Holiday Hunger: a mixed-methods study of nutritional outcomes of school holiday food programmes.

By

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Abstract

This thesis aimed to analyse and investigate holiday food provision for children with a focus on short and long term nutritional outcomes. A mixed-methods approach was utilised and programmes within one local authority in England were explored. Data obtained through participant observations, interviews, and an interactive visual method was analysed and interpreted through a theoretical framework based on Bourdieu's (2010) concepts of habitus and taste. In addition, the menus offered to participants were analysed to understand the impact of the provision on nutritional intake. Data interpretation was also facilitated by the findings from the field of behavioural nutrition (Gallo, 2018; Reilly, 2018) and sociological theories of Bataille (1988) and Mauss (1969).

It was concluded that although these programmes have the potential to improve short and long term nutritional outcomes of participating families, this impact was not straightforward. The families gained access to free and safe food, however, the menus did not always provide sufficient amounts of food that was in line with the current government dietary guidelines (Public Health England, 2016). The data suggested that participants' reactions to the menus were influenced by their habitus and that unfamiliar foods were rejected. Consequently, the provision of such foods appeared to have a negative effect on the short term nutritional outcomes. Simultaneously, offering unfamiliar foods could have a positive impact on long term dietary habits due to social facilitation and exposure.

The provision of the programme and the staff members were also influenced by the same socio-economic factors that affected the lives of participating families. Their ability to provide meals was determined by time, financial, space, and equipment constraints. Furthermore, the food donations from a food redistribution charity frequently prevented the programme from achieving its goals of improving participants' nutritional intakes and cooking skills.

This thesis provided a significant contribution to knowledge about the importance of delivering food programmes in line with the habitus of participants. It also offered an original discussion about potential implications of these findings for practice and public policy, particularly in regard to the varying approaches to delivery and the impact of programme logistics on nutritional outcomes.

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Glossary of Terms

Big Society- a political ideology that began in 2010 that pursues policies in three main areas: community empowerment, opening up public services, and social action. It promoted localism, devolution of government, volunteerism, and support of third-sector organisations. (Civil Exchange, 2015)

Body Mass Index- a measure of person's weight in regard to their height, abbr. BMI.

Compulsory Competitive Tendering- a requirement for public sector organizations to allow private sector firms to bid for the delivery of services.

Dietary Reference Values- the nutritional requirements used by the UK Department of Health and published by Public Health England (2016). These include:

- RNI - Reference Nutrient Intake (97.5% of the population's requirement is met, used for protein and micronutrients intakes);
- EAR - Estimated Average Requirement (50% of the population's requirement is met, used in particular for energy);
- RI- Recommended Intake (states the average recommended consumption of dietary fibre). (British Nutrition Foundation, 2017)

Eatwell Plate- the Eatwell Guide is a policy tool issued by the British government to present the dietary recommendations in a pictorial format. It includes the main food groups and their recommended proportions for a healthy diet. (Public Health England, 2018)

EcoPark- an environmental education centre located in an urban, central area of the city. It includes an area with young woodland, an orchard, ponds, a meadow and a demonstration garden. It has displays of sustainable energy, recycling, and gardening with wildlife in mind.

Food redistribution charity- these charities operate on a model that typically involves redistributing surplus food that will not be sold by supermarkets or restaurants as it is approaching the sell-by or expiration date. The process is believed to minimise food waste and addresses food poverty. (FareShare, 2019)

Free School Meals/ Universal Infant Free School Meals- in English government-funded schools, all children in reception, year 1 and year 2 (age 4-7) are

automatically entitled to free school meals under the Universal Infant Free School Meals scheme. From year 3 (above 7 years old) children can access the Free School Meals only if their family (or themselves) receives certain means-tested benefits. The meals are served at lunch time.

Holiday food provision/ programmes- the term encompasses any free or low-cost provision of meals for children (and sometimes for their families) during school holidays. It is frequently located in the most deprived neighbourhoods in the UK and can include additional activities such as arts and crafts, physical exercises, or cooking.

Holiday hunger- a term used to describe the experience of food insecurity during school holidays primarily caused by the lack of Free School Meals and/or overall increase in the cost of childcare.

Mock meats- Vegetarian or vegan food products that replicate certain qualities (such as texture, flavour, appearance) or chemical characteristics of meat.

School readiness- in 2014, The Office for Standards in Education, Children's Services and Skills (Ofsted) has suggested that there are some inconsistencies in understanding of the term 'school readiness' and that 'there is no nationally agreed definition' (Ofsted, 2014) but at the moment the Department of Education vaguely defines it as 'the broad range of knowledge and skills that provide the right foundation for good future progress through school and life' (Department of Education, 2017).

List of Abbreviations

APPG	All-Party Parliamentary Group
BERA	British Educational Research Association
BMI	Body Mass Index
BNF	British Nutrition Foundation
CC/ SSCC	Children's Centres/ Sure Start Children's Centres
CHD	Coronary Heart Disease
DfE	Department for Education
DHSC	Department of Health and Social Care
DoH	Department of Health
DRV	Dietary Reference Values
EAR	Estimated Average Requirement for Energy
EU	European Union
FAO	The Food and Agriculture Organization of the United Nations
FRC	Food Redistribution Charity
FSM	Free School Meals
HFP	Holiday Food Provision/ Programmes
IMD	Index of Multiple Deprivation
KCAL	Kilocalories
LA	Local Authority
NHS	National Health Services
NICE	The National Institute for Health and Care Excellence
Ofsted	Office for Standards in Education, Children's Services and Skills
PHE	Public Health England
RI	Recommended Intake of Fibre
RNI	Recommended Nutrient Intake
SACN	Scientific Advisory Committee on Nutrition
UIFSM	Universal Infant Free School Meals
UN	United Nations
WHO	World Health Organisation
T2D	Type 2 Diabetes Mellitus

Chapter 1 Introduction

1.1 Introduction to the rationale

In 2016, it was estimated that 8.4 million people in the UK lived in households that regularly struggle to access sufficient amounts of food (Taylor and Loopstra, 2016). In addition, 4.5% of people aged 15 or over reported being unable to eat for an entire day at times during the year due to financial reasons (Taylor and Loopstra, 2016: 4). In 2018/2019, The Trussell Trust supplied 577, 618 three-day emergency food parcels to children in the UK and 51, 022 of these parcels were distributed in West Midlands (The Trussell Trust, 2020). It has been reported that the need for food banks provision increases during school holidays and that approximately three million children are at risk of experiencing food insecurity each time the schools close for a break (Forsey, 2017: 4).

The term 'holiday hunger' is used to describe household food insecurity that is caused or made more severe by the school holidays. This hunger is complex and multifaceted but can be understood through the 'double burden' of food insecurity that can result in either undernutrition or overnutrition (often manifested as underweight or overweight physique respectively) (World Health Organisation [WHO], 2017). In the UK and worldwide, both forms are associated with micronutrient deficiencies (WHO, 2017). The dietary patterns and inequalities in access to food prevalent in the UK mean that most children who live in food-insecure households experience a 'modern malnutrition' that is characterised by low intake of nutrient-rich foods and high intake of energy-dense, nutrient-poor foods (Food and Agriculture Organization of the United Nations, 2019). The term 'obesity paradox' encompasses such malnutrition that results in overweight and obesity and is more prevalent among children from low-income households than in children from the richest households (Goisis, Sacker, and Kelly, 2015).

Holiday food provision (HFP) is the response of various third sector organisations and local governments across the UK to holiday hunger. These programmes aim to provide child participants with healthy meals during school holidays and aid the families who experience food insecurity. As the double burden of malnutrition and the obesity paradox are recognised, HFP also commonly aim to improve the nutritional knowledge and cooking skills of participating families and develop long-lasting

positive dietary habits (Forsey, 2017; O'Connor, Wade, Taylor, and Ludgate, 2016). Over 400 such programmes ran in the UK in 2017 (Forsey, 2017) and the Department for Education (DfE) has provided a £9 million grant for the provision during summer 2019 (DfE and Zahawi, 2019).

Some researchers explored the nutritional outcomes of HFP through reported experiences of staff and participants and suggested that the programmes had a positive influence on food security and nutrient intake (Defeyter, Graham, and Prince, 2015; Graham, Crilley, Stretesky *et al.*, 2016). Mann (2019) investigated the differences in diet quality between foods consumed at home and those consumed during HFP but found only negligible differences. For these studies, however, the exploration of nutritional outcomes and the provision of food was not a primary research aim and a gap remains in the academic literature on the topic.

Therefore, this doctoral research focused on the various aspects that could affect the short- and long-term nutritional outcomes of HFP. I explored the nutritional composition of provided meals, participants' responses to these meals and food-related activities, logistical aspects of provision, and the perceptions of staff and stakeholders. The current gap in academic understanding of multiple factors that affect participants' experiences and outcomes is addressed. This is also the first research in the UK to explore the HFP through a sociological approach and to discuss various social phenomena enacted through and during the programmes.

1.2 Introduction to objectives and research questions

This mixed-method study aimed to contribute to the academic body of literature on the topic of HFP. The main objectives of this doctoral research were to:

- Explore children's and adult's experiences of healthy food promotion in the context of holiday hunger and class-based inequalities in food consumption;
- Investigate the differences in delivery within one local authority and the impact of these on nutritional outcomes, the participants, and the programmes;
- Inform the practice and implementation of the programmes at the local and national level.

To achieve these objectives, seven programmes within one local authority in England were investigated and interviews were conducted with eight staff members and four

stakeholders. The theoretical framework that was used to critically examine this data was based on Bourdieu's (2010) sociological understanding of food-related habits and findings regarding food neophobia from the field of behavioural nutrition (Gallo, 2018; Reilly, 2018).

Although not initially a part of the theoretical framework, sociological theories of Mauss and Bataille were utilised during data interpretation to understand important food-related phenomena enacted during HFP (Bataille, 1988; Mauss, 1969).

The findings that emerged from the data analysis allowed me to explore the following research questions:

1. What are the short- and medium-term nutritional outcomes of holiday food provision for children and families?
2. What are the differences in the delivery of holiday food provision within one local authority and how could they impact on the nutritional outcomes, participant retention, and sustainability of the programmes?
3. What are the views, perceptions, and reported practices of stakeholders in the provision of holiday food programmes?

1.3 Outline of the chapters

This thesis consists of ten chapters. Chapter two will provide an overview of relevant empirical research and will introduce Bourdieu's (2010) findings concerning taste and food behaviour. Chapter three will examine the policy context of food insecurity and HFP. These chapters will also bring to attention the importance of considering both the individual and wider structural factors that impact food behaviour (and subsequent health outcomes). Chapter four will outline and justify the research methodology and summarise the main theoretical concepts of habitus, capital, and social fields (Bourdieu, 2010) that guided this investigation. Chapters five to eight will explore the findings that emerged from the analysis of participant observations, nutritional data, and stakeholder interviews. Finally, chapters nine and ten will answer the research questions and provide conclusions based on the discussion of research findings, literature, and relevant theories. Chapter ten will also indicate the most important implications of the findings for public policy and practice.

Chapter 2 Literature Review

2.1 Introduction

This chapter will discuss and analyse existing empirical literature on the phenomena of food insecurity and holiday hunger. I will review empirical studies regarding the impact of socio-economic status on food behaviour and sociological discourses on class culture and dietary patterns. Central to this discussion are Bourdieu's (2010) empirical findings on tastes and class distinction. To understand the possible impact of interventions delivered through HFP on participants' food outcomes and to position this study within the literature on dietary interventions, I will also discuss research from the field of behavioural nutrition.

It should be noted that, scholars differ in their definitions of class and indicators of socio-economic status. Therefore, instead of applying an encompassing definition or description, I will use the terms and definitions of each study to provide an adequate review of existing body of literature.

2.2 Class and food choice

2.2.1 The Nation's Diet

The 'Health and Lifestyle' survey of 9003 adults from England, Wales, and Scotland was one of the first to highlight the link between the adherence to dietary guidelines and socio-economic status (Blaxter, 1990). The study found that professionals and higher income groups were more likely to consume foods recommended by the nutritional orthodoxy of the day: wholemeal carbohydrates, low-fat dairy, fruit and vegetables. Similar observations of British population were made by Mennel, Murcott, and van Otterloo (1992). Here, the authors analysed case studies on foods consumed by lower, middle, and higher income groups. They concluded that people in lower socio-economic groups experience difficulties in accessing a wide range of food and are less likely than higher socio-economic groups to adhere to nutritional guidelines and healthy food trends.

Building on such early findings, the UK Economic and Social Research Council funded and co-ordinated research projects from a wide range of disciplines (including sociology, anthropology, and psychology) to study 'The Nation's Diet' between 1992 and 1998 (Murcott, 1998). By doing so they sought to understand what influences the

food choices of individuals and social groups. Murcott's publication (1998) reflected the importance of multi-disciplinary approach to diet and of studying the social context of food and factors that influence food choice were grouped into four main categories:

- individual attitudes and beliefs;
- food symbolism and culture;
- socio-economic influences;
- micro-economic factors.

Arising from this collection of studies is an overarching theme of social processes guiding individual food choices. The individual food choices made by people were problematised as not fully conscious and not separated from outside factors such as gender, ethnicity, class, and government regulations.

Caplan, Keane, Willetts, and Williams (1998) contributed to Murcott's publication and argued that the social and cultural contexts are integral to discussions regarding food choices. To understand the social and cultural influences that affect dietary behaviour, the authors gathered data from food diaries, observations, and interviews around topics such as shopping and food preparation. The socio-economic background of participants from Lewisham and Newport was varied with approximately 40% of interviewees in both locations identifying themselves as working class (Caplan *et al.,* 1998: 176). These participants were reported to regularly consume calorie-dense foods that they were able to acquire cheaply. The food choices for this group were restricted and the already limited food budget was often used to cover other household expenses. As one of the participants explained:

> *'We have to lessen our food so that we can pay the bills to carry on living here. Food, that's the only thing that's expandable.' (Caplan* et al., *1998: 177).*

Participants who identified as 'working class' and were additionally characterised by middle-class background or a high level of education used innovative and imaginative methods of food procurement and preparation to eat healthy and *'proper'* meals. They were reported to grow their food and spend *'time preparing relatively inexpensive dishes'* (p. 178). This indicated that the personal views, motivations, and non-income-related class culture drove the participants' dietary behaviour as much as the wider socio-economic influences.

These early studies indicated that lower socio-economic groups in the UK experienced food insecurity (defined as the lack of reliable access to a sufficient quantity of nutritious food) on a household level. The literature that investigated this relationship will provide insight into the dietary patterns of social groups with similar characteristics to participants of my research.

2.2.2 Socio-economic status and dietary patterns

2.2.2.1 Review of dietary patterns from Westernised countries

Upon reviewing literature from multiple European, North American, and Australian countries Darmon and Drewnowski (2008) indicated that diet quality, as defined by the micronutrient intake, follows a socio-economic pattern. In modernised Western countries groups of higher socio-economic status were likely to consume foods of low energy density and high micronutrient density (such as whole grains, vegetables, fruit, and fish). Conversely, energy-dense and nutrient-poor diets (that have a higher proportion of added sugar, refined grains, and added fats) were more likely to be consumed by children and adults of lower socio-economic status. In the UK and other Western countries (such as Australia, Canada, Germany, Norway), the consumption of fruit and vegetables was higher in participants who were more educated or had higher incomes (De Irala-Estévez, Groth, Johansson *et al.,* 2000; Giskes, Turrell, Patterson, and Newman, 2002; Hjartåker and Lund, 1998; Manyanga, Tremblay, Chaput *et al.,* 2017; Marmot, Stansfeld, Patel *et al.,* 1991). The variety of consumed fruit and vegetables was also greater for the individuals from more affluent backgrounds- this would have a direct impact on micronutrient intake as a greater variety of fruit and vegetables will also provide a greater variety of nutrients (Darmon and Drewnowski, 2008). However, while the quality of the diet in terms of micronutrient intakes was concluded to be determined by socio-economic status, the data on energy intake was inconsistent (Darmon and Drewnowski, 2008). This suggested that the higher obesity rates traditionally seen among the UK and USA participants from more deprived backgrounds were potentially mediated by additional mechanisms other than calorific excess from food. For example, Lakerveld, Ben Rebah, Mackenbach *et al.* (2015) indicated that disparities in physical activity and sedentary behaviour were a probable factor in the social gradient in overweight and obesity prevalence.

The food choices and dietary patterns summarised above were concluded to have *'complex and multifactorial'* determinants (Darmon and Drewnowski, 2008: 111). For example, research conducted in the UK and France indicated that nutrient-dense diets were associated with higher costs, both when purchasing the food and hidden costs of food spoilage (Darmon, Ferguson, and Briend, 2003; Darmon, Ferguson, and Briend, 2002; Morris, Hulme, Clarke *et al.,* 2014; Snowdon, 2017). Another example of potential barriers to maintaining healthier diets was the poor availability and variety of food items in the local food outlets (such as convenience stores and hot food outlets) in more deprived areas of the USA and the UK (Lang and Caraher, 1998; Morland, Wing, Diez Roux, and Poole, 2002; Wrigley, 2002). Therefore, two main structural factors that contribute to food insecurity could be distinguished: the discrepancies in food prices and the accessibility of food retailers that sell a wide range of reasonably priced foods (Dowler, Turner, and Dobson, 2001). It is likely that these factors are relevant to participants of this study as HFP is usually delivered in most deprived areas of the country (Mann, Long, Stretesky, and Defeyter, 2018).

As an update to the 2008 article, Darmon and Drewnowski (2015) published a systematic review of 151 peer-reviewed articles. Due to unchanged high prices of nutrient-dense foods and low prices of energy-dense foods, lower socio-economic groups still experienced difficulties in accessing healthier diet and following nutritional guidelines. The conclusion echoed the previous findings and the recommendation that the diet-improving interventions tailored for deprived communities should consider the structural barriers to be successful. Since there appears to be little change in these patterns over the years, it is important the HFP provides interventions that consider the accessibility and affordability of food products.

The above literature indicated a pattern of socio-economic disparities in diet quality observed from the 1980s to 2015. This chapter now turns to primary research published during and post 2015 to further discuss the interplay of income, structural factors, and dietary behaviour in the United Kingdom.

2.2.2.2 United Kingdom- The impact of local shopping environment on purchasing habits

To research food practices (such as shopping, cooking, and family feeding) of mothers from deprived backgrounds, Harden and Dickson (2015) interviewed 13 mothers of children under six years of age living in disadvantaged areas of Eastern Scotland. The authors aimed to discuss wider socio-economic circumstances that determined their food choices and practices. At the time of interviews (between 2009 and 2011), Scotland was experiencing a recession and the impact of this was reflected in women's accounts.

In accordance with the findings by Darmon and Drenowski (2008), mothers showed knowledge and awareness of government guidelines on healthy eating. They also showed a willingness to provide their children with *'good'* food by ensuring that meals are cooked from scratch with fresh ingredients. To the mothers, this was *'proper food'* as opposed to convenience food that women recognised to be unhealthy and obesity/disease-promoting (p. 384). While women valued family meal times and intentionally worked on providing the best food for their families, they also reported that when faced with wider challenges (related to low income, childcare, and other family issues) food was not prioritised. When they needed to focus on other areas of life, convenience meals were used in lieu of home-made food that required time and energy to prepare.

All women were reported to experience food insecurity and their food budgets were not large enough to shop comfortably. Furthermore, in agreement with the findings by Caplan *et al.* (1998), the mothers disclosed that, when necessary, they used money from the food budget to cover other expenses. In face of recession and increasing food prices, to obtain the best value for money mothers developed strategies such as trips to multiple shops and buying frozen, rather than fresh, products. For most participants, these shopping practices were impractical due to the need to use public transport.

These findings indicate that the individual capacity and health intentions (or individual agency) motivates the people who encounter structural barriers to overcome them. It is important, therefore, to view the participants of this doctoral research as not only willing to but actively seeking ways of maintaining a healthy diet

despite the inequalities in access to food. This is particularly relevant since the strategies and struggles discussed by Harden and Dickson (2015) could be a response to the early stages of austerity measures that continue to affect British families at the time of conducting this doctoral research (as discussed in the next chapter).

The impact of low income on diet extended beyond the economic ability to buy food and women's practices and food rules were also shaped by their socio-economic background. For example, the mothers deemed introducing new foods as *'expensive'* and a *'hassle'* (p. 386). This was particularly the case when a child was a *'fussy eater'* and refused to eat certain foods and try new dishes. Mothers, fatigued by issues in other areas of life, often gave in to children's demands and food refusals. Harden and Dickson (2015) suggested that this led to monotonous diets and unhealthy food habits that were unlikely to change. It was concluded that the impact of low income on food behaviour might be mediated by the participants' need to focus on the present. As a result, concerns are immediate (cost of buying food and preparation time) and rarely relate to long-term health implication of, for example, monotonous and limited diets of fussy eaters.

A similar interplay between social constraints and individual experiences that shape food practices has been presented in a cross-sectional study of the 24879 British households (Pechey and Monsivais, 2016). The sample was deemed population representative at the time of data collection in 2010. The study was limited in scope as it explored purchasing habits which do not necessarily reflect long-term food intake. Nevertheless, it presented the association between socio-economic status, supermarket choice, food expenditure, and food choices.

Participants with lower income more often shopped at low-cost supermarkets and had lower food expenditure than participants from higher income groups. Shopping at low-cost shops partially affected the food expenditure but expenditure per calorie was similar across the social groups. Considering that participants with low expenditure were also more likely to have higher Body Mass Index (BMI), it was suggested that similar cost per calorie was due to purchasing of low-cost, energy-dense and nutrient-poor foods by the low-income group. Price prioritisation, seen among the low-income groups, constrained healthiness of choice. In the group with the lowest cost per calorie, calories from fruit and vegetables constituted the lowest percentage of total energy

intake. In this group, the percentage of energy derived from 'less-healthy foods and beverages' was seven per cent higher than for those with the highest cost per calorie.

Even when controlled for supermarket choice, the occupational social class influenced the food expenditure and healthiness of food choice. The authors concluded that the economic capital shaped participants' food choices and that the *'actual and/or perceived cost of healthy diets may be key factors in tackling socio-economic disparities in food purchasing choices'* (p. 209). However, this study did not consider the social structures and environmental factors that mediate these choices.

An ecological, cross-sectional study of food retail outlets in Plymouth (n= 38) partially addresses these limitations (Williamson, McGregor-Shenton, Brumble *et al.,* 2017). The researchers were concerned with availability and cost of fresh produce and foods with favourable nutritional profile (high in nutrients and of low energy-density) in deprived areas. The study examined shopping trends (Healthy Food Basket survey) in terms of disparities between areas in access (by foot), cost, and availability of food products identified as representative of the current healthy eating guidelines (Williamson *et al.,* 2017).

While the study reported only a negligible difference in total median cost between more-deprived and less-deprived areas, the cost difference was significantly larger between convenience food stores and supermarkets (£18.14). Convenience stores, in both areas, were more expensive and had poorer stock availability of healthy foods. A total of 28 items was identified for the Healthy Food Basket survey and 26 of them were stocked by 100% of supermarkets. Conversely, only 4 items were stocked by 100% of convenience stores (less-deprived and more-deprived areas combined).

The total number of food retail outlets (supermarkets and convenience stores) was higher in the less deprived areas. Both areas had a higher proportion of convenience stores: 67% in less deprived and 83% in more deprived neighbourhoods and the supermarkets were more likely to be located on the outskirts of the areas. Williamson *et al.* (ibid.) suggested that lower car ownership among lower socio-economic groups and the higher proportion of convenience stores to supermarkets within areas of higher deprivation leads to higher reliance on foods stocked in convenience stores. Furthermore, convenience stores provided less healthy food options and the foods available had higher prices than supermarkets. The authors concluded the retail

outlet type is an important factor that shapes food behaviour of those living in deprived areas. These findings echo a conclusion by White, Bunting, and Williams (2004) that food deserts (defined as areas with limited access to affordable and nutritious food) in the UK are only experienced by people who are unable to travel beyond their neighbourhoods with limited food retailers. It can be concluded that the food landscape in the UK has remained unchanged over the years.

Williamson *et al.* (2017) provided a potential explanation for the purchasing patterns noted by Pechey and Monsivais (2016). A research study by Burgoine, Mackenbach, Lakerveld *et al.* (2017) further confirms these links. The association between BMI and the distance to the nearest supermarket was calculated and those living furthest away from a supermarket had a higher risk of being overweight or obese. Least-educated participants had higher odds of being obese and on average lived 33% further from a supermarket than the most-educated group. It was concluded that better access to supermarkets should be considered within interventions that address socio-economic barriers to healthy eating.

The above research provides insight into the impact of environment on food that is, at least partially, prepared and consumed at home. This literature facilitates the understanding of structural barriers that are likely to affect the families attending HFP. Eating out and take-away meals also contribute to dietary patterns and behaviours and I will now discuss recent literature concerned with the impact of take-away outlet exposure on the obesity risk.

2.2.2.3 United Kingdom- The impact of local take-away outlets environment on purchasing habits and diets

Burgoine, Sarkar, Webster, and Monsivais (2016) analysed the data of 51, 361 participants from Greater London and estimated their exposure to take-away outlets. The regression models showed that low income and high exposure to take-away food outlets were associated with increased processed meat consumption and risk of obesity. When combined, lowest income and highest take-away exposure were associated with a significant increase in obesity risk. It has previously been suggested that while the distance to the nearest fast food outlet in itself is not a reliable predictor of being overweight or obesity, the density of such outlets increases the risk of childhood obesity regardless of deprivation (Fraser and Edwards, 2010). However,

Burgoine *et al*. suggested that those living in more deprived areas are also more likely to be exposed to take-away outlets and highlighted the *'double burden of low income and an unhealthy neighbourhood food environment'* (2016: 28).

From a nutritional perspective, a possible explanation for the link between take-away food consumption and increased obesity risk was provided by Saunders, Saunders, and Middleton (2015). While it is important to recognise that not all take-away meals have inherently unfavourable nutritional profile, the study of 250 take-away outlets in Sandwell, West Midlands found that citizens are exposed to large portion sizes and amounts of fats and salt that exceed government's recommendation. Total fat content in meals was also reported to be in the upper extreme when compared with international reports that measured similar food items, and saturated fat was more than double the internationally reported mid-range. With *'virtually entire population of Sandwell living a short walk from at least one takeaway'* (2015: 1831) the authors concluded that the consumption of these large, highly calorific meals is inevitable. Healthy food choices at the individual level were deemed difficult because of the environment of *'fat swamps'* (2015: 1828) and deserts of healthy options. Such structural barriers to accessing healthy food and the impact of obesogenic environment are particularly important in the context of this doctoral research which is situated in a LA that borders Sandwell. It is therefore likely that the participants of this study live in neighbourhoods with similar food outlet environment.

The main limitation of the above studies is the assumption that the participants do shop at convenience stores, supermarkets, and takeaway outlets closest to their home address. Previous UK research reported that the proximity to home significantly contributes to the supermarket choice (White *et al*., 2004) but shopping might be conducted from non-home locations or through online delivery. Nevertheless, it is important to note that the participants of this doctoral study might have limited access to healthy options and might be frequently exposed to foods with unfavourable nutritional profile.

Diverging from the popular view of individual characteristics as determinants of food choice, the literature discussed so far emphasised the structural and socio-economic factors that shape food behaviour. Studies presented below pay greater attention to the social meaning of food and the role of class cultures in shaping food choices of adults and children.

2.2.3 Distinction: class culture, taste, and food choice

The most comprehensive study of class, culture, taste, and consumption has been undertaken by Bourdieu in 1984. He conducted a mixed-methods study of the French population living in Lille, Paris, and an unnamed provincial town in the 1960s. Two surveys, an ethnographic observation, and an extended questionnaire-based interview were carried out with a sample of 1217 participants (Bourdieu, 2010).

The 'habitus'- a distinct set of skills, tastes, beliefs, and interests and a unique way of understanding the world- is a central concept of many of Bourdieu's theories. The habitus is *'a structured and structuring structure'* (Bourdieu, 2010: 165) influenced by the individual's background and species capital (social, cultural, and economic), and it changes with age, education, life experiences. At the same time, both the habitus and species capital are influenced by the 'doxa' - which dictates what is perceived as normal behaviour- of the social field to which an individual belongs. As Bourdieu writes:

> *'a particularly clear example of practical sense as a proleptic adjustment to the demands of the field is what is called, in the language of sport, "a feel for the game" and an individual who has the "feel for the game" is most likely to accept, and conform to, the doxa (Bourdieu and Wacquant, 1992: 66).*

By doing so, the individual is replicating these rules and behaviours and maintains the doxa of the field (Bourdieu and Wacquant, 1992). Bourdieu suggests that individuals are unlikely to attempt changing their habitus and transforming the doxa to avoid being 'out of line' and they will also use (consciously or unconsciously) certain behaviours and material possessions, including the food-related ones, to distinct themselves from other social fields (Bourdieu, 2010). These concepts are further discussed in chapter 4 to provide the theoretical underpinning of this doctoral study.

Bourdieu indicated that, through the display of their tastes and preferences for one thing and the refusal of other preferences, individuals can assert their social position. In doing so, they may contribute to the barriers and distances between the social groups. For example, 'upper middle class' might attempt to distinct themselves from the 'lower middle' or 'working class' by the acquisition of fine art:

> *'to appropriate a work of art is to assert oneself as the exclusive possessor of the object and of the authentic taste for that object, which*

> *is thereby converted into the reified negation of all those who are unworthy of possessing it...' (Bourdieu, 2010: 277).*

The distinction of upper middle class was also seen in displaying the taste for food that was 'delicate and exquisite' and 'original and exotic'. The higher social classes were *'concerned to eat with all due form'* (Bourdieu, 2010: 196). The rules of dining etiquette were expected to be followed by all, even young children, and the focus was on quality and style, not quantity and function as seen in the working class. Accordingly, for the bourgeoisie food belonged to the realms of 'form' and 'appearance' and not 'substance' and 'being'.

On the other hand, individuals from the lower middle class or working class were reported to avoid cooking food that was deemed *'pretentious'* (and typically associated with the upper class) and to choose food that was easy to cook, *'salty', 'nourishing and heavy (high in calories)', 'cheap', and 'plentiful'* (Bourdieu, 2010: 182). The 'elastic' and 'abundant' dishes of working class, such as soups and casseroles, allowed for unrestricted portion sizes and, potentially, second helpings. To save time and labour, all dishes were brought to the table at the same time, plates were reused and stirring spoons were shared. The artificial order and decorum of dishes, plates, and cutlery were rejected and viewed as unnecessarily pretentious.

Bourdieu suggested that in the case of lower socio-economic classes, such behaviours are often driven by the 'taste of necessity': the taste for certain food is developed because it is more convenient, quicker, and more filling. The economic constraints faced by individuals have a significant role in shaping their tastes. Whereas the upper class uses elaborate meals as a symbol of their social status, the working class would rather invest time and money in meals that are more filling and accepted by all members of the family and friends (Blasius and Friedrichs, 2008; Bourdieu, 2010; Wills, Backett-Milburn, Roberts, and Lawton, 2011).

Therefore, Bourdieu considered food and meal times- even when consumed at home, away from the judging gaze of others- as a space for displaying distinction. These findings are important to understanding the food behaviours of participants of this doctoral research. In particular, the differences in taste and food habitus of the families who attend HFP and those who deliver it might lead to a disagreement between the two distinctive doxas which could have negative impact on participants' experiences.

Food choices might also be a result of *'the idea each class has of the body and of the effects of food on the body'* (Bourdieu, 2010: 187). Bourdieu further explains that:

> *'whereas the working classes are more attentive to strength of the (male) body than its shape, and tend to go for products that are both cheap and nutritious, the professions [managers, lawyers, medical doctors] prefer products that are tasty, health-giving, light and not fattening' (Bourdieu, 2010: 188).*

This could indicate that for a change of eating habits to be possible, a person needs to have a certain amount of knowledge about the impact of nutrition on health and consider this impact, and their health, to be important. This provides a further challenge for HFP, particularly in terms of long-term nutritional outcomes. Since the programme is attended by families from lower income groups, who face immediate financial and wellbeing issues, there is a risk that they might not be concerned with the long term health implications of their diets (Harden and Dickson, 2015).

The impact of taste and distinction on food choices is discussed in a contemporary, British context by Deeming (2014). Face-to-face interviews on social attitudes were conducted with 1855 participants aged 16 or over. From a list of everyday items and popular British social activities, participants were asked to identify what they believed was 'absolutely necessary' for a British adult. The questions relating to food and diet are relevant to this doctoral study. The study did not investigate particular food items, instead, broader categories of 'meat or fish' and 'fresh fruit and vegetables' were considered. A significantly greater proportion of middle-class participants than respondents from working-class background indicated the importance of diet of meat and fish (significance at <0.05) and one that is high in fruit and vegetables (significance at <0.001). Here, the author also referenced a qualitative study by Hitchaman *et al.* (2002 in Deeming, 2014) which found that, in accordance with Bourdieu's observations, British lower socio-economic groups tend to favour the foods that are filling and economical. The exploration of eating habits was aided by the questions on the perceived necessity of white goods and kitchen appliances such as freezers and microwaves. A freezer was deemed essential for three-quarters of the working-class participants and a third indicated that a microwave is crucial in a British household. In comparison, 65% of middle-class respondents indicated a freezer and 20% indicated a microwave to be essential (p.443). Comparing this quantitative data with findings from qualitative studies (Hitchaman *et al.,* 2002 and Atkinson and

Bradley, 2013), Deeming (2014) explained that the necessity for these products was driven by time and financial constraints as well as desire to minimise waste- which aligns with the taste of necessity observed by Bourdieu (2010) and reported practices of mothers from low income families as discussed by Harden and Dickson (2015). It was also noted that the frozen food and ready, microwavable meals are favoured in working-class families as they allow parents to cheaply and quickly prepare meals that will fill up hungry children. Similar observations were noted by Wills *et al.* (2011) as discussed below.

The author concluded that class, as defined by the occupation and education level, continues to influence the tastes and choices of British families. In lower socio-economic groups this is thought to be mediated through the *'social necessity experienced by working-class families'* (Deeming, 2014: 450). Thus, the food choices and behaviours derive from necessity and, at the same time, contribute to the formation of habits and social distinctions. It appears crucial to take these conclusions into considerations when delivering a dietary intervention for families from lower socio-economic groups such as HFP.

2.2.4 Distinction and cultural reproduction of eating habits

Findings similar to those discussed above were reported by Wills *et al.* (2011) who used Bourdieu's theories of taste and distinction to explain dietary practices of Scottish families with teenagers aged 13-15 years (n= 36). The authors summarised the experiences of two families who were representative of their cohort in characteristics and responses. The research indicated that amongst working-class families, the busy schedules and financial limitations resulted in expectations that teenagers will be independents and responsible for their own (and sometimes of other family members) food intake. Convenience meals, factory pre-made dishes, take-away meals, and confectionary were also a staple for these families as they required little preparation. This allowed the families to carry on with their busy schedules with little interruption, suggesting that the taste of necessity (to save time) observed by Bourdieu influenced the contemporary British families. The affinity to traditional foods was also observed as meals cooked by the lower income families were usually traditional British or Scottish meals (for example roast dinner on Sundays). The preference for traditional dishes noted by Bourdieu (2010) and Wills *et al.* (2011) could be explained by the

perceived risk of trying new foods that presents an opportunity of dislike, and subsequent waste (Dowler, 1997; Harden and Dickson, 2015).

In line with Bourdieu's findings (2010), the more affluent families were noted to showcase the taste for luxury and foreign foods (Wills *et al.*, 2011). The traditional Scottish food was avoided and viewed as plain and boring. The authors implied the choices to deliberately not pass on the Scottish food heritage were a display of higher social position. Backett-Milburn, Wills, Roberts, and Lawton, (2010) reported that middle class Scottish parents, in their accounts, used food to display their concern for children's diet and distinct themselves from those who do not take time to cook healthily and from scratch. The mothers prided themselves in cooking homemade food and minimising the takeaway and ready-meal consumption. To these parents, it was important that the teenagers eat healthy, balanced meals and that they develop *'adult tastes'* and a varied, cosmopolitan diet (Backett-Milburn *et al.*, 2010: 1320). Cosmopolitanism- expressed through the liking of foreign, spicy dishes- was a marker of middle-class distinction from low-income families who, presumably, eat traditional foods that were equated with a scarce use of spices and flavourings.

In comparison, families from lower class expressed little desire to try and consume cosmopolitan foods- irrespectively of cost (Wills *et al.*, 2011*)*. Again, this could be motivated by the risk of rejection and waste that is inherent when novel food is introduced to an existing habitus (Bourdieu, 2010). Flight, Leppard, and Cox (2003) and Tuorila, Lähteenmäki, Pohjalainen, and Lotti (2001) showed that the groups from lower income backgrounds were more likely to display food neophobia and avoid novel foods. However, Wills *et al.* (2011) also noted that the families living in poverty experience structural limitations that prevent them from introducing new foods: *'[The families] were not in a position to mimic middle-class practices, because of the boundaries of their economic, social, and cultural position'* (2011: 737). It can be concluded then that Bourdieu's habitus is displayed through food practices and the food practices are constructed and reproduced through class culture as, at the same time, they are a part of habitus.

In accordance with findings previously discussed in this chapter, vegetables were rarely consumed by teenagers from lower income families, but the parents did not express concerns over their children's vegetable intakes (Wills *et al.*, 2011). On the other hand, the teenagers from more affluent background were noted to eat vegetables

regularly because of parental expectations although they were not *'keen on vegetables'* (p. 732). Hupkens, Knibbe, van Otterloo, and Drop (1998) suggested that, in practical terms, cultural reproduction of eating habits can be mediated by *'food rules'* imposed by mothers. For example, the mothers from higher social class were more likely to limit a greater number of food items than mothers from lower social class and were more likely to take health into account when preparing food for their families. Therefore, it was suggested that class differences expressed in food rules can contribute to the social reproduction by influencing children's tastes and eating habits- which could explain the difference in parental expectations reported by Wills *et al.* (2011). The reproduction of this particular aspect of food habitus among the families from lower socio-economic background could also be explained by the wider influence of the doxa of that particular social field. For example, a study conducted in West Midlands (Povey, 2016) also suggested that children from deprived areas reported being ridiculed and laughed at by their peers for eating fruit and vegetables. While this finding can be perceived as unusual, it is important for this doctoral study set in West Midlands as the families during HFP consume meals in a social setting and the participating children may not only be influenced by parental expectations (or the lack of them) but also by their peers from similar background.

It can be summarised that both working-class and middle-class families, often unconsciously, facilitate the reproduction of taste as they expect their children to behave in accordance with the doxa of their social field. Thus, the eating habits are reproduced by the modelled behaviour and food environment. It is important therefore that HFP focuses on parental dietary behaviour and that it is deemed as equally important as children's diet for the programme to be successful in inducing long term dietary change. From here, this chapter now explores the food insecurity and holiday hunger experienced by British families.

2.3 Food insecurity

2.3.1 Food insecurity in England- a developed Western country

As noted by Harden and Dickson (2015) and Caplan *et al.* (1998), British families who experience food insecurity utilise various coping strategies. The families were reported to purchase cheaper food that is energy-dense and low in essential nutrients (Harvey, 2016). Parents admitted to skipping meals and reducing portion sizes to ensure their

children are fed (Gordon, Mack, Lansley *et al.*, 2014; Harvey, 2016; The Trussell Trust, 2016). This coping strategy was also triggered by holiday food insecurity and utilised by parents who attended HFP (Graham *et al.*, 2016; The Trussell Trust, 2016). Additionally, children were reported to also skip meals (Harvey, 2016) and to have an awareness of the sacrifices by their parents (Knight, O'Connell, and Brannen, 2018). These strategies could result in insufficient food intake, but it is important to acknowledge that food insecurity (or poverty- terms used interchangeably) might not manifest itself in being underweight but could result in micronutrient deficiencies or overweight.

Calorific requirements of food insecure individuals in developed countries (such as the UK) are often met and even exceeded (Tanumihardjo, Anderson, Kaufer-Horwitz *et al.*, 2007). Families who experience food insecurity might have enough food (or enough calories) to feel satisfied but still be deprived of essential nutrients (for example various vitamins, minerals, protein, or fibre) (Drewnowski, 2009). A diet low in nutrient-rich foods (such as fruit and vegetables) and high in low-cost, energy-dense foods (such as ready meals or fast food) that results in overweight/obesity is recognised by the United Nations as 'modern malnutrition' and is more common among the lower socio-economic groups of developed countries (Food and Agriculture Organization of the United Nations, 2019). A cohort study of 21349 children (11965 at age 5 and 9384 at age 11) further highlights income inequalities in obesity and overweight among UK children: 6.6% of children aged 5 from families in the poorest fifth of the sample were obese, compared to just 3.5% for their counterparts in the richest fifth (Goisis *et al.*, 2015). The gap seems to be widening with age; at 11, obesity was seen in 7.9% of the poorest fifth and only in 2.9% of the richest children. Therefore, when discussing 'food poverty/ insecurity' and 'holiday hunger', it is acknowledged that children and families who experience such problems might fall within two categories: those who physically experience hunger, lack essential nutrients, and are unable to meet their energy requirements (this would result in being underweight) and those who consume adequate or excessive amount of calories and experience 'modern malnutrition' (resulting in normal weight or overweight/obesity).

2.3.2 Impact of food insecurity on children

Adequate nutrition is crucial in infancy and childhood as cells divide rapidly to form bodily tissues such as muscle, bone, and brain. Food poverty (defined as the inability

to obtain healthy, nutritious food) has been linked to stunted growth and other developmental problems in young children (Walker, Wachs, Meeks Gardner *et al*., 2007) and children who experience food insecurity are also more likely to experience tooth decay (Chi, Masterson, Carle *et al*., 2014) colds, headaches, and stomach-aches (Alaimo, Olson, and Frongillo, 2001) than children who have access to a nutritionally adequate diet. Others also argue that food poverty impacts negatively on children's readiness for school (Ashiabi, 2005; Rose-Jacobs, Black, Casey *et al*., 2008). Food insecurity is believed to affect learning and school performance not only due to the lack of essential nutrients (such as iron) but also because children who are hungry have difficulty focusing, staying awake, and learning (Jyoti, Frongillo, and Jones, 2005; Skalicky, Meyers, Adams *et al*., 2005). Thus, the provision of nutritionally balanced food could be argued to be fundamental to children's success in school, physical and social development (Jyoti *et al*., 2005).

Other psycho-social problems have been associated with food insecurity and inadequate diet. For example, mothers (n= 2870) of 3-year old children were surveyed in 18 large cities in the USA (Whitaker, Phillips, and Orzol, 2006). After adjusting for a variety of issues such as drug use, domestic violence, and socio-economic factors, mothers from food insecure households were more likely to experience major depressive episodes or generalised anxiety disorder than fully food secure women. Additionally, the percentage of mothers who experience these problems increased with increasing food insecurity; 21% of marginally insecure mothers and 30.3% of food insecure mothers experienced one of the problems. The study also suggested that the prevalence of behaviour problems (such as hyperactivity and aggression) and mental health problems (such as depression and anxiety) among children was correlated with food insecurity. In a British context, it was suggested that food insecurity was correlated with maternal depression and domestic violence and that food insecure children were more likely to experience behavioural problems (Melchior, Caspi, Howard *et al*., 2009). Another USA based study of mothers (n= 1690) from socio-economically disadvantaged households further supports the link between maternal mental health, domestic violence, and food insecurity (Hernandez, Marshall, and Mineo, 2013). Other research on food and behaviour, show a relationship between inadequate diet and violence/ antisocial behaviour (Gesch, Hammond, Hampson *et al*., 2002; Zaalberg, Nijman, Bulten *et al*., 2010) with some even suggesting a direct cause-and-effect relationship (Solnick and Hemenway, 2012).

2.3.3 Holiday hunger

The Government addresses food poverty among children from low-income families by the provision of Free School Meals (FSM). In 2019, free lunches were accessed by 15.4% of all pupils in England (DfE, 2019). FSM are only accessible during school term (around 39 weeks of the year), thus creating a gap in food provision for children and presents the possibility of issues around family budgeting during school holidays. This 'holiday gap' is suggested to have a negative impact on the mental and physical health of children and adults (Forsey, 2017; Gill and Sharman, 2004). As discussed above, food poverty has a detrimental effect on children's energy levels, ability to focus, and physical health. At the same time, the holiday gap puts pressure on caregivers, and household budget, who need to provide not only care but also additional meals. This might negatively impact their stress levels and overall mental wellbeing (Forsey, 2017). Furthermore, physical health might also suffer- a survey of 945 parents (all age and income groups) of children aged 5 to 16 suggested that one in five of them skips at least one meal per day to ensure that their children have enough food (The Trussell Trust, 2016).

For the families who rely on FSM during term time, it might be a necessity to seek other forms of support during the school holidays. Frontline professionals (such as doctors, social workers, Children' Centre employees) can refer families to food banks which provide an emergency food supply for people in food poverty (The Trussell Trust, 2017). While being homeless or unemployed are often reasons for such referrals, the Trussell Trust has suggested that school holidays and the gap in FSM provision are also linked to claiming food aid (Lambie-Mumford, Crossley, Jensen *et al.*, 2014). Families that skip meals or turn to food aid because of the gap in the FSM provision experience food insecurity on a household level (Food and Agriculture Organization of the United Nations, 2019). The relationship between the absence of FSM during holidays and food insecurity is further reported by others (Campbell, Watson, and Watters, 2015; Graham, 2014; Rai, 2015; The Trussell Trust, 2016) justifying the need for the HFP.

2.4 Holiday food programmes

HFP aims to resolve this short-term food insecurity by ensuring that children can access healthy meals during school holidays. These programmes usually consist of a

few half-day sessions per month delivered during school holidays or half term breaks. During each session, children and their families are involved in food preparation and other activities (for example, physical exercise, games, education). Additional medium and long-term goals of HFP (although not of all existing programmes) are to induce dietary change by providing the families with knowledge and skills about cooking and healthy dietary habits (Forsey, 2017).

Early reports from researchers and policy-makers show that the programmes are successful in achieving their targets of reducing food poverty and improving nutritional knowledge (All-Party Parliamentary Group on School Food; 2015; Graham, 2014; Green and Burroughs, 2015; O'Connor *et al.*, 2016). However, these reports are usually based on a short-term evaluation of the programmes and do not provide information about the medium-term or long-term outcomes. Furthermore, the academic body of literature about HFP in the UK is limited with few peer-reviewed journal articles (Defeyter *et al.*, 2015; Graham *et al.*, 2016; Long, Stretesky, Graham *et al.,* 2018; Mann *et al.*, 2018) and one doctoral thesis (Mann, 2019).

Graham *et al.* (2016) conducted semi-structured interviews with 14 staff members who were involved in the delivery of holiday clubs in the South of England (n= 2) and Wales (n= 4). Welsh programmes were all delivered in primary schools and offered a 'family lunch' only once per week but children could access both breakfast and lunch three days per week. Clubs in Southern England were delivered by volunteers three days a week in a town hall and a church hall. Out of the six research sites, only two delivered *'nutrition activities'* (p. 3). Staff members reported that their programmes provided opportunities for children to try new foods and that the food they accessed through the programme was most likely to be more nutritious than they would have otherwise eaten at home. Reportedly, the children enjoyed trying new foods and staff members assumed that these opportunities could result in positive long term changes in eating habits. The food provision was deemed *'reliable and essential'* (p. 4) for many families, however, it was also recognised that some children had two breakfasts- one at home and one at the holiday club. The authors did not elaborate on this observation and they did not clarify whether this was considered to be positive or negative for the nutritional outcomes of participating children. Since the programmes were targeted to families experiencing food poverty, the additional meal eaten at the club ('second breakfast') was possibly beneficial and provided essential nutrients that a child would

not have consumed otherwise. On the other hand, if a child was overweight or obese and consumed additional food that was high in calories and low in vitamins and minerals, this 'second breakfast' could have potentially contributed to excess weight and reinforced unhealthy eating habits. The authors did not collect such data and the food served at the clubs is not discussed beyond the opinion that it was '*nutritious*' (p.4).

The perceptions of holiday breakfast programmes' staff, adult attendees, and child participants were studied by Defeyter *et al.* (2015). Five of participating clubs were based in the North West of England and one club was in Northern Ireland. Here, the authors focused on participants' and staff thoughts on '*the uses, impact, and areas for development of holiday breakfast clubs*' (p. 4). Food was usually discussed in the context of '*need for holiday breakfast provision*' (p. 5). Both staff and adult participants recognised that, through the provision of reliable and '*decent*' (p. 5) breakfasts, the clubs alleviated the financial pressure experienced during school holidays. Staff members also commented on children eating fruit and other food items that were deemed to be healthier than the food available at home. The adult attendees acknowledged that the breakfast served at the club was more varied and, in some cases, healthier than they usually consumed at home. Having regular breakfasts was deemed to promote the habit of having breakfast daily for both adults and children and helped the families to maintain a consistent routine between holidays and school term. Children enjoyed the variety of food and having the opportunity to eat breakfast without rush.

The impact of HFP on household food insecurity was measured by Long *et al.* (2018). Parents (n= 38) from seven UK holiday clubs (five in Wales, one in the South of England, and one in Scotland) completed and returned questionnaires on their household's food security and the perceived benefits of the programmes. 42% of the household were food insecure and 24% of the total sample reported experiencing hunger in the last 12 months. All parents, regardless of household food insecurity, reported spending more money on food during school holidays than during term time. Households that were food insecure were significantly more likely to agree with positive statements about the programme and negative statements about their ability to manage financially and emotionally in the absence of them. The clubs were deemed to be highly beneficial for families who experience food insecurity especially during

school holidays but also during school term. The small sample size, both of the settings and participants, does not allow for generalisation of these findings but participants of other HFP will likely have similar experiences.

The research sites of all three studies were predominantly based in Wales, Scotland, and Northern Ireland. The ethnicity and socio-economic background of participants are likely to differ between these areas and the LA where this doctoral study was set- the second largest city in England that is expected to '*become a majority minority city*' (LA CMIS, 2018: 31). With more than half of the city's population expected to be from an ethnic minority by 2021, the participants of this study will likely have different experiences and expectations than the participants of above studies who were predominantly from white British background.

The data collected from the South and North West of England (by Graham *et al*. and Defeyter *et al*. respectively) included programmes that provided only breakfast (North West) or only lunch (South) and the meals were not always available for adult attendees. Thus, it can be expected that this study of HFP in West Midlands- which aims to provide all participants with breakfast, lunch, and a snack- will provide additional findings on the outcomes and benefits for the attendees.

Mann (2019) as part of her doctoral research explored the effect of HFP attendance on children's food and drink intake. Children (n= 42) from four programmes located in London boroughs completed food diaries of their intakes on club and non-club days. Crucially, Mann found that no children reported not consuming any food items during non-club days which aligns with literature discussed so far in this chapter suggesting that in the UK food insecurity is rarely reflected in the complete absence of food. However, as the author noted, this does not exclude the possibility that the parents were skipping meals to ensure their children could eat. Mann did not find consistent significant results in regard to fruit and vegetable intake, snacks consumption, or high-fat food items. However, children were shown to consume less sugar-sweetened beverages (SSB) on days they attended the programme than at home. 33.4% of the children consumed two or more SSB on a day attending the club compared to 54.8% of the children on a non-attending day (p. 171). In her thesis, Mann has also recognised that the nutritional standard of the menus varied among the programmes due to differences in food-sourcing methods and unpredictability of food donations. Finally, staff members from programmes delivered in the North West of England and London

boroughs expressed concerns regarding their expertise in food provision and the need to attend additional training. Others cited the poor access to cooking equipment as a barrier to offering and preparing cooked meals. However, the author did not provide an in-depth discussion of these issues and their impact on nutritional outcomes.

This doctoral study will further complement the current knowledge on HFP by exploring the structural influences (including those discussed by Mann) that shape the provision and, subsequently, the nutritional outcomes. This thesis also offers a novel perspective on the experiences of participating families as the conclusions will be predominantly based on observed practices and behaviours rather than reported perceptions. Finally, this is the first research in the UK that will utilise sociological theories to discuss the outcomes of HFP and so it will broaden the understanding of various socio-cultural phenomena that occur during the provision.

2.5 Behavioural nutrition: changing the food habitus of adults and children

The guidelines from the programme provider suggest that short, medium, and long-term goals should be achieved by the provision of balanced meals and through sessions on cookery skills, healthy eating, and budgeting. The literature reviewed so far suggested that eating habits are reproduced and passed on from parents to their children, therefore, arguably the influence of HFP on adults is as important as the impact on children's diets. These studies by Kennedy, Hunt, and Hodgson (1998) and Garcia, Vargas, Lam *et al.* (2014) will now be summarised as they indicate best practice in delivery of such strategies as well as barriers to implementation. Children's outcomes remain the main concern for the providers of HFP and a review of strategies that aim to encourage healthy eating patterns among children will be discussed later in section 5.2.

While there is a potential to alter the food habitus through interventions discussed below, it is notable that the literature reviewed so far in this chapter indicated that the food habitus is structurally replicated and shaped by cultural and economic capital. Therefore, interventions that aim to induce dietary behaviour change might be met with resistance if these forms of capital are not addressed.

2.5.1 Adults

During 1990s a dietary intervention 'Friends with Food' was delivered to mothers of children under five years old from low-income families living in Northern England (Kennedy *et al.*, 1998). The project consisted of ten weekly 2-hour sessions with hands-on cooking activities and elements of nutrition education. The main emphasis of the programme was encouraging the participants to achieve then-current dietary recommendations to reduce total fat intake and increase the consumption of vegetables. The key focus, in line with the nutritional and health-promotion dogma of the 1990s, was CHD prevention. The focus of intervention was on altering the cultural capital: the practical sessions demonstrated alternative cooking methods and simple recipe changes that allowed the participants to cook more 'heart healthy' meals. The evaluation by Kennedy *et al.* (1998) included 26 women who were compared with a group of 13 nonparticipants. After the completion of the programme, approximately half of participating women reported a change in their food behaviour and a decrease in consumed fat. Participants who did not report any changes in dietary behaviour following the intervention did acknowledge the socio-economical barriers to implementing the changes. In accordance with the literature reviewed previously in this chapter, the economic capital prevented them from altering their food habitus as women perceived financial constraints, lack of cooking equipment and facilities, and childcare demands as factors inhibiting the dietary change. Familial food habits and the influence of family members' preferences and tastes was also highlighted as one of the barriers. Unfamiliar and 'foreign' foods were not received well by some families which influenced women's willingness to attempt the dietary change.

More recently, similar findings were reported by Garcia *et al.* (2014). Parents of children below five years of age (n= 102) from deprived communities in Scotland completed baseline and post-intervention questionnaires and 44 participants also answered the follow-up questions one year after the programme. Here, two-hour sessions were delivered weekly for 4-8 weeks. Cooking sessions and nutrition education were also complemented by activities on shopping and budgeting skills. Median confidence in cooking increased significantly and was also retained at the 1-year follow-up. Participants reported increased confidence in following recipes, preparing meals, and cooking new dishes. The healthiness of participants' diets was also improved in short and long term with decrease in ready-meal consumption and

increase in fruit and vegetable consumption. The parents agreed that the programme was beneficial and that it improved their families' diets. When compared with the programme discussed by Kennedy *et al.* (1998), it seems that the inclusion of budgeting activities improves the effectiveness of such strategies. While this intervention did not change the economic capital of participating families, it allowed them to learn how to use it more effectively in terms of purchasing nutrient-rich foods.

The above studies should be interpreted with caution as there were limitations in terms of sample size and participant self-selection methods which made them susceptible to social desirability bias and miss-reporting. Nevertheless, given that the interventions were similar to those offered by HFP, this literature provides a useful basis for understanding the potential outcomes of HFP. The current study is an observational, interpretative study of HFP and might also partially address the limitations of methods used by Kennedy el al. (1998) and Garcia *et al.* (2014).

2.5.2 Children

The fear of new, unfamiliar food often expressed by children is known as food neophobia (Birch and Fisher, 1998; Reilly, 2018). Along with Bourdieu's notions of habitus and taste, the concept of food neophobia could support the understanding of participants' experiences and their responses to HFP. The rejections of foods could be reflective of neophobia and thus of unfamiliarity and culturally-influenced tastes. However, it is important to recognise the evidence that young children are naturally conditioned to enjoy the sweet and salty flavours and to reject food that is bitter and sour (Gallo, 2018). At certain stages of development, they are also likely to reject foods based on their shape, size, and texture rather than familiarity with taste *per se* (Harris, 2018). It has also been noted that children (at 16 months and five years of age) from lower socio-economic groups are less likely to express food fussiness and have increased appetite in comparison to their peers from more affluent backgrounds (Kininmonth, Smith, Llewellyn, and Fildes, 2020). These observations could be a symptom of food insecurity as it seems understandable that children who experience hunger would be less likely to refuse a meal and it could also mean that the rejections of foods among these children are more likely to be expressions of food unfamiliarity rather than to be caused by other factors.

Therefore, although the literature reviewed below can support the evaluation of HFP in terms of inducing positive dietary behaviour, minimising food neophobia, and addressing short term food insecurity, it needs to be recognised that the strategies might not be effective due to other psycho-physiological factors.

DeCosta, Møller, Frøst, and Olsen (2017) reviewed strategies of changing children's eating behaviour. The authors included 120 studies that did not consider socio-economic status or wider structural influences. The application of these studies to programmes that target disadvantaged groups should then be done with caution, especially considering the economic and cultural barriers discussed earlier in this chapter. Another limitation of these studies is the focus on fruit and/or vegetable intake and omitting other food groups that are also crucial to healthy development such as proteins and fats. Nevertheless, up to date, this is the most comprehensive review on the topic and the findings can help discuss the effectiveness of HFP in addressing short term hunger and inducing long term change.

Hands-on approaches, such as cooking lessons or gardening and sensory play with food was also shown to facilitate the intake of target food in children (Coulthard and Sealy, 2017; Hoppu Prinz, Ojansivu *et al.*, 2015; Nekitsing, Blundell-Birtill, Cockroft *et al.*, 2019). However, long-term benefits of the hands-on approaches were not yet investigated, and the change may be only short or medium term (DeCosta *et al.*, 2017). Cooking lessons were shown to have positive influence on fruit and vegetable consumption and the effects were most likely mediated by tasting novel foods and getting accustomed to different tastes and textures. Sensory education (delivered through taste lessons) also showed short-term decrease in food neophobia (DeCosta *et al.*, 2017) but most of the single-component interventions were based on repeated sensory exposure, which has been shown to be effective in increasing liking and intake with infants, pre-schoolers and schoolchildren (Maier, Chabanet, Schaal *et al.*, 2007; Wardle, Cooke, Gibson *et al.*, 2003a; Wardle, Herrera, Cooke, and Gibson 2003b). In addition, it has been suggested that (un)familiarity with visual stimuli of food can be a factor in food neophobia (Heath, Houston-Price, and Kennedy, 2011; Maratos and Staples, 2015) and so such exposure, even if limited and not combined with exploration through other senses, could have potential long-term benefits. These findings will support the evaluation of similar approaches that were utilised in HFP (Forsey, 2017).

During HFP children and adults consume meals in social settings (Forsey, 2017; Mann, 2019). It is therefore important to recognise the impact of social facilitation on children's food intake. Upon reviewing 20 experimental research studies, DeCosta *et al.* (2017) noted that the impact of social facilitation on food intake varied with context. For example, the effectiveness of peer modelling in influencing food consumption and preference was largely dependent on whether the peer was familiar to the child. For younger children, the impact was stronger when parents or other adults modelled the behaviour, but older children were more likely to imitate the eating behaviour of other children. Younger children, in general, were more susceptible to modelling than older children. The authors concluded that *'peer and role modelling is likely to be effective in increasing the intake of food that is generally accepted and liked by the group, parent, or co-eater'* (DeCosta *et al.*, 2017: 329). At the same time, social facilitation also resulted in children expressing dislike for specific foods and liking of unhealthy foods when such behaviours were modelled. When conducting this doctoral research attention was paid to the eating behaviour of adults and staff members and the signs of children imitating these practices.

The impact of social facilitation was also illustrated by Sharps and Robinson (2017) who explored the influence of perceived eating norms on children's eating behaviour and the underlying mechanisms. The perceived eating norms had a significant effect on the amount of food that children ate regardless of the perceived social acceptance. However, the effect of perceived eating norms was stronger when the eating environment was unfamiliar. The authors concluded that the informational social influence affects eating behaviour and that children use the perceived eating norms as a guide to removing the uncertainty of a novel context. This is of importance to this research as the context of HFP is likely to be novel to many of participating children. Considering these findings and the review by DeCosta *et al.* (2017), it can be presumed that the food intake of participating children will be influenced by the food choices and eating behaviour of other children, adult participants, and staff members.

The serving style (for example, fruit cut in different shapes) and preparation method (e.g. stir-frying or steaming) were also shown to influence children's fruit and vegetables intake in 16 studies (DeCosta *et al.*, 2017). However, the authors of the review suggest that the cooking method preference might be linked to familiarity as children are likely to be accustomed to having their vegetables prepared in a certain

way. This provides a possible link with Bourdieu's findings on tastes and habitus and further supports the importance of serving food that is in line with the participants' culturally-influenced eating habits even when attempting to change some of these habits. The reviewed research was inconclusive regarding the long term effects of serving style, order, and preparation methods on fruit and vegetable consumption, but these factors could influence the short-term outcomes of HFP programme.

Finally, the research on providing choice to children was reported to promote the sense of independence which was deemed to have overall positive impact on eating habits (Ellis, Galloway, Webb *et al.*, 2016; Johnson and Birch, 1994; Mogharreban and Nahikian-Nelms, 1996). This could suggest that to facilitate positive nutritional outcomes, HFP should provide children with food options and encourage independent choices, however, DeCosta *et al.* (2017) recommended that further research should be conducted in this area. This doctoral study, although not experimental, will allow for observation of children's food choices in a variety of settings that will most likely vary in their food provision and preparation methods.

2.6 Conclusion

This chapter provided an overview of research contributions from the UK (Pechey and Monsivais, 2016; Burgoine *et al.,* 2016; Williamson *et al.*, 2017; Saunders *et al.*, 2015) as well as other Western and westernised countries (Darmon and Drewnowski, 2008 and 2015). From this review, it can be concluded that due to limited access to nutrient-dense foods and arguably easier access to energy-dense, nutrient-poor foods among lower socio-economic groups, the cost of and access to food needs to be considered in interventions that aim to improve the diet of participants from deprived backgrounds such as the HFP. The importance of structural factors and cultural influences in shaping dietary habits and food choices was also presented by Caplan *et al.* (1998) and Mennel *et al.* (1992).

The research by Backett-Milburn *et al.* (2010) and Deeming (2013), as well as the findings of other empirical studies reviewed in this chapter, suggest the contrasts in food choices among different socio-economic groups are increasing. The resulting health inequalities were also manifested in the prevalence of childhood obesity (Goisis *et al.*, 2015). In section 2.3.2 I have discussed other negative impacts of food insecurity on children's health, development, and education, emphasising the importance of

programmes that aim to improve their diet. These eating habits and inequalities are reproduced, and parent's dietary behaviour is likely to impact children's eating habits in short and long term. This reproduction was deemed to be facilitated by class cultures expressed through tastes and distinction (Wills *et al.*, 2011 and Hupkens *et al.* 1998).

As it was noted by Bourdieu (2010), individuals assert their social position and distinct themselves from 'others' by eating food that is typically associated with, and accepted within, their socio-economic group (or, in Bourdieu's understanding, in line with the doxa). The analysis of potential outcomes of HFP is based on the premise that the introduction of food that is unfamiliar to the participants (and not in line with the doxa of their social field) might result in resistance. Therefore, it might hinder the potential dietary changes as well as short term alleviation of hunger and malnutrition.

In light of findings by Kennedy *et al.* (1998), Garcia *et al.* (2013), Sharps and Robins (2017), and DeCosta *et al.* (2017), to achieve the short-term goal of preventing malnutrition during holidays, HFP should provide food that is either likely to be familiar to participants or offer a choice of familiar and unfamiliar foods. Hands-on cooking activities should be provided for both children and adults to promote long-term diet changes. The literature suggested that including budgeting and shopping sessions enhances the beneficial effects of such programmes. Finally, attention should be paid to modelling of food choices and dietary behaviours during the programme, especially by staff members as they have an opportunity to promote healthier food choices for both children and adults.

A gap in the British literature about HFP was identified as there appears to be a need to pay greater attention to the food-related aspects and the nutritional outcomes of such programmes. I will attempt to understand the potential of such programmes to address the issue of holiday food insecurity and positively influence the diet of participating adults in children. Prior to doing so, the next chapter will examine the issues of diet inequalities, food insecurity and holiday hunger from a policy perspective.

Chapter 3 Policy Context of Holiday Food Provision

3.1 Introduction

In this chapter, HFP is contextualised through child poverty and health inequalities agendas of the current and previous Governments. The issue of health inequalities and malnutrition among people from lower socio-economic background is not a new phenomenon in the UK; the policy on food provision for children (usually in a form of school meals) has over a hundred-year history. While it is notable that the precursors of modern school meals policies were first formalised by the introduction of school food policies in 1906 and 1921 Education Acts (Pike and Kelly, 2014), due to the constraints of this thesis it is not possible to discuss these early developments.

I will first provide a summary of changes in child poverty and health inequalities policies that underlined the development of school food provision in England. Considering the poverty-obesity paradox (as defined in the Literature Review chapter), the influence of obesity prevention on school food and the wider nutritional environment is also discussed. Furthermore, due to the role of children's services in the provision of holiday food programmes, an overview of relevant child and family policies is presented. This discussion also presents the sequence of events that created a demand for HFP. I will then focus on the recent social and political actions on extending the FSM to holiday periods that began during the 2015 to 2016 Conservative Government.

3.2 Policy background

3.2.1 International food security policy

It is important to position the policies discussed further in this chapter in the context of global food security policies that impact the British initiatives. The UK, a founding member of the United Nations, utilises the definition of food security provided by the Food and Agriculture Organization of the United Nations (FAO):

> *'A situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.' (FAO, 2019: 186)*

This definition provides the basis for understanding the challenges experienced at the household and national level and should guide the national and international policy initiatives.

In 1976, UK ratified the *International Covenant on Economic, Social and Cultural Rights* (signed in 1968) that recognises the right of all citizens to *'food in a quantity and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances, and acceptable within a given culture'*. The covenant implies an obligation to support those who are unable to acquire food through traditional, socially accepted pathways.

Post-1990 national child-orientated policies were also influenced by the UN Convention on the Rights of the Child (1989) that reinforced the right to nutritious food stipulated previously in the 1968 International Covenant. The most significant to the focus of this research are the children's nutrition and obesity prevention policies delivered through school and early years services as discussed in further sections of this chapter.

More recently, in 2016, the United Nations Decade of Action on Nutrition was declared, committing the members (including the UK) to a framework of ten initiatives to tackle malnutrition at all levels across the globe (United Nations General Assembly, 2016). The following commitments are particularly relevant to the issues of food insecurity in the UK and the HFP:

> *'1. Eradicate hunger and prevent all forms of malnutrition';*
>
> *'2. Increase investments for effective interventions and actions to improve people's diets and nutrition';*
>
> *'7. Ensure healthy diets through the life course' (WHO, 2019).*

It should be noted that the focus of these commitments is on all forms of malnutrition, therefore, the UK initiatives should tackle both under- and over-nutrition (see section 2.3.2). It has been suggested that the implementation of such international policies at the UK level was rarely explicit and frequently was mediated through poverty and health inequalities agendas (Dowler and O'Connor, 2012). These policy developments are discussed below.

3.2.2 Health Inequalities policy in the 2000s and school food provision

In 1997, the UK 'New' Labour faced growing health inequalities and an emerging obesity crisis (Scott-Samuel, Bambra, Collins *et al.*, 2014; Shaw, Dorling, Gordon, and Smith, 1999). Other non-communicable diseases (NCD) such as cancer, CHD, and Type 2 Diabetes Mellitus (T2D) were also an increasing concern, suggesting that the lifestyle approach to health adopted by previous governments was not effective (Shaw *et al.,* 1999). For this reason, Blair's 1997 manifesto was rooted in the belief that societal structure influences individual wellbeing and health. To distance themselves from the lifestyle approach, New Labour was eager to prove that '*health of the nation*' can be improved through a reduction in unemployment and poverty (BBC News, 2002). However, it should be noted that these 'Third Way' approaches were criticised for lacking concrete strategies to tackle the inequalities and it was suggested the overall philosophy continued to be aligned with that of more affluent groups (Giddens, 2000).

In response to a social gradient in infant mortality and life expectancy rates, health inequalities were firmly placed on the policy agenda (Shaw *et al.,* 1999). To end the poverty cycle, Blair's government had an ambitious plan to eradicate child poverty by 2020 (Blair, 1999). Interim goals were drafted, and Blair pledged to reduce the number of children living in deprived families by a quarter by 2004/05, and by a half by 2010/11 (from an estimated 3.4 million children in 1997). This aim was driven by concerns that one in three children was growing up in poverty in 1988 (Baldock, Fitzgerald, and Kay, 2013) and a growing body of evidence for the importance of social determinants to health. Child and family-focused policies were developed to minimise the impact of social stratification on children's physical, cognitive, and social development (Piachaud and Sutherland, 2001).

In the 2000s, obesity prevention was also an emerging theme for New Labour's policy development. At the time it was usually in the context of health inequalities reflected in the higher prevalence of obesity-related diseases such as T2D and CHD in adults from more deprived backgrounds. Such social gradient in obesity prevalence was recognised in children of all age groups (Department of Health and Social Care (DHSC), 1998) which led to the incorporation of adequate nutrition into Education policies. The Acheson report, introduced below, helped to established health inequalities as the main argument for nutrition-related changes in these policy areas.

3.2.2.1 Acheson Report

In 1997, an independent inquiry into health inequalities was commissioned by the first Public Health Minister Tessa Jowell to provide the basis for new policy agenda. The Acheson Report was published in 1998 and, similarly to its predecessor Black Report (Department of Health and Social Security (DHSC), 1980), advocated for reductions in income-related inequalities and child poverty (DHSC, 1998). The report was based on the socio-economic model of health and urged policymakers to focus on the connections between individual behaviour, community, and environment. Acheson suggested that, in comparison with middle and upper socio-economic groups, those who live in poverty are more likely to consume processed foods and sweetened beverages and have diets lower in fruit and vegetables. These differences in dietary patterns were partially attributed to food deserts (see section 2.2.2) (DHSC, 1998). To support the prevention of costly diet-related diseases that were more prevalent in disadvantaged groups, Acheson recommended:

- A review of the Common Agricultural Policy (CAP's) and Surplus Food Scheme to ensure that food provided for the disadvantaged groups is not limited to fried and frozen food (recommendation 19);
- To introduce policies that address the issue of food deserts and improve accessibility and affordability of food (recommendations 20 and 20.1);
- To focus the obesity prevention and food poverty actions on women of childbearing age and their children (recommendation 22).

At the time, 15% of pupils in England received FSM and a further 27% paid for school lunches (DHSC, 1998: 26). Therefore, school food was deemed to have a significant influence on children's diet and, subsequently, health. A further recommendation was made to improve nutrition in schools by providing free fruit and restricting '*less healthy food*' (p. 43). To Acheson, the individual change and cultural capital building through health education were as important as structural changes in breaking social reproduction of health inequalities. Thus, the report also advocated for wider food and diet education in schools. Finally, it was proposed that entitlement to FSM should be preserved and ideally extended to include more children from deprived families (recommendation 7).

The inquiry has been praised for stressing the importance of lifestyle issues and inequalities in health for policy development (Exworthy, Stuart, Blane, and Marmot, 2003). The findings also aligned with the global emphasis on government's responsibility to improve and promote health through the socio-economic structure (WHO, 1999). This meant that the new Employment, Welfare, and Family policies were expected to reduce inequalities and improve the health and wellbeing of the population. However, the report has been critiqued for failing to endorse a cross-governmental approach to resolving these problems and implementing the policies (Exworthy *et al.,* 2003). Such critique might not be relevant to the theme of diet, as the implementation of outlined recommendations required changes in several policy areas including Education, Welfare, Public Health, Planning and Building, and Food and Farming. The Education, Welfare, Public Health policy response to the Acheson's findings had a major impact on the changes in school food provision and wider nutrition agenda of the 2010s. Some of the interventions presented further in this chapter are also loosely related to the Planning and Building policies, however, this is not the focus of this work and so these policies are not discussed.

