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Food-related obesity policy, parents and class: a critical policy analysis exploring disconnect

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Submitted for the degree of Doctor of Philosophy in Food Policy

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Declaration

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Abstract

This thesis focuses on the contemporary phenomenon of 'childhood obesity' in England. A phenomenon historically situated in the neoliberal political economy. It is characterised by intractable high prevalence, by a social gradient of inequality, and as a complex and 'wicked' policy problem. It persists despite decades of food-related obesity policy interventions. While parents' food practices are much researched, little research considers either their lived experience of food policy or their policy solutions. Understanding the working-class experience is important in the context of the social gradient. Disconnect between policy intention and the parent's lived experience that unfolds through policy process may contribute to the intractability of the problem's prevalence. The underlying importance is for child health and democracy.

In the context of food-related obesity policy, this thesis explores disconnects between the state and its governance of parents of children with obesity, including the relevance of class. It explores the implications for policy and practice, and it aims to move forward parents' involvement in food policy-making.

The critical theory paradigm draws on Kincheloe and McLaren (2003) and provides the framework for a qualitative critical policy analysis, with an epistemology of critical hermeneutics and an ontology of dialectics. The theoretical framework explores class and power processes, and uses Marx, Bourdieu, Foucault and Gramsci. The qualitative methods include document analysis and ethnographically informed semi-structured interviews. The local state provides the interface between policy actors, who include parents as policy recipients. Thirty-one interviews were carried out, and twelve working-class mothers were among the participants.

The research found multiple disconnects that would be counterproductive to achieving policy aims. These were neither superficial nor clearly demarcated, but rather they were meaningful and beneath the surface, and they interconnected and interacted. They include the material conditions of contemporary working life, unhealthful foodscapes, and governance processes around 'responsibilities' that produce subjectification and stigmatisation. Powerful processes of symbolic violence were found to reproduce the lived effects of class that contribute to the social gradient. Policy processes add to multi-layered stigmatisations. In essence, parents' food policy solutions were divergent with UK government policies. Amid democracy deficits within the local state, parents believe they should contribute to food policy-making.

The results support the view that the solutions to tackling the contemporary phenomenon of obesity in children are structural rather than individual, and that the balance of responsibilities is weighted against parents. Food policy needs to be integrated and ecological to ensure material realities support parents in their food practices. Meaningful processes of deliberation are required for parents to be involved in food policy-making.

Key words: Disconnects, food-related obesity policy, parents, childhood obesity, social gradient, class, lived experience, critical policy analysis.

Acronyms

BME	**LIDNS**
Black and minority ethnic	Low income diet and nutrition survey
CPI	**MEND ™**
Consumer Price Index	Mind, Exercise, Nutrition, Do it
CVD	**MSOA**
Cardiovascular disease	Middle Layer Super Output Area
CWS	**NDNS**
Critical Weight Studies	National Diet and Nutrition Survey
DH	**NFS**
Department of Health	National Food Survey
EPH	**NMES**
Ecological Public Health	Non-milk extrinsic sugars
EPODE™	**PHE**
Ensemble Prevenons L'Obesité des Enfants	Public Health England
Together Let's prevent childhood obesity	**T2DM**
FFO	Type 2 diabetes mellitus
Fast food outlets	**SSB**
FSA	Sugar-sweetened beverages
Food Standards Agency	**UK**
HFSS	United Kingdom
High fat sugar and salt	**US**
IR	United States
Insulin resistance	**WHO**
LBL	World Health Organisation
London Borough of Lewisham	

Glossary

Term	Definition
Aetiology	Concerns assigning a cause to a given outcome.
Central adiposity or central obesity	The accumulation of fat in the lower torso area. Its main medical concern is fat that surrounds the internal organs in the peritoneal cavity.
Citizenship	The possession of civil, political and legal rights – free speech and voting. The possession of social rights is regarded as a precondition to citizenship (Naidoo and Wills, 2008).
Coalition government	The Conservative-Liberal Democrat government (2010-2015), led by the Conservative Prime Minister David Cameron.
Collectivism	The belief or ideology that all members of society have the responsibility collectively to meet the needs of individuals (Naidoo and Wills, 2008).
Community	Contested term, mostly referring to people living in same geographic area, or those sharing common culture or values.
Deficit model	The idea of reduction in commitment and lack of care by parents that evolved as parents worked outside the home. It operates within social policy.
Democracy	Literally meaning ‘rule by the people’, democracy in its general sense refers to a form of government whereby the people have the right to control their own destiny. A democracy may be representative (i.e. government is through elected representatives) or direct (i.e. government is performed directly by the people). There are no modern direct democracies at national level, but some form of direct democracy may be part of local decision-making.

Denormalisation	This concerns the use of stigmatisation in public health policy as a means of behaviour change to achieve public health goals.
Ecological public health	Model for public health based on ecological framework of understanding. It is 'about weaving together multiple ways of interpreting the world, recognitions of interactions and multiples dimensions of existence' (Rayner and Lang, 2012, p. 64). It has four dimensions of public health – the cultural, material, biological, social – which interlink between twelve transitions.
Embedded liberalism	Market processes, entrepreneurial and corporate activities are subjected to controls, such as in the period from the 1950s to the 1980s in the UK. Conversely, disembedding enables the free market (Harvey, 2005).
Embodiment	A concept relating to how we literally incorporate, biologically, the material and social world in which we live.
Evidence base	Decision-making that is supported by a large amount of scientific or best evidence.
Food democracy	The right of all people to nutrition, to a safe, adequate and sustainable food supply, and to the power to enact change in food system (Coveney and Booth, pp. 13-14).
Food citizen	Someone who engages in food-related behaviours that supports, rather than threatens, the development of a democratic, socially and economically just, and environmentally sustainable food system.
Food industry	The modern food industry is a global system of diverse businesses that produce and supply foods for consumption – from farm to fork – and includes intermediaries in the supply system, such as marketing and logistics companies.
Food regimes	A broadly Marxist, macro-political and economic approach to theorising food systems. It explores the unique role of agriculture in the development of the capitalist economy,

	and the evolution and trajectory of the state system. Developed by Harriet Freeman and Phillip McMichael (Winson, 2014).
Foodscapes	Places and spaces where food is acquired, prepared, and talked about, or generally where some meaning is gathered around food.
Food sovereignty	The right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, as well as right to define one's own food and agriculture systems.
Foodways	The cultural, social and economic practices relating to the production and consumption of food.
Gini coefficient	Measure of inequality of income or wealth.
Nanny state	An overprotective state that interferes with personal choice.
Normative	This relates to accepted standards and values that are taken to be necessary to a 'good' society; for example, the ideal of how family should/ought to be. In Foucauldian theory, it relates to processes of biopower that, through individuation practices, judgments and normalisation, produce and embody what is 'normal'.
Nutrition transition	The change in dietary patterns in developing countries from a traditional diet high in cereal and fibre to the 'Western' diet consisting of refined foods high in sugars, fats and animal sources.
Obesogens	Foreign chemical compounds that disrupt the normal development of lipid (fat) metabolism, which may lead to obesity.
Other	Other and 'otherness' concern the construction of social identities of what constitutes selfhood, and of how a person wants to be seen by others, and the groups to which he/she belongs. As a verb 'othering' concerns the

	exclusion of somebody from the social group who is perceived as not the same or 'not one of us'.
Paradigm	The concepts that underpin a philosophy or science; or a distinct pattern of ideas and policies that underpin an economic system
Rationality	Rationality is the idea that decisions should be based on reason and logic (as opposed, say, to emotions and passions). There are competing rationalities, and that when a neoliberal says 'it is rational for a person to do X', a critic of neoliberalism will claim that it is no such thing.
Sure Start	Sure Start Children Centres is a government programme introduced by the Labour government (1997-2010). It consists of 3,251 centres that are community based and related to reducing child poverty. Its service provision was reconfigured by the coalition government (2010-2015). Since 2010, 377 centres have closed.

Chapter 1

Introduction

This chapter sets out the context for the research problem, which is one that is set within the policy failure in tackling 'obesity' in children in England. Food policy is a key component of this failure. Obesity in children in the contemporary era is approached as a phenomenon of a given time and place. Therefore, this introductory chapter examines the neoliberal political economy, and its relation to food and family. The question of class is considered in the context of the social gradient in the distribution of obesity in children. The chapter then introduces the essential concern of this thesis which is disconnects between policy and the lived experience of working-class parents of children with obesity.

This chapter also introduces the conceptual framework for this critical research, and it outlines the thesis structure. The thesis is interdisciplinary – it employs critical dietetics, and it intersects with health and social sciences. From the outset, the term 'obesity' is used, although it is acknowledged that this is a contested term, and one which evolves throughout the thesis.

1.1 Obesity in children – a twenty-first-century problem

In the twenty-first century, obesity in children is a major global public health problem characterised by persistent high global prevalence rates (Ng et al., 2014). In the UK, its patterning has become dominated by a social gradient (White et al., 2008; Dinsdale, Hancock and Rutter, 2014). Significant economic costs, and their effects on society, are associated with the increased health risks arising from obesity, including chronic disease for susceptible individuals. It is defined by the notion of 'complexity' in the Foresight report, Tackling Obesities: Future Choices (henceforth Foresight Obesities) (Appendix A) (Government Office for Science, 2007), and as a 'wicked' policy problem (Gortmaker et al., 2011). As a complex problem, it intersects with multiple domains of human life: biological, social, cultural, economic and political. Its complexities are interwoven with the economic and political processes within which policy is made.

The food policy terrain is a highly contested space within which there are competing interests of the state, the food industry and civil society (Lang, 2005; Lang, Barling and Caraher, 2009; Lang and Heaseman 2015; Nestle, 2013; Fischler et al., 2015). Attempts by successive UK governments to control the rising prevalence of obesity are exemplified in the growth of the policy terrain in the early part of this century (Appendix B). However, competing analyses and interests have resulted in 'policy cacophony' (Lang and Rayner, 2007), and despite cross-governmental attempts to co-ordinate policy action (Department of Health, 2008b), there remains no significant reduction in obesity prevalence in the UK for adults or children (Public Health England, 2016a; Public Health England, 2016d).

The Conservative government, under the leadership of Theresa May in 2016, continues the same policy direction (Department of Health, 2016) as that of UK governments over the previous two decades. Despite this political consensus, policy failure has been challenged by calls for new thinking and directions. These include integrated and inclusive approaches that bridge food, health, social and economic policy (for example, Lang and Rayner, 2012; Lang, Barling and Caraher, 2009; Roberto et al., 2015; Hawkes et al., 2015, Huang, 2015), and contest the construction of 'obesity' as the 'problem' (for example, Bacon and Aphramor, 2011; Rich, Monaghan and Aphramor, 2011; Guthman, 2011).

The contemporary phenomenon of childhood obesity has developed over decades. It is characterised by a sudden increase in the prevalence of obesity in the 1970s. This timing is significant for a number of reasons. Firstly, there is genetic and cultural variability in human body size and shapes. This is evidenced through artefacts dating back to the Palaeolithic age, such as the Venus Figurines (Bray, 2011). In the contemporary period, variability in body sizes can be explained through genetics, including behavioural genetics that account for differences in eating behaviour, even among children in the same family. This indicates an effect of the non-shared environment whereby the genes of each individual uniquely interact with the environment, thereby contributing to the variation in body sizes (Plomin, 2011). Analysis of data for the distribution of children's body size in the US reveals consistent variability over the period from 1930 to the 1960s (Von Hippel and Nahhas, 2013). The surge in obesity among children and adults began in the 1970s

(Fryar, Carroll and Ogden, 2012; Fryar, Carroll and Ogden, 2014). Given that changes to the gene pool occur over generations, it is likely that this increase in prevalence is underpinned by gene-environment interactions that can occur over the course of life (Wells, 2012; Gluckman and Hanson, 2008, p. 11). There is a temporal association between the surge in obesity and the emergence of neoliberalism as the dominant political and economic paradigm. This may be coincidence rather than causation or unintended consequences. The following section broadly sets out key moments and processes in the evolution of neoliberalism.

1.2 Neoliberalism: solution or problem?

Neoliberalism is underpinned by the fundamental belief that only an economy based on private property and the individual freedom to compete in a free market can produce efficiency, growth and prosperity for all. In essence, individual freedoms are best guaranteed by market and trade freedom (Harvey, 2005). Economic prosperity is driven by 'spontaneous' entrepreneurial activity that enables human productive activities more than do the 'deliberate' actions of state management (Hayek, 1967, cited in Cockett, 1995, p.5).

Neoliberalism's roots lie in early capitalism, which evolved over the nineteenth century into 'laissez-faire' capitalism, notoriously depicted in, for example, the novels of Dickens as brutal, cruel and exploitative. In *The Conditions of the Working Class in England* (Engels, 1845/1993), Friedrich Engels (1845/1993) documented the squalid conditions of poverty in the Victorian era, which included the 'undigestible' food of labourers and their children, and the attempted amelioration of children's lives by parents through spirits or opium (1845/1993, p. 112). For Engels, such conditions amounted to 'social murder' (1845/1993, p. 106).

These years of the Industrial Revolution were a tumultuous period in English history. The economic conditions and social struggles of the period sparked the emergence and growth of trade unions, and of wide-ranging social reforms, including in the area of public health. Collectivist ideas evolved through self-help organisations of the working classes and collective bargaining (Todd, 2015). Despite economic growth, extreme social inequalities persisted through the mid-nineteenth century and into the

twentieth century. Crisis gave way to the World Wars, and war gave way to the necessity for state planning and a boost for collectivist principles (Cockett, 1995, p. 15).

In the post-war years, the state played a major role in organising industries – a policy that included 'nationalisation'. There was political consensus built around Keynesian economics, and a new social contract of full employment, welfare and universalism. However, economic growth faltered in the late 1960s and 1970s. Keynesian economics and 'embedded liberalism' were 'exhausted and no longer working … [an] alternative was called for if crisis was to be overcome' (Harvey, 2005, p.12). The alternative took the form of a revival of economic liberalism that has come to be known as neoliberalism. Neoliberalism dovetailed with the collapse of the former Soviet Union, technological and digital advances, globalisation with access to global markets, and domination by the finance industry (Harvey, 2005).

Neoliberalism was to be different to the laissez-faire period of capitalism. Following the devastation of the 1930s, the political tide had turned against capitalism. At the same time, there was increasing debate about how to rehabilitate pro-market ideas. According to Cockett, this was a new cycle of ideological struggle that was 'fought and won' over the decades from the 1930s until the 1970s (1995, p. 6). Neoliberalism became embedded within Anglo-American politics notably, through the Chicago School and in the 1990s, the Washington consensus. New ideas for the free market included 'social market capitalism' (Cockett, 1995, p. 253). There was a new period of consensus across political administrations in support of the free market. The consensus continues amid political tensions around the level of state intervention. However, as illustrated by the 2017 electoral support for Labour under the socialist leadership of Jeremy Corbyn, a political and social movement for 'collectivist' ideas had re-emerged.

The task of neoliberalism as an economic and political project was to 'disembed' or set free the market from the 'constraints' of the state (Harvey, 2005, p. 11). From the neoliberal perspective, doing this would lead to prosperity and progress. So, over the course of forty years, mechanisms to achieve this were implemented; they included deregulation and privatisation. Monetarism secured the integrity of money through

fiscal constraint, reducing public sector debt and introducing austerity (Harvey, 2005, p. 24). In the view of neoliberals, these mechanisms have freed individuals, both workers and employers, from the constraints of trade union impositions on wages and conditions. Changes to the welfare system have aimed to help people 'flourish in work' rather depend on welfare (Department for Works and Pensions, 2010, p. 1).

In October 2017, the unemployment rate was the joint lowest since 1975 (Clegg, 2017). The state sector has been marketised. This has provided space for entrepreneurial innovation and competition, and it has broadened the choice of service providers for consumers. The consumer, in the neoliberal view, is a rational actor in the marketplace. In relation to this research, parents are consumers, and given the choice of food commodities they will take responsibility, weighing up the 'risks and benefits' in making family food choices. In this way, consumer decision making influences the market. According to neoliberal ideology, an increase in choice could support public health (Lang and Heaseman, 2015, p.9). This assumption endures in food-related obesity policy; for example, the current Conservative government's policy states: 'Consumer power and choices are important drivers of the food environment and, potentially, in ending the childhood obesity crisis' (Department of Health, 2016, p.10).

Consumer choice has increased, as illustrated by data provided by Lang and Heaseman (2015, p. 16), which shows that 20,000 new food products are produced each year in the US. If non-food products are included, grocery stores carry about fifty times more products than they did eighty years ago (Besson in Mims, 2016). This suggests a vibrant economy; as the *Wall Street Journal* comments: 'This is a testament to a century of productivity gains and growing wealth' (Mims, 2016). Furthermore, the marketisation of public health has created a choice of providers of public health nutrition and child weight management programmes. Parents are supported in making these choices through information, education and behavioural economics. In contrast to the 'nanny state', freedom of choice is preserved through a 'choice architecture' that attempts to steer consumers to responsible choices through, among other things, nudging and sanctions on parents and food companies. However, despite these free market mechanisms, the prevalence of obesity in children in England remains high and its social gradient of inequality has deepened.

Neoliberalism is implicated as part of the problem rather than the solution (Winson, 2014; Otero et al., 2015; Guthman and Dupuis, 2006; Schrecker and Bambra, 2015). The argument that the free market is the most efficient approach to promote economic growth and prosperity has been challenged by events such as the financial banking crisis of 2008. Moreover, there has been a sustained and dramatic increase in inequalities of wealth and health, including the social gradient in childhood obesity (Wilkinson, 2010). This has occurred despite the attempt to tackle inequalities within public health aims and across political parties (Department of Health, 2011a). For Harvey (2005), this is unsurprising, since, in his view, neoliberalism is a 'project' whose aim is to restore class rule – thus inequalities would be inherent in neoliberalism.

1.3 The food system and neoliberalism

Neoliberalism, it has been argued, is implicated in the rapid surge in obesity because of the effects of political and economic changes on the production and distribution, on a global scale, of unhealthy foods. Winson (2014) maintains that diet is historically contingent: it is specific to a given time and place and the forces that shape it. Food is at the heart of human activity, and is thus a complex story; without oversimplifying its evolution, as explained by Winson its use has changed from nurture and nourishment to 'edible commodities' (2014, p. 1). Commodities are produced by the food industry and globally diffused (by marketing and trade) as the 'industrial mass diet' (Winson, 2014, p. 1). Drawing on the concept of 'food regimes' and its exploration of the role of agriculture in the development of capitalism, Winson develops the concept of the 'diet regime': '[the] neoliberal diet is the nutritional expression of the neoliberal food regime' (2014, p. 18). The diet regime explores 'the diet and nutritional dimensions of food commodity systems' and their effect on health (Winson, 2014, p. 18).

Processes relevant to the neoliberal era are rooted in early industrialisation, and have since undergone enormous technological advancements. The evolution of the industrial diet conjoins with, and becomes structured by, the neoliberal political economic model, with deleterious effects on human health. Winson (2014) identifies three processes through which the nutritional quality of food became compromised:

food simplification, speed-ups in food production, and macro-adulteration. Simplification involves the mechanisation of whole foods that reduce both their nutritional quality and the biodiversity in food sources. Speed-ups refer to the intensification of the food production process; for example, feeding processes in animal husbandry have been intensified in order to 'add weight at the fastest possible rate and the lowest possible cost' (MacLanan in Winson 2014, p. 141). Macro-adulterations refer to the addition of fats, sugars, and salt to produce 'pseudo-foods' that are edible and nutrient poor (Winson, 2014, pp. 172, 175). These macro-adulterants increase palatability – creating 'super-palatable' food – and reduce costs; for the consumer, they provide taste, and they are cheaper and less perishable (Winson, 2014, p. 178). Pseudo-foods 'spatially colonise' communities and schools, and they do so on a global scale through supermarkets and fast foods. This diet became globalised through mechanisms that have included the neoliberal regulatory frameworks which promote international, free trade and anti-local policies (Winson, 2014).

The global focus on links between the neoliberal diet, health and inequality is developed through the Neoliberal-Diet Risk Index (Otero et al., 2015). The index enables a comparative analysis across time and place of factors relevant to understanding the impact of neoliberalism with attention given to food source and economic transition. It consists of five macro-structural factors: food import dependency, Gini coefficient, rates of urbanisation, the proportion of females in the workforce, and economic globalisation. For the period 1985-2007 data were compared from Brazil, Canada, China, India, Mexico, Russia, South Africa, and the US. There was an increase in diet-risk in all regions, suggesting the neoliberal diet has become consolidated (Otero et al., 2015, p. 53). This research furthers the argument that obesity is not solely related to personal lifestyle, but rather reflects structural factors that require state intervention (Otero et al., 2015, p. 54). The concept of 'nutrition transition' (Popkin, Adair and Ng, 2012) and ecological data (Wilkinson and Pickett, 2010, pp. 92-93) also implicate macro-structural factors in the global and uneven patterning of childhood obesity; however, these authors do not attempt to frame this within the economic processes of neoliberalism.

Countries which have adopted neoliberal market liberalising policies have experienced faster increases in both fast food consumption, as a marker of diet quality (Winson, 2014), and mean BMI (De Vogli, Kouvonen and Gilmeno, 2014). This may be because of unintended consequences of market processes. It provides the background to the rapid increase in the prevalence of childhood obesity that began in the 1970s in the US (Guthman and Dupuis, 2006; Guthman, 2011; Nestle, 2007; Popkin, Adair and Ng, 2012). The UK followed soon after, as exemplified by adult obesity prevalence doubling between the1980s and 1993 (Lobstein, Rigby and Leech, 2005; Schlosser, 2002). At the same time, there was a doubling in the number of fast food outlets (Schlosser, 2002). Fast food consumption in children in the US was found to be indicative of a diet that is generally of poor nutritional quality (Poti, Duffey and Popkin, 2013). The link between energy-dense processed foods and the global rise in obesity has a combined and uneven pattern that can be explained through 'nutrition transition' (Popkin and Gordon-Larsen, 2004).

This thesis does not underestimate the political and economic complexities of the neoliberal period as analysed by Glyn (2012) or Harvey (2005, 2011), nor the complexities of obesity, as illustrated by Foresight Obesities (Government Office for Science, 2007). However, it notes that more equal political economic systems have better health trajectories (Navarro and Shi, 2001; Wilkinson and Pickett, 2010). It argues that the rapid rise of childhood obesity in England, with its social gradient, is not biologically destined; rather, as in the US, it is historically situated (Guthman, 2011).

In setting out this background to the research question, this chapter has so far introduced the problem as a policy failure in reducing the prevalence of obesity in children. It has considered whether the political and economic framework that promises to produce the solution might in fact be part of the problem. Policy actors include the parents who, as consumers, buy food and feed children. Does the problem not lie with parents' food choices and family food practices? This is explored later in the thesis; however, there is a further issue to consider in relation to the possible implication of neoliberalism, and this concerns the role of neoliberal ideology in the food system and the family.

1.4 Neoliberal ideology: food and family

Ideology is important to this research because it shapes what people think. If the problem is structural – that is, it arises from political and economic structures – then how does it persist? Why would parents buy unhealthy foods? These questions centre on ideological issues that relate to food and family.

Ideology is a highly contested concept (Giddens, 1983), and it can concern propositional beliefs, as well as power and domination. It is about the role of ideas in society, of organised forms of social thinking, and how people, in different social groups and classes make sense of the world. As a construct of the mind, ideology takes form as language, concepts, categories, imageries of thought, and systems of representation (Hall, 1986, p. 26). In its politicised form, which is central to this thesis, it is about the use of ideas that furnish how we come to think in particular ways about society, others and ourselves.

Neoliberalism embodied the triumphalism of market supremacy and its ideas dominate global leadership (Harvey, 2005). For example, the World Health Organisation has focused on obesity as an individualised problem of lifestyle, and of how people as consumers have the power to influence government and the food industry: 'They [NGOs] can help to ensure that consumers ask governments to provide support for healthy lifestyles, and the food industry to provide healthy products' (World Health Organisation, 2004, p. 13). These ideas come to dominate public opinion not through conspiracy but through processes of interaction between key policy actors. A consensus is achieved across social groups that includes the 'consent' of the majority because neoliberal thinking appears as 'common sense'. Gramsci (1971) theorised the processes as 'cultural hegemony'. The role of the cultural industries in influencing mass opinion was further theorised from the 1940s, by the Frankfurt School of critical theorists. In the contemporary world of food and consumers, ideas concern individual freedom and choice. These are powerful ideas that tap into individual freedoms and rights (Harvey, 2005) and transfer them to notions of choice and responsibility. Neoliberal ideologies are contested, for example, on the grounds that they are based on inequalities in children's' diet and health in the UK.

The material processes that influence ideas around the food market are captured by Hamilton (2004) in the notion of 'Big Food'. According to this idea, Big Food is at the centre of the food system and food choice; it is a force, comprising 'the businesses and institutions that dominate the food sector' (2004, cited in Booth and Coveney, 2015, p.3). As a system that represses the questioning of the validity of food, Big Food manipulates choice: 'to thrive [it] must retain control over the design and values of the food system' (Hamilton, 2004, p. 25). In Hamilton's view, this manipulation is exemplified by the words of the Grocery Manufacturers of America: '[there is] no such thing as bad foods but bad food choices' (2004, p. 25). A similar idea is expressed by Nestle (2013), whereby types of diet, rather than individual foods, are framed as problematic for health: '[there is] no such as thing as unhealthy foods but unhealthy diets' (House of Commons, 2004). Perspectives such as these shift attention away from the structural factors.

Mahoney (2013; 2015), in a critical discourse analysis of food marketing techniques, has illustrated how discursive mechanisms create the illusion that specific foods are for specific types of people: 'people like them' (2015, p. 16). Mechanisms are continually refined to track consumption and to target segmented groups (2015, p. 16). This is not to say that interaction between food marketers and the public cannot be for the public good. However, powerful, integrated, material forces such as food marketing promote ideas that 'build on unconscious tendencies to over-consume' (Mahoney, 2015, p. 24). This contrasts with policy that promotes ideas of individual or parental responsibility.

Food-related obesity policy emphasises parents' responsibility for family food choices, health and associated body weights. The notion of responsibility is commonly represented as 'blame' by the cultural industries – for example, through the television programme *Honey, We're Killing the Kids* (BBC.co.uk, 2017). These ideas frame the issue in terms of whether parents take preventative action. Raisborough (2016) argues that prevention is part of the neoliberal 'reconfiguration of health and fat'. Health is no longer defined as a state of being free from disease; rather, it is viewed as prevention according to which the individual/parent is responsible for *self*-governing. This is achieved through a self-surveillance of health and body, alongside an awareness of the responsibility to minimise risk, all with a

view to self-control and self-entrepreneurialism (2016, p. 45). For social scientists, 'the self' is about subjectivity and the construction of the individual or parent who fits with the neoliberal framework of individualism as a driver for human well-being. Through these processes, health is transformed to become a site of consumer activities (2016, p. 45) and contributes to the individual becoming the neoliberal 'self' or parent.

Interpersonal relations, parents and family are also sites for neoliberal governance; through familialisation, the family becomes the focus for government action (Rose, 2000b; Edwards, Ribbens McCarthy and Gillies, 2012). Caregiving responsibilities, including those concerned with family and food practices, have been subject to responsibilising processes, whereby the responsibility for health shifts from the public sphere to the individual (Rose, 2000b). Childrearing has been redefined from a natural, loving relationship to a skill-based practice (Gillies, 2010) that encompasses a complex set of activities with outcomes set by the state (Edwards, Ribbens McCarthy and Gillies, 2012). Parents lacking the defined skills are framed by deficit models that are claimed to be classed and gendered (Gillies, 2010). Family becomes a moral concern and a 'site of uncertainty in rearing and caring for children' (Gillies, 2010, p. 742). The focus on parents becomes both problem and a solution in this thesis for 'obesity' in children.

1.5 Why consider class?

The social gradient in childhood obesity indicates that it is poor working-class families whose children are most at risk of obesity. It is this group which is most exposed to Egger and Swinburn's (1997) obesogenic environment. However, since the 1980s the collective meaning of class has been eroded, particularly in relation to the working class. Health inequities are defined by material circumstance and position in the social gradient rather than by class (World Health Organisation, 2016b). Navarro (2009) contends that the disappearance of the class discourse is politically motivated and reflects class power (Navarro, 2009, p. 427). The question for this thesis is whether this omission matters in terms of reducing childhood obesity.

Class is considered more widely by family studies, with a focus on practices and meanings (Ribbens McCarthy, Doolittle and Day Sclater, 2008a). For example, Klett-Davies (2010) argues that parenting practices advocated by policy are underpinned by middle-class values and practices, with 'middle-classification of parenting as a norm' (Klett-Davies, 2010, p.13). According to Rake (2011a), notions of parental failure and the corrective state are associated with poverty, and they are pervasive across social policy. As poverty has increased in England, the food practices of working-class parents have been depicted as failing, thereby putting children at risk, and hence in need of being rescued by moral entrepreneurs (Hollows and Jones, 2010). In contrast, the state assigns voluntarism to food companies, and the state's role is to support and enable parents (Department of Health, 2008b; Department of Health, 2011a). These can be regarded as classed interests, with the state operating in the interests of neoliberal capitalism. Amid competing interests, there is a potential for disconnect between the state and parents of children with obesity.

1.6 Disconnects in policy processes

The notion of disconnects within the policy process is well documented. Policy processes are defined in this thesis as processes that inform policy-making, policy implementation and the reception of policy by parents. This reflects the understanding of the state, as a macro-political organisation, with its core apparatus defined as 'a distinct ensemble of institutions and organisations whose socially accepted function is to define and enforce collectively binding decisions on a given population in the name of 'common interest' or general will' (Jessop, 2008, p. 9). It has a specific political orientation, and it is historically contingent (2008, p. 9). The process is not of demarcated stages and moments, but of interactions between actors. There is potential for disconnects, arising, for example, from tensions between political and economic interests (Lang and Rayner, 2005).

In 2015, an article in the BMJ questioned the independence of leading nutrition advisors to the UK government, since the advisors had received food industry funding (Gornall, 2015). Disconnects emerge between policymakers and implementers – 'the street level bureaucrats', as theorised by Lipsky (2010). The

complexities of ‘the family’ add to obesity policy tensions, with the potential for mismatch between policy actors: government, policy implementers, and the parents who receive policy. For example, as parenting is placed ‘under the microscope’ (Rake, 2011), and everyday food practices are examined, parents often feel blamed by health professionals (Pocock et al., 2010).

Disconnect became apparent in my own dietetic practice in child weight management. Obesity in children was predominantly treated as a ‘personal problem’ for parents rather than as a social, public issue. Most of the parents with whom I worked took responsibility seriously, and most were not deficient in food knowledge and skills. Some found understanding food labels challenging. Child health and happiness were paramount. Yet parents struggled to maintain dietary changes, and often encountered subsequent family stress, blame, and parental and child anxiety. Despite the collaborative efforts between parents/caregivers and health and public health professionals, there has been a lack of success in halting the high prevalence of obesity in children (Modi and Viner, 2015). This national lack of success suggests a structural failing. As an expert, I followed evidence-based government policy. Were there disconnects between its inception and receipt by parents? Colleagues commented that it was ‘all about class’. This thesis evolved, therefore, from this experience of obesity as a phenomenon in which the biological, sociological and political interact.

It may be more useful to understand obesity in an interconnected sociocultural and biological context. Crossley (2004) tackles obesity from a sociological perspective that sees weight gain arising from social causes, including modernisation and globalisation, changes in society that ‘create new patterns of life, work, food consumption’, and situations in which the interaction of agents is embedded with ‘different degrees of reflection and reflexivity’ (Crossley, 2004, p. 244). Agents’ social interaction has purpose and meaning, with ‘emergent properties’ and integration that only sociology can capture (2004, p. 244). As Crossley argues, these are not reducible to biology; rather, social interactions have biological preconditions and effects. Biological processes link with the environment through eating and drinking, and the body is the site for these interactions (2004, p. 245). There is an interplay between the body/biology and society. The ‘obesity crisis’ ‘acts back on

society' through health effects, costs and stigma (2004, p. 245) – it involves the overlapping and interpenetration of biological and social processes that result in the formation of 'larger processual networks of interaction' (2004, p. 250). According to Crossley, therefore, 'obesity is both an effect of processes within the network and a trigger for multiple actions and reactions within in it' (2004, p. 250). Tensions between these processes will be reflected in food-related obesity policy. It is this complexity that policy has to navigate, and disconnects are possible.

1.7 Parents and the food policy process

Parents are at the nexus joining obesity in children and food policy, yet they have little say in policy. Processes involving parents in food policy-making are limited; most are consultations. Policy tends to be informed by the evidence base. There is extensive literature on childhood obesity and parents. However, most of this literature examines parents as objects of biological or behavioural research, rather than as social and policy actors with legitimate and valuable views, experiences and solutions. The research emphasis, based on the dominant behaviourist model, is on what parents do: their perception of child body size, family food practices, and skills such as cooking (all of which are explored later in this thesis). There is insufficient research on the experiences, views, and food policy solutions of parents, and on how parents themselves would feel supported. A consideration of the lived experience of food policy, particularly in the context of the social gradient, is lacking.

Research carried out with parents has shown that issues of affordability and availability of healthy foods are important (Styles et al., 2007, cited in Pocock et al., 2010; Campbell, Benton and Werk, 2011), as are the time constraints resulting from modern life (Omar et al., 2001, cited by Pocock et al., 2010; Davies et al., 2012). Policy advice to avoid future health risks potentially runs up against the prioritisation of everyday worries of survival 'in the here and now' on the part of low-income parents (Warin et al., 2015, p. 313).

If parents' lived experience of food policy and their food policy solutions are unknown, there is the potential for a disconnect that would be counterproductive in tackling the high prevalence of obesity in children. Disconnect matters. If policy and

everyday discourse is unhelpful or not relevant to the lives of those it purports to help, policy problems will not be solved.

Summary

The context for this thesis is the historical phenomenon of obesity in the twenty-first century by which obesity has developed at a given time and place under certain conditions. This was posited as coinciding with the emergence of neoliberalism, although it has a longer 'food' history rooted in the industrial diet (Winson, 2014). Obesity may be an unintended consequence of neoliberalism due to the lack of reflection by the food industry (Mahoney, 2015).

However, the political economy of neoliberalism provides the rationale of the free market, with individual responsibility proposed as the solution to obesity. It is argued that different political economic systems have different health outcomes (Navarro, 2009). The role of ideology was considered, for example, as a way of shifting attention from structural processes. At the same time, the food industry uses the cultural terrain to influence consumption patterns, including by social rank and class (Mahoney, 2015).

The neoliberal belief that the well-being of society is best advanced through free market mechanisms emerges in ways that promote the self-governing individual/parent. Consequently, health is framed as disease prevention (Raisborough, 2016). Similar expectations are placed on all aspects of parents' caregiving. In the context of the social gradient, changing expectations on the role of parents may encounter structural and cultural constraints.

The effect of class is considered. Little is known about the lived effects of food policy in the context of childhood obesity and its social gradient. There is the potential for disconnects between parents and policy. These may be counterproductive in reducing the prevalence of childhood obesity in the UK. Questions of class, power and democracy are implicit.

1.8 Why this approach – a critical policy analysis

The critical research approach of this thesis takes the form of a critical policy analysis. This approach has been adopted because questions of class, power and democracy are implicit, and in relation to this 'problem' they are complex and 'wicked'.

The complexity that surrounds obesity in children denotes it as a 'wicked' policy issue. The concept of 'wicked' originated with Rittel and Webber (1973) in response to the complexities of societal problems that could not be treated using the methods and approaches of the natural sciences. The systems approach is currently dominant in thinking about the complexities of obesity. As a policy problem, obesity is defined with multiple causal dimensions that necessitate interdisciplinary, multiple stakeholder approaches at many levels (Government Office for Science, 2007). Current research programmes focus on obesity systems: for example, the Whole Systems Research Project involves all layers, including the community (Leeds Beckett University, 2017).

This approach of regarding policy problems as 'complex' and 'wicked' and to be tackled through systems thinking is questioned by Bacchi (2016, p. 7). The definition of the wicked problem has evolved to include being 'subjective', with a potentially depoliticising characterisation. Further, 'the term wicked problems, therefore, reinforces the conventional, pervasive view of policy as reacting to problems that must be solved' (2016, p. 8). This applies to the problem-solving approach adopted by systems thinking. However, neither approach considers problems in terms of 'where they come from and how they are understood', and thus problem constructions are uncontested. An alternative is offered through the poststructuralist and Foucauldian approach known as 'What's the Problem Represented to be' (WPR). Its focus is to problematise the problem representation so that it 'creates a space for questioning taken-for granted concepts and categories' (2016, p. 8).

Effective policy requires understanding the problem to be solved (Buse, Mays and Walt, 2007). As Bacchi (2009) suggests, this includes 'problematising' the problem representation. However, the task of exploring disconnects, which include class and

food policy solutions, requires a broader framework. Jones et al. (2016), in an evaluation of a community-based obesity programme, found challenges in working with the 'systems' approach and have argued for theoretical clarity from the social sciences in evaluating complex social life. Their evaluation used a pluralistic epistemology that includes the critical approach. However, such an approach is rare in the childhood obesity research field. The qualitative approach has been used to explore health experiences, but rarely within the critical framework unless part of a 'critical community', such as critical dietetics.

The critical approach assumes that 'all thought is mediated by power relations that are historically and socially constructed' and which must be connected to confront the injustice of a particular society (Kincheloe and McLaren, in Denzin and Lincoln, 2011, p. 164). It aims to critique, challenge, transform and empower, and it 'views the world from a particular value-base and looks for patterns in social phenomena that may account for inequities' (Jones et al., 2016, p. 42). A critical approach enabled Jones et al. to explore reasons why behavioural change may not have been adopted by participants in a community programme. The aims of critical research to engage with injustice, social change and social struggle are echoed in critical dietetics, a transdisciplinary approach that:

> creates space for an emancipatory (i.e., liberating and socially just) scholarship by drawing upon many perspectives, philosophies, orientations, ways of asking questions, and ways of knowing. (Aphramor et al., 2009)

Critical policy studies focus on policy-making processes. According to Fischer et al.:

> not as inputs and outputs but in terms of interests, values and normative assumptions - political and social - that inform these processes … [and critical policy research] seeks to identify and examine existing commitments against normative criteria such as social justice, democracy and empowerment. (Fischer et al., 2015, p. 1)

This research is qualitative and exploratory. Exploring disconnect has been enabled by an eclectic approach to critical theory, which is set out in Chapter 2. In brief, the theoretical framework is based on the work of four theorists that enables analysis of the relations between the state and working-class parents. In policy language this involves policy actors: policymakers, policy implementers and parent-policy recipients. The theoretical questions centre on class and power. The analysis of class involves the lived experiences of food policy and draws on Marxist and Bourdieusian theories. The analysis of power, involves examining the multilevel policy processes and draws on Gramscian cultural hegemony and Foucauldian theory of governmentality. This combination of theoretical approaches, including the attention to hegemony and governmentality, is used by others (Sum, 2012; Parker and Aggleton, 2003; Jessop, 2008). In critically exploring food, family and health, the theorists drawn upon include Rayner and Lang (2015) and Caraher (2009).

1.9 Research design and questions

This is a critical policy analysis of food-related childhood obesity policy that explores disconnects and the relevance of social class. It uses document analysis, mapping exercises, field notes and ethnographically informed interviews. Thirty-one semi-structured interviews were carried out, with the participation of six policymakers, ten policy implementers and fifteen parents.
The research questions are as follows:

1. What are the disconnects between working-class parents of children with obesity and the state, including class?
2. Why is the parent's voice not heard?

1.10 Structure of thesis

Disconnect between the state and working-class parents of children with obesity is at the core of this thesis. The literature review in Chapter 2 explores the potential for disconnects using the foci of child health and democracy. It does so through four domains that provide a 'whole' view of the parents' world rather than its remaining 'under the microscope'.

The third chapter details the methodology of the critical theory research approach. It provides the conceptual tools of 'policy triangles' that were used in a descriptive policy document analysis, as well as Bacchi's (2009) explanatory approach, 'What's the Problem Represented to be', which was also used to analyse the documents. Data triangulation, Nvivo data management and thematic analysis were used.

The results are presented in Chapters 4, 5 and 6. Chapter 4 provides document analysis, Chapter 5 provides a brief mapping of the Lewisham foodscape, and Chapter 6 provides the triangulated findings in relation to the two main research questions on disconnects and the parents' voice. These are interpreted using a critical theoretical framework as provided in Chapter 2. The framework, as appropriate to each disconnect, is also presented with the findings.

Chapter 7 discusses the meaning of the findings in relation to the literature and addresses the four aims of the research. Chapter 8 presents the conclusions, reflects upon the thesis and doctoral process and offers recommendations for the future.

1.11 Key terms

Childhood obesity, 'with obesity', overweight and higher weight

'Childhood obesity' and overweight' are terms that are based on the calculation of the BMI (weight in kilograms divided by height in metres squared and plotted on children's BMI charts) which classifies body size in relation to health risk. The use of BMI is not the best measure of body fat, but it is arguably the best available.

The concept of obesity and language about higher-weight bodies are argued to be oppressive and stigmatising (Aphramor, 2018, in-press). Non-stigmatising alternatives include 'higher weight' (Meadows and Daneilsdöttir, 2016). Person-first language – which uses the form of 'person with a health condition' – is argued to be less stigmatising (Diabetes.co.uk, 2016). This is also contested (Gernsbacher, 2017).

This thesis recognises the production of stigma through language. The language it uses reflects its source; for example, the clinical terms 'obesity' and 'body mass

index' are used according to the primary source of literature. Person-first language is used. However, 'child overweight' was the preferred term of the parents interviewed. Therefore, from Chapter 6 (the findings) the terms 'overweight' and 'higher weight' are used instead of 'obesity'.

Class and working class

Class is a term used to define social groups, generally by socioeconomic status or occupation. It categorises people based on level of income, education, housing tenure and collective indices of deprivation. Working class has contested meaning. In the UK it is associated with an industrial class. This thesis uses the term 'working class' with a collective and political meaning. It includes people and communities described demographically as deprived, disadvantaged, in or out of work.

Discourse

'Discourse' is used widely in cultural studies to refer to systems of meanings that involve words, languages and social practices. 'Discourse' is also used by Foucault (1980) in contrast to 'ideology'. A Foucauldian approach still relates to processes of practice, but in the context of 'relatively bounded social knowledges' with an understanding that 'knowledge is formed in the interaction of social and political practices'. It refers to knowledge of 'what it is possible to speak of' rather than language or communication (Bacchi and Rannblom, 2014, p.173).

Disconnect

This refers to lack of connection between the government policy, as carried out by the state apparatus, and parents as policy recipients. It is not viewed as static but as a process. For example, disconnect as process would include differences in perceptions and meanings, and it would lead to contradictory and counterproductive effects.

Family practices

A sociological view of family is informed by Morgan's 'family practices' (2011). The term 'family' does not refer to heteronormative models of human relationships, but rather to interpersonal relations that involve a diversity of family form, and to something people 'do'; that is, family consists of myriad of practices, large and small, including food and family. The importance of practices to this thesis is the

context of ‘doing’. The forthcoming chapters refer to ‘parent practices’ or ‘family food practices’ to connote the ‘doing’ of action, of activities. This does not concern an analysis of family practices but the everyday experiences of food policy.

Food

‘Food’ is a key concept for this thesis. It is composed of nutrients for survival and health. It has social meaning, and it is a source of power, a source of economy and inequalities. It is something people ‘do’ as part of social life. This thesis takes a whole view of food and, through an analysis of food policy it provides a lens to view the governance of parents.

Food-related obesity policy

‘Food-related obesity policy’ refers to food and public health policies that are relevant to food and obesity in children.

Governmentality

A Foucauldian concept that explains how the state governs its population. It is used in this thesis in relation to neoliberal governmentalities (see section 2.6).

Hegemony

Ideological or cultural hegemony explains the relationships of domination and exploitation embedded within society and culture (see section 2.6).

Individualisation

Individualisation is part of Beck’s theory of reflexive modernisation, according to which traditional institutions, including the traditional family, have been transformed in ways that provide new freedoms but also emphasise individual decision-making (Beck, 1992, in Ritzer, 2011). There is heightened awareness of individual self-responsibility for risk management. Individualisation is compulsory and integral to the neoliberal selfhood, in which individualised people have sole responsibility for the consequences of choices and are castigated for personal failure and bad luck (McGuigan, 2016).

Interests

Society consists of groups that have shared or vested interests. These interests can be defined as public or sectional interests. Corporate sectional groups, such as in the food industry, have vested interests in profit maximisation.

Nutritional injustice

This concept is used in this thesis in relation to the inability of low-income families to access diets of good nutritional quality. There is a trade-off between quantity and quality of food that is implicit in obesity and hunger. It refers to the social injustice of poor access to good nutrition (Levy and Sidel, 2005) (see section 2.3.2).

Parent

The term 'parent' is inclusive of caregivers and guardians. Given the gendered nature of caregiving, this mostly concerns women as mothers.

Policy processes

'Policy' refers to the actions and decisions of government. The policy processes are continuous but focus on three sites: informing policy, policy implementation and its receipt by parents.

Reflexivity

Reflexivity is adopted throughout this thesis. It is an essential element in qualitative research and of particular importance in critical qualitative research. Reflecting on the research process consists of all elements: the methodology, the theory, and the process, including my positionality and any bias this may cause to the research. The latter acknowledges the social interaction inherent in social research.

Responsibilisation

A governmentality process in which individuals are made responsible for a task previously done by another – usually state agency in the neoliberal context. The implication is that the subject being responsibilised has previously avoided this duty of responsibility or that it had been taken away from them by the welfare state (O'Malley, 2008). In this way, individuals reconceptualise themselves as assuming their own responsibility to be healthy and to maximise life.

Social gradient

The ‘social gradient’ in childhood obesity refers to inequalities in the population distribution that are related to socioeconomic status, with highest prevalence among the most deprived.

Symbolic violence

A central concept in Bourdieusian theory, symbolic violence is a form of soft power that is wielded through, for example, communication, language and meanings (see sections 2.6 and 6.3.1).

Chapter 2

Exploring disconnect: child health and democracy

Chapter 1 set out the context for the phenomenon of obesity in children in England, as the neoliberal political economy and ideology. The policy 'problem' is set within failure. This gives rise to the question of how well-connected policy is with the reality of those parents living with 'childhood obesity'. With little research that elicits the views and solutions of parents, there is a need to explore disconnects. The core foci of this thesis are child health and democracy, to both of which the notion of disconnect is foundational.

This chapter explores disconnect between the 'state' – the state in the UK that functions through neoliberal political rationality – and parents of children with obesity. 'Food-related obesity policy' is referred to throughout this chapter as 'policy'. Disconnect, the state and policy are processes rather than static entities. Disconnect as a process might involve differences in perceptions and meanings. Behind differences might be the complexity of the policy message. Potential disconnect may lead to unintended consequences through different pathways. These may arise, for example, from the universal concern for child health and the drive for research to protect children from 'obesity' and support for parents; or they may arise from political beliefs that drive a policy direction, or from rationality of economic interests. All of these may be well intentioned, but they may also produce contradictions and tensions that contribute to disconnect with parents. They all contribute to informing policy and they take effect through policy. Policy that aims to support parents of children with obesity should be well connected with the reality of parents' everyday life. However, policy based on changing behaviours might not fit parents' reality.

In the policy process, parents are policy recipients, but they are also citizens in a democracy that confers responsibilities and rights. In the context of disconnect, parents participation in policy-making; thus, their participatory rights are explored.

This chapter reviews the literature exploring the potential for disconnect. It takes a 'whole' view of the parents' world in relation to food, child health and democracy. This presentation of the literature does not focus on the health risks associated with obesity, on which there is a large biomedical literature with critiques (Bacon and Aphramor, 2011). The biological is incorporated as part of the social and policy context. The context is the process of interconnections between the biological, sociocultural, economic and political domains. The literature is surveyed across these four domains – domains that, as representing social life, are interconnected: the body, unintended consequences, class and food, and policy actors and democracy (as illustrated in Figure 2.1).

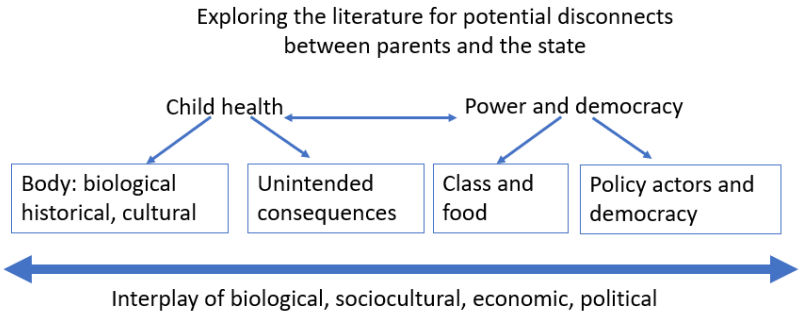


Figure 2.1 Four domains of the literature

This exploration of disconnects leads to the research objectives, aims and questions, which are presented towards the end of this chapter. The chapter ends with the theoretical framework.

Parents' food practices are popularly judged through children's body sizes; an example can be seen in the *Daily Mail* headline 'Study reveals parents' poor eating habits to blame for obesity not fast food' (Daily Mail, 2014). This context of moral judgment around food and bodies is historically and culturally grounded (Coveney, 2006). Biology and the sociocultural are explored for potential disconnect. There is a phenomenal body of research on obesity in children. This reflects the energy in trying to find solutions in the interests of child health. As the research merges into the policy process, especially in this complex field, some fields of research may be unintentionally privileged over others. If the research field is unbalanced, there is the

potential for disconnects with parents. This first section of the chapter explores challenges in some key biological questions that inform policy. It focuses on the body and biology, and this context for potential disconnect with parents. Section 2.1.2 focuses on the child body in its sociocultural meanings and embodiments. As these sections progress, it will become clear that child body size codes for parent food practices. The research context is largely contributed to by non-critical research that in turn informs policymakers. In Section 2.2 (domain 2), the implications for child health are considered. However, simplifications of disease risk are suggested, as exemplified through Type 2 Diabetes Mellitus and social marketing, and these may have counterproductive unintended consequences; in particular, they may lead to a policy direction that attempts to change parents' food behaviours but with potential disconnect. Section 2.2.4 asks for whom obesity is a problem, and it explores the patterns of prevalence, and especially the fact that children in lower socioeconomic groups are those most at risk of obesity in England. This leads to Section 2.3 (domain 3) which deals with the structural questions around 'food and class'. The inequalities in the nutritional quality of children's diets are set out. Structural inequalities suggest disconnects. Finally, Section 2.4 (domain 4) is about power and democracy, both of which are fundamentally bound together, as argued by the post-war theorist Lasswell (1948). For Lasswell, the concern was capitalism in its political form whose 'nature is concealed by the language of business … [and] competition … but the market is transformed into a political arena', so that policy choices become power decisions and thus undermine democracy. This section focuses on the power of the food industry, and the relations between the food industry and the state on the one hand, and the state and parents on the other. The literature on 'family food dynamics' is included as it shows the complex world at the micro level – namely, the operational world of parents on which policy intervenes with aim of changing. This section shows a terrain on which multiple disconnects may arise. Democracy is viewed through the lens of a contemporary food policy struggle on school nutrition, and looks to future possibilities for deliberative policy directions.

2.1 ‘Children come in all shapes and sizes, don’t they?’

This section presents the biological and the socio-cultural contexts in which the parents’ world is situated. A large body of biological research informs food-related childhood obesity policy. For example, the Foresight Obesities report (Government Office for Science, 2007), is cited in the UK by both the Labour (2007-2010) and coalition (2010-2015) governments as foundational to obesity policy. However, as this report shows, the aetiology is complex. This thesis concurs with Warin et al. who argue that biological and social processes involve human relationships and cannot be simply reduced to either biology or culture alone (2016, p. 56). Instead, there is a ‘constant interplay of biological and social bodies, of materiality, experience and representation’ (2016, p. 57). This is evidenced by the complexities found by the British Social Attitudes survey (Natcen Social Research, 2015), on adult obesity. These included that most people (71%) considered obesity as an individual problem underpinned by unhealthy lifestyles. At the same time, the abundance of fast food and sugar-rich beverages were implicated. It was believed that obesity is not inherited (58%) and 55% were not unhappy with their weight. The authors conclude that this is possibly due to overweightness becoming ‘normalised’. While revealing the socially constructed beliefs and complexities of everyday life, the authors conclude that public health policy should consider both regulating the food industry and ‘nudging’ the individual. It is a status quo that is disconnected, as this section argues, with the complexities of everyday reality.

2.1.1 Biological

The drive to find a solution to the contemporary problem of obesity has included debate about energy balance genetics, epigenetics, and epidemiology that are explored in this section.

Energy balance is at the centre of the UK government’s obesity policy, as exemplified by the ‘calorie pledge’ to reduce five billion calories from the national diet (Department Health, 2015). This simple message does not convey the complexities of energy balance. Hall et al.’s (2012) expert consensus on energy balance and body weight regulation emphasised that energy balance is a complex

biological process and an ongoing area of research. Energy balance is an interactive system that responds to changes in the components of energy intake and expenditure. These include the composition of the diet, changes in body composition with age, hormonal regulation of food intake, and underlying individual variations. Energy output is increased by the presence of brown adipose tissue (Speakman and O'Rahilly, 2012). Energy balance requires consideration of the energy substrate and its metabolic course; for example, fructose, which is commonly used in sugar-sweetened beverages, is not regulated by insulin and increases visceral adiposity (Stanhope and Havel, 2008; Bray, 2013).

