on play, indulgence and the
enjoyment of eating certain foods. The boys’ consumption of food was often framed in terms of wastefulness and greed. Requests made by boys were more frequently rejected than those by girls. Such responses could make it more difficult for boys to seek care via food. Notions of identity also emerged in the attempts by children to take control and assert a sense of self (discussed further below in section 4.5.2; see also Output A).

4.5 Food Practices and Generations

4.5.1 Intra-generational Relations

The children referred to food as a tool to assert their status positions in relation to others. Ross (10, Wellton, Informal Interview) described several strategies for ‘assigning place’ to a new child: telling them bogus rules relating to food, excluding them from sweets and kicking them under the table. At Highton the children residing at the home the longest demonstrated their status by making menu requests. Shifting relationships amongst children could find often subtle and nuanced expression in consumption choices relating to who they ate with as well as when and what they ate. Food was also used in a range of positive intra-generational interactions such as fetching a snack for another child and consuming food together signalling their shared ‘child’ identity through regular playful interactions with food.

Food and mealtimes played a significant role in the adults’ integration into the staff group. Hierarchical positions were often played out through the allocation of food tasks with new staff taking on a larger proportion of food chores than other staff. Long term staff could view these as low priority, separate from ‘caring’ in a professional capacity. Food and mealtimes could highlight who was a newcomer, as well as aid integration into the workplace, as food sharing offered occasions when newcomers were explicitly asked to join. The non-participation in rounds of tea could mean being left “out of a little loop that might form through sharing things” (Rob, Care Worker, Wellton, Interview).

4.5.2 Inter-generational Relations

Food practices were used both to create a sense of unity across the generations and to reinforce adult roles and child positions. Some staff stressed the importance of eating the
same food as the children; signalling equal worth and trust. However, constructing child roles through food practices was common to all three homes. For example, the activity of cooking with children was often directed by staff to place adults in the role of coaching and passing on information. Mealtimes were often considered to be an ideal opportunity for children to observe adults interacting in gendered ‘family-like’ roles.

At Highton the children experienced ambivalence when seeking both closeness and a level of independence. The girls shifted between aligning themselves with staff and being in opposition to adults: “going on at us all the time to wash our hands ‘cause that’s what puts us off” (Demi, 15, Highton, Interview). At other times they sought to please staff through compliance with manners and other rules, allowing adults to ‘coax’ them into eating new or health foods, or baking and sharing a cake.

Thus at times children used food to reinforce child/adult identities and maintain boundaries between the generations. Children were keen to control their own food practices to some extent and certain foods (e.g. crisps and pizzas) reinforced their youthful identity (see Curtis et al. 2009). Children used food as a site of resistance and to assert their identity in relation to adults. Staff placed different emphasis on food because of both generational differences and their role as care workers. Their focus was on nutrition, healthiness and teaching children skills such as manners, cooking and looking after themselves. Therefore children and staff’s understandings of food practices differed particularly in relation to creating a ‘family-like’ home, risk-management and developing skills for independent living (see Output B, p37).

4.6 Practice and Policy Implications

The following practice and policy implications were identified by the research team and participants during a series of feedback workshops (see also Output B, p39-40):

- Discussing the food practices of a residential home can be a useful way for staff to understand their approaches to core elements of care and possible constraints to realising these.

- The way food is done and used can provide a barometer of the functioning of a
residential unit, reflecting the social dynamics and strains impacting on a home.

- The study highlights the important, but perhaps undervalued, care work provided by the cook and domestic staff.

- Policy makers should be aware of the implications that the regulations they impose can have on care practice in residential homes. Flexibility rather than rigid risk-management may enable children, staff and residential homes to retain some control over food practices.

- Food can be important for building relationships both within and across generations (see Output A).

### 4.7 Conclusions: Food, Ambiguity and Ambivalence

Care, as expressed via food practices, is often shrouded in ambiguity and ambivalence. Both children and staff experienced uncertainty regarding the nature of their relationships, which tended to be circumscribed by the institutional context. Some children worried about staff’s motivation to ‘care for’ the children: “do they [staff] say we only work here for the money and we don’t like the kids or something?” (Natalie, 10, Wellton, Interview). Given these uncertainties and the limitations placed on ways of showing affection in the residential setting, it was noted by several members of staff that food could be a crucial and safe way of demonstrating care. Other domains in which food was used to overcome ambiguities included the residential homes’ status as ‘home’ or ‘family’, the distribution of power within the institution and the tensions inherent in the children’s rights agenda. However, food practices were also mundane, everyday activities and thus any symbolic significance could easily be overlooked.

The dual nature of children’s relationship to food, marked by both incessant requests and a rejection of food, reflected their fundamental ambivalence towards being in care, and needs to be viewed in the context of their past life experiences. Ambivalence was also experienced by staff in relation to the use of control in the provision of care, particularly in trying to meet the needs of individual children whilst not compromising the safety of the resident group. The project found that there were many different ways of being a
residential home and doing food. Food practices were carried out in context-specific ways depending on the manager, the ethos of the unit, the dynamics of the staff and children’s group, and fluctuating patches of crisis versus non-crisis situations.

This study has reinforced the importance for the sociology of childhood to explore processes of generationing (Alanen 2001). To reach a holistic understanding of childhoods in different contexts both intra-generational and inter-generational relations need to be considered rather than the recent tendency to focus only on children’s perspectives (Vanderbeck 2008). Exploring everyday routines surrounding food practices in residential care shed light on a range of issues relating to care and this research has highlighted the ways in which relationships, power and control are played out through food. It also emphasises the worth of taking a close sociological look at micro and ostensibly mundane interactions within particular contexts for the ways that they can give a fuller understanding of wider social processes (Bennett and Watson 2002). Food practices can be interpreted ambiguously and used ambivalently, yet they also offer a medium for change at a practical level.