3.2.2.2 School Food Standards and FSM Eligibility 1997 – 2010

In July 1997, *Excellence in Schools* outlined the government's plans to introduce health promotion to all schools (Department for Education and Employment (DEE), 1997). Later, in response to the Acheson's recommendations and in line with the WHO's *Health-Promoting Schools* initiative (Denmand, 1999), *Saving Lives: Our Healthier Nation* reinforced the potential of schools to positively influence pupils' diet and health (Department of Health (DoH), 1999). This resulted in establishing National Healthy School Standard (NHSS) quality framework that set standards across four themes:

- Personal, Social and Health Education;
- Physical Activity;
- Emotional Health and Wellbeing;
- Healthy Eating.

To achieve the standard of healthy eating, schools had to provide '*healthy and nutritious food and drink'* and ensure that both staff and pupils had opportunities to learn about food and diet (DoH, 2005: 7). Therefore, the NHSS reflected Acheson's

recommendations (DHSC, 1998) and established schools as a setting that delivered the structural changes that enable healthy food choices and facilitate individual behaviour change through health education and cultural capital building.

The nutritional quality of school food was expected to improve following the transition from Compulsory Competitive Tendering to 'Best Value' procurement system that looks at factors beyond price, such as quality and expertise, when selecting vendors or contractors (*Local Government Act* 1999). Further improvements in pupils' food environment were possible due to *the School Standards and Framework Act 1998*. The Act allowed for specification of food standards in local authority (LA) maintained schools and the *Education Nutritional Standards for School Lunches* regulations came into force in April 2001. The new minimum nutritional standards were based on the *Balance of Good Health* national food guide published in 1994 and focused on food groups rather than specific nutrients. While the regulations ensured that foods such as fruit and vegetables and non-fried starchy foods are available, foods containing fat and sugar were not controlled and could be served daily as long as pupils could choose healthier alternatives. This reflects the Third Way philosophy (as introduced above in section 3.2.2) and indicates that the importance was put on the individual choices and that the structural influences on the diet were not fully addressed. In practice, cakes and muffins were served at least four days per week in 95% of 79 secondary schools (Nelson, Bradbury, and Poulter, 2004: 38). Furthermore, dishes such as burgers or chicken nuggets were served as main meals by 86% of schools (p. 42). Almost 50% of pupils opted for these high-fat dishes and 24% chose cakes and muffins for dessert (p. V). In comparison, the uptake of fruit and vegetables was only 2% and 6% (respectively) (p. V). This suggested that health education, and attempts to influence children's cultural capital, alone were not effective in promoting healthy eating habits and that there was a need for increased control of the food environment.

The nutritional standards have undergone further changes following the *Healthy Living Blueprint for Schools* (Department for Education and Skills, 2004) and a White Paper *Choosing Health: Making Healthy Choices Easier* (DoH, 2004). The White Paper stated that people preferred to make their own decisions regarding health behaviour, but centralised support should be in place to enable such choices. To support these choices at the earliest stages of life, in 2004 LEA-maintained schools

introduced free fruit and vegetables for all 4-6-years old pupils and the Government committed to improving the nutritional standards of school food (DoH, 2004).

In 2005, Jamie Oliver- a celebrity chef- initiated a public interest in school food through his series for Channel 4: Jamie's School Dinners. Oliver showed that the quality and nutritional content of school food was poor and inadequate. To alleviate the commotion caused by the programme's unfavourable findings, Blair set up the School Food Trust. This non-departmental public body, now a charity Children's Food Trust, was made responsible for improving the quality of school food. Consequently, and in line with wider obesity-prevention agenda stipulated in the *Public Service Agreement 2005-2008* (HM Treasury, 2004), more rigid *Nutritional Standards for School Lunches* were published in 2006. The new legislation was a first step to regulating processed foods' availability at schools. The regulations did not allow for serving 'confectionary and savour snacks' and soft drinks and ensured that meat products have high meat content.

The lunch food regulations were again amended in 2008 to include minimum or maximum values for major nutrients. When introducing the nutrient-based standards, the government was acting on the evidence that children and young people tend to overconsume saturated fats and sugar, and that their intake of essential nutrients such as Vitamin A, zinc, iron, and calcium was below reference nutrient intake (DoH, 2011). The whole school food environment was now controlled and designed to encourage healthier choices. However, school food available outside of lunch meals (for example in tuck shops or after-school clubs) only had to adhere to food-based standards.

At the time when nutritional standards of school food were improving, families who received income support and job-seekers allowance were concerned that finding employment might result in their children losing entitlement to FSM (Marsh and MaMahon, 2000). For this reason, and in agreement with Acheson's recommendation, the *Education Act 2002* extended the eligibility to pupils whose parents received tax credits under the *Tax Credit Act* 2002. Additionally, FSM were also made available to children of those parents who were supported under the *Immigration and Asylum Act 1999*. In theory, this incentive protected FSM entitlement for those families who decided to take paid employment. However, between 2001 and 2003, the percentage of children in nursery, primary and secondary education eligible for and claiming FSM was steadily falling (DfES, 2001; 2002; 2003). In 2004 there was a slight rise in

percentages for nursery and primary pupils but there was a further decrease for secondary school children (DfES, 2004). These changes are non-significant and correlate with a similarly small decline in relative poverty rates during this period that proceeded the financial crisis of 2008 (Brewer, Goodman, Myck *et al.,* 2004). After 2002, the enlistment criteria for FSM remained largely unchanged until 2014- this is discussed later in this chapter.

3.2.2.3 Cross-service approach to pre-school provision and health in the 2000s

New Labour's efforts to improve the life chances of children from the most disadvantaged backgrounds also focused on pre-school children. At the time, there was a growing understanding of the negative impact that poverty has on the physical, cognitive, and socioemotional development of young children (Duncan and Brooksgunn, 1997; Eamon, 2001). This was reflected in increasing provision and regulation of childcare and nursery education and policy focus on family support. The National Institute for Health and Care Excellence (NICE) has also recognised the role of nurseries and other early years services in obesity prevention (NICE, 2006).

The 1997 Comprehensive Spending Review concluded that the access to and quality of services for children under 5 years of age and their families were inconsistent across neighbourhoods. The issue was more prevalent in impoverished communities suggesting a need for targeted, cross-service intervention. 500 Sure Start Local Programmes (SSLP) were set up and pioneered integrated services approach to children and families provision: health, early learning, employment, and family support services were offered to children under four and their families.

The government's dedication to giving all children a chance to thrive was ongoing during the second term of New Labour. The success of SSLP in achieving this goal was recognised and plans for permanent and universal provision were drafted. The *Every Child Matters* green paper outlined the plan to establish a network of Sure Start Children's Centres (SSCC) focused in the 20% most deprived wards in the country (HM Treasury, 2003). SSCC, tailored to the local needs, encompassed a variety of services including nurseries, early excellence centres, family and community centres, and health centres. Later in 2004, the *Ten Year Childcare Strategy* (HM Treasury) and Every Child Matters: Change for Children document (2004) highlighted the

importance of early years interventions and cross-sectional services approach and announced a target of 3500 SSCC by 2010. *The Childcare Act* 2006 placed statuary duty on local authorities to improve the outcomes of all children under five and to establish and run Children Centres. Additionally, further measures were implemented to improve the child and family outcomes and to ensure cohesion between services. For example, a new Department for Children, Schools, and Families was established and acknowledged the interaction between childhood, family life, and school achievements.

SSLP applied the combined approach to healthy eating promotion: they developed cultural capital through cooking and gardening courses and controlled the environment by serving free fruit during activities (Latham *et al.,* 2006). SSCC continued providing these initiatives and contributed to the promotion of healthy eating among disadvantaged families. The centres also played a role in the distribution of Healthy Start vouchers that, following Acheson's recommendation, replaced the Welfare Food scheme (DoH, 2003). The target of 3500 centres was met by 2010, and presently some of these centres contribute to the provision of HFP. The issues related to this and the impact of HFP on the CC (and vice versa) are explored further in this thesis.

3.3 Obesity, health inequalities and school food policy in the 2010s

Overall, the policies implemented since 1997 resulted *in 'significant improvements in the health of the population'* (DoH, 2009). This has also benefited the most disadvantaged groups, however, there was only a marginal reduction in health inequalities (DoH, 2009). In 2010, infant mortality and childhood obesity were more prevalent among children from disadvantaged backgrounds (Office for National Statistics, 2010) There was an urgent need for yet another assessment of health inequalities, one that would facilitate evidence-based policy decisions post 2010. Consequently, Sir Michael Marmot chaired the review and published its findings in 2010. The *Fair Society, Healthy Lives* (2010), summarised below, shaped the health, education, welfare and family policy developments of subsequent government. While social inequalities persisted as a major policy theme, obesity prevention was prominent. This meant that focus shifted from targeted food support to universal preventive actions across all social groups.

3.3.1 Fair Society, Healthy Lives- The Marmot Review

Marmot called for reducing inequalities in health as a *'matter of fairness and social justice'* (2010). The 2010 inquiry resounded the findings of the Acheson report: being born and growing up in more deprived family results in poorer health, life chances, and educational achievement. Marmot aligned with the belief that social structure and environment, or the field, significantly influences individual choices and preferences and so less consideration was given to the individual behaviour change and capacity-building strategies. This is understandable as the report was aiming to bring structural causes of ill-health to government's attention. However, as discussed in Literature Review chapter, the evidence regarding dietary behaviour and related health outcomes indicated that both, the structure and the individual capacity, should be taken into consideration when creating such policy initiatives.

It was suggested that to break the cycle of deprivation, new, structure-shaping approach to child poverty should be applied. Two out of six policy objectives outlined in the review aimed to reduce the inequality gap in the early stages of life:

- Objective A 'Give every child the best start in life' recognised the importance of early intervention. The impact of early years on the development and lifelong health was highlighted and Marmot called for an increase in spending on early education and family support.
- Objective B 'Enable all children, young people and adults to maximise their capabilities and have control over their lives' argued for a 'whole child' approach to education and recommended that schools should address physical and mental wellbeing.

The importance of an adequate diet for cognitive development was already understood when the review was published in 2010 (Bryan, Osendarp, Hughes *et al.,* 2004; Morley and Lucas, 1997; Stevenson, 2006). However, the recommendations failed to explicitly link diet to cognitive development and Marmot implies that healthy diet is mostly just a means to an end (of obesity). Bearing in mind the worldwide recognition that the review has gained since its publication, it is regretful that such an important factor was not discussed more thoroughly as it could have had impact on the food security initiatives in relation to child development and life chances. Nonetheless, nutrition

was recognised, among other lifestyle factors, as an area for government action in the context of:

- Providing all citizens with a minimum income for healthy living to ensure that healthy diet is affordable;
- Creating healthy and sustainable communities. For example, a health promotion initiative to reduce saturated fats intake from meat and dairy sources would have a positive effect on both the population's cardiovascular health and greenhouse gases emissions;
- Increasing the access to healthier food alternatives by considering the issue of food deserts and the proximity of fast food outlets to schools (although Marmot notes that the research evidence does not show causality between access and health outcomes);
- Preventing obesity and related health conditions by *'improving the availability of, and access to, healthier food choices among low-income groups'* through structural interventions such as pressuring food manufacturers to reduce salt and saturated fat in their products.

The overarching advice to the policymakers was to take a cross-government, multi-sectorial, and multi-agency approach. The landmark review also mapped the relationship between the individual, environment, and health and argued that to mitigate and prevent health inequalities action needs to be taken across all social determinants of health. Marmot also emphasised the importance of addressing social reproduction and suggested that action *'across the life course'* (p. 146) was required for these interventions to be successful.

3.3.2 The Foundation Years: preventing poor children becoming poor adults- The Field Review

The Foundation Years: preventing poor children becoming poor adults (Field, 2010) also recognised the issue of social reproduction and significance of health in early years of life. Field echoed Marmot's recommendations and reasoned that schools are not able to effectively alleviate the inequalities that stem from early years disadvantage. This independent review on poverty and life chances recognised adequate nutrition in childhood, indicated by healthy weight (measured through BMI), as the determinant of *'positive outcomes and good life chances'*. Low-income families were reported to

experience difficulties in providing an adequate diet which was recognised to negatively impact on health and development of young children. Field's focus on nutrition complemented the shortcomings of Marmot's review, which helped to establish healthy eating as an important area for legislative action. However, using BMI as a sole indicator of adequate nutrition might be misleading- especially in children. Other measures (such as Food Frequency Questionnaire or a 24-hour food recall) could have been used as otherwise there is a risk that policymakers will focus on overweight and obese children and omit those who are a healthy weight but malnourished.

3.3.3 2010-2015 Coalition government

The themes for policy development articulated by Marmot and Field were prevalent in the political agenda post-2010. In 2011 the new Conservative-Liberal Democrats coalition government published a national Child Poverty Strategy that suggested an ongoing focus on early years and health inequalities (Department for Work and Pensions and DfE, 2011). The strategy was set in accordance with the *Child Poverty Act 2010*, which established income targets for 2020. However, it was understood that while government should help families to become financially independent, wider determinants of health, as well as cultural capital, must be considered:

> *'A focus solely on household income is likely to overlook other factors that are crucial for children's longer term development and that can compound disadvantage over time. A sustainable approach to tackling child poverty needs to address a wide range of factors such as family, home environment, health and education.' (p. 35)*

While the above suggests a need for structural changes, due to post-recession economic conditions the Coalition government prioritised the national debt reduction. In practice, therefore, financial resources were targeted where most needed and universal provision of family support and services was gradually reduced (Department for Work and Pensions and DfE, 2011). This resulted in closures of some SSCC as the responsibility for children's health and development was yet again placed on the family and support was limited to those with the greatest needs. However, this did not apply to nutrition: the focus on the healthiness of school food has continued and the provision of FSM was expanded. Prior to the formation of Conservative-Liberal Democrats coalition, childhood nutrition was established as a major objective of health inequalities policy. At the same time, the Department of Health was becoming

increasingly concerned with childhood obesity (2011). Obesity prevention at early stages was perceived as a lifeboat for the NHS and wider economy both in the present and in future due to the high costs associated with the treatment of obesity-related diseases (DoH, 2011). This justified high spending on obesity prevention and school food while the funding for universal early years and family services was reduced.

3.3.4 FSM provision in the 2010s

To research the impact of school lunches on children's health and eating habits outside of school, the government piloted the extension of FSM between 2009 and 2011 (DfE, 2012). The pilot has been evaluated and the universal provision for all pupils has shown a significant beneficial impact on children's attainment at Key Stage 1 and 2 (DfE, 2012). Furthermore, the universal provision correlated with a shift in dietary patterns as children were less likely to consume crisps and sandwiches (packed lunch food) and more likely to choose hot meals during lunch. However, it was noted that the change in food eaten at lunch did not impact on the overall eating patterns or BMI (DfE, 2012).

Dimbleby and Vincent (2013) reported that Universal Free School Meals for primary school children would help families to save on average £437 per child per year. Additionally, there were concerns that approximately 4 in 10 children living in poverty were not eligible for the FSM under then-current criteria. The Children's Society (2012) reported that despite the extended eligibility to pupils whose parents were in receipt of tax credits, in 2012 parents worried about losing FSM entitlement as a result of moving back into work or taking additional hours. Therefore, universal provision was in line with the government's goal of reducing barriers to employment.

In 2013, Deputy Prime Minister Nick Clegg stated that *'every primary school pupil should be able to sit down to a hot, healthy lunch with their classmates every day'* (DfE, 2013a). Subsequently, plans for Universal Infant Free School Meals (UIFSM) provision were announced. The intervention was limited to infant school pupils (reception, year 1, and year 2) *'because teaching healthy habits young, and boosting attainment early, will bring the biggest benefits'* (ibid). The universalism of this provision was hoped to mitigate the stigma of claiming FSM and bring cohesion to schools. However, the introduction of this universal benefit in times of austerity was unexpected as the scheme did not fit with other policies (such as the reductions in child

benefits and closing of some SSCC). As suggested earlier in this chapter, long-term obesity prevention goals most likely motivated this decision. Critics argued that children from middle and upper-income households do not require such support as their family has resources to provide food for all members (BBC News, 2013; Bourne, 2013). However, when coupled with robust nutritional standards the UIFSM ensure that all children have access to at least one healthy meal per day. While it is true that children from disadvantaged families tend to have inadequate nutritional intakes, parent's employment might result in families who have disposable income but relatively little leisure time. With the government's dedication to promoting financial independence (DfE, 2011), more families might have found themselves in such situation. UIFSM would, therefore, help families who turn to convenience food not because they cannot afford other options but because it saves time. On the other hand, such universal provision might lead to dependency and budgeting problems when school meals are unavailable (Sellen, Huda, Gibson, and Oliver, 2018). Again, while this is more likely to affect low-income families, others can also struggle financially during school holidays.

In the *Universal Credit: Welfare That Works* (Department for Work and Pensions, 2010) the government stated intentions to simplify the benefits system, reduce unemployment and welfare dependency through the new Universal Credit payment. The new system was formalised in the *Welfare Reform Act 2012* and introduced in 2013. FSM eligibility criteria were amended to extend the provision to all families receiving Universal Credit during the roll-out. The amendment ensured that children from families which previously received, or would be eligible for, other benefits could continue to access FSM. There was no income threshold and at the time it was suggested that this could be an incentive for families to move to employment or work more hours (DfE, 2013b). However, in 2018, a new net earnings threshold of £7,400 was announced to replace the interim measure (DfE, 2018a). The effect of this change is yet to be investigated but it has been estimated that by 2022 around 50, 000 more children will benefit from FSM (DfE, 2018a). However, it was also estimated that 1 in 8 of the 1.3 million children who would have qualified under the previous system will no longer be eligible under the Universal Credit threshold (Joyce and Waters, 2018).

Changes in eligibility criteria and the introduction of UIFSM were coupled with the introduction of Pupil Premium- a financial incentive for schools to support pupils from

disadvantaged background (DfE, 2011). The premium payment was based on the pupil's FSM eligibility, therefore, schools encouraged eligible families to register for FSM. This meant that families who were previously not eligible for FSM were more likely to use them from 2011/2012. In practice, the percentage of children known to be eligible for and claiming FSM was steadily falling during the Coalition office- this was most likely a result of stabilising economy and decreasing unemployment rates recorded during that time (Office for National Statistics, 2018).

In addition to the UIFSM, in 2014 the government committed to helping with the costs of food for low-income families by continuing to finance the Healthy Start Vouchers and School Fruit and Vegetable Scheme schemes (DfE, 2014). An additional £1 million was also invested by DfE to establish breakfast clubs in schools where more than 35% of pupils are eligible for FSM. The goal of breakfast clubs was to reduce the number of pupils coming to school without breakfast and to improve concentration during the pre-lunch activities. Pupils who take-up free breakfasts and lunches consume almost a half of their weekly main meals at school. This highlights the government's commitment to ensuring that children eat healthily but also suggests lack of confidence in parents' ability to do the same. This is also a recurring theme as obesity prevention began to more frequently focus on a top-down strategy and environment control.

3.3.5 School Food Standards in the 2010s

The nutrient-based school food standards introduced in 2009 improved the quality of food served for children and paved the way for further changes. In practice, however, the implementation of these standards proved to be tiresome and unrealistic for school cafeteria workers (Mucavele, Nicholas, and Sharp, 2013). The standards required cooks to plan menus and analyse recipes to ensure that they adhere to nutritional guidelines- which was time, economic, and emotional capital-consuming. The standards were very rigid which often meant that cooks were not able to respond to children's tastes or provide ethnic foods (e.g. curry and naan bread instead of shepherd's pie). A set of new, simpler and more flexible, food-based standards was piloted and evaluated in 2013 (Mucavele *et al.,* 2013). The proposed changes, and accompanying School Food Plan (Dimbleby and Vincent, 2013) that provided resources and guidelines for implementation, were endorsed by the deputy prime

minister and by the Education Secretary Michael Gove and *The Requirements for School Food Regulations 2014* soon followed.

The new standards returned to the food-based approach and specified the frequency and portion sizes of foods served at lunch or otherwise at school premises. However, the standards do not prevent children from consuming highly calorific meals as there is no upper limit for cheese and custard portion size. Each week the schools can provide two portions of deep-fried, batter- or breadcrumb-coated food and two portions of pastry-based food. In practical terms, children can be served these foods (typically high in calories) four days out of five. Considering the link between high salt intake and cardiovascular disease, it is surprising that the guidelines do not limit salt used during the cooking process. Cooks are encouraged to not use salt and provide healthy meals, but these loopholes exist.

While the government seems to control the school food environment, the adherence to guidelines does not appear to be well monitored or evaluated by the administration. The only, very limited in scope, official inspection is conducted by Ofsted which assesses how *'children and learners keep themselves healthy, including through healthy eating'* (Ofsted, 2015: 14). Additionally, academies created between 2010-2014 do not have statuary obligation to adhere to the guidelines: in 2016, 2, 500 academies were not following them (Long, 2018). The schools who comply with the guidelines (voluntary or under the legislation) are also allowed to provide food that does not adhere to rules on five occasions:

> *'at parties or celebrations to mark religious or cultural occasions; at fund-raising events; as rewards for achievement, good behaviour or effort; for use in teaching food preparation and cookery skills, including where the food prepared is served to pupils as part of a school lunch; or on an occasional basis by parents or pupils.' (The Requirements for School Food Regulations 2014)*

The standards are not only vague ('on an occasional basis') but also promote the idea that unhealthy food is a celebration, reward, and something 'fun' as opposed to the 'boring' healthy food served daily at school.

3.3.6 Obesity prevention in the 2010s

The school food policies discussed above aligned well with wider health inequalities and targeted family support agenda. The introduction of UIFSM and changes in nutrition standards also aimed to support obesity prevention. At the same time,

prevalence of childhood obesity was seen as a major issue and so steps were also taken to ensure that the out-of-school environment encourages families, and allows them, to make healthier choices. The government maintained the support of individual behaviour change initiatives and population-wide health education through programmes such as Change4Life and Health Trainer scheme. In *Healthy Lives, Healthy People: A call to action on obesity in England* (DHSC, 2011) plans were formulated to provide ring-fenced funding for local authorities to provide a spectrum of obesity prevention initiatives that suit their communities. Finally, the Public Health Responsibility Deal gave voluntary guidelines to food and drink industry to alter recipes and reduce calories, salt, and sugar in their products (DoH, 2011). The Deal encouraged manufacturers to reduce the amount of sugar in sugar-sweetened beverages and paved the way for the Soft Drinks Industry Levy introduced in 2018. Under the coalition government, a consistent and easy to understand 'traffic lights' labelling system was introduced to make healthy choices easier (DHSC, 2013). However, to date this is voluntary and not all manufacturers follow the guidelines. Restaurants and other food outlets were also encouraged, again voluntarily, to provide nutritional information for their menus. In theory, all these changes should help in creating an environment that promotes healthy food and drinks choices. While the environment-controlling actions were gradually expanded beyond schools, the voluntary nature of the guidelines implies that the government was not prepared to take a firm stand against the food manufacturers and obesogenic environment that encourages unhealthy eating habits.

3.3.7 Outcomes of the FSM and obesity prevention in the 2010s

An independent research study was conducted by Sellen *et al.* (2018) to evaluate the UIFSM provision. Following the introduction of UFSM, teachers noted improvement in school readiness (29%), attainment/progress in class (39%); ability to complete desk-based activities (36%); and ability to concentrate, not getting distracted (36%) (Sellen *et al.,* 2018: 9). The policy also seems to positively influence children's eating habits: out of 508 parents surveyed for the study 56% felt their child was more likely to try new foods and 33% said that their child was more likely to eat fruit or vegetables (p.10). Most parents, however, did not report changes in overall health.

The impact of School Food Standards and UFSM on physical health was not evaluated and the data from the National Child Measurement Programme remains the only

indicator of such outcomes. The success of school meals, and obesity prevention, is questionable as a slight increase has been noted in the prevalence of overweight and obese pupils in England (measured at reception and year 6) since 2012/2013 (Public Health England (PHE), 2018). The number of underweight children has also marginally increased suggesting that the FSM were not as effective as expected (ibid). The statistics raise the question of whether the prevalence would have been higher without the preventive actions and school food policies. However, it has been suggested by the Association of Teachers and Lecturers that portion sizes of paid and free school meals were at times too small to satisfy hunger and promote growth and development (BBC News, 2012). It also should be noted that BMI measurement is an isolated (and limited) indicator of health and it is likely that the school meals contribute to adequate nutritional intake and prevent nutrient deficiencies.

3.4 'Holiday Gap' in food provision policy

It has been suggested that FSM are effective in addressing food poverty by providing children with nutritious meals and by being a form of a non-cash benefit that aids family budget (Gill and Sharma, 2004). Both UIFSM and FSM result in financial and time savings for the families: on average, parents save £10 and 50minutes per week. This might have a beneficial impact on broader aspects of family life such as stress reduction and improving relationships (Sellen *et al.,* 2018). While these policies have obvious and crucial benefits, they also created a dependency on school food as reported by a participant of the evaluation by Sellen *et al.* (2018):

> *'There are children now coming in without breakfast and we are not a deprived area. Parents have come to rely on meals the children have at school.' (p. 116). (Discussed in the context of UIFSM).*

FSM are only accessible during school term (around 39 weeks of the year), thus creating a gap in food provision for children that presents a possibility of issues around family budgeting during school holidays. For the families who rely on FSM during term time, it might be a necessity to seek other forms of support during the school holidays with many turning to food banks. There were concerns that the Government response to the problem lacked accuracy and speed (Forsey and Mason, 2015). Financial support for HFP was also limited- these were often run by local communities and volunteers (East Renfrewshire Council, 2015; The Trussell Trust, 2016). Following reports from the Children's Society (2012), The Trussell Trust (2013 in Lambie-

Mumford *et al.*, 2014), and Graham (2014) this gap was first formally recognised by the members of government in 2015. The All-Party Parliamentary Group (APPG) on Hunger suggested that families who skip meals or turn to food aid because of the gap in FSM provision experience food insecurity on a household level (Forsey and Mason, 2015). To alleviate the problem, the APPG urged the government to invest £200 million into a national holiday food programme. In 2016, the APPG reported that *'a rising number of children are starting their first and final years of primary school underweight'* (Forsey, 2016). The report brought attention to the lack of FSM during holidays (and weekends) as a factor contributing to the children's malnutrition. The government was asked for '*immediate action*' to ensure that all children have at least one '*decent meal*' per day during and outside term time (Forsey, 2016).

In preparation for the parliamentary reading of the School Holidays *(Meals and Activities) Bill 2017-19* (withdrawn in April 2018), the APPG published *Hungry Holidays A report on hunger amongst children during school holidays* (Forsey, 2017). Forsey reported that two years after the first APPG report, holiday hunger was still not acknowledged by the central government and LAs provided funding for 25% of programmes in the UK (ibid). The report also suggested that the absence of FSM during holidays was the primary cause of holiday hunger. Other factors included affordable childcare, restricted availability of family services (often provided in schools), and overall higher spending on home fuel. It was suggested that, for some families, the problems also stem from the lack of money management skills, cooking skills, and nutritional knowledge. This indicated that the gap which SSCC provision was meant to address through universal services in various aspects related to health continued to affect the families from lower income groups.

The Conservative government was once more advised to provide a national structure for HFP and to put a statuary requirement on LAs to deliver such programmes. In addition, the Soft Drinks Industry Levy revenue funds the Healthy Pupils Capital Programme and APPG suggested that one-tenth of this funding should be allocated to HFP. While such concrete action has not been taken yet, in spring 2018 DfE allocated £2 million for the Holiday Activities and Food Research Fund to investigate HFP and decide whether, and in what way, long-term provision should be introduced(DfE, 2018b). Further £9 million was invested in the provision during summer 2019 (DfE

and Zahawi, 2019). In 2018 the government also allocated further £26 million for breakfast clubs (ibid).

3.5 Conclusion

Food support and the school meals provision has evolved and expanded over the years. Health inequalities and the child poverty agendas were the main reason for FSM provision and school food regulations in the 2000s. Post 2010, however, the focus shifted to obesity prevention and diet improvement across all income groups which was reflected in the introduction of UIFSM for the youngest pupils. There were also differences in approaches and the environment-controlling measures were gradually added to health education delivered at schools. Over the years the government also started to regulate the structure of wider, out of school, environment to ensure that healthier food and drink choices are possible and easy to make. Nevertheless, each government has considered childhood nutrition as crucial to present and future health and to breaking the cycle of health inequalities. Food support and education were also delivered through early years and family services- implying the importance of a healthy diet from the youngest age.

Because the structural changes and the wider food environment control are relatively new and still scarce, it is difficult to conclude whether these will have a more positive impact on food poverty and obesity prevalence than the behavioural change initiatives. So far, successive governments' attempts to reduce food poverty and to provide children with food created a gap in food provision during school holidays. This suggests that the structural changes (reducing unemployment and giving children healthy food at school) should be coupled with cultural capital building initiatives that will ensure families have budgeting and food skills. Furthermore, healthy food needs to be easily accessible and affordable. In the meantime, programmes such as HFP are needed to provide children from going hungry during school holidays. The programmes also have the capacity to promote behaviour change and give families much-needed skills. This doctoral research is, therefore, relevant and timely and has the potential to inform the policy development in this area.

Chapter 4 Methodology

4.1 Introduction

Previous chapters reviewed the policy and literature related to HFP. In this chapter, I introduce the rationale for the chosen research methodology and make explicit the philosophical stance that guides this thesis. Then, the methods of sampling, data collection, and data analysis are outlined and discussed. Justification is provided for choosing the mixed methods approach and utilising the following data collection methods: observations, interviews, a participative visual method, and food evaluation. Bourdieu's theoretical concepts, introduced in the literature review, are further explored and I explain how these will be used to interpret the data. This chapter also considers issues related to the ethics of researching with young and vulnerable participants.

4.2 Research aims and questions

The aim of this research is to describe and analyse the nutritional outcomes of English HFP for children. This research also aims to explore the differences in food-related practices of these programmes and to present the perceptions of relevant stakeholders.

I have explored the following research questions:

- What are the short- and medium-term nutritional outcomes of HFP for children and families?
- What are the differences in the delivery of HFP within one local authority and how could they impact on the nutritional outcomes, participant retention, and sustainability of the programmes?
- What are the views, perceptions, and reported practices of stakeholders in the provision of HFP?

A case-study design with a mixed-methods approach was deemed most suitable for answering the above questions. Subsequently, this research focuses on HFP programme delivered across seven identified research sites in one metropolitan borough in West Midlands. By applying a mixed-methods approach, and thus rigorously collecting and analysing qualitative and quantitative data, I am aiming to sufficiently address the research questions and to discuss the multifaceted social phenomena of holiday hunger. Social constructivism, the epistemological

underpinning of this study, views knowledge and meaning as generated through social interactions and processes (Berger and Luckmann, 1991; Gergen, 1995). While both types of data can capture the important details of HFP, qualitative research methods allow for a more accurate representation of multiple, socially-constructed realities. Therefore, the quantitative data collection and analysis is here embedded in an otherwise qualitative multiple-case study (Watkins and Gioia, 2015; Yin, 2009).

4.3 Ontological and epistemological underpinnings of the study

Chapter 2 revealed that most of the empirical research on changing children's eating habits stems from behavioural nutrition and nutrition science. Such literature is often concerned with the earliest stages of life when a child develops tastes and food habits and rarely includes participants older than 7 years old (see DeCosta *et al.,* 2017). Adult eating habits have been a subject of empirical studies informed by (and contributing to) social theory (see Deeming, 2013 or Warde, 1997) but such literature on children or families is scarce. Due to this and my background in nutrition science, the initial proposal for this research originated from positivist tradition of natural sciences. It seemed that the objective approach to reality, favoured by nutritional research, will allow me to explore the outcomes of HFP. However, with time it became clear that the focus of this research should not be on measurable outcomes per se but on participants as actors who construct their realities in response to the nutritional advice and policy. Such belief, that there are multiple interpretations of reality, is representative of relativist ontology (Guba, 1990). These different versions of reality are not absolute and cannot be either false or correct as they are embedded within cultural, social, and historical contexts (Guba, 1990).

In line with the relativist ontology, the epistemology of constructivism is employed throughout the study. Constructivism claims that knowledge and reality do not have an absolute value and are not objective (von Glasersfeld, 1996). I acknowledge that the outcomes of the HFP are not static and objective but influenced by participants' experiences and pre-existing cultural structures. Therefore, while I seek to understand these outcomes, I also accept that this research could result in different conclusions if it was conducted by someone else, under different circumstances, or with different participants.

Moving beyond the hypotheses provided by nutrition science and the positivist paradigm, a suitable theoretical framework was necessary to understand the potential outcomes of the programmes.

4.4 Theoretical framework

As noted in chapter 2, class cultures and distinctions in relation to food practices are likely to impact on participants' experiences and subsequent nutritional outcomes of the programmes. Additionally, in previous chapters class cultures and economic capital were shown to have implications for familial food practices and to be a carrier for generational reproduction of eating habits. As eating patterns are grounded in the social context, the discussion on changing these patterns needs to be informed by sociological theory. I will now revisit and further discuss Bourdieu's theoretical concepts as they provide a suitable framework for understanding the food-related practices of social groups and the impact these might have on the nutritional outcomes.

4.4.1 Habitus and taste

Lived experiences shape ways of thinking and behavioural patterns that are reflected in habitus. The term encompasses thoughts, tastes, beliefs, interests and the way in which world is understood by social actors (Leander, 2009). It provides a form for the actor to receive a set of dispositions and to become socialised by their family and peer group (Bourdieu, 1977). These dispositions, provided by a set of unconscious rules, allow actors to instinctively react to social situations they are familiar with. '*The habitus disposes actors to do certain things*' (Jenkins, 2002: 78) and by doing so it generates an infinite number of possible '*common sense*' practices (Bourdieu, 1990: 53). The practices are:

> '*Produced in and by the encounter between the habitus and its dispositions, on the one hand, and the constraints, demands and opportunities of the social field or market to which the habitus is appropriate or within which actor is moving, on the other*' (Jenkins, 2002: 78).

These dispositions are embodied and include for example posture, participation in sporting activities, and food behaviour. Bourdieu also refers to this embodiment as 'hexis' and suggests that all factors which create our habitus are embodied in social actors. Through the bodily hexis, that reveals the deepest dispositions of the habitus,

the personal and the social worlds are combined, internalised, and enacted. At the same time, the reproduction of these practices over time is affected by the actor's perceived chance of success. This also means that the existing habitus, practices, and opportunities are reproduced as they are '*likely to be positively sanctioned because they are objectively adjusted to the logic characteristic of a particular field*' (Bourdieu, 1990: 55-6).

By dictating the sense of what is acceptable and reasonable, the habitus also forms tastes. It is common for tastes existing in one habitus to be in opposition to tastes considered reasonable for social actors occupying another habitus. As discussed in literature review, the taste of luxury foods exists in opposition to taste of necessity and these tastes reveal the deepest dispositions of the class-shaped habitus. Indeed, the body and bodily practices are for Bourdieu the '*most indisputable materialization of class taste*' (Bourdieu, 2010: 188). The food practices of an individual are therefore shaped by the social world;

> '*It is clear that tastes in food cannot be considered in a complete independence of other dimensions of the relationship to the world, to others and to one's own body, through which the practical philosophy of each class is enacted*' (Bourdieu, 2010: 191)

This proposal makes Bourdieu's thinking tools appropriate for use in this research as class implications are crucial to understanding participants' experiences and effectiveness of the programme in altering their food-related habitus.

As taste is formed within the habitus, which is determined by structural and cultural forces, the divisions and inequalities between (and within) socio-economic groups also stem from the same structural patterns. Tastes operate '*below the levels of consciousness and language, beyond the reach of introspective scrutiny or control by the will*' (Bourdieu, 2010: 468). Thus, they represent the practical and embodied '*sense of one's place*' (ibid.: 473) within a social group and wider social world. In doing so, if actors acquire the habitus of a disadvantaged field the limitations created by the structure of the social world will become embodied and accepted as natural. Across generations, this results in a diminished capacity to alter the taken for granted viewpoint of the world that creates an unconscious set of rules within the field (the doxa). Social agents match the doxa of their social field instinctively using tastes and habitus. This is most often done at an unconscious level unless actors are consciously attempting to alert their habitus or change their social field. Bourdieu suggests that

this partially explains the generational reproduction of the social inequalities and an acceptance of one's powerlessness (or domination). The field is a wider structure that shapes the habitus and gives it the power to limit the opportunities of social actors.

4.4.2 Field and capital

Fields are multiple spheres of activity that can be distinguished by different doxas. Field also provides resources or, in Bourdieu's understanding, species capital that are '*at stake*' in the field (Bourdieu and Wacquant, 1992: 97). Agents are located within a field and their position is determined by the interaction between the doxa, habitus, and capital. The distribution of capitals varies between and within the fields and so capitals both enable and constrain actors. Bourdieu highlights four forms of species capital:

- Social (friends, networks, memberships)
- Cultural (knowledge, experience, connections, education)
- Economic (physical resources or ability to purchase)
- Symbolic (prestige and recognition)

The different forms of capital interact and intersect with one another and dictate one's position within society. Nevertheless, the economic capital seems to underpin all other forms of capital and as Bourdieu suggests it has '*a power to keep necessity at arm's length*' (Bourdieu and Wacquant, 1992: 55). Hence, acquiring economic capital allows actors to buy into cultural and symbolic capital, perhaps alter the social capital, or transition to another field. Cultural capital can also be acquired and is often sought after by social actors. It can be attained through acquisition of education, experiences, or cultural goods such as art and books.

It is through the means of capital that social class excludes families from lower socio-economic groups from partaking in certain practices. This allows us to understand that participants of HFP, who are living in deprived areas, may reject the food that is not in line with their cultural and/ or economic capital. Moreover, Bourdieu speaks of '*collectively owned capital*' (1989: 86) that is communal yet exclusive to the members of one social field. Individuals belonging to disadvantaged social groups have less capital on a personal level than those with higher socio-economic status and their collective capitals are limited. This further perpetuates the reproduction of

inequalities. This impaired 'collectively owned capital' might have further implications for programmes that promote healthy eating among lower socio-economic groups.

As explained in the literature review, the social capital is also an important factor in food choices as it dictates the perception of what is acceptable by other members of the field. For example, within a family and friendship group that all share taste for predominantly meat-based dishes it would be difficult, uncomfortable, and unpractical to attempt introducing a plant-based diet.

The symbolic capital revolves around recognition and value within culture and it may also affect the outcome of HFP. In this context, it will be important to pay attention to the delivery of the programmes and their sensitivity to class-based food practices. Dismissing the possessions, relationships, or practices of the attending families as inadequate or not worthy may potentially be a source of conflict. The act of treating the participants (and their habitus, capital, and social fields) as inferior by telling them that their practices in relation to food and feeding their children are wrong could also be seen as a symbolic violence. The notion of symbolic violence is central to Bourdieu's view on social inequalities and his understanding of how these inequalities are reproduced (Bourdieu and Wacquant, 1992). As previously explained individuals might replicate certain behaviours, and habitus, because of the social environment and structures that they experience. As he writes:

> *'the agent engaged in practice knows the world . . . too well, without objectifying distance, takes it for granted, precisely because he is caught up in it, bound up with it; he inhabits it like a garment . . . he feels at home in the world because the world is also in him, in the form of the habitus' (Bourdieu, 2000: 142-3 in Webb, Schirato, and Danaher, 2002)*

Thus, individuals do not question the hierarchy and possible inequalities.

The concepts outlined above provide a useful theoretical lens for examining the potential of HFP to achieve their aims of improving short and long-term nutritional status of participating families. However, the framework also provides an opportunity to overcome the structure/ agency dichotomy of contemporary sociological and health discourse.

4.4.3 Agency and structure

As this research is embedded in nutritional practice, I believe that adequate nutrition is crucial for health and that it is not a luxury that only a few can afford. The professional experience of successfully improving food practices of clients from a variety of socio-economic backgrounds leaves me prone to align with the 'rational choice' and 'agency over structure' side of the argument. Grounding this research in sociology and seeking to understand the reasons behind socio-economic inequalities in food intake and health allowed me to overcome this bias and acknowledge the other side of the argument. Bourdieu's stance in the agency and structure debate aligns with my personal views and the position that I take in this study.

Bourdieu through his '*constructivist structuralism*' or '*structuralist constructivism*' (Bourdieu 1989: 14) acknowledged the force of structure without losing sight of agency. The concept of habitus as '*structuring structure*' (Bourdieu, 2010: 165) is used to bridge the gap in understanding what dictates human behaviour. Bourdieu believed that each individual, although significantly influenced by their species capitals and social field, has the agency and the ability to reflect on their position and habitus. Thus, everyone can change and adjusting their habitus, capital, and social position if they feel it is necessary to do so. Habitus, as a product of social conditioning, is transformable which allows for a change in habits and culture over time. This is demonstrated by the analysis of tastes and behaviours of the upper middle class that are driven by the aspiration for upward mobility to the upper class (Bourdieu, 2010). However, for the change of habitus to be possible, the individual must not only be aware of their agency but also have the social and cultural capital that will allow for the change. Also, they must have the knowledge on how to use their economic capital in a way that will facilitate the change. Bourdieu suggested that the change of habitus is usually a long and difficult process and so the introduction of something that is not in alignment with existing habitus and the doxa might result in resistance (2010).

While the overall epistemological position of this study is that of constructivism, I recognise the 'structuralist constructivism' or 'constructivist structuralism' logic. By doing so I acknowledge that for participating families the improvement of eating patterns is not impossible but might be challenging.

4.5 Role of the researcher

Constructivist research acknowledges that the complexity of human experiences should be open to negotiation and alternative interpretations. By employing this paradigm, I seek to understand the interplay between the participants' day-to-day reality and policy-informed practices of the programme and how this translates to the nutritional outcomes. This is achieved by documenting my interpretations of the interactions between the participants and the environment of HFP.

The interpretation of observable behaviours and experiences requires the researcher to take on a specific role within a study. The role can be flexible and change according to the requirements of research stages, but it should be negotiated and agreed upon in advance to promote trust and ensure transparency. The selected role of an open-minded researcher should allow for access to a wide range of views about the topic while maintaining neutrality (Robson, 2002). As explained further in this chapter, when collecting data at research sites I was required to constantly navigate between the roles of a non-participating observer and a volunteer who was involved in the delivery of the programme. Inevitably there were times when I was also taking on a role of a nutritionist as both staff and attending families asked for advice or opinion. The complexity of my role during this research carried the risk of bias towards the participants (both families and staff) that could impact on my findings.

Sociologists widely encourage reflexivity to avoid bias (Sapsford and Jupp, 2006; Watkins and Gioia, 2015). Bourdieu has seen reflexivity as a tool that can be used to overcome the limitations and biases of any discipline or social field (Bourdieu and Wacquant, 1992). He highlighted three main aspects of reflexivity that an individual should consider: social/ cultural origins (our habitus and species capital), position within the current field, and '*intellectualist bias*' (Bourdieu and Wacquant, 1992: 39). Bourdieu's reflexivity goes beyond personal biases, which he deems insufficient, and encourages the researcher to use reflexivity as a scientific tool that is as rigorous as undertaken research and requires the systematic exploration of the '*unthought categories of thought which delimit the thinkable and predetermine the thought*' (Bourdieu 1982a: 10 in Bourdieu and Wacquant, 1992). Such level of reflection and ability to be self-critical of one's perspectives when interpreting data allows the researcher to remain trustworthy and relatively unbiased (Alvesson and Skoldberg, 2000).

My personal and professional background has undoubtedly influenced the research questions and design, and my approach to the problem of holiday hunger. As a nutritionist who has previously promoted healthy eating in children's centres and primary schools, adequate food intake of all children is something I am deeply concerned about. Therefore, I am more likely to focus on this aspect of HFP and omit other issues that might seem more important to other researchers (for example play or family relationships). Subsequently, to me, it would be most important for HFP to deliver food that is nutritionally adequate and in line with current recommendations. Being reflexive and understanding my position is going to help me avoid being judgmental towards the participants and providers of these programmes; this will ensure that the ultimate thesis is not a criticism of their food choices. Furthermore, the research is developed in a close working relationship with HFP providers and I need to ensure that I remain unbiased and that my discussion does not incline in favour of the programme by highlighting mostly positive outcomes. One way to minimise a risk of such bias was to employ the constructivist paradigm and shift the focus from the measurable outcomes to lived experiences of participants and their interactions with the programme.

To Bourdieu the 'intellectualist bias' occurs when an academic (outsider) is exposed to, and attempts to study, a social situation of a field they are not familiar with and '*observes from the outside a universe in which she is not immediately involved*' (Bourdieu and Wacquant, 1992: 73). In this case, I do not have the background, habitus, and species capital of the participating families and I lack 'the feel for the game' of their social field. Bourdieu suggests that the academic should not try to simply present their observations as definite but rather should seek to explore and understand the problems that the agents face and their approach to solving them/ living their life (Bourdieu and Wacquant, 1992). Ongoing reflexivity of my own biases and position as an outsider is meant to mitigate these prejudices.

I am also mindful of my effect on the participants of the research, both adults and children, and reactivity that can occur when conducting observations (Sapsford and Jupp, 2006). Aubrey, David, Godfrey, and Thompson (2000) suggested that it is difficult to accurately predict or measure the impact of the presence of a researcher, even when care is taken to remain unobtrusive, on behaviour of participants. For example, in this study, two forms of reactivity were likely to occur: the watching-eye/

Hawthorne effect and the social desirability bias (Lee and Nieman, 2013; Sapsford and Jupp, 2006). The Hawthorne effect suggests that an individual is likely to change their behaviour if they are aware that they are being observed. This could occur with both the staff and the participants of the programme and it is possible that being aware of the presence of a researcher with interest in food will affect certain behaviours. Social desirability bias might be observed due to the presence of the researcher, other participants, and staff. Participants tend to report or show preference for food that is more socially desirable (and often healthy such as fruit and vegetables) (Lee and Nieman, 2013). Being aware of the reactivity and seeking out indicators of it should help to mitigate such distortions (LeCompte and Goetz, 1982; Paradis and Sutkin, 2016). On the other hand, some researchers suggest that the observer effect can provide valuable insight into the real behaviour and that the social desirability bias (or self-censoring) does not occur every time an observation takes place (Monahan and Fisher, 2010; Speer and Hutchby, 2003). Being sensitive and responsive to possible indicators of reactivity (verbal and non-verbal) allowed me to use them as part of the data. Related to this was the responsibility and need to thoroughly and accurately record the observations. To avoid missing important data during observations, target behaviours were defined prior to data collection (Cohen, Manion, and Morrison, 2007). The observations were broad as they included families and staff members of the programme, but they focused on participants' interactions and behaviours in relation to food. Before detailing the research methods used in this study, this chapter now discusses the research design and rationale for using a case-study approach.

4.6 Research design

Considering the epistemological assumptions stipulated in the earlier sections, to investigate the experiences of attending families this research needed to study the HFP '*within its real-life context*' (Yin, 1994: 13). I adopted a case study strategy as it provides means of understanding the outcomes of HFP within the social context and can provide a multiplicity of views as it allows the researcher to use both qualitative and quantitative data collection tools. Such design corresponds with Bourdieu's assumptions of what drives human behaviour as it recognises multiple aspects involved in the case such as historical background, physical setting, and socio-economic and cultural contexts (Stake, 2000). The case study is therefore adopted for this research as it allows to '*catch the complexity of a single case*' (Stake, 1995: xi).

An instrumental inquiry uses a case to answer a research question and understand a wider phenomenon (Stake, 2000). The issue is of the utmost importance and the case is a tool in understanding the issue. By focusing on the details of a case, this form of research seeks explanation for complex social issues. Researchers can also choose to study one issue though several cases by conducting a collective case study (Stake, 2000). Multi-site case study has the potential to provide a broader understanding of studied phenomenon. However, generalisation of findings is not a goal of case study research and instead the emphasis is on uniqueness (Stake, 1995). In line with the realist ontological position, the task in this study was not to pursue universal knowledge but to understand the experiences and nutritional outcomes of families that attended sessions at the seven research sites. In sum, this doctoral research can be classified as an instrumental multi-site case study as it uses an in-depth exploration of multiple sites of HFP programme to understand the nutritional outcomes of such provision.

The lack of objective and rigorous data has been cited as a potential weakness of case study design (Yin, 2009). Research that uses this design does not usually strive for external validity, the aim is rather to provide knowledge that is tangible and embedded within the social context. This is a strength of the design as such example-based knowledge can provide a practical source of scientific development (Flyvbjerg, 2006). Furthermore, the focus on the particular does not need to result in compromised integrity of findings. Researchers can overcome potential issues with validity and rigour by using mixed-methods to study the phenomenon and ensuring systematic approach through all phases of research (Yin, 2009). I used participant observations, interviews, dietary analysis, and interpretive research method for children to improve the overall validity of the study (Silva, Warde, and Wright, 2009). The use of mixed methods ensured optimal design for capturing the complexity of participants' experiences of HFP.

When conducting a case study, the researcher interprets the data and draws their conclusions. Stake (2000) suggested that the researcher should also provide a thorough and complex narrative account and, by doing so, invite the reader to participate in making naturalistic generalisations. By providing rich data and opportunities for *'vicarious experience'* (Stake, 1995: 86), researcher engages the reader in making conclusions regarding the transferability of data. This is of

importance for this research as it ensures transparency and will help me to overcome the previously discussed biases towards the participants and the programmes. To provide these opportunities, when discussing data, I take care to '*attend the matters that personal curiosity dictates*' (Stakes, 1995: 86).

4.7 Participant recruitment and research setting

4.7.1 Research settings and sampling method

When I was in the earliest stages of research design in second half of 2016 and first half of 2017, information about HFP in West Midlands was difficult to access. There was no data that would allow me to calculate a representative sample. At the time of data collection in July and August 2017, there were three main providers of such programmes in West Midlands: Make, Move, Munch; Holiday Kitchen; and Make Lunch. Only one of these providers agreed to take part in the study and granted permission to access participants of the programme. I endeavoured to identify other settings to participate through BCU contacts, personal contacts and the Local Authority. However, despite communication with different organisations, none agreed to participate. This was often due to funding uncertainty and availability/ time commitments of staff members. I used opportunity sampling to identify programmes that were willing to participate. Opportunity sampling might have disadvantages, such as being unable to generalise the results (Watkins and Gioia, 2015), but it was the most appropriate and feasible choice for this study. Subsequently, the research was conducted in a form of a case study and seven HFP sites participated. These sites were located within one metropolitan borough in West Midlands. This sample was deemed appropriate in relation to time and cost constraints of this study as well as its usefulness in achieving the aims stipulated earlier in this chapter.

In 2017 the estimated population of the borough was 1, 137,100ple making it the second most populous borough in England. It was estimated that 64.3% (731, 500) of citizens were working age and that the borough was a home to 259,000 children (22.8% of the total population). According to Valadez-Martinez and Hirsch (2017), 42.33% of these children were living in poverty. In 2016 it was estimated that nearly half of borough's children lived in the country's 10% most deprived areas and nearly 8, 000 lived in the 1% most deprived areas (Reed, 2016). Based on Ward's Index of Multiple Deprivation, the research settings were in wards in the first and second decile

of the overall deprivation measure (Ministry of Housing, Communities & Local Government, 2015). The borough was predominantly urban and none of the sites were in rural areas. As discussed in literature review and policy chapters, in the UK obesity is more prevalent among children living in most deprived areas than among their peers living in least deprived neighbourhoods. The borough had higher than national average obesity rates among 4-5- and 10-11-year olds in 2016/17 (Baker, 2018). The implications of these statistics will be considered when analysing and discussing the data.

The borough was ethnically diverse and in 2018 it was estimated that by 2021 more than half of its citizens will be from an ethnic minority (LA CMIS, 2018). In 2011, the largest ethnic minorities were Pakistani and Indian populations, contributing to 13.48% and 6.02% of the total population respectively. Caribbean and African Black communities represented a 7.23% of the total population. In 2016/17 there were 785, 722 National Insurance Number registrations to overseas nationals, and the largest proportion of these were from Romania, followed by Poland (Department for Works and Pensions, 2018). Of the total population, 19.5% were born outside the UK and it was estimated that, in addition to English, school-age pupils speak more than 100 languages (Reed, 2016). Such cultural diversity was reflected in participating families. For example, according to interim 2018 estimates conducted by the local council, two out of seven research sites were in wards where White British communities represented less than 10% of the total population. As ethnicity impacts on cultural and religion-related food behaviour, I expected that this diversity will have an impact on the experiences of families who participate in HFP activities. This will be explored further in data analysis chapters.

The research sites included programmes located in the centre, north, and east of the borough. These programmes were delivered at a domestic violence refuge, community centre, children centres, and a primary school. These initial sites provided the required variation within the sample and were deemed representative of the borough's population. The diversity of types of settings was also maintained as they differed in: source of funding, geographical area, staff to participant ratio, focus of the programme. These sites provided rich data and no further sites were sought for.

While the research settings formed the case for this research, it was the participants' and staff's experiences of HFP that provided insight into the possible nutritional outcomes. The recruitment protocols for families and staff are summarised below.

4.7.2 Participants recruitment and consent

To initially gain access to the research sites as a participant observer, I volunteered at a HFP programme during a half-term break in October 2016. This introduction was facilitated by pre-existing professional relationship between the university and the HFP provider (a Housing Association) and gave me the initial insight into the day-to-day logistics of the programme and its participants. This exercise reassured staff members that I was willing to actively support their programme while conducting the research. Permission was then obtained to contact the research sites and ask for permission to conduct the research while supporting certain aspects of their sessions. In return for my help in the programme delivery during the busy summer period, seven research sites granted me the permission to conduct the research. The managers and staff members were from the beginning informed of my intentions as a researcher and were asked to sign detailed consent forms.

The review of current literature in chapter 2 suggested that changing eating habits of a family depends on willingness to do so by all members, even children who are not actively involved in food preparation. At the same time, parents have a significant influence over their children's food choices. This is especially significant in young children who do not yet purchase their food. Constructivism and Bourdieusian framework propose that much of individual's knowledge and the perception of reality is constructed through the context of their culture, including family upbringing. To fully understand the outcomes of HFP it was, therefore, crucial to consider experiences of both children and adults who attend the programme.

Staff members were consulted and the recruitment process of participating families was tailored to individual research sites. At the refuge, it was most suitable to invite participants through their assigned support workers. For some settings, a short informative talk was scheduled to invite the participants to take part in this research. The manager of the community centre also suggested that the consent forms should be merged with the consent that families sign when registering to participate in HFP activities. A short declaration of consent and a leaflet with most important information

was attached to the registration form (examples of these are provided in the Appendix A). It was suggested by the Head of Social Inclusion that due to low levels of English literacy among the participants, more detailed and academic consent form and participant information leaflet was not appropriate as it could have resulted in a non-informed consent. However, for participants who wanted to sign a more detailed consent or learn more about the study a traditional consent form and participant information leaflet were provided.

The only inclusion/exclusion criteria was whether the participant (child or adult) has attended at least one HFP session. Age, gender, ethnicity and other demographic characteristics were not considered important inclusion/exclusion criteria for this research. It was also acknowledged that participating families might have been vulnerable and that obtaining personal details from them was potentially unpractical and unethical. For data analysis the demographic statistics of sites' neighbourhoods were used. For staff and elite interviews, participants were included in the study if they participated in provision of HFP programme or were otherwise identified as 'stakeholders'.

Participants who gave informed consent were included in the study. Children and caregivers (or other adults who took part in the group) were both identified as the main beneficiary: assent and consent (respectively) was obtained from them. Due to the nature of these programmes, participants were given only a short period of time to decide whether they want to participate in the research. It was not possible to contact them before the programme started so they were asked to decide on the same day prior to consuming breakfast. Section 4.8 discusses the ethical considerations around informed consent and child participation in this research.

4.8 Consent and ethical considerations

The nature of research sites and HFP as a concept in general, required my observations to include vulnerable adults and children. To protect them from any harm, throughout the study, I adhered to the Social Research Association '*Ethical Guidelines*' (2003) and the Department of Health '*UK Research Governance Framework for Health and Social Care*' (2005) as suggested by the BCU Faculty of Health, Education and Life Sciences Faculty Academic Ethics Committee (2016).

4.8.1 Informed Consent

I fully explained the purpose, process, and intended outcomes of this research to all potential participants (Masson, 2004 in Heath, 2007). Upon fully understanding the nature of the study and potential implications to them personally, participants were able to give consent voluntarily and they were not pressured to participate by myself or the programme providers (Cohen *et al.,* 2007). All participants were given a Participant Information Leaflet (PIL) with the brief outline of the study and the most important information about participation. The PIL explained that taking part in the research is voluntary and that participants have the right to withdraw at any time without giving any reasons. Additionally, participants were informed about the possible risks and benefits of the research as well as contact details in case of any issues or complaints (University of Cambridge, 2013). Possible risks were identified as emotional distress, embarrassment, and invasion of privacy due to the nature of discussions that could take place when I was observing the participants. Additionally, children could unintentionally share personal/confidential information about their family. In that case, parents were to be informed and had the right to decide whether they wish to keep this data as part of the study. However, it is important to note that I was not left alone with any child/ adult participant at any point during activities or any other time during the delivery of the programme. There was always a member of staff from the HFP programme present as overall gatekeeper to make decisions about the best course of action and to ensure any signposting for children/ families in case of such events.

The consent forms were provided in simple English to avoid excluding those who might not be fluent in English and prevent the bias of study population. As discussed above, the borough is multi-cultural and ethnically varied and the population that does not speak English should not be discriminated. For example, I was informed prior to data collection that in the community centre participants were predominantly white British but might have low levels of English literacy. In the refuge research site, the population tends to be predominantly of a South Asian descent, however, it was not possible to accurately plan due to the unpredictability of service users. Both settings use the in-house staff as translators when necessary and they agreed to help with explaining the research and translating consent forms. To ensure informed consent

debriefing sessions were also planned for all participants before data collection begun (Diener and Crandall, 1978).

To ensure confidentiality, especially of those families staying at the refuge, all participants were given code names and no identifiable information was collected. Any collected data was stored in a locked filing cabinet at the Birmingham City University Faculty of Health, Education and Life Sciences. Additionally, electronic copies were saved on a password secured BCU online drive.

4.8.2 Ethics of researching with children

Since the children are the main beneficiary of HFP, it is important to consider the ethical concerns of researching with young people. British Educational Research Association (BERA) guidelines on working with children suggest that children who can form and express their views and opinions should be allowed to make decisions about the participation in research (BERA, 2018). In England, no law specifies minors' participation in non-clinical research (NHS Health Research Authority, n.d.). It is commonly assumed that the principles of 'Gillick competency' can be applied, suggesting that a child who has 'sufficient understanding' of the research process and can make decisions can consent to participation (ibid). However, not gaining consent from the caregivers of the child puts the researcher at risk of legal proceedings if the child makes a claim of harm (Masson, 2004 in Heath, Charles, Crow, and Wiles, 2007). Fine and Sandstrom (1988) suggested that researchers should provide all children, regardless of their capacity to give informed consent, with information about the research and their involvement and that these explanations should be as detailed as reasonable and practicable. Considering these issues and guidelines, children's assent was sought for before each observation after gaining consent for their participation from their parents or caregivers. Children were asked to put a spoon in a box with a smiley face if they were happy for me to observe them or in a box with a sad face if they did not want to be observed. HFP staff was asked to remind them to do so before each food related session. Therefore, non-participant observations of children took place with parental and children's consent. Regarding the participatory activity, children gave consent to participate as part of the HFP programme. Additionally, I asked for parental agreement to use this data as part of the research. Regardless, I also observed for ongoing assent and children's willingness to be part of the research/ activity. In addition to verbal rejection of my presence and observations, I remained mindful of

children's body language and looked for signs of discomfort or distress. Staff members and parents were also asked to make ongoing judgments regarding children's assent to be observed.

4.8.3 Safeguarding

In addition to the above guidelines, I also implemented Safeguarding Procedures by the National Society on the Prevention of Cruelty to Children and the BCU Safer Working Policy for Adults who Work with Children, Young People, and Vulnerable Adults. These protocols were always followed throughout the research. Additionally, I have operated within the constraints and procedures of any onsite safeguarding policies implemented by the research sites. At the time of data collection, I held a current enhanced DBS check, Level 2 Award in Safeguarding and Protection of Children and Young People as well as a Level 1 and Level 2 Award in Awareness of Domestic Violence & Direct Questioning which provided a further layer of protection for the vulnerable participants. Finally, through systematic supervision meetings and yearly progress reviews, I provided feedback to the Birmingham City University as a sponsor of this research.

4.9 Data Collection Methods

The case study and mixed methods design of this research allowed me to identify the most suitable data collection tools while not being limited to sole use of quantitative or qualitative methods. This section outlines the chosen methods and rationale behind using them. The methods are summarised in Table 1 with corresponding research questions and included: observations, a food evaluation tool, a participative visual method, expert interviews with staff and elite interviews with stakeholders and government advisers on the topic.

Table 1 Summary of data collection methods and corresponding research questions.

	Participant observations	Active observations while volunteering	Participative visual activity	Food questionnaire	Staff interviews	Elite interviews
What are the short- and medium-term nutritional outcomes of HFP for children and families?	X	X	X	X		
What are the differences in the delivery of HFP programme and how could they impact on the nutritional outcomes, participant retention, and sustainability of the programmes?	X	X		X	X	X
What are the views, perceptions, and reported practices of stakeholders in the provision of HFP?					X	X

4.9.1 Observations

Considering the epistemological and theoretical frameworks as well as practical and ethical issues of this research, participant observations emerged as the most appropriate tool to address the previously stipulated research questions. Observations allow the researcher to understand complex social phenomena and to note what people do in reality and discover things that might otherwise be omitted in secondary reports (Cohen *et al.*, 2007; Gans, 1999). Arguably, this is especially important in researching delicate matters, such as feeding children, that are (as discussed earlier in this chapter) prone to personal and social desirability bias. Observations also allowed me to directly experience the logistics of HFP and provided rich data that supplemented subjective practitioners' accounts from qualitative interviews (Cohen *et al.,* 2007; Robson, 2002).

Hammersley and Atkinson (1995) categorised the roles of the researcher when conducting participant observations as: the complete participant, participant as observer, observer as participant, and complete observer. My involvement in the field varied across the research sites and according to the activities and requirements of the research. At various points, I could be considered a complete observer (when passively observing families at meal times) or an observer as participant (when volunteering). It should be noted that when passively observing the families and taking on a role of the complete observer, I was not separated from the social setting of HFP (Hammersley and Atkinson, 1995).

This data collection method allowed me to have protected time for observation of children and adults during food-related activities and to work in a capacity of a volunteer while still collecting data. As previously discussed, it is acknowledged that this approach could lead to favouritism towards the programme but being reflexive and critical of this at all times should help to mitigate any potential biases. Kluckhohn (1940) suggested that such active participation in the field can, indeed, help the researcher to overcome misunderstanding and misinterpretations of observable behaviours as well as avoid the observer's own biases.

4.9.1.1 Passive Observations of Children and Adults

I used semi-structured observation tool (see Appendix B) for at least two hours each day around meal times and during food-related activities. Only adults and children who have previously given consent were included in the observation, however, they sometimes interacted with others who did not consent for their data to be collected. I noted each interaction related to food, including, but not limited to: eating, learning, cooking, discussing. When possible and appropriate both parents and children were observed, and I took notes on the interactions between adults and children in relation to food. The observations allowed for capturing children's and adults' voice in a way that minimised stress and did not require an additional time commitment. These narrative observations involved a detailed record of observable behaviours against a timeline. This provided a thick description of the activities and clues to the participants' responses to the provision in which they participated (Simons, 2009). Furthermore, observations conducted during meal times provided information on participants' habitus in relation to their eating habits and whether served food is in line with these habits. Additional anecdotal field notes were taken to supplement the data from the observation tool. This provided rich data on people's lived experiences as participants of the programme.

4.9.1.2 Active Observations While Volunteering

When carrying out volunteering duties, I was able to observe and experience the logistics of the programme delivery. These observations were not structured or planned because the requirements of the programme varied each session. Instead, a retrospective observation and reflection was written at the end of each day to capture data on the variables in the delivery with attention given to the food-related tasks and activities. Furthermore, this data provided an insight into the doxa of the programmes and the habitus of staff. In doing so, it gave clues to understanding whether these are the same as the doxa and habitus of families who participate in the activities.

4.9.2 Participatory activity for children

Participatory visual methods and visual data are used in research to increase the presence of participants' voice (Pauwels, 2015). They can be especially successful in researching with young children when used in conjunction with other, more traditional, research methods (Clark, 2010). The use of visual data shifts the power

relationship between the researcher and participating child and facilitates the exchange of knowledge (Clark, 2010; Hill, 2013). Children are given a tool to co-construct the knowledge and so they are given more authority in the research process (Harper, 2002). Images produced through this method can provide a powerful indicator of multiple understandings of the social world (Phoenix, 2010).

In line with relativist ontology that guided this research, I employed a participatory visual method to view food through children's eyes and to distant myself from the adult understanding of food and meals. At the same time, the visual data gave clues to children's food habitus as they were asked to create placemats with a visual representation of food they like. These placemats were photographed for analysis and then laminated so that participants could use them throughout the programme.

Including children in the research process provided a counterbalance to the observations during which children's participation was more passive. By giving the participants a medium to communicate their reality, I was given an insight into their ideas and concepts about food. This resulted in rich data and an increased understanding of the children's food habitus and their perceptions of food. The tool used during the activity is presented in Appendix C.

4.9.3 Qualitative interviews

Yin (2003) considered interviews to be one of the most important sources of data in case study research and Stake (1995) suggested that they can facilitate the portrayal of multiple views. In this research, the interviews were used to collect data on opinions and experiences of staff members and stakeholders. I conducted the expert and elite interviews to understand their perspectives on HFP and to broaden the themes that emerged from other data collection methods. It is acknowledged that the participants of HFP are experts in their own lives and experiences. However, for this study, Bogner and Menz's definition of an 'expert' was used and experts are characterised by having '*technical process orientated and interpretative knowledge referring to their specific professional sphere of activity*' and their knowledge '*has a character of practical knowledge in big parts*' (2002: 46 in Flick, 2009). The managers or members of staff responsible for delivery of the activities were invited to participate in an interview to discuss their role and their views about the provision of food during their programme. They were asked to comment on issues relating to nutritional and logistic aspects of

food provision as well as their opinions on participants' experiences. I have also conducted elite interviews with key policy advisors in the area of holiday hunger and stakeholders on regional level. These interviews provided an insight into their perceptions and rationale behind advocating for HFP as well as the issues relating to policy developments in this area.

Interviews can be classified as structured, semi-structured, or unstructured depending on the rigidness of questions and the researcher's level of control over the interview (Denscombe, 2010). The fluid nature of semi-structured and unstructured interviews makes them suitable for case study approach as it gives the researcher the ability to guide the conversation instead of conducting a 'structured query' (Rubin and Rubin, 1995). Therefore, semi-structured interview schedules were used to allow for flexibility in the discussion while ensuring that the key issues are explored to sufficiently address the research questions (see Appendix D). The interview schedules were piloted with an elite participant and subsequently adjusted to avoid ambiguity and overlap. I also provided the participants of interviews with the opportunity to validate the transcripts. This has also helped me to achieve the robustness of the research process (Robson, 2002).

I used open and conversational style questions to encourage the stakeholders to describe their perceptions of HFP and to reflect on the financial and structural support they have received or deem necessary to run a successful programme. Cohen *et al.* (2007) encouraged the use of a schedule of questions with prompts that can facilitate and direct the interview. While following this recommendation, I have also invited the stakeholders to answer the questions in their own words and to cover other issues that they deemed important.

Upon gaining consent from participants, conversations were recorded with a digital recorder and then transcribed verbatim. An encrypted digital recorder was used during the interviews and participants were provided with transcripts to ensure accuracy and validity. The audio recordings and transcripts of the interviews were later encrypted and uploaded to a password protect One Drive folder to comply with the GDPR and University regulations. In addition to the digital recording, I also took notes during the interview to provide information on the non-verbal interactions, mood, and the tone of the interview. This helped to capture the context of the interviews and further enriched the data.

4.9.4 Food Evaluation

In addition to qualitative methods discussed above, I recorded the food served at research sites (for the data collection tool see Appendix E). This data was collected to provide quantitative information on the nutritional quality of food served to attending families. It also gave clues as to the programme delivery and adherence to HFP's and government's healthy eating guidelines. Finally, it captured important contextual information that enriched the observational data and provided insight into the food-related habitus of participants.

During each visit, I gathered data on the ingredients and recipes planned for the day. A food evaluation tool (designed for this research) was used to aid with this data collection. While the food was prepared or consumed, I took notes on any changes to the ingredients used and/ or the methods of food preparation. Another example of achieving robustness and transparency (Robson, 2002) was the validation of my notes on the menus and food provided during the sessions. The recipes and cooking methods, as well as the provenance of food items (whether donated by a food redistribution charity or purchased by HFP), were always confirmed with staff members to ensure accuracy.

Additionally, aerial photographs of a sample of individual portions were taken when possible to aid in analysis and provide more details. The food photographs were chosen as they have been previously used to accurately estimate portion size and are a less intrusive method than measuring the food with scales (Wrieden, Peace, Armstrong, and Barton, 2003).

4.10 Data Analysis

4.10.1 Approach to data analysis

Bourdieu's theoretical framework provided the conceptual basis for the interpretation of collected data. However, the first level of analysis was more inductive in nature and I began the process with as little preconceptions as possible, allowing the theory to emerge from data (O'Reilly, 2005). Wills and Trondman (2000) suggested that qualitative researchers tend to reject a deductive approach, where data analysis is theory driven, on the account of being restrictive and distorting. It is commonly

believed that in deductive research, viewing the data through a specific lens can limit the arising knowledge and concepts (Bryman, 2015). It is also argued that starting the research without any preconceptions and theories is more appropriate when attempting to capture the complex social world (ibid).

However, as previously acknowledged, I started this research with several preconceptions and hypothesis about what I expected to observe. These were based on the statistics, the literature on the topic of class and food, the overall aim of HFP, and my professional experience. In my mind, I had an image of a 'typical' participant, a 'typical' experience of such provision, and 'typical' outcomes. These perceptions quickly changed as the research evolved and progressed through its initial stages. Nevertheless, it would be misleading to claim that even upon changing the focus and ontological position of the research I started 'from a blank sheet'. Instead, as Bryman (2015) recommended, I accepted these preconceptions and tried to minimise the effect of these on my research by having an open mind and acknowledging the complex nature of the social world. Concepts and theories from previous research can be then successfully used to support, instead of dictate, the construction of knowledge (Bryman, 2015).

4.10.2 Data management

The notes from observations, both active and passive, were initially written by hand and then in Microsoft Word. These notes were grouped by research sites and dates. Menus, recipes, photographs of food and descriptions of the photographs (where applicable) were also stored with data from observations. The photographs and detailed descriptions of the visual data obtained through the participative activity were included to complete a rich data set of each case. Finally, interviews were transcribed, and these were also linked with sites if interviewee was involved in the provision at the particular programme. The documents were then imported into the NVivo 11 software. The software allowed me to store, manage, and code the data. The following sections explain in detail the thematic analysis of observations and interviews and the approach taken in analysing the data obtained from the visual participative method and food evaluation.

4.10.3 Thematic analysis

Considering the epistemological and theoretical underpinnings of this study, the method of data analysis needed to be adaptable for me to explore the field of HFP through the lens of 'constructivist structuralism' (see section 4.3). Thematic analysis, an approach that is flexible and widely used is qualitative research, was chosen. Because thematic analysis is not bound to a single theoretical framework and epistemology it can '*acknowledge the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings*' (Braun and Clarke, 2006: 9).