Human biology is theorised as being adaptive to high and low energy environments. For example, the Developmental Origins of Health and Disease (dohad) that evolved from the Barker Hypothesis (Barker, 2007), together with epigenetics, provide a rationale for the role of developmental plasticity in metabolic disorders. Maternal malnutrition underpins dohad; fetal development is marked by thrift with subsequent mismatch when a baby is born into a food-abundant environment. Epigenetics account for short-term genetic changes that are pre-emptive adaptations for the expected environment, and they may influence developmental plasticity through interactions that modify cell function; for example, environmental triggers, such as nutrients or chemicals, may function as endocrine disrupting chemicals (EDCs). EDC exposure is argued by Guthman (2013) to be implicit in the contemporary high prevalence rates of obesity. Vitamin deficiency in low-weight mothers may increase insulin sensitivity and adipogenesis *in utero* that favours energy conservation and building fat mass (Gluckman and Hanson, 2008).

Warin et al. (2016) argue that epigenetics is an example of how the biological and socio-cultural domains cannot be simply separated. Barker's hypothesis includes health inequalities that position the biological within the socioeconomic framework. This is given a new dimension by Warin et al.'s argument that 'nature and culture enfold upon each other' (2016, p. 61): in their view, 'if we imagine … the molecular and structural processes of food and eating incorporating each other, we can understand how the societal and biological environments interact and respond to each other across the lifecourse and could be transmitted intergenerationally' (2016, p. 64). Bourdieu's habitus is drawn upon to theorise the epigenetics of obesity (2016, p.

64). It is a ‘biohabitus’ that integrates the habitus with Deleuze’s visceral philosophy of folding. The former is an ‘embodied-performative element of social structures and mechanisms transmitted across generations and through historical time across time (Crossley, 2003, p. 43 in Warin et al., 2016), while the latter contrasts with binaries such as mind/body and proposes that there are instead folding processes between the mind and the body. The biohabitus as a series of ‘Deleuzian folds, resonates with an epigenetic understanding … of a body heavily impregnated by its own past and by the social and material environment within which it dwells’ (Warin et al., 2016, p. 67). Implicating the intrauterine environment in obesity aetiology has resonated with a ‘hyper-responsibility’ and blame for mothers (Warin et al., 2012; Warin et al., 2016, p. 62).

While recognising genetic and epigenetic influences, Wells (2012) emphasises the importance of a stable, healthy, nutritional status throughout the maternal life-span. For Wells, capitalism drives malnutrition, both under- and over-nutrition (2012, p. 268). Wells situates obesity within the context of ‘susceptibility and exposure’ to the ‘obesogenic niche’ and the loss of agency of individuals and governments to corporate power (2012, p. 262). Rather than individual failing, Wells (2012) emphasises the potential perturbation of metabolic and behavioural mechanisms by commercial interests as causing disturbances in energy balance.

The belief that obesity is genetic is articulated by parents, as captured in the expression that ‘it runs in the family’ (Jain, 2001; Curtis, 2007). Genetic links are recorded in history; in the nineteenth century, it was noted that ‘people with small appetites develop[ed] extreme fatness’ (Foxcroft, 2012, p. 67) and that there were children who did not grow out of their ‘puppy fat’ (2012, p. 129). Contemporary science confirms genetic susceptibility. The Human Obesity Gene Map had by 2005 identified 207 candidate genes. However, it is likely that multiple heritable factors will be implicated for most cases of obesity (Farooqi and O'Rahilly, 2007). Obesity, rather than being a non-inherited, simple condition, is instead a ‘complex genetic trait’ that is multifactorial and involves multiple genes (Farooqi and O'Rahilly, 2007; Lyon and Hirschhorn, 2005; Bouchard, 2009). This means that susceptibility to obesity is thought not to depend on the presence of a single obesity gene, such as leptin or *FTO,* but instead to stem from the interaction of multiple genetic variants.

The route to obesity is thought to be neurobehavioral rather than metabolic (Farooqi and O'Rahilly 2007). So multiple genetic variants within the appetitive pathway have a large and collective effect on modifying eating behaviours and promoting obesity.

Appetitive traits have been studied within behavioural genetics. Wardle (2005; 2008a) has argued that eating behaviours are genetically determined, whereby obese children have a preference for high fat and high sugar foods, experience a low satiety that promotes overeating, and have lower preferences for vegetables and sedentary activities. This is further supported by studies of twins that have shown that not all children self-regulate or self-control their food intake (Llewellyn et al., 2010).

George Davey Smith (2011) contends that the non-shared environment has largely been ignored since Plomin and Daniels first published 'Why are children in same family so different from one another?' in 1987 (2011, p. 539). This has been approached in obesity research. Wardle has shown that, for those who are genetically susceptible, obesity is promoted through the unique environmental effect specific to each individual (Wardle et al., 2008a; Wardle et al., 2008b). This would account for eating and weight differences between siblings (Wardle, 2008, p. 4). Wardle et al. (2008a) concluded that genetics supports the argument that parents are not to blame, commenting:

> These findings will, however, come as no surprise to parents, who are well aware that their children come in different shapes and sizes despite having a similar upbringing. What is important is the finding means that 'blaming' parents is wrong … Excessive weight gain in a child is unlikely to be the fault of the parents, and is more likely due to the child's genetic susceptibility to the obesogenic features of the modern environment. (2008, p. 403)

Locating causal relationships are problematic, because the effects of the parent–child relationship is often bi-directional. Do child weight and eating affect parent food practices, or vice versa? Ventura and Birch (2008) suggest that the evidence supports both positions, but there are few bidirectional models. Child eating is explored in Section 2.4, which treats 'family dynamics'. However, this is a further example of

the interconnectedness of biological ‘body size’ and the social practices of children’s eating and parental care.

The core concern is child health. Health problems, potentially arising from excess body fat, have been recorded since antiquity, for example, by the Greek physicians Hippocrates (450 BCE) and Galen (129 CE) (Haslam and Rigby, 2010), and in medieval Islamic teachings (Grace et al., 2009). In addition, advice was given on eating habits; for example, Islamic teachings include ‘eating in moderation and nourishing physical body responsibly’ (Grace et al., 2009, p. 62). Health issues dominate global concerns in the modern world. However, according to Saguy and Riley (2005), public concern about excess weight was framed by appearance rather than health until the development of the body mass index (BMI) and its routine use. The development of the BMI provided a means of defining body size and linking it to health risk; for example, ‘Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health’ (WHO, 2016). BMI remains a crude population measure (WHO, 2016). The health risks associated with obesity reached ‘epidemic’ level by the twenty-first century (Flegal, 2006).

A critique of the description of the increased prevalence of obesity as an ‘epidemic’ and the definition of the body as ‘obese’ is provided by critical weight theorists/critical weight studies, as well as from the perspective of political ecology. ‘Epidemic’ is likened to ‘moral panic’ by Campos et al. (2005). These theorists question the claim that obesity is a health crisis, they challenge the lack of consideration for confounding variables, and they question the morbidity at both the extremes of low and high body weights, the association of health with ‘normal weight’ and the powerful economic interests that intersect with the media that drives public concern (Campos et al., 2005). Critical weight theorists are described by Gard (2011) as ‘empirical sceptics’, whose theories include conspiracy and whose range of opinions includes free market libertarianism (Gard, 2011, p. 118). Fat activists and critical dietitians self-describe as social movements and communities. Together with Health at Every Size (Bacon, 2017), they aim to shift the focus from the overweight body to health, and they point to other key contributors to chronic disease, such as psychosocial factors. Critical weight studies include analyses that support the construction of obesity as a social problem, including how notions of epidemic and

disease are used in the production of stigma and blame (Monaghan, Colls and Evans, 2013). The medicalised discourse has enabled a demonisation of fatness – 'a food and fat phobic' culture in which potential physiological and psychological poor health are created and from which industries profit (Orbach, 2006, p.68).

From a political ecologist perspective, Guthman argues that obesity is an epistemic construction, and that it is an 'artefact of particular epidemiological measures' (2013, p. 264), such as BMI, the bell curve and population attributable fraction. Furthermore, BMI has shifted from being a tool to describe average size to one that classifies 'body functioning' as healthy or unhealthy, normal and not normal (2013, p. 264). What is scientifically described as an outlier is reframed as being abnormal. Thus, the scientific 'normal' becomes the socially normative (2013, p. 264). Guthman situates the surge in the prevalence of obesity firmly within neoliberal policies that have contributed to the production of obesogens, obesogenic environments and food inequalities (2013, p. 18).

In practice, the use of the BMI, as modified for children, is questioned by research that has shown parents' core understanding was by sight – that is, they use physical appearance rather than numbers or 'weight category' (Jones et al., 2011; Jain et al., 2001; Pagnini et al., 2007). This raises the limitation of the biomedical, positivist approach to social life. Instead, an interpretivist approach that explores meaning is more appropriate. For example, parents used other children, particularly those with extreme fatness, as a reference point (Jones et al., 2011; Syrad et al., 2014; Pagnini et al., 2007). Parry et al. (2008) cites Rose's (1985) 'what is common is alright' to illustrate the cultural acceptability of larger body sizes (Parry et al., 2008, p. 261). The dislike for objective measures may be due to the medicalisation of fatness or the media portrayal of 'super obesity' (Goodell et al., 2008, p. 1551). The 'obese' child-body was perceived to be at the 'severe end of spectrum'. The notion of parents' misperception of child body weight is an area that has been studied for twenty years. Most research has been on mothers. The literature suggests that parents misperceive child weight and growth (Jeffery et al., 2005; Jones et al., 2011; Parry et al., 2008; Doolen, Alpert and Miller, 2009; Towns and D'Auria, 2009). This includes studies specific to working-class and poor mothers (Goodell et al., 2008; Jain et al., 2001; Rhee et al., 2005). However, an international review of twenty-three studies by Parry

et al. (2008) found ‘huge’ variability in parental perception, ranging from 6.2% to 73%. This was less than 50% in the majority of studies (2008, p. 262). Therefore, Parry et al. conclude that relying on parents’ perceptions is ineffective and suggest population screening. Qualitative studies suggest that while parents use physical appearance to consider child weight and health, health and happiness are given greater priority (Goodell et al., 2008; Jain et al., 2001; Syrad et al., 2014). Whilst most studies are cross-sectional, a longitudinal study (Parkinson et al., 2017) has confirmed that mothers perceive children’s body size as obese at the higher parameters. Furthermore, mothers’ classification of the obese child at a younger age was not a prerequisite for change. The range of studies over the past two decades suggests that misperception of child weight is a global phenomenon – and hence a potential disconnect.

This section has focused on core biological factors implicated in the aetiology of obesity. There are others not included here, such as the endocrine, the role of leptin and ghrelin, and gut microbiota, as well as factors associated with psychology and physical activity. However, those highlighted suffice to show the complexity around questions that parents have to contend with: questions relating to energy balance, genetics and mixed weight siblings. The biological framing of obesity requires measuring the child’s body, but the research suggests this may not be helpful to parents. The biological literature contributes to the evidence base that informs policy. The context for disconnects in the real world of parents is exemplified through the complexities around body size: energy balance, genetics, and the concept of ‘biohabitus’ and perceptions. This section has shown that the biological and sociocultural interconnect around bodies. This will now be explored on the historical and cultural dimensions.

2.1.2 Historical and cultural

From a social science perspective, human biology interacts with the cultural and sociological (Crossley, 2004). Obesity is a fundamental example of the relationship between body, culture and society. This section provides a brief overview of the past and the present to illustrate these relationships. Meanings of body size are the backdrop to the contemporary context for economic and cultural embodiment that

codes parents' food practices, that is, child body size confers parenting care and food practices. Some research suggests parents assess child health by appearance, with positive descriptions for young children such as 'chubby' or 'cute' (Goodell et al., 2008). The contemporary context includes other meanings of the body as a site for profits, for exploitation through reality television, and for embodied resistance. Concomitantly, parents as the protectors of the child's body are shamed. There is the potential for cultural denormalisation of larger bodies. This section draws on literature about adults and children. There are potential disconnects through cultural meanings and embodiments of the economic. Cultural change is central to policy, yet popular culture humiliates and blames parents.

Cultural representations of the body have changed over time and place. In Paleolithic times, the celebration of the larger female body is evidenced by multiple sculptures, including the Venus Figurines, that represented fertility (Foxcroft, 2012). Historically, in Western cultures, desirability was mostly afforded to the larger female body (Bacon, 2010). Cultural shifts that began in the 1830s in the US privileged either the thin or large female body and Bacon argues 'beauty standards reflect the political and economic interests of the times' (2010, p.146).

In late medieval and early modern culture, fatness, mostly in men, was symbolic of power and wealth (Levy-Navarro, 2008; Bray, 2009). Shakespeare's Bolingbroke is illustrative of the association of greed for power with weight, for he became 'portly at the expense of others', and had a fatness that was 'morally inappropriate' (Levy-Navarro, 2008, p. 96). In contrast, rotund Falstaff's lot is poor health, stigma and spectacle. Levy-Navarro suggests the contrast of Falstaff with the lean-bodied, militaristic Hal was set to 'provoke revulsion with elite audiences' and 'encourage them to think differently' and to 'interrogate assumptions that privilege the thin body' (2008, p. 28). Male obese bodies continued to represent power and wealth as exemplified by the membership of the 'Fat Mans Club' in the nineteenth century (Stearns, 2002, p.22).

Social relations are reflected in philosophical moral warnings. Moderation and self-control in eating was advocated against material greed, feasting and gluttony, with the latter leading to degeneracy, which, Socrates (469-399 BC) cautioned, will also

‘lead inevitably to wars and unjust societies’ (Foxcroft, 2012, p. 18). Lack of self-control in eating has continued to be a sign of individual failing, as well as of a failing society. Food, eating and the body became ‘a powerful and symbolic means of denial’ (Mary Douglas cited in Foxcroft, 2012, p. 21). Alongside denial, food and the body became associated with guilt (Foxcroft, 2012; Coveney, 2006), and dieting was established as a ‘moral category’ (Stearns, 2002, p. 71).

Body size and morality can be used in the interests of power as a ‘tool of discipline or attack’ (Stearns, 2002, p. 88). This is especially illustrated in relation to gender; for example, in the US, the period from the 1920s to the 1960s became known as the ‘age of slenderness’, a moniker connoting the frailty of women (Foxcroft, 2012, p. 113). Stearns places this in a political context as the ‘age of misogyny’ (2002, p. 71), in which the control of women’s weight aimed to generate individual and social anxieties. Social factors predicating this included falling middle-class birth rates into the 1920s (2002, p. 139), and the erosion of gender differences (2002, p. 72). In this context, differences were redefined through gendered discourses that included: women having a special weight problem, dieting, and maternal deficits. The cultural insistence on slenderness was manifest in the disdain for fat by both the cultural industries and the health industry. Guilt, conformity and social anxieties contributed as a ‘counterweight’ to the social and democratic gains made by women in the US. Stearns explains: ‘dieting and guilt provided a moral counterweight for a gender undergoing rapid change’ (2002, p. 88). An extensive literature records the cultural shifts around body sizes of men and women that ‘leaves few at peace with their bodies’ (Bacon, 2010, p. 146). Guthman and Dupius focus on the neoliberal logic attached to the body and obesity, and theorise ‘a politics of bulimia’ (2005, p. 442). This encapsulates the seeming contradiction between, on the one hand, industrial food production that promotes fatness, and, on the other hand, the slim ideal. For both sides of this apparent contradiction, the body is a site for profits.

Children’s bodies have not been immune to gendered and exploitative processes. As the future generation, the portrayal of their bodies forms part of historically situated gendered socialisation. For example, in the nineteenth century the control of women’s bodies was being fashioned through corsets for young girls, overweight or not, that lead to malformed ribcages (Foxcroft, 2012 pp. 33, 107-8). Guthman,

drawing on Harvey (2001), argues that the body, through obesity, provides 'spatial fixes for capitalism' (2011, p. 180). In this way, children embody capitalist social relations as sites for exploitation by the food and diet industries. For example, in the 1920s, when fatness was framed as appearance not health, children's diet books were produced such as 'Kalorie Kids' (Foxcroft, 2012, p. 129), and by the 1940s the 'Fat Boys Book' had a readership of thirty million (Foxcroft, 2012, p. 174). These are markers in the construction of the 'child consumer' that developed in the nineteenth century (Schor, 2005). By the late twentieth century, nearly half of the new food products launched each year are candies, snacks, gums and soft drinks aimed at children (Nestle and Nesheim, 2012, p.183). This suggests that the primacy of profits is embodied in children.

This thesis argues that powerful cultural forces bear significant responsibility for promoting 'obesity' in children with the potential poor health that follows from this. Culture is 'learnt, transmitted and shared' and 'individual consumers face unequal cultural power between themselves and commercial interests' (Rayner and Lang, 2012, p. 264). Culture is the 'linchpin' between the 'material dimension of food and its ideational existence as norms, ideals and phobias' (Johnson and Cappeliez, 2012, p.49). In this thesis, examples would include the ideals of healthy eating and feeding children. For Fischler, the consumer food culture – of industrialised foods – is posited to affect the relation between food and the 'self'. It has alienating effects since the vast majority of people are unaware of how food is produced, its history and origins: 'in a food system (and a cultural system) that is in the process of being destructured and/or restructured, how do we situate ourselves?' (1988, pp. 289-290). Fischler argues that people try to reengage with food, for example, through demands for food labels and the range of dietary regimes. These concepts of food and embodiment, and of human interaction with producing food, allow us to consider ways in which cultural processes may contribute to barriers that prevent parents and children engaging with healthy foods.

There has been an attempt to bring cultural meanings around food and bodies into policy. For example, cultural food change was a core ambition of the Labour government between 1997 and 2010. The role of government was to accelerate cultural changes that supported a safe, sustainable food system and healthy diets

(Cabinet Office, 2008, p.49). Personal and social responsibility for health were central to this approach, with obesity framed as a lifestyle-induced health issue (2008, p. 52). The food industry was to 'action healthy eating' (2008, pp. 121, 125). A Bourdieusian approach was used to explore cultural capital with the aim of enabling long-term cultural change. The cultural capital of the individual was to be built through behavioural approaches mediated by social marketing, national food debates in the media, clearer nutritional information and citizen engagement. Community food-related activities were ways to build local engagement and social capital. The gap between knowledge on healthy eating and action was suggested to be symptomatic of cultural and social pressures; for example, the abundance of food choices and work-life pressures contributed to this gap. So the essence of the political approach was how to make healthy choices easier for the consumer. However, government was competing with larger cultural forces, in food advertising and in the public pedagogy around obesity, such as that presented by reality television.

A change of government in 2010 led to a new approach to changing food culture. Cultural change was softly promoted through behavioural economics using the notion of 'nudge' within a 'choice architecture' that leads to harder policy interventions (Rayner and Lang, 2012, p. 273). Psychology was added to the neoliberal programme: rational consumers make informed choices (2012, p. 273). This diverts attention away from consumers making 'wrong' choices and away from businesses' lack of action. Furthermore, it enables policymakers to ignore dealing with the complexity of factors that frame choice. Commercial interests are not threatened. Rayner and Lang conclude that it is an 'oversimplified' public health approach that ignores issues of power, resources and cultural messages that continue to promote unhealthy foods (2012, p. 274).

The media has a key position in 'public pedagogy' and in how public concerns about obesity and child health are addressed (Rich, 2011). Rich approaches obesity in the media as a cultural text and explores the pedagogic function of, in particular, reality media. In relation to children, this includes *Jamie's School Dinners* and *Honey We're Killing the Kids* (BBC.co.uk, 2017). Reality media shapes contemporary understanding by being surveillant and instructive (Rich, 2011, p. 7). Rich argues

that it also draws on 'broader assemblages' that have affective qualities: they produce affect and desire, and they enable the circulation of signs through which people learn, such as food literacies, thereby forming a new obesity discourse (2011, p. 7). According to Raisborough, these are oversimplifications of complex issues, with a subtext behind private lifestyle solutions that produce and circulate health and food literacies (2016, p. 5). The discourses are characterised by crisis and risk. There is performative action as parents are provided with visuals of imaginary futures for their children. Rich provides an example:

> A morphed image of their son as an obese adult is shown on the screen, at which point Sally is reduced to tears and Jason comments 'Both disgusting. Both fat slobs aren't they. It looks awful. I don't want to look at him … it's disgusting isn't it'. Then the TV presenter adds 'But the question is why YOU let it get to this point? (2011, p. 10).

Rich likens this vignette to panoptical surveillance, and one that presents a series of affective processes from horrors, to sadness, disgust and responsibilisation, directed at the sick child and at parents who desire help. For Raisborough, such programmes enable the real-life concerns of individuals and parents to be publicly scrutinised and exposed to humiliation, 'failure and redemption' (Raisborough, 2016, p.159). Raisborough argues that the 'fat body' is classified by such programmes as a cultural category of a given time and socio-cultural place, namely that of neoliberalism. She suggests that there are 'interpretative' registers through which the body is read. These include the stereotypical presumptions of poor self-control, and personal/parental irresponsibility that becomes the site for social anxiety and biomedical intervention (2016, p. 11). Drawing on Gill's concept of 'sensibility', there is a sensibility of fat, that is a cultural understanding, tied to the production of 'a particular subjectivity'. This includes 'the ways we understand and imagine ourselves' as the healthy subject/parent (2016, pp. 12-13), or as the failing parent. Rich identifies a key moment in social policy in the construction of the failing parent. Every Child Matters (Department of Children Schools & Families, 2003) brought together risk with broader concerns on children's health, including obesity. Monitoring children through the state apparatus included a concern that children are healthy, safe and free from risk; central to this was the notion that parents are the

most important influence on children. Notions of parental failure, risk and social class were conflated to become part of the same discourse (Rich, 2011, pp. 11-12).

These economic, cultural and political tensions are echoed in public health discourses. For example, they lie between the cultural normalisation of higher body weights by the fashion industry and the potential for unintentional denormalisation by public health. In an interview for *Huffington Post UK*, a leading figure of the UK National Obesity Forum, voiced his resignation to the fact that children's fashion outlets were selling 'plus' size clothing due to commercial pressure on parents (Packham, 2017). As reported in *The Guardian* newspaper, a national health officer, voiced concern over child weight and health, saying:

> What worries me is how we have started to normalise it … In my generation it was normal to see [children's] ribs on the beach. That was healthy. How have we lost this national understanding of what is healthy and what is unhealthy? ... There were now size 16 mannequins in shop windows and fat can be beautiful … [she said, but added]: It isn't healthy. Here, we are talking about children and children can't talk for themselves. They need to be helped. (Boseley, 2016)

The question is how to bridge these competing pressures such as between profit, culture and public health without increasing stigmatisation and the potential for counterproductive disconnect between public health and social reality. It is a complex reality that includes classed and gendered experiences of embodiment (Warin et al., 2008).

The insights of contemporary social and public health theorists draw on Bourdieu (1984) to integrate the embodiment of class. There is an embodiment of class in physical appearance and food practices. Food as cultural 'taste' is associated with appearance. For example, elite French and American women strive for thinness in comparison to poorer French women (Saguy, 2013, p.13). Bourdieu suggests that the embodiment of class is the 'most indisputable materialization of class taste … [and] quasi-conscious representation of the approved form of the perceived body' (1984,

p.188). It is the act of eating that assigns masculinity or other attributes (1984, pp. 187-188).

The work of Bourdieu helps us to understand potential disconnects between public health policy and low-income mothers. Warin (2008) found the embodiment of obesity for low-income mothers centred on their mothering and food practices. Their 'embodiment' countered the imperatives of individualised behavioural change. In the context of the social gradient in adult obesity, Bissell et al. (2016) have explored the discordance between the pleasure of eating and the frustrations and shame of eating and of carrying excess weight. Drawing on Berlant's thesis of 'cruel optimism', the authors point to classed, discriminatory processes that lead to feelings of 'ressentiment' (2016, p. 20). They conclude that neoliberal politics are responsible for 'classed politics of shame infecting working class and poor(er) bodies' (Bissell et al., 2016, p. 20). This discordance between the pleasure of eating and body size, reflected in embodied resistance (Warin, 2008; Bissell et al., 2016), may appear to be cultural rather than classed.

Summary

In sum, the biological, cultural, sociological, economic and political domains interact and impose on the everyday lives of parents. In Bourdieusian terms, this is the habitus of parents, or, as Warin et al. (2016) have termed it, it is a 'biohabitus': a habitus that includes the biological past and present. Food and nutrition are integral and largely tied to the political and economic domains within the historical frame. It is a complexity that is voiced by parents when they consider obesity to run in families and that children come in all shapes and sizes, and when they misperceive child weight because physical appearance is more meaningful than numbers. The cultural is drawn upon by food policy; for example, in 2008 the Labour government introduced a model of cultural capital that aimed to involve local voices. The coalition government (2010-2015) brought about a shift to a stronger focus on individual responsibility through behavioural economics. The focus is on parents and on their family food practices as conferred by the body size of children, and this is relayed through the media. Potential disconnect may have many strands in the 'biohabitus' that connect with socioeconomic factors. In this context, the focus on

the individual parent and behavioural change may be likened to the metaphorical 'tip of the iceberg'. Attempts at behavioural change need to consider what is beneath the surface. It is argued that for this to be considered as part of policy, there needs to be a focus on the lived experiences of parents. A top-down focus on complexity may have counterproductive unintended consequences, as will be suggested in the next section.

2.2 Childhood obesity and health – unintended consequences

Within the complexities of the biology of obesity, there is the increased risk for metabolic disorders and a range of other health conditions, including respiratory, sleep, orthopaedic, gastrointestinal, neurological and psychological problems. However, the best way to convey health messages is debated between health promotion and prevention. Preventing health problems is the pathway that, in neoliberal governance, situates the individual/parent as responsible for preventative lifestyle choices. Approaches to encourage individual/parent behavioural change may be counterproductive, as this section will suggest through a consideration of fear-based messaging. If the policy process is counterproductive, then policy is not likely to be well connected.

2.2.1 Fear as a motivator for health behaviour change

Obesity tracks into adulthood (Modi and Viner, 2015) however, not all higher weight children will be susceptible to chronic disease and premature death: 'The effects of obesity in childhood on life expectancy are not yet precisely estimated' (Dent and Swanston, 2010, p. 1). Ethical questions are inherent amid the intention of public health to enhance child health. This section examines the use of 'fear' as a mechanism for behavioural change and provides an example of a social marketing technique based on reducing complexity, through type 2 diabetes mellitus (T2DM).

In a critical discourse analysis of Australian weight-related public health initiatives, O'Hara (2014) found a dominant discourse of 'preventative health' as foundational for a number of discourses that are dissonant with the principles of health promotion. These included discourses of health motivation through 'alarm and fear' (2014, p. 222) and of 'responsibility'. The latter is consistent with the 'individualist

component of neoliberal political ideology' (2014, p. 177). O'Hara goes on to explain this as 'the neoliberal individual responsibility discourse, in which the individual is ultimately responsible for their behaviour and therefore their body weight (2014, p. 206). The neoliberal discourses around body and weight may have unintended consequences in relation to public health policy, overweight adults, and stigma (O'Hara, 2014).

Fear-based policy and notions of risk have been argued to be ineffective, since risk conveys different meanings to different people. For example, the notion of risk carries a number of meanings: statistical probability, subjective and human (Speigelhalter and Blastland, 2013, pp.4-5); of lay risk assessment as a means of behavioural change (Bunton, Nettleton. and Burrows, 1995), and political 'a way of ordering social imaginaries' (Warin et al., 2015, p. 309). Risk confers short- and long-term meanings, consideration of which includes class-based parental resources and priorities (Warin et al., 2015). Davey Smith argues that epidemiology – population level analysis – gives insufficient attention to inter-individual variation and that the role of chance is ignored. The latter matters because it considers the individual-level risk: 'public health policy should not misrepresent population level data as individual level events' (2011, p. 556). It is argued that the use of 'fear', already questionable at group level, also ignores individual variation.

Until 2015, Change4life literature stated that nine out of ten children carry 'dangerously high levels of fat' and are at risk of cancer and diabetes. This was interpreted from the future's systems mapping of the Foresight Obesities report (PHE enquiries 2013, personal communication, 20th November, and see Department of Health, 2010, p. 4)[1]. The efficacy and long-term effect of such 'shock tactics' for behavioural change is debated, particularly for those whose circumstances of poverty

[1] Future scenario: 10-15% of adults may be 'healthy weight' (Government Office for Science, 2007, p. 34), described as 'one in ten' in 'Change4life' (Department of Health, 2010, p. 4), subsequently in Change4life materials becomes '9 in 10 children may be at risk of cancer …' (material removed from government website, 2015).

do not enable change over the short term (Statham et al., 2010; Rollnick, Mason and Butler, 2005, p. 110; Warin et al., 2015). Amplification of risk implies poor parental practices, and this may reflect class-based beliefs (see section 2.3 below).

T2DM and childhood obesity

There is complexity around weight, fat distribution and insulin metabolism. T2DM is increasing among young people in the US and UK, although it is still rare in the UK (Haines et al., 2007b). It is strongly influenced by genetics. Other important factors are ethnicity, environmental factors, and adiposity (Lyssenko, cited in D'Adamo and Caprio, 2011). Its sequelae in adolescents is faster than in adults. Insulin resistance is a marker of prediabetes in young people with obesity. A study of diabetes progression in children and young people with obesity, including 33 with prediabetes, revealed that 8% of them progressed to T2DM. The progression was in 21 months, compared to five to ten years in adults (Gungor and Arslanian cited in D'Adamo and Caprio, 2011, p.164). Progression is complex and appears determined by genetics that affect βeta-cell function. A longitudinal study by D'Amao and Caprio found a pre-existing genetic risk associated with βeta-cell dysfunction. Significantly, the phenotype was not the degree of obesity, but rather the fat deposition in visceral, particularly the liver, and muscle tissues alongside a decrease in abdominal subcutaneous fat (2011, pp. 163-164).

Fat distribution as indicative of metabolic risk and insulin resistance is complex, and the best form of its measurement is debated (Zimmet et al., 2007). There is added complexity by the variation in fat distribution by ethnicity (Gatineau and Mathrani, 2011). This was found by studies in the US, of children aged 5-12 years (He et al., 2002) and new-borns (Paley et al., 2016), the latter suggests in utero or genetic factors affecting fat distribution. In the UK, DXA (bone density scan) has shown ethnic differences in the percentage of body fat. This can be seen in children from the age of five years. There is a higher obesity prevalence among African-Caribbean children, but South Asian children have the highest percentage of body fat (Shaw et al., 2007). The relative risk of South Asian children in the UK developing T2DM was shown to be fourteen times higher than that of their white European peers (Haines et al., 2007a). Shaw et al. (2007) contend that errors in the identification of

risk may be introduced across ethnic groups through BMI. For children of European origin aged 9-12 years, a large prospective cohort study found BMI to be sufficient for revealing adverse cardiovascular indicators, and waist circumference provided no greater association (Lawlor et al., 2010). While BMI is used as the 'best anthropometric measure available for public health purposes' (Hall and Cole, 2006, p. 284), the debate on the validity of which measures best define obesity continues. For ethnic groups there is 'a range of body shapes and different physiological responses to fat storage' (Gatineau and Mathrani, 2011, p. 3).

This section has questioned the beneficence of fear-based health messaging in the context of disease complexity. These are biological complexities over which parents may have no control. Amplifying risk may have unintended psychosocial consequences.

2.2.2 Potential psychosocial effects

Whilst T2DM is increasing and there is a strong association with adiposity, heredity and ethnicity, data does not support that 'nine in ten children' are at risk. This amplification carries the potential for stigmatisation and its psychosocial effects. The effects of which are already a concern, for example, during the design stage of the National Child Measurement Programme (NCMP), care was advised, including anonymity, in communicating BMI to parents (Hall and Cole, 2006).

The notion of public policy having unintended consequences was suggested long ago by Wildavsky (1979), who used the metaphor of 'benign booby traps', whereby reforms of the past create problems 'that could make one stumble even if they did not explode' (1979, p. 4). Wildavsky's analyses are concerned with promoting equality. Outcomes adversely affecting equality may be unintended consequences, due to policy implementation or professional training. O'Hara (2014) contends that unintended consequences of obesity policy may unfold through stigmatisation.

Stigma and prejudice devalue social identity and strongly affect psychological and, potentially, physical health (Puhl and Brownell, 2003). The psychological effects of weight or body stigma in children have been well documented over the past two

decades. The psychosocial effect can be debilitating and devastating, although some children are not affected (Puhl and Latner, 2007, p.574). Self-blame and suicidal thoughts are experienced, as well as everyday detrimental impacts on self-esteem (Steinbeck 2010, p. 112; Pretlow, 2010) and specifically on body-esteem (French, Story and Perry, 1995). Children with obesity experience stigma from a range of adults working with them (Schwartz et al., 2003; Puhl and Heuer, 2009), and within their families (Puhl and Latner, 2007).

Not all children experience stigma. For example, it is more common in treatment-seeking situations (Wardle, 2005), and there appears to be cultural differences, with internalised stigma being less common among black girls (Mustillo, Budd and Hendrix, 2013). A further example of cultural difference is the view of Bangladeshi women in England that 'big is beautiful' (Grace, 2009). The cultural differences suggest that stigmatisation is socially constructed as culturally constituted differences that serve to maintain the social order (Aggleton and Parker, 2003, p. 17). The 'fat acceptance' and 'body positive' movements exemplify counter-movements to reclaim the body from cultural negativity and its effects.

Aggleton and Parker (2003) take the question of stigmatisation beyond the individual and view it as a social process that is part of the structural dynamics of society. Consequently, it can have far reaching effects for both the individual and social division. They argue it is fundamentally associated with power and domination and producing and reproducing relations of power and control and social inequality. If policy is to tackle the potential harmful effects of stigma on the individual it needs to reach beyond the psychological and behavioural perspectives to explore structural social relations. In this full context, policies and programmes would be more effective in reducing human suffering (2003, p. 20).

Previous sections have highlighted the challenges around the biological and cultural dimensions. These are considered by policy, as exemplified by a social marketing health message for parents. It is an example of the preventative approach with the purpose of behavioural change however unintended consequences are inherent. The production of stigma has potential psychosocial effects for susceptible children. It is viewed as a social process with harmful effect for the individual and society. As

Wildavsky (1979) posits, once outcomes are understood, in this case the potential for stigmatisation mediated by food-related obesity policies, there is less reason for it to continue as an unintended consequence (1979, p. 377). Allowing it to continue as an unintended consequence suggests an ethical stance that is counterproductive for child health. The following section moves on to examine which social groups are most at risk of obesity and to its potential health consequences.

2.2.3 Who is obesity in children a problem for?

This section sets out the data on the prevalence and social patterns of obesity in children. In so doing, it shows that, in the UK, lower socio-economic status is the most important variable. This sets the context of class and the social gradient in inequalities in the distribution of obesity. Questions of inequalities and class raise potential structural disconnects that are explored in sections on food and class.

The worldwide increase in the prevalence of obesity in children has developed with uneven patterning. Patterning theories include Nutrition Transition (Popkin and Gordon-Larsen, 2004) and obesogenic environments (Egger and Swinburn, 1997). Temporal data shows a rapid increase in prevalence over three decades in the US and UK, and an accelerated increase in the emerging capitalist economies. The social gradient has developed in many high-income countries. In 2014, globally around 41 million children under five years of age were overweight or obese: 48% were living in Asia and 25% in Africa. In Africa, there was an increase from 5.4 million children in 1990 to 10.3 million in 2014. Prevalence rates are higher in high-income countries, but they are numerically greater in low- and middle-income countries. In the latter, obesity prevalence is highest among children in families with a higher income status. There is a higher prevalence in the urbanised areas of emerging capitalist economies. There are also differences in distribution by age, ethnicity, gender and region. In some high-income countries, the prevalence appears to be plateauing, although the plateau is at a high level. At a global level, prevalence is increasing (Ng et al., 2014). An inverse relationship between obesity and socio-economic position is found in 21 out of 24 high-income countries.

In England, the prevalence of obesity increased four- to six-fold between 1974 and 2003 for children aged five to ten years (Stamatakis et al., 2005). By 2007, the increase appeared to be stabilising for school-age children, but not for those from lower socio-economic groups (Stamatakis, Wardle and Cole, 2010). National data in 2013 suggested a slowing down in the rate of increase since 2004 (Public Health England, 2016a). Data for child BMI in 2008, compared to a baseline of 1990, showed the distribution skewed to the right for Year 6 children (National Obesity Observatory, 2013). This suggests changing patterns with age, and possibly that the greatest increase is among those who are genetically susceptible.

Analysis of Health Survey for England (HSE) data from 1998 to 2009 suggests that prevalence may have peaked for white English groups (Karlsen et al., 2013). There are ethnic differences that are influenced by a complex interplay of factors that include socioeconomic, cultural, acculturation, genetics, discrimination and racism (Gatineau and Mathrani, 2011). The increasing prevalence has affected almost all ethnic groups. The Medical Research Council cohort studies suggest differences begin in the preschool years. Bangladeshi children aged three and five years were almost twice as likely to experience rapid weight gain when compared to white children. For adolescents, black girls experience almost double the prevalence of overweight and obesity compared to their white peers. Since 2006, data provided by the National Child Measurement Programme (NCMP) show fluctuations between ethnic groups, with increases but no consistent pattern by age or sex. However, a consistent pattern of rising prevalence exists for Bangladeshi boys and girls, with increases between 1999 and 2004 from 12% to 22% for boys and 13% to 20% for girls (Gatineau and Mathrani, 2011). The increased risk of obesity with deprivation has been found in some ethnic groups, but it is not apparent in black children, although data also suggests that children of black African ethnicity whose mothers have no qualifications are twice as likely to live in low-income households (2011, p. 21).

The emergence of the social gradient has led to a marked and significant change in distribution. Childhood obesity is closely correlated with deprivation. Correlation has been shown with equivalised household income and social class by occupation (Public Health England, 2013). Obesity prevalence is higher in households of

unskilled manual workers with lower income (Public Health England, 2013). Among both Reception and Year 6 children in the 10% most deprived category, obesity is twice as high as the least deprived 10% (Knai et al., 2012). Comparison of data from 2013/14 between the affluent London Borough of Richmond and deprived Southwark shows obesity prevalence in Year 6 children was 11.1% and 26.7%, respectively (HSCIC, 2014). There is regional distribution alongside deprivation. Childhood obesity is most prevalent in cities and in northern England (Public Health England, 2013).

Change over time has been illustrated through analysis of the 1958 birth cohort which reveals prevalence has increased by more than 50% between generations. This study has found childhood obesity to be associated with socioeconomic position, parental BMI, and full-time maternal employment (Pinot de Moira, Power and Li, 2010). The social gradient widened despite general socioeconomic improvement across the generations between 1965 and 1991. This parallels evidence that has shown a widening gap in wealth and health (Wilkinson and Pickett, 2010).

Socioeconomic status (SES) is arguably the most important risk factor. As Wang (2012) explains, the relationship with obesity is complex. The association between SES and obesity in children varies by gender, age, environmental factors and country. It intersects with ethnicity and cultural factors that may include parents' feeding and family food practices. Its relation to income is controversial. For example, analysis of longitudinal data from the Millennium Cohort Study has examined the relationship between parental income and childhood obesity, and overweight at age seven in the UK (Shackleton, 2017). The results show a 'weak bivariate correlation between income and child overweight' and little evidence that children in poverty, as defined by OECD income thresholds, are more likely to be overweight or obese. Shackleton (2017) concludes that other parental characteristics associated with SES, such as demographics and education level, explain child overweight. This concurs with Mayer (2010), who suggests that poor child outcomes linked with SES are explained by 'parental characteristics that result in low income or are the result of low income' (2010, p. 250) – however, this thesis disputes these findings, as will be discussed later. Global social patterning of childhood obesity support Shackleton's (2017) discussion that income may not be a useful proxy:

higher childhood obesity prevalence for low-SES groups in industrialised countries and high-SES groups in developing countries (Wang, 2012). Shackleton (2017) suggests further research should establish which aspects of socioeconomic inequalities – social class, social status, education – are most relevant to the social gradient in the UK (2017, p. 251). To this end, sociological theory, such as that of Bourdieu, which explores the mechanism of social class is useful (Shackleton, 2014).

Summary

From the perspective of child health, the efficacy of fear-based health has been questioned, particularly in the light of the complexities in the sequalae of chronic disease, and in fat distribution. The potential stigmatising effects has been set out in the context of being counterproductive to the aims of policy. Prevalence data suggest working-class children, across most ethnicities, are at risk of the deleterious effects of obesity. The global consensus is that child health matters: *'*Children represent the future, and ensuring their healthy growth and development ought to be a prime concern of all societies' (World Health Organisation, 2016a). However, as the UK government attempts to tackle obesity, this section has highlighted the social gradient, and how it potentially embodies structural disconnects, which will be explored further in the following sections on food and class.

2.3 Childhood obesity and food as class issues

This thesis explores whether 'class' is of relevance to the gradient in the context of disconnects. It argues that, given the history of class differences within inequalities of health, class issues are likely to be relevant. How these may appear as disconnects with policy is explored through the following literature that details nutritional inequalities, food choices and access. This section also considers literature that explores class consciousness and it discusses the role that class may play in challenging policy.

2.3.1 The social gradient, class and consciousness

The social gradient is based upon relative differences that are useful as an epidemiological tool. However, these are not explanatory of 'why' and 'how', nor of

everyday reality. This thesis supports the perspective of Navarro (2009; 2014), Harvey (2005) and others that a class-based system remains, with inherent inequalities reflected in food and health. These have been explained through the social determinants of health, the social gradient and other health measurements that, according to Navarro (2009), depoliticise and de-class health. Policy considers health inequalities, but not in class terms. So, exploring food policy through the lens of class, may reveal disconnects and the processes through which they unfold. Food-related obesity policy omits the notion of class and its associated collective experiences, such as inequalities or the pleasure of eating differently. Instead, experience is cast in the language of family 'typologies', based on food competencies that identify children at risk of obesity (Department of Health, 2008c). Experience is sometimes framed as culture, ethnicity, lone parents, deprivation, and poverty, all of which are supposed to entail corrective interventions (Department of Health, 2008c). This is argued to be situated within broader processes and a narrative that may undermine the identity and consciousness of the working class.

The existence of class, as collective interests, is argued by Navarro to have been undermined by neoliberal economic policies (2009, p.7). Navarro maintains that neoliberalism is the ideology of the dominant classes, and that 'forgetting about class enables its domination' (2009, p.7). For Navarro (2014), neoliberalism is a class ideology: it is the dominant ideology that 'permeates public policies of many governments and international agencies' (2014, p. 8). Navarro argues, as does Harvey (2005), that 'neoliberal policies are class-determined' and benefit the interests of 'the dominant classes and their economic units – the transnational companies'. For example, the privatisation of public services between 1980 and 2005 benefited the top 20% of the population by income (Navarro, 2014, p. 14).

This process of 'forgetting about class' has also been described by others. For example, Meiskin-Wood (1998) posits that the idea of a fragmentation of the working class began in the 1960s around ideological differences, or divisions around occupation that divide the working class. These shifts in meaning resulted in a dilution of power: 'a stroke of a pen reduces the size of the working class' (1998, p. 40). In 1987, Margaret Thatcher declared that 'there is no such thing as society' (Margaret Thatcher Foundation, 2016).In 1991, John Major spoke of a 'classless

society' (Major, 1991). In the 1990s, against the backcloth of the collapse of the Soviet Union, 'the end of history' was proclaimed by Fukuyama (1992), and the 'death of class' was also theorised (Waters, 1996). The 'Third Way' political philosophy of Labour 'courted middle England' (Turner, 2014, p. 430), and promoted individualism through communitarian politics and concepts of rights and responsibilities. This was a narrative that continued with the coalition government (2010-2015) and the current Conservative government (2015-ongoing).

Skeggs (2004) argues that class has been displaced through the identity politics language of consumerism, individualism and individuality. In understanding the interests of class, questions need to be considered of 'how, where and for whom' is discourse being produced (2004, p. 61). For example, how has social discourse 'pathologised class' in policy and the cultural domain (Hollows and Jones, 2010, p.308)(see section 2.3.2 Rawmarsh). New analyses of the fragmentation of class have evolved (Savage, Cunningham and Wakeling, 2015; Standing, 2014). The redefinition of the working class suggests there is not 'two great camps'. However, for Sharzer, despite globalisation, 'capital as a social relation' continues, and that there is thus a 'fundamental binary of capital and labour' (2011, p.87). For Skeggs and Woods, class remains pervasive despite political rhetoric: 'no matter how much effort goes into denial through political rhetoric, popular culture repeatedly returns like the repressed to the issue of class' (Skeggs and Woods, 2011, p. 3).

As this section has shown, there has been a questioning of the meaning of 'working class' over recent decades. This has called into question whether there is a collective class consciousness that has the potential to lead to social change. Marx theorised that 'conditions determine consciousness'. Struggles rooted in capitalist social relations change consciousness: 'It is not the consciousness of men that determines their existence, but their social existence that determines their consciousness'. Furthermore, working-class consciousness undergoes qualitative change from 'class in itself to class for itself' (Marx, 1959/1844). Conscious of its common interest based on exploitation, the class becomes aware of the need for political representation and potential power, and is thus a class for itself. The class struggle moves from the arena of the workplace, wages and conditions, and trade unions, to the political arena that includes the state.

There are differing views on the meaning of class consciousness. Sayer (2005) suggests the coming together of 'streams of consciousness' in the human evaluation of inequalities (2005, p. 139). Savage et al. suggest common factors including income, networks, politics and identities form class consciousness. They suggest an 'inversion' of class consciousness; higher among the elite and those at the 'bottom of the pile least likely to think of themselves belonging to a class' (Savage et al., 2015, p. 367). However, this is not unexpected as Marx, for example in the *Eighteenth Brumaire of Louis Bonaparte* (1844/1977), argues that capitalists strategically unite through shared interests and repression. As set out earlier in this chapter, there has been an ideological attack on trade unions and working class over the past thirty years. Cultural industries negatively portray associations with the working class.

Habermas, whilst sympathetic with Marx, considers the latter's analysis of capitalism to be incomplete. Its focus on the mode of production resulted in less attention to social practices. The dimension of interaction is missing from Marx, as exemplified by social movements being treated as a natural process governed by laws of historical materialism (Habermas, 1968, p. 42). Habermas focuses on how intersubjectivity, through which consciousness also evolves, can also be emancipatory. This unfolds in the public space as the means of intersubjective exchange and deliberation (see section 2.4.6).

This section suggests that while the social gradient is an important epidemiological tool, the policy context for the working class should be considered independently. The changes to its meaning in recent decades have eroded the notion of collective experience and consciousness, including that of food, that might be important for policy disconnect. This is explored in the following section.

2.3.2 Food and class in the twenty-first century

In exploring how class differences through food might matter in relation to childhood obesity, and the implications of this for food policy, this section explores literature that frames contemporary thinking on food and class. Bourdieusian capitals and Foucauldian governmentality are drawn upon, as too is Marxist theory. These illustrate the processes of production and reproduction of classes, through the

boundaries set by cultural capital, and of state governance through food policy that focuses on the refashioning of a neoliberal self. Food practices remain a class distinction. Policy disconnect with working-class parents is exemplified as resistance. There is the potential for productive power and democratisation. Amid positive democratising processes, inequalities are shown to remain.

The starting point is an overview of Bourdieu's capitals. Bourdieu's social theory is based upon a general theory of practices. This includes both economic and non-economic practices, and forms of capital. For Bourdieu, it is to the advantage of capitalism to focus on economics alone, and on market processes and 'self-interest' in the maximisation of profits. However, non-economic forms of exchange maintain capitalism:

> Capital presents itself in three fundamental guises: as economic which immediately and directly convertible to money ... property rights, cultural which is convertible on certain conditions into economic capital, and may be institutionalised in … educational qualifications, … and as social capital made up of social obligations ('connections'), which is convertible, in certain conditions into economic capital. (Bourdieu, 1986, p. 252)

These different forms of capital produce and reproduce inequalities and class. Varying volumes of cultural and economic capitals are held by particular agents (individuals), conferring social positions in social space – society. This societal space is multidimensional, rather than linear (Bourdieu, 1984, pp. 122-123). These processes unfold across social space in sub-spaces, or fields of action, through practices that produce and reproduce class.

Cultural capital in its embodied state forms the habitus of the resources, skills and ingrained dispositions gained in life experience. For example, this includes education, and class background as investment over time through the family (Bourdieu, 1986, p.247). Social structures and status distinctions are reproduced unconsciously by individuals. The struggle is to distinguish and distance themselves from working-class performances, discourses and symbols that are marked as 'other'.

The process is unconscious, so that within a field of action, for example, ‘food’, cultural capital enables a person to know the rules, and through practices to continually recreate the ‘doxa’, or the common sense of the field. The social conditions, and cultural transmission and acquisition, are disguised, so they function through the symbolic (1986, p. 247); because the cultural is disguised as the symbolic, it is not easily recognised as capital, but is instead recognised ‘as legitimate competence, as authority exerting an effect of (mis)recognition authority’ (1986, p. 248). There are symbolic codes for what is legitimate and illegitimate. So, the symbolic system existing around ‘food’ has codes for belonging or not, and for practices that are legitimate or not. It is a symbolic system of domination that exerts a soft power and a soft violence.

Bourdieu (1984) describes the difference between working-class and middle-class food choices as one of necessity. Indeed, the forming of the working-class habitus includes the adaptation, acceptance and resignation to the inevitable deprivation of necessary goods but it is not without resistance (1984, p. 373). Differences in the lifestyle or ‘stylization of life’ lie in the material constraints and temporal urgencies whereby the practicalities of the everyday dominate working-class lives (1984, pp. 377, 380). The realism of the working classes arises from the homogeneity of their social world: ‘the universe of possibles is closed’ (1984, p. 382). Food is seen in terms of everyday meals rather than as something festive, and described by words related to strenuous work for example, ‘strong’ or ‘heavy’. Bourdieu also contrasts the working-class sense of freedom and enjoyment around food with the sense of middle-class constraint. It is an area in which the working class ‘explicitly challenge the legitimate art of living’ (1984, p. 175). So, Bourdieu describes the ‘bon vivant’ as someone

> ‘who not just enjoys eating and drinking … capable of entering the generous and familiar – that is, both simple and free – relationship … symbolised by eating and drinking together … in a conviviality that sweeps away restraints and reticence’ (1984, p. 175).

Gourmet French cuisine was a starting point in Johnson and Baumann’s (2010) study of ‘foodies’, which is a predominantly middle-class venture into the food terrain that

encompasses both ‘high’ and ‘low’ status foods. It is a dynamic, social process of creating a food culture, which has evolved through the possibilities to explore new foods arising from globalisation. It poses a consumer-culture contradiction with the industrialised and globalised food system, (2010, p. xv). It is a food terrain in which there is a ‘widespread culture of fine eating, identified with local price, slow cooking, and aesthetics of cuisine’ (2010, p. xv). The foodies have a privileged access to food, grounded in their capitals – that is, in the economic means and the cultural capital that provides them with the opportunity to pursue their high interest in food. This encompasses fine dining as well as street foods pursued at home and through travel, and an interest in the natural, organic, exotic and authentic (2010, p. 12). It is a discourse that deepens inequalities, since it is not about sustenance alone but about what is culturally and symbolically important (2010, p. 194). It comprises processes in which some foods are legitimated and others are not. It is not the traditional snobbery but symbolic boundaries remain for what are deemed worthy and unworthy foods. The preference for the authentic and exotic is legitimate because these choices demonstrate knowledge and concern of quality’ (2010, p. 197). The wide access to foods within foodie culture is framed as a food democracy (2010, p. 38). There is tension between the foodies’ democracy and the distinction it creates. However, alongside this longing for the new taste of the exotic and authentic, some foodies are concerned with sustainability and the conditions of food workers. So, the foodies provide insight into contemporary class distinction and on a food citizenry around alternative food movements.

Naccarato and Lebesco (2012), in a US-based study, found hybrid ‘foodways’ and food practices that involved high-end restaurants and low-end fast foods. They posit that this has evolved through processes of cultural capital which enable foodies to develop the food culture and the role of governmentality. In this, the state promotes regulation of the self and the notion of becoming a good citizen. For example, nutrition information provides a boundary for choice. The modern food system enacts citizenship through an infrastructure of ‘self-policing’ (Coveney, 2006) that includes digital technologies and e-grocers. There is public scrutiny through ‘meal assembly’, that is dinner clubs (Naccarato and Lebesco, 2012, pp. 35-37, 89). Alongside this regulation of the individual and its promotion of healthy foods, there is a positive productive power, for example in meal assembly that creates new

‘culinary capitalised identities’ (2012, p. 66). Furthermore, new hybrid foodways fuse the culinary capital of the low end and the high end, with the consumer democracy that promotes change; examples are the healthy burger and cheaper healthy choices. Similar to the arguments of Johnson and Baumann, Naccarato and Lebesco identified democratic processes; for example, some ‘elements of the privileged foodways were brought into the reach of the American underclass’ (Naccarato and Lebesco, 2012, p. 118). Moments of resistance were found among the middle classes who indulged in occasional fast food. This and other forms of non-compliance with ‘current food orthodoxy can be read as productive forms of dissent’ of consumer citizenship (2012, p. 121). One issue that arises is the reality of class and whether ‘productive form of dissent’ is read from a working-class perspective. The following two studies from Scotland and England challenge whether working-class culinary capital has power or is dominated.