5. Activities

Dissemination activities include eight academic conference papers; three presentations at practitioners’ conferences; three training workshops for practitioners; ten post-fieldwork workshops with participants to gain feedback on findings and design Outputs B and C; and a final conference with 136 delegates from policy, practice and academia (see Annex for further details).

6. Outputs

See Annex for future outputs. Given the policy and practice emphasis of the current outputs, it is intended that future outputs will also include the development of more theoretical aspects of the study (e.g. see Outputs H and I).

All interview data has been deposited at the UK Data Archive.
7. Impacts

One of the residential homes in our sample changed their institutional practices around mealtimes as a result of participating in the research. The following quotations from our feedback workshop illustrate their move towards greater flexibility:

“I think when you first started this we were all saying ‘the mealtimes are great, we are all sitting down and this is what we are all doing.’ But that was us, but with you here we actually started to question is it about us or is it about the kids?” (Sally)

“I think we have become more sensitive to the reasons why some of the young people won’t eat at the table.” (Nicole)

We hope that Outputs B and C will encourage similar reflection around food practices. The staff handbook (Output B) and children’s leaflet (Output C) are currently being distributed to all children and staff in residential care in Scotland. We are also organising their distribution in England via NCERCC (see Annex, p20) as well as presenting at the 2009 NCERCC National Conference.
The study has already impacted on the training of residential care workers. Edinburgh Council asked us to contribute to their health training week (see Annex) and to deliver a half day workshop for residential workers later this year. The Scottish Institute of Residential Child Care invited us to present a plenary paper and workshop session at a knowledge transfer event on 3 March 2009.

8. Future Research Priorities

Following discussions with academics and practitioners, the research team has identified three lines of research which could be developed and pursued:

- **‘Food to move you on’: An exploration of food practices and leaving care**
  A study to explore how food is used by staff and young people in the preparation and transition from ‘looked after care’ to ‘independent living’.

- **Food in Care: Exploring the impact of targeted research dissemination**
  A project to examine the impact of the staff handbook (Output B) and children’s leaflet (Output C) on residential care in Scotland and on relevant agencies (e.g. policy makers, Who Cares? Scotland)

- **Food in Care: An international comparison**
  A comparative study of food practices in residential care in five countries (UK, Cambodia, Argentina, Ireland, Belgium) which provide different forms of care ranging from social pedagogy to large-scale orphanages.
ANNEX

REFERENCES


**LIST OF ACTIVITIES**

**Academic conference papers**


**Practitioner conference papers**


**Training workshops for practitioners**


Final dissemination conference 11 May 2009 (see full programme on page 21)

The aim of the conference was to bring together recent UK studies into children’s experiences and practices around food in a range of contexts in care, school and family, linking these to current policy and practice perspectives. All the six papers presented at the conference along with the discussants’ papers are currently being revised for publication in the Special Edition of *Children’s Geographies*, Vol 8, Issue 3 to be published in August 2010 after being peer reviewed.

The manager of the National Centre for Excellence in Residential Child Care (NCERCC), Jonathan Stanley, came to the conference where we launched the staff handbook and children’s leaflet (Outputs B and C). He was so impressed with them that NCERCC are going to pay £2000 so that they can be distributed throughout residential care homes in England. We will use the payment to do another print run to enable us to continue providing a copy for all new residential care staff and children in Scotland, as well as send copies to relevant agencies in Wales and Northern Ireland.

**FUTURE OUTPUTS**

**Output E:**

**Output F:**

**Output G:**

**Output H:**

**Output I:**
Emond, R., Punch, S., McIntosh, I. and Dorrer, N (Paper to develop key contributions to social work theory, to submit March 2010) ‘Food Practices in Residential Units: Exploring Identity, Power and Care Between Children and Staff’, Target Journal: *Journal of the Scottish Institute for Residential Child Care*. 
Children's Food Practices in Families and Institutions

University of Stirling, 11 May 2009

9.30-10.00  Registration, tea and coffee

10.00-10.30  Samantha Punch (University of Stirling)
Children’s food practices: power, identity, care and control

10.30-12.30  Children, Food and Institutions

Andrea Warman (British Association for Adoption & Fostering),
Ravi Kohli and Helen Connolly (University of Bedfordshire)
Home & Away: food and its meaning for asylum seeking
children & young people in foster care

Nika Dorrer, Ruth Emond, Ian McIntosh, Samantha Punch
Children and food practices in residential care: managing
ambivalence in the institutional 'home'
Discussant: Jonathan Stanley (NCERCC)

12.30-13.15  Lunch

13.15-14.30  Children, Food and Schools

Ulla Gustafsson and Paul Daniel (University of Roehampton)
Children and healthy eating: conflict between policy and
practice

Jo Pike (University of Hull)
“I don’t have to listen to you - you’re just a dinner lady”;
Games of power and resistance in primary school dining spaces
Discussant: Heather Peace (Food Standards Agency Scotland)

14.30-14.45  Tea & Coffee

14.45-16.00  Children, Food and Families

Penny Curtis and Allison James (University of Sheffield)
Food: messages, moralities and family mediation

Kathryn Backett-Milburn (CRFR, University of Edinburgh),
Wendy Wills (University of Hertfordshire) and Mei-Li Roberts
(Perth College)
Food and family practices: teenagers, eating and domestic life
in differing socio-economic circumstances
Discussant: Catriona Rioch (Early Years, Perth & Kinross Council)

16.00-16.30: Summing up and final discussion

Ian McIntosh and Ruth Emond (University of Stirling)
Food practices across contexts: similarities and differences.
Implications for policy and practice