Thematic analysis is favoured by qualitative researchers because it produces a detailed account of the phenomenon in question, however, it has been criticised for lacking in rigour (Antaki, Billig, Edwards, and Potter, 2002). According to Braun and Clarke (2006), the credibility and validity of the method can be improved by following a systematic approach and clearly outlining the stages of data analysis. Another shortcoming of thematic analysis is the potential for bias related to the active involvement of the researcher in deciding what constitutes a theme and which themes are important (Braun and Clarke, 2006). As a researcher I actively sought out and identified patterns worth reporting but I attempted to decrease the risk of bias by being transparent, systematic, and reflexive at all stages of research. To further improve the credibility of the findings, the process of analysis was supported and supervised by the Director of Studies- an experienced researcher familiar with the approach. Finally, to ensure that analysis is systematic and rigorous, I adopted Braun and Clarke's (2006) guidelines and followed the five key stages: data familiarisation, generating codes, searching for themes, reviewing themes, defining and naming themes.

As described in section 4.10.1, I familiarised myself with all sets of data (individually and collectively) while initially organising the data. The transcription of interviews and transferring the observation notes to an electronic format informed the initial stages of analysis and provided clues to themes that emerged later in the process. Following the familiarisation with data, initial codes were identified. Coding of interviews and observations allowed me to organise the data into meaningful groups (Tuckett, 2005). Using the NVivo 11 I tagged and named selections of transcribed interviews and written reports of the observations. During this process attention was paid to the relevant data surrounding the coded section to ensure that context is not lost (Bryman,

2001). As I progressed through the coding process, sub-themes were developed, and the data was further categorised and organised. This process of coding and familiarisation with data was largely inductive and not driven by theory. Only once all sets of data were coded thematically, Bourdieu's concepts were applied to aid the analysis and interpretation of data. Such thematic analysis emphasised the participant's experiences and perceptions as central to answering the research questions (Silverman, 2011).

Once the data was coded, I searched for themes- emerging patterns from data sets that are important in the description of a phenomenon (Flick, 2009). I sorted the codes into initial main overarching themes and sub-themes. These themes were then reviewed and reorganised. I applied the Patton's (1990) criteria for reviewing the themes and considered the internal homogeneity and external heterogeneity. This ensured that the data formed coherent and meaningful themes and that these themes were easily distinguishable. At this stage, I also looked for relevant context and patterns in themes across the data corpus. As a result, a 'thematic map' of data emerged.

At the final stage, defining and naming themes, data analysis began within each theme and the 'essence' of the theme was identified. Then, each theme was considered on its own and in relation to the data corpus and research questions. Finally, a detailed and coherent account was written. However, this process was not entirely linear as '*analysis involves a constant moving back and forward between the entire data set*' (Braun and Clarke, 2006: 15) and developmental writing was as an integral part of the analysis.

4.10.4 Analysis of visual data

Researchers often code, sort, and map visual data but authors rarely explain in detail how these techniques were performed (for example see Aldridge, 2007; Clark and Zimmer, 2001; White, Bushin, Carpena-Méndez, and Laoire, 2010). Byrne (2014) combined the elements of content analysis and thematic analysis in her 'thematic visual analysis' and gave detailed explanation of steps taken in her approach. The stages were similar to the analysis of written data described above and I decided to adopt them for this research. After I coded the observation notes, the same was done with the visual data from the placemat activity. The coding process consisted of

highlighting sections of each placemat and assigning codes to describe children's drawings or printed pictures they chose to stick on. Next, I followed the same sequence of searching for themes, reviewing, and defining them (Byrne, 2014; Margolis and Pauwels, 2011). This analysis highlighted food items that were commonly depicted and gave me an insight into the children's perspective of food.

4.10.5 Food data

The written data on dishes, ingredients, and cooking methods and photographs of food (if available) together created a record of meals that were provided during the programme. While this data set was not analysed thematically, I coded it in NVivo software to ease the data management and analysis. During the coding process I focused not only on the individual ingredients and cooking methods but also on the ethnic origins and cultural connotations of meals. I used this data for contextual information when analysing observations and interviews. Each food diary was analysed using the Nutritics Professional Nutrition Analysis Software. If appropriate information was not available in the software, I analysed the food using '*McCance and Widdowson's Composition of Foods Integrated Dataset*' (PHE, 2019). The nutritional analysis allowed me to evaluate the food data not only in relation to HFP guidelines and Government's School Food Recommendations, which tend to be more simplistic, but also to compare them with detailed Dietary Reference Values (PHE, 2016a). Where applicable, the photographs of individual portion sizes that complemented the food evaluation tool were analysed using '*A Photographic Atlas of Food Portion Sizes*' by Nelson, Atkinson, and Meyer (1996) and portion sizes were estimated.

4.11 Conclusion

This chapter has detailed the research questions and ontological position of the thesis. Through the discussion of the research design, methodology, data collection and analysis methods, this research has been defined as a mixed-methods multi-site case study driven by social constructivist and relativist philosophies. The nutritional outcomes and experiences of stakeholders and participants of HFP are investigated here mainly through qualitative methods. Quantitative data is used to support the analysis and provide a rich description of the research settings. Bourdieu's theoretical concepts will be used to interpret the findings. The next chapter introduces the empirical data collected through observations.

Chapter 5 Observations and Visual Activity Findings

5.1 Introduction

The findings presented in this chapter are based on my visits to HFP programmes over one summer. I will discuss the observations of participants and staff members conducted during sixteen sessions across the seven research sites.

I will first introduce the general themes that were identified from analysis of the observational tool and my reflections. These themes are summarised in Table 2.

Table 2 Observations findings- themes and subthemes.

Category	Theme	Subthemes
Children's experiences	Children's responses to the timing of meals and cooking activities	Programme scheduling
		Participants' responses to meals scheduling
		Individual meal length and distractions
		Cooking activity
	Sensory exploration of food	Play with food encouraged by adults
		Food exploration undisturbed by adults
		Adult interference in children's food play
	Social influence	Peer
		Adults
General themes	Communicative exchanges and discussions relating to food	Communicative exchanges among children
		Healthiness of food
		Cooking methods and skills
		Children's eating habits
	Encouragement	Parental encouragement of children
		Staff encouragement of participants
	Food familiarity	Familiar foods
		Unfamiliar foods

Secondly, section 5.10 compares seven sessions (one session per case study site) to deepen the understanding of programme's logistics and to provide a view of common and discrepant elements within different contexts.

5.1.1 Aims

By analysing and presenting the data in this manner, I aim to answer the research questions:

- What are the short- and medium-term nutritional outcomes of HFP for children and families?
- What are the differences in the delivery of HFP within one local authority and how could they impact on the nutritional outcomes, participant retention, and sustainability of the programmes?

At the same time, I aim to provide opportunities for 'vicarious experience' (Stake, 1995: 86). Thus, I invite the reader to engage with the findings and to make naturalistic generalisations (see Methodology section 4.6).

5.2 Background and context

Contextual and background information on the seven settings are outlined below and summarised in Table 3. Data provided in the table on neighbourhood deprivation and ethnicity is based on Indices of Multiple Deprivation (Ministry of Housing, Communities & Local Government, 2015) and Census data from 2011 (Office for National Statistics, n.d.) respectively.

5.2.1 Geographical location of the settings and Index of Multiple Deprivation

As discussed in the Methodology chapter, the settings were in seven different geographical locations of one metropolitan borough in West Midlands. Five of the settings were in Central-South area of the conurbation one in Central-North area, and one setting in East area. The Office of National Statistics (2011) defined all these areas as 'built-up areas' and so the findings might not reflect the experience of HFP in suburban and rural areas. To protect the identity of the participants, the areas are not named, and the geographical location is not provided for any of the settings.

Based on ward's Index of Multiple Deprivation (IMD), three of these settings were in areas among the 10% most deprived wards in the country and the other four were in wards in the second decile of the overall deprivation measure (Ministry of Housing, Communities & Local Government, 2015). For more detailed description of the borough's demographics see Section 4.7.1.

Participants were invited to the programme through their local community groups, children centres, primary schools, and family workers. This implies that families were local to the settings and it is likely that their home addresses had the same IMD as the settings they attended. A generalisation cannot be made as some participants might have travelled from a different constituency or their postcode- while close to the setting's geographic location- might belong to a different ward. Furthermore, once wards are divided into the neighbourhoods or Lower Layer Super Output Areas the data presents variations in IMD that exist within wards (Ministry of Housing, Communities & Local Government, 2015). For example, the Green centre was in a neighbourhood in the most deprived decile but was in a proximity to neighbourhoods in the second on fourth decile. However, for all centres, the bordering neighbourhoods were below the fifth decile of IMD (Ministry of Housing, Communities & Local Government, 2015). It is also acknowledged that not all households in deprived wards experience deprivation, but the HFP programme targets families on low income who are likely to spend a high proportion of their total expenditure on food. Therefore, considering the IMD of the settings and the target beneficiaries, it can be presumed that most of the participants of this study experience deprivation on either household or neighbourhood level. Both types of deprivation were shown to impact on health and eating behaviour in literature reviewed in chapter 2 and these findings are acknowledged in discussing the participants' experiences later in chapter 9.

5.2.2 Governance and organisational structure

Three of the settings were managed by a local authority and four were operated by third sector organisations. All settings delivered the HFP programme and to provide the meals they either used the provider's funding (four settings) or a combination of the founding and surplus food redistribution charity (FRC) food donations (three settings). All settings used a kitchen (domestic-type or catering) but only two had kitchen facilities in rooms where sessions were held. Except for session Orange-1, sessions were delivered in buildings or rooms that were purpose-built for children, family, or community use. Five settings had child-friendly areas with toys, games, books, and colouring supplies and four had outside areas with child-friendly facilities. All settings had disability access but none of the participants had such needs during the data collection period. The differences in settings' facilities, especially kitchen

access, resulted in variations in programme delivery. These are discussed further in section 5.10.

Up to three members of staff were responsible for the onsite practical aspects of programme delivery: two members of staff were present during eleven sessions, four sessions were led by three staff members, and only one session was delivered by one employee. Half of the sessions was also supported by volunteers and so at least two adults, typically three, were present during each session. Seven adult participants, who attended the programme with their children, volunteered for the duration of the session or during individual tasks (such as cleaning the room, washing dishes, or helping with food preparation). One child participant also helped to serve food during lunch and clean the room at session Green-2. The influence of 'participant to staff ratios' on programme delivery and outcomes are explored later in this chapter.

While the data on participants' genders was not formally collected as part of the study, I noted that the vast majority of participants were female: only seven participants, out of 83 adults, were male. This disparity is deemed important to the discussion of the nutritional outcomes for families due to the gender roles in meal provision and is revisited later in the Discussion chapter.

Table 3 Context of the research settings.

Session Code (Centre pseudonym-session number)	Authority/third sector setting	IMD	Building/room type	Location	Kitchen facilities	Outside area	Play facilities	Number of staff and volunteers	Child Participants (observed/total)	Adults participants (observed/total)	Number of families (observed/total)	Gender of adults	Food supply
Red-1	Third sector organisation	D1	Purpose-built early years setting. The room was designed for children under five years old Tables and chairs used during the session were small and intended for young children.	The building was located at the edge of an estate with three tower blocks, by a busy road with access to public transport. A discount supermarket and Asian and Polish shops were within a ten-minute walk from the centre. The neighbourhood was amongst the 10% most deprived in the country and in 2011, most of the population identified as White British.	Domestic kitchen outside the room	Yes, with child-friendly facilities and direct access to the room	Yes, equipped in: toys, games, books, colouring supplies.	2	5/9	3/5	3/5	All female	Provider funding. Staff planned the menu before the session with the cooking activity in mind.
Red-2								2 staff 1 volunteer	8/10	5/7	5/7	All female	
Red-3								2 staff	5/9	3/5	3/5	All female	
Yellow-1	Authority	D2	Purpose-built early years setting. During school term, room was used by a day nursery and was designed for children under five years old. Tables and chairs used during the session were small and intended for young children.	The building was located at the edge of a large urban park. Nearby there was a busy road with access to public transport, a shopping centre, and a supermarket. The centre was surrounded by terraced and semi-detached houses. In 2011, 30% of population identified as Asian Pakistani and 6% as Asian Indian.	Catering kitchen outside the room Located on the same floor but not close to the room itself.	Yes, with child-friendly facilities and direct access to the room	Yes, equipped in: toys, games, books, colouring supplies.	2 staff 2 parent helpers 1 volunteer	24	10	10	1 male 9 Female	Programme provider funding. Staff planned the menu before the session with the cooking activity in mind.
Yellow-2								2 staff 1 volunteer 1 parent helper	10/23	5/10	5/10	All female	
Green-1	Authority	D1	Purpose-built space in a multi-purpose centre. During term time the room was used as a day care and for	The building was located by a busy road and nearby a major route into the city centre. In a close walking distance there was a mosque, a catholic primary	Yes, domestic kitchen facilities in the room	No	Yes, equipped in: toys, games, books, colouring supplies.	3 staff 1 parent helper	7/7	5/5	5/5	1 male 4 females	FRC donations and programme provider funding. Staff planned the menu before the

								Staff				Gender	
Green-2			other family-oriented services (stay and play, breastfeeding support, family support). The room was large and spacious, with different craft and play stations scattered around it. The room was equipped with normal size, foldable chairs and tables that were set up before the session.	school, and an urban park. The centre was surrounded by terraced and semi-detached houses. In 2011, 34.8% of population identified as Asian Pakistani and 5% as Asian Indian. The interim estimates also suggested that in 2018, less than 10% of the ward's population was White British.				3 staff 3 parent helpers 1 child helper	5/18	3/14	3/14	All female	session with the primary purpose of using up food that has been donated from FRC earlier in the week. Additional ingredients were bought with programme provider funding to complement the donation.
Blue-1	Authority	D2	Facilities of a purpose-built setting for children. During the school term, the room was mainly used as a dining hall. The room was equipped with normal size, foldable benches and tables that were set up before the session.	The building was located by a quite road served only by one bus. The centre was surrounded by terraced and semi-detached houses, convenience stores and food outlets, but the closest supermarkets were 1.5 miles away. The neighbourhood was surrounded by green recreational areas and parks. In 2011, 14.8% of population identified as Asian Pakistani and around 60% as White British.	Catering kitchen outside the room	Yes, with child-friendly facilities	Yes, equipped in: toys, games, colouring supplies.	2 staff	5/5	1/1	1	1 Male	As noted at the Green Setting (see above).
Blue-2								2 staff	5/7	½	2	1 Male 1 Female	
Orange-1	Third sector organisation	D1	Non-purpose-built community facilities. The room was normally used for different community such as job clubs and computer classes.	The building was located within a large housing estate built in the second half of the 20th century as an overspill estate. The building was in a proximity to two tower blocks and surrounded by terraced houses. Half a mile away from the	Yes, domestic kitchen outside the room	No	No	1 staff 2 volunteers	5/7	3/6	3/6	1 Male 5 Female	Programme provider funding. Staff planned the menu before the session. The setting could use up to £15 per session.

			There was one large table with chairs around it, an empty space, and another seating area with just chairs against the wall and facing the room.	building was a shopping centre, a supermarket, and a public transport interchange. In 2011, a vast majority of population (88%) identified as White British.									
Orange-2			Purpose-built community centre		Yes, domestic kitchen outside the room	Yes, without child-friendly facilities	No	1 staff 2 volunteers	3/4	2/3	2/3	1 Male 2 Female	
Pink-1	Third sector organisation	D2	Purpose-built family setting. The room was normally used as a communal kitchen and lounge area for families. There were several round tables and chairs, a sofa and a couple of armchairs in the room.	The building was located near the ward's centre and high street, by a busy road with access to public transport and a shopping centre. Nearby there were several discount supermarkets, Polish and Asian shops, charity shops, a public library, and a leisure centre. In 2011, 14.1% of population identified as Asian Pakistani, 17.2% as Other White (not British) and 7.2% Black Caribbean.	Yes, domestic kitchen facilities in the room	Yes, with child-friendly facilities and direct access to the room	No	2 staff 1 volunteer	7/7	3/3	3/3	All female	FRC donations and programme provider funding. All food used during the session was donated through FRC. The food arrived in the morning and so the menu was not pre-planned.
Pink-2								2 staff 2 volunteers	6/10	3/4	3/4	All female	
Black-1	Third sector organisation	D2	Purpose-built early years setting in a multi-purpose centre. During school term, the room was used by a day nursery and was designed for children under five years old. Tables and chairs used during the session were small and intended for young children.	The building was located by busy road with access to public transport and several Asian supermarkets and convenience stores. It was also close to a major route into the city centre. The centre was surrounded by terraced and semi-detached houses. In 2011, 8.6% of population identifies as White British and 68.5% as Asian Pakistani.	Yes, domestic kitchen outside the room	Yes, with child-friendly facilities and direct access to the room.	Yes, equipped in: toys, games, books, colouring supplies.	3 staff	3/3	1/1	1/1	1 Female	FRC donations and programme provider funding. Staff planned the menu before the session with the cooking activity in mind.
Black-2								3 staff	9/9	3/3	3/3	All Female	
Black-3								2 staff 1 volunteer	10/10	4/4	4/4	All Female	

5.3 Children's responses to the timing of meals and cooking activities

Child participants, and their nutritional outcomes, appeared to be affected by the pace of meals and cooking activities. The rate (speed) of eating varied among participants and some children were noted to need more time when eating or during the activities.

5.3.1 Programme scheduling

All sixteen sessions followed the same structure and offered participants the following:

- Breakfast;
- Activity or free play;
- Lunch;
- Extra activity or free play.

The time dedicated to each segment varied and depended on participants' responses to the activities. Participants sometimes arrived late and so the actual start time differed from the planned start time during six sessions (Red-1, Orange-1, Orange-2, Pink-1, Pink-2, Black-1). This sometimes resulted in a shorter breakfast segment or affected the timing of other activities. The planned finish time of the sessions was always fixed, however, it varied at times for individual participants as the families could leave early. This flexibility, or rather a lack of rigid timetable, was common across all sessions.

5.3.2 Participants responses to meals scheduling

During ten sessions, the pace of the sessions seemed to match the attention span and comfort levels of the participants- during meals children appeared comfortable and content. However, at four sessions (Red-2, Yellow-2, Black-1, Black-2), children were noted to need more time to finish their meal:

Extract 1 Breakfast, session Yellow-2

Although the children were still eating, at 10:20 the adult participant began to clean the table and took away their bowls with cereals. Child 3 indicated that they were not finished and Adult 1 put the child's bowl back on the table. Child 3 continued eating until 10:30 when a member of staff suggested that it was time to move on to the next activity. Adult 1 cleaned the table and took away their bowl.

Participants conformed to staffs', possibly not-intentional, suggestions that meal time was over:

Extract 2 Lunch, session Black-1

> Two out of the three participating children were still eating their food at 12:35 when a member of staff started to collect dirty dishes and empty bottles from the outside area and then started to clean the room. The children were observed to increase their eating rate but have finished their meal before leaving the session.

According to the schedule, when the staff member began to clean the area there was still 25 minutes of the session left. However, this behaviour could have been perceived by the children and the family as a cue that they should increase their eating rate.

However, there were exceptions in parental reactions to the session's schedule and staffs' requests. Some adult participants, instead of conforming to the presumed schedule, focused on their child's individual needs:

Extract 3 Breakfast, session Yellow-2

> After Staff 1 suggested that it was time to finish the breakfast, another child participant (Child 1 Family 3) needed further five minutes to finish their food. Adult 1 allowed the child to finish their food and only cleaned the table when the child has finished eating their breakfast at 10:35. The child was previously noted to consume their food slowly and was encouraged by their parent to continue eating. At 10:32 when the child finished eating their portion of cereal, other participants were already preparing to take part in the next activity. Adult 1 cheered when the child finished their cereals and was still encouraging the child to eat a yoghurt.

This approach to the timing of the session was less common and the majority of participants reacted to the time-constraining cues by visibly increasing their eating rate or discontinuing the meal or activity.

As the sessions were flexible and families could leave at any time, some children's meals were affected because their parents needed to leave early:

Extract 4 Lunch, session Black-2

> Child 2 from Family 3 has been eating their lunch for 15 minutes and has not finished their food when Family 3 started to get ready to leave. The child appeared to be hurried and had to choose between leaving their food or eating very quickly while Adult 1 was helping other children to get dressed. The child started to eat faster but did not manage to finish their food and a small piece of the tart was leftover.

5.3.3 Individual meal length and distractions

Children often finished their meals at different times. For example, during lunch at the session Red-2, two out of nine children were still eating their food after ten minutes from the meal start while the rest of children had already finished their food and went to play. Appendix F summarises the differences the time differences between the first and the last child to finish a meal (which varied from five to fifteen minutes). When external factors did not affect the eating rate, some children naturally slowed down or stopped eating. They appeared to be satisfied and becoming full. Potential reasons for the differences in eating rates (such as age or portion size) are also summarised in the appendix. This section focuses on observable distractions that affected children's consumption as they were the only observable variable that could be managed and partially prevented.

All observed children were consuming their meals in groups of at least three children and two or more adults. The social aspect of meals might have positive effects on food intake in settings such as HFP- this is explored further in section 5.5. However, I noted that children were being distracted from their meals by other children who have finished their food and went to play. The distraction was often communicated non-verbally through behaviours such as:

- standing up from the chair,

- standing on a bench to see better what other children were doing,

- staring at children engaged in play,

- becoming agitated (for example: wriggling, fidgeting with hands and/or cutlery).

The distractions could be partially attributed to the layout of spaces used to deliver the programme. During most of the sessions the play and eating areas overlapped as toys and craft supplies surrounded the tables used for preparing and serving the food. The use of these open-plan rooms seemed to create a distracting environment in which children had access to a large variety of activities, even during meal times. For example, as observed during session Blue-2:

Extract 5 Lunch, session Blue-2

> During session Blue-2, Child 4 from Family 1 ate only a small amount of their second food serving and left the table to join Staff 1's child who was playing with toys. Five minutes after Child 4 left the table, their sibling (Child 3) started to become restless and stood up to see what the other children were doing. Child 3 continued slowly eating their meal for another 3 minutes before clearly losing interest in the food and signalling their willingness to play with other children.

Twice, the distracted children did not finish their meals as they left to play with others (Child 3 from Family 2 during breakfast at session Black-2 and Child 4 from Family 1 during lunch at session Blue-2). Other children, while distracted, ate more food before leaving the table (Child 3 from Family 1 during lunch at session Blue-2 and Child 3 from Family 1 during breakfast at session Black-1). Depending on adults' reactions (or lack of thereof), these distractions affected children's eating times in different ways:

Extract 6 Lunch, session Blue-2

> During lunch at session Blue-2, Child 4 was the first to finish the meal as they left the table to play with another child. Child 3, although distracted, was encouraged by staff and their parent to keep eating and was the last one to finish lunch.

Encouragements to continue eating are further discussed in section 5.7.

The above findings imply that attention should be paid to ensure the comfort levels of all participants are monitored and supported, and disturbances of meal times should be mitigated.

5.3.4 Cooking activity

Out of the sixteen observed sessions, seven included a food preparation activity and the participants were involved in preparing the food that was later served for lunch. The participant observations were carried out during six of the seven activities. The majority of settings allocated an appropriate amount of time to this segment of the sessions.

During sessions that did not offer a cooking activity, children were often engaged in free play. In some cases, the absence of a cooking activity was due to another activity planned (for example an art activity or a visit to an environmental education centre [EcoPark]). Out of the seven sessions that provided a cooking activity, only three also managed to involve children in another activity or free play before lunch. Eight sessions did not plan for a cooking activity, and session Red-3 planned an activity, but only adult participants managed to partake. In my reflections I noted that:

Extract 7 Reflections, session Red-3

> Although the staff planned to involve both adult and child participants in the cooking activity, there was also an art activity planned for the children which finished later than expected due to the late arrival of the artist. Consequently, while the children were involved in the art activity, all adult participants were involved in preparing an apple crumble. When the art activity ended, the adult participants have already finished preparing the food and so the children were not given the chance to participate in the cooking activity.

The above observations highlighted issues some centres experienced with scheduling these activities. Furthermore, these examples illustrated power dynamics between staff members and participants. Staff made decisions on whether to deliver cooking activities and when these should start and finish. They were also able to determine the best course of action when the artist was late in the example above. Participants conformed to staff's behaviour and requests, indicating that they recognised their authority. This issue, and the potential impact on participants' outcomes, is revisited in the Discussion chapter.

5.4 Sensory exploration of food

This theme was coded on sixteen occasions during three different segments of the sessions. During meal times, children were observed to participate in sensory food exploration: playing with and tactile manipulation of their food. They were also seen tasting and playing with the ingredients when participating in cooking activities. Finally, during the session Red-2 children were involved in a pre-planned sensory play with food during an art activity.

Nine times the sensory play was allowed or ignored by participating adults and staff members. It was encouraged only once- during the art activity. It was less common for the adults to intervene; however, such behaviour was still significant as on six occasions children were instructed to stop playing or tasting the food.

5.4.1 Play with food encouraged by adults

The staff at Red centre invited an artist to deliver an activity for children and the children were provided with the opportunity to experience a pre-structured and intentional play with food. Through the activity, children had an opportunity to familiarise themselves with different textures and physical qualities of fruit.

The artist laid out four containers with different liquids: coffee, fruit tea, and camomile infusion. Next to the liquids, there was a box with a selection of sponges and brushes that could be used as tools. Finally, there were small containers with raspberries, blueberries, and blackberries (as presented in Figure 1 below). The artist instructed children to splatter liquids on their canvas. Figure 1 below presents a child dipping their hand in a tub with fruit tea and the result of splattering teas on canvas can be seen on the bottom right corner.

Figure 1 A child engaging in a messy food art activity.

Next, children were encouraged to touch the food, play with it, and create an art piece with it by splattering different coloured berries on the sheet. The artist guided the activity and at times suggested different patterns and shapes- children followed the instructions. The example of this can be seen in the sequence of pictures below. At first, a child is independently using fruit on their canvas- they are using a smashing motion. Later the artist shows the child that they can also smear the fruit with their fingers.

Figure 2 A child and the artist work on creating food art.

1.-2. Child is independently working on their canvas, using a smashing motion.

3. The artist shows the child that they can also smear the fruit with their fingers.

4.-5. The child mimics the artist and attempts the smearing motion.

While children did not express their feelings verbally, I noted that they appeared to enjoy the activity. They were focused on the task and it seemed that when they knew that an adult will not stop or reprimand them, they naturally smashed, smeared, and squeezed the food. It is also notable that all children participated in the activity, in contrast to meal times and cooking sessions when only occasionally a child attempted to engage in sensory play.

5.4.2 Food exploration undisturbed by adults

It was common for adults not to intervene in the sensory play when children engaged in it during cooking activities. This was recorded eight times, most commonly at the Red centre.

When participating in a pre-planned cooking activity, children were given opportunities to be actively involved in food preparation process. Depending on the menu for the day, cooking activities varied but usually included elements such as: slicing and chopping vegetables, adding ingredients into a bowl or a pot, mixing the ingredients with a spoon or hands, grating cheese, and seasoning (these are discussed in more detail in section 10.0). Children were in a direct physical contact with the ingredients, this created an environment that encouraged the sensory exploration of food.

Children seemed to be particularly drawn to food that were fun to touch and manipulate. For example, during the session Red-2 children were involved in a pizza-making activity. Their use of the dough resembled playing with Play-Doh or modelling clay:

Extract 8 Cooking activity, session Red-2

> Child 2 from Family 5 started to lightly knead the pizza dough with their hands. After a minute they stretched the dough into a circular shape and then rolled it back into a ball. The child stretched it again and attempted modelling it into a heart. They appeared unhappy with how it turned out and then rolled the dough back into a ball for the second time. The child grabbed the rolling pin, that their parent finished using, and used the pin to roll the dough into its final shape. The child then passed the rolling pin to their sibling who was very eager to start rolling out the pizza.
>
> Child 1 from Family 2 was given some of the smash dough. The child squeezed it in their hands several times and then started shaping it into different shapes. The child

first made a rectangle, then formed a ball, and re-shaped the dough into a figure resembling a star. The child then broke off smaller pieces of the dough from their parent's dough, shaped them into small balls and decorated the start with them. The child proudly presented the star to their parent, and after getting praise, with their hands they rolled it back into a ball and then pressed it down to create a flat circle.

They were able to use their creativity and play with the dough before proceeding with the cooking activity. As adults did not intervene in their use of the dough, it can be assumed that both children stopped playing with it once they satisfied their need for sensory exploration of the dough and were ready to move on to the next task (adding toppings onto their pizzas).

Circular fruit also attracted the attention of children as they were able to roll them across the table- like a small ball. For example, a child used a tomato to engage in solitary play:

Extract 9 Cooking activity, session Red-2

A child reached for the bowl and picked out a tomato. They began to roll it back and forth from one hand to another. After a minute, they changed the movement and rolled it away from themselves towards the middle of the table and then back towards themselves. This play lasted for another two minutes.

Children were also observed to engage in sensory food exploration alongside each other when participating in a cooking activity. This was often positive and collaborative- children were observed to take turns when hand-mixing salads and making space for others to join in hand-coating vegetables on a baking tray with oil and spices.

Sometimes children became possessive over the ingredients and the play-like aspects of activity that allowed for physical contact with the food. Some children verbalised their feelings by saying '*this is mine*' or '*don't touch it*' when somebody attempted to take away the ingredient they were playing with. A child at Red centre did not verbally express their possession but instead attempted to monopolise the activity by not allowing others to participate:

Staff invited children and parents to add ingredients into the pot and asked children to form a semi-circle around the pot. First child on the left from the staff member was given a carton of passata. The staff member asked the child to pour a little bit into the pot and then to pass the carton to the next child so that everybody can have a go. First three children followed the instruction, adding just a small amount of passata before passing the carton to child standing next to them. When Child 1 from Family 3 (C1F3) received the carton, they squeezed the carton and almost emptied it before passing to the next child. The carton was emptied by the next child and so remaining children were not given an opportunity to participate. Seeing this, the staff quickly divided a tin of sweetcorn into smaller bowls and C1F3 added their designated portion into the pot. Once all children added theirs, C1F3 moved closer to the pot, and by doing so limited others' access to it, and put their hands in. They giggled while mixing the ingredients, scooped a small amount of the sauce and then laughed as it slipped through their hand into the pot. This lasted about a minute and a half before staff collected the empty bowls and told children that they will now add spices into the pot. C1F3 took their hands out of the pot and went away from the table to wash them.

Staff reacted to the earlier attempts to monopolise the activity, but ultimately the child was allowed to engage in sensory exploration of the ingredients. It also appeared that the child was ready to move on to the next activity when they voluntary went to wash their hands.

5.4.3 Adult interference in children's food play

During meal times children were observed to engage in tactile manipulation of the food on their plate. They used their hands to move food from one side of the plate to the other, smeared soft foods between their fingers, or tore foods such as bread or potato wedges into smaller pieces.

Such play during meal times was almost always interrupted. For example, two siblings who played with their breakfast foods at session Yellow-2 were told by their parent to '*stop playing with their food and start eating it*'. On another occasion it was a member of staff at Black centre who encouraged a child to '*stop playing with the sandwich and*

have another bite'. None of the observed children re-engaged in the activity and they frequently followed the instruction to '*have another bite'*.

Adult participants commonly interrupted children who were tasting food during cooking activities. Parents often reacted swiftly and without hesitation took away the ingredients. For example, if a child ate a slice of vegetable the parent took the rest of it and put into a bowl or sliced it themselves. Often this was done without an explanation or children were just told to '*stop eating it'*.

When an explanation for not allowing a child to taste the ingredients was given by the adult, it was brief and simplistic:

Extract 11 Cooking activity, session Red-2

> Child 1 from Family 2 was given a cucumber to slice but they started eating it instead. Their parent quickly took it from their hand, and explained that the cucumber '*is needed for the salad*' and showed the child how to slice it.

As discussed in the literature review, sensory exploration of food was previously positively associated with decrease in food neophobia and increase in fruit and vegetables consumption (DeCosta *et al.,* 2017). Therefore, all types of sensory exploration presented above are deemed to have a positive influence on children's nutritional outcomes. This conclusion and the impact of disrupting the play and tasting are revisited in the Discussion chapter.

5.5 Social influence

Meals were social events and children were always eating in company of other children and adults. Participants and staff often ate together at one large table or several smaller tables. During two sessions, adults and children who participated in al fresco meals sat in groups on blankets or benches and the social aspect of meals was maintained.

I observed children responding to the observable eating behaviour of others and adjusting their food intake- this is known as social facilitation (see section 2.5.2). This was most commonly associated with replicating the behaviour of other children, but they also based their food choices on behaviour modelled by adults. In addition to meal

times, social influence was also coded in between meals when participants had access to snacks. Finally, children were noted to copy each other's choice of ingredients during cooking activities that involved making personalised dishes.

5.5.1 Social influence- peer

When mimicking the eating behaviour of their peers, children often increased their snack food intake. On three occasions this increased the fruit intake of imitators and in one instance the child tried a healthy chocolate bar. The social facilitation often had a 'snowball' effect: an eating behaviour of the first child was observed and mimicked by the second child, the third child copied the second child and so on. Again, these reactions were immediate and happened within seconds from each other when children were in immediate vicinity of their peers. At times, it took a few minutes for social facilitation to take place:

Extract 12 Lunch, session Pink-2

13.00	Child 1 from Family 3 (C1F3) asked if they can go outside. Their Parent told them to finish their food before they go to play. All other children finished eating lunch and went outside to play.
13.05	C1F3 finished their food and was offered fruit by a member of staff. The child picked an apple and started eating it while leaving the room to join other children outside.
13.06	Child 1 from Family 1 entered the room from the outside and asked Staff 1 for an apple. The child was pointed towards the fruit bowl that was placed on a low table, picked an apple and left the room.
13.08	Both siblings from Family 2 entered the room. A few seconds later the sibling of C1F3 also came in. All three children took a piece of fruit from the bowl before returning to the outside play area.

During meal times social facilitation was particularly prevalent when a child took a second portion of food. As with the reaction to children eating snacks, other children immediately asked for or served themselves the same food. Peer food choices also had an influence on food behaviour during breakfasts- however, this was less common. Social facilitation likely had a stronger impact during lunch as all children were eating their food together. Breakfasts differed as families sat down to eat as soon as they came

in, with most families arriving at different times. During meals, social facilitation was also characterised by the snowball effect:

Extract 13 Breakfast, session Red-2

10.22	Child 1 from Family 1 (C1F1) was eating cereals. They left about a third of their portion in the bowl and pushed it away- clearly signalling that they didn't want to eat anymore. The child then asked for more squash. While Staff 1 was pouring squash for C1F1, they offered milk or 'juice' (squash) to Child 1 from Family 3 (C1F3) and their sibling (C2F3). Both children chose milk.
10.25	Child 1 from Family 2 (C1F2) came back to the table and their parent mixed some 'Shreddies' [a brand name of breakfast cereal made from lattices of wholegrain wheat] with the leftover cereal, presumably, to encourage the child to eat more.
10.26	C1F3 asked for more 'Shreddies', although there was still some in their bowl. C1F1 said that they also want to try 'Shreddies' and took two handfuls from the large bowl.
10.30	C1F3 asked their parent for more milk. Immediately, C1F1 said that they also want additional milk.

The above eighteen-minute observation of breakfast at session Red-2 demonstrated the extent of social influence's impact on altering the child's food intake. Initially, the child used non-verbal gesture of pushing the bowl away from themselves to signal that they did not want to eat anymore. However, once they observed one child eating more cereals, and then another child imitating the behaviour, C1F1 served themselves more food. Since their choice to have milk immediately followed the same request by another child, it can be assumed the child broke their earlier pattern of drinking squash due to the social facilitation. Furthermore, it was observed that social facilitation occurred when a child *asked* for food. This suggested that the imitator did not need to observe the act of eating and an idea of their peer consuming the food was sufficient to trigger mimicking.

During cooking activities, children's food choices were influenced by ideas of presumed food intake and not the observable action of eating. When children were presented with a chance to prepare personalised meals, they frequently chose the same ingredients as their peers:

Extract 14 Cooking activity, session Red-2

> Child 2 from Family 3 spread some sauce on their pizza base. Their sibling (C1F3) also put some sauce on their pizza. C2F3 then took 3 handfuls of grated cheese and put it on their pizza. C1F3 did the same but also added some sweetcorn.

At times imitating others resulted in children refusing to taste or continue eating certain foods. This was less common than positive social facilitation, and I noted only one occasion when peer facilitation had clear negative impact on a child's foods intake:

Extract 15 Lunch, session Yellow-2

> Child 1 from Family 5 when offered a fruit salad said that they 'don't want it'. Their parent put some on their plate, the child tried it and commented that they don't like it. Child 2 from Family 4, who was sitting next to them, was offered the salad shortly after and said that they 'don't want any'.

It is possible that the negative impact of social facilitation was coded less frequently as it was more difficult to observe and judge whether the presence of others influenced child's decision to not eat. For this reason, during data analysis I focused on observations that demonstrated a sequential and plausible pattern of behaviour. This was coded more frequently when children were noted to imitate adult eating behaviour- these findings are presented below.

5.5.2 Social influence- adults

Children appeared to be mostly influenced by adults when they expressed aversion and dislike towards the food. This contrasted with the peer influence where children mimicked positive approaches such as asking for a second portion. Children modelled their behaviour after their parents, other adult participants, and staff members:

12.10	Volunteers brought the couscous salad to the table. Children finished the activity and sat down to eat.
	Parent 1 from Family 1 (P1F1) said that their children will not eat the salad- they brought their packed lunch.
12.20	Child 1 from Family 2 (C1F2) tried a little bit of couscous and their parent (P1F2) also tried it.
12.22	Staff 1 and both volunteers commented that the couscous was not the kind of food they would make at home. Staff 1 served themselves a portion of the couscous, but two volunteers made themselves toast bread sandwiches instead.
	Two siblings from Family 1 were offered to try couscous, they didn't want to try it.
12.25	P1F2 was eating the couscous but it seemed that it was food that they knew and would have normally.
	P1F1 suggested that C1F2 who was not eating the couscous could 'have bread and butter instead'.
	C1F1 and C2F1 also had a pack of crisps with their lunch.
	C1F2 did not eat too much of the couscous and was given cheese strings by their parent.
12.30	P1F2 said that they 'make couscous at home but with red beans as well'.
	P1F2 finished their portion of food and gave C1F2 a sweet roll with raisins.
	P1F1 tried some couscous but a lot of food remained on their plate and they were not eating it.
12.35	P1F2 finished C1F2's portion of couscous while they were eating a sweet roll with chocolate.
	P1F1 only had a few spoons of couscous and finished eating.

A similar situation occurred during lunch at session Black- 2. After a Thai pea and mint soup was given to participants to try (in small quantities in cups), adult participants and staff tried it before the children. All commented on how '*disgusting*' it was, and their facial expressions suggested that they found it repulsive. One parent said: '*I don't like it but I'm going to finish it…*' and then proceeded to quickly drink it as if not to taste it for much longer. None of the children who observed the situation wanted to try the soup. One of the parents gave a spoonful to their child, in my reflections I noted that:

Extract 17 Reflections, session Black-2

> When we were washing the dishes, and emptying cups that the soup was served in, staff commented about how much they disliked the soup. Staff 2 talked about a child who was given a spoonful to try: '*He tried it but was gagging*'.

Children observed the adults being reluctant to taste the food or being outright repelled by it. They appeared to react instinctively to this behaviour, as if it signalled that there is something wrong with the food or that it is potentially unsafe to consume (Gallo, 2018).

In the examples above adults' aversion was directed towards food that '*was not the kind of food they would make at home*'. The adults appeared to be unfamiliar with taste and texture of certain dishes and they demonstrated signs of food neophobia (the avoidance of unfamiliar foods common among children as discussed in literature review section 5.2). Those parents who confirmed that they prepare similar food at home had no issues with eating it during the session.

I was also given a cup of the soup to sample and my experience was different to the ones discussed above. I enjoy Thai cuisine and often cook similar dishes at home; I knew what to expect flavour-wise and I liked the soup. It appeared that my food habitus and taste differed from those of participants and staff. The challenging dishes, like the soup, were foreign and such foods were previously shown to be perceived as pretentious and rejected by lower socio-economic groups (Bourdieu, 2010; Wills *et al.,* 2010).

Due to the structural reproduction of eating habits mediated through cultural capital (see literature review section 2.2.4), the children were likely to have similar food habitus as their parents and, thus, reject similar foods. Furthermore, parental food neophobia was shown to influence childhood food neophobia (Dovey *et al.,* 2008). However, it should be noted that children appeared to be influenced by other adults (and children) rejecting food even when their parents were eating it and suggested that a child is familiar with a dish. This could suggest that social influence had a greater impact on their outcomes than food familiarity and habitus. The issue of food familiarity is discussed in section 9.0 and this observation will be revisited in the Discussion chapter.

5.6 Communicative Exchanges and Discussions relating to food

This theme related to any verbal communication about food in general, healthiness of food, cooking skills, and eating habits. These conversations facilitated informal learning and exchange of information and provided insight into participants' views, needs, and nutritional knowledge. The conversations also provided clues to their food-related habitus which will support conclusions regarding the nutritional outcomes of the programme in the Discussion chapter.

The verbal communication was coded as *Communicative Exchanges* for children and Discussions for adults. For both codes, the verbal communication ranged from short, one sentence remarks to longer conversations spanning several minutes. *Communicative Exchanges* between children were often much shorter and occurred less frequently than *Discussions*. The length of communicative exchanges from children was longer on occasions when adults were also involved in the conversation- two out of the three longest conversations were characterised by inclusion of both children and adults. The discussions were observed at six research sites, with no conversations coded at Pink centre.

5.6.1 Communicative exchanges among children

Communicative exchanges were coded six times: during two cooking activities and three lunches. On four of these occasions, children commented on the food they were consuming or preparing. These communications were mostly limited to short remarks that were not met with a reply from other participants:

'I love cheese!' - Child 2 from Family 3 when making pizza at session Red- 2.

When making spaghetti at session Red-1, Child 1 from Family 1 told staff: *'I don't like mixed herbs'*.

'I like mango on its own, but I don't want any right now'- Child 2 from Family 1 when offered dessert made of mango and yoghurt at session Blue-1.

One child said: '*I know cheese is not good, but I like it'*. This was the only time a child commented on the healthiness of food while not discussing it with an adult. While this was a good indicator of the child's perception of food and nutritional knowledge, the lack of response from the adults could also be representative of their assumptions about cheese. Namely that cheese is, in fact, 'not good'- a view demonstrated by other adults as discussed in the section below.

Children also engaged in longer conversations. For example, when eating jacket potatoes with cheese and beans for lunch at session Black-3, children sat together and made up stories about cheese. The verbal communication was initiated by a child who said that the grated cheese on their plate resembled a mountain. The next child then asked, '*what if the whole world was made of cheese?*'. Another child laughed and then all children started discussing a world where houses, trees, cars, and even people were made of cheese. This lasted for almost eight minutes before children moved on to another, non-food related, topic.

5.6.2 Discussions

When adults were solely involved in a discussion or were involved in a conversation with children, they covered one or more of the three themes:

- Healthiness of food;
- Cooking methods and skills;
- Eating habits.

These discussions were frequently initiated by a commentary on the meal or activity.

5.6.2.1 Healthiness of food

Thirteen verbal communications were solely focused on the healthiness of food. Twice this was in a form of a simple remark made by a staff member about the food they were serving at the sessions. On these occasions staff acted as an authority on diet, or at least as a person who is more knowledgeable than others in the room:

Extract 18 Cooking activity, session Red-1

> Staff explained that the mince was vegetarian and that 'it's good value for money and a good alternative to red meat... We should reduce red meat intake anyway and this [soy mince] tastes and looks like meat'.

However, the information given to participants was partial and selective. For example, staff frequently failed to mention the aspect of portion control when commenting on health impact of food. This was observed during session Black-1 when staff told a child to '*always check the label as some juice can be high [in sugar]*' but the official advice is to limit any '*fruit juice and/or smoothies to a total of 150ml a day*' (PHE, 2018) was not given to the child. While a child would not necessarily understand the concept of measurements, this information could have been provided through other means such as indicating the appropriate amount in a cup.

Another member of staff, at Blue centre, also communicated their awareness of unfavourable impact of sweets on children's health when they reacted to giving children confectionary. They mentioned that they try to provide participants with healthy options and that they '*didn't make dessert every session*'. They attempted to rationalise their choice to give children, in their own words, unhealthy foods by saying: '*we don't normally give them sweets, but they asked for it*'.

At times these conversations conveyed a message conflicting with the programme's dietary guidelines. This demonstrated the staff's attitude towards food and possibly exposed their food habitus as conflicting with the programmes' assumptions:

Extract 19 Lunch, session Blue-2

> Staff 1: You are not having the banana flapjacks on your last day- you are having 'proper' pudding.
>
> Child 1 from Family 1 (C1F1): They [banana flapjacks] are not the same.
>
> Staff 1: Yeah, they don't taste like proper flapjacks.
>
> Child 3 from Family 1: They are <u>way</u> too healthy.
>
> Staff 2: Sometimes I have banana flapjacks at home because I like them... healthy food can be nice.
>
> C1F1: You can have healthy food but not all the time.
>
> Staff 1: That's right, this is why you are having ice-cream to celebrate today.

The ice-cream was portrayed by Staff 1 as a reward for attending the programme, and possibly for enduring the previous healthy desserts. Children could then associate other healthy desserts with undesirable and unsatisfying food. This also indicated that serving flapjacks was viewed by them as a form of depriving the children. It appeared that the attitude towards healthy food expressed during the programme depended on the individual staff's food habits. Food familiarity, and its impact on food intake, is further discussed in section 5.8.

Staff also engaged in a discussion with parents about foods they perceived as healthy and nutritious. The foods they discussed included legumes, healthy dips, vegetables, marmite, and quark. Parents' knowledge, while not always factually accurate, was rooted in personal experience or weight-loss programme attendance:

Extract 20 Lunch, session Black-3

One of the parents said: '[marmite] is healthy because Weight Watchers gives it 0 points'.
Another parent added: 'and it has vitamin D'.

During most of these conversations, parents spontaneously initiated and led the discussion. Staff only supported these conversations and, in contrast to staff-initiated discussions, did not take on a role of an expert. When they did contribute, this was done from the perspective of personal experience and not knowledge gained through official training.

Some parents seemed to have a preconception of which food is '*good for you'* and it appeared that they expected the programme to deliver such foods:

Extract 21 Lunch, session Green-1

The family was eating sandwiches and the parent commented that they 'shouldn't be eating white bread… they should have wholemeal instead'.

However, this was not common among the participants, they usually pointed out that the provided food was healthy and for example that it was *'good that children will have vegetables for lunch'*.

5.6.2.2 Cooking methods and skills

Conversations about cooking methods and skills were observed during six sessions. These discussions were initiated by the parents and both participants and staff talked about their personal experiences and expertise gained from home cooking for their families. Cooking activities did not encourage these conversations, rather they occurred during breakfasts and lunches.

Participants appeared to reject unfamiliar and non-traditional recipes. For example, they did not seem to approve of *'weird combinations'* practices by a celebrity chef and criticised the use of sweet ingredients in recipes that were traditionally associated with bitter, sour, and umami tastes (such as stews and roasted meats). Staff and parents also agreed that they *'could never'* add sugar to dishes that were not meant to be sweet.

None of the participants or staff enquired *why* these sweet ingredients were used in cooking and they dismissed the practice as unreasonable. While they did not clarify the reasoning behind this dismissal, this probably was either due to health reasons, lack of confidence in changing the recipes they have been using daily and/or fear that the resulting dish will be unfamiliar and not tasty. Alternatively, they could have been presenting their 'front stage' behaviour (Goffman, 1956) and aligning themselves with the programmes' stance on sugar due to social desirability bias (see Methodology chapter). Considering the literature reviewed in chapter 2, it is also possible that they perceived the chefs, and food prepared to their standards, as not belonging to their social field.

The feelings of fear from engaging in unfamiliar cooking practices were also expressed by another participant when discussing making home-made pastry dough. The participant confessed that they always buy pre-made dough because they perceived making the dough from scratch as difficult. Considering that making a good pastry dough requires a level of expertise and confidence in cooking/baking, this does not appear to be extraordinary. The participant also highlighted another barrier: *'it is just so time consuming- I don't have time for that'*.

These conversations suggested that familiarity and convenience are influencing the cooking methods these participants use in their daily lives. This is consistent with literature reviewed in chapter 2 where convenience and time-saving were quoted as major determinant of food choices for mothers from deprived backgrounds (Harden

and Dickson, 2015). However, it is notable the use of pre-made products, including pastry dough, does not equate with not caring for the family but can even facilitate taking care of children (Meah and Jackson, 2017).

The above findings appear to resonate with Bourdieu's taste of necessity: food habits of families with low socio-economic status are characterised by practices that save labour and time and that are rooted in tradition. If participants mentioned cooking with ingredients that were not traditionally used in their culture, they implied that the traditional and non-traditional ingredients/ cooking methods were used in different dishes rather than being merged:

Extract 22 Breakfast, Black-2

> Staff and parents were talking about using oil and butter in cooking. They mentioned that they use olive oil or 'little oil' in other dishes (such as salads and when making pasta sauces) but with traditional food they tend to use butter/ ghee. One parent suggested that traditional dishes required liberate use of oil and that if they were to reduce it 'as advised' the dishes would not taste as authentic.

Parents took pride in their skills to cook elaborate, traditional meals. However, even smaller achievements were celebrated and met with interest. One of the few male participants, and the only one that engaged in such discussion, described himself as a '*self-taught chef*'. He mentioned that he enjoys making salads for himself and his family and a volunteer asked about his favourite recipes.

The conversation then revolved around their initial struggles to introduce salads into their family meals. The salads were initially novel to the family, but the participant's persistence resulted in changing their eating habits and accepting the new addition to meals. This suggested that while the change was not impossible, it was met with resistance even when coming from a family member. This is consistent with Bourdieu's theory and with research by Kennedy *et al.* (1998) reviewed in chapter 2 suggesting that familial food practices were a barrier for women attempting to introduce dietary changes in their households. These issues will be considered when discussing the perceived medium- and long-term nutritional outcomes later in chapter 9.

5.6.2.3 Children's eating habits

Discussions about the positive or negative aspects of children's eating habits were coded on nine occasions. These conversations were often initiated as a commentary of food children were eating during breakfasts and lunches or preparing during the activities. In this way, the sessions provided an arena for parents to support each other and draw from experience of their peers.

All three discussions in which parents expressed pride over their children's diet shared the theme of foods that are traditionally thought to be rejected by many children such as various vegetables, fruit, and legumes. Some parents appeared to be ashamed that their child was not consuming certain foods during the sessions- their remarks were defensive and suggested that the child has an otherwise varied diet:

Extract 23 Breakfast, session Red-2

> Parent 1 from Family 3 (P1F3) commented that children 'don't like the fruit' [fruit compote that was served with pancakes] and Parent 1 from Family 1 (P1F1) agreed that 'they were a bit sour' and suggested that was the reason why their child didn't want to eat it [although I didn't hear the child saying this].
> Then P1F1 said that normally their child eats all types of fruit but doesn't eat 'smashed fruit'.
> P1F3 replied that their child also 'is very good with fruit but doesn't eat raspberries'.

Children can reject familiar foods due to differences in shape or texture (Harris, 2018) and it is possible that the child did not eat smashed fruit- as served in a fruit compote. It is also possible that the other child did not consume raspberries- one of the main ingredients of the compote. However, it appeared that both parents wanted to prove that their children consume a variety of fruits and to defend themselves from the negative judgment of the child's diet and their parenting abilities.

Some parents openly discussed the struggles they face when it comes to feeding their children. For example, during session Black-3 parents appeared to have a general agreement that their children '*put cheese on everything*' and that such practice might eventually have a negative impact on their health. While they never discussed children's weight directly, one of the parents then said that they personally avoid cheese as they '*would put on weight*'.

On another occasion during session Red-2, a parent who worried that their child '*just doesn't stop eating*' was comforted as another parent said that their child '*was the same when younger*'. They implied that the presumably excessive food intake was not a reason for concern. Parents, therefore, took on a role of experts and gave advice based on their own experiences. The literature reviewed in previous chapters highlighted the link between poverty and child obesity in the UK- these findings and the fact that both children visually appeared to have excess weight should be considered when judging the benefits and importance of this advice. While I did not collect data on children's weight and height that could allow for an accurate calculation of their BMI, this observation is important to this study and the issue will be further discussed in chapter 9.

Children's fussy eating was another concern expressed by the parents. Some parents complained that they need to always encourage their children to eat. Others exchanged ideas for 'smuggling' disliked foods (usually vegetables) into the recipes by, for example, blending it so that it is not visible.

None of these conversations included reflections on the parents' eating habits. On one occasion I observed that a parent who was themselves reluctant to try a soy mince spaghetti with vegetables and a salad also expressed their concern over their fussy eating child:

Extract 24 Reflections, session Red-1

> Parent 1 from Family 1 started discussing their fussy eating 9 years old child (not present during the session) and said that they would like to receive advice on encouraging the child to eat a more varied diet. The parent said that the child doesn't eat any vegetables or fruit and that their diet consists of only certain types of meat and usually bland ('white') dishes based on carbohydrates such as pasta, bread, rice, and potatoes. Interestingly, the child present during the programme (C1F1) was also quite fussy and the parent was reluctant to eat anything during lunch.

This could potentially indicate that their eating habits shaped their children's diet. Such observation could potentially be made by a trained member of staff. However, while parents expressed the need for advice to other parents, they did not mention this to any of the staff members. Therefore, even if staff was able to support the parents

and give advice on these issues, they did not have a chance to do so. On the other hand, parents appeared to be comfortable discussing their difficulties among themselves and were interested in advice based on real-life experiences of their peers who, presumably, had similar background and life experience.

5.7 Encouragement

I observed encouragements to try certain dishes or to eat a greater quantity of food between adult and child participants, staff and children, and staff and adult participants. The sub-theme of parent-child encouragement was most prevalent as adult participants encouraged children twenty-four times during the observations. Staff encouragement of children was noted on thirteen occasions and ten times the encouragement was directed to an individual child. It was less common for staff to encourage adult participants- only three individual encouragements were noted. Also on three occasions, staff encouraged both adult and child participants through group encouragements addressed to all participants.

These encouragements appeared to influence the food intake of participants and had the potential to influence nutritional outcomes. They also provided further clues to the power relationships between adult participants, child participants, and staff members.

5.7.1 Parental encouragement of children

Parents encouraged their children to try food, eat more, or finish the food on their plate. Encouragement mid-meal to eat more or finish the food was often preceded by verbal and non-verbal signals from the children indicating that they were full, did not like the food, or wanted to leave the table to play. These encouragements were coded seventeen times. Pre-meal encouragements to taste and start eating were less common and noted on seven occasions. Both types of encouragements (pre and mid-meal) were almost always effective; all children, except one, started or continued eating their food following parental requests. However, most children did not eat everything on their plate when encouraged to '*finish their food*'. While they continued eating for a while after being encouraged, they usually left some (if not most) of the food uneaten.

5.7.1.1 Encouragement to taste and start eating

Parents used verbal communication to encourage their children to taste a dish or start eating food served to them. Some parents simply instructed their children to eat

something, but they often described the taste of food in an appealing way. For example, a parent during lunch at session Black-1 said: '*it is not spicy, it's sweet- so you can try it*' when describing a couscous salad to their child. Parents also addressed children's taste and previous experiences with familiar foods by saying: '*you love baked beans*' or '*you know it's sweet, you've tried it before'*.

In addition to verbal encouragement, parents were observed to serve children the food they wanted them to try. They did this by either placing the food on their plate, handing it to them, or spoon-feeding them. I noted that such practices were, understandably, more common with younger children as often they were too young to serve themselves the food. On two occasions when older children were told to eat certain foods, the children helped themselves to the food and ate it following their parents' requests.

Parents also seemed to model the desired behaviour by tasting the food themselves prior to encouraging their children to eat it. Due to the observational nature of this data, it is not possible to judge whether this was a deliberate, non-verbal encouragement but it allowed parents to encourage the child by describing the flavours as noted above.

5.7.1.2 Encouragement to continue eating or finish the food

Parental encouragements to continue eating or finish the food were coded only as verbal communications. These were often simple instructions to '*eat some more'* or to '*finish the food'*. As observed during lunch at session Orange-1 (see extract 29 below), these encouragements were at times dismissive of the child's voice and parents seemed to use the encouragement to answer any enquiry during meal time.

Extract 25 Lunch, session Orange-1

> Child 1 Family 4 (C1F4) left the potato uneaten and went to play.
> Child 2 Family 2 asked their parent (P1F2): 'Why did C1F4 went to play if they didn't eat their food?'
> P1F2 replied: 'Focus on your food and finish eating'.

However, equally frequently the encouragements took a form of elaborate negotiations and finishing the meal was presented as a way to achieving an award. The prospect of 'awards' (such as play or dessert) often seemed to motivate the children to comply with parental requests:

Extract 26 Lunch, session Red-1

> Staff 1 offered children yoghurts for dessert.
>
> Child 1 Family 2, Child 2 Family 3 (C2F3), Child 1 Family3, Child 1 Family 1 (C1F1), Child 2 Family 1 all took a yoghurt pot each and started eating.
>
> C2F3 finished their yoghurt, left the table and went to the play area.
>
> C1F1 wanted to follow C2F3 but their parent told them: 'finish the yoghurt and then you will be allowed to join C2F3'.
>
> C1F1 quickly finished eating and showed their parent the empty yoghurt container.
>
> The parent then allowed them to leave the table and the child joined others in the play area.

The use of rewards to motivate desired behaviour could be indicative of the parents' power over children's food intake. Such rewarding practices (especially using desserts as rewards) are a common parental practice (Gevers, Kremers, de Vries, and van Assema, 2014) and in a home setting parents have even more power as they also control the food environment (Gerards and Kremers, 2015). During the sessions, the food environment was predominantly controlled by the programme and staff members and the parental power over the food intake was diminished. It is possible that parents, possibly intuitively, used these rewarding and controlling practices to maintain the usual power relationship.

However, not all children were compliant with their parents' requests and on several occasions the negotiations went beyond the simple requests. Some children challenged their parent's power position by refusing to eat more food. Parents responded to the resistance by allowing for compromises regarding the amount or type of food that the child was expected to eat. This included encouragements to '*at least eat the cheese*' or to eat '*just a little bit more'*. Other parents resorted to tactile manipulation of the food to make it more appealing to their child. While some mashed baked potatoes for their children, others added more cereals to a bowl of cereals that went soggy. Parents of younger children were also observed spoon-feeding them the unwanted foods, leaving the children with no choice but to comply with their requests.

Considering the programme's aims and the presumed socio-economic background of participating families, it is possible that parents wanted to ensure that their children ate enough (or as much as they can) of the (free) food to ensure that they are not

hungry. However, it should be noted that on several occasions the children who were encouraged to eat more food or finish their meals appeared to be already satisfied with their meal (as discussed in section 5.3). In these cases, it was probable that children were overeating and consuming more calories than they required, especially considering large portion sizes (discussed later in chapter 6). While children were most likely overeating nutritious foods, the issue of obesity prevalence among children from deprived background (see section 2.3.1) will be taken into consideration when discussing the nutritional outcomes facilitated by these encouragements.

This also provided further clues to the power that parents hold over the children's food intake. Parents appeared to ignore the children's subjective, innate experiences of satiation. Such power dynamic regarding food consumption was previously shown to have negative impact on children's eating habits in a long term (Ellis *et al.,* 2016) and appeared to be counterproductive, reducing children's ability to regulate their energy intake (Johnson and Birch, 1994). The importance of these findings on the programme's outcome will be further discussed in chapter 9.

5.7.2 Staff encouragement of children

Staff-child encouragement was coded ten times and staff encouraged children to continue eating on four of these occasions. Encouragements to try food were more prevalent and staff often addressed the group and not individuals. Encouragements directed to all participants are discussed below in section 5.7.3. Encouragements of individual children to eat more were marginally more common during sessions with lower participant to staff ratio (for example 6:2 at session Blue-1, 4:3 at session Black-1). Furthermore, staff members were also more likely to encourage individual children if they knew them personally prior to the programme. These relationships were professional (with families that regularly attended Blue centre) or non-professional (with a family that lived next door to a staff member from Black centre). For example, during lunch at session Blue-1, Staff 1 who had a close relationship with the family encouraged a child to '*at least try*' some of the food and then they served them a portion of food.

The encouragement observed during session Yellow-2 differed from the others. The participant to staff ratio was much higher (33:4) and the staff did not appear to know

the family prior to the programme. Additionally, as presented in extract 31, the encouragement was prompted by child's allergies and not their unwillingness to eat:

Extract 27 Breakfast, session Yellow-2

Family 2 was seating at the table but Child 1 (C1F2) did not have any cereals. Staff 1 walked past the table and asked the parent (P1F2): '*Is C1F2 not hungry? Maybe they want some fruit?*'. P1F2 responded that C1F2 was allergic to milk. Staff 1 offered them soy milk and P1F2 said that the child never tried soy milk before. Staff encouraged the child to try the soy milk and they had some with cereals.

This showed that encouragement can have several outcomes that align with the programme's aims. The research site ensured that alternative products were available and that children with allergies were catered for. Because of this, the child was able to consume breakfast and the goal of eradicating short-term hunger was achieved. Finally, the child tried soy milk for the first time which can have long term effect on the family's food behaviour- perhaps a change of shopping habits and trying different dairy substitutes. The encouragement could have impacted on the family's confidence to try new products and dishes. However, on other occasions participants were also observed to react negatively to unfamiliar foods- this is discussed in section 5.8.2.

5.7.3 Staff encouragement of adults and groups

Staff's verbal encouragement of individual adults was coded only three times. On these occasions it was always done by offering them a meal. For example, during sessions Black-2 and Red-1 parents were offered breakfast and were invited to join their children at the table. The outcomes of such individual encouragement varied; two out of three parents complied and sat down to eat but one politely declined the offer stating that they already ate at home. While these encouragements were non-patronising and welcoming, they portrayed the staff as gatekeepers of food.

Even on occasions when the verbal invitation to eat was not coded, some parents (especially those who were new to the programme) appeared hesitant of joining the meals and observed the behaviour of other participants before sitting down at the table or helping themselves to food. This uncertainty could have been a result of the physical environment of the settings. The space of most settings was purpose built and adapted for use by young children, usually under 5 years old. The low tables, small chairs,

plastic bowls and cutlery created a dining space that was suitable and attractive for a child but awkward and uncomfortable for an adult. There was also a sense of an unwritten and unspoken understanding that children's satiety and food intake should be prioritised over adult's hunger. Therefore, during most sessions it was not clear whether parents can also help themselves to a meal. This was particularly true for most breakfasts but also lunches when the total amount of available food was noticeably sparse or did not allow for second servings. The prioritisation of children's needs could also explain why encouragement of children was more prevalent than the encouragement of adult participants.

Explicit group encouragements to try served food were coded on three occasions and were addressed to both children and adults. On two of these occasions staff suggested that health benefits of the food should motivate the participants to eat it. For example, during breakfast at session Green-2 a staff member encouraged all participants to eat plums and asked if they remember '*how fruit and vegetables are good for your health?*'. During lunch, to encourage participants to eat more cheese the member of staff said: '*cheese is good for your bones- it's got calcium*'. Since this was not the first session of the programme, the member of staff was most likely making references to information given to participants during the previous sessions. However, by addressing the participants in this way, the member of staff seemed to have made assumptions of the participants' nutritional knowledge and health literacy. The programme had an 'open door' policy and it was probable that some of the participants did not attend the previous sessions and did not have the opportunity to learn these facts. Furthermore, certain assumptions were made regarding the participant's perceived importance of health. By suggesting that they should eat these foods because they are good for them, staff members were projecting the programme's (or their own) beliefs regarding the conscious and active prioritisation of health over other aspects of life. In reality, due to their habitus and social capital people (often unconsciously) prioritise other facets of food such as taste and gratification, familiarity, social acceptance (and/ or desirability), and accessibility (Bourdieu, 2010). This disconnection between programme's and staff's beliefs and participant's expectations and habitus also highlights the programme's focus on individual determinants and responsibilities for food intake and other health-related behaviours. This in turn, could be a symptom of unconsciously exercised symbolic power over the participants who, while are reflective individuals and can make other lifestyle choices, are also impacted

by their social field and capital. This issue is further explored in the Discussion chapter.

5.8 Food familiarity

The theme of food familiarity further builds on Bourdieu's theory of habitus and taste and provides insight into the participant's and staff's food habitus. I looked for verbal and non-verbal cues to explore the familiarity of foods served during the programme and the impact of familiarity on consumption.

While the verbal expressions of food familiarity or novelty were easy to recognise, the non-verbal cues were often subtler and more nuanced. I had to be cautious of over-interpretation of these behaviours as they could have been a result of other factors as people experience food in multiple and complex ways. For example, what I interpreted as a negative reaction to an unfamiliar food could have a been a reaction to food that was not appealing to the participant. As discussed earlier, children's rejections could have been caused by the colour, shape, or texture of food (Harris, 2018).

However, I had a chance to taste most of the food served during the programme. Subjectively speaking, these meals were full of flavours, tasty, and of quality similar to dishes served at a casual restaurant that serves moderately priced food (such as well-known British chains 'Bella Italia' or 'Giraffe World Kitchen'). Furthermore, literature on the mere exposure effect suggests that people like and enjoy food that is *familiar* to them and that they had a chance to taste on several occasions (Pliner, 1982; Aldridge, Dovey, and Halford, 2009). For these reasons, I decided to code the rejections and expressions of disliking the food as a sign of food unfamiliarity.

5.8.1 Familiar foods

The non-verbal familiarity with dishes was commonly coded during breakfasts. Children and parents with confidence navigated the, often wide, selection of breakfast foods and appeared to choose the ones that suited their tastes. They were especially familiar with different types of cereals such as corn flakes, rice-base cereals, and whole-wheat malted cereals. Children often chose one type of cereals, but some were observed to mix different kinds in one bowl or to eat a little bit of one type and then to have a serving of another. The families also happily consumed other breakfast foods such as crumpets, toasts, pancakes, hot cross buns, and fruit loaves.

Toasts, while relatively basic and staple British breakfast, provided further clues to the staff's and participants food habitus. The process of preparing and serving toasts for participants varied between the research sites. While some toasted the bread and allowed participants to butter it themselves, it was more common for the staff to offer 'pre-buttered' toasts. In these cases, staff made the decisions regarding the amount of butter and these judgments appeared to be based on their tastes and food habits. This was particularly evident at the Orange site where volunteers that prepared toasts for participants also made some for themselves. These toasts caught my attention as they were all characterised by somewhat generous quantities of margarine (approximately 1.5-2 tablespoons per piece of toast). No other toppings were offered, and these toasts were accepted and enjoyed by participating children and adults. However, it is difficult to conclude whether this was a familiar breakfast option and they prepared toast in a similar way at home or because it would be trivial to complain about a toast. Additionally, when participants had a choice of white or brown toast, they often chose white bread- this could further suggest that, in the context of consuming a toast for breakfast, they preferred it and/or were more familiar with it. The toast appeared to be a common staple in participants' diets as they were likely to choose white bread over fruit loaves, hot cross buns, and crumpets.

Participants' familiarity with foods served during lunch was more varied. A familiar food was served during all lunches, however, since participants often had a choice of different foods (as discussed later in chapter 6) not all ingredients were familiar- these are discussed below. Out of the sixteen lunches, four offered jacket potatoes as the main dish and three offered sandwiches. These most common choices for lunch also seemed familiar to all, but one, participating families. The potatoes were served with traditional British toppings: butter, cheese, beans, and coleslaw. Sandwiches were prepared with white and brown toast bread (and bread rolls on one occasion) and were also offered with traditional, common fillings such as tuna and sweetcorn, cheese, egg and mayo, or cucumber.

Staff's food habits were also observable when they prepared jacket potatoes. For example, at the Pink centre staff commented that they had to go out and buy more cheese for the potatoes because they could not *imagine a jacket without cheese'*. At the Orange centre, volunteers responsible for preparation of the food decided to not make any side salad (although the ingredients were available) because *'they [the*

participants] did not need any with the potatoes'. The families were confident around these foods and appeared to enjoy them. They always had the liberty to choose their fillings and toppings, which meant that they were likely choosing their preferred ones. Sandwiches also proved to be a good substitute for the unfamiliar foods and given to several children when they refused to eat other dishes.

Pizzas and roasted vegetables shortcrust pastry tarts also seemed to be accepted and familiar to many participants. Familiarity was also expressed towards different variations of potatoes and beans: roasted potatoes with beans and chicken strips or potato and beans pie. Therefore, the foods that were most widely accepted and familiar were often common and traditional staples of the British diet. Such affinity to traditional foods among the disadvantaged families, and the rejection of foreign dishes, was previously reported by others as discussed in the Literature Review (Backett-Milburn *et al.,* 2010; Wills *et al.,* 2011). Participants also showed familiarity with foods that, considering the general assumptions about the diets of disadvantaged families, were unexpected. For example, as presented in section 5.6 of this chapter, children were familiar with mangoes and mixed herbs and parents were confidently discussing the usage of different oils (olive, butter, vegetable, ghee, flavoured oils) in their cooking. Other parents openly acknowledged the familiarity of the dishes and stated that the food was similar to what they made at home (for example, the couscous salad during the session Orange-2). However, these expressions of familiarity were less common in cases of non-traditional foods.

5.8.2 Unfamiliar foods

The subtheme of unfamiliar foods was often coded in regard to an element of the dish or to one of the options offered to the participants. The unfamiliar foods were often not traditionally associated with British cuisine or were made with an uncommon ingredient. I observed both verbal and non-verbal indications of unfamiliarity during nine lunches.

The verbal expressions of unfamiliarity often related to foreign dishes such as the previously discussed Thai soup. I also observed a similar attitude towards a well-known supermarket's '*slow roasted tomato and barrel aged feta'* quiche served during the session Pink-1:

Extract 28 Lunch, session Pink-1

When offered the quiche a parent asked: 'What is it made of and what does it taste like?'.

Staff explained that they did not know themselves and that they have not tried it. Then a member of staff consulted the label for information and answered the parent's question regarding the ingredients.

The parent decided to try the quiche but did not like it and ended up eating just the garlic bread and some cake for dessert. Several children that were given the quiche did not like it, they were spitting it out and expressing disgust.

Staff did not try to encourage any of the participants to try the food and only one participant tried '*Moroccan sweet potato croquets*'.

The croquets were also left uneaten by the participants and only enjoyed by me and a volunteer (an overseas undergraduate student in their early 20s). The participant who tried the croquets, approached them with caution and only served themselves a piece no longer than an inch.

Similarly, a Moroccan-style couscous served during lunch at session Black-1 was approached with caution. Only upon firstly tasting a spoonful, they served themselves more and encouraged their children to '*at least give it a try*'. Another couscous salad, prepared by staff at session Orange-2, was not only approached with caution but also openly discussed by parents and volunteers as '*not the kind of food they would make at home*'. Parents who tried the couscous only ate a small amount and did not encourage their children to eat it. Instead, one parent asked for a cheese sandwich to be made for their child and another one came prepared with lunch boxes consisting of sandwich thins with ham, cucumber on the side and squash to drink.

Parents had a similar attitude towards a soy-mince and vegetable pasta served during lunch at session Red-1. Several parents discussed the dish and commented that it was not something they would have at home. Their children often only ate noodles with cheese, asked for seconds '*but without the sauce*' or were told by their parents to '*at least eat the cheese*'.