The foodies highlight a ‘culinary tourism’ in the pursuit of worthy foods. De Jong and Varley (2017) highlight the story of an unworthy food, founded in Scotland: the deep-fried Mars bar. It illustrates the entanglement of food, class and place (2017, p. 213), and it evokes the cultural association with the ‘unhealthy’ diets of the Scottish working classes rather than the consumption of individuals. These authors argue that ‘the deep-fried Mars bar’ has been elevated to a classed practice – and a public symbol – as does the food provisioning of the Rawmarsh mothers discussed below. This suggests that the unhealthiness of fried foods is linked to place, class and culture. In these examples, fried foods are thought of as ‘unhealthy, low status and morally bad’, although this is not the case for Japanese fried foods (2017, p. 214). Legitimacy is conferred through cultural capital: ‘gustatory qualities of food, are bound with class position … that allows groups to create, transform, defend and reproduce representations around food – the basic distinctions become what is considered good and bad food’ (2017, p. 214).

Food preferences and preparations are reflective of the body and health, whereby food constitutes the problem: ‘unreflexive consumption of bad and fast foods … as disease of poverty’ (2017, p. 215). The deep-fried Mars bar becomes symbolic of this. Deep frying, such as fish and chips, has been a traditional part of British working-class life. The problem with the contemporary interpretation is where and

how these foods are consumed. For example, Parson (2015) found classed distinction against foods eaten in Styrofoam. For de Jong and Varley, it is not the materiality of the food but the class association with it that is most significant. This becomes culturally structured over time, either as something disgusting or as something acceptable, and as 'embodied distinction and not individual biological response' (de Jong and Varley, 2017, p. 217).

Fast food outlets in Scotland were instructed to remove deep-fried Mars bars. This was explored through Foucauldian governmentality. There was resistance from the owners of the fish and chip shop from where the novel food originated. The resistance was framed by the meanings 'of what belongs' in contrast to what causes disgust. Disgusted is the 'Other' of desire. In the context of cultural capitals, this food, perceived as working class, is symbolic and exemplified by the 'framing of a food, that devalues, marginalises and ridicules and Others' (2017, p. 220). De Jong and Varley draw a parallel with the 'war on sugar', when the reality is complex and not about one food. Whilst this is true, the complexity of the politics of food, its production and distribution should be considered in the interests of child health.
One of the most renowned events in the portrayal of working-class mothers as failing in their food care for children was the 'Battle of Rawmarsh' in 2006. The backdrop is austerity in Britain. In the ex-mining village of Rawmarsh, Sheffield, three mothers were photographed passing 'junk' food through the school railings to children. This followed the introduction of a healthy school food programme, instigated by the celebrity chef Jamie Oliver. The mothers became notorious when Jamie Oliver spoke about them in highly derogatory terms, and an insulting cartoon appeared in *The Sun* newspaper. The mothers' perspective was that new foods were being imposed without parents and children being consulted. The proprietor of the fish and chip shop opposite the school described his fried foods as healthy (Wainwright, 2006). The latter concurs with de Jong and Varley (2017) in that the worthiness of fried foods is spatially, culturally and class bound. For Pike and Kelly (2014), the 'Junk Food Mums of Rawmarsh' embody the deficit discourses of women and the working classes (2014, p. 170). Their analysis draws on the governmentality processes within schools and school food policy. For example, the discourse around school food and lunch boxes is a 'surveillance of class'. There is a shaming of children if the contents are not as prescribed by policy. Maternal deficit in food and caregiving was framed

through the rationale of ‘lacking’, which accompanied the programme of Sure Start Centres in communities under the Labour government (1997-2010) (2014, pp. 145-146). Middle-class distinction appeared. Hollows and Jones argue that working-class parents were represented as lacking food knowledge, since Jamie Oliver was represented as having the ‘passion and knowledge to save children’s health rather than the parents who lacked knowledge’ (2010, p.309). The Rawmarsh mothers embody that ‘lacking’ and the embodied status as ‘fat’ that was illustrated in *The Sun* cartoon: ‘the making of these figures … reinforces powerful, and … consequential distinctions between rational, educated, middle-class motherhood and irrational, badly dressed, poorly educated, unhealthy, working class motherhood’ (Pike and Kelly, 2014, p. 171). These authors quote the working-class mother and food-blogger Jack Monroe, who contrasts policy priorities:

> Why aren’t we looking at the real issues, such as bedroom tax, subsistence wages, lack of jobs, underemployment, and little cooking education? Why are we being encouraged to measure someone’s value by the size of their TV and the type of carbs they eat? (2014, p. 186)

These contrasting studies show class is of relevance to food policy because foods are part of class distinctions. How would the poor working classes access a privileged food culture? Bourdieu explains how domination is misrecognised, using the example of educational career, the social determinants for which are misrecognised and so lead to a social trajectory that makes it seem a natural right, with the result that the education system maintains the social order (1984, p. 388). In relation to food, these studies illustrate that it is the cultural capital of middle classes such as foodies or Jamie Oliver that allows them to shape food culture: the legitimacy of some foods, and the illegitimacy of others. While there is misrecognition of the illegitimacy of foods, there is resistance.

Exploitation is a concern of class that was not the major focus of these studies but is nevertheless important. Exploitation occurs throughout the food system, from farm to table: ‘food embodies natural resources and the by-product of numerous labour processes’ (Johnston and Baumann, 2010, p.169). These processes are unseen, and are described as being ‘virtually absent’ from classed food discourse (2010, p. 169).

That exploitation is hidden is referred to as the 'social hieroglyphic': 'value is not a description branded on its forehead, rather value transforms every product of labour into a social hieroglyphic' (Skeggs, 2004, p. 177). This means that the social content of a commodity is hidden. For Marx, the making of a commodity, as the product of human labour, has a social use value that can be 'transferred' through the medium of exchange (Marx, 1867/1976, p. 131). With human labour, the social relation is hidden, and thus reification as 'commodity fetishism' arises. The labour and the exploited class are hidden, unseen and therefore without value. Skeggs argues that not only is value misrepresented but there is a process of misrecognition:

> misrecognition of the working class when it is represented as having no value [and] in the present culture becomes a hieroglyphic when transferred from those who generate it. (2004, p. 177)

For example, chocolate as a commodity is sold with no reference to the child labour that has produced it (Make chocolate fair, 2013). This human labour is unseen and therefore the value is unseen. With its exchange, child workers are unseen and inscribed as worker of no value, which Skeggs describes as the 'moral economy of person production'. Ironically, the ethical consumer becomes the person of value: 'the production and exchange process create symbolic selves' (2004, p. 177).

The person of value is constructed according to middle-class values; these are values that historically represent the interest of the dominant class (Skeggs, 2004) and which contribute to a cultural domination. This reflects the social role of the middle class to provide social stability, which ensures their mobility while keeping others fixed in their social place (Skeggs, 2004, pp. 47-52). Contradictions are inherent: the 'petit bourgeoisie' is disparate', protects individual interests, and 'caught between the struggle of capital and labour … it tries to drive that conflict away and to create social peace' (Sharzer, 2011, p. 90). Petit bourgeois class struggle takes the form of protecting their culture, that is, protecting their cultural dominance (2011, p. 90).

Forms of cultural dominance include values and valued attributes contained within healthism, as well as practices of healthy eating and good parenting, values that support what is 'good and proper'. A moral economy of food is produced, the

purpose of which is not so much to exploit the working class but to hold it in place: ‘symbolic economy of significance of representation and categorisations in attributing value that sticks to certain bodies, fixing some in place and enabling others to be mobile’ (Skeggs, 2004, p. 154). Through the moral economy of food, food culture takes ideological forms of what is ‘good’, ‘proper’ and ‘correct’. This ignores the experiences of ‘ordinary’ people and ethnic groups (Lang, Barling and Caraher, 2009). Furthermore, the ideology of consumerism and consumer ethics ‘draws attention away from structural causes and collective solutions required to fix the industrial food system’ (Johnston and Baumann, 2010, p. 129).

Cultural domination specific to neoliberalism is built upon the neoliberal self. The new normative ‘self’, neoliberal ‘personhood’, is created, based on a sense of entitlement, mobility, and accrual of resources (Skeggs, 2004). Cultural domination, a class issue, takes form through a deficit model within policy (Klett-Davies, 2010, p.13; Gillies, 2010, p.45). This creates distance between working-class and middle-class parents, as illustrated in relation to food and food practices: ‘(F)ood operates as a source of status and distinction for economic and cultural elites, indirectly maintaining and reproducing social inequality’ (Johnston and Baumann, 2010, p. xv). The class distance hides material realities. For example, middle-class parents’ concern with children’s weight focus on their health and opportunities in adulthood, whereas for working-class parents the worries of everyday life dominate concerns about food, weight and future health (Wills et al., 2008b).

The middle-class ‘self’ is rooted in the material condition that ‘offers different possibilities of value accrual’ which are ‘inappropriate to the working class’ (Skeggs, 2004, p. 77). The meaning of ‘middle class’ reflects the best attributes of a person, as someone ‘amenable to capitalism’ (2004, p. 77). Applying them to the working class undermines the working class, ascribing it as valueless (Skeggs, 2004) and generating disconnect and resistance. Tyler (2013) draws attention to the political meanings in ‘class names’ such as ‘chav mums’. Marginalised as being deficient and failing, their values as mothers are denigrated (2013, p. 169). While the working class has been denied for decades, further inflections exist, including exclusion, abjection, (Skeggs, 2004, p. 4), deprivation and a distinction between the deserving

and undeserving poor. A denigrated working class cannot optimise its own culture. Instead, it is commodified under neoliberalism:

> positioning by the categorization of the working-class means exploitation can occur by the extraction of surplus value from labour, and also from the use of their culture, but the working class cannot capitalise on their culture because it has already been devalued as that which is not optimizable. (Skeggs, 2004, p. 78)

While all classes may utilise culture as a 'property' of the self, the legitimate cultural capital of the middle class enables class to be used as a resource. In contrast, the working class are 'forced to perform (class) as a "natural" part of being' (Wood and Skeggs, 2011, p. 17). With the deindustrialisation of the 1980s, the discourse of the underclass evolved into a discourse of social exclusion. This is reinforced by the power of cultural industries, as shown through 'the telling', that is, the performing of class by 'the undeserving' workers (2011, p. 17). In relation to childhood obesity, parents tell their stories of 'shameful food practices' in programmes such as *Honey we're killing the kids* (BBC.co.uk, 2017). This draws on neoliberal rationality, reflexivity and self-governance, with reinforcement by the celebrity persona. The 'moral entrepreneur' reasserts middle-class values on parents in poverty (Hollows and Jones, 2010).

'Foodies' acquire the foods of poor communities and 'propertise' and 'commodify' them. This exemplifies the relationship of entitlement in which the food culture of the working class becomes a resource made useful to others (Skeggs, 2004, p. 153). The social relation embodied in the process is contradictory, and has been described as an 'equality of inequality' (Johnston and Baumann, 2010, p. 183) – a process of legitimising differences mediated through food. Foodies believe their class constituency is similar to the poor whose food they adulate (2010, pp. 180-83). Yet in seeking similarity, they produce social distance and distinction. Similarity may take the form of democratic ideology that embraces the diversity in 'immigrant ethnicities and working-class cuisines' (2010, p. 41). In contrast, for many in those communities the daily struggle takes priority over food democracy. In Johnston and Baumann's study, foodies were oblivious to the poverty of the people whose foods

they appropriated. Some were aware that their individual food practices belonged to a wider food system in need of change, such as in workers' conditions. A consciousness not just about food but its system of exploitation. Most foodies, however, were 'apolitical' about their food practices (2010, p. 167).

A contrasting quote suggests the lack of entitlement as oppressive, and of being kept in place:

> What we can eat depends on what we are able to acquire. The mere presence of food in the economy or in the market, does not entitle a person to consume it. (Dreze and Seb, Hunger and Public Action in Leather, 1996)

The middle classes are not immune. Tensions have arisen from cross-cutting with other social inequalities, such as gender. Lee (2008) found anxiety around breastfeeding in middle-class mothers due to expectations placed on them arising from their middle-class status.

In sum, these contrasting studies show class is of relevance to food policy because foods are part of class distinctions. Food culture shifts as the emergence of 'foodies' has shown. People and class become marginalised through foods, as the studies on the deep-fried Mars bar and the Rawmarsh mothers illustrate. Moreover, the formation and role of the dominant food culture maintains class distance. In the context of the social gradient in childhood obesity, this would suggest potential marginalisation through food.

Disconnect with policy was apparent, as working-class parents resisted the imposition of new school 'healthy eating' menus. There has been a deficit framing of mothers, which is implied in government programmes such as Sure Start. The healthy and unhealthy eating discourses produce class-based marginalisation, as exemplified by Jamie Oliver's movement into food policy as a champion of child health through school dinners. Conflict arose with local mothers, who were stigmatised as 'sinner ladies', for resisting school rules on healthy eating (Fox and Smith, 2011). As the processes continued, some of the mothers joined the

entrepreneur's food movement. This is viewed through a hegemonic lens in which a hegemonic resistance becomes active consent. As this thesis will argue, these social processes are in constant motion and are based on internal contradictions. Exploitation was considered separately because it introduced the Marxist lens on value. Cultural domination through the symbolic is hidden, and so too is the exploitation that foregrounds the assigning of value or no value. It is present in the habitus and in the assigning of value to foods, whereby the labour is hidden. Hidden labour maintains class boundaries. The following section looks at the reality in terms of the status of the diets of young people. A nutritional imbalance exists with socioeconomic disparities.

2.3.3 Condition of working class: nutrition

Healthy eating recommendations have been the mainstay of food policy in the UK for more than twenty years. For example, in 1994 the 'Balance of Good Health' was the UK's national food guide; this was replaced by the 'Eatwell Plate' in 2007 (BNF, 2016). There is evidence that parents conform to the recommendations for young children. For example, in 2011 the Diet and Nutrition Survey of Infants and Young Children found that dietary recommendation were being met for infants and children up to the age of four with little difference in socioeconomic status (Lennox et al., 2011). It is recognised that parents have less control over a child's eating as the child grows older (Birch, Savage and Ventura, 2007). There has been a flourishing of obesity policies (Appendix B), with sizeable concern among the population about obesity and a desire for healthy foods (Warren, 2015). Yet the diets of children and young people are nutritionally imbalanced. This may be due to confusion around nutrition information and distrust of health claims (Warren, 2015). However, socioeconomic difference may be inherent. This section provides data on children and young people's diets that shows the nutritional imbalance, as well as the evidence on food insecurity. It considers scenarios that leave susceptible children exposed to the risk of obesity. These suggest disconnects are structural.

Since 2007 food prices have increased disproportionately when compared to all goods, as shown in the Consumer Price Index (CPI) for both. The greatest impact has been on lowest income households whose median income has fallen 13% after

housing costs since 2002 (Defra, 2015). In 2012-13, median income fell by 3.3% in income decile 1 households, compared to a decrease of 0.8% in income deciles 3 to 8 (Defra, 2016). Food prices have increased at a faster rate than the average increase in earnings (ONS, cited in Schoen and Lang, 2015), reducing affordability and having a compression effect on the living standards of the lowest income families. Under financial pressures, households 'trade down' to cheaper products, but those with the lowest income do so to a lesser extent (Defra, 2015). Among all income groups in 2007-2010, there was a fall in purchases of carcase meat, fresh green vegetables, fresh fruit and fish. This downward trend continued into 2014, and was extended to meat products, potatoes and bread (Defra, 2015). The difference in purchasing power is exemplified by the lowest income groups spending the highest percentage of income on food – 16% above the average household in 2015, (Defra, 2015). The downward pressures result in an underlying nutritional imbalance in young people's diets that leads to socioeconomic disparities.

Lobstein (2007) uses the term 'nutrition insecurity' to describe how high levels of child overweight and obesity are indicative of low quality children's diets in general. The data provided here describes the persistent nutritional imbalance, particularly in the diets of children in low-income households. The diets of adults and children do not meet the recommended nutritional balance as modelled in the Eatwell Plate (Defra, 2015). The imbalance is worse for children from low-income families, as elaborated by the Low Income Diet and Nutrition Survey (LIDNS) (Nelson et al., 2007). Lobstein (2007) suggests the emphasis on dietary concerns for all children may hide effects among the lowest income families.

Fruit and vegetable content does not meet requirements. Around one in five children consume the recommended intake (National Obesity Observatory, 2012). Children in the wealthiest families consume nearly double that of children in the lowest income groups. There are age and gender differences (Brooks et al., 2006). For example, only 11% of boys and 8% of girls aged between eleven to eighteen years met recommendations in 2010 (Health & Social Care Information Centre, 2014).

The NDNS dietary survey for England (Bates, Lennox and Swan, (2010) revealed that only older adolescent girls exceeded the recommended proportion of food

energy supplied by total fats. However, the saturated fat content was above recommendations and had increased compared to 1997. Trans-fats were below recommendations. The nutritionally important omega-3 polyunsaturated fat requirements were not reached. Saturated fats, oils and cooking fats contribute most to eating out and are found in non-carcase meat and meat products (Defra, 2015b). This is important given the proximity of fast food outlets to schools.

NMES (free sugars) remain above recommendations in all age groups, but continue a long-term downward trend (Defra, 2015a). NMES provided 15.3% of food energy for those aged eleven to eighteen (NDNS). Sources of NMES were mostly sugar sweetened beverages (SSB) and chocolate. The trend for contribution of NMES from SSB between 1997 and 2009 was a decrease for younger children and an increase for adolescents. Decreases in SSB have been replaced by sweetened dairy drinks for children, with consumption by one-third of children aged four to eighteen years (Ng et al., 2011).

Fibre (NSP) requirements are not met (Defra, 2015a), although consumption of high fibre cereals has increased among children aged four to ten years. Among eleven to eighteen-year-olds that trend is reversed. However, insufficient fibre is a population trend (BNF, 2017), so is likely to contribute to the food culture of young people. The general dietary patterns of children and young people show an imbalance that is low in important nutrients provided by fruit, vegetables and oily fish, and high for fats and sugars. As this data has shown, there are age, gender and socioeconomic differences.

Food insecurity is an important issue for obesity in the context of the social gradient. A meaningful definition has been provided in the 'Hungry for Change' report (Tait, 2015): 'Household food security is assured when members are confident of having economic and physical access to sufficient, acceptable food for a healthy life' (2015, p. 1). The data from the LIDNS suggested many households do not have access to food every day. Food insecurity was reported 'more often' in households with a lone parent and more than one child. Among low-income households, 39% reported concerns that food would run out before more money became available, 36% that

they could not afford balanced meals, 22% that they were skipping meals, and 5% that they were going without food for a whole day.

In this context of food insecurity, a seeming paradox for child weight was identified in 1995 and described as the 'food insecure obese child' (Dietz 1995, in Eisenmann et al., 2011). Its persistence over twenty years is framed as 'hunger and obesity', and debate continues on why and how the two co-exist. The 'Hunger and Obesity' (Troy, Miller and Olson, 2011) report acknowledged that factors include structural, the gene-environment interactions and the political. It included a role for behavioural economics and suggested research at the community level (2011, p. 177).

As the research debate continues, Guthman and Dupuis (2006) argue this is not a paradox, but that it is political, and arises from inequalities rooted in the contradictions of food production and poverty. The genetics of obesity suggest that not all children even within the same family are susceptible. Further malnutrition can take the form of children who are under- and overweight within the same family (Doak et al., 2005). This is a phenomenon considered to be the 'double burden of malnutrition' (WHO, 2017). There may be biological drivers including epigenetics and behavioural genetics (see section 2.1.1) that predispose individual children within families to respond differently to energy dense, nutrient poor foods.

There is concern that the diets of low-income families have not been surveyed since 2007 – the NDNS provides data on the diets of all children and does not investigate lower income families. In England, food insecurity is not measured by government, although the growth in food banks clearly illustrates an increase in food insecurity. There was a seven-fold increase in emergency food parcels between 2011-12 and 2014 to just under one million, and an increase in food banks from 29 in 2009-10 to 251 in 2013-14 (Loopstra et al., 2015). There is concern about the politics of dietary data. Despite national dietary data showing clear inequalities in diet, little is known about the diets of the poorest families and how best to measure food insecurity (Tait, 2015). This suggests potential disconnect: how can food inequalities that influence child health and obesity be seriously tackled by government, if government does not know the scale of the problem?

The right to food is interdependent with the right to health (Dowler and O'Connor, 2012). There is a history of food poverty being denied together with its link to health inequalities. Historically, this is exemplified by the suppression of the Black Report that also linked class with health inequalities (Townsend and Davidson, 1980). Successive UK governments have acknowledged food poverty and inequalities, yet as Dorling states in relation to health inequalities: 'it is a scandal of our time … that we allowed them to become this wide knowing all we know' (2013, p. 7).

The political nature of widening inequalities is illustrated through the shift from 'social' responsibility for poverty and health from the state to the individual and charities – the latter as the new providers of welfare in the 'Big Society' (Tait, 2015, p. 8). The NDNS, a rolling national dietary survey since 2008, provides data on the diets of all children without particular investigation into diets of lower income families. LIDNS reports serious concerns for lower income families and children. Lang, Barling and Caraher (2009) suggest that the Food Standard's Agency (FSA) narrative on LIDNS has framed food poverty as an individualistic lifestyle issue. The FSA stated:

> the report could not identify any link between dietary pattern, income, food access or cooking skill, and findings will inform departments responsible for lifestyle, diet, nutrition and health in particular those responsible for lifestyle issues such as smoking and drinking. (Lang, Barling and Caraher, 2009, p. 260)

By contrast, a survey of 515 teachers in England in 2012 found that a quarter of them reported hunger as a problem (Princes Trust, 2012). There is clear evidence of extreme food poverty and health inequalities (Tait, 2015; Caraher and Cavicchi, 2014). In 1996, Leather contended that a culture of denial of poverty, including food poverty, had existed in previous governments. More recently, a perspective-review of epidemiological studies of diet and social class, carried out in a range of countries including the UK, recommended a research emphasis on behavioural rather than structural questions (Darmon and Drenowski, 2008). Researching the dietary habits of low-income groups has not emphasised income, but rather knowledge and behavioural factors such as lack of skills or motivation to cook, or nutritional

knowledge (2008, p. 1112). If a potential causal link such as economic constraints is ignored, then policy may be ineffective (2008, p. 1107). As Darmon and Drewnowski point out, both the US and UK governments tacitly acknowledge the link through their provision of food vouchers for families on welfare.

There is a paradox because, unless there are changes in food production and distribution, the choice for those in poverty will likely remain nutrient-poor. The global food system has been shaped by industrialised foods which lead to detrimental health impacts (Winson, 2014). Drewnowski (2016) argues that, with climate change, the global food supply will remain based on nutrient-poor crops – corn, soy, rice and sugar – due to their resilience. This will continue the patterns of nutrient-poor diets and obesity in poverty. It suggests that governments' childhood obesity policy is not well connected with global structural factors.

In sum, there is a downward pressure on incomes. The diets of young people are generally imbalanced. There are socioeconomic differences in young people's diets with increasing food poverty. Obesity can occur with poverty for susceptible children. Food poverty in England is not measured and there has been no national survey of low-income diets since 2007. There is a history of 'denying' food poverty, and current childhood obesity policy does not address food poverty despite the social gradient in obesity. The focus continues to be put on parents at a time when incomes are under pressure. There is room for disconnect between policy and the reality of parents who face socioeconomic constraints. This is amplified because policy does not seem to consider the obesogenicity of global food production over the longer term.

2.3.4 Food choice and access

Choice is at the centre of food-related obesity policy. It is a notion replete with potential disconnects, since it is foundational to free market policies and its focus on food behaviours integrates socioeconomic, cultural and biological factors. The notion of choice was placed on the policy agenda for education by Margaret Thatcher in the late 1980s. The Labour government of 1997-2010 introduced choice into health, social care, and food policy. The idea of providing choice is based on competition on

the supply-side and informed rational choice on the part of the user or purchaser. For food, the assumption is that parents should make rational food choices in the interests of child health. The government would provide support through nutrition information and healthy eating courses if parents are struggling to make the 'right' food choices. Behavioural change as the defining strategy for obesity in children is situated in rational choice theory. This is the deficit or 'empty vessel' model through which information and education are provided to parents to guide healthy food choices (Lang, Barling and Caraher, 2009, p. 226). Regardless of socioeconomic factors, food behaviour is more complex than 'rational choice'; it involves interacting biological, sociological and cultural factors:

> taste, preference, culture, income and availability… familiarity, price signals, convenience, social class, time [and] … interactions between technology with culture and social environment. (2009, p. 226)

Food choices are abundant, as indicated by the 20,000 new food products every year (Lang and Heaseman, 2015, p. 16). Consumers may only choose from what is available to them. This is determined by presence of the food, purchasing power, desire for the food, whether the food requires storage, and what cooking skills and facilities are required; it is also influenced by a person's family history, ethnicity, 'life course' – which embodies social relations past and present – and shared values. The shopping location, and whether it is accessible by car, foot or public transport, all influence the consumer (Lee, 2015). The meanings and values of foods are important given globalised trade. For example, there are ethical concerns over fair trade and alternative food networks. For Lee, the core influences are where someone lives, and their social status, life course, and income (2015, p. 45).

The food industry also has influence through choice editing – the institutional rules and decision on what is placed on the supermarket shelf. The cultural expression of food choice as identity suggests autonomy, expression of personality and aspiration (Levett, 2013). There are shared meanings around family meals and food practices that are largely gendered (Jackson, 2009; Lang, Barling and Caraher, 2009, p.242). Choices are also framed and constrained by the interests of actors throughout the food system, from seed to supermarket to table. These processes are not monolithic

or conspiratorial, but they operate in the interests of capitalism, as maintained by Hamilton's (2004) concept of 'Big Food'. Big Food considers choice to be influenced by competitive processes such as choice editing, marketing and advertising.

Whilst acknowledging this broader context, choice for lower income families, is financially driven: 'choice is for the affluent' (Lang, Barling and Caraher, 2009, p. 238). Research has consistently supported this assertion, with choice framed for higher income groups by nutrient-dense foods: lean meats, fish, fresh fruits and vegetables (Darmon and Drewnowski, 2008). Choice for lower income groups is influenced by the cost per calorie, with energy-dense diets costing less than nutrient-dense diets and providing greater satiation (Darmon and Drewnowski, 2008). The links between obesity, poverty, energy-dense foods, and food costs are well established (Drewnowski and Specter, 2004; Darmon and Drewnowski, 2015). For people on low incomes, the priority is to 'fill stomachs', despite the awareness of the health benefits of specific foods (Lang, Barling and Caraher, 2009, p. 260). Parental food choices are based on providing foods that children will eat, and avoiding food experimentation and waste.

Food choices include the options available to purchase in local food environments. Poor access includes 'food deserts' and the high density of fast food outlets. Food deserts are 'areas characterised by poor access to healthy and affordable foods' (Beaulac, Kristjansson and Cummins, 2009). This systematic review (Beaulac, Kristjansson, and Cummins, 2009) of the literature on food deserts from five countries between the years 1966 and 2007 has found evidence for systematic disadvantaging of socially deprived areas in the US; less evidence was found for UK. Geographic measures were included, such as direct access to supermarkets and distance to travel, and the research used market-basket approaches that review the costs of healthy food in low-income communities. Feasibility depends on temporality and location, and these are defined by 'complex linkages' rather than single factors. Multiple factors include differential access within deprived areas and access to cars (Lang, Barling and Caraher, 2009, p. 228).

Furthermore, fast foods and street foods are a tradition in many countries, with high availability promoting excess consumption. Availability and cost are considerations for families on low incomes who seek to make savings on energy and time (2009, p. 241). The density of fast food outlets in areas of deprivation suggests the mediation of obesity (National Obesity Observatory, 2012). Foods away from home are higher in fat and protein and lower in carbohydrate and non-milk extrinsic sugars (Defra, 2013).

Food eaten during the school day is an area of controversy, and particularly types of food. School meals provide one-third of children's daily nutritional requirements. In Scotland, it was found that children did not leave school during lunch but bought snack foods on the way to and from school (Macdiarmid et al., 2015). However, in Tower Hamlets, the proprietors of fast food outlets commented that purchases doubled during school terms. The issue remains contentious, following a review of evidence from 49 studies into retail exposure around schools and the eating habits of young people (Moorhouse, Kapetanaki and Wills, 2015).

The literature suggests that the diets of children of the poorest working-class families are nutritionally insecure. Food choice is determined by multiple factors; however, the key structural factors with potential disconnect are socioeconomic factors, including public food environments.

Summary

Food and class in the twenty-first century have been illustrated as relevant to childhood obesity and its food-related policy. Earlier data showed the prevalence patterns and the existence of the gradient, with higher rates of obesity in areas of deprivation, or by equivalised household income. This thesis contends that the gradient should be considered alongside meanings of class, since these are the lived effects. This section has shown class distinctions around food. These are not static but have evolved with globalisation. However, the middle class culturally dominate food terrains. In the UK, the example was provided of how foods and food practices of working-class parents become classed within the media and policy. Policy frames parents as lacking or in deficit. There is resistance. The formation and role of the

dominant food culture maintains class distance. In the context of the social gradient in relation to childhood obesity, this would suggest potential marginalisation through food, such as in the form of counterproductive stigma. The literature reveals a downward pressure on incomes. The diets of young people are generally imbalanced. There are socioeconomic differences in young people's diets with increasing food poverty. Obesity can occur with poverty for susceptible children.

The notion of food choice is central to policy. Choice is influenced by many sociocultural and economic questions. However, income and the food environments are key factors implicated in 'food choice'. These are structural factors with potential disconnect. The focus continues to be on parents at a time when incomes are under pressure. There is room for disconnect based on class differences, cultural food domination and the reality of the constraints of socioeconomic circumstances on parents and policy.

2.4 Policy actors and democracy: Family, state and the food industry

This section is about the policy actors – parents, state and industry – and the tensions that arise through their competing interests. It is about the actors' relations, which include power, accountability, and control. These competing interests raise wider questions of democracy, and the production and distribution of food. It begins with literature on the family and its relation to the state. It presents literature on parents 'under the microscope' and family dynamics relevant to obesity in children and food policy. It will illustrate the processes that bear down on family/interpersonal lives that arise from: expectations of the state; the notion of 'professional parents' who perform tasks; working life; and family food practices and external influences on children's eating. These sections address the state perspective on family and parents in relation to food. There are potential disconnects between state demands and the reality of parents' lives and food care.

2.4.1 State and family

The word 'family' is derived from the Roman 'famulus' meaning a domestic slave (Engels, 1884/1975, p.66). Marx determines that 'family' embodies vestiges of

historical social relations and is a microcosm of society invested with hierarchy and inequalities (Marx, cited in Engels, 1884/1975, p. 66). According to this analysis, the contemporary family reflects the macro-economic, social and political changes of recent decades. These have been summarised by Edwards (2010) as increased cultural diversity, diversity in family form, demographic changes with increased numbers of women in the work force, and the extension of childhood. As a microcosm of society, in the contemporary normative family parents are expected to work and have less reliance on the state:

> heavily rooted in work, economic self-sufficiency, education and good behaviour ... Its base is an adult couple … ambivalent to lone parents, families with disabled member, cohabitees and minority ethnic families. (Williams, 2005 in Ribbens McCarthy, Doolittle and Day Sclater, 2008, p. 258)

The *normative* considers the conceptions and understandings of what family should be; this includes the cultural normative. Family carries different meanings and values at the personal level. There is diversity in family forms, such as the 'extended' family or the 'living apart together' family. For Morgan (2011), family is carried out through everyday practices and interactions: 'something you do rather than something you are' (Gillies, 2003, p.8). Boundaries are set by its members, and these vary according to personal and cultural experiences (Ribbens McCarthy, Doolittle & Day Sclater 2008, pp. 49-52). Family is a site where power, gender relations and maternal identity are forged (Perrier, 2010; Ribbens McCarthy, Doolittle and Day Sclater, 2008a; Lee, 2008). Contrary to its diversity, the normative paradigm reinforces structural relations as hierarchal, dependent and uni-directional (Curtis, Stapleton and James, 2011).

Hill (2012) describes a 'separation from marriage and motherhood' (2012, p. 112). This raises moral and financial concerns for the state and a special focus on lone-parenting. There is a strong moral discourse around lone mothers and poverty. Lone-parenting is suggested to operate as part of a causal chain reaction within poverty (Katz et al., 2007), and is associated with adverse child outcomes (Hill, 2012). Hill contends that economic factors and not family structure determines child outcomes

(2012, p. 109). Most lone parents live in poverty. In England, 90% of lone parents are women and 43% of children living in poverty live in lone-parent families (Fawsett Society, 2014). The proportion of lone-mother families tripled over thirty years from 7% in 1971 to 22% in 2008 (ONS in Fawsett, 2014). In this context, children living in lone-parent families experience a higher risk of obesity in childhood (Huffman, Kanikireddy and Patel, 2010; Brophy et al., 2009). Byrne et al. (2011) found the diets of children in lone-mother households were of lower nutritional quality, with less fruit and vegetables and more high-fat foods and high-sugar drinks, than were the diets of children in dual-parent households. The same study also found that household income did not significantly increase obesity risk. Katz et al. (2007) points out that time and resources are not necessarily shared between parents and are, therefore, not necessarily greater with two parents. The segmentation analysis of the Consumer Insight Summary (Department of Health, 2009), which informed Change4life, suggested three family typologies in which children are at risk of obesity; two of these, 'clusters 1 and 2', are low income and single parents (2009, p. 42). The marketing strategy was to target these 'audiences' (2009, p. 19) with key messages for behavioural change related to food. These were: structured mealtimes; shopping and cooking; portion size; and food literacy.

This marketing approach is illustrative of Gillies' (2008) 'new politics of parenting' which attempts to 'regulate and standardise child-rearing practices' (Gillies, 2010, p. 44). It exemplifies how responsible individualism is rooted in the foundations of food-related childhood obesity policy, through the message that:

> people need the support of those around them health professionals … brands they trust ... so that as our target audiences [mothers] attempt to change their families' behaviours they feel that everyone around them, the people, the institutions and the brands they trust, are on their side. (Department of Health, 2009, p. 35)

This illustrates how the normative family is expected to carry out 'real work' for the state (Strach, 2007; Strach and Sullivan, 2011), which 'place(s) burdens on families to act in ways specified by legislature' (2011, p. 171). As 'new street level bureaucrats', parents are expected to have knowledge and to administer tax and

benefits (2011, p. 102). For example, in the UK there is a public health expectation for parents to be online experts and policy advocates, such as outlined by Change4life (Department of Health, 2008a). Strach and Sullivan argue that family 'is a neglected non-governmental institution', despite it being instrumentalised across public policy. It is used as 'input', as a participant in the policy process, and as 'outcome' as policy recipients (2011, p. 103).

The ideology of the normative family promotes what is 'proper' and what family should do to shape behaviour (Ribbens McCarthy, Doolittle and Day Sclater, 2008a): 'The very notion of family and normative values are deeply embedded in policy and used to evoke shared values – values that are above politics' (Strach, 2007, p. 23). Strach and Sullivan (2007, 2011) contend that 'no contract is signed' between the state and parents. Instead, conduct is shaped through ideology and the hegemony of normative or stable family discourse and processes of governmentality at a micro level (Ribbens McCarthy, Doolittle and Day Sclater, 2008a). Governmentality processes of familialisation and responsibilisation use techniques and practices to influence 'conduct'. For example, Coveney (2006) argues that nutrition performs a social role in the management of family food, and health practices. This 'nutritional policing of families' in the neoliberal decades governs from a distance through the apparatus of 'technologies' made apparent, in Foucauldian terms through 'professionals, institutions, procedures, tactics, calculations, knowledges and techniques', and ideologically 'through the ethics of nutrition that encourages a decipherment of the self by the self' (2006, p. 123).

Women remain at the centre of family life in both paid work and unpaid caregiving work, including food and eating practices. This is despite greater involvement of men in raising children (Rake, 2009), and the major demographic change of the movement of women into the workforce (Devault, 1991; Curtis, Stapleton and James, 2011). There has also been changes in the male workforce. For example, there has been a 9% increase in night-work by men between 2012-2017 (TUC, 2017), and increasing numbers of men (male students) in part-time work (TUC, 2000). However, childhood obesity is suggested, in the Third Report by the UK Health Committee, to be linked with mothers who work:

> These changing patterns of consumption are in part a response to the far reaching social changes of the last 50 years, including a greater number of women working outside the home, longer working hours, and higher levels of disposable income. (House of Commons Health Committee, 2004)

According to Hawkins and colleagues (2008), maternal working may be a proxy for time constraints. Two-thirds of mothers are in employment (ONS, 2013). Their earned income makes up half of the total family income in more than one-fifth of families. Women are disproportionately employed in public services and service industries and thus most affected by austerity measures. Nearly 60% of workers with second jobs are women (Rake, 2009, pp. 5-6). This is low paid, precarious employment, with women accounting for 54% of temporary workers and 55% of zero-hours contract workers in 2014 (ONS, 2014).

The association between working mothers and increases in the BMI of their pre-school children may be related to intensity of work, which is shown to have a dose-response relationship (Mindlin 2009, Hawkins, 2008). This relationship applies particularly to more affluent households and, according to Hawkins, may, therefore, not be due to a lack of finance.

As well as workers, women continue as the main family caregivers. Food provision is a nurturing activity at the centre of family and maternal subjectivity (Keenan and Stapleton, 2010). Motherhood is viewed as a self-sacrificing, cohesive social role. According to Devault, women provide care not due to crude 'social coercion', but because it 'represents connectedness and commitments to relationships of family' with the 'effect of enriching and limiting the course of group life' (1991, p. 2).

This section has described how family theorists perceive the contemporary family as carrying out the work of the state. While there is a focus on the adult worker model that requires all adults to work, increasing numbers of women have entered the workforce. These are often lone parents in low paid work. In these families, the

nutritional value of meals is lower, but income does not necessarily increase obesity risk. Research that informs government policy focuses on low-income families and lone parents. This is seen as a way of standardising parenting practices around the obligation to work and to provide food care. Disconnects are potential between state expectations and pressures on families. The expectations on family food practices and obesity are influenced by developmental theory, positive parenting, styles and practices.

2.4.2 Changing parenting practices

This section sets out key concepts around parenting as framed by policy and obesity. Disconnect is potential at this micro-level of parenting and the demands of the state. Parent-based public health initiatives assume a causal link between parenting and childhood obesity, and that improving parenting will improve children's well-being (O'Connor and Scott, 2007, p. 17). This report of policy that evolved under the Labour government (1997-2010), included obesity as a child outcome, and commented that 'there have been problems in the translation of parenting as a public health concern into practice' (2007, pp. 1-2). It concluded that 'in most circumstances, there is considerable stability of parent–child relationship quality' (2007, p. 9). A literature review of parenting and childhood obesity suggests that most research was unidirectional. This means that most studies focus on parents' action, when the relationship between children's eating, weight and parent food practices is bi-directional (Ventura and Birch, 2007).

The dominant framework used in health research to understand interactions between parents and children is developmental systems theory. This theory is complex and insightful, and shows the range of influences on children's eating, from the macro-structural influences on feeding children to the micro-family level, such as social learning (Birch and Anzman, 2010). Within a 'systems approach', some developmental theorists argue that decades will pass before the social and political foundations of obesogenic society will change. So, in this context, applying developmental learning theories can support parents by providing skills to train susceptible children to eat healthily (Birch and Anzman, 2010; Wardle, 2005). Many child weight management programmes are family-focused and based on

developmental psychology. This is a field critiqued by Gillies (2008) for deflecting attention from the structural roots relevant in the context of the social gradient in childhood obesity:

> new politics of parenting [which attempts] to regulate and standardise childrearing practices … in which social problems including poverty are detached from deep structural roots and explained through recourse to developmental psychology. (Gillies, 2008, in Gillies, 2010, p. 44)

Parenting is promoted not as a relationship but as a set of tasks, activities or style (Furedi, 2001, cited in Ribbens McCarthy and Edwards, 2011, p. 143). Furthermore, it is an approach that does not consider the parent-child relationship as experienced by working-class parents. Instead, parenting is judged according to middle-class values encapsulated in the notion of the 'professional parent' (Furedi, 2001, in Gillies, 2008). Ribbens McCarthy and Edwards contend that this is a shift from a concept of parenthood with parents assigned 'an ascribed status', to a concept based on children's needs and a 'moral discourse of parenting obligations' that in policy is based on parenting skills (2011, p. 143). For example, Benton is quoted in Tackling Obesity through the Healthy Child Programme (Rudolf, 2009):

> In the early stages a key role is played by the parents, who need to understand the implications of their behaviour for the development of the eating patterns of their child … It is reasonable to suggest that the role can either lay the foundations of obesity or alternatively develop a healthier pattern of eating with enormous implications for health. (Benton, 2004, in Rudolf, 2009, p. 8)

The function of parental behaviour is strongly emphasised in prevention strategies, particularly those aimed at the early years (Rudolf, 2009). Parents should understand the child's needs for a particular developmental stage (Benton, 2004). According to Benton, the task is to educate parents about the 'psychological predisposition' of some children and to 'use family dynamics to inculcate healthy food preferences and eating patterns' (2008, p. 12). The focus of responsibility is placed on parents:

> parents are gatekeepers of the kinds of food available ... provide structured environment, whereby children are introduced and socialised towards food. It is therefore important that parents understand the role they play and practise responsibility in child feeding strategies. (Skouteris et al., 2012, p. 170)

Parents are taught specific styles and practices. Styles are the overall approach taken by parents, and practices are how they carry out the approach. Authoritative styles are promoted as being responsive to children's needs, including hunger and satiety cues, whilst at the same time firmly setting boundaries. Further details of these approaches are not required for this thesis. How they dominate child weight management prevention programmes is contested. For example, role modelling in the context of other social, economic and cultural influences on child weight has been questioned (Wang et al., 2011). Wang et al. have explored the 'popular belief' of the parental role as gatekeepers and role models. This review and meta-analysis of international research from 1980 to 2009 examined fifteen studies. The authors found a moderate-to-weak association between parental and child diets. The authors suggest this is symptomatic of contemporary structural changes and therefore likely to continue. Critique is provided by reviews on the lack of bi-directionality between the variables of parent practices, children's eating and children's weight (Ventura and Birch, 2008; Hurley, Cross and Hughes, 2011; Skouteris et al., 2012). Rhee (2008) has provided longitudinal evidence of children aged four, seven and nine years that showed increased levels of maternal control of feeding was associated with a child's weight once weight had been gained.

Carnell et al. (2011) found that mothers have multiple strategies, not all of which promoted healthy eating, but which did reflect family priorities: 'working within a complex set of child influences and situational pressures to try to provide child with generally healthy diet within constraints of happy family life'. These were middle-class mothers who used 'authoritative styles'. Jackson (2005) suggests that recommended practices, such as modelling, are used naturally by mothers.

This section has highlighted the focus on changing parenting practices around food as a part of interventions and public health policy. However, the evidence is

equivocal. In the context of the intractability of the prevalence of obesity in children, the usefulness of this approach is questionable. Moreover, the focus on parents retracts from the structural influences on children's eating. It may reinforce blame.

2.4.3 Family food dynamics

State intervention on food and family in relation to childhood obesity focuses on food provisioning and mealtimes. However, research suggests family as a dynamic setting around food, and it questions how well suited prescriptive approaches are to food practices. This section adds to the context of the reality of the world of parents and the disconnect with policy that promotes standardised food practices.

Mothers continue to play the key role in food preparation and provisioning, including at mealtimes. This provides gratification (Hensen et al., 1998) and there are tensions related to children's weight and family eating (Styles et al., 2007). Food practices and child weight is an emotionally intense experience for mothers leading to stress (Pagnini et al., 2007). Chamberlain et al. have described how low-income mothers with overweight children operate in 'survival mode' (2002, p. 663). Mothers are set as 'change agents' and 'cast in surveillance role' (Jackson et al., 2005, p. 11). Pagnini et al. (2007*)* described how mothers monitor, restrict or encourage children's food intake, dependent on whether a child is over- or underweight (2007, p. 808). Mothers find it a struggle and stressful to negotiate with children. For example, the long-term struggle with children's eating was exemplified by one mother's ten-year struggle which generated conflict (Jackson et al., 2005). Some mothers have a low sense of control over children's food consumption (Styles, 2007). Low-income mothers have reported that children complain of being hungry, and mothers find it difficult to deny food or treats, often due to food insecurity (Jain et al., 2001).

Mothers face a common dilemma in considering the needs of all family members, including their own individual needs (Pagnini, 2007). Styles et al. (2007) reported that mothers buy and hide unhealthy foods in an attempt not to deprive other children or themselves. In this context, mothers find it difficult to deny the obese child. Tensions develop as parents attempt to negotiate portion sizes and different types of foods (Pocock et al., 2010; Curtis, 2011). Mothers have reported lean and obese

siblings eating the same foods but with different growth patterns (Fisher et al., 2007; Styles et al., 2007). Behavioural genetics provide an explanation for these appetitive traits (Carnell et al., 2011).

The challenges mothers face in providing foods for their children with obesity are compounded by the dominant ideology and its moral obligations. Perrier's (2010) research on middle- and working-class mothers found their concepts of feeding children the 'right' and 'wrong' foods were synonymous with 'good' and 'bad' mothering (Perrier, 2010, p. 19). Mothers showed conformity with recommendations in trying to feed the 'right foods in right amounts' despite monetary and time constraints (2010, p. 19). This ideology is associated with the social construction of parents/mothers as 'risk managers' in relation to child health (Cruddas, 2010; Lee, 2010). Parents are required to understand potential future risks and take aversive action (Curtis, 2011). This exemplifies how parents are positioned as both the cause of the problem and the solution (Ribbens McCarthy, Doolittle and Day Sclater, 2008b).

Family mealtimes are a focus for obesity research and interventions. Mealtimes are a core site of family interaction, with the suggestion that they are a proxy for family function (Fiese and Schwartz, 2008). Policy implementation documents suggest that mealtimes are particularly problematic for families with overweight children: '[F]amilies with overweight children have significantly more difficulty in managing family mealtimes' (Rudolf, 2009, p. 14). The impression is given of families with obese children facing unique challenges. Parenting strategies include satisfying food preferences to avoid arguments, wasting food and available time for cooking. Avoiding resistance and conflict with children's eating is regarded as secondary to a pleasant atmosphere (Brewis and Gartin, 2006). The mealtimes may also be a 'lens' showing family practices and diversity (Wills et al., 2008).

Fiese and Schwartz comment on the special status of the meal, since there is 'no other daily activity that families share as a group that is practised with such regularity'. From a developmental perspective, the frequency of meal sharing is greater for younger children (2008, p. 3). Meta-analysis of seventeen studies found a minimum of three meals per week have been associated with a reduced risk of

obesity (Hammons and Fiese, 2011). These authors report large variability in the studies, including around socioeconomic status (2011, p. 1572). Analysis of time-use diaries has shown 'remarkable stability' of eating at home between 1975 and 2000 (Cheng et al., 2007). The Food and You Survey (FSA 2014) found that 61% households with children aged under six years cook every day, whereas this applies to only 52% of households with children aged under sixteen. Whilst the protective mechanisms of family meals have not been determined, Hammons and Fiese have suggested a higher nutritional value. Mealtimes enable parents to monitor behaviour and intervene in early signs of disordered eating (2011, p. 572).

However, children's eating is shaped by influences outside of the family meal. The onset of television at mealtimes is suggested as a strong influence on children's eating (Fiese and Schwartz, 2008; Caraher, Landon and Dalmeny, 2006). The creation of 'children's foods' has further shaped the meaning of the meal for children, for example with the way the food industry link children's food to toys. Eating out and providing children with menu choices have 'weakened the power of the mealtime' (Hammons and Fiese, 2011, p. 9). The shift to eating out has provided, by comparison with eating at home, foods of lower nutritional quality and larger portions. These exemplify some of the new influences to which parents need to be alert (Coveney, 2006).

Food interactions around child agency and intergenerational relationships join the family's dynamic mix. Child agency is framed by meanings of childhood, such as the notion of children as consumers. In the historical context, Cook (2000, in Schor, 2005 p. 43) argues that there is a close alignment between dominant developmental psychology and marketing. As consumers, children's food choice is influenced by media (Caraher, Landon and Dalmeny, 2006). The construction of the 'sick child' (O'Dea, 2005) is exemplified through parental concern for poor children's eating habits, and framed by the notion of children 'fussy eaters' (Davis et al., 2008, in Pocock, 2010) and a resistance to healthy food (Slater, 2009). For teenagers, the consumption of junk foods may be a mark of independence against parental authority (Maclean and Chapman, in Caraher, p. 231).

Intergenerational food differences, described by Morgan as 'foods of today and the past', have been found to lead to 'inconsistent dietary habits which later caused problems for parents' (Pocock et al., 2007, p. 17). Curtis et al. (2011) studied intergenerational relations of families with younger school aged children who had completed an obesity intervention programme. Diversity in family practices around food and eating was found. A 'flattening' of the hierarchal relationships was also found in some families. Some did not have the emotional resources to perform their 'health promoting' responsibilities in the way required by the state (2011, p. 434). Goodell et al. (2008) have observed differences in the perception of child weight between mother and grandmother. Studies in the US have found that mothers face multiple and conflicting factors in controlling a child's diet (Jain et al., 2001). They had to contend with other family members, including grandparents, who provided food against parental wishes. Mothers also readily accepted advice from the older generation, including early weaning (Baughcum et al., 1998, p. 1012).

Family relations are influenced by obesity through interactions of guilt and stigma. For example, parents and adolescents experience conflict (Skouteris et al., 2012; Zeller, Reiter-Purtill and Ramey, 2011) and avoid conflict (Styles, in Pocock, 2010). Lindelof (2010) found blame and weight avoidance strategies were particular issues between teenagers and parents where home environments were reported as quarrelsome and negative. Adolescents felt parents were responsible for diet and did not care about obesity (Flannery et al, 2011). Parents, on the other hand, blamed adolescents (Power, 2010). Both parents and adolescents felt guilt over obesity (Lorentzen, Dyeremose and Larsen, 2011). Lindelof (2010) found that adolescents blamed situational factors, teachers blamed parents and parents blamed children.

This section has described family dynamics in the context of neoliberalism. The relations between the state and parents were illustrated as ideologically bound by the normative family, with a new politics of parenting that attempts to standardise practices and reinforce a notion of deficit. In terms of food-related childhood obesity policy, this may be reflected in developmental approaches to parenting. Rake (2011b) contends that there is no evidence of a decline in parenting standards. Carnell (2011) observes that feeding behaviours of parents have not changed, but that the food environment has changed, and so the problem is structural. Potential

disconnects with policy may be found in this context of expectations on parents, and women in particular, who work out of necessity, often with two jobs and precarious conditions, all within a context that frames parenting tasks within the notion of the 'professional parent'. This is reflected in policy. The family dynamics illustrate the complexities and pressures of family settings that focus on the 'obese' child, when the parent-child interactions are bidirectional and open to external influence. The next section considers the reconfiguring of the state and the responsibilising processes within food-related obesity policy.

2.4.4 The state, public health and the food industry

The focus on parents is not new, however as this section describes, it has been accompanied by a restructuring of the state, through which state responsibilities such as health and social care are passed onto individuals and parents. Amid a rhetoric of shared national responsibility, disconnect may arise with parents if responsibility is not shared, and instead the burden lies with parents.

The neoliberal state is characterised by 'hollowing out', rolling back and rolling out of the state (Jessop, 2008). The state is hollowed out by contradictory trends, whilst seeking to maintain its hold on central power. Strategic mechanisms flow from central to local government, including deregulations and privatisations (Newman, 2014). At the same time, state services are 'rolled out' to non-state actors who are obliged to adhere to state objectives. In this way, the legitimacy of the state is maintained (2014, p. 53). Furthermore, 'rolling out' the state involves local communities in making 'self-sustaining systems of improvement' based on the concept of increasing choice for service users with the aim of lowering costs (2014, pp. 114-15). Again, this process passes state assets and services to non-state actors for market gain, and it restructures relationships between state and local communities (2014, p. 34), and families.

Decentralising processes continue through localism with its purpose of an 'historic shift of power … to take care of own lives' (Pickles 2011, cited in Newman, 2014, p. 33). This process affects child health through a shift to local government responsibility for public health, which includes food strategies and child weight

management. While on the surface a democratic move, there are inherent contradictions, tensions and resistance associated with this approach. Local authority budgets are cut. The local state is required to be ‘as financially self-sufficient as possible’ (2014, p. 34). Tensions arise from the early solution evaluation of the transfer of public health to local government which shows local government being unable to meet outcomes (Buck, 2015).

In relation to childhood obesity, marketisation takes the form of weight management, public health and healthy eating services. The former are exemplified by non-NHS providers, such as MEND™ (MEND, 2016), who are part of quasi-market arrangements (Newman, 2014, p. 19). For- or not-for-profit social enterprises carry out ‘health interventions’, whilst being centrally managed by the state. This is exemplified by a comparative review of UK intervention through policy that is operationalised by means of performance monitoring, targets and outcomes (Musingarimi, 2008). Newman (2014) posits mechanisms, such as the Behavioral Insights Unit, as facilitating consensus-building that conceptually embeds the need for change.

Ideological mechanisms are deployed in this process that builds a national consensus. These include neoliberal governmentalities as ‘combinations of political rationalities and human technologies’ (Rose, 1998, p. 68). Of relevance are processes of responsibilisation and autonomisation, in which responsibilities are shifted from the state to the individual, in the guise of autonomy and the taking of individual responsibility (Rose, 2000a). For politics, this no longer took a social form, but was couched in the form of individual morality and an ethical community (2000a, p. 1400). These processes were integral to New Labour’s Third Way project, and the Big Society agenda of the Conservative-led coalition (2010 to 2015) (Gillies, 2012).

In national childhood obesity policies, the notion of individual morality for the social good has taken the form of a moral crusade by the Conservative-led coalition, with a ‘Call to action’ and ‘Rallying cry’ (Department of Health, 2011a). Under Labour (1997 to 2010), the call was for a nationwide ‘social movement’ for health (Department of Health, 2008a). These policies may also be understood from a perspective offered by Skeggs, of an appeal to the ‘national belonging’. This is a

process that assigns ‘conditions of possibility for national belonging’, whilst simultaneously constructing ‘the other as an object of spatial exclusion’ (2004, p. 19). There is the potential for policy narratives of blame and exclusion. As Skeggs argues, the ‘nation’ has particular meaning in the processes of making class. Skeggs, draws on Wacquant (1991) who described ‘the ternary representation of society centered upon “middle class” as the “healthy” and “stable” component of the “nation”’, that accompanied the Third Way politics between capitalism and collectivism (Skeggs, 2004, p. 18). To belong to the nation confers symbolic capital through legitimation that includes the practices of those ‘who are what they do’; these are distinguished from those who only have to be what they are’ (2004, p. 19). Drawing on Hage (1998), Skeggs views the ‘imaginary’ nation to be about the construction of the other as an object of spatial exclusion. The nation has ‘a center that represents the “real” belonging and those who really belong have to display and embody the right characteristics and dispositions’ (2004, p. 19). The policy rhetoric has the potential to embody notions of epidemics and child-saving, as argued by critical weight theorists (2.1.1), and of being an economic burden to the nation. The appeal is mostly likely made, though not exclusively, to the middle classes who would have the economic and cultural capitals to contribute – for it is the middle classes ‘who are what they do’ – such as through professional positions and charitable work. In the context of the social gradient in childhood obesity, working-class and poor communities that lack resources can potentially be blamed for being ‘unhealthy’. This would be an inscription that delegitimates these communities from national belonging, marking them out as ‘objects of spatial exclusion’ (2004, p. 19).

The food industry has been invited to discuss national food policy related to obesity, since obesity has become a public health concern. For example, the policy document ‘Tackling Obesity 2001’(National Audit Office, 2001) advocates working with the food industry to improve dietary balance (2001, p. 6). The premise was partnership working. Voluntarism has been assigned to the industry, with the assumption that there is a common concern for health. For example, the Food and Health Codes (Department of Health, 2008) assumed the food industry would show a ‘commitment to promote healthy eating’. This approach continued through the 2000s in the form of the Food and Health Action Plan (Department of Health, 2005), Coalition for Better Health (Department of Health, 2009), and Healthy Food Codes (2009) (see Appendix

B). The coalition government (2010 to 2015) streamlined the responsibility deal under one umbrella, the Public Health Responsibility Deal (Department of Health, 2011). This can be viewed as either an efficiency measure or the dilution of impact. Corporate action to improve the balance of the diet remained voluntary. The coalition administration positioned the food industry as a potential 'force for good' in nutrition in 'Healthy Lives Healthy People' (Department of Health, 2011a, p.8). Tackling obesity is framed as a rational cost-and-benefits case, and as a 'clear business case' (2011, p. 17). Over the duration of these administrations, therefore, the food industry was invited into food and public health policy-making and obesity was framed in terms of the ethics of the market.

Under the Labour administration (1997 to 2010), health concerns were integrated into the broader concerns for food security and sustainability through Food Matters 2008 (Food Standards Agency, 2008), and Food 2030 (Defra, 2010). The Food Standards Agency was established to oversee nutrition and the food industry, whilst food production remained a policy concern of Defra. Following the global food crises of 2008, Food 2030 renewed the focus on food production and invited the food industry into policy-making (Moorhouse, 2013). The coalition government weakened the integration of health and sustainability. Measures included the transferral of nutrition from the FSA to the Department of Health, the transferral of sustainability to Defra, and the abolition of the Sustainable Development Group (Lang, in Hughes, 2011). Food-related public health, including obesity, later devolved to local government. Food production remained with Defra, with a budget cut of 30% (Lang, in Hughes, 2011). As Moorhouse (2013) sets out, other policy structures and plans were reconstituted in diluted form, such as the Fruit and Vegetables Task Force Action Plan (2010, cited in Moorhouse, 2013). It has been argued that the impact of this was reduced integration, with responsibilities shifting to local government, community and families.

So, following Labour, the level of state intervention was reduced or withdrawn markedly with the coalition government (2010-2015) and subsequent (and ongoing) Conservative administrations. Despite the consensus for the pro-market policies that framed the state as 'enabler' (as set out in Chapter 1), the traditional political divide is notable. This is evidenced by the institutional changes introduced by the coalition

and the shift further in the direction of personal responsibility, as exemplified by the adoption of behavioural economics.

These public health and food policies represent the relationship between the state and the food industry in the management of the food system, and ultimately in whose interest is it managed. Fundamentally the traditional right politics is favouring the free market and the 'left' labour favour a greater state intervention. The lack of success in terms of child health is the evidenced by the intractability of childhood obesity prevalence. Notwithstanding the shifts in policy direction, it is notable that countries with less inequality have lower levels of childhood obesity (Wilkinson and Pickett, 2010). This suggests that the UK food system can be managed in more beneficial way for child health.

In sum, the reconfiguring of the state has shifted responsibilities from the national to local and individual levels. This is versed in a national concern that has closely brought the food industry into the public health and food policy world. The general policy direction illustrated a political consensus albeit with differences on the level of state intervention. The key question is whether voluntarism on the part of the food industry can work given the interests of the food industry as discussed in the following section.

2.4.5 Food industry and childhood obesity

A key question is what interest or capacity does the food industry have in assuming greater responsibility to ensure that healthful foods are promoted to children with or without susceptibility to obesity? Questions of democracy arise in holding the food industry to account if it does not meet its responsibility. This is a key factor for disconnects.

A core argument, as advocated in 'Big Food' (Hamilton, 2004), is that the food system as it exists cannot do other than advance its own profit interests. This creates tensions between Big Food and food democracy. For Hamilton,

> democracy rests on citizen participation … on people being included and represented in making the decisions that shape our lives…information and informed choices … citizen action in exercising freedom to choose … citizen participation at local as well as national. (2004, p. 24)

Tensions exist because, despite abundance in food, the 'national epidemic of obesity' suggests change is needed. Big Food aims to retain control over the design and the values of the food system, thereby limiting information and choice, and denying the problem exists (2004, p. 25). So, there is conflict between the values of food democracy and Big Food (2004, p. 1). This section outlines the literature that articulates the disconnects between profit maximisation and child health.
Under a profit-based system, food overproduction is not utilised through egalitarian distribution. Instead, according to Nestle (2007), there is a crisis of overabundance in which food companies are driven to maximise profits through manipulation and efficiency. Class and cultural factors intersect with childhood obesity. The human need for food has been increasingly manipulated into 'want' or desire through advertising. With increased productivity and lower unit costs, greater quantities of food are supplied cheaply, for example by supersizing portions and marketing through consumer choice: 'eat more, more frequently and in more places' (Nestle, 2007, p. 26).

Albritton (2009) contends that capitalism is an irrational and contradictory economic system and that this is exemplified through the food system. He draws on Marxist economic theory as an explanation for how capitalism works, its inherent constraints, and the contradictions that lead to periodic crises of overproduction and the attempts to overcome its constraints. The drive for profit is 'rational' to a capitalist regardless of the use value of a commodity. Thus, producing unhealthy food would not be of concern, as long as it is profitable (2009, p. 22). Profit motivation does not hold a long-term view of future consequences. Examples include the depletion of the earth's resources and the development of monocultures with long-term costs to people and land. Drawing on Weber, these irrationalities are not of capitalism alone, but rather industrialised societies tend inherently to move towards large-scale oligarchic, bureaucracies. The tendency towards bureaucratisation is part of the historical process of rationalisation: efficiency, calculability and demystification. Through

these features, people become trapped in the 'iron cage' that values rationality over autonomy and individuality. The irrationalities for Weber lead to dehumanisation, which is similar to Marx's concept of alienation. It is contemporised by Ritzer's idea of McDonaldisation, which serves as a metaphor for a society that is dominated by powerful interests, and driven by rationalities of predictability, calculability, efficiency and control. Global processes are standardised, with the result that people are shaped by the sameness of products and experiences. The irrationality of 'rationality' appears in the negative consequences of the McDonaldised food system, such as its effects on public health and the environment (Ritzer, 2005, p.380). Mechanisms associated with obesity in children are rooted in Albritton's 'phases of consumerism' and 'late capitalism'. Food factors implicated include: high fructose corn syrup, processed vegetables oils, cheap meat, dairy, fast foods, increased portions, snacking and aggressive marketing. The notion of 'junk foods' was developed to describe the poor nutritional content, high fat and high sugar content of fast foods. It is also symbolic of 'indifferences to global hunger' and 'the dramatic emergence of junk foods after 2nd World War as a product of the capitalist food regime' (2009, p. 3).

Wells (2012) has focused on capitalism as causal in childhood obesity. Obesity and epigenetics are placed within a political, economic and historical context. The coercive effect of capitalism is compared with that of the great famines driven by the former Soviet and Chinese dictatorships, with the difference that capitalism drives malnutrition through under- and over-nutrition (2012, p. 268). Both over- and under-nutrition have a deep structural base in capitalism – they are 'structurally embedded' (2012, p. 268). While recognising genetic and epigenetic influences, and maternal phenotypes, Wells emphasises the importance of a stable, healthy nutritional status throughout the maternal life-span. Wells situates obesity within the context of 'susceptibility and exposure' to the 'obesogenic niche' and the loss of agency on the part of the individual and government to corporate power (2012, p. 262). Wells (2013) places emphasis on the potential perturbation of metabolic and behavioural mechanisms by commercial interests, viewing these as causal rather than as the result of individuals failing to control their energy balances. This results in greater consumption. According to Wells:

> The construction of the modern consumer is a complex process, involving the promotion both of new aspirations, and of manipulative practices whereby these aspirations are seemingly met while in practice, the desire may be exacerbated rather than sated. (Wells, 2013, p. 508)

Lewin et al. (Lewin, Lindstrom and Nestle, 2006) identify the early 1980s as a pivotal point in overproduction and the drive for profitability, and the point from which obesity rates rocketed. In this context, and with an already overabundant food economy, marketing to children intensified. Nearly half of the new food product launched are candies, snacks, gums and soft drinks (Nestle, 2012, p. 183). The spending power of children makes them a 'lucrative demographic group' (Ruay, cited in Swinburn, 2010). Regulations restricting the exposure of children to advertisements have been conceded, but the industry is often non-compliant, as exemplified in Australia (Roberts et al., 2012).

Supermarkets, as gatekeepers to consumers, dominate production, and internationally they profoundly impact food supply and, consequently, diets and lifestyles (Hawkes, 2008). Supply-side drivers shape what is available for consumers to buy. Oversupply of corn and soybean is implicated in unhealthy lifestyles (Nestle, 2007, p. 275). These products are central to food processing and the concept of a 'cheap food policy' (Lang, Barling and Caraher, 2009; Miller and Coble, 2007). High fructose corn syrup and soybean, as a phytoestrogen, are implicated as obesogenic endocrine-disrupting chemicals (EDC) (Guthman, 2006; 2011). These food production processes are driven by powerful agribusiness.

In this context of power and control by the food industry, food choice is shaped by economic, political and ideological considerations (Lang, Barling and Caraher, 2009, p. 176). The latter takes the form of morality that facilitates control over consumption (2009, p. 233). Overabundance is accompanied by a range of competitive marketing strategies: choice editing, added value, functional foods, and the strategic use of supermarket foodscapes and differential profits (Winson, 2004).

In a study of the actions of food marketing on health, Mahoney (2015) found that foods are not imposed on consumers and the system is not coercive, but eating

patterns are influenced and normalised through the interaction with market research that results in habitual snacking and consumption of large portions. In this way, supply-side processes in the food system shape consumption, and thus also dietary patterns, including by social rank, neighbourhood or class. There are tensions within the food industry. Mahoney found that some food scientists were concerned about the health implications of long-term habitual consumption of processed foods; however, despite such reservations, these are continually promoted to target groups. Mahoney argues that there are strategic steps at every stage:

> from agriculture, subsidy programmes, crop science, processing, food product development, siting and marketing, resulted in food supply which came to emphasise frequent eating of highly processed ever-present snack and convenience foods. (Mahoney, 2015, p. 306)

This is an example of the colonisation of the lifeworld. Mahoney (2015) cites Habermas in referring to 'the accidental character of uncomprehended events' (Habermas, 1981, in Mahoney 2015, p. 220), suggesting that unknown consequences arise from the industry's lack of reflexivity. For Hamilton (2004), the drive for profits determines the ethical consideration of the food system as 'Big Food'.

This section has presented key thinking on the role of the food industry and the contemporary phenomenon of obesity. The food industry is part of the globalised free market rationality. Therefore, is it possible to reform and consider health as rationality, or as Ritzer argues, is this part of the irrationality of capitalism's 'rationality'? The latter suggests an unreflexive system with unintended consequences. If so, there would be disconnect with parents for a public policy that does not support public health. Whether the failure of responsibility on the part of the food industry matters to government depends on public opinion and social action, and on how democracy is enacted.

2.4.6 Democratic questions

The backdrop to democratic processes shaping food-related childhood obesity policy has been set out in earlier chapters, where it has been argued that it is framed by the

neoliberal project. Democracy is about power (Lasswell, 1948), and, from a critical perspective, it is about how voice is given to the majority in the interests of equality and social justice. From an ecological public health perspective, democracy intersects with food policy and child health (Lang and Rayner, 2012). Potential disconnects arise if democracy advantages some voices over others, in this case, the 'others' being the voices of working-class parents of children with obesity. Democratic processes are integral to food issues, such as the human rights of children and the right to nutritious food (Food Ethics Council, 2010). Framed as rights and social justice, food justice democratic demands are made for the market to work differently and for an end to 'cheap food' (Food Ethics Council, 2010). The right to information is a core democratic issue exemplified by ongoing struggles over food labelling (Rayner and Lang, 2012, p. 301). The contemporary context of broader systems of governance includes power sharing with citizens and private industry, such as public–private partnerships, Change4Life and Responsibility Deals (Department of Health, 2011b) in England.

Nutrition inequalities are not new. The account of food policy change, as well as continuity, illustrates struggles at the political level. Politicians respond to public or civic-citizen action. A brief account of the struggle for school meals, as a marker for the significance, or not, of child nutrition, is set out. This illustrates the process of reform and counter-reform, or the ongoing struggle for child health.

Child nutrition and health, is a core governmental concern (Department of Health, 2016). The right to food, even for children, is not a given. It has been a site of struggle for classed rights over centuries. For example, in 1912 the National Union of Teachers supported school meals for reasons including the effect on 'better bodies and better manners' (Smith, 1997, p.17). In the 1930s, the TUC carried motions on mothers' nutrition (1997, p. 103). Following the interwar industrial and social struggles, nutritional standards for school meals were set in 1941 and in 1947, followed by a heavily state-subsidised school meals programme (Crawley, 2010). There have been attempts to roll back these reforms (Smith, 1997). The major counter-reform was enacted under the Conservative administration led by Margaret Thatcher, and involved the deregulation of school meals services, the removal of nutritional standards for schools and free school milk, and the effective removal of

home economics from the curriculum. It was found that the diets of children in the 1950s were of greater nutritional value than those of the 1990s (Gillard, 2003). Public nutrition campaigners of the 1980s and 1990s, as well as the Acheson Report, argued for the reinstatement of school meals and other elements of social nutrition (Lang, Acheson, 1997). Under public pressure, articulated by Jamie Oliver, the Labour administration introduced nutrient standards and removed vending machines from schools (Smith, 1997). Into 2017, however, school meal standards do not apply to all schools.

There is a growing critique of an obesity policy based on individualism, and of the imbalance of evidence used. For example, there is emphasis on weight, inferring causality, above other associated factors. This is contested by Critical Weight Studies (Monaghan 2014) and Critical Dietetics (Bacon and Aphramor, 2011). Sabin et al. (2015) describe policy and research failure, with myths and presumptions that have not reduced the prevalence of childhood obesity. Despite its levelling off, for many the health risks associated with obesity will continue to unfold. These authors call for policy to move way from 'targeting surface behaviours' (2015b, p. 85). Huang et al. (2015) advocate greater public engagement and control of obesity policy, and Roberto et al. (2015) recommend upstream regulatory measures.

Deliberative policy-making is a vehicle for policy change. It involves the collective process of public exchange of reasoned arguments, in which mutual justifications for positions are listened to with genuine reconsideration of positions in the light of new arguments. It is a discursive process that invites a diversity of opinions. It is a way in which the best policy arguments come to the fore. In practice, it operates through citizen assemblies and juries, or on a broader public sphere that might involve a range of venues and conversational activities with various policy actors from the public to parliament. It is theorised whether grassroots protest movements are deliberative depending on the range and openness of opinions being brought together. Social media plays a role that bypasses official organisations such as political parties. Ultimately, deliberation is about communication as contestation of discourses and reflexivity – processes of local assemblies that are vibrant, argumentative and productive – 'an alternative to politics as usual' (Mendonca and Ercan, 2017).

Habermas, a key theorist on deliberation, focuses on the public space as the means of intersubjective exchange and deliberation. Scambler explains how Habermas viewed the formation of public opinion in the modern world, and the relationship of this to the rise of the bourgeoisie as a political force. In the early eighteenth century, the literate bourgeoisie occupied the public spaces provided by salons and coffee bars, which facilitated their assumption of political roles, including those which determined state policy (Scambler, p. 3).

It is in the Habermas's concept of the lifeworld that consciousness is affected; the lifeworld 'is the medium or the symbolic space within which culture, social integration and personality are sustained and produced' (Thompson, 1984 in Scambler, p. 13). Habermas's theory of communicative action posits that late capitalism operates through sub-systems: the 'system' consisting of the economy and state and the 'lifeworld' of the private and public realms. The communication between these draws together the structural, social class and human action. The lifeworld becomes colonised by the system, through its increasing administration by the state and by the economy through commercialisation (2001, p. 13). The relationships unfold, for example, as people encounter each other as legal entities (2001, p. 13). Distortions of democracy unfold as the state works to maintain the economy (Mahoney 2013, p. 132). These processes permeate and change behaviours and relations, as set out in this chapter. There is scope for the lifeworld to be decolonised through communicative action and communicative rationality, in a process that reconstitutes the public sphere. These are processes in which consciousness is shaped and freed during times of crisis 'motivational action' (2001, p. 7). Progressive change can occur without the revolution posited by Marx.

In the food policy and obesity terrain, there are examples of social movements, deliberative policy formations and struggles. Social movements are varied, ranging from slow-food movement to alternative food movements (Alkon, 2013). Middle-class food struggles can take the form of consumer ethics, as in individualised choice, based on material conditions, and 'win-win' outcomes (Johnston and Baumann, 2010, p. 129). This is contrasted with citizen-based food politics (2010, p. 170) that include social movements, food bloggers and writers. New deliberative policy formations include the People's Food Policy in England that brings together a

wide range of grassroots actors (Butterly and Fitzpatrick, 2017). On the global level, food activists and scholars in numerous social groups promote common themes, such as food sovereignty and food security.

Wilkinson and Pickett (2014) argue a role for the labour movement in tackling inequalities. The weakening of the labour movement since the 1980s has reduced the capacity of working people to maintain their living standards. To achieve a reduction of inequality on a par with the 1950s and 1960s requires a recreation of the labour movement with a political and social influence equivalent to that of half a century ago (2014, p. 3). In England, there is little involvement of trade unions in food policy. However, they campaign against food poverty. This thesis advocates that social issues rooted in inequalities, such as food access and child health, are labour movement issues. The question is how to build a movement for food policy change?

The most relevant example to food policy is the CONSEA – the National Food and Nutritional Security Council of Brazil. This was established following national campaigns against hunger in the 1990s. It was born from these struggles and operates at national and local levels through participatory principles; it is committed to fighting inequality and food insecurity. Brazil has some of the most progressive food policies that prioritise child health (Leao and Maluf, 2012). In England, deliberative methods inform policy-making. Deliberative workshops were a core component of the research agenda for Our Future Food (Food Standards Agency, 2016). This followed pressure for more public engagement on food issues, including health, food waste and the role of industry.

Democratic processes that shape food-related childhood obesity policy is important given the prevalence of obesity and the widening social gradient, and the question of how this can be resolved. A literature review of UK policy has shown that there is little research in the food policy field that involves the ‘problematised’ parents of children with obesity, and that actively elicits their experiences, views, and solutions on food policy. The literature on the involvement of the public in the food policy decision-making process is relatively small and disparate. For example, some literature elicits public opinion for specific policy interventions (Hardus et al., 2003; Covic, Roufeil and Dziurawiec, 2007; Goren et al., 2010; Morley et al., 2012). These have identified a range of state interventions, such as curbing food advertising to

children and clearly understandable food labelling. However, responsibility is often placed with parents (Covic, Roufeil and Dziurawiec, 2007). The large food poverty and social exclusion literature includes qualitative research that illustrates the experiences of families in poverty and how lack of resources impacts on food choices and health inequalities (for example, Food Ethics Council, 2016; Tait, 2015). Some research has revealed that parents are willing to take action. Crawford et al. (2008) found that parents supported healthy changes in nursery and school food provision and that they were willing to be active in promoting change. One-quarter of parents surveyed by Crawford (n=175) had been, or are, active in such community activities.

In England, the policy process, and how it is informed, does not enable participation by parents, and, unintended or not, working-class voices are largely absent. Given the gendered nature of family and food care, it is particularly mothers who are silenced. Consultation was found to be the most common mechanism through which the public informs policy. This is often web-based and not structured for lay involvement. While there was greater involvement from the food industry through the 'Responsibility Deals' (Department of Health, 2010b), there is little representation for parents, particularly from the working classes.

Enabling parents' involvement in policy-making would require a more 'listening' political foundation with approaches to food and health that should be democratic, deliberative, participatory and accountable (Lang, Barling Caraher, 2009). With this in mind, the final section explores food policy directions.

This section has given an example of how processes of democracy over decades have included reforms and counter-reforms, such as in school nutrition. In relation to child health, the issue is how to attain long-lasting reforms. Alternatives exist through deliberative and participatory means, such as in Habermas' theory of reclaiming the public sphere (Calhoun, 1992). Deliberative methods are used as part of the food policy-making process. However, the literature shows that parents are generally not involved. Meaningful deliberation in policy-making may provide answers to the disconnects mentioned earlier in this chapter. Conversely, a potential disconnect in democratic processes would be counterproductive in tackling the prevalence of childhood obesity.

2.4.7 Policy directions

Alternative platforms and policy responses include a rights-based approach to health inequalities, obesity and food which argues that the state should fulfil its obligations on the right to health, adequate food and the protection of children. Dowler and O'Connor (2012), focusing on food poverty, maintain that states have an obligation to ensure equal access to underlying determinants of health, including nutritious safe food. There is no shortage of statements from the United Nations that could be championed by national states to mandate provision of the means to adequate food (2012, p. 46).

As argued in the Black Report (1980), adequate food and health resources include economic access, which means not just a minimum, but a 'living wage'. Civil society organisations, trade unions and academia argue for wages that can sustain health. Moreover, there has been a 'systematic failure' of UK governments 'in meeting its obligation to fulfil people's rights to sufficient food for a healthy life' (Dowler and O'Connor, 2012, p. 15). This is evidenced by the growth in the charitable sector, which has become a palliative way of distributing surplus food to those in need. Food banks have become part of the institutionalisation of food poverty (Loopstra et al., 2015). Furthermore, childhood obesity in England is bound with deprivation. Whilst not tackling the roots of poverty (as suggested above), obesity policy, across the successive governments, has had limited and unintended effects.

Upstream policy options, such as fiscal measures, are contentious. The reasons include the regressive nature of fiscal policies that exacerbate poverty. Griffith and O'Connell (2011) argue that the redistributive effect can be offset by progressive measures on income using the tax and benefits system. Corrective taxation on fats and sugars are aimed at changing eating behaviours and based on the premise that the targeted group, at the individual level, considers the cost of the consumption to their own health, as well as the cost implications for society. There are divergences: for example, consumers may substitute products that are equally costly to health (Griffith et al., 2016). In Denmark, the fat tax was removed after one year. Caraher and Cowburn (2015) argue that a combination of interventions is needed, which would include subsidies that parallel taxes as well as food industry regulation. The

character of the public health campaign is also a consideration. For example, in Mexico, sugar taxation was framed as a defence against international corporate power (Donaldson 2015, cited in Ulijaszek and McLennan, 2016). Alternatively, obesity policy, as in England, is framed as individual responsibility with concomitant stigma and 'social fragmentation', with others characterising their consumption as personal freedom (2016, p. 407).

Product reformulation is argued to be the most effective mechanism for changing diets at the population level. It is not punitive on the poorest families. Griffiths and O'Connell (2011) posit reformulation as a voluntary measure that would not be effective, since the food companies have no incentive and nothing to gain from it. The food industry is more likely to comply if there is the threat of the measure being made compulsory. In England, the Labour Party support reformulation of foods rather than fiscal measures. Changes to the composition of both food and total diet are promoted, globally and regionally, by the WHO. Most promote a voluntary approach and progress has been slow (Lang, Rayner and Kaelin, 2006). It is notable that in New York efforts to reduce the portion size of sugar-sweetened drinks were blocked by the legislature.

Social nutrition through state provision of healthy foods to children has been exemplified in Brazil. The Brazilian school feeding programme is a multisectoral programme that develops the local food economy by providing foods of high nutritional quality to schoolchildren up to four times per day (Sidaner, Balaban and Burlandy, 2012). Although contextual differences with England exist, the experience may be shared of a strong regulatory framework that is instrumental in reducing food insecurity. In England, not all schools are bound by the national nutrition standards. It should be considered that the Brazilian School Food system and other large-scale food planning have the potential of bureaucracy formation. Although bureaucracies, as characterised by Weber, are highly rational forms of organisation, they also have the potential to become 'iron cages', in that they are built to serve the population but end up trapping the population. Autonomy, creativity and humanity are constrained, and there can be a large concentration of power at the top. However, in Brazil the nutrition reforms accompanied a social movement that gave rise to CONSEA, a national and regional food council. This suggests the potential for deliberative

processes in school food governance. However, with a change of government in 2016, the budget for CONSEA was reduced.

Responsibility for policy action is passed downstream to local government, and it results in piecemeal, short-term funded projects. This dispersion to civil society and local government atomises and depoliticises food poverty and food insecurity (Ruches 1996, cited in Dowler and O'Connor, 2012). Dowler and O'Connor contend that the failure of the state requires new approaches to anti-poverty work, including activism and advocacy.

Summary

This chapter has explored the literature to ascertain the potential disconnects between parents and the state, as reflected in the policy process. This includes the relevance of class and the potential involvement of parents in policy-making. It has done so within the framework of the two core concerns of this thesis: child health and democracy. The literature was presented in four domains. In so doing, it has not placed parents 'under the microscope'. Instead, it has taken a 'whole' view, with a broad lens of the parents' world in order to explore the possibilities for disconnect, which is, in essence, between the reality of parents' lives and food policy.

Domain 1: The literature has illustrated the biological complexity as exemplified by energy balance. It suggests that oversimplifying the biological may not resonate with some parents' experience of, for example, the genetics of obesity, which might be captured in the expression 'it runs in the family' (Jain, 2001; Curtis, 2007). The classification of the 'obese' body through the construction of the BMI is, the literature suggests, contested by parents whose perception of child body size is often by physical appearance and not numbers. Behavioural genetics provides an account of differences in children's eating habits and body sizes. Historical and cultural perspectives illustrate a natural variation in body size, as artefacts from the past have shown. A snapshot was provided of the cultural, gendered and economic embodiments that are grounded in history and take form in the contemporary world. Cultural representations illustrated through reality television that serve to construct a self-governing neoliberal self – parent (Raisborough, 2016). Potential disconnects

mediated by cultural embodiments take the form of ‘pleasure and shame in eating’ (Bissell et al., 2016). For children, this concurs with weight stigma research (Pretlow, 2010).

Contributors to potential disconnect: Reducing complexities of energy balance and genetics to simple messages of calorie reduction; alternative meanings and ways that parents perceive child body size; conflicting and meaningful embodiment of economy, culture and self; possible denormalisation of higher weight children’s bodies in public health; new public pedagogies and stigmatisation of children and parents.

Domain 2: This focused on the concern for child health, and how biological questions may be oversimplified, such as Type 2 diabetes and the level of risk. This may generate fears over child health and stigmatise children and parents. In the context of the potential psychosocial impact on children’s mental health, this may be counterproductive for policy aims.

Contributors to disconnect: Cultural processes, that also unfold in the food and health policy world, have potentially unintended consequences that can create disconnects with parents.

Domain 3: ‘Obesity’ is a problem predominantly for children living in families of lower socioeconomic status and in areas of deprivation. Given the social gradient of inequalities, this thesis explores potential disconnects around class and food. Class was shown to be a contested notion. There are nutritional inequalities in children’s diets. Class differences were illustrated through the cultural resources that provide access to foods that reproduce class distinctions and create boundaries around them. Skeggs (2004) argues that hidden labour and hidden value contribute to the moral economy that labels a person of ‘no-value’, and particularly of no value ‘to the nation’ (2004, p. 23). There is a moral economy that commodifies attributes such as ‘undeserving. In relation to class and food there is also a class economy of food that was illustrated in the classed differences between the foodies and the Rawmarsh mothers. Resistance occurs through counter-discourses, such as around school foods. Whether there is a working-class consciousness was shown to be debated.

Contributors to disconnect: In the context of the social gradient in childhood obesity, class boundaries and labels have the potential for disconnects. As considered in the literature on the governance of parents, food-related obesity policy reflects middle-class practices. There is potential disconnect based on unintentional classed bias within policy.

Domain 4: The role of the family as a social institution continues, but with a 'new politics of parenting' (Gillies, 2011). A neoliberal family, which is 'professionalised' and based on competency parenting, has been shaped. At the level of human interaction, neoliberal personhood is enacted through governmentalities. Parents are positioned as both problem and solution to childhood obesity. The literature exploring parenting food practices and family dynamics illustrates the complexities and pressures of the family setting that focuses on the 'obese' child, when the parent-child interactions are bidirectional and open to external influence. The setting is where biological, cultural and policy complexities come together, and is a reality that policy can help or hinder. A reconfigured state promotes self-sufficiency, marketisation of public services and a sense of national belonging that creates exclusion. Numerous policies engage the food industry with public health. The food industry's responsibility is framed by voluntarism. The 'rationality' of the free market may unintentionally undermine child health.

In a democracy, the food rights of some may be overlooked if all voices are not heard. Deliberative methods are used as part of the food policy-making process. However, the literature shows that working-class parents are generally not involved. Meaningful deliberation in policy-making may provide answers to the disconnects. Conversely, a potential disconnect in democratic processes would be counterproductive in tackling the prevalence of child 'obesity'.

Contributors to disconnect: Construction and requirements of the neoliberal parent-self and responsibilisation may disconnect with the everyday reality of the complexity of family food life around child weight; parents are mostly not involved in food-related obesity policy-making.

2.5 Research questions and aims

Drawing together these potential 'disconnects', it can be concluded that these exist at the cultural level through the mediation of stigma, popular culture and discursive processes of food-related obesity policies. Class boundaries and labels have the potential for disconnects. Policy reflects middle-class practices, and class bias potentially denies the experiences and solutions of working-class parents. Policy positions parents as both the problem and, through the corrective state, the solution to childhood obesity. The realities based on the necessity to work, and the competing pressures on 'family dynamics' around food and children's eating, suggests that the state is disconnected from parents' experience. There is little parental involvement in food policy-making or policy solutions.

Therefore, this thesis will explore, as the lived experience, the disconnects between parents of children with obesity, including the relevance of class, parents' policy solutions and why their voice is not heard in food-policy-making.

Research questions

1. What are the disconnects between working-class parents of children with obesity and the state, including class?
2. Why is the parent's voice not heard?

These are supported by the following sub-questions:

1. Is there a disconnect between working-class parents of children with obesity and the state?
2. What does policy say? What assumptions underlie policy? What are the views and experiences of policymakers, implementers and recipients?
3. Given the social gradient in childhood obesity, is social class a useful or relevant lens?
4. How is policy informed? Are parents, including working-class parents, involved? Should they be involved?
5. Which actors represent or advocate for the interests of working-class parents?
6. How are parents framed or represented in policy?

7. What food-related solutions do working-class parents suggest to the problem of obesity in children? Does this concur with policy?

The research aims of this thesis are:

1. To explore the disconnects, as mediated through food-related obesity policy, between the state and working-class parents of children with obesity
2. To explore, in the context of the social gradient, the relevance of social class
3. To examine implications for policy and practice
4. To explore the policy solutions of working-class parents of children with obesity with the aim of advancing the involvement of parents in food policy.

This is critical research that focuses on class and power, so a theoretical approach was adopted to enable the interpretation of the research findings. This theoretical framework is set out below, and its use in the findings is presented with each finding of disconnect in Chapter 6.

2.6 Theoretical framework

In Chapter 1, the problem was introduced as policy failure in a situational context of neoliberal political economy and its associated ideology, with the potential for disconnects. The literature in Chapter 2 has illustrated the potential disconnects between parents and policy. In relation to the social gradient, the research concern is working-class parents. To this end, the paradigm is critical research and its counterparts in critical policy studies and critical dietetics. The themes and concepts underpinning these are democracy, power, and emancipation. The methodology behind this research is discussed in the next chapter.

A theoretical framework is required that can explore class in order to analyse the collective experience, and which has a broad emancipatory element that can consider how to advance parents' involvement in policy. Furthermore, such a framework should enable both an exploration of the lived experiences of food policy and an analysis of power in the policy process. Four social theorists have contributed to the framework (figure 2.2). Marxist theories of class exploitation, praxis and human flourishing, as well as Bourdieu's theory of practices, have informed the

consideration of class. Power processes have been explored through the lens of Gramscian hegemony, Foucauldian governmentality and Bourdieusian symbolic violence. Contemporary approaches to these Marxist, Gramscian, Bourdieusian and Foucauldian theories have also been drawn upon.

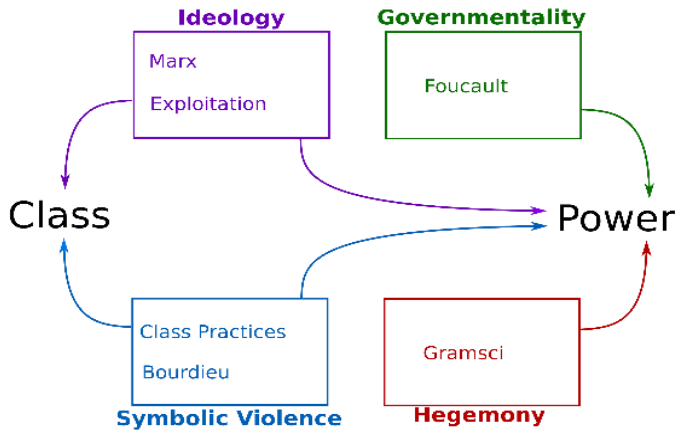


Figure 2.2 Theoretical framework: Key theorists' contribution to exploring class and power

2.6.1 Class

Both Marx and Bourdieu provide different vantage points of the lived experience through the economic experience and social practices.

Marx

In Marx's theory of class, class formations are part of a dynamic human history that is driven by the development of the economy, and by human labour and action. Marx's critique of capitalism focuses on the private ownership and control of the means of production. This enables profit or surplus-value to be made through the exploitation of the working class. As an exploitative system, an exploited class develops – the working class – and through exploitation it has a collective experience and interest. Whilst Marx's focus was on critiquing the capitalist political economy, this critique was part of a philosophical position that entailed praxis: 'Philosophers have only interpreted the world in various ways; the point however, is to change it' (Marx and Engels, 1845/1998, p.571). In his analysis, Marx identified the

exploitation of the 'working class' and argued that, through this collective experience, it is a progressive social force. Marxist theory provides a rationale for human social evolution and potential human flourishing. To flourish or to suffer are ethical questions relating to human values important to social science (Sayer, 2010, p10). For Marx, the potential for human flourishing, and of creative needs and capacities, is linked to the productive and social conditions of a given economic system (Sayers, n.d., p. 4). Alienation refers to the dissociation of human labour from what it produces. Lefebvre (1966) comments that the Marxist subject 'is always social man, [and] the individual is viewed in his actual relationships with groups, classes, society as a whole' (1966, p. 8). So, Marx offers an approach to class as relational, as collective experience and praxis. This fits with exploring both potential disconnects, which include class, and with the critical emancipatory aims of this thesis.

Marxist theory is often characterised as positivist. For Habermas (1968) this characterisation is possible because Marx's focus on social praxis lacked intersubjectivity, and reflexivity is reduced to instrumental action through labour. This thesis questions the framing of Marx's approach as positivist. In contrast to positivism the dialectical approach suggests not laws but patterns, contradictions and change. Marx's focus on instrumental rather than communicative action may be due to the significant life effort involved in critiquing the political economy. Marx considered the importance of social meanings, of language and ideas, for example stating in the *German Ideology* that language and consciousness only exist in relation to other human beings: 'it is man's consciousness of the necessity of association with individuals around him, the beginning of consciousness that he is living in a society at all' (1885/1998, p. 50).

Bourdieu

In Bourdieusian terms, the making of classes is primarily not at the point of production, as Marx had argued. Instead, it is in social space as 'fields' of action or practices. In Bourdieusian class analysis, there are two unique features: the essential place for symbolic systems, and the question of class boundaries (Weininger, 2005, p. 84). Its use of the 'symbolic' examines how classes and their interests are produced and reproduced. Key Bourdieusian concepts are drawn upon: habitus, four

concepts of ‘capitals’, field, symbolic power and symbolic violence. Symbolic processes include classification, codifications and their binaries. Bourdieu’s approach to class analysis is based on the relationship between social classes and status group.

Bourdieu (1986) analyses class structure by surveying the entirety of the occupational system and determining the distribution of economic, cultural, social and political capitals. Capitals are ‘the set of actually usable resources and power’ (Woods and Skeggs, 2015, p. 11) and have been introduced in section 2.3.2. Social spaces are examined using the metaphor of ‘field’ in which people compete through their capitals, but this is only accessible for those who know the ‘rules of the game’. Cultural hierarchies evolve with the exclusion of those without the ‘capitals’, such as, for the most part, the working class. The social spaces, and the practices that take part within them, produce and reproduce the class habitus. Within these social fields, there are constant reciprocal acts of pre-reflexive classification of the practices through which are formed social collectivities or status groups (2005, p. 86). The classification of the collectivities are subjected to codifications through which clear boundaries are formed. These contribute to symbolic boundaries and a symbolic order that enacts symbolic violence, an act of soft power.

As Weininger argues, the Bourdieusian approach provides ‘a bridge between constructivism and structuralism’, as well as an invaluable insight into the role of the symbolic order: there is a ‘chasm’ between class interests and collective action that can ‘only be bridged by an immense amount of labour carried out above all in the … symbolic register. This is something through which individuals are classified and self-classify’ (Weininger, 2005, p. 114).

Bourdieu’s class theory is often used in practice-based research such as in relation to food and class (for example Paddock, 2015; Parsons, 2015). Moreover, Bourdieu’s class theory is considered in this policy analysis because it counters the effect of neoliberal rational actor theory whereby the focus on individualism eliminates the symbolic. The Bourdieusian approach makes the symbolic visible (Weininger, 2005, p. 115).

2.6.2 Power

This section sets out the approach to the state and how power processes are understood through Gramscian (1971) hegemony and Foucauldian (1975) governmentality.

For this thesis, the notion of power particularly concerns the governance of parents of children with obesity. As already shown, this involves relationships between policy actors at multi-levels. In exploring how parents are governed, Jessop and Sum's (2008; 2012; 2015) understanding of the state is drawn upon, because it traverses the macro to micro levels and focuses on discursive processes.

The state is not monolithic; rather, it is multi-scalar: it operates across geographic locations. It is historically contingent and politically orientated. At the sovereign level, it consists of a core of 'ensembles' or 'assemblages' involved in governing through discourses:

[The] core of the state apparatus can be defined as a distinct ensemble of institutions and organisations whose socially accepted function is to define and enforce collectively biding decisions on a given population in the name of their common interests or general will. (Jessop, 1990, p. 342; Jessop, 2008, p.9)

Institutions and organisations exist above and below this core, and their relations are uncertain; that is, the state is not fully integrated, and core 'statal operations' depend upon 'a wide range of micropolitical practices dispersed throughout society' (2008, p. 10). In this context, the local acts as a 'transmission belt' or 'sub-unit' for national economic and social politics (Jessop, 2003, p. 5).

In Britain, the central state permits local state powers. The state has been reconfigured with powers devolved through the system of parliaments and assemblies, and a stronger role for local states. This is tied to the globalised economy, enabling local states to access foreign investment, as well as denationalising in order to open public services to entrepreneurial efforts and transnational companies. In Britain, the local state has undergone a transformation

since the 1980s through the adoption of ‘mayoral systems’ and large-scale privatisations. Despite these decentralisations, the local state remains a ‘transmission belt’ for national policies.

This is a perspective of the state that serves governance in complex societies, and, in particular, governance in the UK according to neoliberal political rationalities. It draws on a cultural political economy that focuses on the interconnections between culture and political economy (Jessop and Sum, 2013). Although cultural political economy was beyond the research needs of this thesis, Jessop and Sum’s analysis of the state using the concepts of hegemony and governmentality has been drawn on. This is an approach also taken by others, for example in relation to the notion of the strategic deployment of stigma (Parker and Aggleton, 2003).

There is debate on the commensurability of Gramscian hegemony and Foucauldian post-structuralism. For example, it has been argued that Foucauldian power ignores fundamental classes, or that hegemony is an outdated concept for understanding power and resistance in the contemporary world. It has been suggested, instead, that radical struggles are non-hegemonic, and that they bypass state power (Day, 2005, p. 8). There are, however, arguments for complementarity, and this is the approach taken in this thesis. Taken together, the two theories provide a more powerful understanding of the social world, particularly in relation to its complexity (Kreps, 2015).

Gramsci

Antonio Gramsci’s (1971) concept of hegemony informs this research. Gramsci was imprisoned for much of his adult life by the Italian fascist dictator, Mussolini. He dedicated his prison years to socialist writing. Cultural hegemony was central to his theory on why the revolutions in Europe early in the twentieth century had failed. Hegemony concerns the role of the state and cultural sphere in winning the consent of the masses. According to Gramsci (1971), hegemony is about the leadership and domination of one social group over others. Its domination is maintained partly through force, but mostly through consent. Consent is a process that is constantly in motion through the cultural dimensions. Consent unfolds dialectically with ‘force and consent’, and is a constant part of political life which is played out in the public

sphere of the integrated state. The integrated state consists of two spheres: the political state and civil society. The former rules by force and the latter consists of the public sphere of cultural hegemony, the arena of consent involving trade unions, political parties and the state. Power as hegemony is achieved through winning consent for ideas and knowledge. The 'civil society' is where cultural life, beliefs and ideas are shaped and reproduced as hegemony, for example, in universities and the media. Civil society as a public sphere consists, therefore, of political struggles and of a process of consent and counter-hegemonic struggles. Gramsci described how the process of consent may unfold through laws:

The maximum of legislative capacity can be inferred when a perfect formulation of directives is matched by a perfect arrangement of the organisms of execution and verification, and by a perfect preparation of the 'spontaneous' consent of the masses who must 'live' those directives, modifying their own habits, their own will, their own convictions to conform with those directives and with the objectives which they propose to achieve. (Gramsci, 1971, p. 538)

Gramsci's (1971) theory of how struggle unfolds was explained using the metaphors of 'war of attack' and 'war of position or manoeuvre'. The former refers to a revolutionary economic struggle and the latter to ideas and beliefs. An ideological struggle to create a new hegemony is a prerequisite, according to Gramsci, for successful material struggle. Gramsci, like Marx, considered theory as a philosophy of praxis, that is of action. Gramscian hegemony is a political theory, but its focus on the cultural domain has given it a broader academic audience. This thesis draws on studies from health, social and global policy that have utilised Gramscian hegemony in their analyses.

Foucault

For Foucault, power processes are dynamic and relational; power circulates, and it is productive and positive as well as oppressive. Resistance is inherent and becomes productive of change. Foucault's approach is likened to physics and microphysics, since it studies power processes from below within institutional sites. Foucault's *Discipline and Punish* (Foucault, 1975) examines punishment as social function and political tactics, and draws parallels between the penal system and human sciences,

seeing both as ‘technologies of power’. It is a genealogical study that shows the ‘systems of thought’ that formed the beliefs that made prison models acceptable (Schrift, 2013, p.140). It is not a history of punishment, but rather a study of how the role of the penal system, criminology and associated technologies/practices have evolved and what they produced. These include concepts around knowledge and power that are constitutive of each other. The power/knowledge relation is about hierarchal observation: ‘The goals of power and the goals of knowledge cannot be separated: in knowing we control and in controlling we know’ (Gutting, 2014). What is needed to be known becomes a normalising judgment and thus controls behaviour. New knowledge was produced through the prison that, in the process of correction or normalisation, studied the prisoner and the ‘delinquent’. The ‘obedient’ subject was produced through ‘discipline’ as a new technology of power. It was a process in which the individual is subjugated to the habits and rules of prison life. These are technologies of the power of observation, judgment and normalisation, which produce the individual who conforms to the norm (Schrift, 2013, p. 145). The Panopticon prison model enabled a process of being ‘permanently visible ‘to those that are invisible (officers) and leads to perpetual self-surveillance and self-supervision, as the ‘internalisation of the supervisor’ (2013, p.146). As does the punishment of isolation through which the solitude is individuating and produces self-regulation of the penalty (Foucault, 1975, p. 237). These processes of individuation and normalisation work through ‘various examinations’ and assessments. In assessing and recording the individual, individuation is produced; this is a process that reinforces the notion of individual differences. These disciplinary technologies were applied to other institutions, such as schools and hospitals. These processes produce, in relation to those who do not conform, the ‘other’ and social division.

Foucault extended his analysis of disciplinary and productive power to the concept of governmentality (a term referring to the practices of government). Governmentality evolved according to processes by which government achieved its aims through the ‘conduct of conducts’. In power relations, conduct has the double meaning of ‘to lead others’ and ‘a way of behaving’ (Foucault, 1982, p. 789). For example, neoliberalism’s foundation is the supremacy of the free market in advancing human development and well-being (as set out in Chapter 1). In his reading of Foucault,

Oksala describes neoliberalism as a complex biopolitical state with complex power/knowledge processes. These processes are interconnected with the 'free market', as this is the political and economic rationality of neoliberalism. The market is what accounts for all human action.

Governmentality has been theorised by Miller and Rose (2008) and Carol Bacchi (2009). Miller and Rose (2008) have explored governing in liberal societies. Like Foucault, they carried out studies in clinical therapeutic settings, which included working with families, seeing these settings as 'laboratories of governmentality'. Power is considered to have 'multiple centres and … [is] productive of meanings, of interventions, of entities of process, of objects of written traces and lives' (2008, p. 9), while freedom is a regulated freedom that encourages notions of individualism (2008, p. 9). They adopted a Foucauldian focus on subjectivity and how this is produced in personal domains, as well as in impersonal domains through schedules, work and accounting systems, and forms of power that operate beyond the state (2008, p. 10). Neoliberalism 'saw the birth of a new ethic of active, choosing responsible, autonomous individual obliged to be free and to live life as if it were an outcome of choice' (2008, p. 18).

The starting point in governmentality, as an art of governing, is to explore problematisation, and specifically how a conduct is rendered as a problem and how it appears problematic. Problems have to be rendered to reason, such as through a morality or a form of knowledge: 'thinkable in such a way as to be practicable or operable. Rationalities were styles of thinking, ways of rendering reality thinkable in such a way that it was amenable to calculation and programming' (2008, p. 16). For Miller and Rose, 'rationalities' are a key dimension of governmentality, and so too is the technology that enables a 'government at a distance', that is the 'assemblages of person, techniques, institutions, instruments for the conducting of conduct … devices and tools' (2008, p. 16). When studying the conduct of parents of children with obesity, a politically reasoned argument is that parents' behaviour, namely food practices, may frame the problem. This can then be studied and corrected by technologies of knowledge and interventions, and child weight can be monitored: 'Political rationalities and technologies, thought and intervention, were two

indissociable dimensions through which one might characterise and analyse governmentality' (2008, p. 16).

Discourses of risk and responsibility emerge from a new politics of security leading to a 'strategic shift' in neoliberalism in the UK. This process entails individuals/parents managing the risk to their own security (2008, pp. 99-100). The notion of a social insurance is tied to risk of misfortune, and its history binds the notion of individual involvement and, thus, individual responsibility. In neoliberalism, this responsibility for security is 'autonomised' and interconnects with other technologies of the self that govern choice: guilt, maximising lifestyle, blame. It 'generates a relentless imperative of risk management' around the notion of lifestyle, such as where to eat, where to drink, and so on (2008, p. 100). This is set against the reconfiguration of the state and the promotion of market primacy, with the result that the process of responsibilisation has evolved. It is a governmentality that is not, however, uncontested.

Governmentality drawn from Foucauldian technologies of power are widely used across policy studies: 'This approach has been used in food policy, for example by Coveney (2006), and in relation to the family, such as by Hiroko (2009). Such studies examine the micro-physics of state power as they are exercised in families and personal relationships. For example, Coveney describes its use in the creation of 'the subject of food choice', in the context of the notion of the neoliberal self who self-governs through ideas of what is 'proper' or 'good', as well as through 'guilt' and anxiety (2006, p. 141). It complements Skeggs' cultural class analysis, such as the construction of neoliberal 'personhood' (see Chapter 1). Governmentality show this as constructed through 'disciplines of knowledge' and surveillance. This approach has been adopted by Bacchi (2009) in her theory of problem representation, by which policy text is interrogated through discourse analysis using Foucauldian concepts.

Bacchi (2009) argues that we are governed by policymakers' assumptions and beliefs, and how they see or represent a problem. This representation also becomes part of our culture, affecting everyday lives. This process may not be intentional, but, for example, it may be created through the use of rhetoric (2009, p. xviii). The social

concept of the ‘problem’ suggests an issue that needs ‘fixing’, so the issue becomes problematised. How it is represented in terms of what needs fixing becomes part of the governing process. Problematisations ‘reduce the complexities and tell only part of the story’ (2009, p. xiii). This problem-solving approach is ‘conservative by nature’. (2009, p. xvi)

Deleuze (1994, in Bacchi, p. xvi) argues that we remain ‘slaves so long as we do not control the problems themselves, so long as we do not possess a right to the problems, to a participation in and management of the problems’. The problematisation approach of Bacchi allows an understanding of the problem. Critical policy theorists argue that ownership is through deliberative and participatory means, while also acknowledging that its potential is limited by existing power relations (Fischer et al., 2017, p. 471). Understanding these power relations is, therefore, important for research that attempts to challenge existing power, such as through the involvement of parents in this thesis.

Ideological processes are involved in governance. Ideology is theorised by Marx as ‘ruling ideas’. For Marx, ideology is relational between the dominating class, which holds this position through ownership of the means of production, and the dominated:

> the ruling ideas are nothing more than the ideal expression of the dominant material relationships ... grasped as ideas, hence the relationships which make the one class the ruling one, therefore, the ideas of its dominance. (Marx and Engels, 1845/1998, p. 67)

The Marxist base-superstructure analogy – according to which the ideological superstructure rests on the economic base – emphasises the centrality of economic processes, but there is not an artificial division between economic, social, and cultural structures; rather, the relationship is dialectical (Ollman, 2003, p. 79). This analogy evolved with Gramsci. Gramsci’s focus on the public sphere of the integrated state theorised the key role of hegemony and the processes of consent and counter-hegemony. Facing the same historical questions as Gramsci – namely, of the failure of revolutionary struggles – critical theorists of the Frankfurt School, and

most prominently Habermas, theorised on the processes of mass culture, communication and the public sphere. For Bourdieu, ideology was an outdated term that lacked explanatory power in understanding the everyday experiences of ideology and the effect on practices. Instead, Bourdieu argues that exploring the 'primary experience of practice' is needed to see the 'objective truth' of what lies behind the taken-for-granted assumptions or 'common sense': or, as he termed it, the 'doxa' (Bourdieu and Wacquant, 1992, p. 250) . The objective truth is not seen because it is misrecognised (1992, p. 250). Misrecognition is a key concept in understanding how dominant ideologies are presented and resisted in the everyday. Foucault resisted the notions of ideology for its inference of 'something supposedly deeper or more real' than the social practices (Rabinow, 1984, p. 10). Understanding discourse was the means for Foucault to examine power processes at the micro level, isolate the 'techniques of power', and explore the genealogy and archaeology of knowledge (1984, p. 10). Similarly, the idea of power as 'repression', assumes that knowledge and truth are outside of power, and that power, including capitalist power, is not productive (1984, p. 60). Instead, the focus on the power process around subjectification enables a perspective on 'the ways in which a human being turns his or herself into a subject' (Foucault, 1982, p.327).