As discussed above, the traditional British staple dishes were often familiar and accepted by the families. However, this appeared to be mostly true for participants

who were White British or were already accustomed to the British food ways. For example, while most participants enjoyed the jacket potatoes during lunch at session Orange-1, one family of South Asian background did not eat any food. The parent told me that it was not something they would usually have at home as they only cooked traditional South Asian dishes. The parent tried the jacket potato, did not like it and did not encourage the children to eat it. A similar situation occurred at the Yellow centre, when one family also of South Asian background left the session before lunch (pita breads with different fillings such as cheese, salsa, yoghurt and cucumber). The parent told a member of staff that they needed to go home and cook for their children because '*they are not going to eat this*'. Staff initially suggested that the family should stay and try the food, but the parent was convinced that their children would be hungry, and they would need to cook something anyway later during the day.

This dichotomy between the participants' food habitus (i.e. what was familiar to them) and the foods served during the programme impacted their food intake and subsequently the outcome of attending the programme. In general, the unfamiliar foods were more likely than familiar foods to be leftover, wasted, or taken home by me and staff. The nature of this study did not allow me to make indisputable conclusions regarding the participants' satiety and nutritional needs, however, the data presented in this section indicated that serving unfamiliar foods resulted in negative responses and inhibited the programme's aim of addressing short-term hunger.

These findings align with literature discussed in chapter 2 and presumptions that serving food that is not in line with the doxa of participants' social field and cultural background will diminish the short-term benefits of attending the programme. The potential positive impact of offering unfamiliar foods on long-term food behaviour is discussed later in chapter 9.

5.9 Children's visual representations of food

Visual data collected through a participatory activity for children provided further insight into children's food familiarity and habitus. For the activity, children were provided with food-related icons, glue, plain paper, crayons, and other art supplies such as paint and glitter. All children attending the session were then invited by staff members to participate in the activity. Children could choose from cut-out icons of

various food products, a 'stay active' graphic, and a 'balanced plate' graphic depicting all food groups. These are presented in Appendix C.

This activity was a part of the programme guide given to all staff members. The guide included an instruction to:

> *'ask them [children] to draw or glue on "food". The idea is for them [children] to create an image of what they think word "food" represents and means'.*

In practice, children were given varying instructions regarding the activity such as:

- *Can you draw or stick on your favourite foods?*

- *Can you choose the foods you think children should eat?*

- *Can you draw your favourite fruit or vegetable?*

Most of these requests were casual and sometimes children were not given any instructions at all. These visual representations of children's, presumably, favourite foods were then laminated and used as placemats during the programme. For this reason, I refer to children's art as 'placemats'- although it should be noted that not all settings utilised them.

The limitations of this approach and subsequent interpretation of the findings should be acknowledged. Firstly, some but not all food icons were anthropomorphised, and the icons varied in the artistic style from cartoons to more realistic depictions. This could have influenced children's choices as they might have chosen the icons that were more visually stimulating or appealing. In addition, certain icons appeared to have been based on North American, rather than British, foods and the icons did not include ethnic foods. Similarly, the icons were limited in depictions of proteins of non-animal origin and dairy alternatives. This could mean that the children whose food habitus includes, for example, South Asian foods or excludes foods of animal origin were not able to accurately represent their diet. Nevertheless, children had the freedom of choosing the foods they wanted to stick on or draw and it is plausible that they chose foods that were most familiar to them. These placemats are interpreted as indicative of children's food habitus.

The placemat activity was offered at four settings during sessions Red-1, Yellow-1, Orange-1, and Black-2. Forty placemats were created altogether: six at Red, twenty-

three at Yellow, five at Orange, and six at the Black centre. One placemat was created by an adult participant and thirty-nine were either created by children working alone or children supported by parents. The latter approach was more common, but not exclusive, among children who appeared to be below five years old.

For the purpose of this research, the placemats were analysed and grouped based on their content as: placemats depicting a variety of food groups, placemats without any fruit and vegetables, placemats without any confectionary and fast food. I also provide a separate analysis of placemats created by an adult and four children from the same family. These placemats, although only available for one family, provide potential indication of the generationally reproduced food habitus (Bourdieu, 2010; Wills *et al.*, 2011).

5.9.1 Placemats without any confectionary and fast food

Four children created placemats that did not depict any confectionary and fast food items. All these were created by participants of session Orange-1. The children were asked to paint their favourite fruit and vegetable by the member of staff, which could explain the absence of other food groups. Additionally, these placemats were created with paint, glue, and glitter (see examples in Figure 3 below) and so the cut-outs of different foods were not available to children. Children were asked to clarify what foods they painted as not all paintings were obvious. Two children did not follow instructions regarding the content of their placemats and included pizza and chocolate. Children who focused on fruit and vegetables showed familiarity with various types and painted different foods including carrots, apples, grapes, and peas.

Figure 3 Paintings of fruit and vegetables, session Orange-1

5.9.2 Placemats without any fruit and vegetables

Three placemats did not include any fruit and vegetables. These placemats were all created during session Yellow-1 and used the cut-out images (see Figure 4 below). Children included images of bread and spaghetti alongside crisps, burgers, pizzas, and confectionary. One child also chose a fruit juice. The absence of fruit and vegetables on these placemats could suggest that children did not like them and/or did not

consider them to be a part of their diets. If these placemats represented their households' food environment, then the foods they were familiar with would be vastly different from those served during the programme. These foods were also commonly chosen by children across the settings, potentially suggesting that confectionary and fast food items were enjoyed and widely consumed by the participants. However, across all sessions, it was more common for children to create placemats depicting a variety of foods including fruit, vegetables, confectionary, and fast food items.

Figure 4 Placemats without fruit and vegetables, session Yellow-1

5.9.3 Placemats depicting a variety of food groups

The placemats most frequently depicted a mixture of different food groups. Children most commonly chose fruit and vegetables, confectionary, and fast food items. However, other food groups (sources of protein, sources of carbohydrates, and dairy) as well as the 'balanced plate' graphic were also widely used. Most placemats also seemed balanced and represented the 'healthy' and 'unhealthy' foods is somewhat equal proportions as shown in examples below (see Figure 5).

Figure 5 Balanced placemats, session Yellow-1

While most placemats included at least one image of a fruit, a vegetable, or other food items that contributes to a healthy diet, many children seemed to favour confectionary and fast food items. These foods often visually dominated the placemats and overshadowed other food groups. In examples below, foods such as burgers, crisps, cupcakes, and lollipops were much more prevalent than other food groups.

Figure 6 Placemats with confectionary and fast food, session Yellow-1

5.9.4 Placemats by Family 2, session Black-2

Most placemats were anonymous, or it was not possible to match them to codes assigned to participants during observations. However, during session Black-2 only one family participated in placemat making and I was able to note the author of each placemat. Five placemats were made by four siblings (one child created two placemats) and one placemat was created by their parent.

The placemat presented below in

Figure 7 was created by the parent while sitting at the crafts table with their children and assisting their placemat-making.

Figure 7 Placemat created by parent 1 from family 2 during session Black-2.

The 'Kid's Healthy Eating Plate' writing at the top of the placemat could imply that the parent purposefully included foods that represented a healthy, balanced diet. Cut-outs depicting fruit and vegetables were used most frequently and visually take up most of the placemat. The parent also included sources of protein (chicken, ham, and fish) as well as water and milk. While carbohydrates are not represented through individual graphics, the parent also included the 'balanced plate' graphic with 'whole grains' and 'healthy oils'. Additionally, it seems that the parent deemed physical activity to be an important part of healthy lifestyle as they included the 'stay active' graphic. Processed

foods such as confectionary and fast food items were not chosen by the parent. This could indicate that they did not consider such food to be a part of a healthy, balanced diet. The absence of processed food and the focus on major food groups resembles the UK's Eatwell Guide (PHE, 2018) that excludes confectionery and savoury snacks from recommended foods.

The placemat could be a portrayal of what the parent believed to be an ideal diet or a representation of their children's food intake and household's food habitus. At the same time, it is possible that their placemat was influenced by social desirability bias and their choice of foods was consciously or unconsciously determined by the presence of others and the programme's focus on healthy eating. Social desirability bias was previously shown to affect children's self-reported health behaviours and wellbeing (Camerini, 2018; Klesges, Baranowski, Beech *et al.,* 2004). However, children placemats did not appear to conform to the socially accepted healthy eating dogma. For example, Child 4's placemat included the 'balanced plate' graphic as well as milk, corn on the cob, an apple, and a banana. In contrast to their parent's placemat, sweets, confectionary, and fast food items are not only included but also seem to overshadow other food groups (see Figure 8 below). The child wrote '*these are the food we should eat'* which suggested that the placemat depicted their perception of a healthy diet.

Figure 8 Placemat created by child 4 from family 2 during session black-2.

The two placemats created by Child 2 deserve attention due to the child's differentiation between '*healthy food*' and '*the things that I did*'. While I cannot be certain what the child '*did*', in this context I presume that the child was writing about foods they eat or ate. The two placemats are presented in Figure 4 below.

Figure 9 Placemats created by child 2 from family 2 during session black-2.

The 'healthy food' placemat (Figure 9 top picture) is similar to the child's parent placemat and includes several images of fruit and vegetables, the 'balanced plate', water, fruit juice, and a spaghetti pasta. In addition to these, the child also chose a burger with fries, another image of potato chips, and popcorn. Sweets and confectionary are not a part of this placemat and fast food items constitute only a small part of the overall image. The child seemed to understand what healthy, balanced diet should look like. The inclusion of fast food items could be an indicator that in the child's understanding a healthy diet does not exclude such foods. However, by creating the second placemat with '*the things I did*', the child seemed to distinguish between food they eat and what they believed to be a healthy diet. This could indicate that food most familiar to them was depicted on that second placemat. The placemat included the 'balanced plate' graphic, a carrot, a broccoli, a sweetcorn, and a plate of spaghetti. This overlapped with the first 'healthy food' placemat which could suggest that such foods were present in the child's diet. The second placemat did not feature any fruit and the child used images of sweets, crisps, a cupcake, and two fast food items.

All four children included images of fruit and vegetables, other major food groups or the 'balanced plate' as well as images of confectionary and fast food items. Considering the similarity to placemats created by their siblings, it is plausible that this is a somewhat accurate representation of the family's food habitus. However, these similarities could have been caused by the fact that the children sat next to each other, around one table, when creating the placemats and could have copied each other's choices.

The most striking difference between placemats created by the parent and by children is the inclusion of confectionary and fast food images. Their absence on the parent's placemat and presence on the children's placemats could suggest that the idealistic representation of diet created by the parent was not a reflection of household eating habits. While there are other explanations to children's choices of food, their placemats were also similar to those created by other participants as discussed below.

5.9.5 Placemats and food familiarity

The placemats may be far from an accurate representation of children's food habitus. Children might have chosen these images because they liked the graphic itself or because their sibling or friend used the same image. Possibly, they chose foods that are

appealing to them but are not a part of their daily diet. Due to the nature of this research method that allowed children to enjoy the activity and make their own choices, a definite conclusion cannot be made. Nevertheless, it is plausible that children chose foods they liked and were most familiar with. If this was true, then the placemats would suggest that children were familiar with a variety of food groups, including fruit and vegetables, sources of protein, sources of carbohydrates, and dairy. Placemats also implied children's favouritism towards confectionary and fast food items. This could be a result of either strong preference for such foods, frequent exposure inside or outside of home, or both. Equally, children might have depicted the foods that were prohibited at home and limited through the food rules imposed by their parents (Hupkens *et al.*, 1998). These clues to children's tastes could help to understand their reactions to foods served during the programme as discussed throughout this chapter. This will be further explored in the Discussion chapter.

5.10 Impact of settings' context and logistics on programme delivery

Having discussed the themes that emerged from participant observations, this section summarises common and discrepant elements within different contexts and explores the differences in programme delivery and their impact on the outcomes. Seven sessions (one per each setting) were included in this analysis. Appendix G provides a detailed discussion of sessions' context, summarises the coded themes, and provides explanation for including the particular sessions in this analysis.

5.10.1 Context and resources

Sessions delivered in purpose-built early years setting (Red-1; Yellow-2; Green-2; Blue-2; Black-2) provided children with most opportunities to engage in free play or creative craft activities. Majority of them also had educational games and books available (Red-1; Yellow-2; Gree-2; Black-2) that were used by several children. The two sessions delivered in rooms not designed for children (Orange-1 and Pink-1) differed in their use of available resources. Staff at the Orange site organised a fun physical activity for the participants and ensured that all children participate in a crafts and art activity. Children at the Pink centre were not encouraged to participate in any activities and could use the outside facilities. While the weather was particularly nice that day, and perhaps it would have been a shame to stay indoors, staff could have guided the play time. However, while purpose-built setting provided most engaging

environments, the availability of child-friendly equipment and play areas was also related to children's *Distractions* during meal times and cooking activities. At these settings, with exceptions of the Green centre, children were more likely to move away from the table to play before finishing their food or before the cooking activity was completed. Other children were also distracted by those who went to play. At the Green setting toys and craft supplies were put away and locked out of sight before lunch. This simple step seemed to remove the distractions and children patiently waited at the table until all participants finished eating.

The physical environment of dining and cooking activity space also seemed to have an impact on the prevalence of *Discussions*, *Communicative Exchanges*, and *Social Influence*. In other words, the physical objects (tables and chairs) and the spatial distribution of participants in relation to these objects affected participants' socialisation. Tables where a small group of several families sat together appeared to be most social, both during meal times (Red-1 and Black-2) and cooking activity (Yellow-2). Long tables that sat more than five families (used during lunch at sessions Yellow-1 and Green-2) in theory created an environment that promotes social interactions as all participants were eating together. In practice, the contrary was true: conversations were sparse, and most participants focused solely on food. Any conversations, that I noted, were between the members of one family and not between different families. Additionally, most purpose-built early years settings (except the Green centre) were equipped with chairs and tables more suitable for young children than for adults. While this created a child-friendly dining environment, sometimes it also seemed to result in confusion among adults whether they can or should eat with their children. Some staff members noticed the hesitation and encouraged participants to eat. This was more prevalent during sessions with lower participant to staff ratio. In general, I observed that staff members were more engaged in conversations with participants during sessions with lower participant to staff ratio.

The settings also varied in their use of cooking facilities and equipment. Prior to the observations, I expected that the availability of kitchen facilities in the room will be positively correlated with the delivery of cooking activities. In practice, direct access to a kitchen (whether domestic or industrial) was not an indicator of a cooking activity and planning and commitment to including participants in the cooking process was more important. All three sessions that delivered a cooking activity had a separate

kitchen and the two settings with an in-room open-plan kitchen (Pink-1 and Green-2) did not deliver a cooking activity. The members of staff at Red, Yellow, and Black centre overcame the difficulties created by physical access to kitchen facilities through creative and determined approach to delivering cooking activities.

5.10.2 Scheduling, activities, and menus

The pre-planned cooking activities (held during sessions Red-1, Yellow-2, and Black-2) allowed children for sensory play with food and stimulated *communicative exchanges* among children and *discussions* among adults. I did not observe any food-related conversations during sessions Blue-2 and Pink-1 but there was one, insignificant, exception to this correlation noted during the session Green-2. A parent discussed healthiness of food served during the programme with their child, however, they did not engage in conversation with other adult participants.

Sessions that followed a pre-planned and strict schedule (Red-1, Yellow-2, Green-2, Orange-1) provided a greater number of structured activities for participants. A disadvantage of this approach, particularly when a cooking activity was provided along other activities, was that more children were observed to lack time to finish their food during these sessions. If these sessions were also characterised by high participant to staff ratio (over 5:1 at sessions Red-1 and Yellow-2), staff seemed to struggle with following the schedule and had less opportunities to engage with participants and to guide the activities. As a result, parents often took charge of cooking and free play activities.

The presumed familiarity and ethnic origin of menus appeared to have a stronger effect on participants' food intake than the delivery of cooking activities. While there were other positive outcomes of cooking activities at the Red and Yellow centre, children and parents seemed unfamiliar with food prepared by themselves and either left it uneaten or refused to try it. Similar behaviour was also observed towards ready meals served during sessions Pink-1 and Black-2. The foods prepared with participants and the ready meals were inspired by Italian, Mediterranean, Thai, Moroccan, and Middle Eastern cuisines. Negative reactions to food were less frequent towards traditional British staple foods prepared by staff during sessions Green-2, Orange-1, and Blue-2.

Chapter 6 Nutritional Analysis Findings

6.1 Introduction

In this chapter I will present the findings from data collected through observations and food surveys to provide further insight into the nutritional outcomes of participating families. I will also highlight the differences in food-related practices of the seven settings and the relationship between these practices and nutritional outcomes.

The thematic analysis of observation data revealed three food-related themes:

- Food preparation:
    - Participant involvement;
    - Meals prepared by staff and volunteers;
- Food choices;
- Meals scheduling.

These themes, discussed in sections 6.2- 6.4, present the practical aspects of programme delivery and provide contextual information for further sections of this chapter. Appendix H provides a table that summarises the above themes and relevant contextual notes.

The main part of this chapter is concerned with the nutritional analysis of data from food surveys and observations regarding the food intakes during the sessions. To allow for comparison between the available menus and examples of actual food intake , this analysis is twofold: first, the menus of all sixteen sessions are analysed and discussed collectively. Then, food intakes of seven families (one per research setting) are presented to provide a more in-depth understanding of their nutritional outcomes.

6.1.1 Aims

The main aim of this chapter is to understand the suitability of meals provided by HFP for meeting participants' nutritional needs. I also aim to examine the potential relationships between observable food practices and participants' food intake. These findings provide data necessary to address the following research questions:

- What are the nutritional outcomes of HFP?
- What are the differences in the delivery of HFP within one local authority and how could they impact on the nutritional outcomes of the programme?

6.2 Food preparation

I observed two different approaches to food preparation: participants were either involved in the process and food was (at least partially) prepared during cooking activities or the meals were prepared entirely by members of staff and volunteers. Since breakfasts consisted of foods that did not require a significant amount of preparation, the discussion below focuses on the preparation of lunches during the sixteen sessions and potential impact on nutritional outcomes and participant experiences.

6.2.1 Participant involvement

Participants were involved in the cooking process during seven sessions at Red, Yellow, and Black centres. While the level and amount of involvement varied in line with specific recipes, all participants had a chance to contribute at different stages of preparing a meal. Red and Yellow settings were given a sufficient allowance for groceries from the programme provider and were able to offer cooking activities during each session. The menus were purposefully planned to ensure participant involvement. At the Black setting, food was primarily donated from FRC and staff had little control over the ingredients available during each session. They only had access to a small allowance for necessary top-up purchases and the donated ingredients allowed for participant involvement during two sessions.

Many participants not only contributed to the session during the activity but also through setting up cooking stations and cleaning up afterwards. Through these tasks they seemed to be taking a role different from their usual passive participation in the provision. This active involvement seemed to create opportunities for the parents to reciprocate, at least partially, for the free service and food offered to them by members of staff and volunteers. In some ways, for the duration of cooking activities and related tasks, participants themselves became helpers and volunteers.

Most parents appeared to be skilled in basic food preparation and showed confidence in completing their tasks. However, certain recipes or cooking methods were novel to some participants. For example, participants stated unfamiliarity when using meat alternative made of soy at session Yellow-1 or when making *smash pizzas* (pizza dough prepared using instant mash potatoes) at session Red-2. For these parents, cooking activities introduced new ideas that could be implemented in their households.

Depending on the participants' own and pre-existing cooking and nutrition habits, the potential introduction of these meals to families' daily food practices could be positive.

Other scholars have previously indicated that hands-on cooking activities were beneficial in overcoming food neophobia and encouraging fruit and vegetable intake among children (Cunningham-Sabo & Lohse, 2013; Cunningham-Sabo & Lohse, 2014; Quinn, Horacek, and Castle, 2003). The positive impact was thought to be mediated through tasting novel foods and getting accustomed to different tastes and textures. The hands-on nature of these activities allowed child participants to engage in sensory exploration and tactile play with food as discussed in section 5.4. Children were taught a variety of food preparation techniques and skills such as using a knife to chop and slice vegetables, safely using a cheese grater, or preparing vegetables for roasting. With parental and staff guidance, children were able to gain a sense of efficacy in cooking and learn valuable skills. It is possible then, that these activities had positive long-term outcomes for the children.

6.2.2 Meals prepared by staff and volunteers

During all observed sessions (n= 9) at Green, Blue, Orange, and Pink settings the provided food was prepared solely by staff or volunteers. As explained above, Black centre offered cooking activities when possible and only during one session they did not involve participants in food preparation.

The reasons for not providing a cooking activity varied across the sessions. During four sessions (Black-3, Orange-1, Pink-2, Green-2), jacket potatoes were served for lunch- these meals did not require a lot of input or preparation. While this allowed the staff to easily prepare the meals, it meant that there was no scope for participants to be included in the cooking process. Session Green-1 took place at an EcoPark where preparing food was not possible. Considering the time constraints of the session Orange-2, it would not have been possible to deliver a cooking activity in addition to other scheduled activities (painting, storytelling, and planting seeds). In these cases, the lack of participant involvement in cooking was reasonable and justifiable. Therefore, the discussion below is not concerned with these sessions and instead focuses on 'missed' opportunities to deliver cooking activities.

At the Blue centre, the food preparation took place in the kitchen that was separate from the room where activities were held. However, the kitchen was located next door

to the room and had enough equipment to allow for setting up cooking stations inside the room (as observed at Red, Yellow, and Black centres). Recipes used during these sessions also consisted of tasks that were suitable for participant involvement and that were implemented into cooking activities at other settings. For example, participants at session Black-2 sliced vegetables and coated them in spices for roasting; the same tasks were done by members of staff during session Blue-1. It also seemed that the schedule allowed for engaging participants in cooking activities as the session lasted for five hours and children were not involved in any complementary activities.

Similarly, session Pink-1 was held in a room with an open-plan kitchen with appropriate facilities and equipment. The FRC donations included fresh ingredients that allowed for involving participants in preparing either a pasta dish or individual pizzas. Staff briefly discussed their meal options and decided to serve pre-made meals that did not require any preparation beyond heating them in an oven or a microwave. Children were also not actively involved in any structured activities during the session and while the alternative involvement in free play was not less meaningful, it appeared that there was enough time for children to be involved in both free play and a cooking activity.

Families that were not involved in preparing their meals had a chance to distance themselves from daily chores and responsibilities. It is possible that such participation was particularly meaningful for those parents who were responsible for daily food provision at home. The lack of cooking activities seemed to create an experience closer to typical perception of a holiday: instead of completing chores and tending to the needs of others, parents were able to relax and focus on playing with their children. It could be argued that staff-only food preparation had a positive impact on family relationships, however, this was not always the case. For example, Family 1 at session Pink-2 did not spend a lot of time together despite having opportunities to do so and no other responsibilities. Furthermore, participants who were involved in food preparation were spending time with their families as parents supervised and supported their children during the cooking activities.

The data collected for the purpose of this study does not allow for making definitive conclusions on which approach to food preparation was better or preferred by the participants. However, it appears that cooking activities were related to more positive

outcomes, especially in relation to long term food habits. This is discussed further in chapter 9.

6.3 Food choices

Participants had a choice in at least two of the following aspects of meals: ingredients, different dishes, and portion sizes. Participants had most choice during breakfasts-centres offered a variety of cereals as well as other breakfast foods such as toast, crumpets, or buns that participants served themselves. An exception to this were four sessions at the Red and Yellow research sites where participants were not able to choose entirely different dishes during breakfast. However, they still had a choice of different cereals. All sessions, except for one (Pink-1), offered a choice of ingredients and portion sizes during lunch. Four sessions (Blue-1, Orange-2, Pink-1, and Black-2) also provided participants with options to choose alternative dishes.

This possibility of choice allowed participants to have more autonomy over their food intake and to personalise their dishes according to their tastes and satiety levels. It should be noted that children had generally less choice and autonomy than adults. Often, the choices were made by the parents or children's food choices were either approved or disapproved by adults. These power relationships enacted during the provision of a programme designed for children and their impact on children's experiences are further explored in the Discussion chapter.

The majority of calories consumed during sessions were derived from foods served for lunch. Therefore, these choices had a significant impact on participants' experiences and nutritional outcomes and, for this reason, are the focus of the discussion below.

6.3.1 Different ingredients

Out of the sixteen sessions, fourteen allowed participants to choose different ingredients for their main meal. Making such choices was not possible at two sessions due to the use of pre-made foods (Pink-1) and pre-mixed couscous salad (Orange-2). Choice of ingredients was mostly available in a form of different toppings for either jacket potatoes (Green-2, Orange-1, Pink-2, Black-3) or sandwiches (including wraps and pita bread) (Black-1, Red-3, Green-1, Yellow-2).

The sessions utilised two approaches to offering different toppings, participants either helped themselves or were served by a staff member:

Extract 29 Lunch observations, session Orange-1

All participants were given a plate with one jacket potato. Beans, cheese, and a tub of margarine were put in the middle of the table and each participant could help themselves to these toppings. All participants had cheese and beans, in varying proportions, and some also had margarine.

Extract 30 Lunch observations, session Green-2

A table with halved jacket potatoes and a selection of toppings (coleslaw, cheese, beans, salad) was set up in front of the tables. Three members of staff were available on one side of the table allowing participants to queue on the other side. Each participant was given half a potato by one of the staff members and then they were asked which toppings they would like. Family 1 came over and chose the following:

Parent 1 had a salad, cheese, and beans

Child 1 did not want the potato but had cheese and beans

Child 2 and Child 3 both had a potato with cheese and beans.

The former approach appeared more liberal and in addition facilitated greater control over portion sizes as discussed in section 6.3.3 below.

During cooking activities, the choice was an integral part of making individualised dishes. This was observed during four sessions (Red-2, Red-3, Black-1, and Black-2) when participants were given choices of different toppings for sandwiches, pizzas, and roasted vegetable tarts. Participants were often given a variety of ingredients to choose from and combine in different variations:

Extract 31 Cooking activity observation, session Black-1

Participants were sitting at a table. Staff brought in sliced vegetables, cheese, and bread from the kitchen.

Participants were able to use the following ingredients to make their sandwiches: white and brown toast bread, white bread rolls, butter, cucumbers, cheese, lettuce, tomatoes. They could also choose to have a side of a couscous salad.

Child 2 from Family 1 spread butter on two slices of brown bread, added two handfuls of grated cheese, four slices of cucumber and some lettuce.

Child 1 from Family 1 put a handful of cheese and four slices of cucumber on white bread. They then asked their parent: 'Can I put more cheese on it?' and with approval added another handful.

Parent 1 from Family 1 had a bread roll with lettuce and cucumber. They also made a sandwich with brown bread and cheese indicated that they were going to share it with Child 3 (youngest sibling who did not show interest in making their own sandwich).

The most limited choices were noted during session Red-1 and Green-1. During a picnic at session Green-1 participants had a choice of sandwiches with two different fillings (tuna mayo or egg mayo). The choice was even more limited during lunch at session Red-1 as only one of the ingredients- cheese- seemed optional. Components of a pasta dish (spaghetti noodles, pasta sauce, and cheese) were put separately on a table so that participants could help themselves. Some participants had spaghetti with pasta sauce and cheese and others only with the pasta sauce. However, many children only had spaghetti noodles with cheese, thus significantly altering the basic structure and components of the dish. Such rejection of major dish components was not particularly common but was observed among several children (for another example see

Extract 30). In these cases, the ability to choose different ingredients had the most substantial impact on participants' food intake and nutritional outcomes.

Furthermore, the choice of ingredients induced significant variations in participants' food intake across the sessions. As presented later in section 6.5, these choices often transformed nutritional profiles of dishes. As it was the case with spaghetti served at session Red-1, due to participants' choices, major food groups and essential nutrients were reduced or completely removed from certain dishes. On the surface, this seems to be negative and possibly detrimental to nutritional outcomes as the nutritional value of the meal was negatively affected. However, participants were given the freedom to make the dish most appealing to them. The possibility of choice made the meals relaxed and shifted the focused to ensuring that all participants enjoyed the taste of their dish (and as a result consume enough of it to satisfy their needs). Potentially, the ability to avoid disliked ingredients facilitated their overall food intake and resulted in higher satisfaction. In fact, the inability to choose ingredients seemed to result in a need to provide an entirely different dish for children who disliked their food. These instances are discussed below.

6.3.2 Different dishes

Sessions Blue-1 and Pink-1 offered several individual dishes that could be either mixed and eaten in smaller portions or eaten individually in larger portions. During both sessions, members of staff served the food, but each participant was asked about their preference. Participants most often chose a mix of these dishes, but some chose to only have one of the options:

Extract 32 Lunch observations, session Blue-1

Staff brought lunch into the room. Family 1 came around and sat down at the table to eat. A member of staff handed them plates and then asked which food they would like. They were able to choose from baked beans, a potato pie, tortilla wraps with ham, and wraps with cheese.

Parent 1 asked for a portion of pie without beans.

Child 1 had pie with beans.

Child 2 also took pie and beans.

Child 3 did not want the pie or beans but instead had wraps with ham.

Child 4, when it was their turn to pick their food, said 'I've never tried that before' (it was not clear whether they were talking about wraps or pie). They chose beans, one wrap with ham and one with cheese.

During these two sessions, the choice of different dishes resulted in similar outcomes and implications as the choice of ingredients discussed above. Participants were given greater control and autonomy but at times their choices had potential negative impact on meals' nutritional profiles as presented in section 6.6.4.

During sessions Orange-2 and Black-2, the alternative dishes (sandwiches) were only offered to two children after they refused to eat their lunch. During session Black-2, a parent asked for a sandwich because their child was eating very slowly. During session Orange-2, an adult participant suggested that a child who did not want to eat the couscous salad on their plate '*maybe could have a sandwich instead*'. Child's parent agreed and a volunteer prepared a cheese sandwich for the child.

Children's eating rates and behaviour (as discussed in section 5.3.3) should be considered during sessions focused on improving children's food intakes; it is possible that both children would have finished their original meals if they were given enough time. It appeared that parents and members of staff prioritised the volume of food

eaten by the children over the nutritional value of meals; the original meals included vegetables and were more nutritious than cheese sandwiches given to children. However, it was equally possible that if they had not received the sandwiches their food intake (both volume and nutrient-wise) would have been influenced negatively. Thus, the impact of these 'replacement' choices on children's nutritional outcomes is difficult to judge. The available data does not allow for making definite conclusions, but this issue is discussed further in Chapter 9.

6.3.3 Portion size

Some participants, particularly adults and older children, had a certain amount of control over their portion sizes during all sessions. Sometimes portion control was only related to individual toppings as members of staff decided on the amount of, for example, potatoes that they gave each participant. In most cases, foods (either cooked or uncooked as part of an activity) were put on tables so that participants were able to decide their preferred portion sizes. Additionally, almost all sessions provided enough food to allow for second servings. This ensured that even if the initial portion size was not adequate, participants were able to eat more and satisfy their needs until they were full.

Such serving style and freedom to control portion sizes resonated Bourdieu's observation of the working class' food habitus characterised by 'plentiful' dishes (Bourdieu, 2010: 182). As discussed in the literature review, the foods favoured by lower socio-economic groups (both in 1960-1970s France and modern Britain) were described as 'elastic' and 'abundant' (Bourdieu, 2010; Wills *et al.*, 2011). These dishes are brought to tables for everybody to share, allow for unrestricted portion sizes, and ensure minimal food waste (Bourdieu, 2010). This also meant that, in most cases, participants could adjust their portion sizes and help themselves to more food without the need to ask a member of staff.

Considering the aim and target beneficiaries of HFP, as well as the location of the settings within the most deprived neighbourhoods in the country, it is highly possible that some of attending families attended the sessions due to necessity. It seemed that the freedom to choose portion sizes and second servings, without the need to ask for more food, was particularly important for such families as it reduced the risk of possible stigma or judgment from others regarding the portion size. Unrestricted

access to second servings also played an important role in ensuring that participants' nutritional requirements were met. An example of such impact is presented later in this chapter through the analysis of Family 1's intake at session Blue-2 (see section 6.6.4).

However, children were often served by adults and were not always allowed to decide their portion sizes. In many cases, this was a reasonable practice and was not problematic *per se,* but it allowed adults to overlook children's voice and needs. For example, during session Red-1 one of the parents served spaghetti noodles and children received large portions suitable for adults. Most likely, this was due to parents' desire to ensure that children were not left hungry after the meal. However, parents then expected and encouraged their children to eat most of the food on their plate (see section 5.7). Many children were unable to do so, and large amounts of foods were leftover and this, in turn, seemed to cause frustration among adults. It seemed that, contrary to the theoretical focus of HFP, children's voice and needs were not always at the forefront of adults' attention. This issue is further explored in the Discussion chapter.

To summarise, enabling choice seemed to have a positive effect on satisfying participants' food intake and ensuring satiation. However, it has also contributed to variations in nutritional outcomes among participants. This is taken into consideration when presenting findings from nutritional analysis later in this chapter.

6.4 Meal scheduling

Section 5.3 presented the impact of adherence to schedules on children's experiences. This section now turns to logistic aspects of meal scheduling that facilitated, or inhibited, participants' food intake and satiation. Attention is here paid to breakfast provision and time between meals.

During ten sessions breakfast was served after 10.00 am. Only at Blue and Orange settings breakfasts started before 10 am. Sessions at Blue centre had the earliest start time of 8.30 am. A member of staff told me that the early start was purposefully introduced based on previous experience and participants' preference for earlier breakfast. Staff suggested that families were used to waking up in the morning during school term and that they routinely had breakfast before 9 am. Starting the session early allowed participants to maintain that routine while benefiting from the food

offered by the programme. It seemed that such timetabling would have been beneficial across the settings as several families were noted to arrive at the sessions after having breakfast at home. While it is likely that some families preferred later start times, the extract below presents the impact of late breakfasts on participants' ability to benefit from the provided food:

Extract 33 Breakfast observations, session Red-1

> Family 1 (two siblings and their parent) arrived and sat down at the breakfast table.
> Child 1 seemed very reluctant to eat but eventually parent encouraged them to eat some cornflakes with milk.
> Child 2 told Staff 1 that they already had toast for breakfast at home. When asked if they wanted a piece of fruit, the child refused and said that they were not hungry and did not like fruit.
>
> Family 2 (a parent with one child) arrived about 10 minutes later, still in time for breakfast. They already had some food at home and did not want to eat anything.

Similar observations were made during eleven sessions. However, during some of these sessions, I noted that this was the case for most participants:

Extract 34 Reflections, session Yellow-1

> Most children already had some food at home and were not hungry when they arrived at 10 am. Some had very small amounts of cereals or a piece of fruit, but most participants skipped breakfast and started playing instead.

While it is impossible to conclude whether breakfast eaten by these families at home was more nutritious than breakfast offered during the session, it was clear that the families missed out on potential food budget savings. Such savings could have been particularly beneficial to multi-child families such as Family 3 at session Black-2:

Extract 35 Breakfast observations, session Black-2

> Family 3, one parent and four children, arrived and was offered breakfast by a member of staff.
> Only Child 2 wanted to eat something and had a bowl of cereals. The rest of the children said that they already had breakfast at home and that they were going to wait until lunch. They went outside to play.

Some parents might not have been aware that breakfast was provided. For others, however, the decision to eat at home before leaving for a session that offered free breakfast seemed counterproductive. It can be presumed that these decisions were driven by either hunger, the routine maintained through school term (as suggested by staff at Blue centre) or both. Therefore, for those families, sessions' breakfasts did not seem to fulfil their fundamental aim of alleviating holiday-related strain on families' food budgets.

There were also a small number of families who arrived up to 50 minutes after starting time but still sat down and had regular breakfasts. It is possible that for those families (and others who had breakfast after 10 am) arriving earlier would have been inconvenient. Furthermore, the fact that this provision took place during school holidays should be taken into consideration. HFP programmes encourage relaxation, provide fun activities, and create safe space to play and engage with others. The emphasis on enjoying the holidays might have been challenged if participants felt pressured to wake up and get ready early in the morning.

Late breakfasts also appeared to have an indirect effect on participants' food intake during lunch. Most sessions, apart from the ones at Blue and Orange centres, served lunch less than two hours after the last participant finished eating breakfast. The shortest break between meals lasted an hour and five minutes (session Green-2). This did not appear to be sufficiently long, and at lunchtime many participants seemed still satiated from their previous meal. During lunch, children were often noted complaining about being full and being unable to eat any more food. It is possible that there were other reasons for their refusal to finish eating (for example large portion sizes or unappealing/unfamiliar food as discussed previously), but it is also likely that the proximity of meals played a significant role. Data collected through observations does not allow for making definite conclusions on this issue, but it will be reflected upon when summarising settings' practices and impact on participants nutritional outcomes.

6.5 Nutritional analysis- menus

This chapter will now present the data from nutritional analysis of menus offered during the sixteen sessions. This data was collected through my observations

conducted during food preparation and meal times, the food surveys, and recipes communicated verbally among members of staff.

Table 4 summarises the demographic and anthropometric values used for analysis across this chapter. Highlighted are the two profiles used for nutritional analysis of the menus. Demographic details of this reference participant were based on my observations and data published by (DfE, 2018c). Appendix I clarifies the reasoning for choosing these reference demographics, the process of data selection and necessary amendments that had potential impact on data interpretations.

Table 4 Nutritional analysis- reference demographic and anthropometric information.

	Adult participant	**Adult participant**	**Child participant**	**Child participant**
Gender	Female	Male	Female	Male
Age	30 years old	30 years old	5 years old	5 years old
Height	161.9cm	175.3cm	109cm	110cm
Weight	70.7kg	84.6kg	17kg	19kg

6.5.1 Interpretation of nutritional analysis

Dietary Reference Values (DRVs) expressed as total daily intake (PHE, 2016a), were not suitable for this analysis. As only two main meals were provided per each session, the menus were instead compared to a fraction of daily DRVs.

To establish suitable values, socio-cultural patterns in food intake were taken into consideration. There is a consensus that common meal patterns of British households are characterised by a gradual increase in energy intake across the day and that, on average, evening meals provide over 40% of daily calories (Almoosawi, Winter, Prynne *et al.*, 2012). This suggests that breakfast, lunch, and snacks (as offered by the settings) contribute to approximately 60% of daily intake. Therefore, the analysis below is based on the presumption that evening meals typically consumed at home by participating families should provide at least 40% of their daily caloric intake.

The results of analysis were grouped into two categories: below 60% of DRVs, and equal to or above 60% of DRVs. While this was done to facilitate data interpretation, it is important to acknowledge that food practices of participating families might have varied from those recognised as typically British. Such variation could have existed,

and likely did, due to their ethnic background, socio-economic status, and other personal circumstances. For example, the mean proportion of energy intake at dinner of British ten-year-olds in 2002/2003 was 28.7% for boys and 27.6% for girls (Almoosawi, Cribb, Emmett, and Lennox, 2016). In addition, British teenagers from lower socio-economic backgrounds previously commented on their experience of lack of food at home (Knight *et al.*, 2018). These findings suggest that school lunch might have been a major contributor to their energy intake. Therefore, by presenting these findings I do not aim to provide indisputable arguments about a definite impact of these meals on participants' nutritional status.

Such claims are also not possible as with the frequency of two sessions per week over a period of four weeks (as delivered by most settings), only a maximum of sixteen meals were accessible for the families. That equals to approximately 13% of 126 meals that would have been eaten by participants who consumed breakfast, lunch, and dinner for six weeks of the summer holidays. It is plausible, however, that the contribution was higher for participants from low-income households as they might have struggled to provide regular meals for their families (see Literature Review chapter). This could be particularly relevant as parents from similar backgrounds have previously reported missing meals during school holidays in lieu of feeding their children (The Trussell Trust, 2016). In such cases, the immediate impact on body's nutritional status would have been more significant in the short term.

6.5.2 Energy intake

The daily estimated average requirement (EAR) for energy (expressed in kilocalories [kcal]) equalled to 2175 kcal for the reference adult participant and 1482 kcal for the child (PHE, 2016a). The results of the analysis were compared with the recommended intake and grouped into two categories: below 60% of EAR and equal to or above 60% of EAR. As presented in Figure 10 below, child menus were more likely to meet the 60% threshold whilst most adult menus provided less than 60% of EAR.
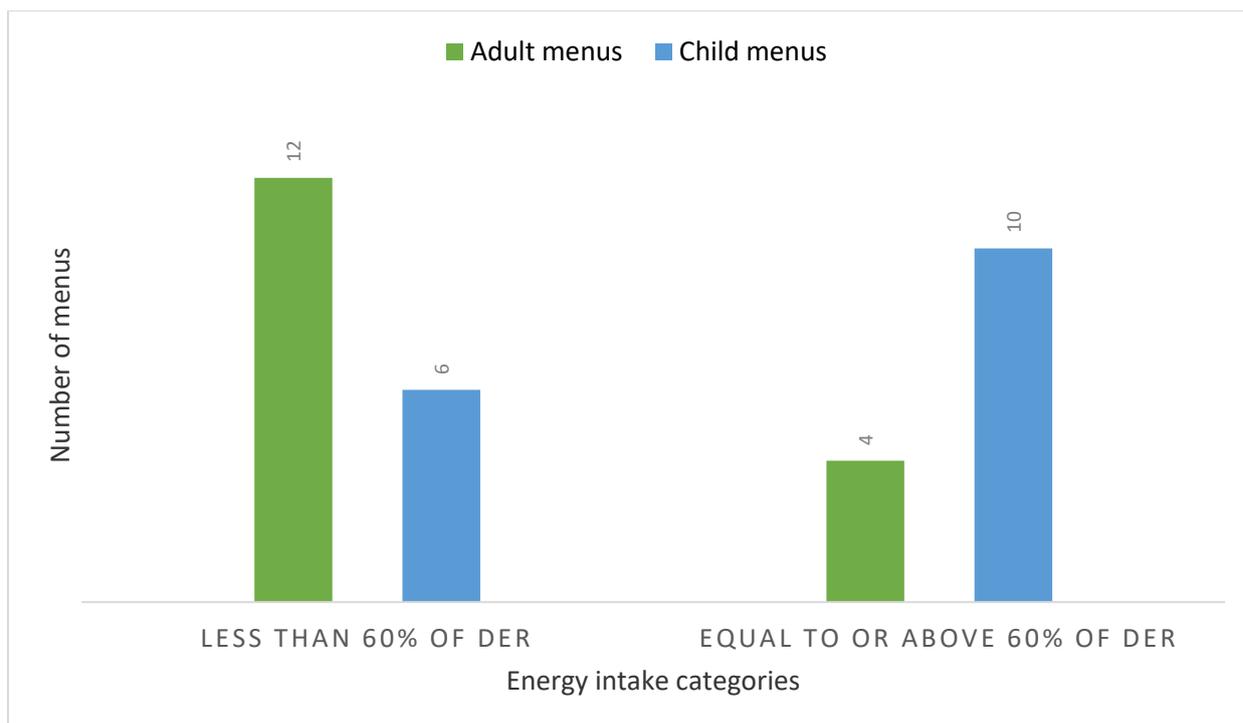
Figure 10 Menus analysis: energy intakes.

Several practical aspects of food delivery could have contributed to this disparity. Most sessions utilised child-friendly cutlery and plates that were smaller in size than regular plates. For example, the same size plastic bowls were used for serving cereals for children and adults during breakfasts. Potentially, this limited the portion sizes for adults as they were unable to fill the plates with more food. Research has also shown that people use visual cues of dinnerware size to determine consumption norms, with smaller sizes resulting in smaller self-served portions and lower food intake (Van Ittersum and Wansink, 2012; Wansink and van Ittersum, 2013). Adult participants would have considerably reduced their intake when eating from small child-sized plates. In addition, adults' portion size was not predetermined to be larger than children's due to the limited availability of certain main ingredients (for example jacket potatoes or shortcrust pastry) and the programme's inherent prioritisation of children's food intake.

The four sessions that offered menus with enough calories to provide at least 60% of adult EAR (Black-1, Blue-1, Blue-2, Pink-1) had several similar characteristics. Three sessions were attended by the smallest number of adult participants: only one at sessions Black-1 and Blue-1 and two at session Blue-2. This created a surplus of food

and allowed for larger portion sizes. While session Pink-1 was attended by more adult participants, a large percentage of calories (26%) was derived from a serving of a store-bought cake. Similarly, processed sweet foods contributed to 23.5% and 19.8% of calories at sessions Blue-2 and Black-1 (respectively). These values were higher than contribution of 'sugar, preserves, and confectionery 'to carbohydrate intakes that was estimated as 8% for adults in the UK (British Nutrition Foundation (BNF), 2019). Therefore, while these menus provided sufficient amount of calories, the overall nutritional intake might have been negatively affected.

During six sessions child menus did not offer more than 50% of EAR. Out of these six menus, the lowest 37.7% of EAR was recorded at session Yellow-1 and the average was 42.1% of EAR. When EAR of female five-year-olds are considered, as they are lower than males' EAR, only one session (Yellow-2) provided slightly over 50%. The ten adult menus that did not meet 60% threshold provided the average of 44.1% of EAR and nine menus did not provide more than 50% of EAR. These results suggest that the model menus were not always suitable for meeting the programme's aim of alleviating holiday hunger. Participants whose intakes were similar to the model menus would have needed to consume evening meals with caloric values of almost 60% of EAR-more than the usual contribution of 40% of EAR. To provide that many calories, the meals would need to be large or particularly calorie-dense. From the literature review, it can be presumed that such meals would either be expensive (due to accessibility issues and low caloric density of 'healthier' food options) or based on cheaper nutrient-low, calorie-dense foods. In either case, these results are indicative of inadequate food provision (in terms of energy intake) that would not be suitable for participants from low-income households. Conclusions are reserved for Discussion chapter as individual intakes of seven families will be taken into consideration.

6.5.3 Macronutrients and balance

DRVs for carbohydrates are set at minimum 50% of EAR and for total fat at no more than 35%. Of these values, free sugars should not contribute more than 5% and saturated fats not more than 11% (PHE, 2016a). Reference Nutrient Intake (RNI) for protein for the reference adult participant equalled 53g grams per day. This amount contributed to 9.7% of EAR. This is on the lower end of recommended 10-15% of EAR (BNF, 2012). For this reason, in this analysis, it was assumed that the total carbohydrates would need to contribute to approximately 55% of EAR.

For the child reference participant, the RNI for protein was 19.7 grams or 18% of EAR. With protein RNI set at 18% of EAR, total macronutrient contribution for the reference child would equal 103%. For children, lower fibre intake is recommended and BNF (2015) suggests that their diet should be based on energy-dense foods that provide more calories in smaller portions. There is also an emphasis on meeting the requirements for essential fatty acids that contribute to total fat intake. For this reason, for this analysis, the reference carbohydrate intake for children is lowered to 47% of EAR and fat and protein recommendation remain the same to ensure that appropriate levels of essential nutrients were provided.

Excessive intakes of free sugars and fats- particularly saturated fatty acids- are linked to several adverse health effects such as the development of insulin resistance and dyslipidaemia (as part of metabolic syndrome) (Forouhi, Krauss, Taubes, and Willett, 2018; Stanhope, Goran, Bosy-Westphal *et al.*, 2018). These cardio-metabolic conditions can be predetermined by nutrition habits in early childhood and free sugars consumption is a risk factor for childhood insulin resistance, dyslipidaemia, obesity, and dental carriers (Lee and Giannobile, 2016; Ruperez, Mesana, and Moreno, 2019). The population intakes for these nutrients also exceed the recommendations for almost all age/sex groups (PHE, 2016b). For this reason, the amount of these two nutrients in model menus is discussed separately in addition to overall nutrient balance.

6.5.3.1 Balance and macronutrients' contribution to energy intake

Arithmetic means were calculated to provide an overview of the macronutrient balance in model meal plans. These values are presented in Figure 11 and Figure 12 below. When viewed in this manner, the data does not imply any critical deviation from DRVs.
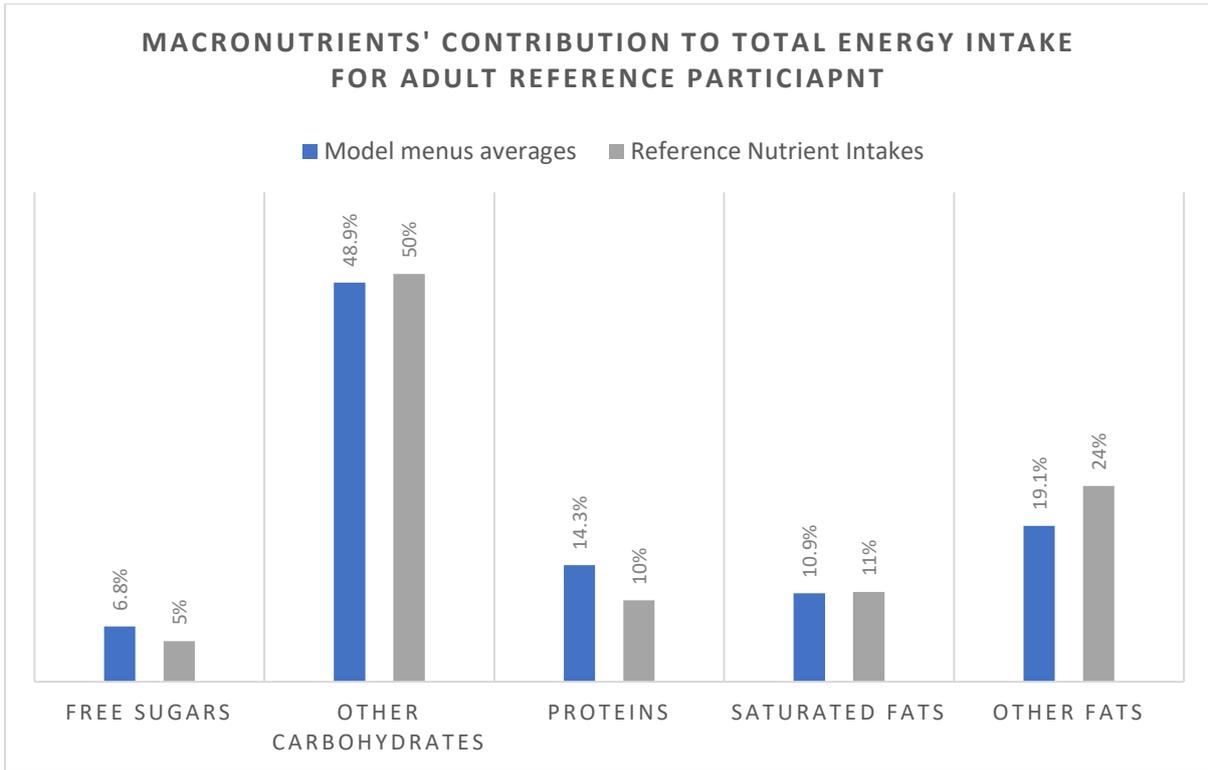
Figure 11 Results of model menu analysis: macronutrients' contribution to total energy intake for adult reference participant.
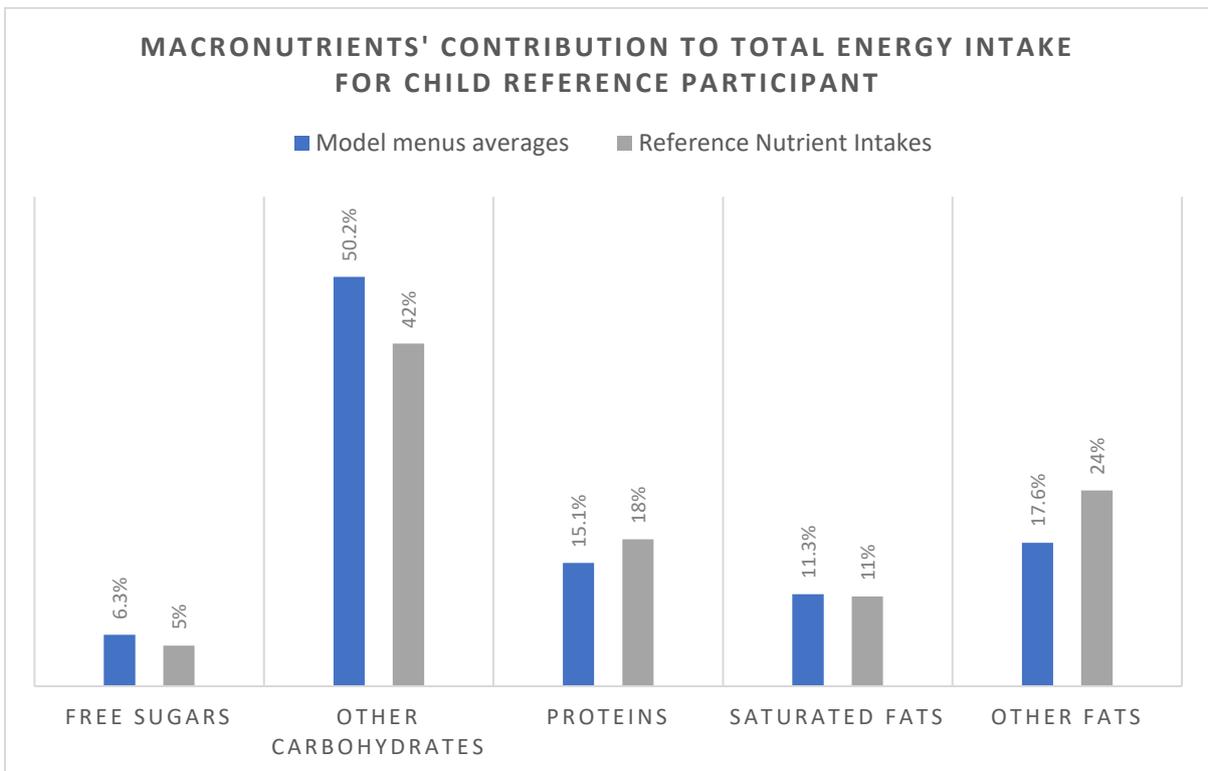
Figure 12 Results of model menu analysis: macronutrients' contribution to total energy intake for child reference participant.

For adult reference participant, proteins contributed more, and fats contributed less than DRVs. These are not considered to be of significance as proteins can contribute 10 to 15% of EAR and reference values for total fat are a maximum rather than recommended or minimum intake (PHE, 2016a). Saturated fats, while not above maximum 11% of EAR, constituted a larger proportion of total fat intake. This suggests that mono- and polyunsaturated fatty acids- which are recognised to be adversely correlated with metabolic diseases (Forouhi *et al.,* 2018)- were provided in smaller amounts. Free sugars contributed to 6.8% of EAR, which is 1.8% more than recommended maximum intake and carbohydrates (excluding free sugars) contributed 1.1% less than recommended 50% of EAR.

For child model menus, the balance between saturated fats and other fats followed the same trend as for the adult reference participant. The intake of free sugars was also higher and by a similar percentage (1.3%) as the values for adults. The contribution of carbohydrates was higher than DRV and proteins contributed less than RNI. These values suggest that, on average, the menus were predominantly based on carbohydrates and foods of low protein and fat densities. This was also true when the results were compared for each session rather than collectively; for menus low in proteins or fats, the remaining calories originated from carbohydrates (rather than fats or proteins accordingly). For children, this could be particularly problematic given that protein and fats are rich in essential amino acids and essential fatty acids (respectively) that are crucial for growth and development (Huffman, Harika, Eilander, and Osendarp, 2011; Semba, Shardell, Sakr Ashour *et al*., 2016).

6.5.3.2 Free sugars intake

The majority of menus, seventeen adult and child combined, provided less free sugars than 60% of DRV. Two model menus for adults (Black-1 and Orange-1) and three for children (Green-1, Orange-1, and Red-1) provided more than 60% of these maximum values. While a small excess would not be considered problematic, the menu with the lowest amount of free sugars in this group provided 69% of DRV (Orange-1 adult) and the one with highest provided 97% (Red-2 Child). This meant that for those participants who consumed foods in similar amounts to model menus, a small intake of free sugars during their evening meals could result in exceeding the recommended daily maximum intake. In addition, nine other menus (Black-2, Black-3, Green-2, Pink-2 for both adult and children and Red-2 only for adults) included amounts of free

sugars that exceeded the advised maximum intakes. For children, these menus exceeded the DRV by an average of 12.4 grams whilst adult menus provided an average of 6.6 grams of excessive free sugars.

While for several sessions table sugar was offered and added to hot drinks (for adults) and cereals, it did not appear to be the sole source of high intakes. For menus that provided more than 60% and more than 100% of RNI, 'hidden sugars' in foods were often the largest contributor to the intake. Foods that most commonly contributed to high sugar intake were tinned baked beans, fromage frais, vitamin yoghurt drinks, and coleslaw. Squash and fruit juices that contributed high amounts of free sugars to the offered menus were either donated from the FRC or available on site. Protein-energy bars were another food item donated by FRC that contributed to the high free sugar levels in these menus. It is notable that for some meals Nutritics software did not provide free sugars data, but these foods were high in total sugar and most likely in free sugars. For example, such data was not available for a store-bought celebration cake, that contained added (free) sugar, donated by FRC and offered to participants at session Pink-1.

6.5.3.3 Saturated fats intake

Nineteen model menus (seven child and twelve adult) provided less than 60% of the recommended maximum saturated fats intake (26.6 grams for adult and 16.5 grams for child reference participant). Only two menus provided more than the DRV, exceeding the values by 0.7 grams and 5 grams (Black-1 and Black-2 respectively).

Seven menus provided more than 60% of DRV for child participants and four exceeded that threshold for adult participants. These menus exceeded the maximum values by substantial amounts, on average providing 83% of DRV for adults and 75% of DRV for children. This also meant that exceeding the recommended limit through the consumption of more saturated fats in evening meals was probable given the abundance of saturated fats in food groups such as meat and dairy as well as sweet and savoury snacks.

Dairy and dairy-based products were the most common source of saturated fats in model menus that provided more than 60% of DRV. For several menus, foods that contributed high amounts of saturated fats were main dishes containing butter or cheese (for example quiche, garlic bread, shortcrust pastry). The protein energy bars,

discussed above in regard to free sugar intake, were also noted to provide large amounts of saturated fats. The most common and often largest contributor of saturated fats was cheddar cheese. The cheese was included in ten of the thirteen menus that exceeded the 60% threshold. It was used as a topping for sandwiches, pasta dishes, and jacket potatoes as well as incorporated into other dishes such as pizza and potato pie bakes.

While mono- and polyunsaturated fatty acids are not discussed at length in this thesis, it is worth noting that the excess of saturated fats was accompanied by inadequate provision of essential omega-3 and omega-6 polyunsaturated fatty acids. Fourteen menus (equal numbers for adult and child) did not provide enough omega-3 fatty acids to cover 60% of RNI and omega-6 fatty acids did not meet this threshold at fifteen sessions (eight adult and seven child menus). At seven sessions that provided more than 60% saturated fats, omega-3, omega-6 or both were below the 60% threshold.

6.5.4 Micronutrients

To identify appropriate levels of micronutrients in meals offered by HFP, I calculated the 60% the Reference Nutrient Intakes (RNI) for essential vitamins and minerals (PHE, 2016a). The nutritional analysis indicated that most menus provided at least 60% of RNI values of vitamin C, B vitamins, calcium, phosphorus, and copper.

As presented in Table 5 below, seven micronutrients were not provided in adequate quantities: Vitamin A, Vitamin D, Zinc, Potassium, Selenium, Magnesium, Iron, and Iodine. The menus that did not provide 60% of RNI for these nutrients are referred to as 'incomplete' in sections below to facilitate the presentation of findings. In addition, sodium and chloride intakes are discussed as the model menus predominantly provided more than 100% of RNI for these nutrients.

This section focuses on common food practices that impacted the availability of these nutrients.

Table 5 Results of model menu analysis: micronutrients provided in amounts below 60% of RNI.

Nutrient	Number of menus that did not provide 60% of RNI (child/adult)	60% of RNI for children	60% of RNI for adults	Average amount provided by the incomplete menus for children (% of RNI)	Average amount provided by the incomplete menus for adults (% of RNI)
Vitamin A	7/7	240 µg	360 µg	148 µg (37%)	161 µg (27%)
Vitamin D	16/16	6 µg	6 µg	0.8 µg (8%)	1 µg (10%)
Zinc	11/7	3.9 mg	4.2 mg	3 mg (46%)	3mg (43%)
Selenium	7/16	12 µg	36 µg	7 µg (35%)	15 µg (25%)
Magnesium	1/10	72mg	162mg	32.4 mg (27%)	107 mg (40%)
Iodine	8/11	60 µg	84 µg	52 µg (52%)	34 µg (24%)
Potassium	1/13	660mg	2100mg	327 mg (30%)	1188 mg (34%)
Iron	0/10	3.66mg	8.88mg	-	5.3 mg (36%)

6.5.4.1 Vitamin A

In the menus that provided adequate amounts, most common sources of vitamin A were cheddar cheese, fromage frais and yoghurts, various fruit, fruit juices, and vegetables. The menus with highest vitamin A levels provided at least three of these foods (Red-2, Green-2). These foods were not necessarily excluded from the fourteen deficient menus but were provided in smaller quantities or not in a combination. Although vitamin A is fat-soluble and abundant in saturated fats, no association between these two nutrients was observed. Instead, menus with higher amounts of vitamin A provided substantial amounts of beta-carotene from fruit, vegetables, pulses, and fruit juices.

6.5.4.2 Vitamin D

It is recommended that people who spend little time outdoors and ethnic minority groups with dark skin should consider daily supplementation of vitamin D (Scientific Advisory Committee on Nutrition, 2016). Given the ethnic diversity of neighbourhoods

where the sessions took place (see section 5.2), it was particularly important that the menus provided the 60% of RNI.

The main sources of vitamin D across all menus was fortified breakfast cereals. The discrepancy between the highest and lowest quantities was due to the fact that not all cereals were fortified and not all menus offered cereals as a breakfast option for adults. In addition, while some dairy products such as fromage frais are fortified with vitamin D, the budget and generic brand products offered by the settings were not fortified.

6.5.4.3 Zinc

The main sources of zinc across all menus were cheddar cheese, semi-skimmed milk, fromage frais, tinned beans, and breakfast cereals. The model menu at session Red-2 provided highest amounts of zinc that was derived from flour, lettuce, and tomatoes. This suggested that to ensure adequate provision the menus needed to be varied and include sources of zinc other than dairy products. However, the bioavailability of zinc from vegetable sources is significantly lower than from meat or dairy products and high intake does not necessarily ensure high amounts of readily available zinc in the body (Gibson, Raboy, and King, 2018). These issues need to be considered especially in relation to previously discussed excessive provision of foods high in saturated fats (including cheese and fromage frais).

6.5.4.4 Selenium

The most common sources of selenium were flour-based products, cheese, and tinned baked beans. However, these foods did not provide adequately high levels to meet adult requirements. Three sessions (Red-3, Yellow-2, Blue-2) provided tuna and chicken which are abundant in selenium. This was reflected in higher selenium levels that were adequate for the child (but not adult) reference participant. It appeared that the inclusion of fish and meat in larger quantities would be necessary to provide 60% of RNI for adult participants.

6.5.4.5 Magnesium

The most common sources that provided the largest quantities of magnesium were potatoes, tinned baked beans, milk, and wholemeal bread. In fact, except for Pink-1, all model menus that offered potatoes with baked beans for lunch provided amounts that met or exceeded the 60% of RNI. Tuna was provided in small quantities as a filling

for jacket potatoes and sandwiches. Therefore, although a good source of magnesium, it did not contribute significantly to the magnesium intake.

6.5.4.6 Iodine

Adult menus were less likely than child menus to meet the requirement and, on average, contained less iodine. This discrepancy existed because, while adult breakfast foods varied, children were always offered cereals with milk that contributed the largest amounts of iodine across the menus. Adult menus that provided adequate iodine quantities had cereals with milk for breakfast and often an additional milk-based drink later during the session (for example, a banana milkshake at session Yellow-2 or a hot beverage with milk at session Red-2). For child menus, yoghurts and fromage frais also frequently contributed to iodine intake.

6.5.4.7 Potassium

Given the population trend of sodium surfeit and potassium deficit and the importance of potassium intake in high sodium diets (Iwahori, Miura, and Ueshima, 2017; PHE, 2016c; 2016d) it appears particularly important for HFP to provide and promote adequate potassium intakes.

Most of the potassium in the menus was derived from potatoes, tinned baked beans, orange juice, and various fruits. Milk, common in child but not adult menus, was also abundant in potassium- this could partially explain the low number of child menus that did not meet the 60% threshold. Bananas, widely recognised for high potassium levels, were available for participants during most sessions. They were not always picked by participants and that was reflected in model menus where other fruits were included in analysis. However, substituting the chosen fruits for bananas did not provide significantly larger quantities of potassium and these menus would still not meet the 60% threshold.

6.5.4.8 Iron

The insufficient values appeared to be related to sparse use of foods abundant in iron such as red meat, nuts, and dried fruit (which could be due to high prices of these products). The major contributor of iron in both child and adult menus was fortified breakfast cereals. As observed with iodine levels, while adult menus that offered toasts for breakfast had lower iron intakes, the inclusion of breakfast cereals for all child

menus ensured appropriate iron quantities. This draws the attention to the importance of breakfast provision at HFP.

6.5.4.9 Sodium and chloride

Considering the abundance of sodium and sodium chloride (table salt) in British diet (PHE, 2016c) and a pattern of higher intakes among socio-economically disadvantaged groups (Ji and Cappuccio, 2014), I analysed the data focusing on menus that exceeded the 60% of RNI (420mg per child menus and 960mg per adult menus).

Fourteen child menus provided more than 100% of RNI for sodium. The menu with the highest quantity exceeded the RNI by 638mg (Red-2) and on average child menus provided 974mg. Only five adult menus either met or exceeded the RNI value of 1600mg, however, adult menus provided an average of 1447mg. This equated to 90% of RNI and so it is probable that participants would have exceeded their daily RNI by consuming an evening meal at home.

Current dietary recommendation promotes limiting sodium chloride consumption rather than focusing on sodium values per se (Scientific Advisory Committee on Nutrition, 2003). Table salt added during cooking was not the major source of sodium in the model menus and was scarcely used only during three sessions (Blue-2, Black-2, and Yellow-2). Salt was, however, present in several foods donated by the FRC such as Moroccan-style couscous, the celebration cake, and baked beans (including the 'reduced salt' varieties).

In addition, eighteen menus (three adult and fifteen child) also provided more chloride than 100% of RNI (2500mg and 800mg respectively). Remaining menus, except for adult menu at session Red-1, provided more than 60% of RNI. Chloride in menus was abundant in dairy foods, potatoes, and milk and in processed foods or foods that were prepared with added salt. Flour-based products, including toasts and pita breads, also contained added salt and frequently contributed to both sodium and chloride values. Given the sufficient intakes from foods that contain naturally occurring sodium and chloride (such as breakfast cereals, milk, and dairy products), the implications of donating and utilising foods high in table salt should be considered.

6.5.5 Fibre

The Recommended Intake (RI) of dietary fibre for the reference participants was 20g for child menus and 30g for adult menus (Scientific Advisory Committee on Nutrition, 2015). None of the menus exceeded the daily recommendations but eleven provided more than 60% of RI (12g for child and 18g for adult menus).

Twenty-one menus, twelve adult and nine child, offered less fibre than the 60% values. These menus, both adult and child, provided approximately 45% of RI. Generally, the menus provided multiple foods containing dietary fibre and most meals contained at least one fibre-rich food. Largest quantities were derived from various fruits, jacket potatoes, tinned baked beans, cereals and flour-based foods. Some pre-packaged foods that were donated by FRC (such as Moroccan-style couscous or protein-energy bars) provided quantities on par with fresh fruit.

6.6 Nutritional analysis- families

Foods consumed by eight target families were analysed to understand the extent to which individual intakes deviate from the model menus. The result of this data analysis will be discussed in this section.

One target family per research setting was chosen for this analysis to provide a coherent and detailed representation of their experiences. This is with the exception of Family 4 from session Red-2 due to considerably low food intake and several suggestions that they were not interested in the food aspect of the programme. Their food intake is briefly discussed below as it represented an important social phenomenon and the reality of HFP. However, since it did not allow for a thorough discussion of nutritional outcomes, Family 1 is the focus on analysis for session Red-2.

The tables below summarise each family's nutritional intakes as well as food-related themes coded during the sessions. These results are compared with findings from the nutritional analysis of model menus.

6.6.1 Families 1 and 4, session Red-2

Table 6 Nutritional Analysis- Family 1 and Family 4, Session Red-2

Contextual notes			
Setting and resources	Purpose-built early years setting run by a third sector organisation. The room was designed for children under five years old. It was equipped with toys, games, books, craft and colouring supplies. The room had direct access to an outside area with child-friendly facilities.		
Staff to participant ratio	3:17 (10 children and 7 adults)		
Session's length	3 hours (10am- 1pm)		
Structure of the session (segments)	Segment One 50 minutes	Families arriving, breakfast	
	Segment Two 1 hour	An organised walk to allotments led by members of staff, volunteers (including myself) preparing the room for cooking activity	
	Segment Three 45 minutes	Cooking activity: children and adults participating in making individual pizzas and slicing vegetables for a side salad	
	Segment Four 20 minutes	Lunch, families eating together as a group	
	Segment Five 10 minutes	Children who finished eating engage in free play, families leaving	
Core activities offered	An organised walk to local allotments Cooking activity		
Food themes	Families were involved in food preparation. During breakfast and lunch, families could choose ingredients and portion sizes. The breakfast was served late and there was less than two hours between meals.		
Model menus analysis	**Participant**	**Energy intake**	**Summary**
	Adult	1272kcal	The menu provided more calories from carbohydrates and free sugars than DRVs. Total fats, including SFA, were lower than DRVs. Proteins contributed more than RNI but not substantially. The menu was high in sodium and chloride and low in selenium, potassium, magnesium, iron, and vitamin D. Slightly more than a third of the RI for fibre was provided.
	Child	1208kcal	The menu provided fewer calories from proteins and fats (including SFA) than recommended. Total carbohydrates were higher than DRV and free sugars exceeded the recommendation by 1%. The menu was high in sodium and chloride and low in vitamin D. 100% of RI for fibre was offered.
Family 4	Parent 1 (adult female) and Child 1 (approximately five-years-old male)		
Family member	**Energy intake**	**Macronutrients: contribution to total calories**	**Micronutrients below 60% of RNI**	**Fibre intake**

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Family member	Energy intake	Macronutrients: contribution to total calories	Micronutrients below 60% of RNI	Fibre intake
Parent	278kcal	Free sugars: 2% Other carbohydrates: 55% Saturated fats: 12% Other fats: 16% Proteins: 15%	All nutrients with set RNI except vitamin C	2.9g
Child 1	135kcal	Free sugars: 17% Other carbohydrates: 36% Saturated fats: 15% Other fats: 13% Proteins: 19%	All nutrients with set RNI	0.9g
Family 1	Parent 1 (adult female) and Child 1 (approximately five-years-old female)			
Family member	**Energy intake**	**Macronutrients: contribution to total calories**	**Micronutrients below 60% of RNI**	**Fibre intake**
Parent	613kcal	Free sugars: 7% Other carbohydrates: 58% Saturated fats: 6% Other fats: 19% Proteins: 10%	Sodium Chloride Potassium Calcium Magnesium Iron Zinc Selenium Iodine Vitamin A Vitamin D Folate Niacin Riboflavin	5.4g
Child 1	593kcal	Free sugars: 7% Other carbohydrates: 54% Saturated fats: 10% Other fats: 12% Proteins: 17%	Zinc Selenium Vitamin A Vitamin D	4.5g

6.6.1.1 Family 4

The family arrived 35 minutes after breakfast has started and declined food suggesting that they have already eaten at home. They did not join others for lunch straight away as the child continued playing. Once they sat down, they both had small slices of pizza and no salad. The child ate one pot of fromage frais for dessert.

This family attended the session to socialise and play with others. While the child stated that they liked the pizza, they did not show interest in the cooking activity and food in general. They had breakfast at home and so their total energy and micronutrients intakes were justifiably low.

The macronutrient intake differed from the model menu and recommendations. For the parent, carbohydrates (but not free sugars) and proteins contributed to more calories than DRV. Their free sugars intake was low, but they did not derive enough energy from fats. At the same time, SFA exceeded the recommendation by 1%. For the child, only proteins' contribution to the total energy was similar to recommended values. The child derived too much energy from saturated fats and not enough from other fats. Similarly, free sugars in their intake contributed to substantially more energy than DRV but the child did not consume enough calories from other carbohydrates.