Summary

Critical researchers working with 'complexity' argue for pluralistic approaches in order to study social questions such as obesity (Jones et al., 2015), especially as they are present in complex, multi-level policy scenarios (Jessop, 2015). A critical theory framework was needed for these research questions to take the vantage point of class and to understand the processes of the state. There was no single theory that could explore class, power, and policy. The focus of the class analysis was of parents disconnects with policy, and of their everyday practices. Marxist and Bourdieusian approaches were appropriate, when compared to other forms of class analysis that focus on economic exploitation, occupation, or status (Wright, 2005). The state is the key policy actor involved in the governance of parents. State power is yielded through multiple sites and discourses. Gramscian hegemony and Foucauldian governmentality provided the theory to examine the power processes of the local state, and to analyse parents as policy recipients and potential actors in policy-

making. The theory of governmentality is integral to Bacchi's (2009) post-structural policy analysis and document analysis, especially as policy documents are indicative of national policy processes. Further reflections on why Habermas (1968, 2001) was not drawn upon in a significant way are presented in the conclusion (Chapter 8).

The following chapter on methodology presents the critical theory research paradigm.

Chapter 3

Methodology

The previous chapters have set out the context for this research as policy failure in tackling obesity in children in England, how this is situated within the neoliberal political economy. Chapter 2 reviewed the potential for disconnects within four domains. It outlined the research need to analyse the disconnects between working-class parents of children with obesity and the state, and to explore the unheard voices of these parents that may contribute to the discussion of this phenomenon in the interests of child health. The research need is for a critical exploration of issues of inequalities in the context of class, and one that would give voice to parents. This research is, therefore, both exploratory and emancipatory. Consequently, the theoretical framework as set out at the end of Chapter 2 is based on critical theory relevant to exploring class and power. The present chapter provides the methodology for this critical policy analysis from the viewpoint of critical policy studies and critical dietetics.

3.1. The critical approach

The roots of critical research lie with the Frankfurt School theorists who were key philosophical thinkers in the decades following the Second World War. Against the backdrop of the failure of working-class struggles in the 1930s, they urgently sought to reinterpret the world. Capitalist exploitation had not led to successful workers' struggles in Europe, and so attention was turned to the cultural mechanisms of ideological control. As capitalism continued its technological advancements, these theorists explored the role of mass popular culture. They brought together the theories of Freud, Weber and Marx to understand the effects of culture on consciousness, and they combined these theories with empirical study, especially in the US. The Frankfurt School demonstrated that culture is of critical importance as an 'industry and politics and ... language' (Rayner and Lang, p. 252). While not a unified approach to cultural criticism, the Frankfurt philosophers argued that theory should be used to advance human liberation, and that philosophy had to be critical. Jürgen Habermas was a key member of the Frankfurt School who advanced the role

of communicative action or interaction in social practice. Viewing social practice as constituted in both labour and language, Habermas's concern was a critical social theory with practical intent that would lead to the establishment of a good and just society (Roderick, 1982, p. 22). Habermas' contribution includes an historical analysis of the evolution of the public sphere as a space for deliberation. In the contemporary world, this has led to the importance of deliberation, argumentation, reason and reflection.

Critical theory continues a dynamic paradigm (Kincheloe and McLaren, 2003). These thinkers posit a reconceptualised critical theory which considers the weight of social and historical forces that influence individuals' views of themselves and the world. It embraces a wide range of theorists and methods in order to understand complexity. It is concerned with structure, processes of social power, social justice, economy, politics, class, gender, culture and ideology (2003, pp. 436-437). Its core thinking includes a critical emancipation that 'attempts to expose the forces that prevent people from shaping the decisions that affect their lives'. However, it is cautious of the meaning of emancipation. Economic determinism is rejected, technical rationality is critiqued, and the human psyche is explored. The reflexive critique remains integral to its approach.

This brief history and introduction to current thinking provides the backdrop to the critical approach of this thesis. While adopting this philosophical approach, there is a difference in this research's ontological approach. The paradigm generally adopts a historical realist ontology and a dialogic and dialectical methodology (Lincoln and Denzin, 2011) which considers reality to be shaped by historical and cultural contexts. Whilst concurring with this thinking, this thesis prioritises the dialectical as a social reality of change, and it gives primacy to considering processes of change. This will be further discussed after consideration of the following epistemology.

3.1.1 Epistemology

Critical qualitative research is approached by Kincheloe and McLaren (2003) through critical hermeneutics and its relation to knowledge production. Hermeneutics as a theory of interpretation is rooted in early qualitative thinkers who argued that the

social world cannot be understood in the same way as the natural world. Language is central to hermeneutics. The debate on whether language is neutral evolved particularly with Gadamer (Roberge, 2011) as a philosophy of hermeneutics and Habermas's idea of language as power in theory of communication. The criticality of language has also evolved through the work of cultural studies and critical discourse analysis (Fairclough, 2014). This thesis draws on critical hermeneutics as understood by Kincheloe and McLaren (2003). In a general sense, critical hermeneutics underpins critical qualitative research. It 'drives the purpose of the analysis to develop cultural criticism revealing power dynamics within social and cultural texts' (2003, p. 445), that is, those dynamics which maintain existing power relations (2003, p. 446); and 'it grounds critical research that attempts to connect the everyday troubles individuals face to public issues of power, justice and democracy' (2003, p. 449).

3.1.2 Ontology – dialectics

The dialectics of Marx provide the ontology for this thesis. Marx's dialectics built upon Hegel's dialectics and a historical body of philosophical thinking about processes of change. This extends back to the dialectical reasoning of the Greek philosopher Heraclitus (fl. 500 BCE), whose ontology posited the notion of 'radical flux', whereby everything is in constant change, as illustrated by his expression: 'into the same rivers we step and do not step, we are and are not' (Graham, 2015). It evolved with Socrates, Plato and Aristotle as a process of dialectical thinking and speech that, through argument and contradiction, could reach a rational consensus. For Kant, the contradictions involved endless and irresolvable debate (Ollman and Smith, 2008, p. 3). Hegel developed dialectics as processes of change and internal contradictions, which lead to a higher ideational order of the 'absolute idea'. This removed human thinking and agency, and individual ideas are given 'mystical significance' (Ollman, 2003, p. 41). Marxist dialectics combines Hegel's relational, internal contradictions with the materialism of Feuerbach (Wolff, 2015), resulting in a dialectics grounded in a material rather than ideational reality. Marx, together with the Young Hegelians, emphasised practical agency, arguing that 'if man is the subject, the way to reconcile himself with the world, now understood as the object (actual or potential), is actively to change it' (Ollman, 2003, p. 43).

For Marx, relations are processes rather than things, and they are the building blocks of reality. This is an ontology that holds 'the world [to be] an internally related whole' (2003, p. 147). In his *Capital: Critique of Political Economy*, Marx conceived these internal relations as social relations resting on the private ownership of the means of production, on exploitation and on the creation of profit, all of which embody internal contradictions that lead to change. If the contradictions were external to capitalism, it would be something that has always been and always will be (Ollman, 2003, p. 69). The ontology of dialectics is relational, and it maintains that the contradictions and change are internal. The relational aspect is elaborated by Ollman as a 'process of law of internal relations in which interconnected internal contradictions form self-identity', and as patterns or 'laws of motion' that include, but are not limited to, interpenetration of opposites, quantity into quality, negation of the negation and contradiction (Ollman, 2003, pp. 14-15). This thesis focuses on internal contradictions as processes in social reality. Contradiction can be defined as 'the incompatible development of different elements within the same relation, … between elements that are also dependent on one another' (2003, p. 17). Ollman (2003) uses the simple metaphor of 'footprint' to refer to 'an interlocking of nature, past, present and future' (2003, p. 3), and the metaphor of the 'footprint of events' to capture how everything is in a process with a past, present and future (2003, p. 5).

Ollman's dialectic of internal contradictions is used by Harvey in his dialectics of space-time (2008, p. 101). Harvey's experience is that this ontological approach is the most useful in understanding questions related to space-time. For example, when 'considering the political role of collective memories in urban processes', such as 'What does Ground-zero mean?' (2008, p. 103), Harvey argues that these memories cannot be confined to absolute space or the circulation of ideas in relative space-time. Instead all three dimensions of space-time have to be considered: the absolute, the relative and the relational.

There are different versions of dialectics. The critical realist method – dialectical critical realism – is the most widely used in the social sciences and humanities, and is similar to Marxist dialectic. Both consider structure, inequalities and human flourishing. Critical realist dialectic is based on two domains of contradictions – external and internal contradictions – and on a negative dialectic with an 'open-

ended nature of reality' (Scambler, 2014). It maintains that reality is 'stratified, differentiated and changing', to which Ollman (2003) would add that it is also interacting and mutually dependent. A further difference is in the process of abstraction. According to Marx's theory, the abstraction of things 'as they really are and happen, makes how they happen part of what they are' (Ollman, 2003, p. 175). The happening considers the past and the possibilities of what things are becoming. Reality consists not of fixed classifications, but of interconnectedness and motion. Thus, the boundaries of subjective and objective realities are not fixed (2003, pp. 78, 106). It is an ontology that enables a view of the world beyond the surface of its ordinariness.

In summary, in using dialectics as an ontology, this thesis emphasises social reality as change. As introduced in Chapter 1, pro-market thinkers believe reality is fixed and that it ends with capitalism. The notion of change has a strong philosophical history. Harvey illustrates how a dialectical approach can furnish the complexities of the contemporary world. It is an ontology that allows for interconnections and transitions between the objective and subjective.

3.1.3 Class analysis – defining class

This section sets out the definition of class that was used in the research. Firstly, it provides the alternative approaches that were considered.

Navarro (1976) used a social structure consisting of:

- Corporate class that owns and controls most of the economy
- Working class – blue collar, farm and manual workers and from 'its ranks the unemployed, the poor and sub-proletariat'
- Upper middle class comprising class professionals, whose work is intellectual as opposed to manual
- Business middle class and lower middle class comprising self-employed and white-collar workers

Against the backdrop of global socioeconomic and political changes since the 1970s, defining classes seems more complex (as discussed in Chapter 2). There can be virtue in different types of schemas for different types of analysis depending on the research question (Wright, 2005).

Bourdieusian and neo Durkheimian approaches to class analysis split the traditional classes (Wright, 2005). Burris concluded that there are imprecise boundaries between proletarian and non-proletarian positions and that any attempts to reduce to a small number of operationalisable criteria are open to criticism, given the complex nature and interweaving with market domination (1987, in Wright, 2005, p. 331).

A neo-Marxist approach, such as that of Wright (2005) draws on Marx and Weber. This defines class as related to the means of production, and thus involving exploitation. 'Working class' is defined as 'uncredentialised supervisors and proletarians – wage dependent workers'. It also differentiates by level of scarce education and skills, and by level of authority, thus adopting a Weberian approach; that is, it uses relative advantage and disadvantage in the labour market (Gubbay, 1997). This merging of Marxism with Weberian theories also contains the concept of 'contradictory class location', being part classified within two locations. Gubbay suggests that Wright's framework aims to show possible obstacles to emancipatory social change (1997, p. 83). From a Marxist perspective, contradictory positions would not be sustainable, as translated, for example, into political action or alignment (Burris, 1987).

Gubbay (1997) suggests a mapping of exploitational relations to concretise Marxist class analysis. Gubbay argues in favour of Marxist class analysis based solely on the relationship with the means of production, and thus exploitation. New classes are viewed as fractions of existing classes. The working class includes those who create surplus value and those dominated by managers, including in commerce and finance, who are involved in 'pumping the surplus value around the system' (1997, p. 85). The task of analysis is to track the surplus value, and how it is 'created and pumped around the system of classes and fractions of classes', as well as 'to look for dependencies and sources of conflict and alliance within and between classes' (1997, p. 84).

Clement and Myles (1997 in Scambler and Higgs, 1999) suggest that class relations are related to the means of production, as shown in Figure 3.1. The primary relation is between the capitalist-executive class and the working class who has only its labour to sell. The new middle class are managers, supervisors and professionals, who, although separate from economic ownership, are administrators of the system and exercise the 'control and surveillance of the labour of others' (1999, p. 282). The old middle class own their own means of production and profit from its labour; however, they 'have lost control over real economic ownership' (1999, p. 283).

	Command labour power of others	
	Yes	No
Command means of production		
Yes	Capitalist	Old middle-class
No	New middle-class	Working class

Figure 3.1 Schema of class relations

Source: W. Clement and J. Myles, 1997. Relations of Ruling Class and Gender in Post-Industrial Societies (in Scambler and Higgs, 1999)

Scambler and Higgs (1999) modify the relations in Figure 3.1 by considering power elites and power blocs, as advanced by Wright Mills (Wright Mills, 1959), which operate with the capitalist-executive and the state in maintaining capitalist power. They also consider the notion of an underclass, such as workers who are 'unable to secure any work at any time in the post-industrial era' (Scambler and Higgs, 1999, p. 285). Wright (Wright, 1994) describes the 'underclass' as a source of excess labour who are economically oppressed by their exclusion from work and are seen as expendable by the rationality of capitalism. Navarro describes the underclass as groups drawn from the 'ranks of the working class' (1976, p.539). Similarly, this thesis uses the notion of the unemployed as belonging to the working class.

Class has thus been operationalised using both the schema of Clements and Myles and the concept of 'ranks' or 'sections' of the working class according to their

relation to the means of production, that is people who are unemployed or on welfare benefits (Navarro, 1976).

Relevant questions of the NS-Sec were used to clarify classification as necessary (ONS, 2016). In conjunction with relationship to the means of production, area of residency was used. This was defined by the Middle Super Output Area (MSOA) as used by the National Obesity Observatory (Public Health England, 2016b).

The research framework, why a critical policy analysis is needed, and its conceptual tools, design and methods are now explained.

3.2 Conceptual tools for policy analysis of documents

Translating this methodology into practice, three conceptual tools were drawn upon: policy triangle (Walt et al., 2008; Gilson and Raphaely, 2008; Buse, Mays and Walt, 2007), Lang's triangle of food policy (Lang, 2005) and Carol Bacchi's 'What's the problem represented to be?' (WPR) (Bacchi, 2009). These frameworks were used in an integrated way.

Walt's 'policy triangle' is a conceptual tool used to organise an analysis around questions including: 'what policy says' and 'why and how this happened' (Buse, 2007). Its components are process, context, content and actors. An analysis of power should be integral but is not always included: 'it is a tool grounded in political economy but often used with the omission of power' (Gilson and Raphaely, 2008). It is used elsewhere in food policy analysis, for example, by Caraher et al. (2013).

Lang's (2005) conceptual framework, 'triangle of food policy', shows nutrition as a contested space, with the actors of state, food supply chain and civil society operating as competing forces. As a contested space it is active. For example, there is competition between retailers who dominate the food supply chain that is positioned within the market. The state is in motion on different levels of governance: local, national, regional and international. There are tensions around who speaks for civil society.

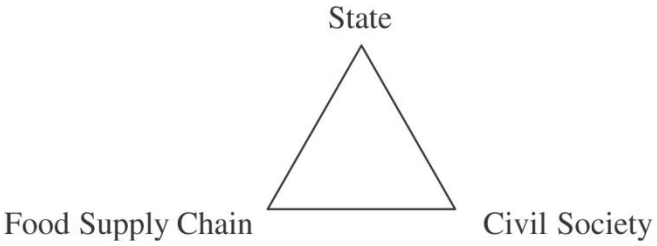


Figure 3.2 Lang's Triangle of Food Policy

Source: Lang (2005)

The combination of the two concepts provided a systematic way to order the data whilst reading policy documents, with data recorded on templates (presented in Appendix D).

The components of analysis are integrated rather than independent, and they interact. Exploring the distribution of power was enabled in three ways. Document analysis provided insight at the macro level as defined by resources and influence (Tenbensel and Davis, 2009). Bacchi's (2009) WPR provided the main document analysis. The field work used hegemony and governmentalities to explore power as played out in policy process and at the micro level of parents. Specifically, this approach considers: what power do parents hold within the policy process? How are interests represented? As Lang (2005) says:

> within civil society there are tensions over who speaks for civil … 'ordinary' consumers through polls (but who asks the questions?) or the weekly shopping purchase 'and partisan activists?' (2005, p. 730)

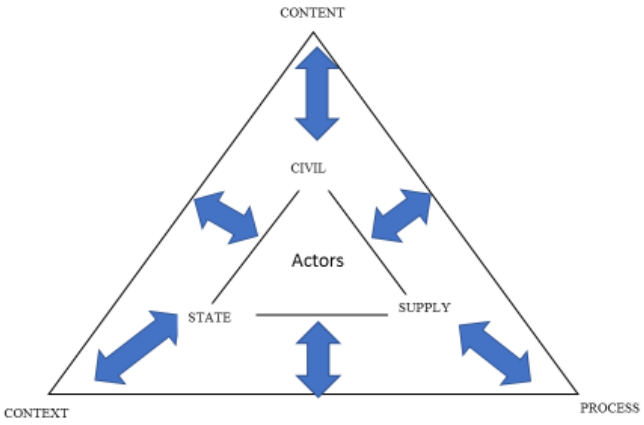


Figure 3.3 Policy triangles combined

Conceptual tool for policy analysis combining Walt and Gilson's (1994) and Lang's (2005) policy triangles. The arrows represent the presence of power in the policy process.

Bacchi's method of WPR (Bacchi, 2009) was used to explore how parents are represented within the content of policy documents. Bacchi's method sits with the critical approach: 'Policy is about meaning creation and our task is to identify how meaning is created' (2009, p. 7). This approach has similarities with framing. It draws on Foucauldian theory of governmentalities as developed by Miller and Rose (2008). Once an issue has been framed as a problem it is 'problematised' to facilitate 'thinking backwards'. This includes questioning how and why the problem came about, who it affects, and who is silenced. This is based on Foucault's concepts of 'archaeology' to locate assumptions and 'genealogy' to understand the history of the 'problem'. It draws on discourse analysis; for example, its 'archaeology' looks for binaries, categories and key concepts in the text. Its assumption is that 'problems' are shaped by the policy process, shared values and underlying paradigms. In this way, it thinks about governance, rather than just the singular policy under analysis. Problems are normalised, with some people benefiting while others are 'positioned outside of citizenship' (Bacchi, 2009, p. 25). It is a systematic methodology that can tease out different perspectives and presumptions in policy, and it enables a 'problem' to be

approached in different ways and interests. The analysis is carried out systematically through six steps or questions:

1. What's the 'problem' represented to be in a specific policy?
2. What presuppositions or assumptions underlie this representation of the 'problem'?
3. How has this representation of the 'problem' come about?
4. What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?
5. What effects are produced by this representation of the 'problem'?
6. How/where has this representation of the 'problem' been produced, disseminated and defended? How could it be questioned, disrupted and replaced?

(Bacchi, 2009, p. 2)

Appendix D shows the systematic approach to document analysis exemplified by 'Healthy Weight Healthy People' (Department of Health, 2011a).

As the analysis proceeded, the focus shifted from the context, content, and process of the documents, to the policy process as the main domain of the fieldwork. However, the findings suggest that in real life the process feeds back to content and context and is bounded by them.

3.3 Research process

This section provides details of the stages in the research process leading to the fieldwork.

3.3.1 Literature review

Literature reviews were systematic and added to throughout the research.

The initial scoping for literature to be searched was undertaken in conjunction with advice from my PhD supervisors, and was initially around three sets of literature:

policy and policy analysis; meanings of obesity; and meanings of family. This broadened out to include literature on deviancy and the local state, family and class, state and class, and food and class. To identify key contemporary theorists, I joined the British Sociological Association (BSA) and its groups, and in particular its food, and families and relationships groups. I maintained professional group membership of the British Dietetic Association (BDA) and its groups concerned with paediatrics, weight and public health. To further scope key theorists, I attended these and other events: BSA Bourdieusian Study day, a number of key meetings on social class with Bev Skeggs, Mike Savage and Erik Olin Wright, a conference on contemporary state theory with Bob Jessop, and the UCL Summer School Social Determinants of Health. I had a discussion with Sean Sayers on the validity of using dialectical materialism. I have presented at three conferences where peers have contributed to my thinking with suggestions of further literature to inform my research. Grey literature searches of theses on food, class and obesity were conducted.

Key literature searching on parents and childhood obesity was carried out and updated using key words and Boolean terms. Further details can be provided.

Examples of early key works and authors include:
Family meanings: Day Slater, Rosalind Edwards and McCarthy and works of Val Gillies, David Morgan
Obesity and politics: Linda Bacon, Kelly Brownell, Julie Guthman, Jane Dixon
Food policy/politics: Tim Lang, Martin Caraher, Marion Nestle, John Coveney, Michael Pollan
Sociology food and obesity: Wendy Wills, Peter Jackson
Politics and economics: David Harvey, Andrew Glyn, Raghuram Rajan
Critical Theory: Graham Scambler
Dialectical materialism: Sean Sayers, Bertell Ollman, Norman Fairclough
Social class: Bev Skeggs, Selina Todd, Kirsteen Paton, Greg Shulzer, Simon Charlesworth, John Welshman, Andrew Sayer, Erik Olin Wright, Alwyn Turner, E P Thomson, Karl Marx, Friedrich Engels, Pierre Bourdieu, Loic Wacquant
Policy analysis: Hal Colebatch, Paul Spicker, Paul Buse, Gill Walt, Paul Sabatier, Carol Bacchi, John Kingdon

Inequalities: Danny Dorling, Peter Townsend, Wilkinson and Pickett, CSDH, Michael Marmot
Literature was reviewed within the following topic areas:
Policy: food, obesity, family
Obesity: disease sequelae, child growth and adiposity, psychosocial impact, cultural and sociological contexts
Parents and obesity: parent perception, food practices, socioeconomic effects, obesogenic environment, food access, prevention
Epidemiology: social patterning,
Critical weight studies: fat activism, social construction of obesity
Critical theory: Antonio Gramsci, Michel Foucault, David Kreps, Bob Jessop, Ngai-Ling Sum
Marxism: Karl Marx, Friedrich Engels, Allen Wood, Christopher Pines

As research developed key texts, and targeted topic updates were used:
Key authors/researchers: Andrew Glyn, Bev Skeggs, Bertell Ollman, Tim Lang, Martin Caraher, Bob Jessop, Miller and Rose, Val Gillies, Jane Wardle, John Coveney

A literature search was carried out across relevant published qualitative and quantitative research. A template containing the range of terms was used to search key databases. The main search was carried out for literature between 2007 and 2012 on parents' views, experiences and solutions, as set out in Chapter 2. This was further updated through specifically targeted searches.

A key database was NHS Evidence which enabled multiple database searches. Less extensively, single databases were searched. NHS 'alerts' were set up to provide weekly updates on research around parents, obesity and food. Social policy academic websites were searched at the British Library and City University. Further detail on individual search strategies can be provided on request.

The Critical Tools for Appraisal Programme (CASP, 2013) tools for assessing quality of qualitative research, quantitative research and systematic reviews were used.

3.3.2 Ethical considerations

Individual applications were made for Phase 1 and Phase 2 to the City University, Senate Research Ethics Committee, with one amendment for Phase 2. A small amendment was advised and made to both.

Sensitivity to ethical considerations was maintained throughout and related to obtaining consent, providing information, maintaining confidentiality and all data protection requirements. All interactions were carried out in a respectful and appreciative manner. Communications were non-judgmental. Respecting participants' rights was the priority at all stages of the research process. This included interviews being carried out within the time frame and at the location agreed with participants. I was available for questions about the research throughout.

Body measurements of children were required to confirm obesity, and thus the participation of qualified parents – to show the study is amongst those it purports to study. Parents reported the measurements through a telephone screening process or in person. There would be greater validity if the researcher carried out the measurements. This required ethical considerations for working with children, and careful thought about the effect of involving children on the parents and the possible impacts on the nature of the research. It may move the focus towards child health. The correct focus is food-related policy, views, experience and solutions. Furthermore, I was not in direct contact with children, and this was not an ethical consideration.

Secondly, taking photographs in communities is potentially invasive in nature. Whilst it is within the law to take photographs without impinging on privacy, there are ethical issues of consent (Wiles et al., 2008). Photographs were of the environment rather than of people.

No payments or gifts were made to parent participants. Post-interview, I offered my support with child weight management in their families as requested. This was accepted by six families.

3.3.3 Quality criteria

This research aimed for a high standard of quality for my own training. The quality criteria used are based on the approach of Lincoln and Guba (1985;1994, in Bryman, 2012). It is acknowledged there are a range of approaches to quality criteria, some of which are modelled on quantitative criteria (Mason, 1996; Lecompte and Goettz, 1982, in Bryman, 2012, pp. 389-390). Hammersley (Bryman, 2012, p. 389) promotes a middle approach and there are several checklists. Whilst not a checklist, the CASP tool for assessing qualitative enquiry was used as my quality standard. Quality criteria concepts are trustworthiness and authenticity. Trustworthiness consists of four criteria: credibility, transferability, dependability and confirmability (Lincoln and Guba,1985; 1994, in Bryman, 2012, p. 393).

Credibility was a core question for me as a researcher. The involvement of 'voices' absent from the food policy process was potentially reflected in the parent participants. Incorporating participant validation in the design would strengthen credibility and put a meaningful parent involvement into practice. Other methodologies had been considered, including 'action research' that potentially maximises credibility and authenticity. The aims and limitations of the research were considered. Action research was not appropriate. Without such a clear design based on a high level of parent commitment to the research, achieving participant validation would be difficult. An aim of the research is to move forward parents' participation in food policy. Meaningful relationships with parents was therefore important. The compromise for both credibility and meaningful involvement was the production of a report to the parents. Permission to contact parents with a project report was sought at interview. All participants were offered and sent a report.

Rigour was further addressed through triangulation. Dta collection methods were cross-referred with documents, interviews, field diary and mapping of the local foodscape (which included photographs used in ethnographic preparation).

Credibility and dependability are closely linked in practice (Shenton, 2004). The dependability of a study is about its repeatability. It is acknowledged that dependability as a parallel to reliability in quantitative work is limited – it is not

possible to ‘freeze a social setting and circumstances’ (Lecompte and Goettz, 1982, in Bryman, 2012, p. 390). With that caveat, an in-depth methodological description is provided to support this criterion.

To satisfy the criterion of transferability, a thick description is provided of context, of the people who participated and of the research process. Confirmability has been addressed by way of explicitly stating my personal values and theoretical inclinations (Bryman, 2012, p. 392). From the outset, I have consistently challenged potential biases arising from my Marxist background. It was a factor in deciding my positionality in the interviews. A process that involved thinking about bias I could introduce. I decided to stress a neutral rather than an active stance.

3.3.4 Researcher’s role and reflexivity

Within the critical theory paradigm, the researcher can ‘act as a transformative intellectual’ and, as a constructivist, as a ‘co-constructor’ of knowledge (Guba and Lincoln 2005 in Denzin and Lincoln, 2011). Drawing on Holstein and Gubrium (1997), my role in preparing and carrying out interviews aimed to facilitate an active interview process that encouraged the participants, particularly the parents, to ‘explore alternative perspectives’ and ‘conceptualise and make connections’ with the aim of providing rich data with contradictions and meanings. Consideration of the potential bias from my background led me to adopt a more neutral position.

Interactions are context-bound. Researcher and participant hold different world views. Views and values can affect power relations. It is an ethical view, held within critical theory, that an empathetic approach should be taken by the researcher on the side of the oppressed, and this stance should be known (1997, p. 117). However, Gilson and Raphaely concluded from their review of policy research that the positionality of the researcher needs to be balanced. How the researcher is viewed will influence the access to data and meaningfulness of the research (2008, p. 314). For example, the policy elites will have expectations. This can be further described in terms of ‘insiders’ and ‘outsiders’. The insider may encourage more meaningful discussion, but may also engender bias. The outsider interviewer ‘lies in the curiosity with the unfamiliar’, which can enable the asking of, for example, taboo questions.

These authors maintain that positionality affects the construction of knowledge. This may arise from the interviewer's values, or from a pre-set agenda that affects the research questions. Furthermore, activist or ideological positions taken by the researcher may 'open and close doors in the research process' (2008, p. 315).

Reflexivity allows examination of the researcher's own 'institutional power … role in defining the research agenda and generating knowledge' (2008, p. 315). Achieving an appropriate position within the research process is enabled through 'greater reflexivity' (2008, p. 315).

Sensitive issues for this thesis were social class, poverty, parenting and child weight – issues that are politically charged and negatively framed by the media. These were mostly of relevance to parents. My own class and community activist background would have contributed to my being an 'insider'. As this assumption may reflect my own subjectivity, I adopted an ethnographic approach (discussed below in 3.4.4). The research material explicitly talked about 'social class'. The interview lead-in questions included which 'word' parents wished to use to describe the child's weight. My positionality was weighted towards the insider. As a professional and early-stage academic, positions that contain power, I was also the 'outsider'. My profession facilitated my researcher positioning as an insider-outsider with policymakers and implementers. I had credibility as an insider – an 'expert' – in contrast to parents where my dietetic role placed me as an outsider.

Reflexivity commenced pre-research. This included preliminary and continuous thinking about the effects of my professional role as an implementer of policy, my past role in Marxist activism, my working-class background and community activism. Furthermore, discussing social class can potentially be challenging due to the inequalities, social injustice and moral judgments attached to class (Sayer, 2002). Sayer argues that it is understandable for 'unease and evasion' to be felt by the sociologist in talking about class and that this should be acknowledged rather than evaded. It was clearly stated, in the contact letters and other 'participant documents', that class was a research issue, and this was also explained at the beginning of interviews.

I was sensitive to disclosure bias and power relations, and I used a balanced approach. My primary consideration was a relationship with participants that facilitated them sharing their experience and knowledge with me. Preparation for each interview included contemplation of the results from ethnographic enquiry with the aim of situating myself nearby – not in – the participants' 'shoes'. I recorded my reflexive thoughts immediately post-interview on my DVR or mobile phone, and I transferred these recordings to hard copy.

My reflexive notes during fieldwork were recorded in my field diary and a bespoke Nvivo file.

3.4 Research methods

Qualitative research methods were used appropriate to aims and research questions.

3.4.1 Research design

Document analysis and field work took place over three years. Document analysis commenced in 2012 and continued during the field work. The field work was carried out over two phases during the years 2013 and 2014 (figure 3.4). Phase 1 data informed the development of Phase 2:

- Phase 1 – semi structured-interviews with policymakers and implementers
- Phase 2 – semi-structured interviews with parents of children with obesity, and policy recipients

The research was carried out within the 'local state' that provides an interface with parents and policy processes. Several London boroughs were investigated and considered, including Tower Hamlets and Dagenham. Lewisham was the setting, as this has areas of high deprivation and high prevalence of childhood obesity. It also has self-contained middle-class areas. The contrasts in terms of foodscape and other dimensions are marked. It borders Southwark, where I live.

The interviews were ethnographically informed by visiting the communities in which participants lived prior to interview.

The research design employed three participant groups: policy recipients, policy implementers, and policymakers. This assisted identification of findings through corroboration – or not – across these three groups.

3.4.2 Data collection methods

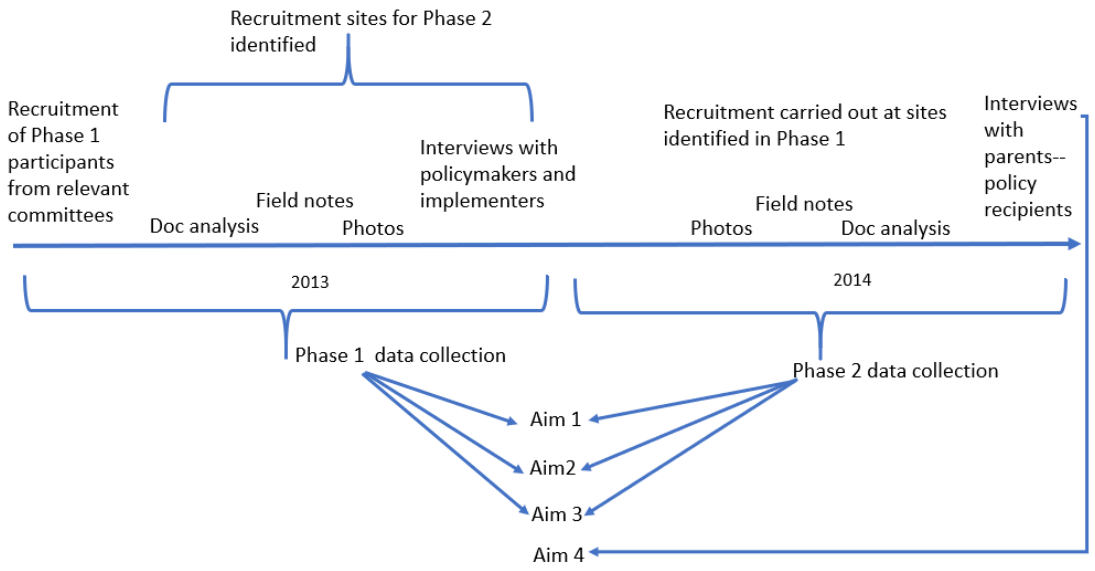


Figure 3.4 Data sources that informed research aims

The data collection consisted of four methods:

- Food policy-related policy documents (Appendix D).
- Field notes – a field diary was systematically maintained using notebooks and the voice recorder on my mobile phone.
- Photographs of foodscapes were taken throughout the fieldwork, including the phase of ethnographic preparation.

- Semi-structured interviews were chosen to suit the exploratory nature of this critical policy analysis. These were conducted with three different policy actor groups. Individual interviews were carried out with the Phase 1 actors, policymakers and implementers. In Phase 2, parents, as policy recipients, were offered mini-group or individual interviews; the former were a means to address potential issues of power imbalance. Crèches were offered and all venues were accessible.

3.4.3 Document analysis

The document analysis was carried out over two stages. The first stage informed the research need. The policy documents have been incorporated into this thesis. The search strategy is provided in Appendix D. The second stage was concomitant with the fieldwork, with data collected from the mapping LBL, including Google and LBL website searches. Documents made available through the fieldwork have been included. These supported triangulation and research credibility.

3.4.4 Ethnographic preparation

This approach was adopted after reading Freire's *Pedagogy of the Oppressed* (1970). Freire's approach of forming generative themes enabled his work with groups of oppressed peoples. In his approach, Freire engaged with the community, identifying key issues and absorbing the local language and culture. This informed his teaching and research. It has similarities with the ethnographic approach that seeks to observe society from the point of view of the 'subject' (Denzin and Lincoln, 2011).

In adopting this approach, prior to interview I spent time in communities and shopping areas, near participants' postcodes, taking photographs and making notes to inform the interviews.

From the outset, I planned to familiarise myself with the borough and prepare for a fieldwork period of around twelve to fourteen months. This aimed to increase my understanding of the borough and increase the validity of my own experience in relation to the experiences of participants. I travelled by public transport and walked

across the borough to recruitment opportunities and interviews, as recorded in the field diary and captured in the findings chapters.

I took photographs of foodscapes and supermarket window displays. This experience, together with mapping data from the Phase 1 interviews, enriched my understanding of the forms of food inequalities in the borough. This informed my Phase 2 interviews. I felt I did not appear as an 'outsider'.

Photographs were used as prompts in Phase 2 interviews.

3.4.5 Mapping the Lewisham foodscape

Recruitment and interview activity in Lewisham contributed data to mapping the borough's foodscape (see Chapter 5). Additionally, I reviewed population statistics and obesity data for Lewisham, and I mapped a picture of the local state. Building a picture of the foodscape was an iterative process throughout both phases.

3.4.6 Semi-structured interviews

Participant sampling and criteria

The sample size was planned to enable saturation of themes. This was informed by my supervisors' experience and literature on 'how many qualitative interviews' (Baker and Edwards, 2014).

Purposive sampling with proactive contact methods and snowballing methods of recruitment were used. Within those parameters, the sample was self-selected.

Inclusion criteria

1. Key informant policymakers or implementers of policy whose work involved child weight management. For policymakers, an interest qualifies, even if there is not direct involvement.

2. Parent or caregiver; male or female; not classified as belonging to ‘elite or capitalist class’ parent; has child or children described as ‘obese’ or ‘overweight’ by GP, other health professional, teacher or by parent awareness alone. Qualification for interview required researcher to confirm child weight classification with parent.

3. English-speaking.

Exclusion criteria

1. Key informant implementers whose work does not involve child weight management of policymakers with no involvement or interest in child weight management.

2. Parents classified as belonging to ‘elite or capitalist class’.

3. Non-English-speaking.

Numbers excluded

Three potential participants were excluded following interview because (a) data showed child as overweight and not obese; (b) it became apparent in interview that child is likely to be diagnosed with an autistic spectrum disorder; (c) on interview required an interpreter.

Sampling frames

Phase 1

Phase 1 consisted of key informant interviews with policymakers and policy implementers who inform policy. The sample frame was built from identifying key informants from minutes of three relevant LBL committees over a 12-18-month period and from researcher’s own professional knowledge. The sample frame consisted of 45 potential participants: 32 local elected representatives, six public health or health policy implementers, five supermarkets, the National Street Traders

Association, the South-East London Chamber of Commerce, one local food business man, four community nutrition project workers, one early year's senior manager, and one senior implementer.

Of the 45 invited to interview, seventeen agreed to be interviewed, and sixteen were interviewed. The data was collected using semi-structured interviews. The participants consisted of six policymakers, of which four held senior positions, and ten policy implementers, of which three were at director level.

Classification of participants includes: phase of study, numerical identifier, and gender and policy implementer or maker (see tables 3.5 and 3.6).

Phase 2

This consisted of the parent-recipients of policy. The planned sample frame was eight groups of three to four participants (see table 3.1); however, most declined group interviews and this reduced the total number of participants (see table 3.2).

Phase 2	**Number of groups (number of participants in brackets)**
Area of deprivation: Three sites across Lewisham selected from: • Downham • Belllingham • New Cross • Deptford	3 (9-12)
Ethnicity • Black African • Black Caribbean • White British	3 (9-12)
Workplace	1 (3-4)
Middle class	1 (3-4)
TOTAL	**8 (24-32)**

Table 3.1 Phase 2 initial sample frame

All potential participants were offered group, or individual interviews. Most wanted individual interviews. The achieved sample for Phase 2 is set out in detail in Tables 3.2 and 3.6. As Table 3.2 shows there were two group interviews, each with two participants, and twelve individual interviews. Thirteen participants resided in the north of the borough and three in the south. Thirteen in areas of deprivation as defined by MSOA deciles. Table 3.6 details the anonymised individual participant descriptors.

The sample was diverse. Contact was made with up to 150 parents from key community sites. Thirty interviews were initially agreed/arranged for Phase 2, and eighteen took place. Three of these were excluded (for reasons given above, 3.4.6). An approximately 40% non-response rate was experienced, largely coinciding with the start of the school term.

Phase 2 Interview type and participants	**Borough spread by area of residence**	**Ethnicity (no. of participants in brackets)**	**G**	**Deprived area Y/N**	**Occpn.**
No. of group interviews					
2	Deptford (north)	Black African (2) Mixed African & E. European (2)	F F	Y Y	Community food worker Foster carer Child care workers (2)
Number of individual interviews	**Area**	**Ethnicity**	**G**	**Deprived area Y/N**	**Occpn.**
1	Bellingham (south)	White British	F	Y	Administrat-or
2	Deptford (north)	Turkish/Cypriot Black African	F F	Y Y	Shop worker Administrat-or
2	Downham (south)	White British Pakistani/Arabic	F F	Y N	Childcare worker Teacher
7	New Cross (north)	Turkish/Cypriot Black Caribbean White British	F F (2) M M F	Y Y Y N Y Y	Childcare worker Carer Administrat-or Nurse Bus driver Bus driver

Table 3.2 Phase 2 Achieved sample

3.4.7 Recruitment process

A comprehensive strategy was designed and carried out. The recruitment was carried out between October 2013 and December 2013/January 2014. The sample was purposive, and the recruitment strategy was convenience/self-selection and snowballing.

Phase 1 recruitment was based on examining key documents and minutes of relevant LBL meetings to identify attendees suitable for interview, followed by email, postal and telephone contact (see Table 3.3). As the Phase 1 interviews unfolded, I identified key community sites from which I could recruit Phase 2 participants. These are detailed in Table 3.4.

As Table 3.4 illustrates, the recruitment strategy focused on key community sites, and workplaces. The frequency of visits to key sites, built rapport between me and the community. This seemed to be the case whether recruitment activity was based in working-class or middle-class communities. The building of rapport enables snowballing.

Phase 1 of the study informed the strategy for Phase 2. Details are presented in Tables 3.3 and 3.4.

Phase 2 recruitment was systematically approached. Recruitment sites were identified during Phase 1 and recorded on a spreadsheet. These included workplaces, and community sites, such as community centres, cafes, housing offices and children's centres. The workplaces included major employers, local government – its departments and ward assemblies – supermarkets, bus garages, postal offices, Goldsmiths University of London, and the NHS. However, NHS recruitment was not directly via general practitioners and childhood obesity services, as this may bias the interviews. The community sites are provided in Table 3.4.

Using telephone and email, I systematically contacted the managers, human resources, and communication teams for the workplaces. The responses ranged from extremely positive (for example, the bus garage management) to unhelpful (for

example, the supermarket management and HR). Local government was helpful and offered to include recruitment material in a staff e-magazine, but the timescale was beyond the life of the research, so it was not possible to proceed with this. With management permission, I based myself in the canteens and receptions, for example at the bus garage and housing office, for four days over five weeks at each of the locations. I used a table, on which was healthy eating literature, at the bus garage. I was able to introduce myself to staff and public as a children's dietitian. This helped my credibility. I explained that the research was about parents' views on food policy. This led to discussions during which I explained that I specifically wanted the views of parents with very overweight children. I gave the recruitment 'flyer' and took details of any interested parents on the spot, providing the information sheet and consent form as appropriate. I offered creche support. I followed these first contacts by email and telephone communication. At this second contact, parents provided me with confirmation of their child's weight and height, so I could confirm eligibility. These communications led to the interviews at the time and place of convenience of the potential participant.

Community sites included children's centres and community centres. As a dietitian I have my safeguarding clearance and so was given permission to base myself at four children's centres, following the same procedure as above. At the community centres I based myself in a community café or at reception. I met most participants through the community and children's centres, the housing office and the bus garage.

I attended two ward assemblies where I was given permission to explain the research from the front table and then approach attendees at the end of the event. I recruited one mother in this way.

Most interviews took place at the participants' homes. I operated a lone-worker 'phone-buddy' system for my safety. At the start of the interview I used a screener to re-confirm eligibility. I confirmed with the participant that he/she had read the information sheet and I answered any questions. I collected the consent form and at the end of interview asked if he/she would like a research report. I offered to meet again to provide dietetic support, not as part of the data but as a 'thank you'.

Table 3.3 Recruitment Phase 1

Phase 1 **duration – November 2013 – February 2014**	Recruitment followed process as set out in ethics application. The minutes of LBL committees over the previous 12-18 months were reviewed for potential participants. Forty-five were invited to interview using LBL official email and postal addresses. Seventeen agreed to interview. Postal mailing was not required for most due to prompt email responses. Eight were sent by postal mail to official office. Due to lack of response from potential participants in two key locations, field material was hand delivered. This resulted in two successful interviews. A third cold call with field material to a potential respondent was not successful.

Table 3.4 Recruitment Phase 2

Phase 2: Duration June 2014 to October 2014. Recruitment sites as identified during Phase 1 field work				
Recruitment site	**Communications**	**Response**	**Number of contacts**	
Community centre	Cold call and spoke with staff	Took flyers for display. Met mothers from previous activities.	3	3
Community centre	Invitation for stall at event on two evenings	Spoke with about 20 parents.	0	0
Community centre	Cold call. No staff. No longer for public use	Reconnected with implementer from Phase 1 who agreed to help me recruit.	2	1
Community centre	Contact made in Phase 1	Visited four times – talked with around 40 parents and staff – lot of enthusiasm.	1	0
Community project	Contact made in Phase 1	Spent two days visiting projects supported by this group – talked with around 30 parents.	1	1
One housing office	Agreed I set up recruitment stall	Spent two days at site – talked with around 40 parents – lot of enthusiasm.	4	0

Table 3.4 Recruitment Phase 2 continued				
Recruitment site	**Communications**	**Response**	**Number of contacts**	
Two bus garages	Email request, advised by company	Permission from Go-Ahead to recruit on site. Flyer for participants was on news loop in TV in bus garage.	3	2
Two supermarkets	Tesco and Sainsbury unable to help	Visited one store where managers were supportive of staff participation, but regional office declined.	0	0
Local authority	Agreed to advertise in email communication to all staff	Process took nearly four months and research ran out of time.	0	0
Children centres x 3 and a 'father's activity'	Letter, telephone and visit	Allowed me to talk with parents at activities.	2	2
Cafes x 4, pharmacies x 1	Letter, visit and gave flyers	Allowed me to display flyer.	0	0
Assembly meetings x 2	Email and telephone	Allowed me to speak at end of meetings.	1	0
Goldsmiths University of London	Email and visit	Supportive but unable to help.	0	0

Table 3.4 Recruitment Phase 2 continued				
Recruitment site	**Communications**	**Response**	**Number of contacts**	
Schools	Telephone and visit	Recruitment coincided with summer holidays. At start of new term, one school agreed I could approach parents outside of school gate. I did not do so as this approach not in ethics.	0	0
Health sector	Email, telephone	Childhood obesity service provider Mytime declined to help as too busy. Local hospital advised me to go through their ethics committee to recruit staff.	0	0
Social media	Website	Request was posted on Mumsnet and Facebook pages of local mums/parents' groups.	0	0

Table 3.5 Phase 1 participant descriptors

The anonymised codes can be read as:

P1 = Phase 1

P2 = Phase 2

PA: Policy actors

Pm = policymaker

Pi = policy implementer

There is no code policy actor for the parents as all phase 2 participants are parents.

M or F = Gender

Middle = Middle Class

Working = Working Class

PA	G	Age	Ethnic Group	Education	Social Class
Pm	M	40-44	White British	PhD	Middle
Pi	F	50-54	White British	Degree	Middle
Pi	F	50-54	White British	Masters	Middle
Pi	M	40-44	White British	Degree	Middle
Pi	F	50-54	n/a	Masters	Middle
Pm	F	n/a	n/a	Degree	Middle
Pm	F	35-39	Black Caribbean	Masters	Middle

Table 3.5 Phase 1 participant descriptors continued

PA	G	Age	Ethnic Group	Education	Social class
Pi	F	50-54	White British	Masters	Middle
Pm	F	n/a	White British	n/a	Middle
Pm	F	40-44	White British	Degree	Middle
Pi	M	55+	White British	Secondary	Middle
Pm	M	40-44	White British	Degree	Middle
Pi	F	45-49	White British	Degree	Middle
Pi	F	45-49	White British	Unassigned	Middle
Pi	F	45-49	White British	Degree	Middle
Pi	F	45-49	Black Caribbean	Degree	Working
Information about status and occupation			5 high level policymakers, 1 non-high level 5 senior level policy implementers, 11 delivery/community level		

Table 3.6 Phase 2 (parent) participant descriptors

G	Age	Ethnic Group	Occupation	Education level	Household Type	Welfare support	Child Age	Tenure	Social Class
F	50-54	Black African	Childcare. Self- employed	Secondary	One family lone parent	Yes	10-15	Social	Working
F	35-39	Russian/Azerbaijani	Creche worker	Secondary	One family couple	No	10-15	Social	Working
F	50-54	Black African	Café lead	n/a	One family lone parent	Yes	10-15	Social	Working
F	50-54	Black African	Foster parent	Degree	One family lone parent	Yes	10-15	Social	Working
F	45-49	White Turkish Cypriot	Food bank worker	Secondary	One family lone parent	Yes	10-15	Social	Working

Table 3.6 Phase 2 (parent) participant descriptors continued									
G	**Age**	**Ethnic Group**	**Occupation**	**Education**	**Household Type**	**Welfare support**	**Child Age**	**Tenure**	**Social Class**
F	40-44	White English	Community project admin	Secondary	One family couple	No	10-15	Home-owner	Working
F	45-49	Black British	Data input clerk	Secondary	One family couple	Yes	10-15	Social	Working
F	30-34	White Turkish Cypriot	Child care worker	Secondary	One family couple	Yes	10-15	Social	Working
F	45-49	Pakistani/ Arabic	Teacher	Degree	One family couple	No	10-15	Home-owner	Middle
F	30-34	Black Caribbean	Administrator	Secondary	One family lone parent	Yes	5-9	Social	Working
F	45-49	White English	Bus driver	Secondary	One family couple	No	10-15	Social	Working

Table 3.6 Phase 2 (parent) participant descriptors continued

G	Age	Ethnic Group	Occupation	Education level	Household Type	Welfare support	Child Age	Tenure	Social Class
F	18-24	White Asian/ Caribbean	Full-time mother	Secondary	One family couple	Yes	2-4	Social	Working
M	45-49	English/ Black Caribbean	Bus driver	Secondary	One family lone parent	No	10-15	n/a	Working
F	40-44	Black Caribbean	Adult carer	Secondary	One family lone parent	Yes	10-15	Social	Working
M	40-44	White English	NHS nurse	Degree	Unassigned	No	2-9	Home-owner	Middle
Information about areas of residency by MSOA - Index of multiple deprivation				13 reside in deciles 1-2 (high deprivation), 2 in deciles 5/6 (low deprivation)					

3.4.8 Topic guide development

The interview topic guides (see Appendix E) were developed from:

- Document policy analysis and literature review
- Feedback from supervisors
- Piloting of interview guide with implementers and working-class mothers
- Amendments to guide
- Further small changes that were informed by early interviews

Prompt materials

The following prompt materials were used and developed as indicated:

- 'Word cards' were developed from key words and phrases that became apparent in policy document analysis
- Photographs of the local foodscapes were taken during Phase 1 interview process. These were taken on route to and from interviews, or recruitment sites. These also formed part of the ethnographic preparation process, and they were used as a data source.
- Photographs of normative images linked with overweight and with poverty were accessed from the internet; they were used solely for prompt purposes. Some ideas were suggested in the early interviews.
- Social marketing materials, included posters and leaflets from Change4life

See Appendix E.

3.4.9 Pre-interview process

Once initial contact with potential respondents had been achieved, telephone screening was carried out, and the interview process was introduced. Policymakers and implementers communicated by email. Most parents made arrangements for face-to-face interviews and did not want telephone follow-up. This resulted in a few DNAs (did not attend).

3.4.10 The interviews

The venues and times were chosen by participants. All the venues were accessible. The Phase 1 interview venues included workplaces, civic offices, and local cafes. The latter were least conducive to the interview process due to background noise. Phase 2 interviews were in community centres, cafes and parents' homes. I followed lone-worker protocol with a phone-buddy for the home visits.

Crèche facilities were offered and provided for two participants.

All interviews, apart from three, lasted up to one hour. The interview process began with a confirmation of qualification.

The topic guides were prepared with icebreaker questions that enabled early rapport to be built. In Phase 1 interviews, this asked about the participants' role in relation to food policy and childhood obesity. Phase 2 participants were asked to talk about 'one thing, anything that is important to you about childhood obesity', and, secondly, they were asked about their preferred word to be used to describe children's weight. In both phases rapport was built through these opening and provided valuable data.

The topic guides were used with stimulus materials: 'word cards', posters for social marketing programmes, and photographs (see Appendix E). The different formats of word cards were used for each phase and reflected the position of participants in the policy process. This took into consideration the different aims of the phases. Parent-participants used their cards in various ways. For example, some would choose one or two topics to talk about, whereas others used triads to draw contrasts, as in "put two cards together as similar in some way, and dislike the third" (see Appendix E).

The interview format was flexible. For example, some participants were very familiar with the research information sheet and issues. In these cases, we agreed that they talk freely and that, if any topic areas were missed, we would go back to them at the end. Often the Phase 1 participants felt strongly about their experiences, whilst some approached the interview as a formal survey through which they provided me

with information. The parent interviews were markedly different; most ‘just wanted to talk’.

An aim of Phase 1 was to inform Phase 2. It was important for me to understand the local state and its role with food and childhood obesity from their perspective. This provided local context for the experience of parents. This element of information gathering to map out the foodscape and the local state took some time away from exploring other issues.

The practicalities, time boundaries, and external pressures on both participants and interviewer revealed challenges and provided valuable experience. For example, the most difficult interview (for me) was an ‘elite’ interview. After the interview, I assumed my conversational style had been a barrier. On reflection, however, I considered that this participant might not have wished to disclose their own views, but that, given the subject matter, still wanted to help. In contrast, the ‘best’ interviews proceeded naturally and generated large volumes of relevant data (see Appendices G and H).

3.4.11 Analysis plan

The data analysis was thematic (Braun and Clarke, 2006). Drawing on Ryan and Bernard (2003), the theming process was both inductive and a priori. The latter acknowledges researchers’ ‘prior theoretical understanding of the phenomena under study’ (2003, p. 88). This evolved through the process and was not imposed. The steps of the analysis plan are illustrated in Figure 3.5 below.

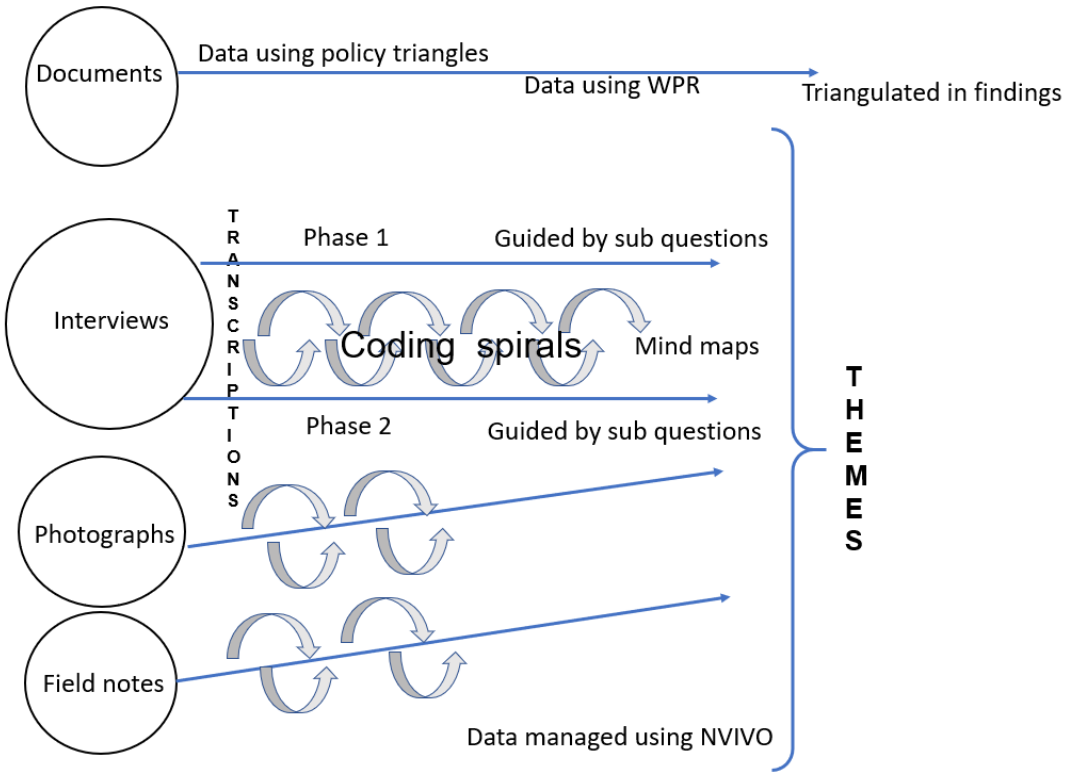


Figure 3.5 Analysis: process of data collection to themes

Transcription process

The deidentified audio data was uploaded to the transcription software Express Scribe™ from which I typed the hard copy. As I transcribed, I noted any points to consider in coding.

The transcript summaries were produced so that they included what is interesting, important and significant (Bryman, 2012).

Analytic memos

The use of memos commenced with transcription and continued throughout the data collection in order to inform codes, themes and interpretation (Saldana, 2009). See the example in Appendix F.

Data management with NVivo (software)

I attended courses run by Casdaq at the University of Surrey. This enabled coding and management of the thesis using NVivo software.

Data analysis

The data analysis followed guidelines set out by Bryman (2012) and Ryan and Bernard (2003). I attended a two-day workshop on qualitative data analysis at the University of Surrey in April 2014 to inform this analysis. I combined working on hard copy with NVivo data management. The size of the data set is manageable for manual analysis. NVivo was used to build experience of computer-assisted data analysis systems.

Coding and theming

The process of coding and theming can appear linear and mundane. However, the process can also be creative, whilst remaining robust in handling the data. My experience of this coding and theming best describes the process in terms of 'spirals' consisting of reading, coding and theming. There were movement forwards, and sometimes there was slipping backwards, as the meanings of codes were questioned, removed, or replaced. Codes were formulated from a mix of participants' own words and my conceptual understanding. I examined meanings through scrutinising codes and mind mapping. The following describes the process in more detail.

The analysis began with transcription, and was carried through first and second readings. Drawing on Saldana (2009, pp. 20-21), I looked for codable moments, pre-coding, and coding intuitive and interesting data. These were colour marked with textual comments which were recorded as notes or early analytical memos. Any interesting potential themes were marked. The second reading included scrutiny-based techniques that looked for metaphors, transitions, repetitions and indigenous typology (Ryan and Bernard, 2003). From the second reading, open codes were formed. These were transferred to NVivo to become 'nodes'.

The production of the codebook began at this stage. It evolved with the process of coding and theming. A template to track manual changes was used, with changes transferred to NVivo.

The coding process involved an exploratory stage to decide which methods were most appropriate for the research (Saldana, 2009; 2016, p. 73). Phase 1 coding proceeded with open coding on paper transcripts. This was explored visually using mind maps and was transferred onto Nvivo. Stage two focused on coding combined initial codes to form concepts, to look for connections and to establish the major categories. Mind maps were used to explore connections and the possible theory that could inform that exploration. The data was multi-coded for mapping Lewisham's foodscape so that this data could be explored independently.

The exploratory process evolved by applying an 'eclectic' approach to clean copies of Phase 1 transcripts (Saldana, 2009). This consisted of four coding methods: process, versus, descriptive, and in-vivo. The different methods were colour coded. This enabled the data to be explored by method, and for there to be contrast between the interviews. At the same time, the integrity of each interview was held for the second coding. This approach produced a similar but deeper perspective on the data. It was applied to Phase 2 data. Coding examples are provided in Appendix F.

The second stage of coding – focused coding – involved combining codes to define categories, to look for connections, and to form major themes (see Appendix F). I used the NVivo nodes to review the range of codes and text. In this way, I began to focus closely on the meaning of the data and codes, and to begin theming. Printouts were used as hard copy, with transcripts referred to as needed, as text was re-examined, retained, moved or discarded. Mind maps provided the space to examine focused codes.

In drawing up themes, the examination of focused codes looked for saliency and centrality. As themes emerged, it was possible to think about theory for later interpretation. For example, the relevance of the Bourdieusian approach to class analysis to the emergent category of foodscapes became apparent during this coding process.

A thematic map that interlinked Phase 1 themes was developed. As the themes emerged from Phase 2, these were mapped against Phase 1 to identify differences that would inform interpretation. This data is provided in Appendices G, H and I.

3.4.12 Report to parents

All parents, except one, were interested in the research progress and a final report. As the thesis came to its end, the report was sent out, and is available on request.

Summary

This chapter has provided the details of the research process, from its theoretical roots in the critical approach to its practice. Flexibility has been used in theory, conceptual framework and tools. The research methods have followed well-established procedures that support its credibility. As the findings and discussion chapters will show, rich, powerful data emerged that substantiate the importance of this thesis in facilitating the voices of working-class parents around food policy and contributing to the question of how to involve parents in a meaningful way in the policy process.

Chapter 4 Findings

Document analysis

This chapter presents the findings of the document analysis of food-related obesity policies. Analysis was carried out in accordance with the methodology and methods of document analysis: an analysis framework combining policy triangles and the WPR approach (for a sample template, see Appendices D1 and D2).

In addition, a range of multilevel strategic documents were reviewed to inform the rationale for this thesis. These have been incorporated in Chapters 1 and 2, and include health, food and family policy. This chapter provides the findings from the following national and local documents:

National policy documents:
Healthy Weight Healthy Lives (Department of Health, 2008b)
Healthy Lives Healthy People (Department of Health, 2011a)
Healthy Lives Healthy People: A Call to Action on Obesity in England (Department of Health, 2011a)
The Childhood Obesity Plan 2016 (Department of Health, 2016)
Food Matters (Food Standards Agency, 2008)
Food 2030 (Defra, 2010)

Local policy documents that incorporated food and health:
Food Strategy 2006 (London Borough of Lewisham, 2006)
The Strategic Review (London Borough Lewisham, 2014)
Childhood Obesity Strategy 2010 (London Borough of Lewisham, 2010)
Health and Wellbeing Strategy/Strategic Review of Sustainable Community Strategy (London Borough of Lewisham, 2015)
Shaping our Future (Lewisham Strategic Partnership, 2008)

The findings are set out in relation to context, process and problem representation, as outlined in the methodology chapter.

4.1 Structuring data using the combined policy triangle

4.1.1 National policy (context and content)

The core tenets of food policy are minimal government intervention, promotion of the free market, and consumerism. The core health principles in reducing the prevalence of childhood obesity are a lifecourse approach, proportional universalism, and tackling health inequalities to enable social mobility and self-sufficiency through work.

The increase in obesity policy activity (Appendix B) from 2000 included food policies in England that sought a global food system that could provide secure, healthy and sustainable diets (Defra, 2010). The strategy was based on an integrated, multilevel approach across government. It would work with food companies 'to deliver [a] sustainable, secure and healthy food system'. Government intervention would involve correcting market failures through fiscal measures such as taxes and subsidies (Defra, 2010). The role of government has been conceived as one of informing and influencing rather than intervening (Food Standards Agency, 2008). The procurement of healthy produce for the public sector through a supply of UK-grown fruits and vegetables was promoted (Fruit and Vegetable Task Force, 2010). Food policy in England supported health policy around the core tenets: personal choice and behavioural change – for example, by providing nutrition information at front-of-pack and point-of-purchase – nutrition advice, product reformulation and restrictions on advertising unhealthy foods to children (Food Standards Agency, 2008).

The policy reflected a shift in focus from producer to consumer. Its focus was on the individual as the consumer; it propounds, therefore, a consumerist model. The role of both government and the food companies is to service the consumer and to make healthy choices easier (Food Standards Agency, 2008, p. ii). Assumptions focus on a rational-choice model, according to which consumer behaviour change arises from information that promotes the choice of healthier options. As consumer choices and demand change, food companies respond by changing supply. The Labour government (1997-2010) described this policy as 'cultural evolution'. It argues that

changing behaviours takes time, as exemplified by changing smoking and seat belts behaviours (Food Standards Agency, 2008, p. 52). New social norms around healthy eating would be promoted through a focus on communities, voluntary organisations and social enterprises. Food companies would work in partnership with government and civil society, such as through the Coalition for Better Health (Department of Health, 2009), and they would exercise corporate social responsibility. So, there were assumptions of shared responsibility through the concept of 'coalition'. This new emphasis on food and health involved community, and the individual was framed as the consumer. These New Labour policies were an attempt at a holistic, integrated and strategic policy.

The Conservative-Liberal Democrat coalition government (2010 to 2015) removed nutrition policy from the FSA and returned it to Defra. Healthy eating was situated in public health policy and food companies were brought into the decision-making process through the Responsibility Deals (Department of Health, 2011b). Two food strategies, *Food Matters* (Food Standards Agency, 2008) and *Food 2030* (Defra, 2010), were archived. The new policy focus was on farming and food, but it was not integrated with health beyond references in the background literature. Food and health policy remained centred on the consumer and behavioural change, although they now used a new model of 'nudge'. At the same time, the Responsibility Deals (Department of Health, 2011b) allow industry voluntarism.

A healthy food environment is a theme across policy. An example of this was the Healthy Towns initiative that was started under Labour as part of the Change4life campaign (Department of Health, 2010a). This was supplemented by advice on how to use the planning system to help food environments become healthier (Department of Health, 2011, p. 38). The rationale of making healthy choices be easy choices within the food environment continues with the Childhood Obesity Plan 2016 (Department of Health, 2016).

The 2016 plan continues a lifecourse and proportionate universalist approach with a focus on early years intervention. Against the situational backdrop of Brexit, it is noted that the policy threatens intervention on food companies through a sugar levy. Compliance is expected within two years before sanctions are imposed, with levy

proceeds used for obesity prevention. More product reformulation with smaller portions is suggested pending the production of a new nutrient profile. A budget of £10 million furnishes a 'Food Innovation Network' to support consumer choice. The plan's rationale also includes the human 'need to eat'. Government continues its policy of 'nudgenomics'. Parental responsibility is increased with the expectation that parents provide thirty minutes of daily physical activity. The localism agenda keeps public health under local government, with ringfenced budgets. Downstream delivery appears with a further shift to schools. This suggests children as family change agents. The food industry remains a 'force for change', as stated in Healthy Lives Healthy People (Department of Health, 2011a), but the focus on individual consumer responsibility remains strong: 'Consumer power and choices are important drivers of the food environment and, potentially, in ending the childhood obesity crisis' (Department of Health, 2016, p. 10).

Process (implementation and informing)

Implementation of the childhood obesity strategies centres on partnership working that includes the food and drink industry at national and local levels. Coal-face implementation is through local state and third-sector providers, and includes provision of food and healthy eating from the early years onwards. Third-sector providers were introduced by the New Labour administration (Department of Health, 2008b) and included social enterprises and charities, and it is a process that continues into 2017. The Labour administration (1997-2010) introduced an apparatus of data collection, performance indicators and management tools and targets (Department of Health, 2008b), which included the NCMP. Target-driven implementation was replaced by the 'ambition' to achieve policy aims under the coalition government, as well as a focus on outcomes (that is, performance).

The examination of policy documents suggest consultation and expert opinion were the most common methods of informing policy. Consultation took different forms. Under the Labour government (1997-2010), Healthy Weight Healthy Lives (Appendix D) was informed by the Foresight Obesities report (Government Office for Science, 2007), a 'national dialogue' with professionals, consultations, and deliberative events (Department of Health, 2008b, p. 27). Its food strategy, 'Food

Matters' (Defra, 2008), was informed by evidence, market research and academics. Although no consultation paper could be located, the civil society organisation Sustain reported their involvement, so a wider consultation was likely. Its public health strategy, Ambitions for Health (Department of Health, 2008a), involved road shows for 'decision makers', the Foresight Obesities report, academic evidence, and professionals. Two consultations stand out for their reach: Every Child Matters (Department of Children Schools & Families, 2003) and Choosing Health (Department Health, 2004). Both involved mixed methods, including surveys and meetings. Every Child Matters involved lay participants, while Choosing Health reports that 150,000 people responded to a survey.

Policy under the coalition government (2010-2015) was informed through electronic consultation via the Department of Health's website. Both parents and professionals were invited to participate (Department of Health, 2011). The consultation that informed Healthy Lives Healthy People (Department of Health, 2011) appeared to be a multiple consultation that also informed the Public Health Outcomes Framework (Department of Health, 2013) and Public Health Responsibility Deals (Department of Health, 2011b). This was an electronic consultation accessible through the Department of Health's website. Respondents included the British Medical Association and the Faculty of Public Health, but a report on the composition of the 900 responses was not traceable. A large consultation was carried out for the Health and Social Care Act (Department of Health, 2012) and received notable responses from trade unions, pressure groups and websites; it was also subject to lobbying and demonstrations. The coalition government advocated local involvement in decision making about childhood obesity management through the 'Health and Wellbeing Boards' and the 'Joint Strategic Needs Assessment'. However, website searches did not reveal how involvement was to be achieved.

The Childhood Obesity Plan (2016) was informed by an evidence base and an electronic consultation with 900 responses, mainly from the health sector. Little consultation with civil society groups or trade unions was apparent. Research carried out by the Food Standards Agency for Our Future Food (2016) involved a quantitative survey, online qualitative interviews and deliberative workshops in

which 63 individuals participated. Its literature review discussed the cultural assumption of class and included a Bourdieusian interpretation.

In reviewing how policy is informed, it was found that process and consultations are not easily available or always clear. The emphasis was on academic evidence or professional evidence about what works, and it presented the professional view of implementation. For policymakers, the main source of information on the needs and challenges of low-income parents is provided by scientific and market research, both of which categorise children 'at-risk' of obesity.

Policy actors

The policy time line (Appendix B) shows the amount of policy activity around childhood obesity in the first decade of this century. This was accompanied by a greater involvement of the food industry in policy-making processes – for example, the Coalition for Better Health under the Labour government and Public Health Responsibility Deal under the coalition government. Policy actors as shown in Appendix D, suggest the state and industry as the most frequent actors. They were also those who hold the greatest amount of power, in terms of influence and resources. The direction of the state for past thirty years has been towards a smaller welfare state and the opening up of state resources to private enterprise. It is understandable that the relationship between the state and private enterprise has become closer, but they remain competing forces with competing interests. The increased involvement of the food industry in policy suggests that its power is growing. The level of involvement by civil society organisations is not clear, although the NHS trade unions have been involved around health reforms.

4.1.2 Local policy

These findings are based on seven relevant policy documents underpinning the Lewisham food strategy. The documents provide data on food-related childhood obesity policy at the strategic borough level, and community-level implementation.

Context and content

The core contextual factor affecting local food policy was the change of government in 2010 when the coalition administration led by David Cameron came to power and implemented a policy of austerity. This markedly changed the situation for LBL through 'the age of austerity' (Cameron, 2014). A further £85 million of savings were proposed for 2014-2018, on top of the £82 million in savings between 2010 and 2014. The Strategic Review (London Borough Lewisham, 2014) states that 'earlier savings were sought by providing the same services with less resources, whereas the next round needed services to be 'completely reshaped and transformed' (2014, p. 4). The review goes on to say the 'strategic outcome remains the same but the way of delivery will need to change' (2014, p. 4). So, while the policy content would remain the same, the process of policy implementation would change. LBL obesity policy underwent change during the course of this thesis. In 2013, public health transferred to local government. Uncertainty about the level of funding increased.

School meals had been tendered out since 1999. At the time of this study, the contract was held by Chartwells, which is part of the Compass Group, a UK multinational company (Compass Group, 2014). In partnership, they were supporting public health, through school nutrition, and a community kitchen. Private or quasi-private social enterprises came to provide childcare, healthy-eating projects and child weight management services. Public health services were being privatised.

In 2006, LBL produced a Food Strategy document in partnership with the NHS, the local community, school catering contractors, and local state actors. The strategy was comprehensive and holistic, with an integrated approach across five streams: food access; schools; nutrition and health including childhood obesity prevention; sustainability of food sources; and safety. It reflected a dynamic population and food economy, and it integrated planning.

With the change of government in 2010, new policy documents were produced or existing ones updated. New document content supported an individualising approach. However, this was a continuation of the direction of previous policy. For example, the Childhood Obesity Strategy 2010 (London Borough of Lewisham, 2010) adopts

the approach of National Consumer Insights (Department of Health 2008c) that uses family typologies as the basis for improving the food skills of targeted groups. Another continuation of the Labour Government's 'Healthy Weight Healthy Lives' approach was LBL's Health and Wellbeing strategy, with its rationale to 'make healthy choice the easy choice'. This was to be achieved through empowerment and by encouraging individuals and families (London Borough of Lewisham, 2015).

LBL documents adopted a new lexicon by referring to childhood obesity as 'excess weight', for example, in the Strategic Review (London Borough Lewisham, 2014). This combines obesity and overweight thereby targeting a larger number of children. Reducing excess weight is a priority for Health and Wellbeing strategy, and it forms part of the Strategic Review of Sustainable Community Strategy (London Borough Lewisham, 2014). Achieving a 'healthy weight' has been incorporated in the Health and Wellbeing Strategy and is the core focus of the Public Health Annual Report 2015 (London Borough Lewisham, 2015b). This suggests an amplification of problem representation associated with choice, with the potential effect of marginalising larger numbers.

Food and health were incorporated in other policies, notably in Shaping our Future (Lewisham Strategic Partnership, 2008), which is LBL's Sustainable Community Strategy 2008-2020 and provides the development plan for the borough. Central to LBL's strategy are healthy communities, reducing inequalities and childhood obesity. These are cross-departmental issues that are integral to the Children and Young People's Plan (London Borough Lewisham, 2015a). The planning department carried out an investigation of fast food outlets to inform development policy. This took into account health inequalities and obesity, and concluded that there were 'concerns about 'impact of hot food take-aways on human health' (London Borough of Lewisham, 2013, p.13). Subsequently, a restriction was placed on permitting new fast food outlets to open near schools. From a planning perspective, LBL's Core Strategy (London Borough Lewisham, 2011) characterises food as a focus for economic development, in particular seeing food markets as 'a growth area' (2011, p. 69). This contribution to local economic development is included in tackling deprivation. Social mobility is considered to be a means for reducing inequalities (London Borough Lewisham, 2015a).

Lewisham's Health and Wellbeing Strategy (London Borough of Lewisham, 2015) includes a community development approach to enable 'healthy choices easy choices' (2015, p. 2). Partnership working is central to countering the obesogenic environment. Other foci include: maternal obesity; increasing the uptake of school meals and child weight management interventions; policies to help children and families; and reducing the impact of the obesogenic environment.

In 2016, LBL became a national pilot for the whole-systems approach and a focused and committed programme was launched (London Borough Lewisham, 2016). There is a focus on the obesogenic environment. Choice is central, with public health/the state as neutral and supportive.

Process (implementation and informing)

Policy implementation was through partnership working. It was cross-departmental, targeting those in need of support as identified by the national literature. A community development approach and a programme providing child weight management in the community were the core delivery processes (London Borough Lewisham, 2015). This was in the context of aforementioned reduction in resources. Delivery was to be achieved in different ways. Implementation of the 2016 system's approach is through the Lewisham Food Partnership, which had been established in 2014, with plans to form a Lewisham Obesity Alliance. Schools are a focus through Sugar Smart (Sugar Smart, 2017), which suggests that children are being instrumentalised as agents of change in families.

Implementation documents collected in the fieldwork reflect these different approaches. Local healthy-eating groups took part in participatory budgeting activities to decide which groups and services were to receive funding. This was at different levels. For example, the regional level was addressed through Well London (welllondon, 2017) funding, and the local level through the ward assemblies and the Big Budget Challenge (London Borough Lewisham, 2017).

The research on how these policies were informed has identified website consultations, ward assemblies and the LBL public magazine as sources. For

example, consultations for the 2010 Strategy Plan involved more than 1,000 local groups, and there were 42 responses, although these were not related to food with exception of some responses on local food growing. A survey in the LBL magazine informed the 2016 Sugar Smart approach. This received 2,000 responses from residents, who showed support for the campaign, as well as for a national policy to increase the price of sugar-rich foods through a sugar tax. There was also support for the proceeds from the tax to be spent on obesity prevention.

Taken together, these descriptive findings show that the direction of national and local policies over the past decade has been pro-market. The wider context in which these policies took shape has been a shrinking state through decentralisation, reduced budgets for local government, and privatisation through alternative service providers. In addition, austerity has led to reductions in services and the shifting of provision to non-state bodies.

The strategic focus has been on prevention of obesity through individual/parent action supported by government, schools, and the food industry. This has included the expectation that the individual/parent is a rational choice actor and has consumer power. Partnership working has been at multiple levels and sites, including policy-making, social marketing and service delivery. These findings were not, however, unexpected, since it was notable that a multinational food company had entered the public provision of local school food in 1999 and its influence had grown in local public health nutrition.

The strategies have been evidenced-based, notably informed by the Foresight Obesities report, and informed by a wide range of techniques, including deliberative approaches. There has also been some lay involvement from lower-income groups.

There are key points where disconnect may arise between policy and parents: the resource reductions; focus on performance-led (rather than care-led) child weight management or public health nutrition programmes; and the focus of responsibility on the individual/parent for health and consumer behavioural change in contrast to the voluntarism assigned to the food industry. Furthermore, the imbalance in power has moved in the interest of the food industry through its involvement in public

health. Despite the efforts to promote lay involvement, the voice and experience of parents most affected by obesity in children has largely been absent. The policy analysis continues from this descriptive context to explore how power processes unfold at the micro-level, and the potential effects and disconnects that arise from this.

4.2 What the problem is represented to be (WPR) (Bacchi, 2009)

The policy triangle approach has provided descriptive findings that highlight the potential for disconnect. This section presents findings of policy using the WPR critical approach. It examines the power processes at the micro-level. It is a post-structuralist approach that considers how the policy discourse creates a policy problem, and how problems are produced and represented; it argues that the production of particular kind of problems have political implications. The approach draws on Foucauldian theory. Taken-for-granted concepts are challenged and historical contrasts that have contributed to the problem representation are explored. It considers the effect of the representation as discursive, subjectified and lived, and it explores how policy might be different. The findings are set out according to the WPR questions that address the main research questions:

1. What are the disconnects between working-class parents of children with obesity and the state? What is the relevance of class?
2. Why is the parent's voice not heard?

4.2.1 National policy

Four food-related obesity policy documents were analysed:

Healthy Weight Healthy Lives (Department of Health, 2008b)
Healthy Lives Healthy People (Department of Health, 2011a)
Healthy Lives Healthy People: A Call to Action on Obesity in England (Department of Health, 2011a)
The Childhood Obesity Plan 2016 (Department of Health, 2016)

Naming of the problem and its assumptions

This concerns the archaeology of the problem representation. According to Bacchi (2009), public policies hold particular representations with underlying assumptions, values and beliefs of the world views held by policymakers. Core representations, within the four policies, were of 'obesity' as an individual lifestyle or problem of parents' incompetency. In contrast, the food industry is represented as a 'force for good' (Department of Health, 2011). Furthermore, although food is implicated, the problem is not clearly identified as food. These points are illustrated in this quotation from Healthy Weight Healthy Lives (Department of Health, 2008b), a Labour policy. It is about the vision of what policy will achieve:

> Food we eat is far healthier … everyone eating their 5 A Day. Individuals and families will make decisions on their diet based on a good understanding of the impact on their health, and food and drink industries will support this through clear and consistent information, doing all they can to help parents raise healthy children. (Department of Health, 2008b, p. 13)

The policy discourse consisted of other key concepts that collectively produce a problem representation. This representation suggests personal responsibility as the prevention of ill health related to obesity. Personal responsibility includes making healthy, good or bad personal choices, lifestyle, and parents' role in raising healthy children. This is illustrated by the following quotations from the coalition government's policies:

> Few of us consciously choose good or bad health. We all make personal choices (Department of Health, 2011a, p. 32)

> Our causes of premature death are dominated by 'diseases of lifestyle' (Department of Health, 2011a, p. 11)

This representation is framed as economic, biological, and psychological, which, as knowledges, are related to power and produce particular kinds of truth (Bacchi, 2009, p. 235). The economic framing is illustrated:

> By creating the right environment for more people to take responsibility for their health, individuals benefit and there is also less cost to the taxpayer (Department of Health, 2011a, p. 45)

Psychology and the economic assumptions associated with problem representation centre on behavioural change and consumerism. The aim of behavioural change is to enable cost rational choice or cost benefit analysis. Psychology underpins prevention and behavioural change, particularly in the policy Healthy Lives Healthy People (2010) where behavioural economics – nudge theory – is promoted. The economic representation is relayed in two ways: as the cost of obesity to the economy, that is, the national burden; and as choice being instrumental in the free market economy. Parents as consumers are framed as having potential power to drive change: 'Consumer power and choices are important drivers of the food environment and, potentially, in ending the childhood obesity crisis' (Department of Health, 2016, p. 10).

The individual is categorised through biological science, such as the theory of energy imbalance, and through classification by body measurements. The assumptions that the biological, economic and psychological are truths exemplifies the knowledge-power relationship that is involved in governmentality, and that the behaviour of individuals/parents is shaped by the 'truth' of these sciences. As a 'truth', body measurement contributes to the individuation, normalisation and production of the concept of a healthy body. These are processes that contribute to the discourse of disease risk. This is supported by the non-discursive processes, such as the child safeguarding legislation which, since 2004, has included obesity as a safeguarding issue. The notion of protecting the child may be attached to these policies and aligned with a discourse of risk. The policy representation is of the child at risk of disease and premature death. The child in this representation thus takes the form of the 'sick child' in need of saving (O'Dea, 2005). This is a powerful discourse.

Obesity is not framed as a problem of government whose responsibility is paternalistic, with the aim of enabling informed food choice and educating professionals. For example, the Childhood Obesity Plan (Department of Health, 2016) aims to provide new information on nutrient profile. This reproduces the problem as a lack of nutrition information to parents. The continued focus on informing and educating the individual/parent questions competencies and behaviours. Health professionals are framed as part of the problem, since they are represented as lacking the confidence to discuss obesity with families, a problem that is to be solved through training.

The findings thus far show powerful discourses that support pro-market rationality, with various assumptions that underpin the framing of policy actors including parents. The following examines historical grounding and the subsequent effects.

How has this representation of the 'problem' come about?

This section examines the genealogy of the problem representation and where its construction is grounded. It examines the representations of childhood obesity as failing parents, and of the 'sick' child in need of saving. Childhood obesity as a family and parent problem is rooted in the governance of food and family that extends back to the familialising projects of the nineteenth century. These positioned family as a site to serve social objectives (Rose, 1994); in the case of obesity, this has been to provide child nutrition.

Familialisation is about the public/private boundaries of family, and what belongs to the domain of state intervention and what is free from state intervention. The focus is on what the state expects family to do, which Rose explains as the 'politics of familialisation, and the transformation of political concerns into personal and familial objectives' (Rose, 1994, p. 66). The expectation of the state is that parents are responsible for nutrition. This has a genealogical marker in the development of nutrition as a science – a Foucauldian regime of truth that produced 'subjects as objects of nutrition' (Coveney, 2006, p. 89). Nutrition became, in the nineteenth century, a public concern involving the actions of charities that led to maternal and child nutrition surveillance. With the growth of nutritional science, food was

increasingly given medicinal meaning by 'grounding food in a rational and biomedical discourse' (Coveney, 2006, p. 89). Coveney describes the debates that evolved around education or supplementation (2006, p. 80) as the early forerunners of 'whose responsibility' in nutritional health. The apparatus of surveillance evolved through maternal and child clinics, and measurements that included child growth charts (2006, p. 85). In policy this is represented as the role of experts in the governance of parents. Health professionals and schools, whose role is to measure and classify children's body size and educate parents, are represented as foci of support for parents. These are forms of governing from the distance that subjectifies both child and parent.

Key historical markers chart the development of the body measurements linked with disease. In the mid-1800s, Adolphe Quetelet developed the concept of a body mass index. In the 1930s, the Quetelet index associated obesity with all-cause mortality, and it was used by insurance companies. In 1976, leading experts concluded that obesity was 'one of the most important medical and public health problems of our time' (Waterlow and James, 1976, in Garrow, 1998), and in the 1990s the issue was taken up by the World Health Organisation. The higher weight body has become progressively medicalised over time.

The historical markers in the construction of obesity as a disease include stigmatisation. In the 1600s, Shakespeare's writings tell of the stigma related to fat bodies (Levy-Navarro, 2008). As set out in Chapter 2 of this thesis, over time there has been change and continuity in the embodiments of culture, economics, and politics. This has included the body as a site of stigmatisation.

The interconnections between the genealogies are illustrated by the notion of obesity as an 'epidemic'. In policy, they are exemplified by the national concern about a problem that will be tackled by building a 'social movement' (Department of Health, 2008a) or a 'rallying cry' (Department of Health, 2011a). These are approaches that potentially marginalise and stigmatise, and they relate to mobilisations around national concerns. They embody the notions of parent failure and saving the child.

The governing from a distance that classifies both child and parent provides an apparatus that potentially marginalises and stigmatises.

> *What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?*

Bacchi's approach further interrogates policy to consider these questions that help identify areas of policy that might be disconnected from parents' reality.

There was silence in the absence of links with parents' working lives. With its mention of 'busy lifestyles', Healthy Lives Healthy People (Department of Health, 2011a) was the exception to this. In relation to adult obesity, it reported beneficial effects of work on the feeling of wellbeing. This suggests that policy might not give due consideration to parents' everyday lives that are dominated by work. This leaves the work-life balance as unproblematic for policy, and this might be a disconnect with parents.

While acknowledging the social gradient in inequalities, policy has offered little economic support to parents beyond continuation of the Healthy Vouchers programme. It was unproblematic that child weight management services were being transferred to local government, alongside public health. While represented as a democratic process, policy does not consider any potential impact on parents through the overall reduction in local government funding.

At the same time as omitting the reality of lives, policy focuses on the behavioural change of the parent/individual/consumer that in turn will change the 'market'. In this context, there is silence on the lack of progress in reducing childhood obesity prevalence. There is not self-reflection to consider if a change in direction is needed; instead, as in the latest policy, Childhood obesity Plan 2016, policy gently nudges industry, increases the responsibility schools, and finds new ways to educate parents, for example, by a new analysis of the nutrient profile. Policy presents the answer as lying in consumer power.

What effects are produced by this representation of the 'problem'?

Potential disconnects may appear concerning the meanings of food and family for parents of children with obesity: food as medicine, and food as a defined set of practices and activities. Rose describes the effect of familialising projects in constructing subjective values and assessments that govern through guilt and anxiety (2009, p. 144). In the governance of parents, these subjectification effects may produce anxiety if parents cannot 'regulate themselves according to the images of expected parenthood' (2009, p. 144). The responsibility placed on parents to manage child weight may create anxiety and disappointment for parents, and it may fail to achieve the desired behavioural change. The focus on children's weight and eating may become a negative force within family dynamics. These effects on family may be counterproductive to the aims of policy.

In the context of the social gradient, policy needs to address what possibilities lower-income parents have in changing the child's lifestyle. The lack of resources of parents may limit their possibilities for maximising nutritional needs. Furthermore, the nutrition models that frame the food and care competencies of parents are largely based on middle-class practices. Therefore, from both a resource and cultural class perspective, the representation may have a marginalising effect on working-class parents. The knowledge-power relation between policy, experts and working-class parents may result in resistance or disengagement with policy.

Bacchi describes Foucault's 'dividing practices' that potentially arise from this representation (2009, p. 16). A potentially discursive effect is an increase in stigma towards children of higher weights, with this representation prominent locally, and nationally and across society. Health professionals may empathise with parents, but their subjectification effects to 'save the child' may shift the empathy to blame. Other governmentality processes, such as constructing a professional-self based on cost effectiveness and payment by results determined by outcomes may produce blame. The non-discursive effects of child safeguarding may coalesce with this blame. In this way, health professionals may unintentionally contribute to the stigmatisation.

Television and media disseminate and reproduce a representation of parents who have lost control. For example, media sensationalisation of 'super obesity' raises family and child fears, distorts health messages about body size, and suggests that parents are to blame. This is reinforced by programmes such as *Honey We're Killing the Kids* (BBC, 2017) which convey the message of poor parenting and children being 'at-risk' of obesity because of parenting practices. As Gillies (2011) argues, programmes such as *Supernanny* (Channel 4) reinforce the notion of the 'professional parent'. Moreover, the commercialisation of parenting is apparent in media through teaching or self-help parenting on television and the internet and in magazines. These cultural representations may serve as a 'rallying cry' of policy, but there is a potential disconnect in producing and reproducing stigma that is debilitating on child health. Thus, they are counterproductive for policy.

> *How/where has this representation of the 'problem' been produced, disseminated and defended? How could it be questioned, disrupted and replaced*

The first question interconnects with the cultural processes which unfold within media and social marketing and serve to create stigma. This representation is questioned, challenged, disrupted and displaced through parents' and professionals' resistance.

Parents resistance has been illustrated. The notable example is the Rawmarsh mothers who challenged the change to school menus as led by Jamie Oliver. In the process of this conflict being resolved, some of the mothers later joined Jamie Oliver's campaign. Potentially, therefore, resistance can become self-regulation. So, questioning, disrupting and displacement may also lead to conformity.

The problem representation has been challenged by professional movements such as critical dietetics (Aphramor et al., 2009) and grassroots movements, such as the numerous social media around 'body positive'. It may be challenged through advocacy for parents and campaigning, for example, around the distribution and access of healthy foods to all, within a social justice and rights discourse. This

requires political action by parents. Wardle (2005) advocates that ‘parent power’ needs to emerge. Others advocate fundamental change through social movements for food rights. A rights-based campaign could be taken into trade unions, political parties and civil society organisations that represent working-class interests.

In summary, while the representation can be disrupted and replaced, the process of power as productive may lead to conformity or change.

4.2.2 Local policy

National policy is relayed into the local state so that the findings of national policy apply. This section reports additional findings specific to the local. The adoption of National Consumer Insights (Department of Health 2008c) suggests the problem representation of parental deficit in food knowledge and skills. Lone parents and low income are identified as two of the family typologies to be targeted. Potentially, the problem is one of food choices of the poor.

‘Shaping our Future’ frames obesity as a lifestyle choice (Lewisham Strategic Partnership, 2008, p. 68). The focus is on personal responsibility with intensive support for families via child weight management programmes (2008, p. 68). In 2010, an important focus in the Childhood Obesity Strategy (Department of Health, 2008) was on family typologies and social marketing strategy (2008, p. 22).

In 2016, obesity is framed as an epidemic: ‘obesity will kill more of our children than smoking, alcohol and drugs’ and raises the possibility of parents outliving children’ (London Borough Lewisham, 2016, p. 4). Choice is a core focus and the role of public health is considered as enabling healthy choices. The emphasis appears to have shifted from social marketing and targeting families, to schools and the ‘sugar smart’ campaign. The proposal that sugar tax proceeds should be spent on obesity prevention would shift responsibility from the state.
At the school level, this potentially shifts the focus from weight to health. It emphasises the fast food inhibition zones around schools, and that healthy-eating practices are to be integral to the food-provision providers, such as nurseries and

schools. Deprivation and food poverty are reported as being associated with childhood obesity.

These examples suggest an ongoing representation of obesity as an individualised problem of poor choices. Whilst recognising the obesogenic environment, the policy focus remains on supporting individual behavioural change through targeting. Whilst schools' focus on sugar may divert stigma from weight, it places children as change agents in the family. This may create conflict in families with limited resources for change (Curtis, 2011).

WPR and reflexivity

The WPR approach includes reflecting on the analysis of the problem representation through its problematisation. This section will first provide a brief summary, which will then be followed by problematisation of the findings.

The primary assumption behind the problem representation is that obesity in children is an outcome of deficient parenting. The discourse includes corrective measures through the intervention of experts, that is, the power-knowledge relation with parents. The child's body is medicalised and categorised as the 'sick child', entailing a moral obligation to save the child. There is potential for parental blame and stigma. The representation is considered to be part of neoliberal political rationality, and of governing from the distance. The genealogy of the representation indicates key historical markers in the evolution of child health and nutrition as constituent of governing from the distance. Whilst there are historical markers of stigmatisation, it is feasible that the individuation and normalisation of a 'healthy' body size would increase stigmatisation. In the context of the social gradient, lack of resources and cultural class differences may limit the possibilities of working-class parents. The overall effect can lead to increased marginalisation, stigmatisation and blame.

This representation is problematised in summary: Some parents might be unintentionally neglectful. For example, parents may lack understanding of the biology of children that makes some, but not others, susceptible to obesity, or they may communicate love through food. The power-knowledge relation with experts

may be positively productive and helpful. This in turn may increase the possibilities for coping or management strategies.

WPR – Research questions summary

This summary draws together the findings in problematising the problem in relation to the research questions.

> *Research question 1: What are the disconnects between working-class parents of children with obesity and the state, including class?*

The problem representation in these food-related obesity policies is not of policy failure. The policies covered the years 2008 to 2016, and they span three governments. Successive policies reinforced notions of individual/parent/consumer responsibility, of the 'sick child' in need of saving through national campaigns, and concomitantly of the parent in need of education. The child's body was medicalised to be measured, classified and treated through food. Support for the child and parent is actioned through a discursive apparatus of health professionals, social marketing campaigns, and weight management programmes. There is a potential disconnect with parents, because 'failure' is implied as not lying with government, but rather with parents and their caregiving skills.

The implication that children are in need of saving is part of the discursive apparatus and it may serve to reinforce social notions of parental failure, blame and self-blame among parents. This is echoed by the way behavioural economics implies parents/individuals have a problem of 'will' or psychology; therefore, it is framed as an individual/parent problem. Through the lens of governmentality this can be seen to shape subjectivity so that a parent accepts the responsibility. In contrast, whilst implying that the composition of food is implicated in the problem, successive policy involves the food industry in food policy, with voluntarism for product reformulation. There is potential disconnect with parents by disproportionality assigning failure and responsibility to them compared to the food industry and government.

Responsibility for child weight management and public health nutrition was shifted to local government through the transfer of public health. This was framed as a democratic step so that local government may better meet the needs of its communities. This may, however, be a disconnect between national and local state if not fully resourced. The local government policies echo the national policy direction, and, in this respect, responsibility may move towards the community and the individual/parent. The increased focus on schools may increase stigma.

There has been no real policy measure addressing the social gradient. The healthy food voucher scheme continues for young children and there are early years interventions for parents of young children, but there have been no new material resources. The lack of consideration for the potential impact of working life on parents may be disconnected.

Research question 2: Why is the parent's voice not heard?

The analysis using the policy triangles found little involvement of parents in policy-making processes. Through the WPR approach that challenges and disrupts the problem representation, alternatives are considered that may enable the parent's voice to be heard. It may be challenged through advocacy for parents and campaigning, for example, around the distribution and access of healthy foods to all, within a social justice and rights discourse. This requires political action by parents.

Chapter 5

Mapping Lewisham

This is a short, descriptive chapter that through the lens of food provides a broad view of the borough and that sets the scene for the core findings in Chapter 6. It communicates the central role that food plays in localities through connecting the past and present; and shaping the future. Social tensions are apparent in the food economy as the borough undergoes major change. Social tensions are visible in the contrast between the foodscapes in deprived working-class areas and affluent middle-class areas.

This chapter first provides the themes that were drawn from the multi-coding of data (Chapter 3). These are illustrated by interview data, photographs and researcher field diary (FD). These findings inform the research question: What are the disconnects between working-class parents of children with obesity and the state, including class?

The themes which develop from this work are:

Themes	Definition
Food economy	Temporal changes in the food economy
Diversity: people and food	The composition of the borough and its communities and food
Gentrification	Changing features of the borough that illustrate gentrification, particularly in relation to food access
Food poverty	Changing features of the borough that reflect food poverty
Contrasts in foodscapes	Deprived and affluent

Table 5.1 Themes: mapping Lewisham's foodscape

5.1 Lewisham foodscape

5.1.1 The food economy

The food terrain is illustrated to be dominated by major supermarkets, and a rich ethnic diversity in food shops, restaurants and fast food outlets. There are a number of long established fruit and vegetable markets and a flourishing of 'pound bowls'. There are community food-growing projects and community cafes. More recently, food banks, payday loan and other money-lenders, and betting shops have proliferated. Participants point to gentrification, 'chi chi' coffee bars, and farmers' markets selling homemade food produce.

A substantial proportion of the Lewisham environment and population is rooted in food history, descriptions of which occur in the interviews about food practices and policy. For example, Dave, a policy implementer, recounted:

My family's been in Deptford … We've traded about three hundred and fifty years in food. One part of the family used to do winkles, and shrimps and crabs, and on Sundays they used to sell. We used to smoke haddocks and cods, in the smoke holes. We used to keep cooked beetroots round the back there [of his shop], *eh walnuts and all the different foods … gammons. We used to sell gammon joints and pigs, and they used to slaughter pigs round the back here, and sheep ... So been right through the food trade all my life. So, my family's knocked it into me what food is, and where it comes from and how it basically is. The fundamental is that food is very, very, easy and I think everybody is taking a wrong view of it.*

(P1MPiMiddle)

This family food history continued to evolve. Dave later commented that he should consider changing his business that currently provides cut-price foods in a poor community, to a fast food outlet because this produced larger profits. So, tensions were apparent between the food economy and health.

5.1.2 Diversity: people and food

Lewisham is a diverse borough. Its wealth of different cultures is exemplified by data from 2014 that shows 74% of its school population were from a BME background (London Borough of Lewisham, 2015b). It is the 48th most deprived borough in England (London Borough of Lewisham, 2015b). It has undergone waves of demographic change that has brought new communities, as described here by Colin, a policy implementer:

Bellingham as an area scores poorly on levels of health indicators ... low levels of education attainment, high levels of unemployment … it has always been traditionally as a kind of … white working-class community that was sort of formed out of all of the slum clearances … and there's been a big change over the last ten to fifteen years, a sort of demographic change, where it's now, I think it's something like on the latest census, about between forty-five to fifty percent white working class and fifty to fifty-five percent ethnic minorities. Um, yeah, so it's kind of changing.

(P2MMiddle)

Diversity has mediated changes in the food economy through new food cultures. These were considered as beneficial for health, as illustrated by Maggie and Claire, both policy implementers:

(Maggie)

we seem mainly to be infiltrated by Tesco and Sainsbury across the borough not the other big supermarkets. We don't seem to have as many Asda's or Morrisons. … there are lots of small food shops across Lewisham but they tend to be owned by kind of different ethnic minorities who might be producing or supplying food for their own ethnicity groups. You know we've got loads of Turkish shops and Sri Lankan shops and Polish … So that would influence people's food habits and food buying, to a certain extent, and all those seem to be growing which is a good thing, because they are widening the range of food availability across the borough and I like the fact we've got the markets in Lewisham. Just a shame we don't have more!

(P1FPiMiddle)

Whilst diversity had grown there was not an equitable access to these foods nor to fresh foods in general, as the implementer Claire elaborated:

Lewisham is really brilliant for that [diversity]. *You go from ward to ward and they've all got their own characteristics, their own populations, their own issues, you know. So this area here* [New Cross] *is very different to, say, if you're working down in Downham. They may both be deprived. You've got to then look at the people, how they engage with services … How willing they are to engage with what their issues might be ... Our problem around obesity is borough-wide, so you can't say oh it's just that area. But the differences lie in the residents who live in those areas. What they have access to? Are there markets? Are there any shops? All that kind of stuff makes a massive difference.*

(P1FPiMiddle)

So the borough's food culture was changing through the blending of the food cultures of new communities with the established, that included the fast food outlets (see section 6.2.3). Alongside this blending there was lack of access to healthy foods.

Amid the rich diversity in people and food there are tensions between people based on assumptions about unhealthful food practices. This was observed on recruitment activities in deprived areas as illustrated by field diary extracts FD1 and FD2. In FD1, the researcher is followed by two mothers who are eager to give their opinions that blame parents for obesity in children:

FD1
6 August 2014 - recruitment activity
Two mums of 'healthy weight' children followed me to give their opinion of parents of overweight children; saying 'parents are responsible for feeding children properly' – 'healthily' – 'I don't receive free school meals or benefits and manage' – 'people expect to be spoon fed all their life'. And they argued it is possible for parents to cook healthily and inexpensively. One tells me her husband is a chef.

Assumptions about the food practices of others being harmful is illustrated through the 'healthy-unhealthy weight' discourse in FD2:

FD2

16 September 2014 - recruitment activity

Going around talking to people afterwards [ward assembly meeting]*; all elderly. One commented 'it's the parents'. Another says that she sees parents in the park who are feeding children unhealthy foods but her children and grandchildren 'are all okay, are all a healthy weight' … On reflection, this is about the concept of being a 'healthy weight' that discriminates against unhealthy weight … This is a snapshot about community opinion of parents and child overweight.*

In contrast to assumptions of low levels of food and health literacy, a generalised high level of food literacy was found, as field diary extracts FD3 and 4 illustrate:

FD3

18 August 2014 - recruitment activity

Spoke with about twenty parents. About a third gave no comment as busy. Most complained about fast food outlets. The level of food awareness both here [housing office] *and the bus garage is very high. In passing, I mentioned this to housing colleague who said 'the message must be getting through'.*

FD4

August 2015 - recruitment activity

So today at the bus garage: I probably talked with about twenty-five bus workers, mostly men and one woman. They all had [in my professional opinion]*, a really good knowledge of food, of being healthy and of their children being healthy. Most of them were older, many grandparents – very young grandparents, black older workers with grandchildren and own children in twenties and thirties.*

The diversity of the borough's population was found to be beneficial for the food economy, food choice and health. There were assumptions made about some parents' food practices that are based on the policy discourse of healthy and unhealthy weight. These contrast with the high level of food literacy found during the recruitment activities. Mistaken assumptions that are mediated by policy may contribute to disconnect between state and food literate communities.

5.1.3 Gentrification

The process of gentrification and its impact on the food economy and the community is common in the interviews, and participants puzzle over the driving forces behind it, its benefits and disadvantages. Some policymakers were ambivalent about the role of local government in managing these changes. This is illustrated by Ken, policymaker:

The food environment is changing as well, and I was wondering what comes first? ... your nice little café down there and also new housing, what changes first? Is it the food that changes?

(P1MPiMiddle)

One policy implementer described how, in this changing foodscape, new and traditional social groups might be brought together, as mediated through the food economy.

(Bev)
Culinary tour [provided by this social enterprise] *... that's about economic celebration of a very good diverse affordable high street, and actually to bring in customers from wealthier areas, to preserve those shops rather than being replaced ... And it's not replaced to look like Stoke Newington High Street that becomes too expensive ... And because it's so ethnically diverse, Deptford, you have some audiences who don't feel comfortable shopping there. So, what we want to do is change that perception.*

(P1FPiMiddle)

Changes in the foodscape include the emergence of middle-class eateries (figure 5.1). This is symbolised by how the middle class pays for foods. There is a sense of displacement of the indigenous community amongst working-class policy recipients, as illustrated by Angela a policy implementer:

middle class, these are people who pay for a baguette with a bank card type of thing. It's … as a friend said to me 'I feel uncomfortable in those places as if I don't belong' … And that's what's happening all around. There are some places are staying the same. But even Deptford is changing!

(P1FPiWorking)



Figure 5.1 Gentrification and bespoke middle-class eateries, 17th July 2014

Potential disconnects are suggested by these different perspectives on the effects of gentrification on the food economy, and the role of the developers and the council, the opportunities for new food businesses and the displacement of local community.

5.1.4 Food poverty

Food banks are a new feature of the borough. One policymaker had helped to establish a faith-based food bank, and the institutionalisation of food banks is illustrated by the distribution of food bank vouchers by health professionals. Health professionals have empathy with those in food poverty as they become exposed to its increasing levels, as explained by Maggie, an implementer:

we have been involved in access to food vouchers for the food banks, which has been really useful in clinics so we can pick up on a family or an adult who've got issues with buying food or the availability of food. We can now give them vouchers to go to the food bank which has been a revelation really, I think to the team here.

(P1FP Middle)

A picture is drawn of a community food environment experiencing deepening levels of food poverty. There is change in the food poverty terrain through the rise of food banks, and continuity through the established food deserts. Food deserts are described here:

(Maggie)

Yes, but the markets are very much Lewisham High Street, Catford … Deptford market but … what if you don't live that near to those. There's big hole down the bottom of the borough … It's a long way for people to walk with heavy amounts of fruits and vegetables. … there are only little Co-ops in the Downham area aren't there? And their fruits and vegetables are quite expensive and not that varied. I mean it's fine if you've got free transport or you can get on a bus … the markets are good …variety of food and it's cheap … it doesn't cover the borough.

(P1FPiMiddle)



Figure 5.2 Deprived foodscape: a closed down children's centre and convenience store, 1st August 2014.

The photograph shows a nondescript supermarket in this deprived community and it unintentionally captured the closed down children's centre. This closure was criticised by most parents for whom it symbolised the lack of government support. Despite such closures, community-based policy implementers attempt to provide services that support healthy eating for children.

(Jan)

we have a broader universal service so we work with pre-schools … we have a lot of stay and play sessions, baby groups etc. and we also do a lot of targeted work with individual families. One-to-one support work with families. And we do courses around healthy eating, courses around … lots of different things.

(P1FPiMiddle)

Of note is the characterisation of neoliberal change and austerity in urban Lewisham by Angela, a policy-implementer, which draws a parallel with Charlesworth's (2000) description of class in deindustrialised Rotherham. When talking about temporal changes in the foodscape, Angela stated: '*you just don't know what other people are suffering because they're not telling you. But that's the New Cross of now. It never used to be like this. People seem so tense and worried and a bit stressed.*' Charlesworth (2000) describes a general condition that he associates with class of self-blame and criticism: 'people's everyday expression is rooted in insecurity and an inability to secure for themselves the things they need in order to live' (2010, p. 150). With the onset of deindustrialisation and unemployment, the collective expression becomes one where 'people seem depressed, pessimistic, unhappy' (2010, p. 151).

This section has provided a vision of Lewisham's food world. It has been shown to be rich, diverse and dynamic with roots in history, and undergoing waves of change through new communities and new market pressures on communities through gentrification. Potential disconnects with policy unfold with deepening levels of food poverty as illustrated by the rise in food banks and continuity of food deserts. These conjoin the effects of gentrification on food access in deprived communities. The role of the local state is implicit but policymakers appear ambivalent about their role. The contrast in foodscapes contribute to the unfolding disconnects as the following sections illustrate.

5.1.5 Contrasts in foodscapes

This section presents findings on the notable contrast between deprived and affluent foodscapes as demonstrated by the photographic images (figures 5.3-5.5). The lack

of access to affordable fresh foods is observed by the researcher and is exemplified in the field diary extracts.

The clustering of fast food outlets is visible in the community food environments of deprived areas as exemplified in figure 5.3. There are 20 shops in this small high street, of which three are fast food outlets, and three are betting offices. Figure 5.4 provides further example of deprived foodscapes with retail outlets that heavily promote foods of low nutritional value.



Figure 5.3 Deprived foodscape: fast food outlets and betting offices, 13th July 2014.



Figure 5.4 Deprived foodscape: fast food outlets, alcohol and sweets, 1st August 2014

Across the borough, shopping parades in deprived communities adopted the same formula of shops including convenience stores, fast food outlets, betting offices and pawn brokers as illustrated in field diary extract 1 (FD5 and FD6).

FD5

15th June 2013 - On route to an interview:

Leaving Lewisham to Deptford by bus and walked along New Cross Rd. Big developments including school, Goldsmiths University. Towards Deptford shops appeared mix of small grocers, newsagents, nail bars, fast foods, cafes and second-hand furniture shops … food bank and charity shop.