6.6.1.2 Family 1

During breakfast, the child ate two different types of cereals with milk and consumed an additional milk beverage. Then, they were served pancakes and chose two toppings: half a banana and a fruit compote. The child ate only a small amount of the pancakes before handing the plate to their parent who finished the food for them. This was the only food consumed by the parent during breakfast despite being able to have their portion. For lunch, the family shared a slice of pizza and did not serve themselves any salad. The child had two pots of fromage frais for dessert.

Involvement in food preparation and being able to choose their own ingredients did not appear to encourage high intakes for this family. The short break between meals could provide a possible explanation for their low intakes during lunch. It is notable that the parent also consumed small amounts of food for breakfast and, while there might have been other factors that caused this low intake, this could have been a reflection of food behaviours practised by the family at home. As adults who experience food poverty have previously reported skipping meals to feed their children (see Literature Review chapter), this behaviour could have been caused by the embedded (and embodied) food habitus that prioritises child's needs.

The family's energy intake was below 60% of EAR and notably lower than values provided by model menus: the child consumed 40% of EAR and the parent 28%. The macronutrient contribution to energy intakes was similar to the model menus. Carbohydrates, including free sugars, exceeded the DRVs and fats contributed less than the recommendation. However, the protein contribution changed: model menus provided less energy from proteins for the adult and more for the child. This was due

to the higher intake of milk by the child and lower consumption of milk and pizza by the parent.

The family's micronutrient intakes were affected by the intake of cheese and vegetables, their choice of different cereals, and the parent's choice of dishes during breakfast. These choices resulted in a higher number of micronutrients identified to be below 60% of RNI in the family's intakes than in the model menus. While sodium and chloride were lower than in the model menu for the parent, they were still high in food consumed by the child. The small intake of fruit and vegetables was also reflected in their fibre intakes that were substantially lower than those offered by model menus.

6.6.2 Family 3, Session Yellow-2

Table 7 Nutritional Analysis- Family 3, Session Yellow-2

Contextual notes			
Setting and resources	Purpose-built early years setting run by a third sector organisation. The room was designed for children under five years old. It was equipped with toys, games, books, craft and colouring supplies. The room had direct access to an outside area with child-friendly facilities.		
Staff to participant ratio	4:33 (23 children and 10 adults)		
Session's length	3 hours (10am- 1pm)		
Structure of the session (segments)	Segment One 35 minutes	Families arriving, breakfast and free play	
	Segment Two 40 minutes	Cooking activity: children and adults participating in preparing pita bread fillings, side salads, and a fruit salad	
	Segment Three 30 minutes	Lunch: families eating together as a group	
	Segment Four 50 minutes	An organised walk to a local park led by members of staff	
Core activities offered	Cooking activity An organised walk to a local park		
Food themes	Families were involved in food preparation. During breakfast and lunch, families could choose ingredients and portion sizes. The breakfast was served late and there was less than two hours between meals.		
Model menus analysis	**Participant**	**Energy intake**	**Summary of nutritional analysis**
	Adult	1012kcal	The menu provided more energy from carbohydrates and proteins than the DRVs. Calories from SFA were 2% higher than DRV but total fats were substantially lower. Free sugars provided less than 1% of calories. Slightly less than half of RI for fibre was provided.

			The menu was high in sodium and chloride and low in selenium, potassium, magnesium, iodine, vitamin D.
	Child	683kcal	Carbohydrates contributed to 60% of total energy intake, significantly more than DRV. Proteins, fats (excluding SFA), and free sugars contributed less than the DRV values. SFA provided 11% of total calories- the maximum recommended value. Almost half of RI for fibre was provided. The menu was high in sodium and chloride and low in Zinc, Vitamin A, iodine, vitamin D.
Family		Parent 1 (adult female) and Child 1 (approximately five-years-old female)	

Family member	**Energy intake**	**Macronutrients contribution to total calories**	**Micronutrients below 60% of RNI**	**Fibre intake**
Parent	349kcal	Free sugars: 1% Other carbohydrates: 43% Saturated fats: 18% Other fats: 18% Proteins: 5%	Sodium Potassium Chloride Calcium Phosphorus Magnesium Iron Zinc Selenium Iodine Vitamin A Vitamin D B vitamins (except B12)	3g
Child 1	649kcal	Free sugars: 4% Other carbohydrates: 53% Saturated fats: 13% Other fats: 11% Proteins: 19%	Zinc Selenium Vitamin A Vitamin D Vitamin B1	6.3g

The parent did not have anything to eat for breakfast, but the child ate cereals with milk and one pot of fromage frais. For lunch, the family served themselves white pita breads with a selection of all available fillings. The child had additional pita and more cheese, but they left over other fillings. The child ate a fruit salad for dessert.

The parent's lack of food intake during breakfast could have been due to their late arrival (around 10.20 am) and probable consumption of food at home. The child ate their breakfast slowly and finished eating when other participants were already engaged in play. The shortened time between meals could explain the child's reluctance to eat during lunch. However, the child had an extra serving of cheese and

pita breads but left-over other fillings. It was possible that the fillings were not palatable to the child or this could have been indicative of food unfamiliarity.

The parent's energy intake was lower than 60% of EAR and the values offered in the model menu. The child consumed approximately 47% of EAR and a similar amount of calories to the model menu. The contribution of carbohydrates to total energy intakes was lower than in the model menus but the family derived proportionally more energy from free sugars (which still contributed less energy than the recommended maximum values). SFA, in both parent and child's intakes, contributed more energy than in the model menus and exceeded DRV. Proteins provided more energy for the child than in the model menus and the values were closer to the RNI. However, the parent derived only 5% of calories from proteins- substantially lower than the model menu and RNI. The contribution of other fats was higher in foods consumed by the parent and remained unchanged in the child's intake.

The parent consumed small amounts of food which resulted in a notably higher number of micronutrients not reaching the 60% of RNI than in the model menus. Child's intake of sodium and chloride remained high while the vitamins D and A as well as zinc remained low. Childs' intake was also lower in selenium and vitamin B1 as they consumed lower amounts of pita bread fillings than offered in the model menu. They consumed more iodine from the fromage frais that they chose instead of fruit included in the model menu.

Family's fibre intake was lower than the quantities provided by mode menus and below the 60% of recommendations. For the child, this was a result of lower consumption of the fillings and not eating fruit with their breakfast. The parent's intake was lower as they had a white pita (rather than wholemeal that was also offered), did not eat any cereals or fruit during breakfast, and did not eat the fruit salad for dessert.

6.6.3 Family 2, Session Green-1

Table 8 Nutritional Analysis- Family 2, Session Green-1

Contextual notes	
Setting and resources	Purpose-built early years facility run by the local authority in a multi-purpose building. The session took place at a nearby outdoor learning and environmental centre (EcoPark).
Staff to participant ratio	3:13 (7 children and 5 adults)
Session's length	3 hours (10am- 1pm)

Structure of the session (segments)	Segment One 60 minutes	Breakfast prepared at the centre (nobody turned up) and transport to the EcoPark
	Segment Two 1 hour	Activities at the EcoPark such as 'find a minibeast' and 'pick your own fruit' (prepared and supervised by employees of the park)
	Segment Three 35 minutes	Picnic-style lunch at the EcoPark
	Segment four 45 minutes	Activities continued and transport back to the centre
Core activities offered	Activities at the EcoPark	
Food themes	Families were not involved in food preparation. During lunch, families could choose ingredients and portion sizes. There were no families present for the breakfast.	

Model menus analysis	Participant	Energy intake	Summary of nutritional analysis
	Adult	995kcal	The menu provided more energy from proteins than the DRVs. Calories from fats, including SFA, were lower than DRV. Energy derived from free sugars slightly exceeded the recommendation, but the reverse was true for other carbohydrates. Slightly less than half of RI for fibre was provided. The menu was high in sodium and chloride and low in zinc, selenium, potassium, iron, magnesium, iodine, vitamin A, vitamin D.
	Child	894kcal	Total carbohydrates (including free sugars) and SFA had higher contributions to the energy intake than recommended. The proportion of energy derived from other fats equalled 17% - substantially lower than the recommendation. The menu did not provide enough calories from protein. Over a half, but less than 60%, of RI for fibre was provided. The menu was high in sodium and chloride and low in zinc, selenium, iodine, vitamin A, vitamin D.

Family description	Parent 1 (adult female), Child 1 (approximately five-years-old male), Child 2 (approximately five-years-old female), Child 3 (approximately eight-years-old female)			
Family member	**Energy intake**	**Macronutrients contribution to total calories**	**Micronutrients below 60% of RNI**	**Fibre intake**
Parent	421kcal	Free sugars: 6% Other carbohydrates: 50% Saturated fats: 8% Other fats: 20% Proteins: 16%	Sodium Potassium Chloride Calcium Phosphorus Magnesium Iron Zinc Selenium Iodine Vitamin A	5.1g

			Vitamin D B vitamins Vitamin C	
Child 1	285kcal	Free sugars: 5% Other carbohydrates: 40% Saturated fats: 15% Other fats: 21% Proteins: 19%	Potassium Chloride Calcium Magnesium Iron Zinc Copper Selenium Iodine Vitamin A Vitamin D B Vitamins Vitamin C	3.3g
Child 2	285kcal	Free sugars: 5% Other carbohydrates: 40% Saturated fats: 14% Other fats: 21% Proteins: 19%	Potassium Chloride Calcium Magnesium Iron Zinc Copper Selenium Iodine Vitamin A Vitamin D B Vitamins Vitamin C	3.5g
Child 3	498kcal	Free sugars: 3% Other carbohydrates: 50% Saturated fats: 11% Other fats: 18% Proteins: 18%	Potassium Chloride Calcium Magnesium Iron Zinc Copper Selenium Iodine Vitamin A Vitamin D B Vitamins Vitamin C	5.2g

The family joined the session at the EcoPark and for lunch, they sat down with other families for a picnic and were offered a selection of sandwiches. There was a choice of two fillings (tuna and sweetcorn with mayonnaise or egg with mayonnaise) and the food supply allowed for additional portions. The parent and Child 3 had two bread rolls while the two other siblings only had one each. Child 2 chose the tuna filling while other members of the family had their sandwiches with egg. The choice of fillings did not have any notable impact on the micronutrient intake likely due to small quantities

and small proportions of egg and tuna in the sandwich fillings. All children also had string cheese (medium fat, hard, cheese that is unripened and stringy) with their sandwiches and Child 3 drank a yoghurt beverage. The family shared one protein and energy bar. The family consumed one plum each for an afternoon snack.

The family's energy intakes were significantly below 60% of EAR. The model menus provided more calories as they offered breakfast and presumed that each child had additional snacks (yoghurt drinks and raisins). The protein and energy bars were also offered to everyone, however, the family shared one between themselves which reduced their protein and carbohydrate intakes. These low energy intakes, below 30% of EAR, also negatively impacted the family's micronutrients and fibre intakes. The family's fibre intakes reduced substantially from the values offered by the model menus as they did not consume foods such as wholemeal toast bread, raisins, and breakfast cereals. These foods, as well as the yoghurt drink (consumed only by Child 3), were also rich in micronutrients which frequently did not reach the 60% of RNI in the family's intakes. For children, the sodium consumption remained high, but the parent's sodium intake was lower than the one offered by the model menu.

For the parent and Child 3, the contribution of macronutrients to total energy intake resembled the one provided by the model menus. However, for the other two siblings, larger proportions of calories were derived from fats (including SFA). SFA and proteins that they consumed also contributed to more energy than recommended. Other fats and carbohydrates in their intakes contributed to slightly less energy than recommended.

6.6.4 Family 1, session Blue-1

Table 9 Nutritional Analysis- Family 1, Session Blue-1

Contextual notes		
Setting and resources	The session was run by an authority-funded early years centre and delivered at a purpose-built setting for primary school children. The room was large and spacious, equipped with toys, games, craft and colouring supplies.	
Staff to participant ratio	3:6 (5 children and 1 adult)	
Session's length	5 hours (8.30am- 1.30pm)	
Structure of the session (segments)	Segment One 60 minutes	Families arriving, breakfast
	Segment Two 3 hours 20 minutes	Free play and scrapbook making

		Segment Three 20 minutes	Lunch, families and staff eating together as a group
		Segment Four 20 minutes	Children who finished eating engage in free play, families leaving
Core activities offered		Scrapbook making Free play	
Food themes		Families were not involved in food preparation. During breakfast and lunch, families could choose ingredients, different dishes, and portion sizes. The breakfast was served early and there was more than three hours between meals.	

Results of menus analysis	**Participants**	**Energy intake**	**Summary of nutritional analysis**
	Adult	1315kcal	Energy from carbohydrates, but not free sugars, exceeded the recommendation by approximately 5%. The menus provided more energy from proteins than the DRV. Calories from SFA slightly exceeded the recommendation while other fats provided less than 15% of total energy- substantially lower than DRV. More than 60% of RI for fibre was offered. The menu was high in sodium and chloride and low in selenium and vitamin D.
	Child	1124kcal	Energy from carbohydrates, but not free sugars, exceeded the recommendation by approximately 10%. Free sugars provided less than 1% of total energy. SFA had a slightly higher contribution to the energy intake than recommended. The proportion of energy derived from other fats equalled approximately 16% - substantially lower than the recommendation. The menu did not provide enough calories from protein. More than 60% of RI for fibre was offered. The menu was high in sodium and chloride and low in zinc and vitamin D.

Family description		Parent 1 (adult male), Child 1 (approximately eight-years-old female), Child 2 (approximately eight-years-old male), Child 3 (approximately five-years-old male), Child 4 (approximately five-years-old male), Child 5 (approximately five-years-old female)		
Family member		**Energy intake**	**Macronutrients contribution to total calories**	**Micronutrients below 60% of RNI**	**Fibre intake**
Parent		1614kcal	Free sugars: 0% Other carbohydrates: 51% Saturated fats: 18% Other fats: 18% Proteins: 15%	Magnesium Copper Vitamin D	13.8g
Child 1		1285kcal	Free sugars: 7% Other carbohydrates: 50% Saturated fats: 13%	Selenium Vitamin D	10.9g

		Other fats: 17% Proteins: 13%		
Child 2	1179kcal	Free sugars: 7% Other carbohydrates: 58% Saturated fats: 10% Other fats: 16% Proteins: 10%	Vitamin D Zinc Selenium	14.7g
Child 3	885kcal	Free sugars: 6% Other carbohydrates: 57% Saturated fats: 9% Other fats: 17% Proteins: 11%	B12 B2 Vitamin D Vitamin A Selenium Copper Zinc Iron	9.4g
Child 4	831kcal	Free sugars: 7% Other carbohydrates: 57% Saturated fats: 12% Other fats: 9% Proteins: 15%	Vitamin D Zinc (marginally)	11.3g
Child 5	670kcal	Free sugars: 6% Other carbohydrates: 56% Saturated fats: 9% Other fats: 18% Proteins: 12%	B12 B2 B3 Vitamin A Vitamin D Selenium Copper Zinc Iron	8.2g

For breakfast, the family was able to choose from different cereals and hot cross buns. The parent, Child 1 and Child2 had cereals and one bun each while the other two siblings only had one of the options (Child 4 a bowl of cereals and Child 5 a bun). During the session, children asked for something sweet and at first, they were given 'Rich Tea' biscuits by a member of staff. Later, their parent left the session and bought three different packages of 'Haribo' gummy candies, three 'Kinder Bueno' chocolate bars, and three boxes of 'Mikado' chocolate biscuits. The sweets were put on a crafts table and children had free access to them (see Figure 13 below).

Figure 13 Confectionary at session Blue-1

For lunch, the parent had two portions of a potato and cheddar cheese pie and children had a selection of the pie and wraps (with cheese or with ham). Some children only had the potato pie with beans (Child 1, Child 2, Child 5) and others chose the wraps (Children 3 and 4). Staff members served relatively large portions but not all children finished everything on their plate (Child 1, Child 4, and Child 5). All members of the family consumed a small glass of orange juice. The parent did not have any mango with yoghurt (served together in a bowl) for dessert, Children 1 and 2 only ate the yoghurt and left the mango pieces in the bowl, and Child 2 asked to be served plain yoghurt.

The inclusion of confectionary also substantially altered the nutritional values of foods consumed by the children as explained below. Additionally, some children ate small quantities of food for lunch despite a long break between the meals- this could have been a result of consuming the confectionary snacks between breakfast and lunch.

In comparison to the model menu, the parent's energy intake increased. This was expected as the parent was an adult male rather than a female participant as used for the analysis of the model menus. Due to the higher energy requirement for males, his intake (while higher in kilocalories) contributed to 58% of EAR rather than 78% of EAR offered by the model menu. Children's energy intakes remained high for children 1 and 2 and contributed to 80% and 67% of EAR respectively. For the three younger siblings, the calorific intake equalled to 50-60% of EAR which was lower than the values offered in the model menu but remained at relatively high levels. It should be

noted that while Child 5 was deemed approximately five years old for this analysis, she might have been up to a year younger which would have partially explained the low energy intake.

The contribution of carbohydrates to the total energy intakes remained high. For children, the inclusion of confectionary has increased the proportion of calories from free sugars from 1% of calories offered by the model menu to 6-7%. The contribution of other fats to their energy intake remained low and substantially below the recommended values. SFA have contributed to less energy than the advised limit for children 2, 3, 4, and 5. The parent and Child 1 consumed a higher proportion of calories from SFA than was offered in the model menus and in quantities that exceeded the RNI. For children, proteins did not provide sufficient amounts of calories while the reverse was true for the parent as his intake exceeded the recommendation.

Due to the choices of different toppings and different foods during meal times as well as differences in consumption of the mango and yoghurt dessert, the micronutrient intakes varied for the members of the family. There were also differences between their actual intakes and those offered by model menus. Child 3 and Child 5 experienced the most notable increase in the number of micronutrients that provided less than 60% of RNI. For Child 3 this was due to not consuming nutrient-rich cereals with milk and limiting their lunch to wraps with ham. Child 5 also did not eat cereals for breakfast, but their micronutrient intake was primarily a result of low food consumption.

6.6.5 Family 1, session Orange-2

Table 10 Nutritional Analysis- Family 1, Session Orange-2

Contextual notes		
Setting and resources	The session was run by a third sector organisation at a purpose-built community centre. The session was delivered in three different rooms due to centre scheduling. The first and third room were used for different community activities such as job clubs and coffee mornings. The second room resembled a doctor's/ physiotherapist office- there was a small couch, an armchair, and a bed that resembled a doctor's examination table or physiotherapist's massage bed.	
Staff to participant ratio	1:6 (4 children and 2 adults)	
Session's length	4 hours 30 minutes (9am- 1.30pm)	
Structure of the session (segments)	Segment One 1 hour	Families arriving, breakfast in the first rooms
	Segment Two 1 hour 10 min	Painting activity in the first room for 30 minutes, reading stories in the second room for 40 minutes

	Segment Three 35 minutes	Lunch: families and staff eating together as a group in the third rooms
	Segment Four 45 minutes	Planting seeds and decorating pots in the third room, families leaving
Core activities offered	Seed planting Reading stories Painting	
Food themes	Families were not involved in food preparation. During breakfast and lunch, families could choose different dishes and portion sizes. For breakfast they had a choice of ingredients. The breakfast was served early and there was more than two hours between meals.	

Results of menus analysis	**Participant**	**Energy intake**	**Summary of nutritional analysis**
	Adult	541kcal	The menu provided more calories from carbohydrates, including free sugars, than recommended. The energy derived from proteins exceeded RNI. SFA provided only 3.8% of the total calories and the energy derived from other fats was also below DRV. The menu provided very little fibre. The menu was high in sodium and chloride and low in zinc, selenium, potassium, iron, copper, magnesium, iodine, vitamin A, vitamin D, vitamin C, B vitamins.
	Child	566kcal	Total carbohydrates provided substantially more calories than recommended, however, free sugars provided less than 3% of total energy. The menu did not provide enough energy from proteins and total fats. SFA contributed to less than 5% of total energy. Less than half of the RI for fibre was provided. The menu was high in sodium and chloride and low in zinc, selenium, iodine, vitamin A, vitamin C, vitamin D.

Family description	Parent 1 (adult female), Child 1 (approximately five-years-old male), Child 2 (approximately five-years-old male)			
Family member	**Energy intake**	**Macronutrients contribution to total calories**	**Micronutrients below 60% of RNI**	**Fibre intake**
Parent	217kcal	Free sugars: 0% Other carbohydrates: 58% Saturated fats: 5% Other fats: 23% Proteins:14%	All nutrients with set RNI	2g
Child 1	559kcal	Free sugars: 1% Other carbohydrates: 47% Saturated fats: 5%	Vitamin C B12 B2 Vitamin D	5g

| | | Other fats: 34%
Proteins: 13% | Vitamin A
Iodine
Selenium
Zinc
Iron
Calcium | |
| Child 2 | 733kcal | Free sugars: 0%
Other carbohydrates:
55%
Saturated fats: 6%
Other fats: 36%
Proteins: 14% | Vitamin A
Vitamin D
Selenium
Copper
Zinc | 7.3g |

Out of the two meals offered during the session, the family only consumed breakfast. The parent and Child 1 had one white toast with spread each and Child 2 ate a bowl of multigrain cereals. The parent consumed a cup of tea with milk. The parent brought packed lunches for the children that consisted of one sandwich thin (a pre-sliced, rectangular bread, similar in appearance to pita bread) with ham each, cucumber, and one small packet of '*Pom-bear*' potato snacks each. The parent tried a small amount of the couscous salad offered by the programme but did not consume anything else for lunch.

The parent's energy intake reflected their low food consumption. They consumed less than half of calories offered by the model menu and approximately 10% of EAR. All micronutrients with set RNI values were provided in quantities substantially below the recommendations. While the model menu was originally low in fibre, the parent did not consume the couscous salad (that was the main source of fibre) and limited their fibre intake to only 2g. The contribution of macronutrients to the total energy intake differed from the model menu as no calories were derived from free sugars and so the proportion of other macronutrients increased. Proportionally more energy was derived from carbohydrates and proteins than advised while fats did not provide enough calories.

The consumption of packed lunches by the children provide an insight into the possible differences between this family's diet and foods offered by the programme. Their intake of sodium and chloride remained high as large quantities were derived from sandwich thins, ham, and potato snacks. Their potassium intake was higher than in the model menu and exceeded 100% of RNI. There were only marginal differences between the model menu and Child 2's micronutrient intake: they consumed more

iodine and vitamin C but less copper than in the model menu. Child 1's intake of iron, calcium, and two of B vitamins was lower than their sibling's. They also consumed slightly less fibre than was offered in the model menu.

In comparison to the model menu, children's macronutrient intakes remained unbalanced, but a higher proportion of calories was derived from SFA rather than from carbohydrates. The contribution of other fats increased substantially from the model menu and exceeded the recommendation by 10%. However, the proportion of SFA and proteins remained low. Free sugars provided not more than 1% of the total energy, however, Child 2's carbohydrate intake exceeded the recommendation by approximately 8%.

Children's energy intakes differed due to their choices during breakfast. Child 2's choice (cereals) not only resulted in higher energy intake but also in a higher number of micronutrients being consumed at or above the 60% of RNI. Their micronutrient intake was similar to the one offered by the model menu despite the differences in food consumed of lunch. Child 1's intake, on the other hand, was lower in a higher number of micronutrients than the model menu. This appeared to be indicative of the value of cereals and milk as a breakfast option as they had a more detrimental effect on children's micronutrient intakes than the variable lunch option.

6.6.6 Family 1, session Pink-2

Table 11 Nutritional Analysis- Family 1, Session Pink-2

Contextual notes		
Setting and resources	Purpose-built family support setting run by a third sector organisation. The room was normally used as a communal kitchen and lounge area for families. It was equipped with several well-used toys. The room had direct access to an outside area with child-friendly, but visibly past their prime, facilities. The room had an open-plan kitchen area with domestic appliances.	
Staff to participant ratio	2:14 (10 children and 4 adults)	
Session's length	3.5 hours (10am- 1.30pm)	
Structure of the session (segments)	Segment One 60 minutes	Families arriving, breakfast
	Segment Two 1 hour 40 min	Crafting and art activities for children, a budgeting activity for parents
	Segment Three 25 minutes	Lunch: families eating in small groups at several tables
	Segment Four 25 minutes	Children who finished eating engage in free play in the outside area, families leaving
Core activities offered	Arts and crafting Budgeting activity for parents	

Food themes	Families were not involved in food preparation. During breakfast and lunch, families could choose different ingredients and portion sizes. For breakfast they had a choice of different dishes. The breakfast was served late and there was less than two hours between meals.		

Results of menus analysis	**Participants**	**Energy intake**	**Summary of nutritional analysis**
	Adult	1464kcal	The proportion of energy derived from total carbohydrates was in line with the recommendation. Proteins and total fat (including SFA) were provided in quantities similar to the recommendations. However, calories from free sugars substantially exceeded the RNI. Slightly more than a third of RI for fibre was provided. The menu was high in sodium and chloride and low in zinc, selenium, potassium, iron, magnesium, iodine, vitamin A, vitamin D.
	Child	1212kcal	The proportion of energy derived from total carbohydrates was in line with the recommendation. Total fat, including SFA, were also provided in quantities similar to the recommendations. Calories from free sugars substantially exceeded the RNI. The menu did not provide enough calories from proteins. More than half of RI for fibre was provided. The menu was high in sodium and chloride and low in zinc, selenium, vitamin A, vitamin D.

Family description	Parent 1 (adult female), Child 1 (approximately eight-years-old female), Child 2 (approximately five-years-old male)			
Family member	**Energy intake**	**Macronutrients contribution to total calories**	**Micronutrients below 60% of RNI**	**Fibre intake**
Parent	482kcal	Free sugars: 9% Other carbohydrates: 53% Saturated fats: 13% Other fats: 10% Proteins: 15%	All minerals and vitamins with set RNIs except: phosphorus Vitamin B1 Vitamin B6	10.3g
Child 1	291kcal	Free sugars: 23% Other carbohydrates: 45% Saturated fats: 11% Other fats: 9% Proteins: 11%	B vitamins Vitamin A Vitamin D All minerals with set RNI values	5.2g
Child 2	559kcal	Free sugars:13% Other carbohydrates: 48% Saturated fats: 12% Other fats: 15% Proteins: 12%	Iron Zinc Selenium Iodine Vitamin A Vitamin D B2	9.7g

The family ate breakfast at home. Upon arriving, Child 2 had a banana and the parent drank tea with milk and sugar. For lunch, the family had potatoes with beans and cheese, Child 2 had additional butter on his potato. The children consumed diluted squash drink and the family ate apples after lunch.

The family's intakes were lower than values offered by the model menu as they did not eat breakfast and did not choose several additional foods for lunch such as potato croquettes, tuna and mayonnaise potato filling, and lettuce. In addition, Child 1 did not finish all their food and since they initially asked for a small portion their energy and nutrient intakes were low.

In comparison to the model menus, the family's energy intakes reduced from 49% of EAR for adult and 67% of EAR for child menus to 20% for the parent, 17% for Child 1, and 37% for Child 2. The contribution of free sugars to the total energy intake remained unchanged for Child 2, slightly decreased for the parent, and substantially increased for Child 1. The contribution of other fats decreased and was notably lower than RNI. At the same time, there was an increase in energy derived from other carbohydrates for all members of the family. The proteins contributed to approximately the same proportion of calories- and remained below the recommendation- as in the model menu for both children but increased for the parent.

A higher proportion of micronutrients did not reach 60% of RNI in the family's intakes than in the model menus. This was a result of not consuming breakfast as well as the food, portion size, and ingredient choices the family made during lunch. The model menus were also substantially higher in fibre as they contained fibre-rich foods (such as the previously mentioned potato croquettes) that were not consumed by the family.

6.6.7 Family 1, session Black-1

Table 12 Nutritional Analysis- Family 1, Session Black-1

Contextual notes	
Setting and resources	Purpose-built early years setting run by a third sector organisation. During school term, the room was used by a day nursery and was designed for children under five years old. It was equipped with toys, games, books, craft and colouring supplies. The room had direct access to an outside garden with tables and benches and child-friendly facilities.

Staff to participant ratio	3:4 (3 children and 1 adult)		
Session's length	3 hours (10am- 1pm)		
Structure of the session (segments)	Segment One 60 minutes	Families arriving, breakfast	
	Segment Two 60 Minutes	Free play with toys inside and in the outside area	
	Segment three 10 minutes	Cooking activity: children and adults participating in making individual sandwiches	
	Segment Four 25 minutes	Picking-style lunch: families and staff eating together as a group	
	Segment Five 20 minutes	Children who finished eating engage in free play in the outside area, families leaving	
Core activities offered	Cooking activity		
Food themes	Families were involved in food preparation. During breakfast and lunch, families could choose different ingredients, dishes, and portion sizes. The breakfast was served late and there was less than two hours between meals.		

Results of menus analysis	**Participant**	**Energy intake**	**Summary of nutritional analysis**
	Adult	1499kcal	The menu provided more energy from proteins than DRVs. Calories from SFA and free sugars also exceeded the recommendations. Energy derived from other fats was slightly below the RNI. Other carbohydrates contributed to approximately 41% of the total energy. Slightly less than half of RI for fibre was provided. The menu was high in sodium and chloride and low in selenium, potassium, iron, magnesium, iodine, vitamin D.
	Child	1148kcal	Total carbohydrates (including free sugars) and SFA had higher contributions to the energy intake than recommended. The proportion of energy derived from other fats was lower than recommendation and equalled approximately 20%. The menu also did not provide enough calories from protein. Over a half, but less than 60%, of RI for fibre was provided. The menu was high in sodium and chloride and low in selenium and vitamin D.

Family description	Parent 1 (adult female), Child 1 (approximately eight-years-old female), Child 2 (approximately eight-years-old female), Child 3 (approximately five-years-old male)		

Family member	**Energy intake**	**Macronutrients contribution to total calories**	**Micronutrients below 60% of RNI**	**Fibre intake**
Parent	758kcal	Free sugars: 5% Other carbohydrates: 49%	All minerals and vitamins with set RNI values	10.8g

		Saturated fats: 9% Other fats: 24% Proteins: 13%		
Child 1	1023kcal	Free sugars: 2% Other carbohydrates: 48% Saturated fats: 15% Other fats: 20% Proteins: 15%	Vitamin C Vitamin D Iodine Selenium Copper Zinc Iron Magnesium Potassium	8.8g
Child 2	757kcal	Free sugars: 5% Other carbohydrates: 45% Saturated fats: 18% Other fats: 17% Proteins: 15%	Vitamin C Vitamin A Vitamin D Magnesium Potassium Iron Zinc Copper Selenium	4.8g
Child 3	174kcal	Free sugars: 16% Other carbohydrates: 26% Saturated fats: 16% Other fats: 31% Proteins: 11%	All minerals and vitamins with set RNI values	1.2g

The family arrived 40 minutes after the session has started and consumed a late breakfast. Child 1 and Child 2 had rice-based cereals (Child 2 with an addition of honey). The parent had a fruit toast with spread and jam that they shared with Child 3. For lunch, the family prepared their sandwiches with a selection of different ingredients (cheese and cucumber were predominantly chosen by the family). The family drank a diluted squash drink with their meals and Child 2 also consumed an additional milk beverage. The family, except for Child 3, tried a pre-packed couscous salad. Child 3 only ate a small amount of the sandwich that their parent prepared and shared with the child. The family did not consume any of the protein and energy bars or fromage frais that were offered in the model menu which reduced their intakes of proteins, carbohydrates, and several micronutrients.

Child 1 consumed the highest amount of calories and their energy intake was closest to the one offered by the model menu. The parent and Child 2 consumed 50% and 65% of the calories offered by the model menu while Child 3's intake was most notably reduced and equalled only 12% of EAR. Reduced energy intake was also reflected in a higher number of micronutrients that did not provide the 60% of RNI. This was

particularly the case for the parent and Child 3. Child 1 and 2 were older than the child participant used for reference in model menu analysis and so their micronutrient requirements were higher. For this reason, despite similar energy intake values between Child 1 and the model menu, the child's intake of micronutrients was less likely to meet the 60% threshold.

The contribution of macronutrients to the total energy intake for the parent closely resembled the recommendation and was similar to the values offered by the model menu. Child 1's intake also did not substantially differ from the model menu. In Child 2's intake, the proportion of calories derived from saturated fats was higher, however, their intake of free sugars contributed to less energy than in the model menu.

Child 3's intake substantially differed from the model menu and the recommendation. Free sugars and fats (including SFA) contributed to higher amounts of energy while other carbohydrates were 16% lower than the recommendation. Proteins, while also lower than RNI in the model menu, were further reduced in child's intake and contributed to only 11% of total energy. Similarly to Child 5 from session Blue-1, it should be noted that the child might have been approximately one year younger than the age of five years that was used for this analysis. However, this would not have affected his micronutrient requirements and only slightly reduced macronutrient and energy requirements.

6.6.8 Common and discrepant themes

The families participated in different sessions within different contexts. Sessions varied in length (from three to five hours), staff to participant ratios, and equipment availability. The sessions' segments followed a similar pattern of four main segments: breakfast; activities or free play; lunch; activities or free play. Two out of seven sessions also had additional activities/ free play segments after breakfast. However, the segments varied in length, level of participant engagement, organisation, and type of activities.

The families themselves also differed in characteristics and unique traits. While all families attended with just one adult participant, the number of child attendees per family varied from one to five. While such data was not officially collected, families' physical appearances and anecdotal evidence suggested that these seven families varied in their ethnic and cultural backgrounds. Although all sessions took place in

deprived neighbourhoods, some differences were also recognisable in families' socio-economic status and housing arrangements. Particularly, one family was based at a domestic violence refuge and one was described by a staff member as a single-parent household. Two other families seemed to deem the access to free food as inessential and their approach to food offered during the sessions suggested that it did not significantly aid their budget. Furthermore, the families seemed to have varied preconceived expectations of HFP, with some attracted by food and cooking and others expecting play and child-centred activities.

Despite the diversity of the families' characteristics and sessions' structural differences, several aspects of their experiences appeared to be similar. Table 13 summarises the most significant common and discrepant patterns in families' experiences in relations to offered meals.

Table 13 Common and discrepant experiences.

	Common experiences	Discrepant experiences
Meals consumed	Four families only partially accessed free food. Three of them did not eat breakfast and one did not eat lunch during the session (Red-1, Green-1, Orange-2, Pink-1)	Two families took full advantage of available food and consumed all meals offered to them (Blue-1, Black-1).
		In two families, only the children consumed all meals while the parent partially benefited from the provision (Yellow-2 and Family 1 at session Red-1)
Dining style	Most meals were eaten indoors with families sitting at traditional tables and chairs	Two families participated in picnic-style lunches (Green-1, Black-1)
	Most families consumed their meals while sitting at tables with other participants or members of staff	Two families ate one meal sitting only with the members of their own family (Yellow-1, Pink-1)

6.6.8.1 Consumed meals

All sessions discussed above offered free breakfast, lunch and snacks/ desserts. Three families took full advantage of available food and consumed all meals offered to them (Yellow-2, Blue-1, Black-1). Two families (Yellow-2 and Black-1) had breakfast despite arriving towards the end of the meals. Children also consumed both breakfast and lunch despite a seemingly short period of time between the two meals. However, one of these parents (Yellow-2) did not consume breakfast.

Four families consumed only some of the offered meals. Three families (Red-1, Green-1, Pink-1) did not eat breakfast. All three parents suggested that their families had food before leaving the house. These families did consume lunch and other foods (such as fruit and yoghurts) available during the session. The other family (Orange-2) ate the breakfast offered to them at the setting but brought their own food for lunch. The parent feared that children would not consume food that was, presumably, novel and unusual for the family. While the parent did try some of the food offered during the programme, the children declined it and only consumed food brought from home. Although the parent did not seem to enjoy it, such exposure to novel foods might be beneficial for them (and for their children) in the long term.

Despite some children needing encouragement to try or finish their food (as discussed in section 5.7 of chapter 5), the families appeared generally satisfied with their meals. Considering the programme's focus on supporting families from disadvantaged backgrounds and settings' locations in neighbourhoods in the first and second decile of deprivation (for details see section 5.2), it is plausible that the meals had positive impact on families' budgets and food intakes. This is likely to be particularly true for the two large, multi-child families (Blue-1 and Black-1). For two families (Red-1 and Orange-2) participation did not appear to significantly affect their food intake or family's food budget. However, the session gave them a chance to consume the food with other participants. Furthermore, not only the parents were able to save money, but they were also saving time by not cooking at home. Instead, they were able to spend it bonding with their children during play and activities.

6.6.8.2 Dining style

Most meals were eaten indoors, and the families were sitting at traditional (or child size) tables and chairs. The food was served on plates, eaten with cutlery, and families adhered to (an unspoken expectation to follow) generally-accepted table manners. However, two families ate their lunch outdoors sitting on blankets and benches (Green-1 and Black-1). The picnic-style lunches were organised at the setting's outdoor space (Black-1) and in the EcoPark (Green-1). These lunches seemed more relaxed and casual than meals consumed indoors. The families ate sandwiches, naturally using their hands, and appeared more carefree. The families also seemed less focus on the food and more on socialising with dining companions.

Most families consumed their meals while sitting at tables (or blankets) with other participants or members of staff. In most cases, these sitting arrangements facilitated interactions outside family unity. They allowed for conversations on various topics as they brought the families together with other participants and were less stimulating than activities and play.

Two families ate one meal sitting only with the members of their own family. Family at session Yellow-2 ate breakfast alone as they arrived late, however, they later ate lunch sitting together with other participants. The other family (Pink-1) ate their only meal alone. This was partially due to the sitting arrangement of several smaller tables rather than one large table. It is also probable that they were more comfortable sitting only with members of the family as they appeared generally isolated throughout the session.

6.6.9 Summary of nutritional analysis

The most notable characteristic of families' intakes is the low food consumption. Most parents and children consumed less energy than was offered by the model menus (except for three participants) and substantially below the 60% of RNI (with an exception of Family 1 at session Blue-1 and Child 1 at session Black-1). Out of twenty-six members of target families, twenty participants consumed less energy than 50% of their EAR. Three children consumed between 50% and 60% of EAR and the calorific intake of three other children exceeded the 60% threshold. Even if the research protocol resulted in underestimating total energy intakes by up to 10%, the majority of participants would still have consumed less than 60% of their EAR.

As a result, in most cases the families also consumed fewer micronutrients than offered in model menus and their intakes were characterised by a higher number of micronutrients that provided less than 60% of RNI. While all intakes were deficient in at least two micronutrients, seven participants were noted to have consumed all or almost all essential micronutrients at levels below 60% of RNI. Fibre intakes were also predominantly low: on average, both parents and children consumed approximately 6.7 grams which equalled to less than 30% of daily recommended intakes.

While the macronutrient contribution to total energy intakes did not follow any clear patterns, a frequent lack of balance and deviation from recommendations were notable. At times this was negligible or even arguably positive for example when

intakes provided an excess of calories from proteins (that are essential) in place of calories from free sugars (that should be minimised in a healthy diet). More frequently the contribution of free sugars and saturated fats to energy intakes exceeded the recommended upper intake limits. Saturated fats exceeded the recommendation for 50% of adults and children while free sugars contributed to too many calories in 50% of adult intakes and approximately 60% of child intakes.

These nutritional outcomes appeared to result from the low uptake of breakfasts (especially among adults) as well as ingredient and dish choices. While model menus often offered a wide selection of foods (for example different jacket potato fillings) participants rarely consumed all of them. Side salads and other foods that were optional and not 'integrated' into the meal were often omitted by the families.

For these target families, participation in cooking activities did not appear to influence their food intakes. The timing of meals seemed to moderately influence their intakes. While there were no distinct patterns, early breakfasts and longer breaks between meals appeared to facilitate higher food intakes.

These findings will be further explored in the Discussion chapter to also draw attention to the influence of logistic aspects of food provision on participants' food intakes.

Chapter 7 Staff Interview Findings

7.1 Introduction

Chapters 5 and 6 presented findings from data gathered during the first data collection period. In this chapter, I explore themes that emerged from interviews conducted with staff members involved in HFP. These interviews took place over a year after the observations and so some participants were able to draw from rich experience of delivering more than one programme.

7.1.1 Aims

Staff interviews aimed to further explore the themes that emerged from observations. In the Discussion chapter, these findings are also used to recognise similarities and discrepancies between the observed and reported practices. These interviews will aid answering the following research questions:

- What are the differences in the delivery of HFP programme within one local authority and how could they impact on the nutritional outcomes, participant retention, and sustainability of the programmes?
- What are the views, perceptions, and reported practices of stakeholders in the provision of HFP?

7.1.2 Participants and settings

Eight staff members from seven settings were interviewed:

- I have observed two of them when collecting data at their settings (Staff 6, Staff 4);
- Four participants worked at observed settings but did not deliver sessions during first data collection period (Staff 2, Staff 3, Staff 1, Staff 5);
- Two participants worked at settings not included in the observations (Staff 7, Staff 8).

Participants were all female and working at the settings in roles that were not initially related to HFP. Their length of involvement in HFP varied from one to three years and they were also involved in varying capacities. Six out of the eight participants were directly involved in the provision. Participants' ethnicity was frequently reflective of

the settings' neighbourhood ethnic minority profile. Their characteristics (where available) are summarised in Table 14 below.

Table 14 Staff interviews- participant characteristics.

Setting	Participant	Ethnic background	Job title	Length of involvement in HFP	Role in HFP
Pink	Staff 1	White British	Children's educational worker	Three years	Coordinator/ family liaison
Blue	Staff 2	White British	Not disclosed	Two years	Frontline staff with coordinating responsibilities
Blue	Staff 3	White British	Not disclosed	Two years	
Red	Staff 4	Black British	Family Support Worker	Two years	
Yellow	Staff 5	South Asian	Health and activity worker	One year	
Black	Staff 6	White British	Senior family support worker	Three years	
Purple	Staff 7	Black British	Not disclosed	One year	Frontline staff
Grey	Staff 8	South Asian	Senior early years and outreach worker	One year	Frontline staff

The settings were in north, south, and east urban areas of the LA, not further than six miles from the city centre and some as close as less than two miles. One of the participants worked at a domestic violence refuge while others delivered HFP at children's centres. Five of the settings: Black, Blue, Pink, Red, and Yellow were previously introduced and discussed at various points in previous chapters. Two new settings are included in this chapter: Purple and Grey. These two settings did not vary in their socio-economic and demographic profiles from others involved in the observations stage of data collection and subsequent interviews. Since the context of settings involved in observations was previously reported on in section 5.2, Table 15 summarises the contextual information for Purple and Grey settings.

Table 15 Context of the interview settings.

Setting	Authority/ third sector setting	IMD	Neighbourhood's ethnicity statistics	Building type	Contextual note
Purple	Authority	D1	In 2011, over 20% of neighbourhoods' population identified as Black Caribbean and further 13% as African or Other Black (Office for National Statistics, n.d.). It was estimated that in 2018 less than 30% of wards population was White British (BCC Strategic Research Team, 2018).	Purpose-built nursery and children's centre	The building was located by a busy road and a major route into the city centre. The neighbourhood constituted of varied housing including tower blocks, bungalows, and modern semi-dethatched houses. Nearby there was a playground, a convenience store, and a pharmacy.
Grey	Third sector organisation	D1	In 2011, over 50% of neighbourhood's population identified as Asian Pakistani and 15% as Asian Bangladeshi. Ward's estimates for 2018 indicated that less than 10% of population was White British (BCC Strategic Research Team, 2018).	Purpose-built nursery and children's centre	Opposite the building there was a small city farm, but it was surrounded by terraced houses and industrial properties. Nearby there was a busy road with discount supermarkets, convenience stores, fast food outlets and ethnic restaurants.

7.1.3 Procedures and analysis

The interviews were arranged directly with participants and usually took place at meeting rooms within the settings. This ensured confidentiality and allowed staff to freely express their thoughts. Two interviews were conducted with two members of staff simultaneously as they preferred such approach. A further exception was made for staff from the refuge setting as they asked to meet outside of the centre. This was motivated by confidentiality and safeguarding regulations and the interview was conducted in a quiet corner of a local church-funded café. The issues of consent, anonymity and confidentiality were always observed as discussed previously in

chapter four. The interviews varied in length from 40 minutes to an hour and 45 minutes.

Having established the context of staff interviews, this chapter will now present six themes that emerged from the analysis. These themes were developed inductively as discussed in section 4.10.3. However, to certain extent *a priori* analysis has also taken place as the interview schedules (see appendix D) were guided by research questions and initial findings from the observations.

7.2 Reported food practices

The participants discussed food provided for families as well as issues related to that aspect of HFP. Food-related practices were mentioned by all staff members, but it should be noted that staff from Pink setting was not directly involved in the provision.

7.2.1 Catering for different dietary needs and enabling choice

All participants discussed food provision in the context of socio-cultural influences. They (indirectly) described the dichotomies in programme's and participants' food habitus as well as practices that allowed them to overcome these issues. Staff recognised the importance of delivering food that was in line with participants' tastes:

> 'We did take into consideration the families who were halal and what food that wasn't halal we made into vegetarian…' (Purple, Staff 7)

> 'I think that families from different background, they actually were more involved in it [food preparation] and they helped us to adapt our meals to suit them. Because a lot of different cultures [attend the sessions] and they would just say 'oh this food is too bland we need some spices, can we get some spices??" (Blue, Staff 2)

Staff members seemed to value working together with families with food habitus different from their own. They suggested that it allowed for an exchange of skills and ideas and stimulated their cooking creativity as they were required to cater to varied tastes. This view was more common among the White British staff (n= 3) than those from ethnic minority backgrounds (n= 1). However, all staff referred to the cultural exchange mediated through food that was deemed to promote community cohesion:

> 'we did the Pakistani Independence Day and the families brought in their cultural food to share, which was quite nice because others could also experience that.' (Red, Staff 4)

The most common concern among members of staff was catering for families who strictly consumed halal food. Staff suggested that they *'scrapped meat'* (Yellow) in lieu of vegetarian alternatives because of this concern. They used vegetarian meat substitutes and vegetable-based recipes. This practice saved them time and workload as they *'did not have to cook more than one thing'* (Black). Others suggested that vegetarian food could be enjoyed by all participating families and provided new, low-cost recipes for those with meat-based diets:

> *'I scrapped meat because otherwise, I would be cooking halal meat in one pan and non-halal in the other. So, I said let's do it with Quorn [a mock meat brand] and some of those families just had Quorn for the first time and they didn't even know what is Quorn. So that was nice…'* (Yellow, Staff 5)

To cater for different dietary needs, staff frequently prepared at least two different meal options:

> *'There was a lot of choices. We have quite a diverse group of families at the moment- more backgrounds- so they made sure that there were options… vegetarian option and halal, non-halal. There was a big variety, we had nobody that turned up and said: 'no, I can't… there's nothing that I can eat". (Pink, Staff 1)*

> *'I think that there was a choice because there was more than one meal… there was choice and we always made two or three different types of meal.' (Blue, Staff 2)*

At all settings, staff also had strategies in place to prepare food for the most common dietary needs such as gluten intolerance/ celiac disease or dairy intolerance. At Black centre, they had a *'special area'* to prepare gluten-free food and at Purple setting staff purchased food specifically for a participant with celiac disease. However, not all settings had access to finances that would enable catering for different dietary requirements:

> *'She [a participant with gluten intolerance] used to bring her own bread and flower and that sort of things and we would do it separately for her or she would come in and do it very often herself.' (Blue, Staff 2)*

Staff agreed that the pre-registration forms allowed them to plan meals and appropriate foods. They also mentioned that catering for specific needs was easier for regularly attending families.

'If any families were regular and we knew about the specific dietary needs or allergies, for all of these…. we took them into consideration.' (Purple, Staff 7)

'First week I asked families what they liked to eat so we put down whatever they said, both children and adults, and then we chose our menu from that list.' (Red, Staff 4)

7.2.2 Staff's perceptions of food

The food provision was influenced by what participants deemed to be appropriate and in line with the programme's (and/or setting's) health-promotion standards. Staff frequently spoke of providing *'healthy options'* (Pink) and making *'lovely food in a healthy way'* (Grey). It was important to them to educate the parents, through cooking for and with them, about ways they can improve (make healthier) their cooking practices. They deemed the diets of participating families as predominantly unhealthy and in a need of improvement:

'Because you want the families to continue with this [healthy cooking]. You don't want them just to go away in September and they start eating pizza and….' (Yellow, Staff 5)

At Grey setting, staff suggested that the reason they focused on healthy, homemade cooking was that:

'… here [in the neighbourhood] is not that much knowledge [about healthy eating] and the families are not into it. … We have seen them coming in with chocolate bars and fizzy pops in the morning.'

Staff's preconceived notions of *'proper'* meals also influenced their provision. At Black centre, it was important for staff to provide hot meals. They made efforts to only resort to *'cold'* food when they had a surplus of, for example, bread and *'had to make sandwiches'*. Participants expressed pride over providing cooked foods and meals made from scratch:

'Some [programmes] were just giving sandwiches. We didn't give sandwiches, we had proper hot meals, yeah, that catered for all different cultural needs and desires.' (Grey, Staff 8)

They favoured these over pre-packaged and pre-made foods. There was a consensus that cooking from scratch with the families encouraged them to change their eating habits and to learn new cooking skills (as discussed later in this chapter).

7.2.3 Limitations of cooking equipment

While cooked food was deemed more appropriate and suitable for meeting the programme goals, staff avoided involving participants in *'heavy cooking'* (Black). Staff agreed that involving participants in all stages of cooking would have been *'labour intensive'* (Black) and difficult to manage. All staff members undertook food and hygiene training and were aware of settings' health and safety regulations. For those reasons, they appeared uncomfortable with allowing the families to enter kitchens. Instead, cooking equipment was used outside of kitchens to facilitate participant involvement.

Families were limited to using chopping boards, cutlery and knives (plastic for children), and mixing bowls. Any heat processing of food was undertaken by members of staff. However, they frequently mentioned '*electric safety pans'* or '*party pans'* used to cook with families. The pans allowed for increased participant involvement in the cooking process and facilitated learning:

> *'We did a stir-fry one day and we have these electric pans- electric saucepans- so we could plug them into tables and the families would actually be able to stir it and put in the food. So, they can actually see themselves [how the food is cooked].' (Purple, Staff 7)*

> *'They [the pans] were electric so children could make noodles themselves, stir-fries, and a vegetable curry... I think it was fantastic and some of the families took recipes home as well.' (Grey, Staff 8)*

The pans were not a complete substitute for traditional cooking facilities and staff agreed that regulations and facilities of certain settings limited the cooking activities. Staff at Blue centre recognised that when baking cakes, children could combine the ingredients but not bring them into ovens. Staff suggested that observing the baking process would have been interesting for the children. They were '*not allowed to do that'* due to the setting's strict rules.

7.3 The role of food redistribution charities

Staff members, except for the practitioner from Pink setting, discussed practical issues related to the food donations with three main prevalent areas of criticisms: the illusion of choice, appropriateness of the donations, and the restricting impact of regulations imposed by the FRC.

7.3.1 The appropriateness of donations and an illusion of choice

During five interviews, staff members expressed concerns regarding the quality and appropriateness of donated foods. They received large quantities of crisps, pies, and pasties- foods they would not *'encourage families to eat'* (Red). Staff members at Blue centre felt that these products contradicted the programme's aim of encouraging a healthy diet on a limited budget. Such foods as well as branded, relatively expensive products (such as probiotic drinks) were deemed inappropriate as the *'parents probably would never buy'* (Black) them due to their socio-economic status.

Staff at Blue, Black, Red, and Yellow settings were particularly frustrated about receiving these foods despite completing a *'wish lists'* of foods they would like to receive:

> *'Although I specifically asked for no unhealthy things, we were sent things like 'Actimel' (...) I was quite strict when I did my wish list and I said 'don't send me any sweets, don't send me any pre-packed foods', you know, I didn't want like ready meals and stuff that other centres had...' (Black, Staff 6)*

However, staff at Pink centre considered these foods as *'treats for children'* and a part of a balanced menu. Staff were generally appreciative of the donations, but they felt that FRC needed to honour the wish lists and consider programme's aims. While they had an opportunity to sort through the donations and *'always say no'* (Blue, Staff 3) at the time of collection from FRC, the time constraints and other work commitments did not allow them to do that.

At Blue, Purple, and Grey centres, staff suggested that FRC's donations rarely catered for different dietary requirements. They did not receive enough gluten-free and dairy-free products and often used a significant proportion of the £15 budget to purchase such items. Staff were also concerned that donations did not reflect the demographics of participating families:

> *'... some of our families only eat halal and the FRC didn't supply it. All I had was a burger I think, once, that's all I had. It was a halal burger, but they couldn't live on halal burgers all the time.' (Blue, Staff 3)*

The balance and variety of donations varied. At Pink centre they *'didn't feel the need to buy anything'* and Purple centre also received *'very well balanced'* donations. However, others reported that the donations were unbalanced and limited:

'The quantity was so much of it that we didn't know what to do with it. But where we could have other things rather than too much quantity... we were given 20 bottles of milk and we're not going to use it and that expiry date is in just 2 days- we are not going to use that much milk' (Grey, Staff 7)

'It was overkill on some things and other things not enough' (Black, Staff 6)

The above issues appeared to be reflective of systemic inequalities in access to food, as discussed in the Literature Review chapter. Staff were aware that many families experienced food poverty and recognised the problematic nature of offering them food with an unfavourable nutritional profile. They mentioned experiencing an inner conflict between *'feeding somebody'* (Blue, Staff 3) and providing healthy food in line with guidelines and regulations imposed by their settings and HFP. However, some staff members were accepting of these shortcomings of FRC. Staff at Purple centre recognised that FRC did not have control over foods that are donated to them and are subsequently passed onto HFP. Further anxieties were caused by FRC regulations as discussed below.

7.3.2 Discarding food - the restricting impact of regulations

Staff agreed that most food that they received had short expiry dates. They claimed that it *'goes off very quickly'* (Grey) and there was not *'a long period of time before it had to be used up'* (Purple). They had to use different strategies to address this issue:

> *'Which I think is really sad because there was loads of food there that people couldn't take. It didn't get thrown away but, you know, it's difficult. We froze a lot of stuff in the hope that we can use it on other sessions and in other ways...'* (Black, Staff 6)

Staff felt uncomfortable with wasting food and said that they would have preferred to donate it to the families. They expressed frustration over FRC rules that prevented them from giving food parcels containing fresh produce and foods that needed refrigeration:

> *'We couldn't give food, if we had a lot of surplus food that was well within date... you couldn't donate it to the family because of health and safety reasons of food hygiene. Nothing was allowed to leave the premises, if it wasn't used then it was just discarded.'* (Purple, Staff 7)

Some of them felt that the regulations were too rigid and that families could take food home *'because they are adults'* (Black) who should be allowed to make these choices themselves.

Additionally, FRC rules prevented staff from using the donations at sites that were not approved by them. Staff at Red, Yellow, and Blue centres talked about the fact that some of their affiliated settings were not approved by FRC to receive the donations. This meant that despite receiving surplus food at one of the sites, they were unable to utilise it at other venues that did not have a kitchen that met FRC standards. Staff noted that this was related to any food including fruit and dry goods that did not require heat processing or refrigeration. These regulations, therefore, further contributed to food waste and concerns about perpetuating inequalities in access to food.

7.4 Perceived benefits and outcomes of HFP

7.4.1 'Could it be disguised?'- cooking creativity

All staff members believed that the programme had a benefit of family learning and that the parents attending their sessions were educated in various areas related to food and cooking. Staff from Grey setting stated that, after attending the programme, families '*had a clear understanding of healthy food*' and at the Blue centre, staff members recognised the importance of teaching (through practice) children and parents about food hygiene.

Staff commonly recognised that the parents were shown ways to purchase and prepare nutritious food on a restricted budget:

> '*I think it was fantastic and some of the families took recipes home as well... Some of the families asked us 'where did you buy this, where did you get this from because we don't know' so we gave them a supermarket list.' (Grey, Staff 8)*

Further acknowledging the financial limitations of participating families, staff claimed to demonstrate time-saving and food waste-preventing measures that the families could utilise at home. These included: preparing and freezing large amounts of food in advance or preparing dishes in an oven rather than on the stove (for example a risotto). Although staff themselves recognised the struggle of preparing food at settings that lacked in such cooking equipment as ovens and refrigerators (as discussed later), there was no reflection of the fact that for families from deprived households using an oven or a freezer might not be realistic.

Staff also deemed their food preparation techniques to encourage creative and imaginative practices that parents could easily use at home:

> *'They had loads of vegetables, loads of salads and so we turned those into stir-fries and things like that... People don't realise that you can stir fry salads but it's about using your imagination.' (Purple, Staff 7)*

Through that, they also gave examples of techniques parents could use to address the issue of fussy eaters:

> *'Staff 4: Meeting these fussy eaters... They don't want to eat broccoli but actually it's the colour- so could it be disguised?*
>
> *Staff 5: And I think play as well... The food was on the table and some children did play with it for the first couple of days and then they ate it at the end because that was it. Because at home they know that if they are not eating this, they will get that but in HFP they had to eat the food that was available.' (Red/Yellow)*

7.4.2 Essential food provision

Six out of eight participants recognised the role of HFP in providing the families with access to food:

> *'We know the struggles that these families go through- especially when they are out of school. At least once they are in school then they're getting a hot meal every single day. Some families we work with- some of their mums can't provide that out of school time so for them to come in and to have that is really beneficial.' (Pink, Staff 1)*

Staff suggested that due to low income the families cannot *'overindulge'* (Pink) and might have limited food options. At Red and Yellow centres, staff deemed breakfasts highly beneficial and they believed that this had an influence on children who *'were never having breakfasts'*. Staff at Pink setting talked about the importance of allowing children to make their own, independent food choices.

There was a recognition that some families might be in a more acute need, and so benefit more from the food provision, than others. Staff drew attention to multi-child families, single-parent families, families on low income, asylum-seekers, and newly arrived families:

> *'And they are from Afghanistan, Syria, Pakistan, Dubai, Portugal, all over the world... They were actually seeking immigration or asylum and naturally they don't have no right to public funds, they are limited to the hostel in the day and so they brought the children over for the extra food and so on.' (Purple, Staff 7)*

Staff members were aware of families in greatest need and supported them with referrals to food banks and with food parcels- mainly consisting of dried and tinned food products.

7.4.3 Children's participation in cooking

Cooking activities were seen as beneficial to children by all members of staff. They believed that children enjoyed these activities and, particularly, having the freedom to play with and taste the food. Staff believed that involving children in food preparation facilitated food intake as children were then *'more likely to actually taste it [the food] and eat it'* (Black).

Staff believed that by involving children in cooking they showed the parents that they can safely do so at home. This was believed to help the parents with chores as '*in many households, it is expected from the women to do the cooking'* (Pink, Staff 1).

Above all, the cooking activities were seen as predominantly fun and enjoyable while also educational. Staff believed that participating children were not allowed to prepare food at home and did not help the parents with cooking. Staff at Red and Yellow settings explained that the families '*don't necessarily have that space, the environment, the utensils'* to involve children in cooking. In their view, attending HFP was one of the few occasions when children were able to experience cooking. Staff at the Pink centre shared this view and claimed that child participants '*never had an opportunity'* to do simple food preparation tasks such as slicing vegetables. At Blue centre, staff noted that they taught children how to make food '*presentable'* and others also valued teaching children about food serving and appropriate portion sizes. It is notable that the potential impact of cooking activities on children's learning about nutritional values of food was absent from staff's comments.

7.4.4 Discovering new foods

All members of staff believed that during their provision participants were introduced to novel foods. Staff suggested several aspects of food that could have been novel to participants including '*new types of food, tastes of food, colours of food'* (Purple). This was particularly thought to be the case for non-British families and ethnic minorities:

> '*Trying different food that you never tried before. One girl, she said she had pasta for the first time. They never had pasta before. So that is probably… and it is easily available, I think it's the cheapest food*

anyway. It's not very expensive but because in their culture they don't eat stuff like this... So, for them it was very good. The mom asked how to make it...' (Yellow, Staff 5)

Staff reported introducing novel variations of familiar dishes. These included vegetarian mock meats used in traditionally meat-based dishes and stir-fries made with pre-packed salad mixes. Traditional recipes were altered to improve their nutritional profile, for example, by reducing salt and oil content.

Staff at Pink and Purple centres suggested that families had a chance to try *'not your standard fruits'* (Pink). They gave examples of a persimmon, passion fruit, and kiwis and children were offered other *'exotic'* (Purple) fruit. Staff seemed to perceive these fruits as a luxury item and something that families had not tried previously.

There were reports of participants trying, and enjoying, foods that they were at first apprehensive towards. While not explicitly, staff suggested that they observed the process of social facilitation (see literature review section Y) and that it was beneficial for the families to consume their meals in a social setting:

> *'They did enjoy different types of foods and they were trying things that they never thought would try. Because they were watching all the people eating it so they would have a go. So that was really good, and I think they enjoy doing it together with all the people.' (Blue, Staff 2)*

Staff was under the impression that these experiences would have encouraged participants to try new foods and experiment with recipes in the future and thus would have long-term, positive effect on their diets.

7.4.5 'Something special for that child'- complementary activities and (un)attainable holiday experiences

During five out of six interviews, staff provided anecdotal evidence indicating that the families would not have been able to access common holiday experiences outside of the HFP. The activities included day trips to nearby attractions and seaside towns:

> *'And having opportunities to go out, to see things, to do things that they have never done before. None of the families that we took to the Water Park have been there before, so it was a brand-new experience.' (Pink, Staff 1)*

As the families were believed to be unable to afford other activities (such as holiday clubs attended by children from more economically secure families), staff suggested that HFP prevented children from being bored and isolated during holidays:

> *'It was being active with children, it was going out to parks and walking more and going out with the children and not being indoors... We did lots of activities, we had an artist and they did lots of showing them what they could use at home... that sort of things they could do with the children'* (Blue, Staff 2)

These activities, however, created a residual, long-term effect of introducing the families to experiences that might not be attainable. For example, at the refuge site, staff admitted that without HFP funding they would not have been able to provide their residents with paid experiences such as going to a local swimming pool. It appeared that these short-term enjoyable attractions did not give the families realistic, long-term solutions. Rather, local trips that utilised public transportation and encouraged accessing free resources appeared to be more appropriate.

Staff believed that such local trips encouraged the families to explore their neighbourhoods and the city. Staff reported that parents felt more confident in using public transport and accessing free amenities such as museums, libraries, parks, and artificial beaches:

> *'They loved going to that [name of a bordering town] beach [a man-made beach in a town centre]. Some of the mums said that this was the first time they've been to [the town], they never travelled that far. Because first we decided to take the coach but then we thought, nah, we are going on a bus- at least we will give them the bus experience. They loved it. (...) Some of the people we have in this area they never travel, they have never been out of the house as much so even going to the city centre on a bus, a shopping day, and they loved it. It was a very good experience and we had a very positive feedback.'* (Grey, Staff 8)

Staff repeatedly mentioned that activities offered by external contractors, hired by HFP provider, were particularly enjoyed by children. These activities ranged from physical activities to a mobile petting zoo. Staff viewed all of them as child-centred and as *'something special for that child'* (Pink, Staff 1):

> *'They were all child-centred activities, you just brought a smile on their faces. A lot of them don't have money to go to the zoo, a lot of them don't have money to own pets... so to see different animals, to feel different animals, understanding how each animal... their habitat and where they come from- you should have seen the children! It was beautiful, their face just lit up, including my own [laughs] as well as I learnt quite a bit as well, yeah.'* (Purple, Staff 7)

7.4.6 Parent helpers

Parent helpers attended with their children and supported the delivery of the programme. Their outcomes were discussed during four interviews. Staff from Red, Yellow, Grey, and Purple settings viewed the experience of parent helpers as positive and beneficial. They felt that it gave the parents volunteering experience and could enhance their employability. Staff provided anecdotal evidence of parent helpers who enjoyed supporting the session as it gave them a sense of giving back to the community.

Staff members from Blue setting agreed with the positive outcomes but also indicated negative aspects of being a parent helper. The first issue was that volunteering parents were not invited to programme delivery or food hygiene trainings. This made the parent helpers feel alienated from the rest of staff and staff believed that inviting them to training could give them more confidence and a chance to improve their knowledge and skills. The role of a parent helper was not always appropriate and at times caused stress to the parent and their children:

> *'What we were advised that it was ok for volunteers to bring the children. But when volunteers have tasks and the children are just crying for their mum... and then we were promised a crèche leader to look after those children, but we didn't get it. For that child and that parents, it's actually quite traumatic. Because the expectations of what you want to volunteer... and for those children to look after themselves at that time it's a very traumatic experience and it doesn't give that child and family what HFP is all about...' (Blue, Staff 3)*

Finally, there were concerns over the power relationships between parent helpers and other participants. Staff felt that it might have affected the promotion of equality and diversity as parent helpers might have been perceived as having more intimate relationships with staff members. The perceived solution was to encourage other parents to actively support the provision through small, easy tasks and to ensure that each parent is approached individually.

7.5 Logistical aspects of delivering holiday food provision

Staff discussed the practical aspects of delivering HFP and indicated the practices that facilitated the delivery. In addition, sub-themes related to perceived difficulties and challenges also emerged from the analysis. Staff mostly had similar experiences, however, some of these issues were discussed only during four out of six interviews.

7.5.1 Sticking to the rules: discrepancies between theoretical aims and practical delivery

Four members of staff indicated their struggles to comply with rules and aims of the programme. Some of these issues were discussed above, for example, working with parent helpers.

Staff suggested that programme sponsors expected the same families to attend most of the sessions throughout the duration of the programme. Staff recalled that they rarely had families who attended all the sessions and that it was not a realistic expectation:

> *'That was a bit of hard job to get them to attend for the 12 sessions. I did have people coming in and dropping out.' (Grey, Staff 8)*

In addition, they felt that it created an unnecessary barrier for families who wanted to join the programme after the first few sessions as they were not allowed to sign them up.

Some venues did not provide the space and equipment to accommodate the number of participants as expected by the programme provider:

> *'We were going to have 40 participants each site. So, for the sites that were schools you could accommodate that, and you had the people there. For the smaller sites, with small just normal fridge normal freezers normal kitchens that you would get in your home, if you had 40 you could not cater for them.' (Blue, Staff 3)*

Participants reported that they were instructed to use only one venue per delivery throughout the holiday and were not allowed to change venues even if the buildings were in close proximity (i.e. over the road or few numbers down on the same street). This prevented staff from delivering an additional programme in the area as it would require a change of venues after two weeks of delivery.

Staff at Black centre suggested that the programme provider predicted a varied educational programme and significant number of educational activities. Staff felt that the *'focus has either have to be around teaching them [the families] healthy eating or teaching them something else'*. In their experience, attempting to cover all these aspects was too intensive and not appropriate for holiday-oriented programme. They *'did not stick to the rules'* and missed some of the pre-planned sessions in lieu of free play and cooking activities.

7.5.2 Timing of provision and maintaining engagement

Almost all staff members felt that four weeks of provision were sufficient and that it allowed participants to benefit from the programme while also having two weeks to *'settle at home'* (Grey) and then to prepare for the new school year. Staff at Black setting believed that longer provision, that covers the entire holiday period, was more appropriate and more likely to support those families who struggled with food poverty and holiday hunger. They stated that:

> *'On the week, that they are not putting it [HFP] on, the need is still there. So even if they are getting it 3 times a week for 4 [weeks], it doesn't matter if the next week they are getting nothing.' (Black, Staff 6)*

Some centres indeed extended their provision to five and six weeks (Purple/ Red/Yellow and Pink respectively). However, the frequency of sessions in a week was lower for these longer periods of delivery. Staff from centres that delivered four sessions per week indicated that less frequent delivery would have been better. Staff at Blue and Grey centres suggested that three and two days of delivery would have been sufficient as the families needed time and freedom to do other things. Staff at Blue centre claimed that participants had other commitments, wanted to see their families, or needed to *'have a little bit of time to not do anything, just stay at home'*.

Staff felt that sessions that were too frequent *'did not keep the momentum going'* and were partially the reason for low attendance. At the same time, staff recognised that families were attending *'because they had a need'* (Blue) but this did not prevent them from encouraging shorter and less frequent provision.

Staff commented on the length and timing of sessions. The length of sessions varied from 2.5 to 4 hours and sessions were scheduled to begin at 9.30 or 10 a.m. The majority of staff members felt that this length was appropriate but, at the same time, difficult to manage. Staff suggested that they struggled to fit in all required activities (meals, cooking activities, and play or learning) within that time frame and that the provision was *'very fast-paced'* (Black).

However, staff did not recommend longer sessions as they suggested that it would have been difficult to engage with participants for longer periods of time:

> *'It's hard to keep a child, the younger children, engaged for longer than 3 hours- it's harder and they sort of some of the younger ones start to get tired, and want to nap, and lose interest.' (Black, Staff 6)*

Staff at Red, Yellow, Purple, and Grey settings believed that the provision was not suitable for the older children and that they have already struggled to maintain their attention. Staff had different strategies (such as encouraging them to support the session as *'young leaders'* [Red]) to prevent the older children from becoming bored but they felt that it would have been increasingly difficult during longer sessions.

Some staff believed that the provision would have worked better if it started later and breakfast was not provided. They suggested that families struggled to arrive before 10 a.m. and that many of them already had breakfast at home prior to attending the session. At the same time, staff at Blue centre expressed concerns over the appropriateness of consuming second breakfasts, and subsequently large amounts of food, by some of the families:

> *'They [families] had breakfast in the morning [at home] so this really is a mid-morning snack. ... so that family, that day, was having two breakfasts and then lunch as well- which would be a cooked lunch and dessert. So, you could argue that, if for the families that were coming, they needed the food... then that was fair enough. But it's whether it's appropriate to have two breakfasts and then also a cooked lunch in a very short period of time.' (Blue, Staff 2)*

7.5.3 Staff training to provide food in holidays

All members of staff were required to attend the same programme delivery training (organised by the provider). Unless they already held relevant certificates, they needed to attend training on food hygiene and allergen awareness.

Staff members agreed that the training was useful and that it supported them in areas of planning sessions and activities, completing sign-up and evaluation forms, and achieving aims and goals of the programme. They received a toolkit with an outline of the programme and suggested activities- they felt that this made planning easier as they had a schedule to follow.

When asked about nutrition and food aspects of the training, staff had varied views. Staff members at Pink, Purple, Red, and Yellow centre suggested that the training covered the most important aspects of food delivery. However, others felt that they had to base their provision on personal and professional experience:

> *'No. We didn't get any provision around that [cooking healthy]. I had done some healthy eating stuff around my family support work previously- we accessed some sort of healthy eating training but... not specifically for HFP.' (Black, Staff 6)*

At Grey setting, to compensate for the lack in nutrition knowledge, a local nutritionist was employed to advise on recipes based on food provided by FRC.

Others felt that the training did not cover aspects related to catering for families from varied ethnic backgrounds and those with special dietary needs. It was common for staff members to claim that they only knew how to prepare such foods due to other training they have attended through their workplace (unrelated to HFP). Staff at Red and Yellow centres suggested that they '*have quite a nice mixture*' of ethnicities in their team (both staff members were from ethnic minorities) and because of that, cultural variations in diets were '*celebrated*' in their workplace. Similarly, staff from Purple centre suggested that their ethnic background and previous employment as professional, 'Le Cordon Bleu' certified, chef- rather than the programme training- allowed them to cater for their participants.

Late funding meant that volunteers and some of the agency employees were not trained to deliver HFP and did not hold food hygiene certificates. In addition, staff at Purple setting stated that planning and '*information sharing should start a lot earlier*' to increase awareness among the families.