FD6

13th May 2013 - On route to an interview:

Travelled by bus. Noticed changes along the bus route: many new builds visibly increasing the building density, appeared to be little change in main shops in Lewisham itself – Tesco, Marks and Spencers, street market, but many pawn brokers, pound shops, betting shops.

The researcher frequently observed marketing competition between the promotion of healthy foods and alcohol as illustrated in the field diary extract (FD7). These practices by retailers may be unintended and under the radar of public health. However, parents were concerned about the general composition of retail outlets in local shopping parades that consisted of foods of low nutritional quality. As section 6.3.3 will show this is interpreted as class bias and a symbolic violence.

FD7

1 August 2014 - recruitment activity

Walked from North Downham to Catford at least thirty-five minutes – asked three people the way who all said I should take the bus. Walked a number of long streets with no bus stops … Nearing Catford there is a parade of shops and a Co-op supermarket that had an advert for alcohol over the fruit and vegetable window dressing – an advert for 5-a day! Other local small supermarkets so do not have any adverts.

The contrast in the availability of fresh foods between deprived and affluent communities is notable. Figure 5.4 is a photograph of Downham, an area of deprivation, which has 15 fast food outlets compared to the affluent Blackheath area with 2 fast food outlets (London Borough of Lewisham, 2013). In Blackheath, the presentation, choice and description of foods as 'homecooked', 'fresh' and 'fine' (figures 5.5 and 5.6) conveys these as healthy and trustworthy foods.



Figure 5.5 Affluent foodscape: fresh fish and meats in an affluent foodscape, 13th July 2014



Figure 5.6 Affluent foodscape: luxury bakery, 13th July 2014.

This section has provided examples of the photographs and field diary extracts that illustrate the contrasts between affluent and deprived communities. This adds to a terrain of potential multiple disconnects that furnish the relationship between the state and parents of higher weight children.

Summary

This short chapter has provided a descriptive mapping of Lewisham that has focused on its food world. Whilst this has be shown to be a rich, diverse and dynamic terrain, there are tensions and potential disconnects. Tensions were apparent between the interests of the food economy and health, exemplified by the lack of fresh foods in the deprived communities in contrast to the foods available in affluent areas and those undergoing gentrification. Disconnects between these food-policy related processes and parents are now fully examined through the interview findings in Chapter 6.

Chapter 6

Findings

This chapter presents the research findings of five interconnected themes: material conditions, responsibilities, class, local state and policy solutions (figure 6.1). These themes emerged following the process provided in Figure 3.4 and the analysis plan presented in Chapter 3. Appendices G and H provide examples of the data analysis from each phase: Phase 1 data from policymakers and implementers; Phase 2 data from parents as policy recipients. This data was organised by the sub-questions (see section 2.5) from which emerged the core themes for each phase. With the final analysis, the findings emerged as five core themes. This is presented in Figure 6.1.

This chapter presents the themes, across all data sources, as they relate to the two major research questions. The discussion chapter then discusses the meaning in relation to the research aims.

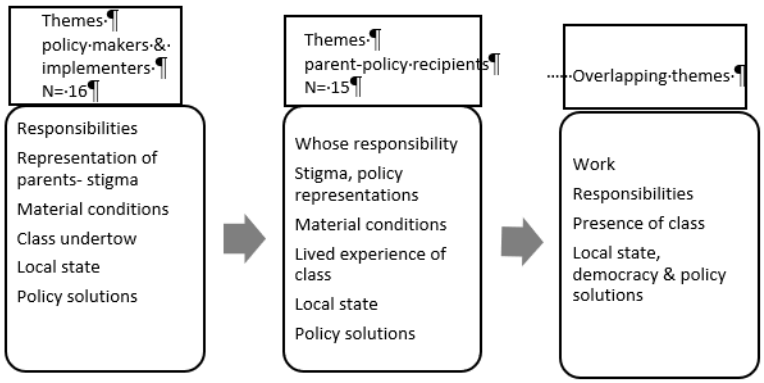


Figure 6.1 Thematic development through phases 1 and 2

This chapter first provides a brief overview of the findings; this then followed by the themed responses to the two research questions:

1. What are the disconnects between working-class parents of children with 'obesity' and the state, including class?
2. Why is the parent's voice not heard?

The disconnects are interpreted through critical theory and the framework for each is provided at the beginning of each section.

The research found multiple interconnected areas of disconnect that emerged in five core themes. Parenting capacities in managing obesity were constrained by their lived experiences of neoliberal working conditions and foodscapes in areas of deprivation (such as in the present study) which are characterised by nutritionally poor food outlets that shape food options. The notion of 'responsibilities' emerged with sub- and interconnected processes concerning responsibility, responsibilisation, blame and ultimate responsibility, and how these can lead to stigmatisation. Within these processes there was a counter-narrative that suggested responsibilised parents were food-literate and took ultimate responsibility for childrearing whilst at the same time believing that other actors often placed profit maximisation before child health. Responsibilities interlinked with questions of class, for example, through processes of symbolic violence, mediated by policy, that fix working-class communities in place. Parents' discourse around the National Child Measurement Programme (NCMP), including parents' food practices, thus intersected with food policy. The NCMP emerged as somewhat counterproductive, mediating and adding to stigma in the wider community, and contributing to dominant top-down policy processes. Democracy deficits emerged with lack of lay access to policy-making, including urban planning. Parents advocated grassroots participation, and their food policy solutions, which are based on their lived experiences, diverged from those of the UK government. Parents' policy solutions are at the centre of the following discussion, since they intersect with all other themes.

In answer to research question 2, the parent's voice was found to be absent. There was disconnect between the processes that policymakers and implementers perceived would enable the parent's voice and the reality of a democratic deficit.

Research question 1: What are the disconnects between working-class parents and the state? What is the relevance of class?

Disconnects emerged through five interconnected themes: material conditions, responsibilities, class, local state, and policy solutions (figure 6.2).

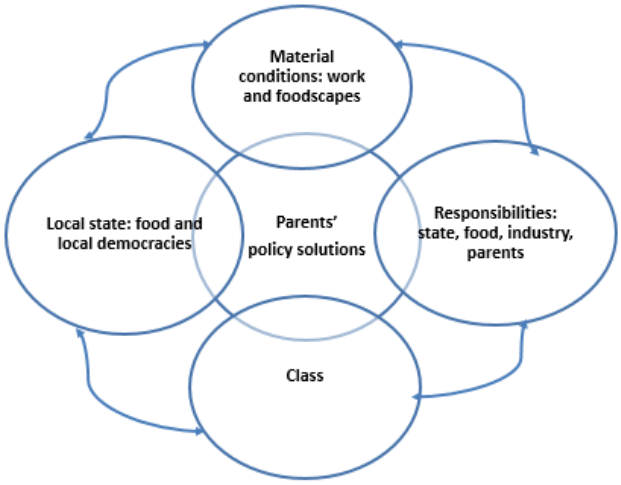


Figure 6.2 Interconnected five themes of disconnects

6.1 Disconnect 1: Material conditions

This first disconnect is themed as 'material conditions' and concerns the lived experience of inequalities that emerged in the analysis. This theme illustrates the impact of neoliberal working patterns and unhealthful foodscapes on family food practices.

6.1.1 Theoretical framework: Marx

The political economy framework is used to interpret this theme of work. This framework situates the economic demands of neoliberalism as primary political concerns. Fundamentally, society is structured around the needs of capitalism. This means that resources are channelled toward the maintenance of production rather than social goals such as child health and inequalities, and they are allocated not by merit but according to power (Naidoo and Wills, 2008, p. 128). Structural factors such as gender, ethnicity and class are socially embedded in inequalities which

support the economic and political framework of capitalism. The findings illustrated the neoliberal political and economic free market approach. Across the range of parental occupations, precarity and intensification of labour were reported, which had an impact on parenting food practices.

The emergence of work as a core component of this theme resonated with the Marxist view that the nature of work under capitalism is alienating from human activities that are 'intrinsically satisfying' (Glyn, 2012, p. 183). Marx's theory of alienation is not a 'simple moral notion', but rather has a historical and dialectical context (Sayers, 2011, p. xi). Processes of alienation emerged through work and its impact on family food life (see section 6.1.3).

The effects of alienation emerged as a negative externality of work on family/interpersonal life. It surfaced in the desires for 'family time', such as for 'cooking'. Stigma surfaced toward parents in receipt of welfare based on the perception that they had more time for family. Such stigma is rooted in the neoliberal policy of 'defining claimants as dependents and deepening the moral divisions between claimants and those in paid work' (Taylor-Goodby, 2013, p. 40). As Section 6.1.3 illustrates, alongside stigma was a collective care for children.

The framework evolved to consider the ethics of care and the perspective of the political ethic of care (Williams, 2005). The ethics of care takes a broad perspective. It considers the moral significance around human relationships and dependencies. Its reach extends across the health sciences, feminist studies and environmental ethics. The theory should be approached critically. Critique as 'slave morality' (Sander-Staudt, 2016); for example, argues subservient care roles are given value as virtues. This is to the disadvantage of women as caring roles, arisen with patriarchy, mostly performed by women (Sander-Staudt, 2017). The approach of Fiona Williams has connected political economy with ethic of care through study of transnational care workers, and has argued for political ethic of care through which welfare benefits are viewed as compensation for care work (Williams 2005; 2011).

So, alongside the material conditions of work, stigma and care emerged as issues interconnected to the neoliberal political economy, and can thus be interpreted within the political economy framework.

6.1.2 Work, family and food.

Work emerged as a category of 'material conditions' within both phases. To be working was important for all parents, whether it was paid or voluntary work. There was saliency in the experience of one mother, Syrita, who explained that her employment was an important part of her child's socialisation, since she was setting the 'example' of work. This was despite the contradictions she pointed out: her child became overweight when she started full-time work; and long working hours forced her to choose between her caregiving in meal preparation, help with homework or physical activity before her child's bedtime. Syrita said:

If you've got more money you can buy … make fresh from scratch … make it like a chicken nugget, fresh, and it doesn't have to contain all the bad stuff that you get from processed or fast foods …if poor you don't have a chance … you're working or on a budget, you definitely have to weigh up the options with regards value for money … at the end of the day, the way I see it, no-one has a choice. It's either the cheapest, which is unhealthy, or nothing.

(P2FWorking)

These choices were echoed by other participants, however, Syrita's story, highlights the continued function of the family as a social institution (Strach and Sullivan, 2011), as well as the place of lone parents within the adult worker model. The daily lives of parents illustrated the nature of exploitation under neoliberalism, features of which include increased productivity, intensification of labour and job insecurity (Glyn, 2006, pp. 113-115). Some participants used childhood family memories as a reference point to describe intergenerational changes that had brought new constraints to the time available to spend on family food practices. Many participants across the two phases of this study referred to the 'busyness' of life and work that was driven by financial necessity and which impacted on food practices.

Parents struggled financially with dual or more earners in the family. There was anger with government implications that parents were food illiterate and lacked competencies in managing food budgets. This emerged as a disconnect between the material realities of parents' lives and the expectations of policy. Andrea, a mother, expressed this:

It's not easy feeding a family … I struggle … my partner works, I work. I've got a son that's at work … you're under so many pressures, financial pressures … You've got people like Jamie Oliver and the government ramming it down your throat that you got to make everything from scratch but it's not cheap.

(P2FWorking)

A bus-driver mother whose husband has no option other than to work a scheduled fifty-hour week, so that he is eligible for overtime, described how food practices fitted around work. This included the 'big shop' at the supermarket, take-outs, and pressure on time to cook. For others, family food practices were adapted to zero-hour contracts or long hours. For these parents, food literacy was at a high level, and planning and resource management were part of their everyday life. Financial worries were described as sometimes getting in the way of the healthy food choice. Thus, working conditions became a core issue for policy change, which interlinks with the foodscape and its available food choices.

This research involved working mothers in low-paid occupations. These findings were therefore illustrative of the structural, temporal and economic changes of work in England. Women are overrepresented in low-paid casual work. There is a double burden, which was illustrated in the findings, on many women who are the core family providers: they have paid work outside the home, and unpaid work inside the home. Over recent decades, there has been simultaneous growth in the social trends of childhood obesity prevalence and the increase in women working in the UK (O'Connell and Brannen, 2016). One mother, Syrita, clearly stated her child put on weight only when she started full-time work:

a couple of years ago, they mentioned he was overweight … not a concern for me as long as he is active … I'm limited in what I can do for him because when I finish work…, he's going to do scouts, so he's doing an activity, but I haven't fed him yet. So when he comes home he's going to be hungry and I can't let him go to bed with an empty stomach.

(P2FWorking)

Women make up 84% of domiciliary workers (TUC, 2013), and this was pertinent to two mothers, both of whom are on zero-hour contracts, who experienced a negative impact on their children's eating patterns. Lena, on a zero-hour contract in adult social care, reported how she juggled her caregiving priorities as mother and care-worker. Whilst with a client, she left cooked food in the fridge for her children. Angela, an implementer, recounted an experience with a neighbour, a mother in fear of losing her tenancy who had no choice but to take zero-hour contracts. She described the body of her neighbour's daughter as extremely obese. This neighbour lived in food insecurity, leading her to use food banks, and this circumstance forced the mother to ask Angela, policy implementer, for food, who said:

She's on zero-hour contract which means … she may get no work. And she's absolutely … petrified of that situation so when they … offer her work she will do seven days a week. You can see the stress of it on her face. And I'm like … you're not eating enough. People are prepared to put up with quite a bit as long as their children are alright.

(P1PiFWorking)

Four mothers were childcare workers. Leyla, a mother and self-employed childcare worker, contrasted her possibilities for providing healthy foods with those of middle-class parents. As with other parents, Leyla used 'nanny' as a metaphor for time and resources:

(Leyla)

They can afford to go out and buy these organics, healthy foods … have nannies that prepare the dinners before they get in … told the nanny 'make sure you feed them healthily.' But when you're thinking every day, what am I going to cook them? Your money's running low. You've got stresses about bills and everything else. The last thing on your mind is 'what's the healthy option? You can't afford to buy the healthy stuff so you're just going to go for the quick fix.

(P2FWorking)

A further example was given of coping under stress and resorting to snacks sometimes when a child is bored. Time pressures to feed children were evident and there is an indication that coping strategies may be under strain, alongside the time-squeeze of work. For example, one policy implementer, Bev, gave her impression of how meal times were 'disappearing' and in need of state protection. She observed how meals are squeezed in wherever possible around work times:

I've seen a lot of … people who have to work really long hours and women who have to feed their children on the bus on the way home to get them to bed … I'm just seeing parents who haven't got time to get children fed at a reasonable time.

Parents echoed that these challenges in eating together were due to long working and travel hours. Long working hours produced short evenings that constrained caregiving, and parents were forced to compromise. Syrita said:

when you get home … we don't eat until after seven. I need to make sure he's doing his homework … make him do physical activities then his homework will suffer … pros and cons … So working hours does impact with regards to healthier lifestyle for him because we don't simply have the time.

(P2FWorking)

Parents in this study sometimes used fast foods as a means of convenience in time-pressured lives; this was expressed by one working mother as '*at least I know he's eaten something*'. Another working mother pertinently said: '*the fast food shops are making a killing because not everyone has got the time to feed their kids'.* (Findings on fast food outlets are presented in 6.2.3). Parents overwhelmingly did not want

these food outlets in their communities. Instead, they wished for healthier, affordable and culturally diverse options.

The impact of temporal changes in work conditions and the commodification of food provisioning was reflected in changes to children's eating practices. This was articulated by one senior policy implementer who described how children feed themselves with '*foods not needing knives and forks*'. A policymaker talked about the street-food culture of young people, and how this may impact family meals. Commensality among young people was considered to be important to young people's interactions.

Social mobility is a core element of LBL policy and was reflected among some policymaker participants. Social mobility suggests that 'work' is a means out of poverty. Lena, a mother, attempted to improve her working conditions, including her income. This resonates with both individual responsibility and social mobility discourses. When interviewed, Lena was on a zero-hour contract in domiciliary care. She has a strong background in food knowledge, which includes her West Indian culture, her previous work in a meat-processing factory, and her experience of cooking for her domiciliary care clients. The gentrification of her community was providing opportunities for new eateries. Lena's determination to improve her family's conditions through her cooking skills led her to host a cultural food evening in a newly opened chi-chi eatery. This was hoped to be the start of a new career. However, the event was poorly attended, and it would not be repeated as Lena lost a large amount of money on it.

Lena's story illustrates that social mobility is not accessible to all, and so is not a solution to the material conditions implicated in the social gradient in childhood obesity. The notion of an entrepreneurial society was echoed by a senior policymaker: '*I made it off the council and through the dizzying heights of my profession but not everyone can*'. As the policymaker suggested, there are inherent contradictions and structural factors that keep a working class fixed in low-paid work. Exploitation and demands in the workplace overstretched parenting capacities, including food work. Despite this, some parents also worked voluntary hours. There appeared to be a triple burden on some mothers who performed paid work, unpaid

domestic work, and unpaid community work. Several mothers volunteered in their communities despite compression on time and resources from their paid work. This included mothers on benefits who volunteered in schools and took paid work after changes to benefits rules in 2010. One working mother provided cooking classes for children '*because their parents are too busy working*'. This may illustrate a community or classed ethic of care towards children. Liz, a mother and bus-driver who worked shifts and whose husband also worked long hours, said:

classes at the (community) *centre, we try to teach them about healthy eating … but it's us doing it who are volunteers. When parents used to be able to do things with their kids because they had the time to do it. Whereas nowadays they haven't and I think that's the biggest problem … too busy working*

(P2FWorking)

The centrality of meal preparation to family and community life is illustrated by these examples. The cooking skills of working mothers were used in an attempt to lift their families out of poverty, as well as to provide community nutrition. The continued gendered nature of cooking is demonstrated.

Working conditions were found to be a core consideration for these parents and across the range of occupations. However, other factors interconnect. For example, most of these families had mixed weight siblings that suggests biological influences such as behavioural genetics.

6.1.3 Alienating processes: family, food and child health

The working conditions and pressures on family food practices were considered in the context of alienating externalities of work. Alienating aspects of employment that include 'severe negative externalities' (Glyn, 2012, p. 183) are contrasted by Glyn with the 'intrinsically satisfying' human activities or 'work', including interpersonal relationships. The latter would include parent-child and other family food relationships. According to Sayers (2011), the loss of self-realisation is an expression of alienation. The parents in this study suggested little sense of self-realisation through work. Work appeared as a means to an end to fulfil basic needs. There was

collective care in child and adult care settings, and volunteer work in the community, but this was devalued through low pay and insecurity, and articulated by a feeling of lack of worth.

Lena described the nature of her work in adult domiciliary care:

working lots of hours and the income … people are paying for their care and government should help because we're doing a big job. Some people can't walk, you have to help them, turn them … very hard job. It's like you're looking after a baby. You should get more pay for it, it's very, very low.

(P2FWorking)

In this study, work provided the basic necessities of life, but many are denied time and resources for family food work and care. Parents described destructive processes, fear and anxieties around food and child health, as well as constraints of time and finance:

(Leyla)
But when you're thinking every day what am I going to cook them? Your money's running low. You've got stresses about bills and everything else. The last thing on your mind is 'what's the healthy option?' You can't afford to buy the healthy stuff so you're just going to go for the quick fix.

(P2FWorking)

The political ethic of care (Williams, 2005) was considered in the context that child health was the most important issue for all parents interviewed. However, they were forced to make food compromises as part of the negative externalities of work. Parents articulated these externalities as resulting from lack of time. A few parents voiced stigma towards people in receipt of welfare. Liz, the bus-driver mother, argued that working parents had less time for caregiving, with cooking elevated to quality time:

There are people on benefits in this area who've got a good quality of life with their kids because they are at home and are able to cook. I think it's more the working parents that are suffering and the kids of working parents who are suffering.

(P2FWorking)

In contrast, Felecia, a mother in receipt of welfare, resisted the stigma and argued she had the right to raise her own children. She articulated a counter-argument to the political economy of neoliberalism in which the state supports a commodification of childcare to increase the workforce – the notion of neoliberal citizenship based on paid work (Williams, 2005, p. 28). Felecia considered it an illogical economic argument that mothers are forced into work so they can pay someone else to raise their children:

when you're on benefits, they feel you squander it. You've got a roof over your head, paying your bills, doing your shopping feeding your family as best you can. It's not life-changing money you're getting, its money just to live … stereotype people who are on benefits, not worthy … very unfair, because sometime is not your fault, certain circumstance. You want women to have children and go back to work. Who's going to raise their children? Then why should you have them? Why should you pay other people to raise your children? That doesn't make sense. I decided that I was going to raise my children. Yes, I was on benefits. I raised my children and now I'm doing my sixteen hours work because I still mean to be available for my children. I don't want my children to go childcare and the government helps me pay for it. Why? I don't need them to do that. I will do my bit and look after my children because I had them, you see.

(P2FWorking)

In the context of the ethics of care, the issue is not the state enforcing care but 'how far society supports a commitment to care' (Williams, 2005, p. 31). Williams argues that the benefits system should provide childcare costs. For in-work mothers, working hours fit around their care commitments and those choosing to be full-time carers are compensated (2005, p. 31). Alternatively, the ongoing political use of childrearing is likely to continue, captured by the 'new politics of parenting' (Gillies, 2008).

6.1.4 Foodscapes

The material realities of foodscapes were of limited food options that largely did not provide fresh fruits and vegetables, fast foods that were processed and high in fat, and an abundance of snacks and drinks high in fats, salt and sugar. Choices were further limited by affordability. The lack of availability of fresh affordable foods in the areas of deprivation was commented on by all groups of policy actors. The physical condition and poor nutritional quality of some foods sold in deprived communities is illustrated in these quotes from two policy implementers:

(Anna)
Even the tins are out of date … I might be able to get bananas that are not brown, spotty skinned, and melting. So, there's hardly any reasonable fresh fruit and vegetables.

(P1PiFMiddle)

(Jan)
If you live in this estate there isn't a supermarket for quite a long distance. You have to … get on a bus. The local shop has a few packets of tomatoes and oranges but they are very … they're not the sort of thing you want to eat. They sit on the shelf. They are … past their sell-by date. Accessibility is a huge issue. If you haven't got the money to go to supermarket in the car … then it's quite difficult.

(P1PiFMiddle)

Alongside the poor access to foods of high nutritional quality, there was an abundance of alcohol, betting shops and nail bars, and a lack of public resources to support families. Some parents thought it was not accidental that the convenience of fast foods suited their time-pressured working lives: they were the 'audience' for market forces. They had little power in changing this, but lives were being shaped. There were feelings of discrimination as unhealthful foods were perceived as being 'dumped' in their communities. The effects included impacts on the physical and mental health of children and adults, as illustrated here by Samina, a 23-year-old mother:

you're from more lower … urban areas not so nice, there's more crime, drugs and lot more things going on for people to have a clear mind and think 'I want healthy food' and to care about themselves. Whereas if everything looks nice like, you have a clearer mind … time to think and care for yourself. Whereas in the lower-class people they don't … the way they dress … what they eat. They don't have money to dress well and look after themselves. And where they live … kind of a cycle, it just goes on ….

(P2FWorking)

Felecia, a mother, powerfully expressed the connection between foodscapes and health as she commented that the supermarket in a wealthy area was not '*life threatening*'. As she looked at a photograph of a foodscape, Felecia said:

Now that looks pretty. Its looks like that would be more healthy ... it looks like a little health food shop … it's not life threatening.

(P2FWorking)

The sense of injustice was echoed by some policymakers who empathised with the unhealthful food options available to parents but, in doing so, framed choice as individual not structural. In this way, they also distanced their power and responsibility in urban planning from policies that shape the foodscapes.

These material realities of the foodscapes intersect with class. The findings are interpreted through the Bourdieusian class lens and symbolic violence in Section 6.3. They intersect with policy solutions in which parents advocated redesigning of foodscapes to promote health (see section 6.5).

Summary: material conditions

This thesis looks beneath the surface of the 'ordinariness of life' (O'Connell and Brannen, 2016, p121), and does so using a Marxist approach that looks for contradictions. From the vantage point of these parents' everyday lives, contradictions emerged between, on the one hand, neoliberal employment and welfare policies and impacts on their working lives, and, on the other hand,

childhood obesity policy. The conditions of work influence family food practices. The examples in this research suggested 'flexibility 'in work hours exemplified through the precarity of zero-hours' contracts do not support 'healthy' family food practices. In the context of the social gradient, these pressures seem to be straining coping mechanisms, indicating a disconnect between the prescribed food practices and the everyday life of low-income parents. Pressures leave little room for manoeuvre in the context of alienation and the negative externalities of work.

Unhealthful foodscapes interlock with parents' working conditions in which convenience fast foods are the available option. Parents aware of the unhealthful nature of their food options know they are discriminated against through foods, and this undervalues their children's health and lives. So, a strong disconnect was found in relation to material conditions. This consists of structural factors of resources, in time and money, and the built food environment. The disconnect is underpinned by inequalities, sustained by processes of discrimination and stigmatisation.

6.2 Disconnect 2: Responsibilities

Disconnect emerged around policy processes involved in the governance of parents; that is, there are disconnects between the state, its configuration as the local state, and parents as policy recipients. This is about power relations. The theme of 'responsibilities' emerged from the range and frequency of its occurrence in the analysis. It is a strong relational theme that connotes relations between the state and parents, and it takes different forms depending on whether it is contested as 'whose responsibility?', operationalised in 'responsibilisation', productive in 'ultimate responsibility and self-blame', or socially divisive as 'stigmatisation'. The relationship between these is depicted in Figure 6.3 as a process by which a large cog turns interconnected small cogs.

6.2.1 Theoretical framework: Marx, Gramsci and Foucault

The disconnect that emerged through the theme of responsibilities is explored and explained through theories of power: Marxist ruling ideas, Gramscian hegemony and Foucauldian governmentality. This section also draws on the application of these

theories by the contemporary theorists, Sum (2012), and Aggleton and Parker (2003), as set out below. The interconnection of the processes that form 'responsibilities' are depicted in Figure 6.3.

The starting point is Marx's ruling idea (set out in section 2.6). This is a relational concept whereby an idea appears to be universal and to exist independently, but in actuality it conceals the relation of domination. The idea of 'responsibilities' is relational: as a ruling idea, it conceals the power relation.

This section shows the tensions that were found between policy actors and their perception of who has responsibility. Gramsci's active consent is relevant to understanding the role of the local state and responsibilising processes. Hegemony is synonymous with political leadership and with domination (Thomas, 2009, p. 163). The research will show that some parents believed the state and food industry to be interdependent. The processes that lead to such a belief are suggestive of Gramsci's 'historic bloc': the ensemble of superstructures together with the social relations of production. According to Sum (2015), this is not a one-sided economic relation but a reciprocal relation that is determined by the 'organisation of hegemony'. This hegemony unfolds through the 'integral state' of the 'political society + civil society' with 'hegemony armoured by coercion' (Gramsci,1971; Sum, 2015, p. 34). This involves the 'entire complex of practical and theoretical activities with which the ruling class not only justifies and maintains its domination but manages to win the active consent of those over who it rules' (Gramsci, 1971, p. 244; Sum, 2015, p. 34). The relationship between consent and coercion is that they counterbalance each other in unity (Thomas, 2009, p. 165). A role is performed by intellectuals, who connect economic rule with an ideological form that translates narrow interests, such as professional interests, into broader 'ethico-political' interests (Sum, 2015, p. 34). Hegemony is carried out through the production of forms of 'economic man' and the 'active conforming of all social relations to the economic' (Sum, 2015, p. 34).

Hegemony in its historical and spatial context is described as stratified (Joseph, 2014) and multi-scalar (Sum, 2012). It provides a longer-term strategic element to specific governance projects (Joseph, 2014, p. 1). This section draws on Sum (2012) to consider discursive processes involved in 'responsibilities' (figure 6.4).

Hegemonic and governmentality processes are shown to evolve into self-blame and stigmatisation. Contemporary theorists are drawn upon to explore and explain these processes that ultimately lead to disconnect with parents.

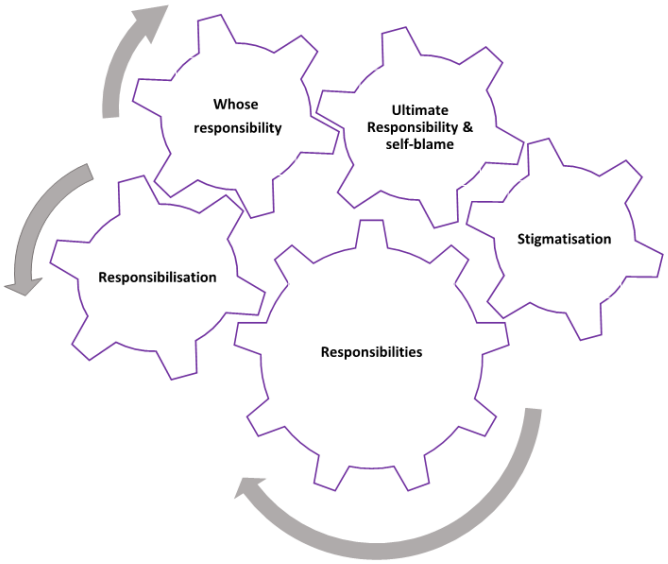


Figure 6.3. Major theme of 'Responsibilities': a potential process of a large cog turning the small cogs of sub-themes

6.2.2 . Responsibilities

As a ruling idea, meanings of 'responsibilities' were situated within the state processes. The policy document analysis found that the notion of responsibilities is central to relationships between policy actors; it is contained within 'Responsibility Deals' (Department of Health, 2011b), 'localism' (Department for Communities and Local Government, 2011) and 'Big Society' (Cameron, 2010; Ashton, 2010), and in the redefinition of health as 'lifestyle', or as a personal choice that government enables and corrects: 'few of us consciously choose good or bad heath. We all make personal choices' (Department of Health, 2011, p.6, p. 32).

At the same time, the policy representation of obesity in children is that it is an epidemic of national concern that requires societal responsibility. Actors are mobilised through the call to save the 'sick child' and to protect child health, and this is exemplified in the building of a 'social movement' (Department of Health, 2008) and the issuing of a national 'rallying cry' (Department of Health, 2011). The policy

document analysis and interviews concurred with these 'ruling ideas' of universal societal responsibilities to protect and save children. Concurrence was found in the processes outlined in these findings that collectively support the concepts of discursive practices that unfold with hegemony and governmentality.

6.2.3 Whose responsibility?

Government policy stresses the non-interventionist role of a government that steps back to allow personal choice and responsibility. The government's role and representation are of enablement: 'By creating the right environment for more people to take responsibility for their health, individuals benefit and there is less cost to the tax payer' (Department of Health, 2011a, p.45). So, state responsibility is shifted to other policy actors, and in turn their responsibilities are redefined. However, disconnects include the suggestion that responsibility is primarily focused on parents, as exemplified by Healthy Weight Healthy Lives:

> As parents change their behaviour to improve their own health and to help secure a healthier future for their children, so too must the food industry change to support everyone in making healthier choice. (Department of Health, 2008, p. 17)

These findings concurred with the interview findings whereby 'responsibility', as assigned by policy actors, was fraught with contestation, confusion, blame, and anger. This section sets out 'whose responsibility' among groups of policy actors. This clarifies their views and how these views stand in relation to each other.

Local state responsibility

Local policymakers described their responsibilities within the architecture of New Public Management, that is, the processes that have facilitated the shift to the private sector since the 1980s (Newman, 2014). Most suggested that their responsibility was to mitigate cuts through efficiencies and savings. Childhood obesity and food poverty sat within this context. Child weight management and public health services

were tendered to non-state providers. It was suggested by one implementer that a result of the financial strategy was to reduce accessibility to the programmes, through a process of 'cherry-picking', as described by Maggie, an implementer:

They're … very niche. They are cherry-picking a few families to deliver that service to. So it … only have an influence with a very few people

(P1PiFMiddle)

The actions of the policymakers were dominant. Their concept of responsible action was the mitigation of cuts. In contrast, parents criticised the closure of children's centres as a lack of support for parents. Thus, there were contradictions in the notion of mitigation. It is viewed as a hegemonic process in which local policymakers consent and which shifts responsibility to parents. This is a process described by these policymakers in the following ways:

(Angie)
We're … constantly getting cuts and cuts. It's about trying to mitigate the cuts rather than … do as much as new stuff, as possible.

(P1PiFMiddle)

(Ken)
Third [cut] *in … three years. It's going to be reductions until 2016/18. We haven't implemented all of the savings and the cuts that we're going to need to get to that level of reduction. We've made about 82 million pounds worth of savings so far.*

(P1PiMMiddle)

Joe, a policymaker, framed the contradictions as hypocrisy:

People of [Labour] *political background would have voted for raft after raft of cuts to people who are the most socially disadvantaged. … So for me it all feels a bit sort of hypocritical that they can talk about food poverty but they're not doing anything to really ameliorate that!*

(P1PiMMiddle)

There was ambiguity among local policymakers about their responsibility for structuring the foodscapes. Policymakers argued that the local state was powerless. Planning was described as a permissive system in which the default position was to grant permission if requests meet planning criteria. The lack of perceived power by the politicians distanced policymakers from their decision making. For example, one policymaker articulated the view that was a '*chicken and egg*' situation, suggesting that low-income communities might want fast food outlets. This would presuppose that deprived communities have choice and control over foodscapes; it also indicates that there was an element of 'victim' blaming of communities and parents. Consequently, responsibility for providing nutritious foods in poor communities would not lie with the local state.

At the level of the local state, the responsibility of public health professionals was described in operational terms: to manage the contracts to ensure that interventions are evidenced-based, to monitor performance and targets, and to provide information to elected representatives to facilitate childhood obesity strategy. In providing this role, conflict was evident as some implementers challenged the role of politics in health. For example, Claire, an implementer said:

this is political, you know there's a mayor, an elected mayor, what I became really truly aware of, is that its politics before health. So you know, there's only certain things you have to follow, decisions are made on another basis … I'm not saying they're necessarily political but I think politics is linked to how they're voted in … [it's] *what they see rather than maybe the evidence base. So it's politically driven. That's what I've noticed and it's very much who you know as well, I think in a way. I know it's a real shame but I think it's about who you know as well.*

(P1PiFMiddle)

There was ambiguity from some implementers towards parents. Some implementers' experience of the food practices of parents in poverty suggested a gap between that experience and the 'discursive justifications' that blamed parents. As posited by Sum, this provides space for alternative conceptions and counter-hegemonic subjectivities (2012, p. 2). For example, parents were instead constructed as intelligent and resourceful, as Bev, a community implementer, said:

Blaming parents, for giving children food they are going to eat. They need the energy. The most important thing we have is our energy. That's the one we die without. To prioritise your energy at the lowest possible price seems to me, to be a really intelligent response to feeding children … [living on] *fifty quid a week and you can feed your child, and they'll be full after school, from chicken and chips. Compared to having to go to the shops and buy things at two quid a bag … Parents tell me … I can't afford to waste food. I have to give children the food I know they're going to eat. If you change the food of your family, and you risk waste … It's a financial luxury.*

(P1PiFMiddle)

In contrast, other policy actors framed parents, within rational choice, as being irresponsible in choosing foods that were described as 'revolting': microwaveable cheese on toast, fizzy drinks and premade baby foods. Responsibility was removed if poverty dictated no choice, as illustrated by Mary, a policymaker, who said:

The other one I can't bear besides McDonald's is Iceland. There's a big Iceland in the middle of my ward. It is the deprived who are going to Iceland. And if … you look at what they're producing. They have frozen cheese on toast. You just shove into the microwave. Cheese on toast is the easiest thing to make in the world and they've got additives and … all that stuff to keep it fresh, well frozen. It takes five minutes to make cheese on toast. It's shocking really that people pay money for that. The very deprived are trapped into that sort of food.

(P1PiFMiddle)

A gendered emphasis on responsibility emerged across the interviews. The composition of the parent participants was mostly made up of mothers, illustrating structural gender inequalities. Policymakers and implementers generally used the term 'parent', possibly because this is seen as a neutral term (Lee et al., 2014). One policymaker strongly focused on the role and responsibilities of mothers. This may reflect her personal experience. It is illustrative of a disciplinary power that produces a gendered subjectification, as exemplified by Mary, the policymaker:

I mean Jamie Oliver of course tried, starting with school dinners. He was very committed. He did not move on then to educating the mums which is what I think is needed.

(P1PiFMiddle)

Gendered emphasis of responsibility occurred across generations. For example, the family biography of the mother, Andrea, was described as genetically 'large', a largeness that one child of her three children had inherited. In comparing two daughters, Kerry said one was beautiful and slim. He hoped the other daughter would soon find an interest in boys and her appearance. His associations are illustrative of a healthist ideology and gendered differences that have been socially constructed over centuries. Of the social divisions created and reinforced by policy, gender remains central.

State responsibility

The 'policy triangles' conceptual tool (see Chapter 3) is useful to help recall that policy is contested space (Lang, 2005). This process includes ideological shifts and struggles between actors. These appeared to be constant for parents in their everyday experience. Parents were unanimous that government was not helping, and they described how their food environments were being colonised, to use Habermas's concept (Outhwaite, 1996).

Felecia, a mother, said:

They're not helping, I love cooking and find it better to cook at home than shop … when tired I go to shops, can't be bothered to cook. I like to cook stuff at home so I know what's going in. I see my kids growing up … fast foods popping up everywhere. And then they shut down and you find out it's for health and safety reasons. I feel the government is allowing all these shops to pop up a couple of yards away from each other, just to give you quick food. That doesn't help you …

(P2FWorking)

Most parent-participants thought the 'government' blamed parents. Some describe the state and local state as being interdependent with food companies. For example, Andrea, a mother, said:

With one breath, the government are blaming those outlets … with the next breath – because they make the money from the shops – they're allowing it to happen.

(P2FWorking)

The local state had little visibility among parents. Parents had little perspective on the Council's function other than as 'rent collectors'. This included rents from local business, such as fast food shops. Rental income was the assumed reason for the planning regime. Many parents challenged how and why so many fast food outlets are allowed to exist in poor areas and around schools.

Khadra, a mother, said:
On every corner, there is a chicken easy shop. They are cheap. I don't think that's very helpful. While children coming from school they buy French fries or chicken. Not helpful to give license to everyone.

(P2FMiddle)

The notion that their family food practices were being shaped by foodscapes is articulated as '*they make fast food easier'*. It suggests the complicity of other policy actors. Parents were clear that fast foods, and the proliferation of fast food outlets, were the major cause of poor eating habits in children, and this stood in contrast to the ambiguity in relation to this on the part of policymakers. Maya and Yvonne, for example, suggested that their deprived areas were targeted, or 'dumped in', because their lives were of little value:

(Maya)
They dump those things in our area because they see it as deprived and they think the people who live there don't matter.

(P2FWorking)

(Yvonne)

We don't cost anything when they bury us … They never suffer.

(P2FWorking)

Food labelling was viewed as unhelpful by most parents. Many of these parents took responsibility to learn how to read the nutrition information on labels, for example by attending child weight management programmes. This illustrated that, as the food industry formulated 'unhealthy' products, parents were being taught a technique of self-government in the interests of neoliberal political rationalities (Rose, 2009); to become nutrition experts (Coveney, 2006). Whilst some parents found label reading useful, others were self-critical. A focus on food labelling keeps the focus on the individual rather than on structures. Many thought that unhealthy foods should not be manufactured, and that policy solutions included clear food labelling and product reformulation. For example, in talking about the Responsibility Deals (Department of Health, 2011b), Andrea, a mother, said:

It shouldn't be voluntary. There should be certain stipulations that these products come up to. It should be illegal for them to not be doing what they should be doing. Like it's illegal for me steal from somebody. Why is not illegal for them? They're being allowed to get away with it. It should be a criminal offense. People are eating this muck!

(P2FWorking)

Food Industry responsibility

The food industry was viewed across the interviews as not taking responsibility. None of the parents were aware of the Responsibility Deals (Department of Health, 2010b). Supermarkets, advertising, and high-street fast food outlets were distrusted. Implementers articulated that the food industry sets out to confuse parents and that it was motivated by profit. The simile of '*like a radio – it's on all around you*' was used by a parent to describe ubiquitous food advertising.

Parents articulated their understanding that '*they were a business*' and food was '*all about money*'. There was anger that this leads to food being produced and sold that is

unhealthy for children. Parents articulated '*it shouldn't be on the shelf*', or that fast foods should not be on the high streets. The word 'muck' was used, and it was suggested that damage is being done and that the food industry was avoiding responsibility. So, alongside anger, there was awareness of exploitation by the food industry.

The issue here is an ethical one, of an immorality linked to industry practices that place the self-interests of the food industry above children's health. At the same time, there was acceptance of the status quo of domination by the food industry which was articulated through the acceptance of it being 'a business'. Syrita, a mother, said:

They're a business. So, as I said, supply and demand … They can see that if a child wants this … then they're going to go for it and either make it that bit cheaper or that bit sweeter … to entice the kids.

(P2FWorking)

Syrita also exemplified a fatalism that this is structural, and this possible fatalism suggests a reason for why parents might take 'ultimate responsibility'. However, markets are driven by profit motivations and competition, and businesses strategically plan growth (Mahoney, 2015). Neoliberal economic and social policies furnish the free market. As these findings show, parents were conscious that government and food industry have shared aims.

The responsibilities met by parents were illustrated in their food literacy, engagement with health services, and food policy solutions. This is returned to in Section 6.2.5.

6.2.4 Responsibilisation

The notion of individual responsibility was found to have deeply penetrated parenting practices, food and health discourse. It appeared embedded and instrumental in social divisions mediated by stigmatisation. The discourse of healthy and unhealthy foods was attached to concepts of good and bad parenting, moral meanings of parenting that frame subjectivity (Perrier, 2010, p19). These discourses were repeatedly evidenced whilst carrying out the recruitment for the research

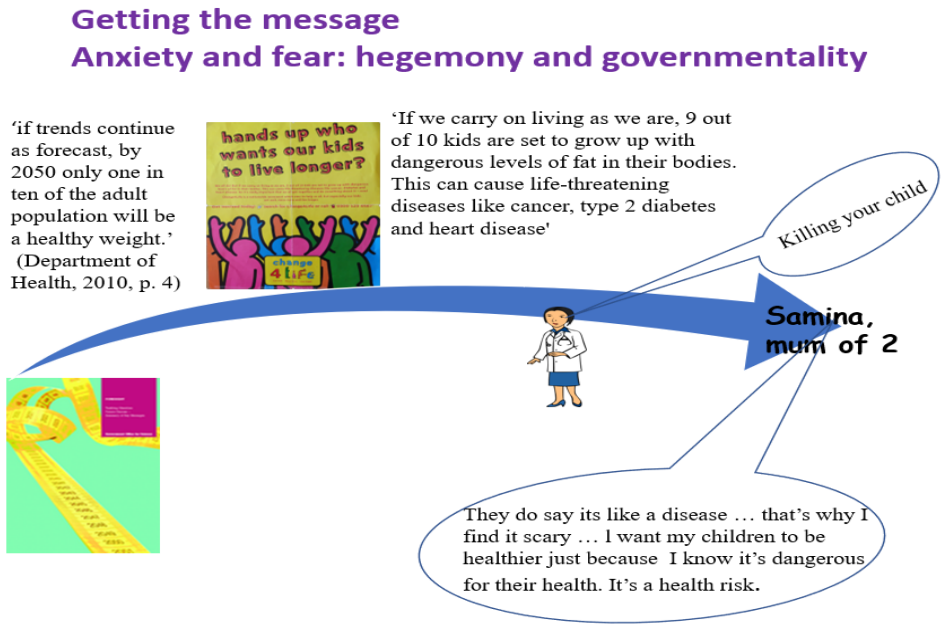
project. For example, some people felt anger towards mothers who were perceived not to provide healthy foods. The concept of 'healthy eating' was found to be socially divisive. This illustrated how hegemonic projects create a 'social vision' and 'social unity and consensus' (Sum, 2012, pp. 1-2). This research has found that these processes are unstable and open to resistance. For example, some parents described the process of shifting responsibility from the state to parents for the prevention and management of obesity in children as: '*we're getting the message*' and '*we're not the ones passing the buck*'. In contrast, the government was 'allowing' the food industry to produce foods that promote chronic disease. Contradictions were perceived as parents contested the voluntarism allowed to the food companies, whilst they were expected to take 'ultimate responsibility'. This section explores how these processes might unfold.

Responsibilising and a discursive chain

Fairclough's concept of discursive chains is used by Sum to explain how discursive chains are involved in the reinforcement of the 'hegemony of economic imaginaries' (2012, p. 3). This involves the mutual reinforcement of actors at different sites. It was exemplified by Sum in her analysis of the discourse of 'poverty reduction programmes' by 'powerful' actors on many scales (2012, pp. 3-4). Sum's analysis suggests a multi-level and multi-site process, with dispersions of discourse through policy actors, and tools such as policy documents, speeches, papers and popular handbooks. Through this process consensus is built. A similar approach was taken by Monaghan, Hollands and Pritchard (2010) in their analysis of 'obesity epidemic entrepreneurs' within a governmentality approach. This research draws on Sum's (2012) combination of hegemonic processes with governmentality. Figure 6.4 uses the concept of a 'discursive chain' to explore the concepts that emerged across the data, from document analysis to field interviews.

Figure 6.4 suggests a possible process that reinforces consensus for individualised responsibility, and governmentality around parenting food practices. The misinterpretation of data between the two documents was discussed in Chapter 2 (see Department of Health, 2010, p. 4). It captures the non-malicious notion of parents '*killing their children with love through food*' that emerged with some policy

implementers. This relates to the notion of childhood obesity as neglect (Department of Children Schools & Families, 2003; Zivkovic et al., 2010). The parents, as policy recipients, accept the authoritative information relayed through a Change4life poster. There are other explanations, including the transfer of information from the Foresight Obesities Report to the Change4life programme, that might involve human error or policy silos.



(Sources: see Chapter 2, p. 61)

Figure 6.4 Exploring a discursive chain and effects

Figure 6.4 draws on Fairclough (2003, in Sum, 2012), to illustrate a discursive chain through which a possible fear-based, hegemonic process unfolds. It is potentially unintentional or includes human errors. Stages in this chain are explored:

1.Foresight Obesities report

The start of the 'discursive chain' process, as illustrated above, would include global-level concepts, such as of 'lifestyle choices', that deem the WHO as a hegemonic site. The research 'evidence base' and its 'experts' informing the Foresight Obesities report exemplify a hegemonic site at the national level. The power of the evidence base was illustrated by policymakers and implementers who referred to the 'evidence' as the credo that guides their actions. Its 'technological power' and the 'disciplinary power of 'experts' – the health professionals who relay the 'message' to

parents – was illustrated. The acceptance of these 'knowledges' as truthful was illustrated by the fact that no parents asked whether the 'nine in ten' children at risk of eventual diabetes was true or not.

From either a hegemonic or a governmentality view, the evidence base cannot be neutral. This raises democratic questions: 'the body of (economic) knowledge is presented as neutral and this helps to insulate it from democratic scrutiny' (Sum, 2012, p. 13).

2.Change4life and fear-based messages

Figure 6.4 shows the potential for an unintended fear-based approach to changing eating behaviours. As set out in Chapter 2, this is ethically questionable and may not be effective. Newman argues that the Behavioural Insights Unit is influential in producing consensus around policy (2014, p. 53). There is a potential for their involvement in this process.

3.The policy implementers – health professionals

The 'expert' interviews in this thesis suggest heterogeneity in their views, ranging structural blame, empathy, acknowledgment of prejudice, and generalisations. The range illustrates hegemony as unstable and therefore as a constant process that includes ideological reinforcement (Sum, 2012). The nature of consent and compromise, is illustrated to be politically influenced, by Lucy, a Director of Service, who disputed that LBL used the deficit model of parenting when compared with a Conservative-controlled London borough:

Deficit model … in that policy is formed in that way but in terms of how we … We don't use, it's not a useful model to use … And that's very definite. I think if you went to someplace like Westminster [Conservative controlled] *it'll be very different.*

(P1PiFMiddle)

The meaning of food as 'showing love' was articulated by policy implementers who provided examples of the feeding practices of parents and grandparents. The

suggestion by a policy implementer that parents were unknowingly '*killing their children*' is not unexpected. It reflects the deficit model and a sense of urgency on the part of health professionals that is rooted in an ethic of care. Emotions are used in governmentality (Miller and Rose, 2008). Also, the literature suggests that parents' experience of health care professionals may be that it is 'rude, judgemental and dismissive about concerns and blame parents as the primary cause of excess weight gain' (Chadwick and Croker, 2015, p. 60). The notion of parental blame continues in popular media, for example in the television programme *Honey We're Killing the Kids* (BBC.co.uk, 2017).

4. The parent-policy recipients

The parents as policy recipients are suggested to be a site in the discursive chain. The 'message' is received, 'fear' has been transmitted, and consensus is built around the notion. This is illustrated by the mother, Samina, who said:

They do say it's like a disease … that's why I find it scary … like I want my children to be healthier just because I know it's dangerous for their health. It's a health risk.

(P2FWorking)

The lens of governmentality suggests the creation of the neoliberal parent-self amongst the most deprived. For example, Samina responds in the language of the epidemiologist and a risk manager, and she was also applying for apprenticeship posts at £3.30 per hour. Another mother, Leyla, comments on the untruth. Leyla is not party to the knowledge of scenario-mapping of a 'possible future', but accepts this as a statement of fact from a government project:

Yeah it is scary to think that nine out of ten kids under danger of the cancer, diabetes and the rest. Diabetes that's a really bad one. I don't think people are aware it's really that high.

(P2FWorking)

The social-marketing strategy of informing parents of the potential disease risk creates fear, but also anger with government. Parents responded with fear. However, they also questioned why the government would allow the food industry to produce disease-promoting foods, and they became aware of the self-interest of the food industry. Alternatively, fear may promote consumer power. Space for counter-hegemonic practice is apparent within these responsibilising processes. This was voiced but not actioned, possibly due to the lack of, for example, a campaigning vehicle. The parents' policy solutions illustrated that a political platform was needed; as one mother said, '*I should go into politics*'.

The possible discursive process illustrated in Figure 6.4 interconnects with the concepts of 'whose responsibility', blame, and the ultimate responsibility. These were found to be interlinking processes that also contained potential for stigmatisation, as explained in the findings in the following sections.

6.2.5 Responsibility and blame – the ultimate responsibility

This section is about parents' responsibility. Responsibility and blame are closely interconnected concepts and they unfold in food-policy processes. In practice, the definitions merge. Giving responsibility is a political and ideological action from the state to the parent (Henderson et al., 2009). As previously mentioned, responsibility is actioned by making healthy food choices, but this is constrained by poverty. A process unfolds as parents take ultimate responsibility and self-blame, as confirmed in these data.

Child health was the most important issue for parents. Parents seek expert help when needed. One mother, Andrea, had engaged with the health services for over ten years, and this included involving a doctor, health visitor, dietitian and child weight management programme. Andrea concluded a lack of effectiveness of health and food policies related to children's weight. She argued for policy changes that hold food companies to account, and concluded that it was counterproductive for schools to focus on overweight children. Instead the whole class should be educated about nutrition.

The views of policymakers and implementers were largely that parents make ethical decisions in their circumstances. The majority of parents illustrated knowledge of healthy foods and an ability to cook within time constraints. Parents described the process of prioritising, of weighing up the pros and cons of eating at home, of physical activity or homework, as well as the importance of having employment as a role model. They took personal responsibility. However, parents' responses suggest they go further and accept the 'ultimate responsibility' and self-blame for their children being overweight.

Self-blame is argued to evolve from policy discourse and taps into the 'internal state' of inner emotions through nurturing and ethics around caring for children; it is used in the 'government of family life' (Rose, 1987, cited in Ribbens McCarthy, Doolittle and Day Sclater, 2008a, p. 144). The responses of parents suggest that food policy based on the notion of deficit or failure promotes self-blame. This was suggested as parents used performative descriptions of their food practices. This was despite parents' identification of the government and food companies as failing in their responsibilities. For parents, the ultimate responsibility took the form of the ultimate acts of: '*food in mouth*', '*on the plate*', '*in the cupboard*' or '*gave child money*' for food. For example, Bedria, a crèche worker, said: '*How can I blame someone else for what I do?*' (P2FWorking).

Miller and Rose argue that political discourse is not just language, but rather it contains a performative element within 'systems of action' (2009, p. 57). Power, from a Foucauldian perspective, is productive, embodied and enacted (Gaventa, 2003). The carrying out of the 'act' has productive power. Its effects include the reinforcement of self-blame. It is illustrative of power as a circulating and productive process (Gaventa, 2003). The performative element of skills-based parenting is present within food policy. It was articulated by implementers and policymakers; for example, Maggie, an implementer, echoed the view that parents 'carried out the act' of feeding: '*The parent is usually the person who buys the food in the house, are they not?*' (P1PiFMiddle)

However, Maggie and others shared their own food experiences of being time-squeezed parents. They too, as parents, would be exposed to governmentality

discourse of subjectification that requires them to be a certain type of 'good' parent. As key informants, they too were subject to the assumptions within food policy that shapes their practice. Contradictions were illustrated with many having empathy with the parents. This contrasted with their position in the policy process as a 'disciplinary power' that is based upon, and reinforces, the construction of deficit parenting. This reflects the instability of hegemonic consensual processes at the level of the local state.