7.5.4 'A constant battle'- Perceived staffing requirements

Staff expressed varied experiences and perceptions of staffing during HFP. For example, Purple and Pink centres used the services of agency staff recruited by the programme provider. They believed that the number of staff that was allocated to their provision was appropriate. At Purple setting, they used four different agencies and '*if there was a shortage of permanent staff, the agency staff was brought in*' to deliver the sessions. However, at Blue setting staff had negative experience of working with agency staff:

> *'Sometimes some of them didn't turn up and... because if they don't turn up... see that it's not as easy as calling my manager and saying 'oh can you please send somebody'... because you have to go through the agency and it's a long process' (Blue, Staff 3)*

At Red and Yellow settings, it was suggested that staffing the provision was a '*constant battle*' (Red) due to employees taking annual leave during the summer holidays. Staff

from Black setting also felt that with higher numbers of staff they would have been able to deliver a varied range of activities as expected by the programme provider. Similar concerns were expressed by staff at Blue setting:

> *'Actually the three staff, three volunteers wasn't enough. You probably needed more stuff like we're staying in the kitchen... you'll probably need a dedicated staff to be in the kitchen, dedicated staff to do certain tasks, the budgeting and all that learning delivery through the parents but also activities for the children. But definitely more than six.' (Blue, Staff 2)*

Their perceived improvement would be to have dedicated members of staff with set duties who are *'employed by HFP provider themselves, rather than the children's centre'.* Staff alluded to the fact that they themselves organised the provision for several different venues and that it was difficult given their full-time employment and other ongoing duties.

7.5.5 Putting the tables away- the importance of appropriate space

Venues and space suitability were discussed during four interviews by six members of staff. They indicated the aspects of space that facilitated the delivery and the venues that were not suitable. The purpose-built settings for children were deemed more appropriate than other community venues:

> *'The first year we did it in the church [Church next to the setting] ... and I learnt pretty quickly that was not a good idea because you needed to share stuff and we had to keep everything [food] in the nursery fridge but were actually using the church to cook things. So, we were transporting things backwards and forwards, backwards and forwards... and the next time that we run it, we run it in the nursery, and it was the purpose-built space for children. There was the access to the outside, we had access just across the corridor to the kitchen, so it was compact and self-contained. I think that really worked a lot better than trying to do it in a space where you are trying to make it fit.' (Black, Staff 6)*

However, others also noted that nursery and CC venues did not cater to all participants. While they were child-friendly, they did not offer appropriate facilities for older children and teenagers. Staff believed that for HFP to be enjoyed by all participants, space needs to reflect the attendance of different age groups.

Staff at Blue centre emphasised the importance of a catering-standard kitchen as the *'normal size refrigerators and normal size freezers'* were not sufficient for the amount of food that needed to be prepared. They also suggested that appropriate space is

crucial and that it needs to be suitably large to allow for food provision and other activities. Staff recalled that in a venue with smaller spaces they struggled to organise play and physical activities as they *'couldn't put the tables away'*. In addition, the proximity of the dining area to the physical activity and play area appeared to encourage parents to sit down rather than participate with their children.

Staff suggested that the late funding left them with an insufficient amount of time to organise the activities and resources, book external contractors, and arrange FRC donations:

> *'Staff 4: Yeah, the funding came through quite late... Because it was summer holidays so within a week and a half we were ready to go live.*
>
> *Staff 5: So, at the end we only had one kitchen passed by FRC, and that was this on [the Red centre], but the other three we were the ones doing the shopping and that was a mammoth task.' (Red/ Yellow)*

7.6 Perceived improvements and recessions over the years

Four staff members discussed their experience of delivering HFP for up to three consecutive years. It should be noted that in summer 2018, the programmes received a considerable amount of funding through DfE initiative to explore the most appropriate ways of delivering HFP. In previous years, funding was obtained through the local authority and external sponsors.

Staff at Pink site suggested that the delivery and support from the programme provider were consistent over the years. On the other hand, staff from other settings suggested that they noted considerable improvements in provision, funding, and coordination:

> *'The first year was quite difficult so we had to dip in into our own reserves to go and get food out to actually make a meal and I still think that the stuff that they provide you with isn't enough to actually think: right I can create something for people to eat. You have to go and buy stuff. The second year they listened to the feedback and they [programme provider] gave us £15 a day to go out and buy extra provisions if we needed it... So, I think maybe it was more geared, planned better this year possibly.' (Black, Staff 6)*

Stricter rules and regulations around FRC donations (that were introduced during summer 2018 delivery) were, however, an unwelcome change as discussed earlier in this chapter. Staff suggested that during earlier provisions *families 'would have gone home with a couple of carrier bags full of food each session they came to'* and that the stricter rules prevented them from doing that.

At Red and Yellow settings, staff felt that despite having the support of external agency employees, the summer 2018 provision was more intense and demanding than the previous years. While they were able to provide food for more families, their food workload also increased:

> *'Staff 5: So we did the sessions on Tuesday, Wednesday, Thursday. We left Mondays for deliveries and Fridays for planning for next week. But then we did one here [Red setting], one in setting X, one in setting Z, and one in Yellow on the same day. We were like 8 members of staff-full time and then the agency... I think that was the difference from last year- we planned all our meals prior to the delivery and so we were able to go out and shop. Whereas this year... it was done on mass wasn't it?' (Red/Yellow)*

While they were able to introduce the seaside trip and a wider range of activities through external contractors, which they deemed as positive outcomes, they did not receive additional support to coordinate and organise these activities.

7.7 'A big hall and a big kitchen' - perceived need for expansion and LA involvement.

Along other minor changes discussed already under different themes, two major improvements for future provision were commonly suggested. Four staff members felt that the provision should be more widespread to ensure that it reaches all those in need of support:

> *'I guess to be bigger, to be more widespread. I think, as I've said 100 times already, it's a really great provision and for it to be used more...' (Pink, Staff 1)*

> *'We've got something like 9,500 children in this locality and what did a lot of these children do in the summer?' (Yellow, Staff 1)*

Others felt that there was a need for increased all-year funding especially in most deprived areas:

> *'I think they should carry on with this kind of HFP programmes, they should do more in Easter and December time because these are the more long period of holidays.' (Grey, Staff 8)*

Six members of staff believed that the local authority and schools should be more involved. In their views, this would have facilitated the expansion of HFP:

> *'All referrals should come from schools- X amount of children are on FSM, they need food in the HFP. But we had no referrals from schools.' (Red, Staff 4)*

Staff recognised that currently, families with school-aged children were rarely aware of their provision as many programmes were based at children centres and nurseries. Staff believed that schools should be more cooperative when it came to utilising space as they have a *'big hall and a big kitchen'* (Red). They felt that these facilities could enhance the provision and eliminate some of the issues discussed earlier in this chapter. School venues were more likely to receive FRC donations and would allow for delivery for both younger and older children due to larger space.

Blue setting's staff experienced several drawbacks of school delivery- which is why they suggested that LA should be involved in ensuring that schools are more cooperative and that HFP have the credibility to be allowed into those spaces. They were not only rejected by several schools, but also faced several restrictions:

> *'Yes, we have to fill out their [school's] forms and get DBS and everything... We were given fobs to go into certain places and no other places in the school. We didn't have a free run on school, we had a hall and the area outside... but we didn't go down there every day.' (Blue, Staff 2)*

Staff generally did not feel welcomed or supported by the school employees. They believed that forging these relationships with local schools, whether naturally over time or with the support of LA, would have a significantly positive impact on the delivery and the number of families they can reach. As staff from Yellow centre noted:

> *'Local schools need to get involved and the crisis will be less severe ... they need to come on board.'*

7.8 Summary

In most aspects of their HFP experience, staff members expressed similar views and concerns. They were particularly in agreement about perceived benefits and outcomes to participants. There were some minor discrepancies in their perceptions of logistic aspects of delivery and issues related to food-provision. It appeared that this was primarily dictated by the scale of delivery, with staff from busier programmes with several venues (Red, Yellow, Blue) experiencing more issues around facilities, space, budget, and staffing. In addition, staff from the Pink site appeared to often have discrepant views and experiences. This could be due to, as suggested, the increased support for that setting from the programme provider or the fact that this staff member was not directly involved in the delivery. These common and discrepant views are summarised in Appendix J.

All staff members appeared to be motivated by the injustice of holiday hunger and to have sincere intentions of supporting their participants. However, at times staff seemed to perceive the families through a somewhat stereotypical view of those living in deprived households.

In their anecdotes, parents were presented as unaware of low-cost recipes and purchasing strategies. While this might have been the case, staff accounts contradicted findings by Harden and Dickson (2015) that showed British low-income mothers as strategic and resourceful shoppers (see section Literature Review chapter). Similarly, members of staff did not seem to recognise that many families might already be practising proper food hygiene and they are likely to have an awareness of healthy eating guidelines. In other words, staff did not always recognise the systemic issues related to socio-economic inequalities and at times shifted their focus to the agency of participating families.

On several occasions, staff accounts seemed to indicate that the families should aspire to certain behaviours typically associated with the middle class and though to be rarely practised by those from lower-income groups. It was not clear whether these perceptions of children and cooking were confirmed by the families or if they were based on staff's preconceived notions about their participants. However, given the generic nature of these statements, the latter seemed more probable.

While it was somewhat understandable given a short nature of the interviews, staff often made these general statements about participating families and rarely reflected on variations in demographics. For example, when discussing the novelty of dishes, they often indicated that this was the experience of families from ethnic minorities. Yet, during the same interviews, they discussed the exchange of cultural foods which suggested that those of White British background might have been introduced to ethnic food from, for example, South Asian cultures. The reverse was true for their discussion about novel foods. Staff indicated that these 'exotic' fruits were novel to children and while this might have been true for some families, staff did not consider varied cultural (and thus food) backgrounds of participating families. It was probable that for families from certain ethnic minorities, especially those newly arrived to the UK, such fruits were a common staple rather than a rarity.

Staff recognised, and appeared genuinely concerned, that some of participating families were experiencing significant food poverty. They appeared to be conflicted over the need to provide any food and the programme's aim of improving participants' diets. This was particularly visible when they were discussing the appropriateness of FRC donations. In that sense, staff seemed to indicate that FRC was nurturing, rather than addressing, the social structures that contribute to food poverty. In addition, FRC regulations that disqualify venues due to lack of catering-standard kitchens seemed to be enabling the reproduction of health inequalities as families living in poverty might also lack fully equipped kitchens in their households.

The above accounts indicated that financial support *per se* did not ensure a well-planned delivery and that delays in funding can be detrimental to the quality of provision. It should be noted that the mental wellbeing of the frontline staff might suffer due to increased stress and pressure if they are not given an appropriate period for planning and organising. Despite this, staff advocated for an increased provision, increased funding, and increased involvement of the LA. As frontline family supporters, working daily with families from most deprived backgrounds, they were all convinced of the need for HFP.

Views and perceptions of HFP campaigners and advisors who are not directly involved in the provision will be presented in the next chapter.

Chapter 8 Elite Interview Findings

8.1 Introduction

Following the interviews with staff members, I conducted further interviews with two policy advisors and two regional coordinators. This chapter presents findings from the thematic analysis of the four interviews.

8.1.1 Aims

Elite interviews aimed to enrich and broaden the data from observations and staff interviews by providing insight into perceptions of those who advocated for national HFP but were not involved in frontline delivery. Given their role in obtaining funding and promoting a certain model of delivery, it appears crucial that the views of policy advisors and regional coordinators are in line with observable practices and perspectives of frontline staff. Therefore, in the Discussion chapter, their perceptions will be compared with practices noted at the observed settings and discussed earlier in this thesis. The elite interview data was collected to answer the research question: What are the views, perceptions, and reported practices of stakeholders in the provision of HFP?

8.1.2 Participants

Participants were recruited through purposive sampling based on their expertise and level of professional involvement in HFP. All four participants were from a White British ethnic background and three were female. Their roles were varied and involved varying extent of direct contact with the programmes as summarised in Table 16 below.

Table 16 Elite interviews- participant characteristics.

Participant	Gender	Ethnic background	Role of participant
Participant 1	Female	White British	Head of innovation and impact working for the programme provider
Participant 2	Female	White British	Strategic and operational manager of Children's Centres
Participant 3	Male	White British	Parliamentary researcher working on All-Party Parliamentary Inquiries related to food poverty
Participant 4	Female	White British	Child food poverty policy advisor, a member of Poverty and Inequality Commission

Participant 1 was responsible for programme design, implementation, obtaining funding, and liaising with partners. Participant 2 was responsible for services at three Children's Centres and managed frontline staff at settings delivering HFP in the LA where the observations took place. In addition, she liaised with Participant 1 and operational managers from other districts to plan and implement HFP across the LA. Participant 3 was working with an MP from the North West of England and was involved in setting up a charity that provided HFP across eleven areas in England. The MP that Participant 3 worked with, proposed a bill to require LAs to facilitate the provision of HFP. Participant 4 chaired the All-Party Parliamentary Group on School Foods 'Holiday Hunger Task Group'. Her report on HFP in the USA had a crucial role in funding the initial programmes in the UK and putting holiday hunger on the government's agenda. At the time of interview, she was continuing her lobbying efforts for policy and legislation in this area.

8.1.3 Procedures and analysis

The interviews with Participant 1 and Participant 2 were conducted face to face in meeting rooms at their workplace and the university (respectively). The two other interviews were conducted over the phone as this was preferred by the participants. Confidentiality and anonymity were ensured by using an encrypted digital recorder and by conducting the phone interviews in an empty room at the university. The two in-person interviews were both approximately an hour and thirty minutes long. This was notably longer than the phone interviews which both lasted approximately thirty minutes.

This chapter will present five themes that emerged from the analysis of interview transcripts. Similarly, to staff interviews, these themes emerged from an inductive analysis that was underpinned by the research questions and initial findings from the observations and staff interviews.

8.2 Perceptions of current provision

Participants often stressed that HFP was changing and evolving on a yearly basis. Each year, as the media and political interest increased, the programmes received more funding. This was also the first time HFP was financially supported by a central government body (through the DfE pilot scheme). However, at the time of interviews there was still uncertainty regarding the UK's strategic and intended exit from the

European Union (BREXIT) and possible impact on food security and family services. It appeared that for these reasons, participants struggled to define 'current' provision as it was in a state of flux. Additionally, all participants agreed that the provision differed across programmes and local authorities. This made it more difficult to discuss the characteristics of current provision, especially for Participants 3 and 4 who were drawing from several programmes that they observed and researched. The themes presented below discuss the similar and varying characteristics of different programmes as perceived by the participants.

8.2.1 Perceived characteristics of programme participants

Participants 1 and 2, confirmed that the majority of child participants attending their programmes were under five years of age. This was mainly due to the nature of these settings as these programmes were most frequently delivered at Children's Centres and nurseries. They felt that such provision is underrepresented in the media, academic, and political discord about HFP:

> *'The focus is on school age children and there's still a real lack of policy and acceptance around early years' (Participant 1).*

Participant 3 and 4, on the other hand, predominantly spoke of primary school aged children as main beneficiaries of HFP. While most HFP were targeted and focused on specific age groups, frequently there were open door policies in place that allowed children of all ages to participate if they wish to. Participant 4 suggested that the programmes were predominantly attended by families with older children, but she has '*also seen toddlers and young mums rock up to things'*.

Participants agreed that it was mostly mothers who attended the programmes but suggested that other family members also came along with children. There was a general agreement that regardless of relationship with the child, HFP was predominantly attended by adult females. While some males also came along with their children, it was often noted as uncommon.

Participants expressed certain perceptions about the socio-economic backgrounds of the families. It was not clear whether these were based on their experience, discussions with the families and frontline staff, or research. In their opinions, the programmes were primarily targeted to and attended by families from deprived households and particularly those who relied on FSM during term time. Participants described the

families as vulnerable and experiencing various difficulties and limitations in their lives:

> *'You are working with vulnerable people, they often come in with a range of complex issues' (Participant 1)*

Participant 4 also recognised that some families might not speak or read English and stressed the importance of considering the '*language barrier*' in creating marketing material.

It was also believed that the families did not have access to activities that their peers from more affluent background could experience during school holidays. HFP was perceived to provide such opportunities:

> *'Because lots of our families, they don't go on the plane, don't go on holiday… So what we were told by teachers when they come on in September to write 'I've been on holiday to the seaside and sand was hot…' our kids don't know what sand is… but with HFP we went to seaside, all of us took our families this year to the seaside so they can go back in September and write about your coach, sand, and sea, ice cream treat…' (Participant 2)*

While these were not explicit, participants had certain presumption about families' food habits. They believed that the families experienced food insecurity and that their food choices were limited. The diets of the families were believed to be of poor quality:

> *'Often children, young people, in low income circumstances are having cold hand-held food all the time. So, a sandwich or a pot noodle or something… that's not really… that's what they live on, fast, easy food' (Participant 4)*

Similar views were expressed by Participant 1 who believed that '*people's diets are not great*' and that '*people are not eating together*'.

It was also indicated, although not directly, that the families do not regularly consume meals together and that they (particularly children) might lack table manners:

> *'Learning to eat as a family, learning to eat with your peers, using a knife and fork or learning whatever is appropriate manners for that environment' (Participant 1)*

However, at the same time, participants acknowledged that the families should not be approached through a '*deficit model*' (Participant 2) that attributes unhealthy behaviours to a personal lack of effort or skills. Participant 1 suggested:

> *'Some of your families have quite good understanding of nutrition or maybe really good cooking skills and it's trying to work on that asset-based approach'.*

This belief extended to other areas of programme delivery. While it was generally understood that participating families were struggling with finances during school holidays, and hence needed to attend HFP, all participants were aware that this was generalising and might not apply to all families. For example, Participant 2 stated that:

> *'We are making assumption that they are not going away for a holiday but actually they have got family and they might be going somewhere, or people might be coming to them.'*

8.2.2 Food-related outcomes

Access to free food that is nutritious and safe, was recognised as a fundamental benefit of HFP. Participant 4 suggested that HFP helps to prevent hunger and so '*alleviate one of the symptoms*' of poverty. Participant 3 suggested that hot meals were particularly important in achieving this outcome as they were perceived to be more nutritious than cold, hand-held food. The importance of this was also stressed by Participant 4.

Participants 1 and 2 believed that cooking and food-related activities promoted healthy eating habits and allowed participants to build confidence in preparing healthy meals. Participant 2 recalled that during programmes she coordinated, families tried new recipes and were given skills and knowledge to integrate these recipes into their daily food practices. She recalled one of the practices that helped them to achieve these outcomes:

> *'If the parents haven't seen how to make these meals they might think 'it's too hard or, you know, it's too messy or I can't afford the ingredients'. But if they are a part of going to buy the ingredients, that's what we do, we take them to a local shop and they buy what they are going to make that day, and they can see how much it costs and everything and then they can come back and they can cook it'*

Participant 3 also stated that such activities have positive long-term impact in terms of knowledge and skills acquisition:

> *'... those new skills being picked up as well. They're bound to help in the long term ...they're spending time cooking meals ... having fun, learning those sorts of things at that age surely is going to help longer term benefits.'*

Food choices and participation in cooking activities were believed to promote empowerment and encourage children to explore different foods:

'Children are allowed to experiment with food, learn how to make things... there's this thing that children have more varied diet when they are involved in cooking and preparation of food... I think that's part of personal empowerment being able to make choices...' (Participant 1)

Participant 3 also recognised that children encounter novel foods during the provision and that this has positive long-term impact on families' diets:

'The children who are attending the clubs are trying new foods and are growing to like new foods and healthy food.' (Participant 3)

8.2.3 Impact on settings and employees

Participants 1, 2, and 3 discussed the impact of HFP on settings and frontline staff. It should be noted that Participant 2's views contributed to significant proportion of findings presented below. It is probable that this was a result of her role as settings coordinator who is required to work closely with frontline staff and to ensure that settings' own goals are achieved.

Participant 2 frequently alluded that HFP involves a demanding workload in terms of coordination and frontline delivery. Participant 3 also indicated that settings experience difficulties due to increased responsibilities, even more so since they are already operating at the upper limit of their capacity:

'Many of those organizations [CCs and community centres] are already stretched very thinly with meeting all sort of [family] needs now in modern Britain'

However, the positive outcomes for frontline staff were also discussed:

'A lot of the staff also said they found it [HFP] incredibly rewarding and meaningful. [It is] a very hard work but it has given them a lot of insight into their other work and the meaning... and most people that I've had feedback from have spoken about how much they have gained personally through experience of being involved in the provision.' (Participant 1)

HFP was also viewed as an opportunity for staff to improve their cooking skills and nutritional knowledge:

'People who deliver it [HFP], don't come into these roles because a passion for food and that's something that we have to all recognise.

> *Some of these people [staff] don't cook for themselves, they don't have particularly good nutrition themselves.' (Participant 1)*

Participant 2 also stated that the provision is a useful tool for CCs in terms of fulfilling the obesity prevention and health promotion objectives required by the LA and other partners. It was also believed to facilitate the uptake of other services at the centres which was seen as a benefit both to the families and to the settings.

At the same time, Participant 2 worried about contradicting massages from programme providers and other stakeholders related to food provision and the impact these had on frontline staff. The centres had to comply with Start Well regulations, programme provider expectations, and grant requirements. She indicated that this created confusion that was further deepened due to the amount of foods in FRC donations that did not align with these standards:

> *'And FRC will send these foods like cream, all this unhealthy food like Pringles and crisps that we cannot actually use. So, we have to go and collect it, and it comes, but you cannot eat it. And the [expiry] date is up that day... and then you have Start Well, they are telling us 'these are the recipes you have to use', we have [HFP provider] telling us about the healthy eating and we have food coming that is not healthy.' (Participant 2)*

This also had an impact on her as she was anxious over the possible actions in regard to such foods:

> *'I grapple all the time with that ... what you know about healthy food, but we have got families going hungry and there's poverty and they use food banks'.*

While giving these foods to other community groups would prevent the food from being wasted, she felt that it was not fair to give something unhealthy to others just because they were not attending *their* provision.

She also believed that food waste generated due to strict FRC regulations was avoidable through better planning and working strategically in partnership with FRC. Conversely, Participant 1 deemed the use of FRC to be beneficial and contributing to broader environmental strategies. In their view, using these donations during the programme was *'preventing all of that food from going to landfill'*.

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8.2.4 Funding and resources

The general perception of funding and resources available to HFP was that they were insufficient to meet the programme aims and objectives. HFP was not deemed sustainable due to the need to secure funds each holiday, frequently from multiple sources:

> *'Some of the projects are working from holiday to holiday trying to get pieces of money so they can deliver [the programme] … I am deeply concerned about how sustainable they are…' (Participant 4)*

This was confirmed by Participants 1 and 2 who both discussed the need to apply for the DfE pilot grant. Participant 2 suggested that such *'grant dependant model'* was not appropriate as they could not depend on it, especially in the light of political uncertainties and ever-changing policy priorities.

While the DfE funding was welcomed, the planned increase in funding for next delivery would not result in increased quality of provision as the expectation was to deliver more programmes with more partners. Therefore, it also was not perceived to be sustainable:

> *'I suppose the funding that we began to receive from the government is a welcome development but if we are thinking in the longer term, the current levels of funding and resources are unlikely to be sufficient' (Participant 3)*

It was suggested that, with such grants, the aim is to reduce the cost per setting to increase the number of programmes. The model of grant funding that encourages the cheapest possible provision was experienced by Participant 1:

> *'So, we need to work out the unit cost and try to benchmark it against the cheapest provision to ensure that this value for money and then you provided for loads of people'.*

This was also considered in the context of utilising schools, Children's Centres, and community settings as venues and it was suggested that the government might view community settings as more suitable due to lower costs:

> *'Although there are many benefits of using schools as the venue for these projects, they tend to come out with the largest price tag. Whereas if the government is looking to ensure that every community across the country has some kind of a project running, they might advocate for children's centres or church halls or other community settings outside of schools' (Participant 3)*

Participants recognised the burden of increased workload related to grant applications and the requirement that the programme provider has to temporarily contribute a substantial part of the costs prior to funding approval. It was believed that this could prevent smaller groups and organisations from delivering a programme as they might not be able to provide initial payments. Participant 2 also alluded to the grant requirements that disrupted the delivery and meant additional workload for those who had to plan and then deliver the sessions:

> *'You get all the conditions that come with the grants. Which sometimes gives you barriers when you just want to get on with it and deliver your programme. But of course, we plan our programmes based on the criteria as well.'*

Participant 1 felt that to move on from grant dependency model it was important to build a network of partners and funders willing to commit and sustain the programmes for at least several years.

Participants 1 and 2 also discussed the issues related to settings' space and equipment. They particularly focused on the issues related to kitchen facilities and some settings were deemed appropriate for food provision as they lacked in cold storage and heat processing equipment. Participant 2 recalled that some of their programmes needed to find alternative sites to be approved by the FRC to receive donations. It appeared that the participants 1 and 2 believed that lack of appropriate kitchen facilities was a widespread issue, but it should be noted that they were predominantly drawing on their provision. In addition, while Participant 3 and 4 identified such facilities as essential for HFP delivery, they did not indicate it as an existing issue.

8.2.5 Staff training

All participants believed that frontline staff and volunteers involved in HFP were adequately trained to '*ensure highest possible standards*' (Participant 3). They suggested that staff was trained on programme delivery, basics of nutrition, food safety, and safeguarding.

Additionally, some members of staff were believed to be particularly skilled in food provision due to their extensive experience of delivering similar programmes:

> *'There's staff that had been doing this for years and their confidence is very good... and they have good knowledge of what they are doing and from all sides, you know, from food and catering to physical activities to parental engagement, engagement of children and young*

people... but it's not always the same people every year. So, every year there is more investment and there needs to be funding to go into training' (Participant 1)

Participant 4 suggested that this was especially true for those working in voluntary sector, in community centres, and in faith settings.

Participant 1 stressed that the food-related training should be extended to include '*community cooking and catering*' as well as working with children on cooking skills in a safe manner. She also believed that the nutrition training was not sufficient as it did not allow staff to compose nutritionally balanced meals in the reality of community catering with limited resources.

'food is one of the big challenges for people... and catering and understanding [that] nutrition standards are not for personal interpretation... People think they know what they're doing, and you say' actually you have to move to a model that's more structured or the food needs to be different' and they don't want to do it.'

At the same time, she expressed concerns regarding the appropriateness of demanding such knowledge from staff who came to these roles through routes other than food-related:

'Sometimes I question whether it's worth challenging people because it's better for people to be confident to do something that is good and engaging rather than loading them down with a load of requirements around different forms of evaluation, different food criteria...' (Participant 1)

8.3 Essential characteristics of a successful provision

Participants identified characteristics of HFP that they deemed essential for successful provision and meeting programme outcomes. Some of these have already been incorporated into existing programmes and participants were drawing from their observations of good practices.

8.3.1 Food provision

As stated earlier, food was believed to be the fundamental element of any provision. Participants felt that successful programmes need to provide food that is healthy, nutritious, and safe. Participant 3 and 4 believed that to provide healthy and nutritious foods, programmes should provide at least one hot meal per session. It was also important that families have opportunities to explore food and that food-related

activities are fun. In Participant 1's view, an important part of the provision was ensuring food safety and hygiene:

> *'It is making sure that you know who is eating and if anybody has any allergies, you know where your food is coming from and where it's going, you are not letting anything but ambient food off site'* (Participant 1)

As discussed earlier, regulations around these issues were deemed to cause stress and unease for frontline staff.

Participants did not discuss this characteristic in detail, perhaps due to belief that it was an obvious and fundamental part of HFP. However, it should be noted that they did not discuss the cultural influences that could (or should) shape the food provision. Such absence of discourse around this issue (and its presence in staff interviews) appeared to be indicative of elite participants' detachment from the delivery.

8.3.2 Enrichment activities

While the nutritional and food-related outcomes were perceived to be the basis of HFP, participants frequently spoke about outcomes that had no direct relationship with food. These outcomes were perceived to be as beneficial as the food-related ones, and some were even presented as more important to the families. For example, HFP was believed to provide opportunities for *'out of school learning'* (Participant 1) with the focus on creative thinking and imagination. For adults, HFP was believed to provided opportunities to volunteer and through that to receive certificates in, for example, food hygiene or safeguarding.

Participants stated that activities take the attention away from the food insecurity aspect of HFP and prevent stigmatisation. HFP with varied activities offer were believed to attract more families than programmes providing just food:

> *'It's never just food. I think a successful holiday food programme needs to be combined and have engaging enrichment activities, and that there is nutrition education, and children are allowed to experiment with food, learn how to make things...'* (Participant 1)

Due to the constraints of this thesis these views, although important, are not discussed in further detail.

8.3.3 Inclusion criteria and accessibility

Participants 3 and 4 advocated for an open-door policy. Participant 3 suggested that this works best for '*projects that are based in deprived communities*' so that any family within the catchment area can attend.

It was also believed that means-tested and referral-based programmes can, at times, marginalise or '*ghettoise*' (Participant 1) attending families. Participants 1 and 2 also feared that only inviting families from most deprived households could have negative impact on their outcomes. As Participant 1 stated:

> '*It is that we're trying to take people on a journey of positive behaviour, but actually when you concentrate a lot of people in negative places in their lives, sometimes it reinforces that negativity.*'

While they recognised the benefits of peer support and importance of prioritising these families, they were also concerned about a lack of positive role models in such environments. Participant 1 recalled another food-related programme that was offered on a referral only basis and suggested that it turned into '*a social workers club*' where, due to lack of positive role models, parents were uninterested in activities or meals:

> '*Then all of the moms are standing outside smoking and saying 'we will just give them [their children] a bag of chips later'. So, it's normalising that unhealthy behaviour.*'

Similarly to the perceptions of family characteristics, this was another occasion where the elite participants provided contradicting views regarding the families.

8.3.4 Adequate space and equipment

All participants agreed that to provide nutritious and safe food as well as enrichment activities, settings need adequate space and equipment that will facilitate such delivery. Participants did not discuss these in detail but identified spacious indoors, catering kitchen, and child-friendly outdoors as core characteristics.

As stated by participant 2 the settings need to allow frontline staff '*do the things you're meant to do*'. As discussed above, catering kitchens and appropriate cooking equipment were deemed crucial in meeting the programme's outcomes.

Participant 4 draw attention to the size of rooms and suggested that to ensure comfortable and engaging provision rooms needed to be appropriately large:

'If you have a day when it's pouring rain, you need space for the young children to do something, but they are not cramped into tiny wee halls somewhere, making sure that you have good space for them to be able to eat together and to be able to play together.'

8.4 The role of local authorities and schools

Participants felt that then current involvement of LA and schools in the provision was not adequate. They indicated areas for future development and their perceptions of requirements that should be in place.

Participants seemed to agree that LA should be responsible for coordinating the services and distributing funding:

> *'It's for the LA to really be responsible for ensuring certain standards are met and that the provision is coordinated so that you haven't got ten different clubs in one community operating on the Monday and nothing on the Tuesday. Also, perhaps to manage funding, ensure it's handed out fairly and equitably for different projects. So more of a coordination, financial management role perhaps.' (Participant 3)*

It was believed that they could utilise their data and expertise to provide HFP where it is most needed. Additionally, the LA could use their network of services and settings and designate the ones most suitable to deliver HFP:

> *'They can broker some of those relationships which I think is difficult to do given the amount of resource and the status we have on our own.' (Participant 1)*

On the other hand, Participant 2 preferred when LA was not responsible for finances, as she found that too restrictive, but rather had coordinating responsibility to ensure that HFP was a part of obesity and poverty strategies.

It was believed that schools could provide the settings and infrastructure that would facilitate the delivery as they had appropriate catering facilities, large halls, and safe playground areas. However, to Participant 2 and 3 it appeared more important that schools were involved in the referral process as they '*have all of that data and they know which children are on FSM*' (Participant 2). Participant 1 also suggested that such partnership would allow HFP to then inform schools of any family issues that became apparent or disclosure that took place during sessions.

Participants felt that HFP is beneficial to schools as the outcomes of minimising undernutrition during holidays should result in better concentration and attainment:

'It's beneficial to their [school] outcomes. If they have got children who are settled, well-fed, able to concentrate, you know, physically fit and strong… their behaviour management is much easier, the attainment should be better. It should be helping to achieve a lot of things that schools are being measured on.' (Participant 1)

8.5 Future developments- perceived need for national policy and legislation

All participants believed that there was a need for national policy and legislation that would allow for coherent, consistent, and wide-spread provision. They all indicated areas which should be covered by such policy including previously discussed coordination, LA responsibility, and funding.

Participant 2 stressed the importance of '*seamless joined up thinking*' across different government and LA agencies to ensure that the provision is well planned and consistent. Participant 1 suggested that every parliamentary constituency should be required to provide HFP. It was also suggested that transparency was crucial and that information about available programmes should be easily accessible to the public. Participant 1 believed that this would hold LA accountable and would allow families to conveniently find programmes they could attend. In participants' views, a top-down requirement should be placed on schools and other LA-maintained facilities to work in partnership in '*district clusters*' (Participant 1) to provide settings for HFP. Participant 4 believed that there should be a UK-wide requirement for any holiday enrichment and education programmes to provide food '*in some shape or form*'. This would ensure that support was always available and easily accessible for those children who experience food insecurity.

Participant 4 suggested that funding should be secured for at least seven years of provision. This period was deemed long enough to make '*a difference to a generation of children*' (Participant 4). Participant 3 indicated that it would be ideal to provide all families with adequate income '*so that they can afford to buy their own food and offer these wonderful experiences for children all year round*'. However, he suggested that the most realistic and immediate help would have been in a form of long-term commitment to funding HFP.

8.6 Summary

Coordinators' and policy advisors' perceptions of provision highlighted similarities and differences in programmes that were delivered in the UK. While they mostly had similar understanding of programme outcomes and requirements that should be met to ensure that these outcomes are achieved, there were discrepancies in descriptions of current provisions. While there might have been other reasons for such variations, they appeared to indicate the lack of coherence in national provision. It was not an unexpected result and participants themselves agreed that there was a need for national policy that would ensure consistency. They agreed that such national policy should secure extensive, long-term funding and that LAs and schools had a major role to play in future delivery.

Participants 1 and 2 had direct responsibility for managing and coordinating the programmes. Participants 3 and 4 were predominantly involved in advisory roles on policy level. Because of that, they expressed varied perspectives on the themes discussed above. Particularly, Participants 1 and 2 seemed to have a more focused view of HFP based on programmes they coordinated and that were, understandably, their main concern. Participants 3 and 4, on the other hand, appeared to have broader views based on different provisions across the country (and internationally in case of Participant 4). However, it might have been one or two programmes that had most influence on their perceptions, particularly in case of Participant 3 who was a part of the team that set up HFP in North West of England.

These differences were prevalent in their opinions and the extent to which they discussed certain issues. For example, issues relevant to direct provision and staff coordination were more frequently discussed by Participants 1 and 2. However, participants frequently agreed with each other despite varying experience. These common and discrepant views are summarised in Appendix J.

As considered later in chapter 9, there were also some dichotomies between their accounts and views expressed by frontline staff. This included areas such as appropriateness of training, feasibility of delivering both cooking sessions and enrichment activities, and working with schools. However, similarly to frontline staff, all participants appeared highly motivated by the injustice of holiday hunger. In addition, they also often expressed similar views about participating families. These

were again, at times, somewhat stereotypical and generalised, including views that families did not eat together at home, lacked awareness of their local grocery shops, or did not have any personal activities planned for the holidays. Since these issues were discussed already in chapter 7 and will be revisited in chapter 9, they are not considered here in further detail. However, it is notable that coordinators were more likely to recognise that participants might, in fact, be skilled home cooks or have plans to go away during holidays. They suggested that programme providers should be careful to not generalise and to avoid working with participants through a deficit model.

These findings provided an insight into perceptions of those who had the power to shape the provision and influence the national policy. It seemed crucial then that their views were realistic and aligned with observable practices. To understand if that was the case, the next chapter will discuss the findings from observation, food analysis, and both groups of interviews.

Chapter 9 Discussion

9.1 Introduction

In previous chapters, I explored British HFP provided for children and families who struggle with food insecurity during school holidays. The rationale and justification for this study were explained and the context of HFP was explored in relation to existing empirical research in the field of food insecurity. To understand the policy to practice framework of HFP, national legislations and policies were explored. Previous chapters also established the methodological stance, data collection methods, and theoretical underpinning to this study. Finally, I presented the findings of data analysis.

This research focused on seven settings in one LA in England and a national perspective was introduced through literature review and elite interviews. A mixed-methods approach was used to collect data, but the majority of findings were derived from interpretive observations. This thesis was underpinned by constructivist epistemology and used Bourdieu's theories of habitus, field and capital, and '*constructivist structuralism*' (1989; 2010) as a framework for data analysis. The data presented earlier focused on several aspects of these programmes including the nutritional outcomes, food-related practices, and (to a certain extent) social hierarchies and relationships observed during the provision.

In this chapter, I will discuss and consolidate the findings to draw conclusions and address the research questions.

9.2 Research questions

The following research questions guided the data collection and analysis:

- What are the short- and long-term nutritional outcomes of HFP for children and families?
- What are the differences in the delivery of HFP programme within one local authority and how could they impact on the nutritional outcomes, participant retention, and sustainability of the programmes?
- What are the views, perceptions, and reported practices of stakeholders in the provision of HFP?

The following sections will address each question and identify key findings from the literature and the analysis of empirical data. It should be noted that elements of HFP,

both in the context of frontline delivery and wider societal issues, interact with each other and separating them was not feasible (or appropriate). Therefore, there are commonalities across the discussion and while the research questions are addressed separately, some aspects of HFP are considered from more than one perspective.

9.3 Establishing food habitus

Chapters 2 and 4 presented the theoretical concepts and empirical data on the influence of habitus on food behaviour. To facilitate the understanding of the themes that emerged from data analysis, this chapter begins with a summary of evidence that provided clues to food habitus of participating families and staff members.

This thesis was guided by relativist ontology and constructivist epistemology and so my own food habitus must be reflected upon. As the findings of this research are considered to be a part of subjective realities of individual participants, I made effort to report them objectively to allow the reader of this thesis to make their judgments. Section 4.5 of Methodology chapter explored the researcher's role in data collection and interpretation of findings and the reflection should provide further transparency as to my background and biases that could have (subconsciously) affected my understanding of participants food behaviours.

9.3.1 Self-reported food habitus- the researcher

I was born and grew up in Poland- an Eastern European country with food ways different to that of the UK (Brown and Paszkiewicz, 2017). When I was growing up, it was most common and traditional across the socio-economic spectrum for food to be homemade from scratch with little food consumed at restaurants or fast food outlets (Public Opinion Research Centre, 2014). Consumption of factory-made meals was also uncommon and resorted to only in an emergency (Public Opinion Research Centre, 2014). Most of the meals consumed by my family were homemade and contained at least one portion of fruit or vegetables. Produce was purchased at a local farmers market or from independent bakeries and greengrocers. From childhood, cooking was a part of my habitus as I was actively involved in food preparation- from the daily preparation of sandwiches, through pickling cucumbers, to making Christmas pierogi (a type of dumplings) from scratch.

My interest in healthy diet and cooking has further developed when I moved to the UK to study nutrition science. This was due to the subject matter of my undergraduate

degree, but also through interactions with different food habitus in the new social field. South Asian and British foods became a staple in my diet when I lived in a diverse student accommodation. Later, my food habitus was altered as I became a vegetarian and introduced East Asian foods into my diet while working in an Asian-fusion restaurant. My current socio-economic situation allows me to travel and to consume food at various ethnic restaurants. Therefore, foods foreign to British or Polish dietary patterns constitute a significant part of my food habitus.

This reflection appears to position my food habitus in line with that of British families of higher socio-economic status (as presented in Literature Review chapter). It is characterised by affinity to healthy, home-made food, cooked with locally sourced products. This type of habitus is also familiar with foreign foods and is willing (or perhaps actively seeking) to taste new foods. This taste of luxury (Bourdieu, 2010) was largely influenced by my social, cultural, and economic capital (Bourdieu and Wacquant, 1992). This habitus might also be motivated by social mobility and an unconscious need for distinction (Bourdieu, 2010) as although I never experienced food insecurity and was born in a lower middle-class family, I continue to experience substantial upward mobility. In addition, my food experience as a Polish immigrant and current dietary pattern vary significantly from that of others who arrived to the UK as adults (Brown and Paszkiewicz, 2017). It is possible that, through food, I distinct myself not from those of lower socio-economic status but from other immigrants.

Regardless of what has influenced my habitus, my understanding of household food insecurity in the UK is that of an outsider and a scholar. This could lead to the *'intellectualist bias'* (Bourdieu and Wacquant, 1992) and, as discussed in section 4.5 chapter 4, should be considered when making conclusions based on the data summarised in this chapter.

9.3.2 Observable food habitus- families

The research settings were located within 10% and 20% of the most deprived neighbourhoods in the country (as presented in Table 3, chapter 4). Considering these statistics and participant demographics previously reported by others (see literature review section 2.7), it was presumed that the majority of participating families lived in low-income households.

The literature reviewed in chapter 2 indicated that such families experience food insecurity on a household level. At the same time, their *taste of necessity (Bourdieu, 2010;* Dowler, 1997; Wills *et al.,* 2011) was not synonymous with ignorance of healthy eating messages or unwillingness to follow them. Rather, structural barriers and lack of financial capital were found to prevent families from lower income groups from following a healthy diet (Harden and Dickson, 2015; Pechey and Monsivais, 2016; Williamson *et al.,* 2017).

The observable food habitus of participating families did not deviate from that described in the literature. Their conversations, with each other and with members of staff (see chapter 5 section 5.6.2), indicated that they were aware of basic healthy eating guidelines and understood the basics of cooking healthily. For example, in my observations I noted conversation on the use of '*celery sticks, hummus, peppers, cucumbers'* as a healthy snack or using '*little oil'* and olive oil in certain dishes to control the fat intake. They were not only able to identify, but also expressed concern over the unhealthy eating habits of their children (such as fussy eating or excessive intake of one type of food). While their beliefs were not always factually accurate, as discussed later, it was clear that they were not ignorant of the importance of consuming a healthy, balanced diet.

Parents were confident in food preparation tasks (see section 6.2.1) and spoke with pride about preparing elaborate, traditional meals at home and one parent described himself as '*self-taught chef'*. Parents and children were familiar with some ingredients and foods that appeared to be indicative of varied food experiences and cooking at home. For example, children stated that '*they don't like mixed herbs'* (Child 1 from Family 1, session Red-1) or that they '*like mango on its own'* (Child 2 from Family 1, session Blue-1). At the same time, they confirmed using certain pre-made food products (such as shortcrust pastry) to limit preparation time. However, the use of such convenience foods did not appear to be an exclusive practice, but it was a tool that allowed them to prepare homemade meals while avoiding time-consuming and work-intensive recipes.

Their food consumption during the programme also provided clues to their habitus. Both children and adults consumed fruit and used vegetables when preparing their individual meals (as presented in section 6.3.1). However, vegetable salads served as side dishes and other vegetable-based meal options were frequently omitted by

participants which was reflected in the dichotomy between nutritional values of offered menus and actual intakes as discussed later in this chapter (for examples see section 6.10). Sugar and confectionary appeared to be a part of their diet as parents consumed hot drinks with sugar and at times brought sugar-containing snacks and soft drinks from home.

As discussed in chapter 5 section 5.9, children's visual depictions of food frequently presented a variety of food groups including fruit, vegetables, and sources of macronutrient. At the same time, they almost always included a depiction of fast food or confectionary. This indicated that while participating children might have been consuming a varied diet, these unhealthy foods were a part of their food habitus. The affinity to confectionary was also explicitly stated by children from setting Blue, who not only requested to consume confectionary during the programme but also stated that healthier versions of sweet foods (such as banana flapjacks) were not a satisfactory replacement for the original treats. Parents appeared to be aware of this aspect of children's food habitus as they utilised it to encourage the consumption of meals provided during HFP.

In literature, the habitus of such families was reportedly driven by the necessity and preventive measures to avoid waste and was characterised by the affinity to: traditional British foods (or rather the avoidance of the foreign); foods that were satisfying and calorie-dense; and foods that were accepted by all members of the family (Bourdieu, 2010; Dowler, 1997; Wills *et al.,* 2011).

Section 5.8 indicated that the families rejected meals that were either foreign or modified versions of traditional foods. Foods traditionally found in British cuisine (such as jacket potatoes) or assimilated from foreign menus but nowadays commonly consumed across the UK (such as pizza) were familiar to most families and were more likely to be consumed than foreign or modified foods. Their rejection of modifications to traditional foods was also expressed verbally as parents stated they were not willing to modify traditional dishes (see Extract 26). However, some families that were not of white British background expressed unfamiliarity with British cuisine and rejected these dishes (see section 5.8.2). Therefore, certain aspects of food habitus were strongly influenced by ethnicity-derived tastes and cultural eating patterns. This could be a part of class-based habitus, but it is notable that the tastes of lower income families living in contemporary Britain were not uniform and varied with their

background. This is particularly important as the LA where this research was conducted was expected to 'become a majority minority city' by 2021 (LA CMIS, 2018: 31) and participating families should not be expected to be accustomed to British food ways.

9.3.3 Observable and reported food habitus- frontline staff

As discussed in chapter 7, the ethnic background of staff who participated in the interviews was frequently reflective of the minority population of settings' wards. The same was true for staff who were observed during the first data collection period. The varied cultural and ethnic influences on their food habits were therefore likely to be similar to those experienced by participating families. Staff also frequently favoured foods that are prevalent in British cuisine and there was also a notable unfamiliarity with, and rejection of, foreign foods expressed by staff from White British and South Asian backgrounds (see section 5.8).

The staff members were aware of healthy eating guidelines (see section 7.5.3). Despite this knowledge and the awareness of food insecurity experienced by participating families, staff varied in their approach to energy-dense and nutrient poor foods. Some staff members actively worked on preparing and serving food that was nutritious, balanced, and included a substantial amount of vegetables. However, most staff members focused on food that was filling and easy to make. Although such food can be nutritionally balanced, staff often omitted ingredients (for example vegetables) that were not required to fulfil these characteristics. They also used salt, margarine, and white toast bread in their meals while healthier substitutes would not have been more expensive or troublesome to obtain. Once, I was asked to purchase sugar from a local convenience shop as staff believed that children will want to add it to their cereals. Yet, at the same time, staff members recognised that food donations from FRC should not contain food products that they considered to be unhealthy (such as ready meals, salty snacks, and confectionary) (as discussed in section 7.3). In most cases, staff also stressed the importance of preparing hot meals and '*always encouraged parents to make food from scratch'*. However, this was not always practised during the programme as the convenience of pre-made foods or the necessity of using donated products was more important than preparing meals from scratch. As a result, staff reported experiencing a moral dilemma between providing food that had a favourable

nutritional profile and providing any food to the families, particularly those struggling financially:

> *'these are healthy food programmes, however, the food that was supplied... a lot of it just wasn't healthy and away from the messages that we're trying to give to parents' (Blue, Staff 1).*

While some of these choices might have been driven by logistics of the programme and financial constraints (as discussed later), they appeared to reflect food practices of lower income groups which were presented above. Their food habitus was also similar to participating families as although they were aware of healthy eating guidelines and were capable of planning and preparing various meals for the participants, their food choices were strongly influenced by cultural norms and structural limitations (whether in their own lives or specifically during the provision) (as discussed in Literature Review chapter).

While the habitus described above was observed most frequently, there were instances when the observed food habitus of staff members differed from that of participating families. It should be noted once more that while the food behaviours described below appeared to be a part of staff's habitus, it is also probable that they were influenced by the programme's goals and regulations. For three staff members (at Red, Yellow, and Orange settings) consuming food with favourable nutrient profile appeared to be the priority. They ensured that lunches contained vegetables (both in the main and side dishes) and adjusted traditional recipes to increase their nutrient values. Another staff member, at the Blue centre, also claimed to consume healthy versions of traditional desserts at home. During the interview, staff from Purple centre claimed to be a certified Le Cordon Bleu chef- it can be presumed that such professional experience would be reflected in a refined taste and affinity towards gourmet dishes. These staff members appeared to be more open to foreign dishes and staff from Red and Purple centres acknowledged cultural variations in taste that could affect participants' intakes. This data seemed to indicate that the food habitus of these staff members appeared to be closer to that of middle- and upper-income groups than to that of families from deprived households. Such habitus could have been a result of their background or cultural capital gained through their career and training. It is unknown whether these behaviours reflected their habitus or were a result of aligning with the programme's guidelines. It is also probable that these staff members were affected by social desirability bias (Lee and Nieman, 2013; Sapsford and Jupp, 2006) and these

practices were a part of their 'front stage behaviour' (Goffman, 1956) (as discussed in section 4.5). Regardless of the reasoning behind their choices, this dichotomy between their food habitus and that of participating families had an impact on short term food outcomes as discussed below.

9.4 What are the nutritional outcomes of holiday food programmes for children and families?

This question related to short- and long-term nutritional and food related outcomes of HFP. The following themes were identified for discussion in order to address this question:

- Short term outcomes
  - Improving access to food
  - Nutritional outcomes
- Long term outcomes
  - Exploring food through meals, activities, and play
  - Improving cooking skills through meal preparation
  - Peer exchange of food-related knowledge

While these themes are discussed separately, it should be noted that some long-term outcomes were influenced by short term nutritional intake. These relationships are acknowledged throughout this and subsequent sections.

9.4.1 Short term outcomes

As an overarching international policy framework, the FAO (2019) definition of food security (introduced in section 3.2.1) is used throughout this section to discuss these themes and reflect upon the ability of HFP to improve food security of participating families.

9.4.1.1 Improving access to food

Physical, social, and economic access to food is a fundamental aspect of food security (FAO, 2019). It is also crucial that the food is safe, nutritious, available in adequate amounts, and in line with individual preferences and needs. The findings of data analysis summarised below indicated that these dimensions were partially fulfilled by HFP in the short term. While participants' access to food was improved (assuming that they experienced food insecurity on a household level), the offered menus did not

always provide adequate amounts of nutritionally balanced food. Furthermore, participants' actual intakes and rejection of many foods suggested that these menus were not always in line with their preferences (or, in other words, food habitus and tastes). This section summarises the findings in relation to the dimension of food security definition:

- Ensuring sufficient amounts;
- Meeting dietary requirements;
- Ensuring food safety;
- Providing meals in line with food preferences.

9.4.1.1.A Ensuring sufficient amounts

Participating families gained free access to a substantial proportion of meals and snacks consumed during the day. When they have attended the sessions, parents could have expected to only provide an evening meal for their children. While it can be agreed that the access to food was ensured, the extent of the impact on family's food security is debatable. As discussed in section 6.5.1 it is notable that most settings offered only 13% of main meals (breakfast, lunch, and dinner) that participants would have consumed over summer holidays. In addition, the data analysis also suggested that these meals did not always provide adequate amounts of calories to ensure that energy requirements were met. Similar concerns, of not providing sufficient support for those experiencing holiday hunger, were expressed by participants of research by Mann (2019) and, in the context of FSM, by the Association of Teachers and Lecturers (BBC, 2012).

The food distribution among participants appeared to be reflective of the programmes' prioritisation of children's wellbeing. As discussed earlier in chapter 6, this seemed to impact the adult's food intake as children were prioritised and adults were not always served larger food portions (despite the need to consume more calories). This approach also aligns the programme with the policy initiatives that focus on children's health to minimise the impact of poverty on their short and long term wellbeing outcomes (as reviewed in chapter 3, for examples see *Child Poverty Act 2010,* DHSC, 2011, DfE, 2013a or Field, 2010). However, in light of the findings by Gordon *et al.* (2014) and Harvey (2016), it is important to recognise that parents often sacrifice their food intake to ensure other family members can eat. In such cases, not providing the parents with sufficient amounts of food could perpetuate their food insecurity.

The source of calories in menus that provided higher proportions of EAR did not always align with the requirement of food security focused on appropriate nutrition that allows '*for an active and healthy life*' (FAO, 2019). This was particularly notable for adult participants as three out of four menus that provided 60% of EAR derived between 19.8% to 26% of these calories from processed sweet foods and confectionary. Such large proportion of energy-dense and nutrient-poor foods in the diet was not in line with current dietary recommendations (PHE, 2016a) or public health policies that focus on obesity prevention (DHSC, 2011; DoH, 2011). Offering these menus appeared to hinder the programme's aim of improving families' diets, especially if their households already followed diets with similar nutritional profile due to socio-economic inequalities in access to food (as presented in Literature Review chapter).

On average, macronutrient contributions to total energy intakes for adult menus were in line with DRVs for carbohydrates and fats and with RNI for proteins (PHE, 2016a). Minor deviations from recommendations were noted:

- Average free sugars intake was slightly excessive in lieu of energy contribution from other carbohydrates;
- Saturated fats did not exceed the recommended limit; however, the intakes of other fats were notably low in comparison to other nutrients.

Child model menus followed similar patterns, but the imbalances were more profound:

- Free sugars and other carbohydrates provided too many calories in lieu of energy derived from proteins;
- The average contribution of saturated fats was equal with the recommended limit and other fats provided fewer calories than recommended.

As discussed in section 6.5.3, the low intakes of proteins and other fats are particularly noteworthy as these macronutrients contain essential amino- and fatty-acids required by the human body for growth and maintenance (Huffman *et al.*, 2011; Semba *et al.*, 2016). Therefore, access to adequate amounts of macronutrients that would protect participants' health and promote children's development was not always ensured.

It was also noted that certain foods commonly donated by FRC such as baked beans and yoghurt drinks were often high in free sugars which could suggest that closer monitoring and regulation of these donations could potentially lower the amount of free sugars in offered menus. Additionally, seeking alternatives and substituting cheese in certain toppings could help the settings to reduce the amount of saturated fats in their menus. Foods rich in unsaturated fatty acids could be incorporated as a substitute and the programmes should particularly focus on increasing the amount of omega-3 fatty acids given the reported low intakes among the British population (PHE, 2014). However, some of the foods that were high in saturated fats and could not be altered- quiche, garlic bread, and protein bars- were donated to the programme by FRC. This appears to further support a need to closely monitor the foods that are donated to the programme.

Similarly to the amount of calories, child menus were more likely to provide adequate amounts of micronutrients than adult menus. Two vitamins and seven minerals were not always provided in sufficient amounts. Human body (that receives adequate intakes of micronutrients) stores certain amounts of these vitamins and minerals and so it is unlikely that such short term micronutrient malnutrition would result in immediate adverse health outcomes (Collier, 2008). However, intakes of these nutrients were below Lower RNI values for a substantial proportion of British women aged 19 to 65 (except for iodine) and children aged 4 to 10 (except for iodine and iron) (PHE, 2016d). Socio-economic inequalities in micronutrient intakes were also reported: most intakes increased with increasing income (PHE, 2019c). Therefore, provision of diets with unbalanced micronutrient profiles might further perpetuate these inequalities.

Some of these nutrients were also identified to be commonly low in general population due to low bioavailability in commonly consumed foods, particularly vitamin D that often requires supplementation (PHE, 2016d). Such limitations should be considered when judging the ability of HFP to achieve higher amounts in their menus.

This is also notable for the quantities of fibre in model menus. On average only 45% of recommended intake was provided but when small population intakes are considered this value becomes a noteworthy contribution (PHE, 2016d; 2019c). At the same time, to achieve their goal of improved nutrition, HFP should pay particular attention to providing nutrients that are low (or otherwise imbalanced) in general population.

In addition, these findings indicate that the previously reported ability of HFP to offer '*nutritious*' and '*decent*' food (Defeyter *et al.,* 2015; Graham *et al.,* 2016) is not always true.

9.4.1.2 Ensuring food safety

During all sixteen sessions, food hygiene and safety were observed at all times by members of staff. Guidelines were followed when handling, cooking, and storing food to minimise any risks of bacterial contamination or spoilage. Children and parents were instructed to wash hands before food preparation activities or mealtimes. In some cases, these preventative measures were exaggerated, and, for example, staff preferred to dispose of a piece of fruit rather than wash it and risk food contamination. Staff also took precautions to minimise allergen risks by maintaining a record of participants with allergies and securing separate space for allergen-free food preparation. Foods that were past the 'use by' dates were discarded and foods past 'best before' date were tasted and examined by staff members before they were offered to the families. The access to safe food was therefore ensured in aspects that were controllable by staff members on the settings' premises.

9.4.1.3 Providing meals in line with food preferences

In section 6.6 the nutritional outcomes of eight target families were discussed. Their intakes frequently differed from the nutritional values offered by the model menus. The small intakes and rejection of certain foods appeared to indicate that the menus were not always in line with participants' preferences. It could be argued that to that extent, HFP did not always ensure food security. However, it is notable that while this dichotomy between provided food and participant preferences impacted their nutritional outcomes, the programmes were usually accommodative. In addition, most food provided by the programme was based on dishes common in the British diet which appeared to meet participants' preferences and tastes as explored in section 5.8. This discussion will now focus on the most prominent cases of rejections that could have been motivated by class-based food habitus.

9.4.1.3.A Rejection of foreign dishes

As summarised earlier, families from lower socio-economic groups, whose food choices are influenced by the taste of necessity (Bourdieu, 2010), are more likely to reject unfamiliar foods. In section 5.8 participants' unfamiliarity with foreign dishes

was discussed and this was also reflected in the intakes of target families. For several families the unfamiliarity with foreign dishes was shown to affect their nutritional outcomes. In addition to being unfamiliar, such dishes are perceived to be a part of middle- and upper-class habitus and the rejection could be a sign of distinction from those more affluent groups (Bourdieu, 2010; Wills *et al.*, 2011). As concluded by a parent during session Orange-2 such meals were '*not the kind of food they would make at home*'. Similar observations were made by Kennedy *et al.* (1998) as it was suggested that unfamiliar dishes were rejected and had a negative impact on participants' willingness to implement dietary change in the long term.

9.4.1.3.B Rejection of vegetables

Due to various socio-economic factors, the diet of families from lower income groups is frequently characterised by low consumption of fruit and vegetables (Darmon and Drewnowski, 2008; Giskets *et al.*, 2002; Marmot *et al.*, 1991). While vegetables *per se* were not unfamiliar, it seemed that the families were not used to consuming them in large amounts. This could be due to a preference for food that is filling and economical (an opposite of most vegetables) observed among lower socio-economic groups (Hitchman *et al.,* 2002 in Deeming, 2014). Side salads, vegetable-based fillings, and dishes made with a variety of vegetables were often omitted by participants and it appeared that they did not consider them to be an integral part of the meal. Subsequently, these foods were either tried and rejected or omitted altogether. It is possible that children also rejected the vegetables to be socially compatible with their peers (Povey, 2016). For the target families, the low uptake of vegetables manifested itself in low (in comparison to model menus) intakes of fibre and certain micronutrients (for example see Family 1 at session Red-2 or Family 3 at session Yellow-2).

9.4.1.4 Target families- Class-based food habitus and nutritional outcomes

For the programmes to achieve their aim of improving nutritional intakes, participants should have consumed approximately 60% of their daily energy, micronutrients, and fibre requirements and those elements should have been derived from meals that reflect the recommended contribution of macronutrients (as discussed in chapter 6). The results of nutritional analysis for the eight target families indicated that these requirements were rarely achieved and that not one intake met all the above

requirements (these findings are summarised in section 6.6.9). The findings summarised below provide an indication and overview of short-term nutritional outcomes. This section discusses aspects of food behaviour (other than preference and taste) that could have impacted participants' outcomes. These include: limiting portion sizes, skipping meals, and dietary diversity.

9.4.1.4.A Limiting portion sizes and skipping meals

Consumption of meals smaller than one feels necessary due to lack of food is considered a sign of food insecurity (Coates, Swindale, and Bilinsky, 2007). In British low-income households, parents disclosed omitting meals in lieu of feeding their children (The Trussell Trust, 2016) and teenagers experienced hunger as a result of missed meals (Knight *et al.*, 2018). For families who experience the most acute food poverty, sharing portion sizes normally consumed by one individual among the family members might be a necessary practice. For those who experience food insecurity for prolonged periods of times such behaviours could become an integral part of their food habitus. This seemed to be the case for some of participating families as such behaviours were observed on several occasions. The nutritional outcomes of target families also appeared to be impacted by this aspect of habitus.

Three parents from target families were noted to skip breakfast, consume only foods that were leftover by their child, and to share their (originally small) food portions with one of the children. As a result, their intakes were notably lower than values offered by the model menus. Similar cases, where parents either skipped entire meals or consumed just leftovers, were observed across the sessions. While these behaviours could have been a result of other factors (as discussed later) it is important to note that if sharing food and prioritising children's food intake were embodied food practices for those families, it was probable that this aspect of their food habitus manifested itself during HFP. Furthermore, Knight *et al.* (2018) indicated that children were aware of parental practices of limiting food intake to ensure that other members of family are fed. It is probable then that some of the child participants of this doctoral study deliberately limited their food intake to give their leftovers to the parents.

9.4.1.4.B Dietary diversity

Having to consume a limited variety of food is another indicator of household food insecurity (Coates *et al.*, 2007). Families living in food poverty reported that their diets are often monotonous due to the lack of resources (Knight *et al.*, 2018) and concerns

of food waste (Harden and Dickson, 2015). Considering this and other socio-economic factors that influence the diet (see Literature Review chapter), it appears unlikely that in households that experience food insecurity meals are regularly served with a selection of side dishes and different fillings to choose from. In addition, it has been suggested that serving style and order might play a role in food preferences and neophobic responses to food (DeCosta *et al.,* 2017 and Harris, 2018). Yet, such meal model was practised during most sessions and participants were encouraged to consume more than one option.

Most participants, both child and adult, chose only one or two fillings and side dishes (such as lettuce salads or coleslaw) were rarely consumed. This self-limitation of dietary diversity was noted to impact the nutritional outcomes of target families. It should be noted that some rejections could have been additionally influenced by previously discussed taste of necessity and unfamiliarity with consumption of vegetables and foreign dishes.

9.4.1.5 Short-term nutritional outcomes-summary

From the above discussion it appears that HFP requires further improvements in relation to providing food that is nutritious, in line with participant preferences, and that meets their dietary requirements. In most cases, the families consumed meals that were not balanced and would have to provide a significant proportion of required calories from meals at home. In addition, these calories would need to be provided from nutrient- and fibre-rich foods that are low in free sugars and saturated fats. In previously reviewed literature (Pechey and Monsivais, 2016; Williamson *et al.*, 2017), foods with such positive nutritional profile were shown to be difficult to obtain by those who live in deprived areas. It could be argued then, that the programmes did not achieve their aim of alleviating holiday food insecurity. In addition, the nutrient makeup and balance of these meals become considerably important once they are viewed as a model to be emulated by participants. Such narrative was common among members of staff and present in the programmes' 'Theory of Change' (Wolhuter, 2016).

It should be considered that the intakes summarised in this section, although not ideal, might have had a more favourable nutritional profile than foods that the families would have consumed at home. Furthermore, it is probable that for those families who experience acute food insecurity during school holidays, this provision was essential

and highly beneficial. Such claims were made by staff members and by other stakeholders during the interviews and were also previously reported by other researchers (Defeyter *et al.*, 2015; Graham *et al.*, 2016).

While a generalisation cannot be made, the findings of this thesis did not confirm these presumptions. In fact, it is notable that the most balanced (in terms of macronutrient contribution to total energy) intakes were recorded for the two children who consumed lunch brought by their parent from home. It appeared then that the foods consumed during HFP were not necessarily of better quality than foods these participants could access outside of the provision. At the same time, that particular family might have been in a more secure socio-economic position and others might have truly benefited from the consumed foods despite the nutrient deficiencies. One of the limitations of this study is that these intakes were not compared to, for example, food diaries completed by the families while at home. However, such comparison of foods consumed by the children on a club versus non-club day was conducted by Mann (2019) and it was concluded that attendance at HFP made only a small difference to children's food intake.

While it is beyond the scope of this research to make definite conclusions about the effectiveness of HFP in addressing the short-term food insecurity, it can be concluded that steps should be taken by providers to ensure that the foods consumed by the families are nutritionally balanced in line with current recommendations. Further steps also could be taken to ensure that all provided foods are in line with participant's preferences and food habitus.

9.4.2 Long-term outcomes

Besides the short-term improvement in access to food and nutritional intake, HFP has the potential to induce long-term positive dietary habits. Skills and knowledge gained through the programme might support the participants in developing strategies for dealing with increased expenses during other holidays, thus preventing them from experiencing holiday hunger in the future. The food purchasing and preparation ideas might also influence their daily practices resulting in potential improvements to their diets. The mechanisms that aimed to promote these outcomes are discussed below.

9.4.2.1 Exploring food through meals, activities, and play

The rejection of certain dishes and the consumption of a limited variety of foods observed among the participants were found to impact their short-term nutritional outcomes during the programme. These observations might have been symptomatic of participants' daily food consumption. The rejection of novel foods, or neophobia, by family members was stated to prevent mothers from low income backgrounds from introducing new (potentially healthier) dishes (Harden and Dickson, 2015; Kennedy *et al.,* 1998). Therefore, to achieve long term goals, HFP should support the families in overcoming food neophobia and introducing new nutritious foods into their diets. An introduction of such behaviour change element might require a collaboration with a psychologist to integrate appropriate methods into the programme design and staff training. At the same time, existing responsibilities of staff members and the burden of delivering HFP need to be taken into account- these issues are further summarised in section 9.5.1.

The programmes observed gave participants opportunities to explore food through meals and activities. As shown by research in behavioural nutrition (see section 2.5), similar initiatives were successful in inducing positive, long-term diet change.

9.4.2.1.A Meals- introduction to novel foods

It appeared that the use of foods that are not in line with participants' habitus should be avoided to ensure that the principal aim of essential food provision and preventing the short-term holiday hunger is achieved. However, such meals introduced the participants to a variety of novel foods. Participants had a chance to familiarise themselves with recipes and meals that varied from their daily practices.

Such exposure was previously shown to have positive effect on willingness to consume other novel foods and promote healthier eating habits (DeCosta *et al.*, 2017). If participants attended several sessions where similar novel foods were offered (for example side salad was always offered at the Red centre), they were repeatedly exposed to these novel foods (Maier *et al.*, 2007; Wardle *et al.*, 2003a; Wardle *et al.*, 2003b). It should be noted, however, that while sensory liking plays an important role in accepting and willingness to try novel foods, it is insufficient when these foods are not culturally-appropriate (Kennedy *et al.,* 1998; Tan, Fischer, van Trijp, and Stieger, 2016). Therefore, the previous conclusion regarding the importance of providing food

in line with participants food habitus for achieving short term goals is also valid in terms of long term aims.

Not all families had opportunities for repeated exposure due to their attendance or the differences in menus offered each session. In addition, these foods often appeared to be unappealing to the families. Literature on the effects of tasting unappealing foods on singular occasions is limited but some suggest that the willingness to try other novel foods upon such exposure varies with age (Loewen and Pliner, 1999). For those families, the long-term impact could have been mediated through a different mechanism than repeated exposure to taste. Main meals were frequently served in large sharing plates that were presented on the table where food was eaten. Even if participants did not choose to consume these foods, they were exposed to visual stimuli for the duration of the meal. This potentially allowed them to familiarise themselves with shapes, colours, and optical textures of food (Heath *et al.*, 2011; Maratos and Staples, 2015).

However, the visual familiarity was deemed most effective in overcoming neophobia when the food was tasted at the same time, allowing for exploration of mouthfeel and taste (Birch, McPhee, Shoba *et al.*, 1987). Staff members should pay attention to participants' intakes and encourage them to taste the provided foods to achieve long term benefits. As presented in section 5.7 such encouragement was coded on several occasions but staff's approach and focus appeared to be contingent on the participant to staff ratio, namely more individualised and dedicated encouragement was more likely to occur during sessions with lower ratio. Improvements could also be made in encouragement of adult participants as these were noted only six times.

Attention should also be paid to the effects of social influence on children's food consumption (DeCosta *et al.*, 2017; Sharps and Robinson, 2017). Children were susceptible to both positive and negative reactions to food and mimicked their peers as well as adults. This is in line with literature explored in section 2.5.2 which indicated that young children are prone to modelling food behaviour, particularly in unfamiliar environments (such as the environment and context of HFP). It was particularly noteworthy that adult's negative, but not positive, reactions were mimicked by the children. On several occasions staff was observed to negatively react to offered meals and themselves shown signs of food neophobia. An awareness of social influence among staff could ensure that children are not (unintentionally) prevented from

exploring novel foods. Since the children also based their negative attitudes towards novel foods on behaviour expressed by other adults (including their parents), staff could spread the awareness of the impact of social facilitation to improve long term benefits of the programme.

9.4.2.1.B Cooking activities and meals- opportunities for tactile exploration

As discussed earlier in literature review, interventions that engaged children in tactile exploration of food through play, gardening, or cooking activities were successful in improving their intakes and willingness to try different fruit and vegetables. Several sessions included opportunities for tactile exploration of food through activities and so had the potential to positively influence long term dietary behaviour (Coulthard and Sealy, 2017; Hoppu *et al.*, 2015; Nekitsing *et al.*, 2019). Although such influence could be limited by the difficulties in accessing fruit and vegetables by families from deprived backgrounds, the activities could help participants to overcome neophobia towards these foods.

The observations of sensory play with food were discussed in section 5.4. As noted there, the tactile manipulation of food was only encouraged once during an adult-led, pre-planned art activity at session Red-2. The art activity created opportunities for familiarisation with textures and colours of different berries.

Active participation in meal preparation seemed to encourage children to explore ingredients through touch as they engaged in play with foods. A child-led (and not interrupted by adults) play with food was observed during cooking activities on eight occasions. Children most frequently played with foods that resembled toys in their appearance or form. While other children also engaged in play during sessions held at different centres, it is worth noting that that most of the coded tactile exploration took place after children's' participation in the structured art activity. This relationship, while possibly incidental, could be explored further and potentially utilised by HFP to encourage the tactile exploration of food.

During meal times children were frequently discouraged from tactile exploration of food by their parents or staff members. These instructions to '*stop playing ... and have another bite'* appeared to be rooted in the focus on short term benefits. Tasting during cooking activities was another form of food exploration frequently interrupted by adults. As mentioned earlier, such familiarisation with several food stimuli at the same

times (touch, taste, mouthfeel, and visual) was shown to be more effective in introducing new foods and overcoming food neophobia than introducing just one stimulus (Birch *et al.*, 1987).

Adults intervened when children engaged in an activity with food that was not deemed appropriate for what they perceived should be happening at a given time. Children did not seem to conform to those strict, socially constructed, rules governing food preparation and meals. To them, food exploration seemed to be spontaneous and could occur at any point when food was present.

The children also did not appear to have the concept of food waste- which is what could have been influencing parents' decision to stop them from engaging in play during meals and tasting during food preparation. When considered through the lens of food insecurity, this is a valid and reasonable concern- that once food becomes an object of play or is tasted (and perhaps rejected) instead of being used as an ingredient, its role as a meal might no longer be fulfilled. It is also understandable that such fears govern the staff of HFP who often had to work with limited amounts of food to ensure that each participant is provided with adequate meals. However, the long-term benefits of these plays and explorations should be taken into consideration and staff should be made aware of the importance of them for developing children's food preferences and familiarisation with a wide range of foods. For the long-term goals to be achieved, it appeared that the HFP should be an environment where exploring food is a priority alongside the short-term food provision.

9.4.2.2 Improving cooking skills through meal preparation

The meal preparation activities were incorporated into the provision to encourage the families to consume home-made meals rather than convenience foods, factory made dishes, and fast foods. In interviews, staff members suggested that participants were shown nutritious recipes that could be prepared on a limited budget. They also deemed these activities as an opportunity for the children to learn basic cooking skills. Considering the research on inequalities in food intake and differences in access to home-made and convenience/ fast food between the socio-economic groups (see section 2.2.2), these presumed benefits appeared justifiable.

Out of sixteen sessions, seven included participants in a cooking activity. While some of the activities required a certain level of experience in cooking, the activities revolved

around basic cooking skills such as chopping and slicing vegetables, mixing ingredients, grating cheese, and assembling ingredients (on pizzas, tarts, and sandwiches). While the activities might have increased parents' confidence in cooking (Garcia *et al.*, 2014; Kennedy *et al.*, 1998), the majority of adult participants appeared skilled and confident in performing those tasks. On few occasions, parents expressed unfamiliarity with a cooking method or a recipe (see section 5.2.1) and it is possible that some participants developed new cooking skills.

During elite interviews, participants recognised that cooking activities should be particularly beneficial to children. As suggested by Participant 3, these skills when taught at '*that* [young] *age'* should have long term positive impact on their relationship with food. Staff also suggested that for some children these activities were the first opportunity to perform simple food preparation tasks (see section 7.4.3). The level of difficulty, while seemingly too easy for adults, was appropriate for most children as they appeared to be learning how to perform (or improve) those skills. Therefore, HFP provided the setting for generational sharing of knowledge and skills as children were able to learn from their parents. Children's participation in cooking activities was discussed in detail in section 5.2.1.

These activities might have been beneficial to children and adults who were yet to learn basic cooking skills and it could be argued that through changing children's food behaviour they have the potential to positively affect intergenerational eating habits in the long term. However, for the majority of adult participants they did not appear to be highly developmental in terms of cooking skills *per se*. The long-term impact of those activities is further questioned as they did not take into consideration the space and equipment restriction experienced by families from lower socio-economic groups. For example, preparing a smoothie required a use of blender and if participants wanted to replicate the pizza or tarts recipes at home, they would require an oven. Such equipment, while seemingly a staple in most modern kitchens, might not be available to families living in financial hardship and accommodations with limited space. For example, in the domestic violence refuge (one of the research sites) the kitchen facilities were shared among several families and so their access to an oven was limited. As discussed in chapter 2, similar limitations were cited by mothers of young children as a reason for not implementing diet changes after a hands-on cooking programme (Kennedy *et al.*, 1998). While some staff members recognised that the

families might not have '*the space .... The utensils*' (Red) to cook at home with their children, the cooking activities they have offered were disengaged from that awareness. In addition, previous research has indicated that for nutritional interventions to be effective there needs to be a realistic consideration of the equipment, budget, and access limitations (Darmon and Drewnowski, 2008; Garcia *et al.,* 2014).

9.4.2.3 Peer exchange of food-related knowledge

The meals discussed above could further contribute to long-term benefits of HFP through stimulation of discussions related to food. Adults exchanged their experiences and knowledge regarding cooking methods, nutritional value of foods, and children's eating habits. These conversations gave them opportunities to learn from peers who lived in the same area, also had children, and most likely experienced similar socio-economic inequalities in access to food. Through these conversations they have replicated and reproduced the doxa of their social field (Bourdieu, 1990).

Some of these conversations provided constructive and correct advice, for example when parents discussed the use of different oils and fats and their usage in different dishes (see section 5.6.2). On several occasions, this peer advice was not accurate or in line with current nutritional advice (PHE, 2016a). This included a parent suggesting that their peer should not worry about a perceived excessive food intake of their child. While it was possible that the concern was not justified and the child consumed amounts of food appropriate for their age, such advice could have been potentially harmful if the amounts were excessive and the child was allowed to continue such dietary behaviour (Geissler and Powers, 2017; Lee and Giannobile, 2016; Stanhope *et al.,* 2018).

These exchanges have the potential to be highly beneficial and to facilitate improvement of dietary habits. Research shows that peer support can be utilised in nutrition-related health promotion, however, these observations of peer learning were based on pre-planned interventions with trained volunteers (Chapman, Damio, Young, and Pérez-Escamilla, 2004; Duncanson, Burrows, and Collins, 2014; Taylor, Serrano, Anderson, and Kendall, 2000). There was a risk that the messages exchanged among untrained participants could contribute to the replication of unfavourable habits (as in the example above). This issue was recognised by Participant 1 during

elite interviews when she expressed fears over '*reinforced negativity'* that could result from targeted provision (see section 8.4.4). Therefore, such conversations should be encouraged to allow for peer socialisation and exchange of experiences, but staff should be trained to correct misinformation to ensure long term positive impact. It also appears that the reproduction of the doxa and habitus within the social field can lead to both positive and negative outcomes (Bourdieu, 1990).

9.4.2.4 Long-term nutritional outcomes - summary

The findings of this study indicated that a range of long-term nutritional outcomes was achievable. Most notably there were opportunities for participating children and adults to explore new foods and to familiarise themselves with novel sensory stimuli of various food products. Both adult and child participants were tasting and exploring potentially novel foods and foods that they could have been familiar with but that did not seem to be a part of their habitus. These exposures during meals and food activities could facilitate the introduction of these and similar foods into participants' diets (Birch *et al.*, 1987; Kennedy *et al.*, 1998). This outcome was likely to be particularly beneficial for participants who were exposed to fruit, vegetables, and meals with favourable nutritional profile. If participants were exposed to the new foods repeatedly and regularly (which was contingent on their attendance and planned menus) they had a higher chance of improving food neophobia than those who attended fewer sessions (Maier *et al.*, 2007; Wardle *et al.*, 2003a; Wardle *et al.*, 2003b). It appears that such encounters with food should be encouraged and that more opportunities for tactile exploration should be created. This could include a pre-planned art activity (as seen during session Red-3) or creating opportunities during existing cooking activities and meals.

The short-term outcomes discussed earlier need to be considered when concluding the potential for long term dietary change. Since the meals offered and consumed by participants predominantly did not meet the nutritional requirements, it is debatable whether a long-term change of habits based on these meals is desirable. In addition, according to Bourdieu's theoretical framework, the change of habitus (while not impossible) is a long process that is frequently met with resistance as the doxa of social fields dictates and reproduces particular habitus (Bourdieu, 1990;2010). It is questionable then whether the exposure to foods that were not in line with habitus (as summarised in sections 9.4.1.3 and 0) was successful in encouraging participants to

alter their dietary patterns. Similarly, the provision of UFSM and FSM was also concluded to have marginal effect on overall health of pupils (Sennel *et al.,* 2018; see section 3.3.7). Furthermore, while the relevance of gender for implementing dietary change on a household level is not explored in this thesis, it should be noted that it has been previously suggested that men have significant influence on familial food habits in traditional families (Mennell *et al.*, 1992). At the same time, only 7% of participants were male (See Table 3). Considering this and the structural limitations in access to food experienced by families living in poverty, the extent of any long-term dietary change is uncertain.

Children were engaged in learning new food preparation skills which had the potential to improve their confidence in cooking and they could have gained life-long skills. This could have been particularly true for the children who participated in these activities regularly through the summer (which was again contingent on their attendance and setting's schedule). Parents were also invited to participate in the cooking activities, however, the level of difficulty did not appear to be challenging for the majority of adult participants. As discussed earlier in this chapter, cooking and preparing meals at home seemed to be a part of their habitus. It is possible that they developed ideas for child involvement in cooking and gained confidence to do so. The benefits related to development of cooking skills could have been more apparent for participants who did not possess these skills prior to attending HFP. Programmes could include activities that require both the use of basic cooking skill but also more complex techniques so that all participants can benefit. In addition, these activities should focus on recipes that are manageable in accommodations with limited space and equipment.

Finally, while some long-term nutritional benefits could have been derived from the conversations among parents, the outcomes of this peer support are also unpredictable. As indicated above, the information exchanged among peers ranged from helpful to potentially harmful. To ensure that misinformation is not replicated, staff or volunteers (ideally volunteering peers) could be trained to correct these exchanges when necessary.

The above summary was based on relevant literature and previous research to conclude possible long-term outcomes. It is not however definitive in its conclusions as further research would be required to obtain a more accurate understanding of HFP's long term impact.

9.5 What are the differences in the delivery of HFP programme within one local authority and how could they impact on the nutritional outcomes, participant retention, and sustainability of the programmes?

As presented in section 5.2, the context of research settings was characterised by several similarities. They were all located in neighbourhoods within either first or second decile of deprivation and were all located within one local authority in West Midlands. There were three settings run by the local authority and four programmes were delivered through third sector organisations. At all settings the majority of adult participants were female, and all programmes received funding from HK provider. There were also contextual differences that had an impact on observable outcomes (for example access to indoor and outdoor play areas for children or staff to participant ratios). In addition, programmes differed in their approach to delivery and further variations were noted on the themes of:

- Participant involvement in food preparation;
- Offering food choices;
- Meal timing and scheduling;
- Adherence to guidelines.

These will be now discussed in turn with the focus on the impact on participants' outcomes.

9.5.1 Staffing, sites, equipment

Purpose-built settings allocated to deliver Sure Start Children Centres (SSCC) in 2006 (HM Treasury, 2003) were frequently utilised to deliver HFP during the data collection period. Four of the research settings were Children's Centres (CC) and one was run by CC's staff at a local school. Two of the four programmes were held at CC's nurseries and two additional settings included in the staff interviews were also CC.

There were observable differences between the programmes that were delivered at these purpose-built spaces for children under five years old and those that were not originally designed with young children in mind. The use of SSCC as HFP settings could be linked to the provision of food-related courses and healthy snacks at Sure Start Local Programmes- predecessors of SSCC (HM Treasury, 2003). NICE (20016) also recognised the role of such early years settings in obesity prevention. It could seem

that implementing a new food programme would not be challenging since these settings should already have the infrastructure, equipment, and relevant policies (such as food hygiene and health and safety). However, CCs were not always advantageous, and the suitability of setting depended on particular aspects as summarised below. As discussed in chapter 7 these differences were also recognised by staff members.

One programme delivered at a CC's nursery (Yellow) and one delivered at a primary school (Blue) had access to fully equipped, commercial kitchens. Staff had access to adequate cooking equipment and dishes to allow for preparation and serving large quantities of food. Three programmes at CC only had access to small, domestic kitchens that were not appropriately equipped to prepare food during busier programmes with large numbers of participants. This suggested that the CC ability to cater for such programmes is only true in principle. In addition, the health and safety regulations governing these kitchens prevented children and parents from entering and thus participating in certain aspects of cooking (see section 7.4.3). It appeared that at the Blue centre the rules governing food preparation might have influenced staff's decision to not involve participants in any cooking activity. The rules appeared to be stricter at commercial kitchens but were also observed at some settings with domestic kitchens. In settings with domestic kitchens, there was no clear pattern in participants involvement in food preparation. This appeared to be contingent on recipes used, session scheduling, and staff willingness to offer such activity (see section 6.2). Therefore, these findings challenge the presumption that CC should be able to deliver food-related programmes purely due to their initial role in promoting a healthier diet.

The importance of adequate staffing was highlighted as another aspect of logistics that impacted on programme delivery. Particularly, staff members explained that it had a negative impact on their wellbeing and that they were not relieved of their day-to-day duties. For example, staff from Blue setting reported that:

> *'We still have to do our everyday work. It wasn't that we were released... well from meetings yes but the other stuff we had to do in between or whenever we could. (...) It wasn't ideal at all and it was a stressful time.'*

The ethics of utilising existing staff from CC, refuges, and other community settings to deliver an additional programme should be questioned. So far, this has not been recognised as an area for concern in literature by other researchers or policy advisors (Defeyter *et al.*, 2015; Forsey, 2017; Graham *et al.*, 2016; Long *et al.*, 2018). The elite

interviews also provided little consideration of this issue, however, it has been recognised that frontline delivery is linked with increased workload.

During observations, it became apparent that higher staff to participant ratio was related to more frequent food-related encouragements (see section 5.7) and thus had a potentially positive impact on food intake. However, there were no clear patterns between staff to participant ratio and participant involvement in food preparation. Instead, this was contingent on staff's planning and willingness to deliver cooking activities.

While equipment and adequate staff numbers were important, the nutritional outcomes largely depended on choices staff made and the ways they decided to utilise the facilities. This also appeared to depend on staff training, food habitus, and perceived importance of adhering to the guidelines. These discrepancies in approaches could be addressed by a nation-wide policy that would set up stricter guidelines and requirements.

9.5.1.1 Delivery of whole-family programme in early years settings

The CC settings were predominantly equipped in child-friendly furniture, while other settings had regular-sized chairs and tables. This furniture was appropriate for young children and ensured that they can comfortably participate in table-based activities and meals. However, adult participants and older children were not always able to sit comfortably as the chairs and tables were adequately small. This could limit the accessibility of the programme as older children and teenagers- too tall to use the same furniture as children under five years old- could feel uncomfortable and excluded. Although the focus on early intervention in regard to health inequalities was supported by Marmot (2010) and Field (2010), such unintentional exclusion of older children is contradictory to current initiatives undertaken by the LA that target teenagers and young adults in effort to improve population eating habits (Local Government Association, 2019). In addition, as explained in section 5.7.3, the space of CC appeared to be influencing adults' food consumption as some seemed unsure whether they are allowed to serve themselves meals. The feasibility of establishing CC as spaces where whole-family approach is utilised during HFP should be considered in regard to these findings.

At the same time, the settings equipped in child-friendly furniture also included play areas with toys, games, books, and colouring supplies for children. In non-purpose-built settings children had limited access to appropriate play articles. The impact of this on programme outcomes is twofold. Play equipment ensured that children can engage in free child-centred play which could have a positive impact on wider outcomes important for children living in poverty such as the child-parent bond (Ginsburg, 2007; Milteer, Ginsburg, and Mulligan, 2012). However, the presence of play articles inside rooms where meals were served appeared to distract the children from food consumption which in turn had a negative impact on short term nutritional outcomes (see section 6.6 and 5.3.3). Larger settings allowed for semi-separation of the dinning and play space and staff also recognised that larger spaces made it easier to deliver meals, play, and physical activities (see section 7.5.5). In that regard, the school and nursery settings appeared to be most advantageous as they offered large open spaces with a separate dining space further from play equipment.

During staff interviews, concerns were raised in relation to working in partnership with gatekeepers of schools and other external sites to secure the space for provision every year. This also appeared to be linked to the lack of ongoing funding that would allow staff to form long term partnerships and plan the provision in advance. This uncertainty was identified as a source of stress by staff members which could also impact their willingness to provide programmes in the future.

9.5.2 Access to FRC donations

As discussed through this thesis (particularly sections 7.3 and 6.5), the use of FRC donations had a notable impact on the nutritional outcomes. Four sites received the FRC donations and incorporated these foods into their menus. Staff from Purple and Grey settings also discussed their experience of using FRC donations during interviews.

The donations included unfamiliar foods which, as discussed earlier in this chapter, could have both positive and negative nutritional outcomes. However, there was no observable relationship between FRC donations and food unfamiliarity as many unfamiliar foods were also offered during sessions that did not receive any donations.

Although the use of FRC aligns with Acheson's (1998) recommendations for addressing health inequalities, the sites that did not access FRC donations were able

to pre-plan their meals and their menus were more likely to be in line with programme guidelines and to adhere to PHE (2016a) recommendations. Food donated by FRC was frequently characterised by an unfavourable nutritional profile and contributed to high levels of free sugars and saturated fats in the model menus (see section 6.5.3). Some of the donated foods were also not in line with the *Requirements for School Food Regulations 2014* as the consumption of confectionery and snacks with added sugar is not permitted (as discussed in Policy chapter). Other donations contained high amounts of salt which is also discouraged by the regulations. While the HFP is not governed by the same legislation as food provided in schools, it appears that such disengagement should be avoided since the holiday provision is, in theory, delivered in place of FSM.

Staff members expressed concern over the appropriates of donations, nutritional values, original price and availability, and variety of products. There was also stress related to the logistics of creating meals from a random collection of donated foods, the short expiry dates, and the need to utilise the food to prevent waste (see sections 7.3 and 8.2.3). Similar concerns were presented by key stakeholders in the policy-forming APPG report (Forsey, 2017).

It could be argued that the use of FRC is a solution for food waste that tackles the issue of food poverty and aligns with Government's initiatives (Department for Environment, 2018) to reduce food waste from supply chain. However, this partnership appeared to perpetuate inequalities in access to food. The unacknowledged foundation of these donations can be found in the ability of those with more disposable income to discard unspoiled, edible food. The unequal distribution of power lingers in the donations that included brand-name yoghurts and probiotic drinks, brand-name cereals, and foods from stores' premium own-label range. These foods, usually with higher price than generic brand, were recognised by staff members as too expensive and inaccessible to participating families. Health inequalities and class-based habitus, therefore, continue to be structurally replicated through such acts of symbolic violence (Bourdieu and Wacquant, 1992).

If viewed through theoretical lens of Mauss (1969) and Bataille (1988) these food donations, given from the wealthy to the poor, resemble a non-personal, modern version of *Potlatch*. As described by the two authors, potlach is the act of gifting (or destroying) items of value to demonstrate wealth and power. While in the context of

FRC this is done in the name of charity and preserving the excess of food, the unequal power relationship between the socio-economic groups is reproduced with each donation. The power acquired through social, cultural, and (mainly in this case) economic capital (see Methodology chapter section 4.4) allows those who possess it to discard items (foods) of value. Though the donations of food that would have been destroyed otherwise (as it constituted excess), the giver gains power that would not have been acquired if it was '*destroyed in solitude, in silence'* (Bataille in Botting and Wilson, 1997: 203).

In addition, the charity from more affluent to less affluent '*wounds' (*Mauss, 1969:63) the receiver as it creates an obligation to reciprocate the gift. The impact this could have on participants was not previously discussed in the context of HFP. While this thesis does not allow for an in-depth exploration of this issue, one of the ways in which the participants were able to 'repay' the donation is presented in the following section.

9.5.3 Participant involvement in food preparation

As discussed in section 6.6.8.1, there was no clear pattern in the impact of participant involvement in food preparation on the short-term nutritional outcomes. The families who participated in cooking activities were not more likely to consume more food than those who were not engaged in food preparation. It can be concluded that in the context of HFP, the hands-on experience of meal preparation did not encourage food consumption among children and adults. Other benefits were noted, for example, they were in line with the current compulsory cooking and nutrition curriculum for key stages 1, 2, and 3 (DfE, 2013c) introduced along the School Food Plan (see Policy chapter section 3.3.5). Through the activities, HFP has a potential to increase children's confidence in cooking at school and minimise any attainment gaps in this area between children who lack experience in cooking and those who are regularly involved in food preparation at home. In addition, this aligns HFP with Acheson's (1998) and DoH's (2005) beliefs that cultural capital building and health education are essential in behaviour change initiatives. Other potential long-term outcomes of cooking activities were summarised earlier in this chapter.

Food preparation activities could have a key role in participant engagement and retention. While this was related to individual preferences, the majority of children and adults appeared to enjoy active involvement in cooking. As summarised earlier in

this chapter, the cooking activities stimulated play with food which further facilitated children engagement (see section 5.4). During staff interviews, there was also anecdotal evidence of children showing interest during cooking activities. As suggested by staff from Blue centre:

> *'The children loved chopping up [ingredients] didn't they? They loved that bit.'*

The sessions that included a cooking activity frequently appeared to be more structured and engaging than the ones that focused on free play. At two out of three settings that did not offer any cooking activities participants were noted to leave early (Pink) or attend in small numbers (Blue). Other activities such as arts, crafts, physical activity, and trips were also attractive and provided a structured, interesting schedule that could encourage participation (see sections 5.10.2 and 7.4.5). Therefore, while cooking activities could have positive influence on participant retention, a definite conclusion would require further investigation.

Section 6.2.1 discussed the active involvement of adult participants in the delivery of meals through cooking activities. As summarised there and presented in several extracts through this thesis, the activities often required participants to set up and clean up cooking stations. A power relationship shift was observed as passive participants became helpers who actively supported session delivery. Since the parents appeared comfortable and skilled in performing these tasks, this shift in power could support them in feeling confident in an unfamiliar social field of HFP. Mauss suggested that *'the obligation to repay is the essence' (*p.40) of gift-giving. The active involvement in the provision gave the participants a way to reciprocate 'the gift' of free access to food and services. To a certain extent, it also balanced the power relationship imposed through the food donations as discussed above. While the gift was not 'repaid' directly to those responsible for the donations, participants' dignity was preserved as they were no longer just recipients of charity due to their lower socio-economic status. Rather, they were working as equals with staff members to ensure that activities and meals were enjoyed by everyone.

Parent helpers and volunteers who were officially supporting programme delivery were deemed to gain confidence and employment-enhancing skills (see section 7.4.6). This outcome, along with the nutritional impact of cooking activities, was also reported in policy-forming documents and literature on the topic of HFP (Defeyter *et al.*, 2015;

Forsey, 2017; Graham *et al.*, 2016; Long *et al.*, 2018). However, the impact on participants through the lens of power relationships enacted during these programmes was not previously discussed. While further research should be conducted to further the understanding of this phenomena and it could be limited to this particular provision, this is a novel finding for HFP.

Finally, the cooking activities encouraged a cross-generational approach to food preparation. The activities presented children as helpers and cooking as family-oriented time. Potentially, this could shift parental perceptions and encourage at-home practice of cooking with, not just for, children. By merging cooking and childcare into one activity, this could help the chief meal-preparers (often mothers or other women in the household) to alleviate the need to multitask (Offer and Schneider, 2011).

9.5.4 Offering food choices

For most target families, choices made by participants resulted in food intake that was less nutritionally balanced than model menus. It could appear that in terms of short-term nutritional intake *per se,* the availability of food choices had negative outcomes. However, to a certain extent, choices allowed participants to consume foods that were more familiar to them and, possibly, in proportions that met their requirements. As discussed earlier in this chapter this could have been a result of participants' making choices in line with their food habitus. Then, it is possible that without the ability to choose, participants would have consumed smaller quantities of food- which would have been negative- as it would not suit their preferences. Individual preferences were more likely to be met by the programmes that enabled choices, therefore, these programmes were more likely to adhere to FAO's food security standard (see section 9.4.1.3).

Enabling autonomous choices in children was also shown to have positive long-term impact on eating habits (Ellis *et al.*, 2016; Johnson and Birch, 1994; Mogharreban and Nahikian-Nelms, 1996). During the sessions, children were rarely given a truly autonomous choice as adults frequently controlled their food intake (see sections 5.7 and 6.3). This was observed across sessions and with various families and younger children were more susceptible to being controlled by adults (either participants or staff members). Children had the most control over their food intake when they were

preparing individual meals as part of cooking activities. This was an additional benefit of participant involvement in food preparation which should be considered by programme providers when designing activities and menus. Moreover, attention should be paid to ensure that during a food programme for children, children are treated as competent social actors (Hutchby and Moran-Ellis, 2005).

As discussed in section 5.7, parental control of children's consumption was most likely motivated by their willingness to ensure adequate intakes (Carnell, Cooke, Cheng *et al.*, 2011; Rylatt and Cartwright, 2016). It also could have been a symptom of disturbed parent-child power relationship in a non-home food environment since mothers often impose food rules to influence children's tastes and food behaviour (Hupkens *et al.,* 1998). It is possible that participants already had little power over the food consumed by their family and that their children's intakes were one of the limited aspects of home food environment they were able to control (Attree, 2005; Hayter, Draper, Ohly *et al.*, 2015). This control was taken away when food was supplied by the programme and so dictating children's choices would have restored some of the balance in their power hierarchy. Therefore, food choices in the context of HFP are not only related to nutritional outcomes but are also used as a tool for (re)negotiating power hierarchies in a new social field.

9.5.5 Meal timing and scheduling

Scheduling and timing of sessions was another aspect of programme logistics that appeared to influence short term nutritional outcomes and could have a potential impact on participant retention.

As presented in section 5.3, children were generally given sufficient time for meals and cooking activities. There were several instances when children required more time to finish their meals due to variable internal (for example age) and external (for example portion size) factors that influenced their eating rates. These variations were not always considered by staff members who made the decisions to finish meals. Children always conformed to both subtle and explicit indications that the meal was over and that they should move on to another segment of the session. While it is understandable that a daily schedule had to be followed, this was a nuanced indicator of staff's power over the participants and of control adults exert over child's use of time and space (Qvortrup, 1994). It can be concluded that child's voice was not always considered

during HFP that was designed for children. This also contradicts findings by Defeyter *et al.* (2015) which suggested that HFP was an environment where children were able to consume food at a comfortable pace.

Additionally, parents might not be willing to return if their child's food intake and overall comfort were negatively impacted by the constraints of scheduling. Adults could also feel that their individual needs were overlooked by staff members who were potentially in a more secure socio-economic position. If participants experienced disregard of their needs due to their social status elsewhere, they could perceive HFP as unwelcoming and alienating. Staff's inattention to individual needs could also be perceived as an unintentional act of symbolic violence (Bourdieu and Wacquant, 1992). In some cases, parents focused on children's individual needs and did not conform to the schedule which seemed to be another way of negotiating the power hierarchies in HFP setting.

The timing of breakfast was an aspect of schedule that appeared to have substantial impact on participant satisfaction and nutritional outcomes. It usually began after 10 a.m. but some settings worked in partnership with their participants and upon their suggestions provided an early breakfast starting at 8.30 a.m. (see section 6.4). Such approach to meal scheduling that considered individual preferences could improve participant retention as participants voice was acknowledged and their needs were attended to. In addition, other staff members indicated that participating families routinely consumed breakfast before 9 a.m. The data from observations also appeared to confirm this as several families were noted to arrive at sessions after having eaten at home. The supposed routine of breakfast consumption before 9 a.m. could have its roots in household eating habits during school term- most schools start before 9 a.m. and so breakfast needs to be consumed earlier. In that case, this would have formed and constituted their food habitus. Therefore, earlier breakfasts would have enabled the programme to provide meals in a schedule that was in line with participants habitus- which should have positive outcomes. It should be noted that this might not be the case for all participants as some families might not be in a habit of consuming breakfast at all (Sellen *et al.*, 2018).

Late breakfasts shortened the amount of time between the two meals which had a potential negative impact on food intake. The impact of scheduling with short breaks between meals on nutritional outcomes should be considered and this is a potential

area for improvement. However, as explained in section 6.4, the available data did not provide definite conclusions regarding this relationship.

The issue of meal scheduling was discussed during staff interviews and it was suggested that the provision should be limited to lunch and that snacks (fruit and yoghurt) should be made available in lieu of breakfast. This was a reported practice at Purple centre where the programme was adapted accordingly:

> *'In past, we used to have breakfast before we realised, if we were giving them [the families] a heavy breakfast, they won't have their lunch. So, we decided to put out just some fruit so they are coming, and they can help themselves to that and then at 12 p.m. they're hungry so they can have lunch.'*

Staff also believed that this would prevent some families from consuming two breakfasts (one at home and the second one at the setting) and lunch within a short period of time. It was recognised that the outcomes of such food intake were contingent on individual circumstances. Depending on food security and health status of particular family, the outcomes could be either positive (if they experience hunger and are unable to access sufficient amounts of any food) or negative (if they overconsume energy-dense foods of low nutritional quality). Literature and policy documents regarding HFP and school food provision reviewed in chapters 2 and 3 indicate that the former is more common among attendees of HFP as families with such demographic profile struggle to provide any food. At the same time, the poverty-obesity paradox needs to be considered. Both nationally and locally, there is substantially more overweight (approximately 23%) than underweight children (1-1.5%) at reception (PHE, 2018). For these children, further overconsumption of food would not have been beneficial. While similar observations were made by Graham *et al.* (2016), the current policy initiatives recognise the importance of breakfast provision by establishing breakfast clubs in schools where a high percentage of pupils are eligible for FSM (DfE, 2014).

The time frame of 2.5 to 4 hours was also deemed insufficient for the delivery of two meals and required activities (see section 7.5.2). The provision could be either limited to only one meal or the session could be extended to accommodate two meals, sufficient breaks between meals, and other activities. Given these discrepancies, a flexible, tailored, and participant-focused approach to breakfast provision and meals scheduling should be utilised. This is a novel finding as the impact of meals scheduling

on nutritional outcomes was not previously discussed in literature despite the inclusion of programmes with varied approaches to meals in two studies (Graham *et al.*, 2016; Long *et al.*, 2018) and in evaluative, policy-forming reports (Forsey, 2017).

The length of provision and frequency of sessions was deemed sufficient by staff members to achieve programme goals and engage with the participants. In fact, shorter provision with less frequent sessions appeared to be favoured by members of staff (7.5.2). This could be due to the challenges of delivering HFP and difficulties experienced by staff members during the provision (see section 7.5). As discussed earlier in chapter 6, the delivery pattern observed during first data collection period could only have a minimal impact on the food insecurity related to holiday gap in school food provision. Staff expressed concerns regarding attendance that could be exaggerated by longer and more frequent provision. It was deemed that an obligation to attend all sessions (as practised at the time) would discourage participants from signing up for programmes with more sessions. It appeared that an ideal model would involve frequent sessions delivered throughout the summer holiday that can be accessed by participants at any point without commitment.

The discrepancy between staff's perceptions and programme aims outlined in policy initiatives was not limited to programmes included in this PhD study. The policy-forming report by Forsey (2017) advocated for such provision that ensures coverage during all six weeks of school holidays with frequent sessions. Simultaneously, the report also included voices of staff members who believed that less frequent provision is sufficient to reduce the financial strain of school holidays.

9.5.6 Adherence to guidelines

During interviews, the staff suggested that it was not always feasible to deliver the sessions in line with the guidelines set up by programme providers (see section 7.5.1). Required attendance quotas were believed to impact participant retention. As explained above, a model without attendance commitment appeared to be more suitable and in staff's view would have reduced some barriers to access. The requirement to deliver all sessions at one venue, imposed by FRC and programme provider, was also believed to impact sustainability and accessibility of the programme.

Staff also indicated the difficulties in delivering a programme that focuses on food delivery, food-related education/skills, and wider activities. In chapter 6, it was highlighted that the sessions which focused on enrichment activities often forwent involving participants in cooking altogether. Similarly, sessions with cooking activities often lacked time to organise additional adult-led activities and frequently involved children in free play between meals and cooking (see section 5.10). During sessions that made attempts to provide all elements (cooking, meals, and enrichment activities) the provision was fast-paced, and children more often appeared to have inadequate time to consume their meals. HFP across the UK is delivered in a variety of approaches to activities ranging from meals only to provision of all elements as indicated above (Forsey, 2017). While others have recognised the wide benefits of more complex provisions (Graham *et al.*, 2016), the issues related to such delivery and the impact on both staff and participants were not yet investigated.

Further research would be required to conclude the advantages and disadvantages of these distinct approaches. At this stage, a question arises whether HFP should focus on food insecurity or whether it is expected to tackle all issues faced by the families who live in poverty. Enrichment activities observed across the settings (such as budgeting or local trips) indicate that the current provision attempted to address a range of systemic problems that were otherwise deemed as a matter of wider structural inequalities (as discussed in chapter 3). Food insecurity is a consequence of a multitude of problems and food habitus is impacted by both agency and the field (Bourdieu, 2010) so such complex provision is justified, however, it appears that it requires longer sessions to accommodate all segments.

In terms of nutritional outcomes, settings that closely followed programme provider guidelines were more likely to provide menus that adhered to Dietary Reference Values (DRVs) (PHE, 2016a). For example, programme provider suggested that sugary soft drinks (including ones labelled sugar-free) should not be provided and that no snacks/desserts other than yoghurt and fruit-based desserts should be made available. The provision of protein, vegetable, and carbohydrate source ever day was also encouraged. This closely resembles the recommendations outlined in the DRVs and the government's policy tool 'Eatwell Plate' (PHE, 2018).

It should be noted that the provision of food in line with the guidelines was frequently not possible due to the contents of FRC donations. However, as discussed throughout

this thesis, staff often made their own choices regarding which foods should be included in the menu and offered to participants (for example see section 5.10.6). Staff who did not use FRC donations and planned their meals also did not always provide meals in line with the guidelines, for example, no source of proteins was offered during session Orange-2 despite in-advance planning.

As indicated in section 5.8.1, staff members sometimes based the menus on their food habitus rather than the provider's guidelines. Staff agreed that they used their personal experience, skills, and knowledge (gained both from home environment and previous work) to design the menus and cooking activities. This is not unexpected as they perceived the programme training as insufficient in equipping them with knowledge and skills to compose healthy meals, cook for participants from different ethnic backgrounds, and to provide meals in a large community setting (see section 7.5.3).

This shortcoming related to delivery by staff members who are not adequately trained is not addressed by Forsey (2017) or other literature published to date. It appears that this oversight of insufficient training is systemic across the food-related initiatives as similarities are noticeable between HFP and the delivery of 'food' qualification as part of the national curriculum. Teachers who deliver the sessions in Key stage 1 and 2 might not necessarily hold essential knowledge or expertise and training are not mandatory (DfE, 2013). HFP, therefore, lacks models of good practice as little emphasis is put on training and support of staff. The negative outcomes of this are not limited to participants' nutritional intakes or knowledge but also include staff wellbeing. If staff members lack the confidence to deliver the food-related aspects of the session it is likely they will experience stress. In fact, some staff members reported having to cooperate with a nutritionist as they did not feel comfortable designing the menus themselves.

Notably, following the rules in food delivery did not necessarily result in higher food intakes or intakes that were more nutritionally balanced. As explained earlier, participants' choices and food habitus influenced their nutritional intake and staff's commitment to delivering food in line with guidelines did not always have a significant impact on the actual intakes of target families (see chapter 6). Similar observations were noted among school pupils who alter their food intake through selective choices during school lunches (Hart, 2016). This further reinforces the importance of considering individual food habitus and autonomy of choice in HFP.

9.6 What are the views, perceptions, and reported practices of stakeholders in the provision of holiday food programmes?

The findings from analysis of interview data were presented in chapters 7 and 8. These findings supported the discussion on the two first research questions in sections above. The third question related to staff and elite perceptions and reported practices in HFP. Four main themes were identified for discussion in order to address this question:

- Perceptions of participants;
- Dichotomies between observable and perceived food outcomes;
- Dichotomies between staff and elite perceptions;
- Developments to date and in the future.

These are discussed below with the focus on the potential impact on nutritional outcomes.

9.6.1 Perceptions of participants

Despite obvious emotional and professional involvement in the cause and acknowledgements of the injustice of holiday hunger, both staff and elite participants expressed views that were stereotypical of lower socio-economic groups. This included the aspects of diet such as the notion that '*the families are not into'* eating healthily and preparing homemade dishes or the belief that children are never involved in food preparation at home. These views were frequently contradictive to findings from literature presented in chapter 2 and the conclusions summarised in sections above which indicated that such families frequently are aware of healthy eating guidelines, are skilled in food preparation, and are concerned for their children's diet. Other stereotypical views related to wider aspects of life such as a lack of goals and aspirations or inability to go on a holiday. Simultaneously, both groups expressed beliefs that some families '*have a good understanding of nutrition'* (section 8.3.1) and staff members acknowledged families' ability to cook ethnic meals (see section 7.2.1). Coordinators and policy advisors also expressed contradicting views regarding participants' dietary behaviours and the need to recognise their strengths (see section 8.3.1).

The omission of apparent links between cooking ethnically and ability to prepare food could be a symptom of everyday reproduction of systemic and symbolic violence

towards ethnic minorities (Bourdieu, Passeron, and Nice, 1977; Karlsen and Nazroo, 2002). The symbolic violence also seemed to influence elite participants views regarding the inclusion criteria and fears of creating a 'ghetto' (a term with negative connotations regarding minorities) where harmful behaviour would be perpetuated (see section 8.4.4). Such thinking is paradoxical since, according to Bourdieu, the symbolic violence is one of the main reasons for the reproduction of inequalities (see section 4.4.2). However, these views were stated by staff from varied backgrounds including White British, South Asian, and Black. It is possible then that these discrepancies between observable and perceived characteristics were caused by negative perceptions of families living in deprivation. These perceptions could be partially related to stereotypical views as discussed earlier in this section and a belief that diet is primarily a matter of agency rather than structure. The findings presented in chapter 7 indicated that staff members rarely recognised the structural issues that could cause the families to struggle with following a healthy diet and cooking at home (see section 7.8). Their views were contradictory to policy initiatives that focused on improving diet through recognition and addressing structural barriers to health (as discussed in chapter 3 sections 3.3.1 and 3.3.6).

Despite similarities observed in food habitus between participants and some staff members (as summarised in section 9.3.3), staff described themselves as more knowledgeable, skilled, and proficient in areas such as preparing creative meals, cooking healthy, or buying healthy food on a limited budget:

> *'You know, lots of stuff I made was sort of pasta, potatoes, rice... Stuff that they [participating families] eat but maybe not in the same way, you know, [for example] make it into a bake. Baking stuff... making them understand how you can buy jars of stuff, the cheap basic ones, and then just buy a few things to add into it and then it makes it taste so much better' (Black)*

It is also highly likely that participants of elite interviews had higher socio-economic status than participating families. Then, their perceptions could be indicative of a persistent need of those from a more affluent background, or those seeking/ experiencing upper social mobility, to distinct themselves from families living in deprivation (Bourdieu, 2010).

These perceptions could be influencing the delivery of the programme and limiting the potential nutrition outcomes, for example, by focusing on food preparation tasks that

are simple and basic (as discussed in section 9.4.2.2). The findings also suggest that class-based tastes and distinctions not only persist in contemporary Britain but have a noteworthy role in HFP. This should be considered as part of the planning and programme implementation to improve the outcomes. A reflection on staff, coordinators, and policy advisers' socio-economic position could partially prevent this seemingly inherent issue with programmes developed by those from middle and upper class for families living in deprivation. It is, however, lacking from literature and policy-forming documents on HFP (Defeyter *et al.*, 2015; Forsey, 2017; Graham *et al.*, 2016; Long *et al.*, 2018).

9.6.2 Dichotomies between observable and perceived food outcomes

Further discrepancies were noted between observable and perceived outcomes of HFP. As discussed below, the major inconsistencies related to nutritional outcomes and the nutritional quality of food. The perceptions about participants described above could have resulted in these discrepancies as the food-related outcomes were concluded to be more significant for families experiencing severe food insecurity and lacking basic cooking skills (see sections 9.4.1.5 and 9.4.2.2).

It is notable that interviews with staff and elite participants were conducted a year after the observations took place- it is possible that due to the introduction of funding from DfE (see section 7.6) the menus differed from that offered during the first data collection period. However, settings remained dependant on FRC donations and elite participants agreed that the funding remained insufficient. Both staff and elite participants also agreed that the increased funding was conditional on an extended provision and did not result in an increase in food budget per participant. It is also possible that both groups were influenced by social desirability bias or Hawthorne effect (Sapsford and Jupp, 2006) as their responses reflected their practice and could play a role in obtaining further funding. Thus, the discussion below is based on the conclusion that the possibility of substantial changes in food outcomes was minor but should not be disregarded.

9.6.2.1 Food quality

The food served during the sessions was believed to be nutritious and healthy by both groups of participants (see sections 7.2.3 and 8.2.1.). Some suggested that most meals

were served hot and were based on food cooked from scratch, as discussed by staff from Blue centre:

> *'We made curries, stews, fish pies, lots of chicken. Fish fingers and they*
> *loved that, our own chicken nuggets- and even pudding'*

These hot meals were equalled with nutritious food and were believed to facilitate the provision of healthy options:

> *'Hot meals are very popular and, obviously, they are more nutritious,*
> *or they tend to be anyway...' (Policy advisor 1)*

In addition, elite participants stated that food was safe, and staff discussed practices they utilised to protect participants with allergies and intolerances (as discussed in section 7.2.1).

As summarised earlier in this chapter, the analysis of observations and food data indicated that while food safety was ensured, the menus did not always provide food in line with BNF (2017) recommendations. It was also concluded in sections 6.6.9 and 0 that meals consumed by target families were rarely nutritionally balanced. Cold, rather than hot, lunches were provided during almost a third of all sessions and cereals with cold milk were provided during almost all breakfasts. Hot lunches made entirely from scratch were also rare and served during only four sessions.

There are three potential reasons for these discrepancies. Firstly, it is possible that staff and elite participants' understanding of 'healthy' food varied from the definitions used for data analysis. For this study, healthy food was understood to have a balance of nutrients in line with PHE (2016) recommendations, whereas participants might have based their definitions on either personal beliefs or another legislation such as the School Food Standards (2014). As explained in chapter 3, School Food Standards do not necessarily dictate a food provision in line with PHE (2016) -for example, by presenting unhealthy foods as acceptable form of reward- which could result in a distorted understanding of healthy food intake.

Secondly, the understanding of 'cooking from scratch' vary among individuals (Lavelle, McGowan, Spence *et al.*, 2016). For this study a traditional definition of using primarily raw ingredients was used, however, for participants scratch cooking could constitute a modern version that incorporates the use of convenience products (ibid). If this modern definition was applied to the findings, and store-bought products such

as pastry or baked beans were considered to constitute a part of meals made from scratch, then the number of hot lunches made from scratch would increase to eleven.

Finally, this could be an implication of the methodological limitations of this study. Only two to three sessions were observed at each setting and so the findings presented in this thesis are a snapshot in time. The analysis of target family food intakes had a limited sample size and should not be used to make generalisations. It is possible then that during other sessions or for other participants, the food served was in line with staff and elite views. Inversely, interview participants might have been affected by the social desirability as explained in section above. A further longitudinal investigation is required to make definitive conclusions in this regard.

9.6.2.2 Nutritional outcomes

The nutritional outcomes for families as presented by staff and elite participants aligned with the programme aims and goals. Staff believed that children and adults tried novel dishes and variations of familiar dishes (see section 7.4.4). One of the policy advisors explained that participants were learning to like healthy food through consumption during sessions (see section 8.2.1). Another presumed outcome stated by both groups of participants was that cooking activities promoted healthy eating habits and allowed participants to build confidence in cooking:

> *'… getting different ideas, healthy eating, taking healthy recipes back, some of the families even said that they are going to change how they use sugar and salt in their food.' (Purple)*

The adult participants were supposedly able to learn ways of acquiring and preparing food on a restricted budget and staff claimed to demonstrate time-saving and waste-preventing measures (see section 7.4.1).

The outcomes summarised above aligned with staff perceptions reported by others (Defeyter *et al.*, 2015; Graham *et al.*, 2016) and the perceived impact of HFP as presented by Forsey (2017). It is possible that these reports influenced participants' perceptions and the outcomes also appear to be based on an idealistic belief that programme goals were reflected in practice.

The findings summarised in this chapter indicated that the outcomes were not as profound for the majority of participants. While novel foods and variations of familiar dishes were introduced, the potential benefits were not straightforward particularly

when participants' habitus (see sections 9.4.1.3 and 9.4.1.4) or the frequency and method of exposure were considered. Similarly, both White British families and families form South-Asian background were noted to reject foods that were not in line with their cultural background (for examples see chapter 5 section 5.8.2). Therefore, since novel/ healthy foods were not necessarily consumed, the presumption that participants learn to like healthy food through consumption was not supported by the findings.

While some adult participants agreed that the recipes used during the programme were novel to them, the benefits of cooking activities were not unconditional (see sections 9.4.2.1.B and 9.4.2.2). The extent to which the families benefited from cooking activities in terms of nutritional outcomes was concluded to vary in line with their previous experience. In addition, as discussed earlier, the presumption that families can learn from staff about purchasing food on limited budget is not supported by research into experiences of those living in deprivation and seems to be based on stereotypical views of lower-income groups. As explained in section 9.6.1, these views are also reflective of beliefs that health is determined by agency rather than structure.

The findings appear to suggest that the interview participants described *potential* rather than evidence-based outcomes. These idealistic perceptions could limit the extent of further development and improvements in terms of nutritional outcomes. More reflection should be focused on the responses of participating families to the foods and activities, rather than on the exposure to these *per se*. However, the methodological limitations explained above should also be considered in this regard.

9.6.3 Dichotomies between staff and elite perceptions

Inconsistencies were also noted between elite perceptions of provision and practices reported by staff members. The major dichotomies related to the delivery of complementary activities and appropriateness of food-related training as discussed below.

9.6.3.1 Complementary activities

Both groups of participants stressed the importance of complementary activities and discussed a range of benefits to participating families. Elite participants stated that varied, structured, adult-led activities should be the focal point of HFP (8.4.3). While this was motivated by the need to maintain engagement and reduce stigma, such broad

approach to the delivery appears to reflect the shift in the provision offered by CCs as they become required to tackle a wider range of family-related issues (Breslin, 2019).

Meanwhile, one of the staff members indicated that the logistics of provision did not always allow them to deliver complementary activities and cooking activities during the same session (7.5.1). This issue was also noted during observations as programmes that offered structured activities rarely involved participants in food preparation. The impact of this on nutritional outcomes was discussed in section 9.5.6. Furthermore, the target session analysis (section 5.10) indicated that complementary activities frequently took a form of free play rather than creative, physical, or educational activities.

Key stakeholders, decision-makers, and policy-influencers must have a realistic understanding of programme capabilities to deliver the activities so that the provision can be tailored in accordance with programme aims. As concluded earlier in section 9.5.6, either programme aims, or the length of sessions should be adjusted. In addition, as explored in section 9.5.1, the issue of workload and capacity of frontline staff to deliver a wide range of activities also needs to be considered. To certain extent, this was addressed by the use of contractors who provided complementary activities. While this was identified as good practice by staff members (see section 7.4.5), it did not resolve the issue of limited time to implement cooking and complementary activities during the same session.

9.6.3.2 Food-related training

Gaps in food-related training for staff and volunteers were recognised only by one programme coordinator, the other three elite participants believed that those who deliver session have adequate training and experience (see section 8.2.5). The majority of staff members agreed with that statement and felt that training offered by the provider of HFP was sufficient. All staff members also held relevant food hygiene and allergen awareness certificates. Simultaneously, staff from half of the settings that participated in interviews expressed concerns that the training did not provide them with substantial knowledge and skills to cook nutritionally balanced meals in a community setting (see section 7.5.3).

The impact of gaps in food-related training was previously discussed in terms of subsequent need for staff to rely on their own experiences and food habitus in

designing the menus and cooking the meals. However, not all staff members had pre-existing knowledge and skills that could be utilised in the absence of formal training, this concern was for example expressed by staff at Blue setting:

> *'And our staff haven't ever cooked with parents and that before [delivering HFP]'*

This could have negative impact on the short-term food outcomes and lead to avoidable stress for staff members. In addition, the lack of food hygiene and allergen awareness training among agency staff and volunteers could also negatively affect the safety of food (see section 9.4.1.2). While the law does not specifically state training that should be undertaken by those working with food in a public setting, the employer must be able to present due diligence in ensuring that the risk of food contamination and food-borne disease is minimised (Food Standards Agency, 2009). Therefore, to comply with regulations, these volunteers and agency staff would have to be excluded from food-related tasks.

It was also recognised by staff at Blue setting that not inviting the volunteers to official training had potential negative impact on their experience:

> *'They [programme provider] didn't invite the volunteers, but they should. They definitely should make them feel like they are part of it and not separate from us [paid staff members]. Takes a lot for somebody to volunteer, you know, you have to respect that.'*

The lack of awareness regarding the issue noted among the elite interviewees, particularly the policy advisors, is concerning and could have negative outcomes for the programme. It is notable, however, that one of the programme coordinators- who was also overseeing planning and delivery of training- recognised the shortcomings of their provision in this area. It appears then that this concern began to be recognised by those who were closest to delivery. The policy-advising document authored by Participant 3 also stressed the importance of robust, nation-wide training structure to ensure safe and nutritious provision across different HFP. The lack of knowledge and skills was reported as a barrier to delivery as out of 232 sport club organisations interested in delivering HFP majority indicated a need for further training:

> *'51.1% of respondents felt they needed training in food hygiene, 60.4% in cooking and 59.8% in nutrition' (Forsey, 2017: 53).*

However, it was not explicitly stated that the then-current level of training undertaken by frontline staff was insufficient and experiences of staff who had to provide food

without adequate training were not reported on. These finding provides a novel perspective on the issue and highlights the areas that should be considered during future development of HFP. The identified gaps in food-related training could be investigated further to understand the extent of the issue, however, this finding partially responds to the lack of data on the topic reported by Mann (2019).

9.6.4 Development to date and in the future

In chapter 3, the policy developments in the area of food provision for children were discussed. These included the policy governing food in schools, provision of FSM, and recent initiatives in HFP (DfE, 2018b; DfE and Zahawi, 2019; Forsey, 2017). It was noted there that the government and public interest in HFP was increasing every year. The logistics of programme delivery, primarily the funding body and the extent of delivery, underwent major changes between the first data collection period in 2017 and the completion of this thesis in spring 2020. These changes were reflected in responses of staff and elite participants and, as explained earlier in section 9.6.2, had a potential impact on the nutritional outcomes.

Despite the increasing financial involvement from DfE (2018; 2019), elite participants agreed that there was a need for long-term funding commitment (see section 8.2.4). While the increased funding was also welcomed by staff members (see section 7.6), the grant-dependent model caused several issues related to late confirmation of funding that had potential negative impact on the outcomes (such as gaps in training discussed above). In addition, third-sector organisations remained responsible for programme design, coordination, and delivery. These conclusions support the findings by Mann (2019) who suggested that HFP continues to reflect the 'Big Society' policy initiatives established by the Conservative-Liberal Democrat coalition government in Localism Act 2011.

A nation-wide provision with strong local partnerships was called for to ensure that all families living in deprivation have a chance to access HFP during all school holidays (see sections 7.7 and 8.5). Elite participants believed that this would ensure consistency across the programmes and it is probable that it would resolve some of the observed issues such as the need to relay on FRC donations. However, it should be noted that the standardisation of provision might result in other problems. Particularly it poses a risk of too rigid structure that does not allow for adapting the

programme to the needs and cultural background of participating families. This could have negative impact on the programme outcomes since, as discussed for example in section 9.5.5, a flexible and tailored provision is necessary to maintain engagement and maximise nutritional benefits. Since variations existed among the nine settings located within one LA, it is highly probable that these will be greater on a national scale.

Elite participants provided a seemingly most appropriate solution to the above issues: a government-funded provision, governed by national policy that requires LAs to coordinate and promote HFP while ensuring that LA-maintained facilities work in partnership with programme providers. The usage of schools as venues was deemed as practical solution to observable and reported issues of space and access to catering equipment (see sections 7.7 and 8.5). Staff members added that LAs could also play a role in referring the families. Similar conclusions were drawn by Mann (2019) and Forsey (2017). However, this appears to encourage further dependency on third sector organisations to ensure frontline delivery. While some evidence exists to support the beneficial effect of multi-agency partnerships on the implementation of health interventions (Hanson, Cross, and Jones, 2016), this model was not found to have significantly better outcomes than other models of delivering health and social policy (Perkins, Smith, Hunter *et al.*, 2010). It also seems to be taken for granted that these agencies have the capacity to continue delivering the extended provision. As discussed earlier the delivery in existing model caused several issues and was a source of stress for staff members and already overstrained CCs. A question arises whether it would be more appropriate to encourage the employment of staff members specifically to provide HFP.

These voices are consistent with staff perceptions reported by Graham (2017) regarding HFP in Wales and South of England. However, similarly to findings by Forsey (2017) and Mann (2019), staff members also reported difficulties in forging partnerships with schools and gaining access to their facilities (see section 7.7). It was suggested that the centralised support and LA responsibility would have resolved the issues of access and credibility and lead to improvements in provision.

It appears that the explicit need for statutory guidance and centralised provision is evident of the 'Big Society'-style approaches to community support being inadequate in the context of HFP. It should be noted, however, that this research did not show

significant positive impact of variables that the interview participants deemed to be improvable with statutory guidance on nutritional outcomes. Instead, these outcomes were primarily influenced by the human factors such as staff decisions and participants' choices- both of which appeared to be determined by their food habitus (as explored earlier in this chapter).

Therefore, it can be concluded that there is a need for national policy and guidance to provide coherent HFP. However, the attitudes, skills, and knowledge of frontline staff, as well as cultural and socio-economic variations in dietary patterns, should be considered as an integral part of any future guidelines.

9.7 Conclusion

In this chapter I have addressed the research questions and provided the conclusions based on findings of this mixed-methods investigation. HFP was explored with the focus on food-related outcomes for participating children and parents.

It became apparent that the families and the provision were influenced by the socio-economic inequalities in access to healthy food. Furthermore, it was shown that HFP can both reproduce and address these inequalities. Simultaneously, the food provided by the programmes and participants' responses to that food were driven by the class-based and culturally-influenced food habitus. It also became apparent that HFP is an arena where familial and societal power relationships are enacted, negotiated, and reproduced. While this study did not originally aim to explore such issues, these power relationships appeared to impact the nutritional outcomes of the provision.

I have identified problems related to the provision of such programmes through existing child and family services and the negative impact these have on nutritional outcomes. In addition, food redistribution charities were shown to contribute to the reproduction of class-based inequalities- however, it was recognised that this could be mitigated with careful planning and cooperation and they could continue to support the provision. It has been concluded that a broad provision, with secure long-term funding commitment on a national level, is necessary to adequately address the issue. Figure 14 below summarises these findings and provides a simplified overview of factors that impact the nutritional outcomes of HFP.

The next chapter provides concluding remarks and a reflection on the research process.
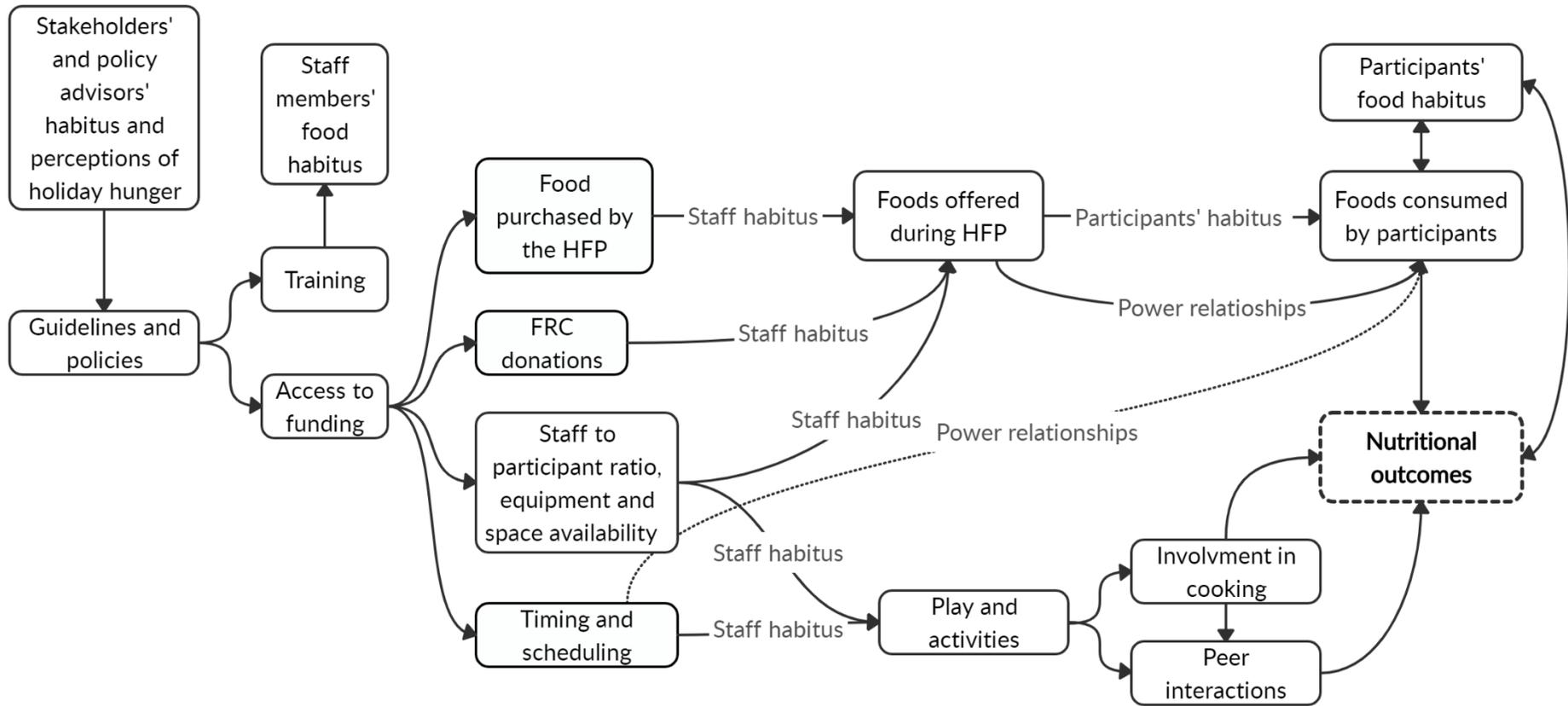
Figure 14 The summary of factors that impact the nutritional outcomes of holiday food programmes.

Chapter 10 Conclusion

10.1 Introduction

In this final chapter, implications for practice will be highlighted as this thesis aims to inform the national implementation of HFP. This chapter will also reflect upon the research design, limitations of the study, and areas of knowledge to which contribution has been made.

10.2 Implications for practice and public policy

Due to an ongoing state of austerity in the UK and changes in welfare policy introduced between 2015-2017, the households in lowest two income deciles were predicted approximately £1000 per year worse off financially in the long term (Hood and Waters, 2017). It was also estimated that low-income households with children lost up to £3800 because of the reforms (Bourquin, Keiller, and Waters, 2019). In addition, prices of staple food continued to inflate and were feared to increase further due to the withdrawal of the United Kingdom from the European Union (British Retail Consortium, 2019). Recent reforms to benefits system and the introduction of Universal Credit were also feared to negatively affect children's eligibility for FSM (Joyce and Watres, 2018). Therefore, it is likely that the number of families experiencing holiday hunger will not decrease in the near future.

Despite the above and the fact that a statutory response to the issue was requested from the Parliament in the School Holidays (Meals and Activities) Bill in 2017, at the time of writing this thesis the government continued to devaluate the responsibility for HFP to charities and third-sector organisations and promote the grant-depended model of funding (DfE and Zahawi, 2019).

The findings of this thesis indicated that statutory guidance along with long-term, centralised funding commitment are necessary to sustain HFP and to ensure that LAs support the provision. The sections below summarise these and other key implications for practice and public policy.

10.2.1 A need for statutory guidance

Despite the recent funding of 2018 and 2019 summer HFP by DfE, there is still a need for robust statutory guidance that not only ensures a nation-wide provision but also

provides coherent guidelines in relation to food standards during HFP and required training for staff and volunteers.

Food standards that align with PHE (2016) dietary guidelines or School Food Standards (2014) should govern HFP to improve food security (FAO, 2019) by providing sufficient amounts and meeting the dietary requirements of participants. To continue enabling access to food that is safe (FAO, 2019), the guidance should cover aspects related to food hygiene and allergen awareness. To facilitate the implementation of standards, all staff members and volunteers involved in food preparation and handling need to be trained in the following areas:

- Food hygiene and safety;
- Allergens and intolerances awareness;
- Skills and techniques of cooking large quantities of food in a community setting.

Additional training should be mandatory for at least a couple of staff members per setting to ensure consistency in the nutritional quality of provided meals and food-related activities. This could also minimise the influence of staff food habitus on the nutritional outcomes. Staff members identified the below areas of training as helpful:

- Fundamentals of nutrition;
- Composing healthy menus in line with standards;
- Skills and techniques of participant engagement in food preparation.

Given the limited resources and funding for HFP, a statutory requirement could be put on LAs to facilitate the referral process, to ensure that the families in most severe food poverty can benefit from the provision.

The guidance should implement a robust framework for evaluation and reflective practice to ensure that the key stakeholders are aware of the experiences and voices of participating families and frontline staff. This would minimise the dichotomies in perceived and reported outcomes and support further development of HFP.

Despite the need for statutory guidance, the provision needs to remain flexible (particularly in terms of scheduling) to meet the needs of local communities. Food standards should also remain flexible to ensure that the meals can be adapted in line

with the cultural and ethnic backgrounds of the participating families (Mucavele *et al.,* 2013).

10.2.2 The extent of provision

I identified three key areas regarding the extent of HFP as impacting the short- and long-term nutritional outcomes. As summarised below, these included:

- The frequency and length of sessions;
- The provision of complementary activities;
- Utilising a whole-family approach.

The findings of this study indicated that to support the families experiencing holiday hunger, the provision should be extended so that more free meals can be accessed. This should include an increased frequency of session that are delivered each week of the summer holidays. The provision should also take place during remaining school holidays and half-term breaks as they constitute a significant part of out-of-school time (approximately 35 working days for state-maintained schools). However, while there is a need for the families to have frequent access to the provision, they should only be encouraged (rather than obliged) to attend the sessions.

A complex model of provision, one that delivers complementary activities along with meals and cooking activities, addresses a range of issues related to inequalities in health and access to food. It also allows the programme to provide benefits beyond the food-related aspects of health such as the peer and family socialisation or educational attainment. To accommodate all these segments and ensure that outcomes are not negatively affected by the time constraints, sessions longer than three hours should be implemented.

While child food intake is rightfully a priority of HFP, the findings indicated that a whole-family approach to health and dietary behaviour should be utilised to ensure positive outcomes and to align HFP with current international health agenda (WHO, 2019). The food intake and other nutritional outcomes of attending adults should be given equal attention and, given the role of male figures in household diet and the fact that they might also be experiencing hunger, the programmes could be more inclusive of male participants (for example through referral process and ensuring that relevant information is communicated with those who cannot attend the sessions). Guidelines

for practice could draw from the whole-family approach to health and wellbeing as encouraged by the Children and Families Act (2014).

10.2.3 Food-related practices

'Preventing all forms of malnutrition' is one of the commitments of United Nations as part of their goal of tackling global malnutrition (United Nations General Assembly, 2016). HFP could contribute to this commitment by ensuring that both over- and under-nutrition are addressed. This research identified several food-related practices that impacted nutritional outcomes and some food-specific recommendations could be made to ensure that various forms of malnutrition are alleviated, for example:

- Potential way of ensuring a more balanced macronutrient profile should be considered. This would potentially introduce a wider variety of foods into the menus which is recommended by BNF (2016) for the general population and it should increase the availability of micronutrients in the meals provided during HFP.
- Dairy products and breakfast cereals provided the participants with substantial amounts of essential micronutrients and the importance of consuming such breakfasts for nutritional outcomes was apparent.

This section summarises the key concepts that programme providers and frontline staff could utilise to facilitate positive outcomes. These concepts, described below, could be summarised under the following overarching themes:

- The importance of recognising children as social actors in HFP;
- The importance of considering structural and individual determinants of dietary intake.

HFP provision should be an environment where children are celebrated, allowed to make autonomous decisions, and their capacity as social actors is acknowledged. To ensure this, staff could encourage and create opportunities for tasting and tactile manipulation of food. Within reason, children should also be allowed to make decisions regarding their meals and make choices out of nutritious food options. Staff are encouraged to involve children in food preparation- which facilitated both tactile food exploration and autonomous choices- so that they can learn new skills and gain confidence in cooking. Other relevant findings from behavioural nutrition on

overcoming food neophobia and the importance of social influence on children's food intake could be utilised to enhance the child-centred provision.

Cultural food norms, class-based distinctions, and structural limitations to consuming a healthy diet should be considered when planning and delivering the programme. Cooking activities that engage adult participants in food preparation tasks should ensure that the skills, techniques, and recipes used range from basic to moderately advanced so that all participants can develop their existing abilities. These activities should utilise recipes and cooking methods that are manageable in accommodations with limited space and equipment. Such approach would align the provision with policy initiatives that focus on the structural determinants of dietary behaviour (DHSC, 2011; DHSC, 2013; DoH, 2011; Marmot, 2010).

The findings of this study indicate that to ensure positive nutritional outcomes, meals should be provided in line with participants' food habitus. Simultaneously, because of the potential positive impact in the long-term, the provision of novel foods (not in line with participants' habitus) should be frequent and repeated. However, when such novel foods are offered, familiar options with similar nutritional values should be offered at the same time. If choices in food are offered, staff should ensure that these choices are not taken away from the children.

10.2.4 Future developments: a shift from third sector delivery?

While this research did not set out to explore the positive and negative aspects of Big Society-style model of delivery, the findings and implications for practice outlined above indicated several issues related to the then-current style of provision (Mann, 2019). Namely, third-sector organisations and Children's Centres should not be expected to provide frontline delivery. Utilising existing staff members needs to be considered in the context of their capacity to provide such programmes, particularly on the recommended extended scale. It also appears unreasonable to expect the practitioners with expertise in their fields to undertake necessary training as outlined in sections above.

The use of existing community space should also be carefully considered as the rooms are utilised for other purposes and might not have the capacity to host HFP for the frequency and length of provision required to ensure positive nutritional outcomes. While schools were indicated as ideal venues in terms of space suitability, and they

remain unused during the holidays, the responsibility for provision should not be shifted from third-sector agencies to school staff.

It appears that if HFP was to become a national, centrally-funded programme governed by statutory guidance there would be a need to create a new service infrastructure that would allow recruitment of paid staff and volunteers to be trained and deliver the programmes. Such investment in the provision would align with the United Nations' commitment to increase funding for dietary interventions (WHO, 2019).

Partnerships with FRC was another aspect of HFP that drawn from the principles of Big Society. While FRC has the potential to complement the provision, the programmes should have an appropriate food budget, so they do not need to depend on these donations. It is also advisable the programme providers and FRC work in close partnership to ensure that the donated food is not conflicting with programme messages and goals.

The question arises whether, in the current and ongoing state of austerity, the above is at all possible. While perhaps not realistic, the above suggestions (based on the research findings) are identified as best practices that would have addressed many challenges experienced by frontline staff members and could facilitate the positive nutritional outcomes.

10.3 Contribution to knowledge

This doctoral study aimed to explore the nutritional outcomes of HFP in the context of socio-economic inequalities in access to food and to contribute to the fields of public health nutrition and sociology of food. I analysed the findings of data collection using established sociological theories, and this analysis utilised existing body of knowledge from a range of relevant fields. It can be concluded that the results of this systematic investigation furthered knowledge about HFP in the following ways:

1. A methodological contribution was made for evaluating nutritional interventions for vulnerable adult participants and children. By using Bourdieu's theoretical lens to understand observational data, qualitative approaches to data collection and interpretation were successfully utilised in place of quantitative tools typically found in studies concerned with nutritional outcomes and dietary change. These qualitative methods facilitated the

research with vulnerable participants and allowed the exploration of participant responses to HFP without their active input. This was important in the context of holiday hunger and food insecurity, as more direct methods of data collection could negatively affect the participants.

2. This was a first observational study that focused on the experiences of the families participating in HFP and observable reactions to the provision. Through these observations, a significant contribution was made to the limited body of knowledge about HFP in the UK regarding the logistics and challenges of provision and their impact on provided food and nutritional outcomes. It was also concluded that stakeholders' and staffs' perceptions (which were previously used as a main source of knowledge) should be approached with caution as dichotomies were noted between their views and observable outcomes.

3. This was the first research investigation that utilised sociological theories to explore HFP. By doing so, it found that the class-based and culturally influenced food habitus plays an important role in experiences and nutritional outcomes of families who took part in interventions directed to those who experience food poverty. It was also concluded that the provision replicated structural power hierarchies and inequalities in access to food (particularly through the donations from food redistribution charity).

This has also confirmed that the class-based distinctions in taste and power hierarchies enacted through food continue to exist in ethnically-varied communities of modern Britain.

Finally, these findings indicated that these socio-economic differences and inequalities are not considered when attempts are made to improve the diets of families from lower-income groups. It appeared that despite working daily with such families, the systemic power hierarchies and subsequent stereotypical perceptions of participants' dietary behaviour influenced the views of frontline practitioners.

4. It was concluded that adult-child power relationships are enacted during HFP and were shown to have a potential influence on children's food outcomes. It was also shown that the programmes, although created for children and working on improving their health outcomes, at times did not recognise and celebrate their perspective, innate needs, and capabilities as social actors. Good practice was identified as ensuring that the provision of meals and activities is child-centred through, for example, allowing and encouraging play with food and other forms of tactile exploration.

5. This study also offered an important contribution to the field of behavioural nutrition that examines methods of influencing dietary behaviour. It was shown that methods and concepts utilised in behavioural nutrition were enacted during the HFP and that they could be consciously used to facilitate positive nutritional outcomes. *Food choices* and *social facilitation* were concluded to have an observable influence on nutritional outcomes in the short term (and possibly long term) for both adult and child participants. However, the involvement of participants in food preparation was not concluded to have a clear impact on the short-term food intake and participants' food choices.

The research approaches and data that allowed for the above contributions to emerge were characterised by inherent, unavoidable limitations. These limitations are discussed below along with an overall review of the research design. These limitations also highlighted areas for future research, which are summarised in section 10.5.

10.4 Review of the research design

10.4.1 Theoretical framework

In chapter 4, I presented Bourdieu's theoretical theories as a framework for analysis of the food-related practices and nutritional outcomes of HFP.

The use of these concepts allowed me to explore the complex field of HFP and the varied responses to, and interactions with, food. It became apparent that the class-shaped tastes and distinctions govern the provision and impact nutritional outcomes of participating families. Bourdieu's understanding of agency and structure provided a framework that facilitated interpretation of findings and it was concluded that HFP is influenced by both agency and structure. Participants' behaviours appeared to be

shaped by their choices and limitations that exist in their environment. Additionally, frontline staff members experienced the structural limitations of funding, space, and food donations while simultaneously shaping the provision through their own choices and perspectives. It was also concluded that, food habitus and familiarity with meals had a substantial impact on participants' food intakes and that foods that did not align with their tastes were rejected.

To support the interpretation of data, this research also incorporated findings regarding food neophobia from the field of behavioural nutrition. It was understood that the neophobic response to meals- a physiological mechanism observed in human and non-human animals (Reilly, 2018)- is interlinked with Bourdieu's theories of distinction and class-shaped tastes. It could be suggested that the neophobic response forms a part of hexis- the embodied disposition of the social field. This could be particularly true for adults as those from more affluent background are more likely to try new foods, or seek opportunities to do so, while the lower socio-economic groups limit their food choices and are more likely to express neophobic response to novel foods (Bourdieu, 2010; Flight *et al.*, 2003; Tuorila *et al.*, 2001). This relationship could also exist in children as they are physiologically conditioned to like the flavours of foods consumed by their mother even before birth (Gallo, 2018). This physiological mechanism could partially contribute to the generational reproduction and embodiment of food habitus. However, some food rejections that were interpreted as a response to unfamiliar foods might have been caused by other psycho-physiological factors (Gallo, 2018; Harris, 2018). Nevertheless, this integrated approach allowed me to interpret participants' behaviours and draw conclusions regarding the possible implication for policy and practice.

I also noted additional, unexpected social phenomena that required me to seek further sociological theories to aid the interpretation of data. The theories of Mauss and Bataille regarding the power mediated through gifts/donations and waste proved to be useful theoretical lenses (Bataille, 1988; Mauss, 1969). They allowed me to understand the power hierarchies that were enacted during the provision and that appeared to influence participants' experiences. When used along Bourdieu's theories of distinction they indicated that the programmes might contribute to the reproduction of social inequalities. I also utilised these theories to determine the sustainability of the programme and the value of partnerships with FRC.

10.4.2 Research methods

These methods and other aspects of research design were introduced in detail in chapter 4. The following sections summarise key reflections regarding the suitability of research design for achieving the research aims.

The observations of HFP took place during July and August 2017, and I have spent approximately 100 hours conducting direct observations or working as a volunteer. This was supplemented with ten interviews that ranged in length from 30 minutes to 105 minutes. The prolonged presence within the field of HFP ensured credibility and allowed me to familiarise myself with the context of settings and with various social actors that used and influenced the provision. It also improved my understanding of the core issues regarding HFP and participants' culture (Onwuegbuzie and Leech, 2007).

Multiple case study (Stake, 2000; Yin, 2009) allowed me to draw conclusions regarding the impact of contextual variations on nutritional outcomes. Subsequently, I was able to identify best practices and understand the implications of these findings for policy and practice.

The sequential transformative design strategy to mixed-methods research (Creswell, 2003) allowed me to undertake two periods of data collection. These periods were separated by 16 months which enhanced the interpretation of findings in the context of provision that was in a constant state of flux. Several findings related to the developments in provision would not have been achieved if all data was collected in a shorter time frame.

The study design involved both passive and active observations: I had time to focus on detailed participant observations while simultaneously working as a volunteer which produced rich data (Simons, 2009). As a result, I was particularly conscious of the impact that HFP had on staff wellbeing and the subsequent influence of this impact on nutritional outcomes and programme sustainability.

To enhance the trustworthiness of the findings (Guba and Lincoln, 1982) the methods of data collection and research findings were open to peer review and questioning by a wider academic audience during seminars and conferences. I have supplied a full list of these events in Appendix K.

10.4.3 Limitations of the study

The time and logistic constraints that govern doctoral research limited this small-scale study. The small sample size allowed me to explore HFP in depth and to provide a rich description of participant experiences. However, this limits the applicability of findings to a wider context. The study was not longitudinal and did not include a follow-up stage. Due to this, the long-term outcomes were based on the observational indicators and were not always conclusive. However, these indicators are representative of HFP delivered in geographically large and diverse urban environments and the findings could apply to areas of population with similar characteristics nationally and globally.

The nature of these settings and vulnerability of participants meant that it was not feasible or ethical to utilise experimental methods of measuring eating behaviour (Hill, Rogers, and Blundell, 1995) or traditional dietary intake record methods that rely on information reported by the participants (Johnson, 2002). In addition, to minimise the risk of harm to participants, I did not collect any demographic or personal data. Instead, the conclusions were based on observable characteristics, public records regarding socio-economic and ethnicity statistic of wards and neighbourhoods, and data on HFP participants from academic and grey literature.

The observational nature of the study meant that there was a potential for bias, which was mitigated by the strategies explained above. Yet it remains notable that the use of theories reviewed earlier meant that certain meaning was assigned to the findings. In particular, the findings regarding participants' reactions to food were susceptible to interpretative errors. I believed that the rejections of food were a sign of neophobic reactions to novel foods, but it is equally possible that some of these were a result of pickiness (characterised by the rejections of familiar and unfamiliar foods) or restrained eating due to dieting (Alley, 2018). Similarly, participants' behaviours interpreted to stem from social facilitation, distractions, or session timing could have resulted from entirely different reasons. To address this issue, thick descriptions and rich data were provided so that the reader of this thesis is able to make their own conclusions and interpretations.

10.5 Future research

Prior to concluding this thesis, there are specific recommendations for future research that I would like to make based on the findings and limitations of my work.

Since women continue to spend twice as much time as men on cooking and childcare (Office for National Statistics, 2016), it is understandable that the majority of adult participants were women. It was, however, noted that since males significantly influence the familial food intake, steps should be taken to involve them in HFP. Future research could explore the importance of gender roles in dietary behaviour on the outcomes of HFP particularly in terms of long-term change of food habits.

A qualitative investigation of participants' perceptions in regard to the provided food and food preparation activities could corroborate the findings of this study. Research methods that involve participants in a conversation, such as interviews or focus groups, could be utilised to establish whether the interpretations made based on the observational data were accurate.

This study recognised several strategies of influencing food intake that staff members unconsciously utilised during provision (such as social facilitation or play with food). However, it was not possible to make definitive conclusions regarding their impact on nutritional outcomes. Future research could be conducted to explore the potential of utilising these and other behavioural nutrition methods in HFP setting. This could provide further recommendations for practice.

There is also a need for a quantitative investigation of food-related health outcomes in the short and long term. To date, the information regarding the outcomes (from this and other studies) depends on self-reported and observable data. While these are highly beneficial to understanding participants' perceptions and experiences, future research should focus on measurable physical health outcomes. This is important in the context of the obesity paradox and other health risks related to food insecurity. Such quantitative investigation could also explore the impact of HFP on addressing the causes of holiday food insecurity in terms of financial resources and household spending on food.

The findings that emerged from this doctoral research brought to attention several social phenomena that were enacted and reproduced during HFP. To contribute to the field of food sociology, further research could conduct additional investigation of the

power relationships that were observed within the families and between the different groups of participants. In addition, it appears that the issues surrounding the use of FRC donations and their contribution to replication of inequalities in access to food should be explored in more detail.

Finally, experimental research could explore the importance of providing food in line with participant habitus for dietary interventions such as HFP. While it was concluded here that there was an observable relationship between food familiarity and nutritional outcomes, an experimental study could address the limitation of this interpretative doctoral research.

10.6 Concluding remarks

In this thesis, I have summarised the good practices of HFP, areas for reflection and development, and potential advice for policy and practice. While I have suggested that a robust framework and guidelines regarding the food provision are required, it was also recognised that these need to remain flexible to allow for adjustment to needs and expectations of participants from various backgrounds. Finally, it can be concluded that food habitus and the structural aspects of access to food should be both considered when designing and providing nutritional interventions. This proved important for both short and long term aims of the programmes.

Despite various identified issues, HFP delivers crucial support for the families who experience food insecurity. While it is unable to address the root of the problem, it can (at least partially) alleviate one of the symptoms of poverty. It provides a secure environment for the families to socialise, play, and enjoy the holidays. Perhaps, through the commitment and hard work of frontline staff, it has the power to '*make a difference to a generation of children'* and I can hope that through this thesis I have also contributed to that aim.

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Appendix A

BIRMINGHAM CITY University

CONSENT FORM- HFP staff

Title of Project: Addressing Holiday Hunger: a mixed-methods study of nutritional outcomes of school holiday food programmes for children.

Please   initial

1. I confirm that I have read and understood the information sheet for the above study.

2. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

3. I understand that my participation in the study is fully voluntary.

4. I understand that I am free to withdraw up to the point of data analysis (September 2017) without giving a reason.

5. I fully consent to be interviewed and I understand that the recorded notes are to be used as part of a PhD thesis and other publication purposes.

6. I agree for my name and a description of my work to be included in the thesis and other publications.

7. I agree to take part in the above study.

_____   _____   _____
Name of Participant   Signature   Date

_____   _____   _____
Researcher (Ms. Karolina Klimczak)   Signature   Date

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CONSENT FORM- Adults

Title of Project: Addressing Holiday Hunger: a mixed-methods study of nutritional outcomes of school holiday food programmes for children.

You are invited to take part in this study. **All aspects of this research are voluntary, and your decision will not influence your or your child participation in Holiday Kitchen activities.**

Please   initial

1. I confirm that I have read and understood the information sheet for the above study.

2. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

3. I understand that my participation in the study is fully voluntary.

4. I understand that I am free to withdraw up to the point of data analysis (September 2017) without giving a reason. My data will remain anonymous and confidential.

5. I fully consent to be observed and I understand that the recorded notes are to be used as part of a PhD thesis and other publication purposes.

6. I understand that confidentiality and anonymity of the data recorded are assured during and after the study has been completed.

7. I agree to take part in the above study.

8. I agree for my children to be observed and for the data from the participative activity to be used for this research.

_____   _____   _____
Name of Participant   Signature   Date

_____   _____   _____
Researcher (Ms. Karolina Klimczak)   Signature   Date

Consent leaflet for the registration form:

A PhD student from Birmingham City University will be supporting this holiday food programme. Karolina has worked with children and families before and has training in safeguarding children and nutrition. Karolina would like to invite you to participate in her study about food related outcomes of this programme. If you agree to take part, you are not asked to do anything in addition to already planned activities. The researcher will be observing activities and making notes about her observations. All notes will be anonymous and confidential and stored in a secure filing cabinet. **Taking part in this study is voluntary and your decision about whether to participate will not affect your participation in holiday food programme.** If you decide you no longer wish to be observed, Karolina will not observe you anymore and your data will be removed from the study. She would also like to observe your children and invite them to take part in a fun drawing activity. Please sign below if you agree for her to observe you and your family. Thank you.

Print name...............................Signed................................ Date.................................

CONSENT FORM- elite interviews

Study Title: Addressing Holiday Hunger: a mixed-methods study of nutritional outcomes of school holiday food programmes for children.

Name of Researcher: Karolina Klimczak

Project Code: PhD-H 1617-01 KK 0036   Participant identification number:

Please   initial

1. I confirm that I have read the information sheet [01/12/18; version 1] for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.	
3. I understand that relevant sections of my data collected during the study may be looked at by individuals from Birmingham City University and from regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
4. I understand that personal data about me will be collected for the purposes of the research study including name and description of my work, and that these will be processed in accordance with the information sheet [01/12/18; version 1].	
5. I agree for my name and a description of my work to be anonymised and kept confidential.	
6. I fully consent to be interviewed and I understand that the audio recorded notes are to be used as part of a PhD thesis and other publication purposes.	
7. I agree to the use of anonymised quotes in research reports and publications	
8. I agree to take part in this study.	

_____   _____   _____
Name of Participant   Signature   Date

_____   _____   _____
Researcher (Ms. Karolina Klimczak)   Signature   Date

Addressing Holiday Hunger: a mixed-methods study of nutritional outcomes of school holiday food programmes for children.

Information sheet for participants- staff

This information sheet aims to provide more details about the research project and answer your potential questions. You can contact me by phone or email if you need more information about any aspect of the study. My contact details: 0121 331 6124; Karolina.klimczak@bcu.ac.uk.

What does the research involve?

This research aims to explore the nutritional benefits of holiday food provision for children in West Midlands. These programmes have only recently started to be delivered in England and are not yet extensively researched. I would like to contribute to the limited body of literature by studying the nutritional outcomes as well as the organisational aspects of such programmes. The study might help the programmes become more credible and gain additional funding. As a result, more children across the country will have access to nutritious, healthy food during the school holiday periods.

Who will be involved in the research?

This research will take a form of a case study and it will consist of six research sites.
All attendees (adults and children) of the programmes at the six research sites will be invited to take part in the study. All participants will be asked to be observed during food related activities and all children will be invited to take part in a fun participative activity. I have attached a photograph of the activity for your convenience.
All staff members and volunteers will be asked for permission to include their work in observation records.
In addition, expert interviews will be conducted with relevant staff members and key stakeholders.

What is the time frame of the research?

The study will last from 2017 to 2020. The visits to the research sites will take place during the summer of 2017. Data analysis will start in September 2017.

What if I want to withdraw?

You have the right to withdraw from the study at any time up to the point of data analysis (September 2017) without providing an explanation. If you decide to do so, all data collected from you will be securely disposed of.

What am I required to do?

You will be asked to participate in an interview about your experience and perceptions of holiday food provision. By consenting, you are agreeing for the interview to be recorder and included in the thesis. Should you wish, you will be able to see my notes and the transcript to verify the contents for accuracy. You will also have the right to withdraw from the study without giving a reason up to the point of data analysis.

How will you ensure confidentiality?

As a participant of this study, you have the right to remain anonymous. If you wish to do so, any data which identifies you will be kept confidential. All data will be anonymised and held securely on a password protected memory stick and a locked filing cabinet in locked offices on University premises. Additionally, this data will be backed up on my password protected University online drive. You have the right to see any of the information relating to you. Any details that you disclose about the programme will be treated in the same manner.

What happens if any sensitive issues are raised during the study by myself or other participants?

The researcher will implement Safeguarding Procedures by the National Society on the Prevention of Cruelty to Children and the BCU Safer Working Policy for Adults who Work with Children, Young People, and Vulnerable Adults. These protocols will be followed at all times throughout the research, including any disclosures made by any of the participants (adults or children).

If any sensitive issues are raised during the data collection, these will be discussed with the participant or with guardians and a mutual decision will be made as to the inclusion of such issues in research data. Additionally, I will operate within the constraints and procedures of any onsite safeguarding policies implemented by the research sites

I hold a current enhanced DBS certificate, Level 2 Award in Safeguarding and Protection of Children and Young People as well as a Level 1 and Level 2 Award in Awareness of Domestic Violence & Direct Questioning.

What will happen to the results of this research?

At the end of the research, the findings will be used to produce a doctoral thesis. They will also be shared through articles and presentations with:
• Students and researchers in England
• Stakeholders involved in the delivery and funding of the holiday food provision such as charities, policy-makers and commissioners.

The thesis will be available to access by any of the participants upon request. I will also produce a summary of the thesis which will be shared with Holiday Kitchen providers.

Who is organising and funding the study?

This study is being organised and funded by the Centre for Social Care, Health and Related Research at Birmingham City University.

Who has approved the study?

The Faculty Academic Ethics Committee for the Faculty of Health, Education and Life Sciences at Birmingham City University reviews this research and protects your safety, rights, wellbeing and dignity.

What if I have more questions or do not understand something?
You can contact me at any time using the details provided at the top of this leaflet. If you do not receive satisfactory answers to your questions, you can contact Dr Carolyn Blackburn (Carolyn.Blackburn@bcu.ac.uk).

Addressing Holiday Hunger: a mixed-methods study of nutritional outcomes of school holiday food programmes for children.

Food activity/ meal time observation record

The observation record will focus on both children and parents when possible and appropriate. Notes will be taken on any interaction with food or when food is discussed (any aspect e.g. health, taste, fun).

Name of research site (pseudonym to protect identity of participants):

Date:

Length of the activity:

Number of participants present (adults):

Number of participants present (children):

Number of HFP staff/ volunteers:

Food-related activity: yes / no

If yes, details of the activity:

Meal: Breakfast / Lunch / Snack / Dinner

Code names:

Time	Participants (number, code names)	What is being said/ done	Does the activity provide opportunity to learn about food/ nutrition? (yes/no)	Does the activity provide opportunity to gain any cooking skills? (yes/no)	Reflection/ researcher's thoughts

DIY Placemats

Age range

All ages with support from parents and carers

Activity aim

For children and families to create personalised and colourful placemats that they can use throughout the programme and then take home.

You will need:

- ☐ A4 paper
- ☐ Crayons, pens, pencils etc.
- ☐ Photocopied images of food
- ☐ Glue or tape
- ☐ Scissors (or precut images)
- ☐ Laminator

Activity detail

On Day 1 of your programme, give children (they can work on their own or with adult help) the A4 paper, photocopied images of food and drawing tools. Ask them to draw or glue on 'food'. The idea is for them to create an image of what they think word 'food' represents and means.

If you are using photocopied images of food, please make sure that the images include different types of food for example: fruit, vegetables, pasta, bread, sweets, crisps, sandwich, cake, pizza, fish etc.

Laminate the placemats so that they can be used throughout the programme during meal times for easy cleaning. Please photocopy the placemats or take pictures for evaluation.

Repeat the activity on the last day of your programme. Again, laminate the placemats so that Families can take them home but please photocopy or take pictures for evaluation.

This activity is simple and doesn't require a lot of resources but is a fun way to create something useful and personal. It will also help us to understand children's ideas about food an d see if these change during the programme.
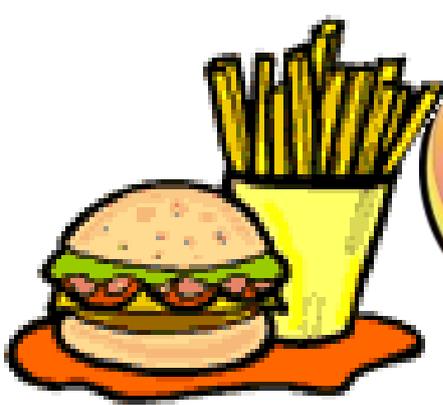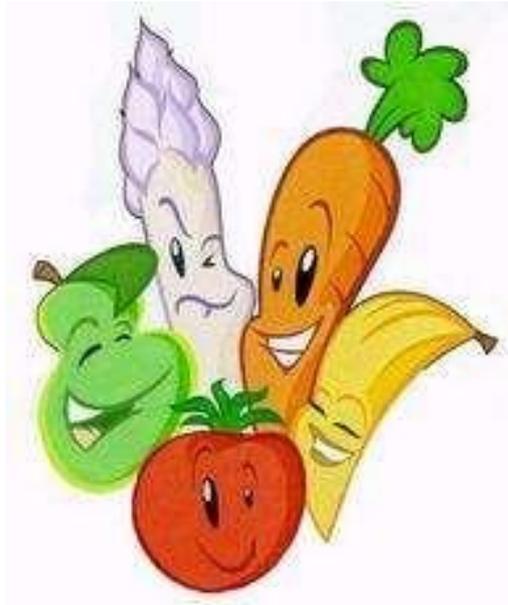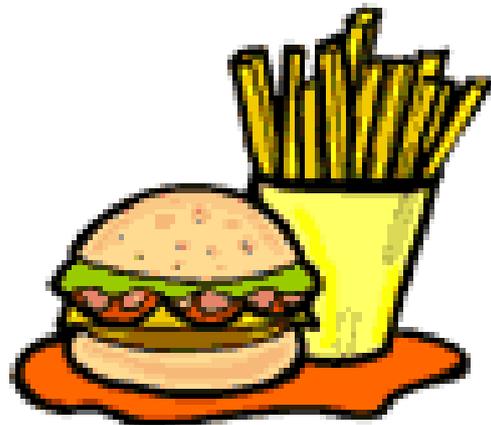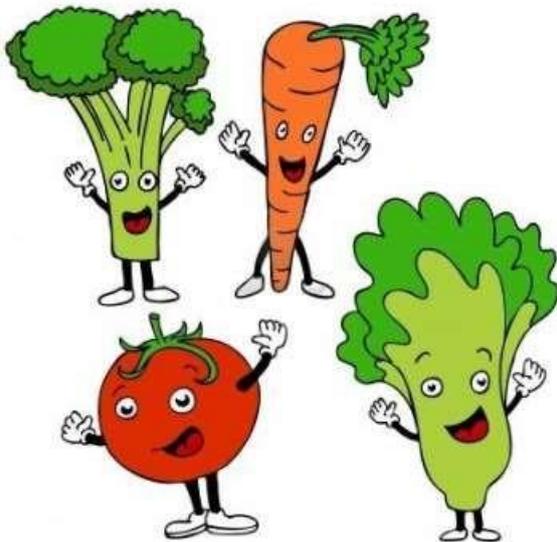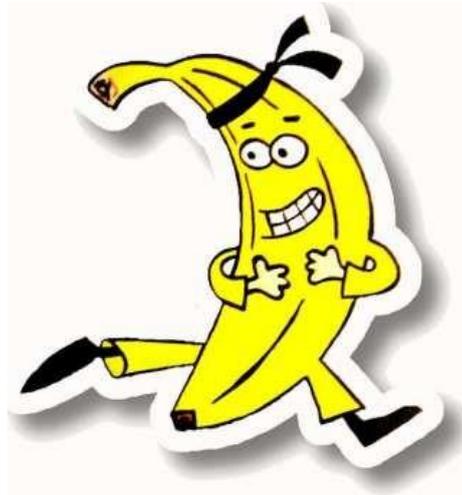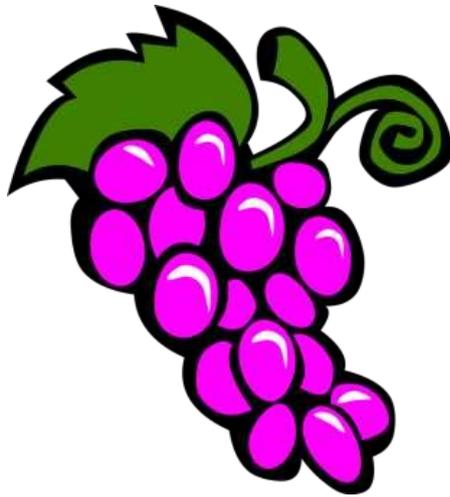
Proteins   Help build a strong and healthy body.

Carbohydrates   These starchy foods give us energy and warmth.
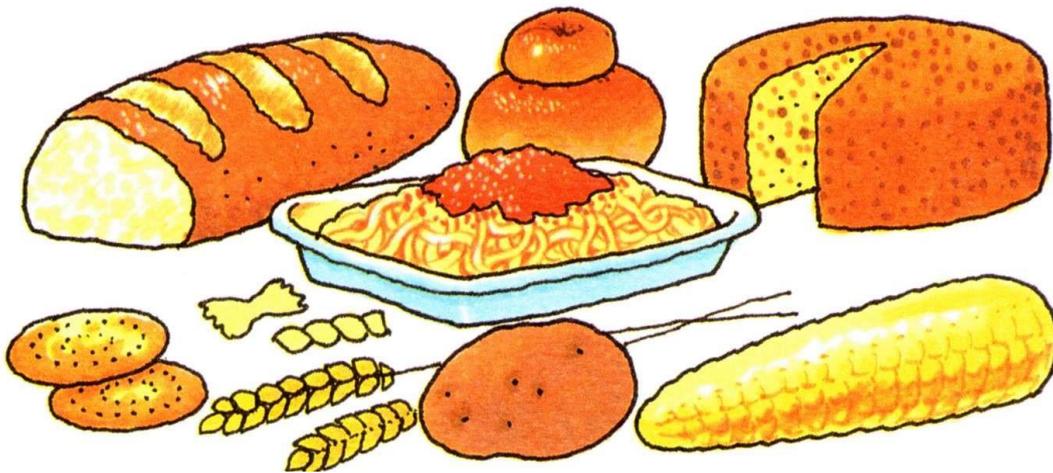
Kid's Healthy Eating Plate

© 2015, Harvard T.H. Chan
School of Public Health
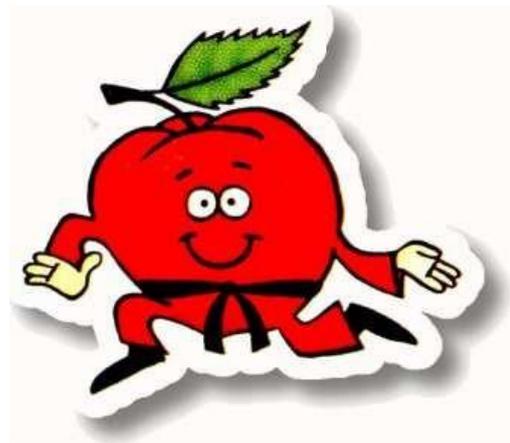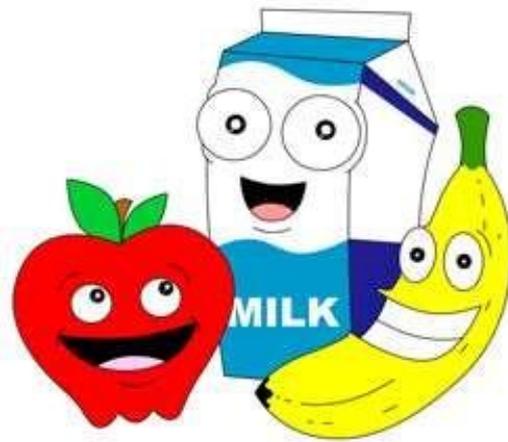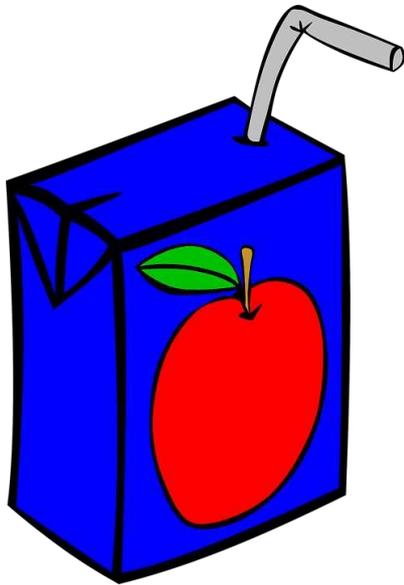
Appendix D

Interview schedule- elite participants

PART A: ABOUT YOU AND YOUR WORK

1. Can you please tell me a little bit about your role? (prompts: your responsibilities, how long have you held this post?)

2. What are your professional aims and goals for the next year?

PART B: ABOUT YOUR CONTRIBUTION TO HOLIDAY FOOD PROVISION

1. Can you please tell me about your work in the area of holiday food programmes?

2. What was the reason for your initial involvement in holiday food programmes?

PART C: ABOUT THE PROGRAMMES

1. What are the characteristics of a successful holiday food programme?

2. What are the aims and objectives of holiday food programmes in your view?

3. What parameters could be used to identify whether or not they achieve these aims?

4. How do the programmes contribute to current policy initiatives such as the Healthy Child Programme or the Early Years Foundation Stage? (prompts: obesity prevention, malnutrition)

5. How else could/should the programmes be integrated into the current Early Years and school provision?

6. What is the role of local authorities in the delivery of them?

7. What are your perceptions on current funding and resources in the provision (including staff and space/ facilities, food)? (prompts: comment on quality/ healthiness of food, portion sizes)

8. Do you believe that staff involved in the provision of these programmes have sufficient knowledge and training? (prompts: in nutrition, food hygiene, cooking, child-centred activities)

PART D: ABOUT THE PARTICIPANTS

1. Which families do you think should attend the programmes? (prompts: early years or school age)

2. How important do you think these programmes are for families in the UK and why?

3. What do you think families gain from participating in holiday food programmes?

4. Who do you think benefits the most from participating?

PART E: FUTURE INITIATIVES FOR HOLIDAY FOOD PROGRAMMES

1. How sustainable are the programmes over the next five years?

2. What key policy initiatives would you like to see initiated?

Interview schedule- staff members

PART A: ABOUT YOU AND YOUR ROLE

3. Can you please tell me about your work in the area of holiday food programmes?
   (prompts what is your job title, how long have you held this post, have you worked in other similar posts)

4. What kind of training did you attend to prepare for this area of work?
   (prompts: what is a general childcare course, was there training on nutrition/health/working with families)

5. Do you believe that staff involved in the provision of these programmes have sufficient knowledge and training on food and diet for families of diverse heritage and backgrounds?

PART B: ABOUT THE PROGRAMMES

9. What are the characteristics of a successful holiday food programme?

10. What are you views about the frequency and length of the sessions of your provision?
    (prompts are they long enough, are they frequent enough)

11. What are your views about the food provided for families in your programme?

12. How much choice do the participants in your programme have about the food offered to them, are there dietary choices or is the choice restricted?

13. What are your views about the activities provided for families in your programme?

14. What do you think families gain from participating in holiday food programmes?

15. What do you think families gain from participating in your programme specifically? (any different from other programmes delivered in this area?)

16. What are your perceptions on current funding and resources in your programme (including staff and space/ facilities, food)?

PART C: ABOUT THE PARTICIPANTS

17. What do you think the participants enjoy about the food served during the programme?

18. What do you think the participants enjoy about the activities offered to them during the programme?

PART D: FUTURE INITIATIVES FOR HOLIDAY FOOD PROGRAMMES

19. What are your recommendations for policy makers in this area/ what should be done in the next 5 years?

Appendix E

Food record

Name of researcher: Karolina Klimczak

Research site and date:

Number of participants present (adults):   Number of participants present (children):

Number of HFP staff/ volunteers:

Food-related activity planned for today: yes   /   no

If yes, details of the activity:

Meal: Breakfast   /   Lunch   /   Snack   /   Dinner

Food available for the day (to be completed prior to the session)

Food group	Ingredients and amounts available
Fruit	
Vegetables	
Carbohydrates	
Proteins	
Dairy and alternatives	
Fats and oils	
Drinks	
Premade meals and snacks	
Other (e.g. Spices, salt, condiments)	

Methods/ recipes used (to be completed prior to the session)

Meal/ Dish	Ingredients used	Methods	Participant involvement

Notes (for example any notes about changes to the food preparation or ingredients that happen while the food is being made)

Appendix F

Table 17 Time differences between the first and last child to finish a meal.

Session	Meal	Meal start time	1st child finish time	Last child finish time	Difference	Observation
Red setting						
Red-1	Lunch	12:15	12.30	12.40	10min	Child 2 from Family 2 left the table first. The child had a second serving of pasta but did not finish eating it and did not eat any yoghurt for dessert. Child 1 from Family 2, the last one to finish, leftover some of the main dish but had the yoghurt for dessert.
Red-2	Breakfast	10:15	10.35	10.45	10min	Child 1 Family 1, who finished first, started the breakfast with a portion of cereals but did not eat all of it. Then the child had two pancakes, ½ of a banana, and approximately 2 tablespoons of a fruit compote. The child appeared to not enjoy the pancakes, pushed away all the fruit, and then left the table leaving most of the food uneaten. The child who finished last also had cereals first. The child ate the cereals and then only had a small portion of fruit compote but no pancakes. The child ate slowly but ate everything on their plate.
Red-2	Lunch	12:30	12.35	12.45	5min	Child 1 Family 1 (the same child who finished breakfast first in the example above) did finish the meal first but only ate two bites of a pizza and did not want any more. The last child to finish the meal ate significantly more than the first child but still left some food.
Yellow setting						
Yellow-2	Breakfast	10:10	10.20	10.35	15 min	Child who finished first had very small amount of cereals, approximately 2-3 tablespoons, and went to play immediately after finishing their food.

						Child 1 from Family 1 ate very slowly but Adult 1 from Family 1 kept encouraging the child to continue eating. The child finished 5 minutes after everyone else did but they ate all their food.
Yellow-2	Lunch	11:40	11.55	12.10	15min	Child who finished first had one small pita bread and approximately two table spoons of yoghurt dip and small portion of salad at first, didn't take any salsa. The child finished the salad and had another small pita bread to finish the dip but didn't eat any fruit salad for dessert. Child 1 from Family 3 started the meal with one small pita bread, small portion of salad, 2 tablespoons of yoghurt dip and some tuna filling. The child wasn't eating the food on their plate but had another pita bread with cheese. The child ate most of the pita bread with cheese but leftover most of the food. The child took a fruit salad and finished eating it at 12.10.
Green						
Green-2	Breakfast	10:35	10.45	10.50	5min	Child 2 from Family 1, who finished first, started the breakfast with a portion of cereals and then had some additional cereals but did not take any toast or plum. finished first, had extra portion of cereals but no plum. Child 1 from Family 1, sibling of the child who finished first, had a portion of cereals and took a piece of toast. The child ate the whole portion of cereal but left ½ of the toast and didn't eat any plums.
Green-2	Lunch	12:15	12.35	12.45	10min	The same child who finished first during breakfast (Child 2 from Family 1) also was the first child to finish eating lunch. The child had 1/2 of potato, a portion of cheese and beans and ate all the food. Last child to finish (also one of the siblings) Child 3 from Family 1 had a similar portion of food to Child 2. The child said that they are full and left approximately two spoonfuls of food.
Blue setting						
Blue-1	Lunch	12:50	13.00	13.10	10min	One family was observed during the session, three children finished the meal at the same time and the last child to finish was the youngest sibling.
Blue-2	Lunch	12:40	12.47	12.57	10min	Child 4 from Family 1 ate all their food at first and then helped themselves to a second serving. However, the child was distracted by another participant and left the table to play leaving most of the second serving.

						Child 3 from Family 1, again the youngest sibling, was the last to finish. The child was also distracted by other children who were playing and gradually lost interest in the food (this is discussed in more details in section 1.1.3)
Orange setting						
Orange-1	Lunch	12:20	12.35	12.45	10min	Child 1 from Family 4 finished first but they left most of the meal uneaten. They said they don't like the potato, left the food, and went to play. Last child to finish, Child 2 from Family 2, ate longer than other children but they had second serving of food and finished both servings.
Black setting						
Black-1	Breakfast	10:40	10.45	10.55	10min	Two children finished first and went to play, the child to finish last was the youngest sibling who got distracted, went to play, and then came back for more food (more details in section 1.1.2).
Black-1	Lunch	12:15	12.35	12.40	5min	The same family as above, the youngest sibling finished first and went to play. The child who was last to finish said they don't want to eat anymore because they are full. However, the parent encouraged the child and so they continued eating until they finished the food.

Appendix G

Red research site

Table 18 Session Analysis: Red Research Site, Session 1

Context	Purpose-built early years setting run by a third sector organisation. The building was located by a busy road with access to public transport. The centre was at the edge of an estate with three tower blocks. A discount supermarket as well as Asian and Polish shops were within a ten-minute walk from the centre. The neighbourhood was amongst the 10% most deprived in the country and in 2011, the majority of population identified as White British.
Staff to participant ratio	2:14 (9 children and 5 adults)
Session's length	3 hours (10am- 1pm)
Resources available	The room was designed for children under five years old. It was equipped with toys, games, books, craft and colouring supplies. Tables and chairs used during the session were small and intended for young children. The room had direct access to an outside area with child-friendly facilities. A domestic kitchen was located next door.
Food supply and planning	Staff planned the menu prior to the session with the cooking activity in mind. The food was funded through Accord and the setting was allowed up to £15 per session.
Structure of the session	Breakfast
	Cooking activity
	Lunch
	Free play
Core activities	Cooking activity: making vegetarian spaghetti and a side salad. Children and adults were participating.
Coded themes	Encouragement (staff- child, adult-child, staff-adult) Food familiarity (familiar and unfamiliar foods) Sensory play with food Social influence (peer) Communicative exchanges Discussions (healthiness of food, children's eating habits) Distractions

The session was typical of those observed at the Red centre. All three sessions were held in the same room and focused on cooking activities. The menu was carefully planned, and staff ordered food at the beginning of the week from a local supermarket. Staff took particular care to ensure that children were involved in food preparation and that they were involved during all steps of the process. This gave the children an opportunity to play with the foods during the activity and prompted communicative exchanges. There were no kitchen facilities inside the room, but staff brought cooking utensils and pots. Children prepared the food at the table and then staff took them to the kitchen to show them how to cook the spaghetti on the stove.

Breakfast and lunch were eaten as a group, smaller tables were joined together to create one larger table. This created an environment where children influenced each other's food choices and parents, seemingly naturally, discussed food-related topics. Staff could have supported these conversations and offer advice but, because food needed to be cooked in the kitchen next door, the members of staff were not always available in the room.

This session was the first session of the programme and some parents seemed unsure whether they should also sit down and eat (especially during breakfast). This seemed to be partially induced by the child-friendly design of the room and furniture.

Familiar foods were served during breakfast but participants (both adult and child) appeared unfamiliar with the vegetable spaghetti served during lunch- this was expressed both verbally (when discussing the soy mince) and non-verbally through the rejection of vegetable sauce.

Yellow research site

Table 19 Yellow Research Site, Session 2

Context	Purpose-built early years setting run by the local authority. The building was located at the edge of a large urban park. Nearby there was a busy road with access to public transport, a shopping centre, and a supermarket. The centre was surrounded by terraced and semi-detached houses. The neighbourhood was amongst the 20% most deprived in the country. In 2011, 30% of population identified as Asian Pakistani and 6% as Asian Indian.
Staff to participant ratio	4:33 (23 children and 10 adults)
Session's length	3 hours (10am- 1pm)
Resources available	During school term, room was used by a day nursery and was designed for children under five years old. It was equipped with toys, games, books, craft and colouring supplies. Tables and chairs used during the session were small and intended for young children. The room had direct access to an outside area with child-friendly facilities. A large, catering kitchen was located on the same floor but not close to the room itself.
Food supply and planning	Staff planned the menu prior to the session with the cooking activity in mind. The food was funded through Accord and the setting could use up to £15 per session.
Structure of the session	Breakfast/ free play
	Cooking activity
	Lunch
	Walk in the park
Core activities	Cooking activity: pita bread fillings, a side salad, and a fruit salad. Children and adults were participating.
Coded themes	Encouragement (Staff- child; adult-child) Food familiarity (unfamiliar and familiar foods) Sensory play with food (interrupted) Social influence (peer) Communicative exchanges Discussions (cooking methods and skills) Time

The session was typical of those observed at the Yellow centre. Both sessions were held in the same room and focused on cooking activities. However, the pre-planned 30-minute walk limited the time available for cooking and eating during the second session. Menu was carefully planned, and staff ordered food at the beginning of the week from a local supermarket. Staff took particular care to ensure that children were involved in food preparation and worked around the kitchen accessibility issues. Since children were not allowed to enter the kitchen, staff ensured that the majority of food preparation was done in the room. This gave the children an opportunity to play with the foods during the activity and prompted communicative exchanges. Staff brought cooking utensils so that children were able to prepare food at the tables. They also brought a portable oven and once the cold fillings were prepared, pita breads were heated up in the room.

Breakfast was eaten in smaller groups at several tables and the same set up was used during the cooking activity. This created an environment where children influenced each other's food choices and parents were, seemingly naturally, discussing food-related topics. For lunch, tables were joined to create a long L-shaped table. During lunch, I did not note any conversations or communicative exchanges related to food. Although participants were all sitting together, there was very little social interactions.

Staff focused on the food aspect of the session and the walk, while volunteers and a parent helper dealt with cleaning, washing the dishes, and responding to any arising issues. Due to the large number of participants and a small number of staff/ volunteers, the session was at times disorganised and parents were often left in charge during free play activities or during the cooking activity. Families also arrived at various times and could join in the session whenever they came in. This seemed to contribute to the general feeling of disorganisation and potentially affected their experience (for example a family had less time to consume breakfast, but they also arrived late).

A large number of families already had breakfast at home prior to the session and only some of the children ate breakfast at the centre. Most families skipped breakfast and spent that time playing or participating in craft activities. Familiar foods were served during breakfast but several participants (both adults and children) appeared unfamiliar with the pita breads and some fillings served during lunch, this was particularly expressed by the family that left early to prepare food at home.

Green research site

Table 20 Green Research Site, Session 2

Context	Purpose-built early years facility run by the local authority in a multi-purpose building. The building was located by a busy road and nearby a major route into the city centre. In a close walking distance there was a mosque, a catholic primary school, and an urban park. The centre was surrounded by terraced and semi-

	detached houses. The neighbourhood was amongst the 10% most deprived in the country. In 2011, 34.8% of population identified as Asian Pakistani and 5% as Asian Indian. The interim estimates also suggested that in 2018, less than 10% of the ward's population was White British.
Staff to participant ratio	6:32 (18 children and 14 adults)
Session's length	3 hours (10.30am- 1.30pm)
Resources available	During term time the room was used as a day care and for other family-oriented services such as stay and play groups, breastfeeding support, and family support. The room was large and spacious, with different craft and play stations scattered around it. It was equipped with toys, games, books, craft and colouring supplies. The room was equipped with normal size, foldable chairs and tables that were set up prior to the session. The room had an open-plan kitchen area equipped with domestic appliances.
Food supply and planning	Staff planned the menu prior to the session with the primary purpose of using up food that has been donated from FRC earlier in the week. Additional ingredients were bought with Accord funding to complement the donation.
Structure of the session	Breakfast
	Crafts and free play
	Lunch
	End of the programme celebration
Core activities	Crafts and the celebration
Coded themes	Encouragement (Staff- child; staff-adults; adult-child) Food familiarity (Unfamiliar and familiar foods) Social influence (Peer) Discussions (Healthiness of food)

The second session I observed at the Green centre was also the last session of the programme. It varied from the previous sessions as a small celebration was held after lunch. Staff and volunteers were recognised by centre manager and participants received diplomas for participation. As no other activities were held that day, except for play and craft, the session seemed well organised and delivered on schedule despite a large number of participants. Participants were not included in food preparations and staff efficiently prepared the lunch themselves. Similarly, bread was toasted and buttered prior to the session- this allowed for efficient serving but also contributed to a significant amount of food waste as not all participants wanted toasts.

Participants ate breakfast and lunch together, sitting at one long table made up of joined smaller tables. For breakfast, cereals and milk were put on the tables and staff was serving the pre-made toasts. These foods seemed familiar to most participants and children were able to choose their preferred cereal. Lunch was served in cafeteria- style service: each participant approached a table at the front of the room, was given a jacket potato and could choose from the available toppings and drinks. This gave participants a choice of foods, however, some foods served during the session also appeared to be unfamiliar to some children who did not want to try them (honeydew melon, yoghurt drinks). Some peer influence was observed during meals, however, the meal times

were quiet and lacked social interactions. Although all participants were sitting at one long table, the conversations were very sporadic, and most participants focused solely on eating. Any conversations that I noted were within the families.

Blue research site

Table 21 Blue Research Site, Session 2

Context	The session was run by a local authority-funded early years centre and delivered at a purpose-built setting for primary school children. The building was located by a quite road served only by one bus. The centre was surrounded by terraced and semi-detached houses. There were several convenience stores and food outlets in the neighbourhood, but the closest supermarkets were 1.5 miles away. The neighbourhood was surrounded by green recreational areas and parks. The neighbourhood was amongst the 10% most deprived in the country. In 2011, 14.8% of population identified as Asian Pakistani and around 60% as White British.
Staff to participant ratio	2:9 (7 children and 2 adults)
Session's length	5 hours (8.30am- 1.30pm)
Resources available	During the school term, the room was mainly used as a dining hall. The room was large and spacious, equipped with toys, games, craft and colouring supplies. The room was equipped with normal size, foldable benches and tables that were set up before the session. The room had a direct access to a large kitchen with professional equipment. Participants also had access to an outside area with child-friendly facilities.
Food supply and planning	Staff planned the menu prior to the session with the primary purpose of using up food that has been donated from FRC earlier in the week. Additional ingredients were bought with Accord funding to complement the donation.
Structure of the session	Breakfast
	Crafts and free play
	Lunch
	Crafts and free play
Core activities	Free play
Coded themes	Encouragement (Staff- child; adult-child) Food familiarity (unfamiliar and familiar foods) Distractions Communicative exchanges Discussions (Healthiness of food)

Similarly to the session discussed in the section 9.3 above, the second session I observed at the Blue centre was the last session of the programme. However, at the Blue centre there was no official celebration planned and except for having ice cream for dessert, this session did not differ from the session Blue-1. During both sessions, participants were not involved in food preparation and their time between meals was dedicated to crafts and free play. All food was prepared in the kitchen that was

accessible only to the members of staff due to the policies and regulations of the building. However, involving participants in a cooking activity was possible as there was enough space inside the room and cooking utensils to do so. Even something as simple as coating the potato wedges with oil and seasoning would have provided the participants with an opportunity to experience the cooking aspect of holiday food programmes. The crafts and free play were not guided by staff members and the session seemed unstructured and disorganised. Sessions at the Blue centre were also the longest out of all observed programmes. While staff suggested that the early breakfast was needed to meet the requirements of their participants, perhaps the length of the session also contributed to the lack of structure.

During lunch, participants and staff were sitting at one table and discussed their experiences from previous weeks. The observed conversations related to food were facilitated by staff brining in the ice-cream, which all children agreed to be an appropriate dessert for the last day of the programme. Some children finished eating lunch quite quickly and went to play. The play area was close to the dining table and other children were visibly distracted from eating and wanted to join the others.

The encouragement of children by staff was personal and directed to the family that they knew prior to the programme. This relationship also seemed to impact staff's approach to the programmes guidelines and rules as they gave children biscuits and allowed the parent to go out and bring back confectionary for the children. Participants also expressed similar food preferences as one of the staff members (regarding unhealthy foods and sweets) which suggested that some of the food prepared during the programme (e.g. healthier dessert options) were unfamiliar to them. Staff also seemed to be unaware or indifferent of the programme's guidelines that did not allow for sugar and sugary foods to be available.

Orange research site

Table 22 Orange Site, Session 1

Context	The session was run by a third sector organisation at non-purpose-built community facilities. The building was located within a large housing estate built in the second half of the 20th century as an overspill estate. The building was in a close proximity to two tower blocks and surrounded by terraced houses. Half a mile away from the building was a shopping centre, a supermarket, and a public transport interchange. The neighbourhood was amongst the 10% most deprived in the country. In 2011, a vast majority of population (88%) identified as White British.
Staff to participant ratio	3:13 (7 children and 6 adults)
Session's length	4.5 hours (9am- 1.30pm)
Resources available	The room was normally used for different community such as job clubs and computer classes. It was not intended for children and so there was not toys or other child-friendly facilities. There was one large table with chairs around it, an empty space, and

	another seating area with just chairs against the wall and facing the room. There was a domestic kitchen outside the room.
Food supply and planning	Staff planned the menu prior to the session. The food was funded through Accord and the setting could use up to £15 per session.
Structure of the session	Breakfast
	Physical activity- dancing and hula hoop session
	Lunch
	Crafts
Core activities	Dancing and hula hoop session
Coded themes	Encouragement (adult-child) Food familiarity (unfamiliar and familiar foods) Distractions

The first session observed at the Orange research site was well structured and organised similarly to session Orange-2. However, the sessions differed as they were not delivered at the same setting. Session Orange-1 was held at community facilities away from the staff's daily workplace and some supplies and food (such as bread, sugar, and tea) were left behind. To avoid driving back to their workplace, staff asked me to buy bread and tea from a nearby convenience shop. After I came back and volunteers realised that there was no sugar in the kitchen, they asked me again to walk to the shop and buy it. While I was happy to comply with their request, it was interesting to see that they deemed it important enough to send somebody to a shop with the sole purpose of purchasing sugar. The volunteers justified the purchase by pointing out that tea needs sugar and that some children might want to have it in their cereals- which soon proved to be true. The same volunteers were also responsible for all cooking during the session and for deciding to not to serve any salad (although the ingredients were available). Because volunteers did all cooking related tasks, one member of staff was able to focus on delivering the session and engaging with participants. However, because all cooking was completed by the volunteers, participants were not involved in food preparation. It seemed that with some planning a cooking activity could have been organised. For example, children could have made a salad from available ingredients.

During meals and craft activities participants sat at one large table. They were socialising but not discussing any food related issues. Almost all children and parents, except for one family, ate most of their food and seemed to enjoy it. It was also clear that jacket potatoes were something they were used to and familiar with.

The dancing activity was particularly enjoyed by the children and parents were also encouraged to join them. However, children received mini chocolate biscuits and other confectionary as prizes. This seemed to again contradict the programme's overarching message on healthy eating. The dance instructor, who led the activity and gave out the confectionary, was not familiar with the programme but it seemed that staff should have taken responsibility of informing them about the programme's guidelines.

Pink research site

Table 23 Pink Site, Session 1

Context	Purpose-built family support setting run by a third sector organisation. The building was located near the ward's centre and high street. Nearby there was busy road with access to public transport and a shopping centre. In a walking distance from the settings there was several discount supermarkets, Polish and Asian shops, charity shops, a public library, and a leisure centre. The neighbourhood was amongst the 10% most deprived in the country. In 2011, 14.1% of population identified as Asian Pakistani, 17.2% as Other White (not British) and 7.2% Black Caribbean.
Staff to participant ratio	3:10 (7 children and 3 adults)
Session's length	3.5 hours (10am- 1.30pm)
Resources available	The room was normally used as a communal kitchen and lounge area for families. It was equipped with several well-used toys. There were several round tables and chairs, a sofa and a couple of armchairs in the room. The room had direct access to an outside area with child-friendly, but visibly past their prime, facilities. The room had an open-plan kitchen area with domestic appliances.
Food supply and planning	All food used during the session was donated through FRC. The food arrived in the morning and so the menu was not pre-planned. Since large amounts of food were donated, the surplus was given out to families (including those who did not participate in the session but were present at the setting).
Structure of the session	Breakfast
	Free play (mostly outside)
	Lunch
	Free play (mostly outside)
Core activities	Not applicable
Coded themes	Food familiarity (unfamiliar and familiar foods)

The session was typical of those observed at the Pink centre. Both sessions were held at the same room and both did not deliver a cooking activity. When I arrived at the centre, staff was unpacking the delivery from FRC. They decided to keep some of the food to use during the session (mainly processed foods and ready meals) and notified families present at the setting that they could take the rest of food (including fresh produce and ingredients such as tinned beans, pasta, pizza base, chicken, cheese and vegetables). Considering the food that was donated from FRC, the easy access to cooking equipment, and the lack of other activities, staff had a chance to use the ingredients and involve participants in a cooking activity. Instead, ready meals were heated up in the oven and a cake was served for dessert. Similarly to staff and volunteers at the Orange and Blue centres, staff seemed to be unaware or ignorant of the programme's guidelines on sugary foods. Most of the food served during lunch was not familiar to participants and staff members and staff did not encourage participants to try the food.

From conversations with staff members, it seemed that they were told to run the session by the setting manager but were themselves busy with other workload and were not keen to take on the additional responsibilities. They did not follow a schedule, did not plan any activities, and the session seemed to lack structure. Children spent most of the time playing outside while their parents were sitting inside, some of them talking with each other or with members of staff. Families were coming in and leaving the room at various times during the session. Some stayed in the room only for a couple of minutes, others came only to take some food. Meals were also eaten haphazardly as participants ate at different times, were sitting only with their families, and did not socialise with others.

Black research site

Table 24 Black Site, Session 2

Context	Purpose-built early years setting run by a third sector organisation. The building was located by busy road with access to public transport and several Asian supermarkets and convenience stores. It was also close to a major route into the city centre. The centre was surrounded by terraced and semi-detached houses. The neighbourhood was amongst the 20% most deprived in the country. In 2011, 8.6% of population identifies as White British and 68.5% as Asian Pakistani.
Staff to participant ratio	3:12 (9 children and 3 adults)
Session's length	3 hours (10am- 1pm)
Resources available	During school term, the room was used by a day nursery and was designed for children under five years old. It was equipped with toys, games, books, craft and colouring supplies. Tables and chairs used during the session were small and intended for young children. The room had direct access to an outside area with child-friendly facilities. A domestic kitchen was in a close proximity to the room.
Food supply and planning	Staff planned the menu prior to the session with the cooking activity in mind. The food was funded through Accord and the setting could use up to £15 per session. FRC donation was delivered earlier in the week and some foods used during the session were part of the donation.
Structure of the session	Breakfast
	Crafts/ Free play
	Cooking activity
	Lunch
Core activities	Cooking activity: making individual roasted vegetables tarts. Children and adults were participating. Crafts/ placemat making
Coded themes	Encouragement (Staff- child; adult-child; staff- adults) Food familiarity (unfamiliar and familiar foods) Sensory play with food (undisturbed) Social influence (Adults) Communicative exchanges Time and Distractions Discussions (cooking methods and skills; healthiness of foods)

This session was typical for those observed at the Black centre. All three sessions were held in the same room and focus was mainly on the cooking activities. The menu was carefully planned, and staff supplemented the FRC donations by shopping for additional ingredients. Staff ensured that children were involved in the cooking activity and that they were involved during all steps of the process. This gave the children an opportunity to play with the foods during the activity and prompted communicative exchanges. The room did not have kitchen facilities, but staff brought cooking utensils and pans to the table where children were preparing the food. Participants were also able to personalise their dishes and choose the ingredients they wanted to eat. The session was well organised and strictly followed the schedule.

Breakfast and lunch were eaten as a group, the participants were sitting at a large table made with joined smaller tables. This created an environment where children influenced each other's food choices and parents were discussing the healthiness of the food and cooking methods they use at home. Staff paid attention to the food aspect of the session but also to crafts and discussions with parents. At least one member of staff was always present in the room and had a chance to interact with parents and children while others were busy in the kitchen. Familiar foods were served during breakfast and lunch, but participants and staff appeared unfamiliar with the Thai pea and mint soup- this was expressed both verbally and non-verbally.

Appendix H

Table 25 Food preparation approaches.

Session code	Food prepared by:	Contextual notes
Red research site		
Red-1	Staff and participants	Staff planned menus in advance and purchased food that allowed for maximum participant involvement during the cooking activity.
Red-2	Staff and participants	
Red-3	Staff and participants	
Yellow research site		
Yellow-1	Staff and participants	Staff planned menus in advance and purchased food that allowed for maximum participant involvement during the cooking activity.
Yelllow-2	Staff and participants	
Green research site		
Green-1	Staff only	Staff prepared sandwiches that were then eaten by participants during a picnic the EcoPark.
Green-2	Staff only	Staff prepared lunch based on FRC donations, participants were not involved in cooking. This meal required little preparation and so staff prepared it themselves.
Blue research site		
Blue-1	Staff only	Staff prepared lunch based on FRC donations, participants were not involved in cooking although there were aspects of food preparation that potentially allowed for their involvement.
Blue-2	Staff only	
Orange research site		
Orange-1	Staff only	Staff planned and shopped for the menu in advance, participants were not involved in cooking. This meal required little preparation and so staff prepared it themselves.
Orange-2	Staff only	Staff planned and shopped for the menu in advance, participants were not involved in cooking although there were aspects of food preparation that potentially allowed for their involvement.
Pink research site		
Pink-1	Staff only	Staff prepared lunch based on FRC donations, participants were not involved in cooking. This meal required little preparation and so staff prepared it themselves. From donated food staff chose pre-made meals, however, the overall donation consisted of fresh ingredients that allowed for cooking a meal.
Pink-2	Staff only	Staff prepared lunch based on FRC donations, participants were not involved

		in cooking. This meal required little preparation and so staff prepared it themselves.
Black research site		
Black-1	Staff and participants	Staff organised a cooking activity that allowed for maximum participant involvement based on the food donated from FRC.
Black-2	Staff and participants	
Black-3	Staff only	Staff prepared lunch based on FRC donations, participants were not involved in cooking. This meal required little preparation and so staff prepared it themselves.

Table 26 Food choices.

Sessions code	Choices during breakfast			Choices during lunch		
	Ingredients	Dish	Portion Size	Ingredients	Dish	Portion Size
Red research site						
Red-1	Yes	No	Yes	Yes	No	Yes
Red-2	Yes	No	Yes	Yes	No	Yes
Red-3	Yes	Yes	Yes	Yes	No	Yes
Yellow research site						
Yellow-1	Yes	No	Yes	Yes	No	Yes
Yellow-2	Yes	No	Yes	Yes	No	Yes
Green research site						
Green-1	Yes	Yes	Yes	Yes	No	Yes
Green-2	Yes	Yes	Yes	Yes	No	Yes
Blue research site						
Blue-1	Yes	Yes	Yes	Yes	Yes	Yes
Blue-2	Yes	Yes	Yes	Yes	No	Yes
Orange research site						
Orange-1	Yes	Yes	Yes	Yes	No	Yes
Orange-2	Yes	Yes	Yes	No	Yes	Yes
Pink research site						
Pink-1	Yes	Yes	Yes	No	Yes	Yes
Pink-2	Yes	Yes	Yes	Yes	No	Yes
Black research site						
Black-1	Yes	Yes	Yes	Yes	No	Yes
Black-2	Yes	Yes	Yes	Yes	Yes	Yes
Black-3	Yes	Yes	Yes	Yes	No	Yes

Table 27 Meals scheduling.

Session code	Timing of meal		Time between meals
	Breakfast	Lunch	
Red centre			
Red-1	10.15-10.57 am	12.15- 12.40 pm	1hr 18min
Red-2	10.15- 10.45 am	12.30-12.55 pm	1hr 45min

Red-3	10.00-10.30 am	12.00-12.30 pm	1hr 30min
Yellow centre			
Yellow-1*	-	-	-
Yellow-2	10.00-10.35 am	11.40 am -12.10 pm	1hr 5min
Green centre			
Green-1**	-	12.10-12.35 pm	-
Green-2	10.35-10.50 am	12.15-12.45 pm	1hr 25min
Blue centre			
Blue-1	09.00-09.30 am	12.50-1.10 pm	3hr 20min
Blue-2	09.00-09.30 am	12.40-1.15 pm	3hr 10min
Orange centre			
Orange-1	09.15-09.45 am	12.20-12.45 pm	2hr 35min
Orange-2	09.45-10.00 am	12.10-12.45 pm	2hr 10min
Pink centre			
Pink-1	10.30-11.00 am	12.30-1.00 pm	1hr 30min
Pink-2	10.35-11.00 am	12.40- 1.05 pm	1hr 40min
Black centre			
Black-1	10.40-11.00 am	12.15-12.40 pm	1hr 15min
Black-2	10.00-10.45 am	12.25-1.00 pm	1hr 40min
Black-3	10.00-10.30 am	12.00-12.15 pm	1hr 30min

* Data not available due to researcher participation in activities

** day out of the centre- families had a picnic at a local park

Appendix I

Portion sizes and model meal plan

As discussed in chapter 4, originally, I planned to complement the observations and food surveys with reference photographs of meals to provide more rigorous data on portion sizes. During my time spent collecting this data, it quickly became apparent that taking photographs of individual participant plates was not feasible in practical terms due to the nature of the programme and methods of serving meals. As discussed in sections above, participants often served the food themselves or received their meals through canteen-style service. This meant that before I was able to take a picture, participants were already holding their plates. In line with the discussion in the Methodology chapter on the role of the researcher, it often would have been unethical and too intrusive for me to collect data in this manner. As a result, such photographs were taken only during sessions Red-2 and Black-2. Therefore, the quantities of food used for data analysis were predominantly based on my own detailed observations, products information derived from manufacturers or supermarkets websites, and Nutritics' database. Nutritics, the nutrition analysis software used to generate these findings, uses official national databases to provide nutritional profiles. At the point of data analysis in May 2019, Nutritics used the most current version of Public Health England's official resource: 'McCance and Widdowson's Composition of Foods Integrated Dataset' (2019a).

Detailed analysis of all possible food options and combinations was not within the scope of this doctoral thesis. Considering the sheer number of potential combinations, such analysis would have been laborious and ambiguous. Instead, a sample of one example meal per session was selected to provide an overview of available foods (*menus analysis*). Examples of food combinations chosen by participants are also analysed further in this chapter (*target family food analysis)*. When possible and appropriate, different meal options were chosen for the two analyses to provide a more accurate representation of available foods.

The following criteria were used to determine sample meal plans:

- A complete meal as planned by members of staff (including side dishes);
- One fruit and one dessert option;
- In cases where multiple ingredient options were available, the most commonly chosen option was used.

Each model meal plan includes breakfast, lunch, a piece of fruit, and a dessert. Considering that the sessions finished early afternoon and did not provide dinner, they were not designed to meet participants' daily nutrient requirements. The results are a reflection of the extent to which holiday food programmes support and supplement, rather than achieve, participants' daily food intake. This is explored further in the following section.

Participants' demographic information

DRVs provide nutrient values for the following populations (PHE, 2016a):

- Boys and girls (aged 0-3 months; 4-6 months; 7-9 months; 10-12 months; 1-3 years; 4-6 years; 7-10 years)
- Males (aged 11-14 years; 15-18 years; 19-50 years; 50+ years)
- Females (aged 11-14 years; 15-18 years; 19-50 years; 50+ years; pregnancy and breastfeeding)

A demographic profile of an average participant, along with anthropometric measurements required by Nutritics software, was needed to provide accurate results. For reasons stipulated in the Methodology chapter, I did not collect any demographic and anthropometric data from participants. Instead, anthropometric details were integrated from a number of official publications to create reference participant profiles. Demographic details of this reference participant were based on my own observations and data published by (DfE, 2018c).

The DfE dataset was collected from participants of Holiday Kitchen sessions provided in July and August 2018. From my discussions with managers and staff members responsible for the provision across West Midlands, I received information that the programme delivered was not fundamentally different to the one I have observed myself during summer 2017 and that several of my research settings also contributed to the DfE's report. It can be presumed, therefore, that participants attending in 2017 and 2018 had similar characteristics. DfE found that out of 1700 children, 55% were 'pre-year 1' and so not older than five years old. The second largest group of children were in key stage 2 (18%) (DfE, 2018c). These findings also appeared to confirm notes from my observations and anecdotal information. Finally, considering that the majority of sessions included in this research were held in early years settings, five years old children were chosen as a reference for the purpose of data analysis.

DoE's publication did not provide age groups of adult participants. Estimating this value was not particularly important as, while children's DRVs change rapidly with age, the values are the same for adults aged 19-50 years old (PHE, 2016a). It is possible that some participants were either younger or older but from observations it appeared that a vast majority was within this age range. As Nutritics requires specific data, a reference age of thirty was chosen.

DRVs vary for males and females from the age of 11, however, only one gender was chosen for this analysis. From my observations, as well as data from previous HFP (O'Connor *et al.,* 2015), it was clear that the vast majority of adult participants were female. To provide a more detailed discussion within the constraints of this thesis, the analysis of menus was not conducted for male adults. Instead, to ensure that the food intakes and experiences of males are represented, the intake of one family with a father attending (Blue-1) is analysed later in this chapter.

For children under 11 years old, almost all DRVs are the same for males and females. There is an exception for the estimated average requirement for energy that is higher for males than females from infancy. At five years of age the difference is not however significant (120kcl) (PHA, 2016a). The analysis was conducted based on the boys' requirements as it also ensured that girls' needs were met.

Body measurements and activity levels

To analyse food intake of individual participants, Nutritics requires anthropometric data. For adults, average height and weight (as presented in Table 1 below) were based on the Health Survey for England 2013 data (Moody, 2014). At the time of data analysis, this was the latest available dataset that stipulated height and weight (rather than just BMI). The 6 years old data was considered relevant to the study's participants as there were no significant changes in populations' BMI from 2013 (26.9 for females and 27.3 for males) to 2017 (27.8 for females and 27.6 for males) (Connoley and Davies, 2018).

For children, healthy reference body weights were used in line with the SACN calculations for energy reference values (SACN, 2011). This equates to the 50th centile of UK 1990 reference for school-aged children and for adults at a Body Mass Index (BMI) of 22.5 kg/m2. For a five-years-old boy, this equals to the height of 3 feet 7 inches (110cm) and weight of 2 stones and 13 pounds (19kg). This is the most widely used growth reference chart in the UK and is deemed accurate for the majority of the British population (Cameron and Hawley, 2019). SACN recognised that while a large percentage of children are overweight or obese, adjusting the recommendations to the 50th percentile is beneficial for both overweight and underweight populations as following the DRVs would bring them closer to the healthy weight. Additionally, while children from deprived backgrounds are more likely to be overweight or obese (as discussed in Literature Review chapter), the majority of British children has a healthy weight (75% of children in reception across the local authority in 2017/18) (PHE, 2019b).

Appendix J

Table 28 Staff interviews- common and discrepant themes.

	Common themes	**Discrepant themes**
Reported food practices		
Socio-cultural aspects of food provision	It was recognised that participants had varied culturally-influenced tastes. Delivering food in line with these tastes was deemed important for food provision (Purple, Blue, Red, Yellow).	Staff learned cooking skills and ideas from participating families (Blue)
	Food was deemed to promote cultural exchange and community cohesion.	Cooking for families who consume halal food was recognised as an area for concern (Blue, Yellow, Black, Red)
Catering for different dietary needs and enabling choice	At least two different meal options were prepared to cater for different tastes and needs.	Purchasing 'free from' foods was not always possible (Blue)
	There were strategies in place to cater for most common dietary intolerances and allergies. These were easier to implement for families who attended regularly.	
Staff's perceptions of food	The food provided was almost always perceived as healthy and in line with programme and settings' guidelines.	
	Foods cooked from scratch and served hot were favoured over factory-made food and cold dishes.	
Utensils and electric cooking pans	Participants were involved in the cooking process but were not allowed to enter the kitchens.	Participant involvement in all stages of cooking was deemed as labour intensive and not practical. (Black, Blue)
	Electric cooking pans were deemed as an important tool in facilitating the cooking activities.	The facilities and settings' regulations were deemed to limit the scope of cooking activities. (Black, Blue, Red, Yellow)

The role of food redistribution charities		
Donations' appropriateness and an illusion of choices	Donations from FRC were and important and valued addition to the provision.	The donations were balanced and appropriate. (Pink)
	The donations were unbalanced and rarely catered for varied nutritional requirements (Blue, Purple, Grey, Black)	FRC was not deemed responsible for the quality and balance of donated foods. (Purple)
	The donations were not always of good quality and the food was not always appropriate for HFP. (Blue, Black, Red, Yellow)	
	FRC should improve their provision and ensure that the donations adhere to HFP standards and goals. (Blue, Black, Red, Yellow)	
Discarding food	FRC regulations were deemed to limit the potential nutritional/ food security outcomes. (Black, Blue, Grey, Purple, Red, Yellow)	Participants should be allowed to make their own choices in regard the safety of food donations. (Black)
		Certain settings were not approved to receive the donations which negatively impacted the provision. (Blue, Red, Yellow)
Perceived benefits and outcomes		
Cooking creativity	Parents were educated in various areas related to food and cooking.	Participants learned food hygiene and safety. (Blue)
Essential food provision	HFP improved the food security of participating families.	It is important for children to make their own food choices during HFP. (Pink)
	Certain families might be in a more acute need of the provision than others (Grey, Purple, Blue, Red, Yellow)	
Children's participation in cooking	Cooking activities were deemed enjoyable and educational.	Children were more likely to taste the food upon being involved in an activity (Black)
	Staff believed that children were not involved in cooking at home (Pink, Red, Yellow, Blue)	
	The activities showed parents that children can be involved	

	in cooking at home (Black, Pink,	
Discovering new foods	During HFP participants were introduced to novel foods. This was particularly the case for non-British families and ethnic minorities.	Participants were exposed to new 'exotic' fruits (Pink, Purple) Social facilitation was believed to stimulate consumption (Blue)
Complementary activities	HFP provided participants with experiences they would not be able to access otherwise.	Local trips were deemed beneficial and were through to encourage the families to explore their local area. (Grey)
	The activities prevented children from being bored and isolated during holidays.	
	Activities offered by external contractors were highly valuable and enjoyed by participants.	
Parent helpers	Parent helpers gained volunteering experience and enjoyed supporting the provision. (Yellow, Red, Grey, Purple)	There were negative aspects of volunteering as a parent helper. (Blue)
Logistical aspects of delivering holiday food provision		
Sticking to the rules	Staff recognised that they struggled to comply with rules and aims of the programme. (Grey, Blue, Black)	
Timing of provision	Four weeks of provision were deemed to be sufficient.	HFP should be available throughout the holidays. (Black)
	Less frequent and shorter sessions was favoured.	Staff believed that it would be difficult to engage with participants during longer sessions. (Black, Red, Yellow, Pink)
	Breakfast segment of the session was deemed disposable and a later start time was favoured.	Staff reported particular difficulties in engaging with older (school-age) children and teenagers (Red, Yellow, Purple, Grey)
Training	The training supported staff in various areas of HFP.	A trained nutritionist supported the staff who lacked the relevant knowledge and skills. (Grey)
	The food-related aspect of the training was insufficient. (Black, Blue, Purple, Red, Yellow)	
Staffing requirements	Staffing the provision was difficult and there was not enough staff members. (Red, Yellow, Blue, Black)	The number of staff allocated to the provision was appropriate. (Purple and Pink)

Early planning	Early planning was deemed necessary and beneficial to the provision.	Late funding affected the training of volunteers. (Blue, Red, Yellow)
Space	Spacious indoors, catering kitchens, and child-friendly outdoors spaces were deemed crucial for meeting programmes outcomes.	Nurseries and children's centres were not appropriate for older children. (Red, Yellow, Black)
	Purpose-built settings were deemed most appropriate.	
Improvements and recessions over the years		
Changes in provision	Considerable improvements were noted. (Red, Black, Blue)	One staff felt that the provision was consistent over the three years. (Pink)
		The provision was more demanding despite (or because of) the increased funding (Red)
Need for expansion and LA involvement		
Extent of provision	LA should be involved to increase the provision to ensure access by all families who are in need.	LA should influence schools to support the delivery and to work in partnership with frontline staff. (Blue)
	Schools should play a key role in the delivery and referral process.	Increased funding was necessary to improve the provision and to deliver HFP during all holidays. (Grey)

Table 29 Elite interviews- common and discrepant themes.

	Common themes	Discrepant themes
Perceived outcomes		
Food-related outcomes	By providing food, programmes were believed to alleviate holiday hunger and improve nutrition in short term.	Food choices were deemed to encourage empowerment and experimenting with food (Participant 1).
	Cooking activities were deemed beneficial to long term eating habits by three participants (1, 2, 3)	Families were believed to try new foods and expand their diets (Participant 1 and 3).
		Meal times were viewed to have positive influence on participants' communication skills and table manners (Participant 1 and 2).
Enrichment activities	Activities were believed to improve school readiness and minimise attainment gap.	Activities that promote imagination and creative thinking were deem particularly important by one participant (Participant 1).
	All children were believed to benefit from making new memories they can share with their peers (Participants 3 and 4).	The positive effect of activities on preventing embarrassment upon returning to school was believed to particularly strong for children form deprived families (Participant 2).
		Local trips were believed to increase confidence and encourage families to explore their neighbourhoods (Participant 2).
Employability	Programmes were deemed to have positive influence on employability of volunteers (Participant 1, 2, and 3).	One participant suggested that families gained confidence and that programmes were aspirational (Participant 2).
Community cohesion	Participants were believed to improve their relationships with family members and with their neighbours by all participants.	Meal times were deemed crucial in achieving the social outcomes (Participant 2).
	Attending HFP was deemed particularly beneficial for isolated and newly arrived families.	Engaging families in small tasks was believed to encourage community cohesion and forming new friendships (Participant 4).
External support and services	Families had opportunities to be referred to other services and forms of support.	Families were more likely to attend other services offered by the settings and gained confidence to seek other forms of support (Participants 1, 2).

Other benefits	HFP contributed to several policy initiatives focused on families, health, and education.	Settings were used by separated families as safe space to meet (Participant 1).
		HFP was believed to positively contribute to environmental strategies and prevent food waste (Participant 1).
Perceptions of current provision		
Participants	Adult participants were predominantly female (all participants). Programmes were mostly targeted but allowed children of all ages to participate.	Programmes provided by Participant 1 and 2 were predominantly attended by children under five years old. Participant 3 and 4 believed that programmes were predominantly attended by school aged children.
	Most attendees were predominantly from deprived households and relayed on FSM during term time. These families were believed to benefit the most from the provision (Participants 1, 2, 3).	All families, regardless of income were believed to benefit from the provision by Participant 4.
	Families were believed to be vulnerable and with complex issues. Families were believed to have poor diets and little nutritional knowledge.	Some families were perceived to struggle with English (Participant 4). Families were believed to be skilled in cooking (Participant 1).
Settings and employees	HFP was deemed stressful and labour-intensive for frontline staff. Donations from FRC containing unhealthy foods were deemed to cause further distress (Participant 2).	HFP was deemed to have positive outcomes for frontline staff (Participant 1).
		HFP allowed settings to meet their own outcomes (Participant 2).
Funding and resources	Then current levels of funding were deemed insufficient. HFP operated on a grant dependent model that was considered inappropriate.	Some settings lacked in appropriate facilities and necessary equipment (Participants 1 and 2).
Staff training	Staff and volunteers were believed to receive appropriate training and to have relevant experience.	Participants 1 identified gaps in food-related training.

Essential characteristics of a successful provision		
Planning and leadership	Strategic planning and good leadership were deemed essential for successful provision (Participants 2 and 4).	
Food provision	Food should be healthy and nutritious, and families should have opportunities to participate in food-related activities. Two participants (3 and 4) suggested that hot meals should be provided at least once a day.	To ensure food safety, food requiring refrigeration or heat processing should not be given out to families (Participant 1).
Enrichment activities	Varied enrichment activities were perceived to have many positive outcomes and to prevent stigmatisation.	Activities should be the focal point of marketing material (Participant 4).
Accessibility	HFP should be set up in most deprived communities but operate an open-door policy (Participants 1, 2, 3).	HFP should be available everywhere including more affluent areas (Participant 4).
		Settings should be within short distance from the communities and ensure disability access (Participant 4).
		Marketing material should use appropriate language and mediums to improve accessibility (Participant 4).
Space and equipment	Spacious indoors, catering kitchens, and child-friendly outdoors spaces were deemed crucial for meeting programmes outcomes.	Safety of outdoor spaces was seen as a priority (Participant 4).
The role of LA and schools		
Strategic role of LA	LA should strategically coordinate services and ensure that HFP is delivered across their constituencies and incorporated into other services and strategies. LA should facilitate e communication with different agencies to provide settings for delivery.	One participant felt that LA should manage funding (Participant 3) and one preferred when LA were not involved in financial aspects of delivery (Participant 2).
Role of schools	Schools were viewed as ideal settings for delivery and they	Referral pathways were deemed more important than

	should work in partnership with programme providers. All participants believed that this would improve and facilitate the delivery.	access to school settings (Participants 1, 2, 3).
National policy and legislation		
Extent of provision	Nation-wide policy should be in place to provide HFP across all LA.	One participant believed that every programme for children in school holidays should be required to provide food (Participant 4).
Funding	Long term funding commitment on a national level was essential to ensure that all children in need can access HFP.	One participant indicated that in long term structural changes were necessary so that all families were financially secure and did not need HFP (Participant 3).

Appendix K

Conference and seminar presentations:

- Biernat, K. 'Holiday food programmes- addressing and perpetuating social inequalities in access to food.' Due to present in June 2020, 4th International Conference on Global Food Security, Montpellier, France

- Klimczak, K. 'Researching nutritional outcomes of families attending holiday food programmes- methodological issues and power relationships.' April 2019, British Sociological Association Annual Conference, Glasgow, UK

- Klimczak, K. and Dr Alex Wade 'Researching Nutritional Outcomes of Families Attending Holiday Food Programmes: Practical and Methodological Issues.' October 2018, CSPACE Research Café, Birmingham City University, Birmingham, UK

- Klimczak, K. 'Researching nutritional outcomes of families attending holiday food programmes- practical and methodological issues.' July 2018, Health Research PhD Symposium 'Improving and understanding health' Public Health Institute, Liverpool John Moores University, UK