The ideological concept of the 'freedom of choice' was interconnected with responsibility and blame. One policymaker argued that, as an ideological concept, it underpinned local policy-making and the notion of responsibility. In the Foucauldian sense, it is power within the 'knowledges' of policy that constructs the 'political subjects' 'who imagine themselves to be free' (Bacchi, 2009, p. 38). The idea of the freedom of choice of the consumer-citizen to buy unhealthy foods was exampled by Colin, a middle-class NHS nurse and parent: '*We can't say "oh well because there's loads of sweets on offer it's someone else's fault". They don't force us to make those choices.*' At the same time, Colin acknowledged that he has the financial choice to buy foods thought to be healthier, such as palm-oil-free peanut butter. In contrast, financially constrained working-class parents illustrated a meaning of 'no choice'. As Syrita, a mother, says here, the healthy choice for her child entails a sacrifice in her nutrition:

There is no choice … today I thought 'let's pick up something to eat' … easier to buy Kentucky chicken from Iceland or some nuggets, chips and that would have cost two pounds fifty. I spent five pounds buying salads and chicken I can barbeque or roast myself. The choice was spend five pounds or the two pounds fifty that would last longer. But I thought no, I feel no, I want to give salad so I have to sacrifice.

(P2FWorking)

In summary, the act of taking ultimate responsibility unfolded as hegemonic and as a process attached to governmentality. It is strongly performative and attached to internalised self-blame. However, this is not uncontested, as most parents also blamed government and food companies.

6.2.6 Stigmatisation and food policy processes

Stigmatisation emerged as a layered process and at multiple sites, described by Puhl and Heure (2009) as in the areas of welfare, weight, parenting practices, healthy eating and class. The extent of weight, parenting and food-related stigma observed by the researcher in this study was unexpected, suggesting multiple interconnected and socially embedded stigmatisations (Puhl and Huere, 2008)

Relevant to this thesis, parental determinism challenges the competencies of working-class parents (Gillies, 2012, p. 90). These processes set people apart, stigmatise and marginalise. This is important for food policy and children's weight because it adds another component of the everyday life experiences that working-class parents need to navigate.

Stigmatisation is important as a social process with health, sociological and political interpretations (Scambler, 2009). For health, stigma may be internalised. For example, weight stigma can be devastating and debilitating on children's self-esteem and is argued to be a public health issue (Puhl and Heuer, 2009). For example, the daughter of Yvonne wore her father's shirt to school to hide her body. She was bullied and did not '*speak out*'. This adds to the family worry and stress. At the political level, stigmatisation is an instrument of power: 'it takes power to stigmatise' (Link and Phelan, 2001, cited in Scambler, 2009, p. 450). Stigma becomes hegemonic and enabled through social order and distinctions – 'a ranking of hierarchy' – and it serves to reproduce social inequalities (Parker and Aggleton, 2003, cited in Scambler, 2009, p. 450). Its use by the state is described as 'strategic deployment' within a context of a 'political economy of stigmatisation' (2009, pp. 449-450). This political use is of relevance in this research for its policy process implications. In relation to tobacco control, stigma was used in a strategic deployment of 'denormalisation'. The use of shame as behavioural change, it is argued, is used in obesity public health and law in the US (Wiley, 2013). Such construction of deviancy is not new.

In relation to welfare, one working mother differentiated between the 'deserving' and 'undeserving' welfare recipients. Parents powerfully articulated the stigmatising

impact of the NCMP letters. Here, the Foucauldian concept of biopower is evident, through the construction of child BMI, body measurements, and individuation in the measurement and normalisation through classification of BMI (Oksala, 2013). 'The letter' may enact a subjectification effect on the part of the parent and child. The child consumer has choice and agency. Thus, the child being measured is not a passive actor. There are lived effects, such as stigmatisation and subjectification, as well as shame and fear, spoken about by mothers, as described by this policy implementer, Bev:

(Bev)
sending a letter to say 'We've decided your children are overweight and they need to go on this programme' … On the day they do the childhood measurement programme, some parents won't send their children to school … so there's a real fear and concern.

(P1PiFMiddle)

The effect of stigmatisation and social division was illustrated by Leyla, Kerry, Liz and others, who articulated the setting of parent against parent, of Foucault's (1982) 'dividing practices' that result from the individuation and normalisation processes of the body measurements. These processes are powerfully illustrated in the following quotation, which also illustrates the subjectification effect of assumed food practices and the non-discursive power of the legal threat related to child safeguarding. Leyla, a mother, said that there is stigma:

when you get the letter of your child's measurements you assume it's the parents fault … parents are going to talk. People are going to talk and assume that the parents are obese as well. Or you know, neglecting the child. Don't care. Just feed it to shut it up.

(P2FWorking)

Some children's BMI were reported as borderline classification. One mother reported that her child entered his adolescent growth spurt soon after his classification and the classification changed to 'healthy'. The mother was angry at the distress caused. So, the letter was found to be a symbolic violence that created anxiety, stigma and social division.

Drastic action was reportedly taken by some parents and observed by the researcher in the recruitment. As the mother Leyla explained in response to the question whether government is helping or hindering:

(Leyla)
hindering … even though they give you the letter there isn't advice on clinics to go to help, to guide parents … parents take it very seriously and could start malnutritioning the children … give them a lot less because of their thoughts and views on what other people would think … the child might be only slightly obese, but they take it very seriously and that could affect the child's overall wellbeing … having a health professional at the school so it's easier to have … advice … so you're not alarmed and worried about what you're going to do …

(P2FWorking)

A further example is provided that underlines Leyla's experience. During the recruitment, a mother was met who had placed her clinically obese, six-year-old child on liquid meal replacements. This was a response based on fear, but one that was potentially counterproductive to child nutrition. Parents reported overweight children who developed disordered eating into adolescence, resulting from stigma. Thus, governing of the self as mediated by policy was illustrated to affect both adult and child. Furthermore, stigma penetrates family relationships as illustrated by the father Kerry and his two daughters. The sibling differences are potentially underpinned by behavioural genetics (see section 2.1.1):

(Kerry)

first child wouldn't eat anything as a child … grown up to be a real health freak. She doesn't eat anything bad. She knows when to stop eating before she goes to bed. She's exercising three, four times a week. And she is beautiful, slim, healthy … second child she is completely different. She will eat for England! She's probably not interested in appearance at the moment … hoping in a couple years she'll start looking at boys and think about her appearance … her intake with fatty foods, processed foods. Processed foods are the worst ever …

(P2MWorking)

Stigmatisation may be an unintended consequence. It is counterproductive, given the policy ambition to reduce obesity in children through its psychosocial effect.

These experiences of parents describe the unfolding of a responsibilising process for child nutrition which is, from a governmentality perspective, parents' journeys through self-blame, guilt and anxiety (Coveney, 2006). Failing parents are marginalised, 'othered' and stigmatised alongside their children (Gillies, 2007). Arguably, childhood obesity, food and parenting are part of a strategic deployment of stigma that contributes to social division and contributes to the fixing in place of families in poverty, a process described by Skeggs (2004).

Summary

The theoretical framework brought together Marx, Foucault and Gramsci, and other contemporary theorists who draw on their work, to interpret the meanings of 'responsibilities' which emerged as a major theme. The theme is about power relations in the governance of parents of children with 'obesity'. Using Bacchi's (2009) WPR approach to the policy document analysis (Chapter 4), it was possible to locate the 'genealogy' in the nineteenth century with the evolution of the 'child-saving' movements, and the beginnings of nutrition as a science, the latter involving the measurements and classification of the child's body. In the contemporary world, this shifts to the neoliberal political rationalities that focus on individual responsibility as part of its pro-market discourse. In this context, the reconfiguring of the state has seen responsibility shift from its centre to the local state and

individual/parent. How this unfolds is the remit of ideology and its counterparts in Foucauldian discourse. A new 'common sense' is formed, the state 'ensembles' actively consent and a new 'self' is constructed that is governable in the new political rationality. Marx's ruling idea was applied to 'responsibilities'. The WPR approach identified a redefining of the policy actor responsibilities. The sub-theme of 'whose responsibility' found the local state to actively consent to the responsibilisation of the individual/parent through, for example, mitigation of cuts that closed children's centres, and acceptance that volunteering would fill the gaps. The local state also consented to the proliferation of fast food outlets. Parents took responsibility, for example, in food literacy and in seeking help from heath professionals. The food industry did not take responsibility to support parents as expected by policy, whereas parents argued the industry's business interests come before children's health. Discursive practices were considered through the potentially hegemonic or unintended use of fear-based messaging that promoted governmentality in both implementers and parents.

The fourth area of these findings was how blame and responsibility come together and lead to 'ultimate responsibility' among parents. This ultimate responsibility is also perceived socially, and the notion of parents' responsibility becomes stigmatising. Discrimination and stigmatisation unfolded. Stigmatisation was found to be socially embedded, and the NCMP entered this arena, was linked with parents' food practices and added to the stigmatisation. The disconnects through these processes are powerful. Those disconnects that increase the pressures on parents through local government cuts, and which internalise self-blame and stigmatisation, are counterproductive. While personal responsibility is taken, responsibility is not shared by the food industry or local government.

6.3. Disconnect 3: Class

Class was illustrated to be relevant in two main themes that emerged from the data: the class undertow and the lived experience (figure 6.1). These themes emerged from the professional and personal experience and views of policymakers and implementers, and those of parents as policy recipients. This section brings together

the key findings and linkages as presence, lived experience, and consciousness. Food and policy process are interwoven throughout.

6.3.1 Theoretical framework: Bourdieu

Class emerged mostly at the ideological and symbolic levels. Through food policy processes and the food practices of parents, the symbolic serves to maintain the social order and to be socially divisive. The theories of Bourdieu (Bourdieu and Wacquant, 1992) and Skeggs (for example, 2004) are used to explore the symbolic. The symbolic includes 'structuring structures', such as the means of creating knowledge and 'structured structures' through communication and 'instruments of domination' in relation to social classes (Bourdieu, 1991). Examples include signs, symbols, language, discourse and pedagogy, the assigning of inferiority, and the denial of resources (Webb, Schirato and Danaher, 2002). These are 'gentle' forms of domination that yield symbolic violence (Topper, 2001). It is the symbolic power of a legitimate language that names and shapes the social reality, the consensus, the particular world vision: 'invisible power which can be exercised only with the complicity of those who do not want to know that they are subject to it' (Bourdieu, 1991, p. 164, in Webb, 2002, p. 95).

The Bourdieusian processes built upon by Skeggs are grounded in the economy, history and culture (2004, p. 2). In neoliberal times, value is attached to the neoliberal self. Values contribute to 'taste' and habitus, and Skeggs refers to DiMaggio (1986) to explain how these 'become institutionalised, protected by symbolic boundaries and forms of exclusions' and further, that 'the categories used by groups to cultivate differences become legitimated over time' (Skeggs 2004, p. 143). Boundaries of exclusion formed around the neoliberal self are translated into food and health policy as 'individualised responsibility' (Parsons, 2015), which this thesis has also found.

Drawing on Bourdieu, Skeggs describes practices and bodies as being inscribed or named, for example 'good or bad, worthy or unworthy' (2004, p. 2). Symbolic value is attached to those that are 'legitimately' named and thus valued practices. This is rooted in institutionalised systems of exchange that enable a value to be accrued to

some whilst lost from others (2004, p. 2). In relation to food policy, this section identifies what is not valued and is, therefore, lost. This is suggested to contribute to policy disconnect with working-class parents.

6.3.2 The presence of class

The reality and significance of class for food policy related to children's weight emerged across the data: documents, interviews, field notes and photographs. Class made its presence felt through a range of meanings. In everyday language, the terms 'social class' or 'class' were absent; instead, demographic descriptors, such as 'low income' or 'single parents', took the meaning of class as social groups. For some, self-identity defined class, and '*different things to different people*' was the broadest notion. It was absent from the minds of a few parents but emerged from memory. Two parents were very distant from the idea of class. Not all thought class was relevant to food and children's weight, and some suggested affordability as the main determinant of their food choices. Two policymakers thought the term 'working class' was being avoided. One implementer articulated its presence as '*sits in the head as class*' in describing the '*uncounted*', for example, refugees.

The presence of class emerged with relevance to the social gradient in relation to children's weight, such as in the foodscape and practices of the working-class parents. One policymaker commented that the association of deprivation with class in contemporary times reflected a return to Victorian values, adding that the idea of '*deprived people has a certain weight behind it*'. The same policymaker suggested that '*the establishment*' consciously avoided the language of class. This illustrates the process of 'displacement' of class, a displacement that is attached to the interests of those promoting it (Skeggs 2004, p. 61). As Skeggs explains further, the purpose in creating a classification serves to 'confirm the perspective of the classifier as well as to capture the classified in the discourse' (2004, p. 18). Quoting Wacquant (1991), Skeggs posits that the classifier reflects the positioning of the middle class as the 'healthy and stable component of the nation' (2004, p. 18). In contemporary times, this has been promoted within 'third way' politics (2004, p. 18; see Chapter 2 for further discussion of how this continues). Centring on the middle classes, the neoliberal self and parent is produced, and so too the contemporary good self. It is

demarcated and known through processes of exclusion (2004, p. 22), such as naming 'the deprived'. Processes of exclusion include food practices, and were found in the meanings of food practices and foodscapes that emerged in this thesis. For example, the implementer Maggie said: '*Middle class. More well to do … who can shop in Waitrose.*' And, the implementer Angela, when talking about new food eateries and gentrification, said:

Middle class people pay for a baguette with a bank card. A friend said 'I feel uncomfortable in those places – as if I don't belong'.

(P1PiFWorking)

Using a Bourdieusian lens, the process of exclusion forms part of a wider discourse with symbolic violence. Through symbolic violence, 'the deprived' accept their condition as the 'natural order of things' – 'the violence which is exercised upon a social agent with his or her complicity' (Webb, Schirato and Danaher, 2002, p25). Some parents resisted being naming as 'deprived' and all resisted the inscribing of their children's bodies as 'obese'. The naming creates distance from 'the *classifier*' – from that which is valued – and marginalises the '*classified*' other. This contributes to processes that enable some to move whilst others are fixed in place (Skeggs, 2004, pp. 50, 155).

Habitus is a core concept of Bourdieu. It consists of social and political processes that form a person's 'world view' (Williams, 1995). This is theorised as being embodied in the physical being (Topper, 2001, p. 24). The body itself has relevance to meanings of class. Skeggs posits the process of inscription on bodies that attributes value to some and not to others (2004, pp. 12-14). This was reflected in the interviews, as one working-class mother relayed her experience of working in an affluent area. She described the children as '*beautiful*', compared with children in her deprived area who were '*big, skinny, big, skinny*', and she reflected on the inequality by asking '*why not children equal?*' This suggested an inequality in the nutritional status of these children. This was corroborated by others who described how the deprived foodscape affected physical appearance and the sense of well-being. This illustrates how knowing that your children's health matters less than that of others,

and that nutritional injuries are being inflicted, with the foodscape implicit in these processes, contribute to 'fixing' classes in place (Skeggs, 2004, p. 50).

6.3.3 Foodscapes

The food environment is a key factor in childhood obesity (Government Office for Science, 2007). It includes access to and availability of healthy foods. Unequal access and availability are suggested through the social gradient and symbolised through the distribution of fast food outlets between affluent and deprived areas, which is revealed in Lewisham through mapping its foodscape.

The concept of the working class being 'fixed in place' (Skeggs, 2004) emerged in the interviews. Food access and availability are suggested as part of this process. A young mother, Samina, equated living in a safe environment with access to nutritious foods, with a sense of well-being and with having a 'clear mind'. Without this '*people don't look after themselves*' and she concluded that the conditions '*where they live*' is '*kind of a cycle*'. Misrecognition and symbolic violence have occurred. Misrecognition is a key concept of symbolic violence, whereby a person misrecognises the situation as the norm. In Samina's example, she described how she and others are reconciled to their poverty environment, accepting it as the 'natural way of things'. As she says, the cycle continues. In other words, she and her children are kept in place.

Samina's quotation illustrates the fixing and reproducing of social class through spatial or lived environmental context. This intersects with 'food deserts'. Downham, a large area within Lewisham, is an example. Other parts of the borough are undergoing gentrification processes, with new transport links, improved housing, fresh-food eateries, and a changing demographic with a younger middle class. Downham has remained relatively unchanged for thirty years. There has been movement of people within the area, and construction of one new leisure centre, but the high-street changes are limited to fast food outlets. Urban restructuring is planned as the market dictates; for example, one policymaker said '*Deptford is seven minutes from London Bridge*'. Food deserts like Downham (figure 6.5) are 'fixed in place'.



Figure 6.5 Fast food outlets and betting shop in Downham, 1st August 2014.

Furthermore, Downham and other areas are assigned as 'deprived', and this naming of areas as deprived can also be understood through Skeggs' notion of 'naming class without naming' (2004, pp. 89-90).

Gentrification processes were introducing social contradictions through foods. The new food economy of middle-class eateries – and prices – was mediating urban restructuring through exclusion. This compounded the effect, and Angela, an implementer, described working-class areas as being '*rubbed out*'. She also described the everyday lives that were hidden on the council estates, and how, behind the new eateries, there was food poverty and 'food insecure obese children'. A mother on a zero-hour contract was 'petrified', forced to seek food from food banks and neighbours.

The process appears as symbolic violence. Parents described the shop fronts of food outlets in affluent areas as 'pretty' and associated them with health; they were '*not life threatening*'. In contrast, some foods sold in deprived areas were characterised by a middle-class policy implementer as '*do not stand downwind*'. To draw on Bourdieu and Wacquant (1992), the exploitation of children's eating habits is seen as 'business', and as the 'natural order'. To the 'outsider', it appears as 'sickening' (1992, p. 74). Bourdieu and Wacquant add that symbolic violence is not without resistance and revolt, and the former of these was suggested in these interviews.

Many parents understood the process of being the 'audience' of food companies. Anger and resistance were apparent through the descriptions of poor quality foods being 'dumped' in the community. Supermarket advertisements for fruit in a deprived area were partially covered with another for cut-price alcohol (see section 5.1). Such mixed messages may reflect a conflict of interests between public health and the food industry, but they also contribute to the symbolic violence of the 'natural order' in poverty environments. This promotes cynicism around policy for working-class health. Leyla, a childminder, commented:

it's keeping the adults on their liquor, the kids on the sweets and then the take-aways for dinner … It's what we're seeing everyday so all we think about is sweets and drinks … It's like the betting shops ... a lot more people are doing it … it's not good.

(P1PiFWorking)

The difference in quality of foods, and the associated cultural hierarchy (Bourdieu, 1992), was taken on board by parents who talked about 'organic', 'free range', the British tractor symbol, cheap imported meats, meats 'sold from the back of vans', fast foods and processed meats, and the variable quality of fruit and vegetables. Access to foods and fruits '*children wanted to eat'*, and affordability**,** were the central concerns. These are resource-based issues. Inequality of access was described by Ken, a policymaker, who also suggested what is 'sickening' to the outsider:

And as I say at a very cheap price and some of us wouldn't look at those foods but maybe we would if we had less money and had less skill about cooking.

6.3.4 Food practices and choice

Notions about deficiency in cooking skills amongst low-income households are controversial and can be viewed from the perspective of symbolic violence.

Food practices were found to contribute to the reproducing of class. In this thesis, numerous class distinctions were made through food practices. Class differences were defined by where people shopped – for example, whether at Waitrose or Iceland – how people paid – for example, whether by card or cash – the foods eaten,

where they were eaten and whether and how they were cooked. These comments were made in the context of the social gradient in childhood obesity. Resource deficiency is veiled by neoliberal 'responsible individualism', notions of parental failure and a misplaced notion of food choices free from structural constraints (Parsons, 2015, pp. 164-165). Many of the parents interviewed made food decisions based on necessity in poverty conditions. The reality of 'no choice' was articulated. Syrita, a working mother, described 'no choice' as '*no-one has a choice it's either the cheapest which is unhealthy or nothing*'. Syrita illustrated that being the responsibilised mother-self, as required by public policy, entails maternal sacrifice.

In contrast to material constraints, personal responsibility and sacrifice reported by parents, policy suggests that working-class parents are deficient in budgeting, shopping and cooking skills. The notion of a 'deficit' model was known in the community. This is illustrated by Jan, a community implementer:

In an ideal world supporting parents would be the norm … including healthy food … not that you go to parenting class if you're perceived to be not doing it right. [Supporting parents] *becomes a universal thing rather than a medical model deficit thing.* (P1PiFMiddle)

This was repeated by some policymakers and implementers who used cultural representations, such as suggesting pedagogic roles for campaigns like 'Girl named Jack' that promoted how to budget and eat well on a 'basics' line. It was suggested Jamie Oliver should help teach mothers to cook on a budget. This contrasted with references to middle-class cooking and baking television programmes that some policymakers and implementers watched, such as those featuring Nigella Lawson or Hugh Fearnley-Whittingstall. Celebrity as a means of food education was not a resource appreciated by some working-class mothers who described the celebrities as being out of touch with the lack of affordability to cook from scratch. This is illustrated here by mother, Andrea, when she talked about an observation she made whilst shopping in Iceland:

popped into Iceland … woman in front of me, with her partner and children, and … in her basket ... she had seven … large meals: chicken hotpot, chilli con carne, shepherd's pie. Seven desserts. All for a pound these deserts and the meals were all three pounds. I nudged my partner and said 'she's fed her family for the week and its cost her under thirty-five pounds.' That's the answer to the question: Why are people doing it? She's fed her whole family for under thirty-five pounds. And if she didn't have to buy bread and cereal. And if she's got access to free school dinners, it's a cheap week (laughs) … *if I make a shepherd's pie from scratch it costs at least six pounds. It doesn't matter* (laughs) *how much they tell us if you can't afford to do it. You got to feed them. You've got people like Jamie Oliver and the government ramming it down your throat that you got to make everything from scratch but it's not cheap. Some of the recipes … fill your cupboard with all the herbs and spices and that alone will cost you ten pounds, twenty pounds. It's not easy to feed your family from scratch.*

(P1PiFWorking)

6.3.5 Cooking and food literacy

All the parents, including the two fathers, were food literate. The fathers had particular interest in nutrition. One routinely sought out nutrition information from the media. These fathers and all the mothers reported cooking skills, and they had their own cultural and London-local food knowledge. There was a rich diversity in cuisines. This section mostly focuses on the resources, local food knowledge and differences.

Provisioning of food for children required time and resources. The mothers in this research were aware of the resource deprivation that limited their possibilities. They sought support from health professionals, understood healthy foods and could cook. Resource deprivation was illustrated as a class-based difference. Several parents referenced 'the nanny' as a metaphor for 'time, money and stress', including time 'to think'. Financial stress was described as blurring the priority of the healthy choice, so the quick fix was to provide snacks. The contrast with the 'nanny' illustrated that these mothers knew they faced structural constraints, and that this affects their food choices.

Poverty as a driver for the family consumption of convenience foods and children's snacks was recognised by many policymakers, implementers and parents. In this context, some viewed parents to be making responsible food choices. All parents talked about cooking and healthy foods. Different words were used to describe cooking in their communities, for example, to 'make' or 'ovenbake'. Some thought cooking classes were helpful, especially for young women.

Cooking and eating were not described as pleasurable; one working mum described cooking as '*quality time*', and a policymaker reflected on her experiences of the drudgery of cooking. A young mother considered that young women might benefit from cooking classes. The lifecourse approach adopted by policy targets pregnancy as a key time for intervention to prevent obesity in children (Department of Health, 2011a; Department of Health, 2008b). However, a misfit appears as there has been a persistent erosion of cooking skills taught at school. A mother pointed out that despite statutory legislation, some children were excluded from cooking lessons because parents could not afford the ingredients. The Childhood Obesity Plan 2016 (Department of Health, 2016) shifts responsibility to schools but does not include universal cooking. Reference was made to cooking classes in the community, but these were described as being 'grabbed' by middle-class mothers, possibly an illustration of the sense of entitlement (Skeggs, 2004) or parental anxiety (Lee, 2008) that was also described by implementers.

Whilst where to shop was based on necessity, not choice, for working-class mothers, one male middle-class policymaker described supermarkets '*as a place to buy global ingredients with which any chef would make a meal*'. This, possibly gendered, view was not the experience of supermarket shopping for working-class parents. For them, supermarket shopping is 'the big shop' and, in the absence of affordable alternatives, food shopping became the weekly big shop, which involved paying for a taxi and being enticed to buy 'bogofs'. Some working-class parents point out that this created ill-afforded waste.

Symbolic violence was present as some policymakers questioned the use of commercialised foods, called them revolting, and argued that low-income mothers should cook from scratch, for example, by making weaning foods by '*mashing up*

peas'. A policy implementer associated the middle classes as those who shop at Waitrose. The supermarket Iceland was coded for working class.

This thesis found that, while struggling to make ends meet, working-class parents were conscious of the principles of healthy eating, as well as the parenting practices and tasks promoted by policy, such as discipline, monitoring and scheduling. This is illustrated by the following quotations:

(Lena, mother)
area of lower class people just do what they do without thinking, shaping and monitoring. They just live.

(P2FWorking)

(Kerry, father)
see a child who is very overweight, you look at the parents and say 'Why haven't you tried to regulate him and reduce his weight?' ... tell him he can't have this and can't have that ... very important.

(P2MWorking)

One mother, Ferda, was aware of the tasks, having taken part in a community weight management programme for children. She was a remarkable cook with a healthy Mediterranean tradition. However, she criticised herself for not scheduling meals, referencing her neighbour who kept a family food planner on the fridge door. This mother shared her experience of '*going without food*' to ensure that her children ate. Symbolic violence is performed through the policy and its process, whereby middle-class practices are presented as 'worthy or correct' and then transferred into learning (Gillies, 2007, p. 37), in this case through community-based programmes.

The mother also misrecognises herself as being able to conform to new practices when compared with her neighbour. This results in self-blame. In the absence of any alternative, compliance with official thinking may occur (Webb, Schirato and Danaher, 2002, p96). An alternative approach could legitimate her food knowledge. A few policy implementers partly legitimised working-class food knowledge; these

quotes from two community implementers illustrate the diversity of food in a working-class community:

(Bev)
our brilliant Vietnamese shops and our brilliant … fruit and veg shops. Because it's ethnically diverse, Deptford, you have audiences who don't feel comfortable shopping there … we want to … change that perception so we have all sorts of culinary tours, Vietnamese, South Asian, traditional British.

(P1PiFMiddle)

(Claire)
If you're … going to work with families, it's pointless trying to communicate with them on any other level. It has to be around food. Its making people understand what it is about food. It's not about how much sugar, not about things like that. It's about the quality of food, what they're buying, what they … got access to, what they can do with food. People start to be more interested and get talking about food, you know, how they can cook … There's knowledge that is not harnessed … cultural knowledge. I don't think there's enough invested to tease that out, to find that out.

(P1PiFMiddle)

They were enthused about the mix of cultural foods in the borough and the potential to build on that food knowledge. There were contradictions, as policy direction based on deficiencies positions implementers as educators in healthy eating. For example, the assumption was made that if a child lost weight, then it was due to changes in family food practices and not to a growth spurt as relayed by the mother.

Without legitimation, Ferda assumed her practices to be inferior. This is a potential example of Bourdieu's concept of 'doxa', which explains how subjects 'adjust to ideological rules even if it causes them suffering' (Webb, Schirato and Danaher, 2002, p96). Here it relates to an affective self-blame. Precarity shaped Ferda's family food practices in which she sacrificed her own meals.

Food practices took the form of 'them and us'. There was an awareness of the different 'audiences' the sites targeted. Organic foods were the marker of quality that

parents wanted for their children. The language of middle-class eating habits, of discipline and moderation, were known to most parents. Lena illustrated a sense of class difference in eating habits. She referred to each class as being '*set differently*' in '*foreign ways*'. It appears as structural. Lena said:

upper class watch their weight. And then the children do the same thing and they continue to be slim and healthy … have an orange and toast when the lower classes have big breakfast … poorer community … more obesity, more let go …
… lot of differences between what the lower class does, the middle class does and the upper class does. Big weight of difference. Differences in how they eat and how they drink … my children, say for breakfast just have orange juice and toast and little bit of cereals for lunchtime, have a little bit of fruit – evening time they have proper dinner – vegetables, piece of chicken and a little spoon of rice. Then I would be set in a foreign way, living like the upper-class people

(P2FWorking)

In summary, the parents in this study were food literate, and they had cooking abilities. For most, their possibilities for food provisioning were limited due to lack of resources. In contrast, some policy actors assumed that parents were food illiterate. So, food choices based on necessity were associated with stigmatisation. Symbolic violence was attached to commercialised foods and where people shopped. There were cultural and class differences that suggested difference rather than deficit.

6.3.6 Resistance and class consciousness

Social relations, through the lens of exploitation, were visible to parents as the profits made from child health. Understandably, parent-participants were angry. Some thought that there was collusion between the government and food industry, with them being 'all in it together', and it being 'all about money'. There was resistance voiced as parents stated that government 'allows' this collusion, as this mother Andrea said:

government knows exactly what they got to do … this isn't rocket science in my opinion, but whether they are ever going to do it is another thing. Ultimately government is there to make money and in the end this is about money.

… food companies have got to be answerable to somebody … it has to be government. They're obviously not doing anything that's deemed as illegal because they're allowed to do it. It's like the horsemeat scandal. That's all been swept under the carpet. Nobody in government is doing enough about these companies and what they're being allowed to do. It's the revenue behind it … they're allowing kids to drink these drinks, and access these foods for years and haven't done anything about it have they? They said they put food labelling on it but the products are still there.

(P2FWorking)

There was a collective consciousness, but not as class action. Parents did not consider 'food' and childhood obesity as a trade union issue, but as issues that 'community' should 'take ownership of'. These views were shared by a few implementers and policymakers.

Summary

Class is of relevance as the lived experience of the social gradient. This was reflected in the working conditions described by parents in Section 6.1, and, in this section, most notably in the symbolic violence of the foodscapes in deprived communities. These parents articulated class differences through resources and food practices. The differences were known in actual eating practices and in 'self-regulation', but this was argued not to be the issue, as working-class parents were aware of differences, and they appreciated their own food practices. The difference is in material circumstances. The findings suggest that policy based on middle-class practices might not be appropriate for working-class families. Cultural differences were articulated. There were collective experiences around work, lack of resources and lack of time, and policy pressure to adopt middle-class practices without middle-class resources. A sense of classed inequality in food and the value of children's health emerged from the data on deprived foodscapes and the abundance of fast food

outlets. A collective consciousness of class, albeit with confusions and contradictions, emerged, but not one of class action.

6.4 Disconnect 4: Local state, democracy and food policy processes

6.4.1 Theoretical framework: Jessop and Sum

This disconnect concerns processes of 'power and democracy', with potential disconnects between parents and the state that are relayed by policy implementation by the local state. The theoretical framework to interpret these findings comprises hegemony and governmentality and is based on the meanings and processes of the state advanced by Jessop (2008): historically contingent, multi-scalar and socially dispersed (see section 2.6)

In Britain, local state powers emanate from the central state (Sum, 2012). In this context, Sum's approach to the local state as 'scalar' is drawn upon. Sum's approach to multi-scalar policy analysis integrates political economy with cultural discourse analysis, hegemony and governmentality. At the micro-level of governmentality, cultural political economy takes form as knowledging technologies of governance/accountability, such as 'good governance', public-private partnerships, and New Public Management (Chapter 2). Across multi-scalar sites, economic, political and intellectual forces shape a new 'constitutionalism' mediated by a new ethicalism. This 'new ethicalism' connotes 'macro-level political hegemony as a moral leadership and involves micro-level power relations that through discourse of community and responsibility reconfigure individuals as self-responsible and subordinate and to unify under some moral commitment'. For example, this manifests as the state's unity with the food industry, through Responsibility Deals (Department of Health, 2011b) and partnerships, for promoting child health through healthy food.

The 'new constitutionalism' and 'new ethicalism' govern individuals and organisations through a 'disciplinary neoliberalism … tied to a new moral leadership' (Sum, 2012, p. 19). Through discourses, the hegemony is not purely top-down, but rather involves engagement and 'continued exchanges' between

hegemonic and sub-hegemonic sites (p. 20). For public health in local government, there is a continual exchange of the hegemonic discourses, such as 'healthy eating' (Mahoney, 2015, p. 48), and their 'technologies of power', such as audits. These are further explored below.

6.4.2 Local state, childhood obesity and food policy

Contextual processes backdropped the Labour-controlled authority as a sub-hegemonic site. These were a localism agenda and the financial constraints that were driving restructuring and privatisations. These processes were captured in the document analysis, whereby responsibility for public health, including childhood obesity and public health nutrition, was transferred from the NHS through a financial process described by policymaker, Ken, as 'top slicing'. This reduced funding prior to transfer, whilst central government 'expect' the same levels of service nevertheless to be provided. Amid ongoing financial constraints, the consensus for LBL strategy was framed by a senior policymaker as mitigation of cuts whilst not funding new areas. However, contradictions appeared with implications for food policy. While counter-hegemonic resistance may appear in decrying the financial cuts, in practice hegemonic processes ensue. These appear as processes of negotiations and alliance-building in enacting the cuts. Over preceding years, efficiency savings had been made, facilitated by the political orientation within the Labour party nationally and locally. Policymaker, Ken, described the difference between cuts and savings as a '*politically charged debate*' and as a '*mixture*' of savings with efficiency improvements. Under the Blair government (1997–2007), market-dominated policies evolved through modernisation programmes, such as Best Value, partnership working, and Public Finance Initiative (Newman, 2014, pp. 30-31).

Ken commented: '*Even before the advent of the financial crisis … in Lewisham we were making savings, all the time, because we are trying to maintain a culture of efficiency and innovation.*' He explained that savings were made alongside political priorities and compromises, which included introducing the London living wage for LBL workforce. The course was set, and under the new central state management of the Conservative-Liberal Democrat coalition government (2010–2015), the processes

of savings were to be speeded up. These included the marketisation of child weight management programmes, healthy-eating projects, the closure of children's centres, and the increasing presence of a food transnational in school and community nutrition. Processes of transferring public services to private and pseudo-private social enterprises were described by Colin, a community implementer as '*empire building*':

a social enterprise, but they've taken over a lot of council facilities over the past years, libraries and looking to take over under-fives play clubs when the council get rid of them and now he's got involved in food banks as well and opened one just round the corner, sort of empire building

(P2MMiddle)

The budget reductions in 2015 led to cuts in frontline services. Some of the councillors voiced objections to budget reductions. However, corporate-style, financial management is integral to the LBL constitution. Its business orientation is to: 'lead effective and efficient Council making decisions' (London Borough of Lewisham, 2014). The impact on implementers and public health nutrition services was uncertainty for the future, as implementer Fay said:

we're in a process of transition at the moment and we'll see what happens without budgets and contracts … It is a changing world at the moment. What's happening now and in six months' time, might be completely different

(P2FMiddle)

Disconnect appeared: while policymakers voiced their concern for child health and inequalities, the budget cuts impacted on parents' resources, such as the closure of children's centres. One councillor who had sat on two relevant committees – planning and health – recalled that inequality was something not often talked about. The policy analysis in Chapter 4 suggested differently, with policy cross-cutting between departments. However, the experience of Joe, a councillor who had spent more than five years on both health and planning committees, was of the '*white elephant in the room*':

I think the only time I ever heard anyone of any seniority in the council talk about inequality in relation to young people was to argue [about statistics]. *They were terrified about talking about inequality. In any sense whether it be educational outcome or health, um, I think it was just there though. It was the white elephant in the room* (P1PmMMiddle)

The creeping marketisation of local government and public health were evident through school food. Using Sum's new ethicalism, this process can be seen as evolving over a decade through the introduction of public-private partnerships. This is the macro-hegemony, as moral leadership is found on the global stage through World Health Organisation advocacy for partnerships (Sum, 2012). As document analysis in Chapter 4 found using Bacchi's WPR approach, policy representation of the food industry 'as a force for good' (Department of Health, 2011a, p.8) conversely can be viewed as enabling private interests to gain from public concerns. This is echoed by Sum's 'new ethicalism'.

Partnership working was a core approach of LBL. Its 2006 Food Strategy brought together transnational food companies, local public health and community partners. It was further exampled through 'Well London' operating a community site in the borough. The processes by which private gain usurps public services through partnership were evidenced through school food. The awarding of the school food contract was a market-based process. A policymaker described the awarding of the £35 million catering contract as an instrumental process, with cost as central. Since 1999, the contract had been awarded to a subsidiary of a multinational food company; that is, Big Food had entered the local state (Hamilton, in Booth and Coveney, 2015, p. 3). The moral commitment, or Sum's 'moral leadership', is found in promoting child health through healthy foods and tackling inequalities through support for communities. In delivering these core concerns, the multinational company provided free porridge to primary school children as a contribution to tackling food poverty. A state-of-the-art training kitchen was built for community use. It is notable that this is in a site of another marketised sector: a private housing association managing some LBL homes, and providing a showcase community café. The school menus adopt public health nutrition, with primary-school menus using comic characters to promote the nutritional benefits of foods (Compass Group,

2014). This illustrated the process of the 're-configurement' of moral leadership waged by the transnational.

In practice, local politicians were participating in the re-configuring and hollowing out of the state, and they were passing responsibilities for food and health on to non-state providers, family and community. They did so through 'mitigation' and with ambiguities. There was concern about the consequences of making cuts, and, as cuts were made, some councillors became active in community social enterprises or charities, such as food banks. This process can be viewed through the lenses of hegemony and governmentality, with the unfolding of active consent and the entrepreneurial, responsibilised self. Disconnect was found between actions and consequence. It was unclear whether policymakers were aware of disconnect between the policy they carry out and the lived experience of their constituents. For example, concern about childhood obesity and potential health risks, food poverty and the ubiquity of ultra-processed food was evidenced in the support for food banks and food projects. Empathy was articulated for families forced to *'eat foods you wouldn't eat unless you* [had to]'. Yet policies were carried out that reproduced these circumstances.

It is argued that the question of who has the power to shape foodscapes and tackle the obesogenic food environment is a political question. Cockburn maintains that it is not easy to see 'direct and immediate connections between the state and capital' (1977, p. 47). The foodscape mapping in Chapter 5 illustrated large-scale regeneration and gentrification, and the emergence of middle-class eateries. Notably, one area, a food desert, was not being developed. Policymakers and implementers commented on the proximity of transport links to central London, and on housing stocks. This suggests a driver for local development is not social need, but the need rather to house new workers for businesses in central London. The changing foodscape was largely to meet the needs of this new workforce. Amid these changes, one senior implementer conveyed how the local food economy could be developed by centring on the diverse cultural food traditions of low-income communities undergoing gentrification. Whilst well-meaning, through the lens of hegemony this can be seen as a process of negotiation by which the indigenous communities compromise and find a new normative (Patton, 2014).

The contrast between foodscapes in deprived areas and affluent areas conveyed a food policy message to parents, whereby a supermarket in an affluent area was described as 'not life threatening'. This suggested that parents perceive the food options in their foodscapes to be 'life threatening'. Fast food outlets were a major concern for parents, in the interviews and as recorded in the recruitment field notes. In contrast, elected representatives gave the impression that they have little power over the planning system. As discussed under 'responsibility' in Section 6.2 above, planning was described as a 'permissive' system. If the planning application meets the statutory requirement, permission cannot be refused. This process illustrates both the instrumental role of the local state in supporting the national state, and how food policy is permeated by the interests of the food industry. Joe, a policymaker, described arguments with other councillors on the role of the market:

Why not say we now have xxx chicken and chips shops in London Borough of Lewisham and that's enough. Rather than my Lib Dem colleague who says you can't interfere with the market. Why not if it's not good for people!

(P2MMiddle)

The Healthy Towns (Department of Health, 2008) policy initiative suggests that foodscapes are implicit in health promotion. The disconnect unfolds as market forces around food versus local child health needs. Child health becomes a political question around the control of the 'market'. The planning system appears to be a means to an end that enables the produced foods to be sold regardless of nutritional quality. So, rather than being chaotic processes, it is more likely these also represent the role of the state 'to continually reproduce the conditions within which capitalist accumulation can take place' (Cockburn 197, p. 51). For example, the reproduction of working-class areas as 'deprived', with access to poor quality food and streetscapes that promote low morale and poor health, keeps '*adults on liquor … and takeaways*', as Leyla, a mother, articulated:

It's keeping the adults on their liquor, the kids on the sweets and takeaways for dinner. It's what we're seeing everyday so all we think about is sweets and drinks. It's like the betting shops. We've got so many betting shops … a lot more people are doing it … it's not good. (P2FWorking)

The production and reproduction of these foodscapes are mediated by national and local government policies. As shown in Section 6.3.2, they are forms of symbolic violence that reinforce differences such as class. Within working-class communities, they contribute to division; for example, a working mother suggested only mums on benefits have time to use the nail bars. This is not suggesting conscious implanting of specific shops in areas of deprivation, but rather the potentially unintended consequences of unreflective processes within local government.

Disconnect between central government departments and local government was voiced by some policy implementers. In Section 6.2, the new political influence on public health was discussed. There is also disconnect running through the implementation. Organisational practices in policy implementation produced disconnect with parents. Silo working was exemplified by a lack of integration between key departments – childhood obesity and children services – and committees of health and planning. Some implementers voiced criticism of policy processes at the macro level. The rolling out of national campaigns, such as Change4life, were reported as poorly co-ordinated, leaving implementers unsure of their specific purpose. At the community level of delivery to parents, service providers adopted a routine '*tick box'* or *'bottom draw'* approach. The result was mixed messages to parents, with frustration at the counterproductivity of the implementers. Claire commented:

Change4Life campaign … sponsored by the government and has been on television … people go what? Who? They don't recognise Change4Life, or the money that's gone into it … don't trust it as a brand. The message that come through, they don't understand. They don't explain the latest campaigns to people working at the coal face.

(P2MMiddle)

Organisational practices, alongside financial and political constraints, impacted on LBL food policy. Policymakers relied on the evidence base and 'experts'. This suggested a top-down, 'expert'-led process of governing from a distance. Consultations, ward assemblies and participatory budgeting were vehicles for parents' involvement in policy-making, and are reported in Section 6.6.

Summary

The theoretical framework defines the local state as a 'transmission belt' or sub-unit for national economic and social policy (Jessop, 2003, p. 5). Through its 'ensembles', hegemony and governmentality unfold. A new constitutionalism and ethicalism is evoked in which 'disciplinary neoliberalism … is a tied to a new moral leadership'; for example, this takes the form of mayoral authority, where the power of 'political will' of the mayor is important for public health. Traditional processes of policy silos exist alongside the forging of partnerships to promote food strategy, including in relation to 'obesity'. Processes evolve with the mitigation of cuts and creeping marketisation, such as the role of transnational food companies in the local state, for example in schools and housing. Gentrification brings new middle-class eateries, while food deserts remain, and the market is the driver of the changing food economy, with LBL proximity to central London being a key consideration in local decisions. Foodscapes are metaphorically linked with disease and death; thus, foodscapes in deprived areas connote the lack of value of children's health when compared to more affluent areas. There is empathy with parents. However, local policymakers report that they have no power over a permissive planning system. So, parents of children with 'obesity' in deprived areas are daily exposed to unhealthy foodscapes. The final process that mediated disconnect was found in the process of implementation that leads to frustration on the part of implementers and confusion on the part of parents.

6.5 Disconnect 5: Parents' food policy solutions

Parents' policy solutions diverged from current government food policy and interconnected policies that affect their family food environment. Their approach to food policy was integrated and ecological.

6.5.1 Theoretical framework: Rayner and Lang

The 'ecological' metaphor describes their coherent, rich suggestions that interconnected a range of policies: food, health, family, and economic and democratic engagement. This resonates with Rayner and Lang's (2012) ecological public health framework that is based on interaction across multiple dimensions of

existence: material, cultural, social and biological. Within these dimensions there are sub-processes, termed ‘transitions’, that situate phenomena in time and space. The cultural entwines with economic and democratic processes that are exemplified in consumerist culture. Policy frames parents as consumers with responsibility for healthy food choices for children. Furthermore, it suggests that democratic activity is carried out in exercising this responsibility. The potential power of the consumer (Department of Health, 2016) is in the ‘purchasing decisions’ that replace the ballot box (Rayner and Lang, 2012, p. 300). The effect of consumerism shifts power to purchasing choice rather than to political change (Rayner and Lang, 2012). In this study, there was ambiguity about the meaning of consumer choice between choice and necessity. However, parents’ thinking on what government should do was not ambiguous. All parents engaged with policy solutions. These are steps in food citizenship and illustrate the potential for political engagement.

This section sets out parents’ food policy and integrated ideas in three areas: work and welfare, food industry, and government. It also discusses policy ideas actioned through community, the state, and the local state.

6.5.2 Work and welfare

Parents’ policy solutions were ecological and underpinned by material conditions. Working conditions were central in terms of living incomes and the working hours that enabled time with children. Precarious working conditions were argued by many policy actors to be foundational in limiting the possibilities for food provisioning among low-income families.

Employment reform emerged as a central policy solution. Alongside addressing income and hours, a food voucher system was suggested for families on benefits and in work. This suggests food costs were viewed as components of income and as a basic need. The Childhood Obesity plan (Department of Health, 2016) notes this ‘need to eat’, but links it to choice rather than material resources, stating:

> We aim to significantly reduce England's rate of childhood obesity within the next ten years. We are confident that our approach will reduce childhood obesity while respecting consumer choice, economic realities and, ultimately, our need to eat. (2016, p. 3)

Many parents thought hard about what types of policies would support their family food environment. Liz, the bus driver and mother, was vocal in providing policy ideas on income and food costs. She suggested tax-free vouchers to purchase healthy foods as a supplement to wages and for families on welfare. This system would influence food choices, for example in relation to families on welfare:

So give them vouchers not cash and that way you'd encourage more healthy eating because they haven't got the money to spend in fast food shops

(P1PFWorking)

This quotation may reflect the discourse of dependency and/or of food rights, because Liz also advocated tax-free food vouchers for those in work. The latter was attached to the idea of a universal minimum food cost per person, as she explained:

I think trade unions should go to employers and say instead of giving staff an increase, give £100 voucher, tax free, for food a week. Or £50 [depending] *on circumstance. So, family of four would need £100 a week and a single need £25 … give workers vouchers that are tax free rather than cash that will be taxed. It'll be more beneficial for the worker … shall I go into politics?*

(P1PFWorking)

This system would support the local food economy if, as Liz and parents argued, the local shops provided healthy foods. This would need, as they pointed out, a redesign of their high streets.

A voucher scheme as nudging behavioural change in food purchasing does not solve the problem of the overall lack of time and resources. As a supplement for those in paid work, the notion of the voucher suggests wage expectations have been lowered, so workers, like Liz, expect to be poor. Vouchers may be a form of symbolic

violence and social division. A key policy issue is the hegemonic processes of active consent in negotiating a framework that sustains poverty and inequalities. A counter-hegemonic discourse of food costs as basic needs was found. Samina, a young mother on benefits, also advanced the idea of vouchers and suggested that they should include organic foods. This may be a wish to feed her children optimally, or it may be a counter-hegemonic stance.

Work, welfare and food rights, voiced through these policy solutions, were cross-cutting with internal contradictions, but the overall message was not ambiguous. Employment and welfare reform emerged as central to enabling food policies to be effective in supporting parents of overweight children.

Drawing together the parents' views, their policy ideas were:

- Wage and welfare reform that includes the costs of raising children optimally
- Reduced working hours that fit with family needs, and secure employment contracts.

6.5.3 Food industry and government

The consensus amongst parents was that the self-interest of the food industry took priority above child health. This interweaved with views on food labelling, advertising and the Responsibility Deals (Department of Health, 2011b). Parents exhibited anger, to varying degrees, in pointing to this reality with which they are faced. Their children's health was being exploited for profit interests. At the same time, the effects of food policy and public health policy included social division through the stigma they and their children faced.

Parents' solutions included food-labelling reform. The experience was that labels promoted confusion and unintentional purchasing. The food label confers profitability and power. It is known that 'powerful' sections of the food industry resist clear labelling (Lang, Barling and Caraher, 2009, p. 176). This has been the situation for decades. Food labelling was an issue for some policymakers and implementers, who suggested, with empathy, that parents would feel more confident

if they knew how to read the food labels. This implies that the problem lies with the parents and not with the food labels. The solution lay with parents as active consumers able to make informed choices. It also shows how governmentality and hegemonic policy processes unfold at the site of 'experts', as set out in section 6.4; these processes create stigma and self-blame.

With distrust in food labelling, parents argued for reformulation of products. They were perplexed that foods are manufactured only for parents then to be advised not to choose them, and that government 'allows' that to happen. As Andrea, a mother, said:

they're being allowed to sell … those cereals, the food companies. Somebody, somewhere allowed … it's got to be government standards … allow those products to go out. There should be health warnings on all of them.

(P2FWorking)

Policymakers and implementers had some support for using fiscal tools to change families' consumption patterns. In this study, however, there was no support among working-class parents for such a policy. It was seen as another tax increase, alongside the bedroom tax. This is illustrated by these two quotes from mothers:

(Felecia)
I don't think tax would work. What do taxes pay for? Police, road works. Just taking money from the people to line their own pockets.

(P2FWorking)

(Lena)
They're putting taxes on food already yeah … if put it higher it would stop people buying certain things but that wouldn't stop it. They just need to cut out certain taxes … like you're paying permanent my that's wickedness

(P2FWorking)

Desire, taste or addiction were a primary concern for some participants. Parents compared the effort, for some people, to stop buying high-sugar and high-fat foods

with the challenges of smoking and alcohol cessation. For these people, fiscal intervention would not work, as Lena, a mother, commented:

Increasing tax won't stop people buying it (laughs) … *people are determined to love what they love, until something bad happen. Just bend their mind to that. Like cigarette … alcohol …*

(P2FWorking)

By contrast, taxing food companies for selling fast foods and unhealthy foods was advocated. This would encourage product reformulation. Measures to make healthy foods affordable would make a difference. Food costs were a key question for parents. Most parents reported the costs of healthy fresh foods as more expensive than those of convenience foods. Affordability of healthy foods included the right to foods that children want to eat; soft berries were given as an example. Drawing on parents' opinions, a food policy would need to include a rebalance of prices of healthy foods, and of affordability that puts children's health first.

Ideas on how food costs would change were not prompted in the interviews. One policymaker suggested Cuba as a model that provides basic foods as a right to all the population. Maya, a mother, talked of 'food revolution' as meaning to her a complete change, and she exampled 'cutting out the middleman' so foods can be brought into communities direct from the farmer:

(Maya)
start a food revolution … looking at how can we do that … where these butchers, these farmers are … go and deliver ….

(Interviewer)
you used the term revolution, what does that mean to you?

(Maya)
Change … Not being told what to do … Not being told how food should be

(P2FWorking)

The intrusive nature of advertising and media was described as like ‘radio’ being on ‘all around you’. Product placement techniques used for unhealthy foods and sweets in shops were defined as advertising, and they were associated with ‘money making’. An increase in legislation controlling the advertising of unhealthy foods to children was argued for. This includes television adverts and product placements in supermarkets.

Whilst critical of policy, participants were cynical about how policy change would occur. Parallels were drawn with the experience of smoking and the tobacco industry, a well-established argument. However, it was implied that government was choosing not to act on these products. There was cynicism that changing policy in favour of child health ‘*would take years*’. The mothers, Leyla and Andrea, illustrate the cynicism:

(Leyla)
government … if they put a shut down on what happens, on smoking or whatever, you will see a cut down drastically … if they wanted to make a change they could, but they’re choosing not to. So obviously it’s not that much of a problem as far as … how they see it

(P2FWorking)

(Andrea)
(Indicating the ‘food companies’ prompt card) *these are money spinners aren’t they! … like what they done for smoking isn’t it. Will they ever really do anything about this or not? It’s going to take years.*

6.5.4 Community and local government

The community foodscape and fast food outlets emerged as key areas for policy change. These have been discussed in earlier sections; however, the question remains on how these changes would unfold. Policymakers were sceptical that inhibition zones for future fast food outlets around schools would have much impact, as so many already flourish. The planning system was permissive and this restricted their power to say ‘no’. Parents considered these outlets as businesses that target poor

communities; as one commented, they know their '*audience*'. One implementer described her organisation's work that had successfully convinced family-owned fast food outlets to switch to producing healthier foods. This concurred with parents' views. For, while most parents wanted most fast food outlets removed, many suggested family eating clubs or culturally diverse healthy local food outlets. It seemed convenience foods away from home are part of the local food culture. But change is wanted in the nutritional quality of foods. This opens opportunities for commensality.

The contrast of foodscapes in affluent areas with those undergoing gentrification illustrate what is denied to poor communities. Many parents articulated foodscape visions that consisted of small grocers and culturally diverse healthy eating outlets, and foods straight from the farm.

School foods were part of the community and a focus for where parents might meet to discuss food policy. The backdrop of austerity had affected school cooking classes that, whilst nominally free, required parents to provide ingredients. Free cooking lessons were, therefore, important. The main focus was the NCMP and its reform, with a call for professionals at schools who would have face-to-face contact with parents. Related to this was the solution that nutrition curriculum should focus on all children and not target the overweight.

The food policy demands apply to the whole food system and its interaction with state, local state and families. The ideas raised by parents are presented as actionable by the state and local state, with inherent overlap:

The state

- Government ensure food industry produce healthy, nutritious foods that promote good health
- Control of advertising, media
- Clear food labelling
- Affordable nutritious foods
- Mandatory responsibility deals
- Work and welfare reform
- Supermarket product placements to prioritise healthy foods
- Not to increase food costs through taxation of unhealthy foods
- Reduce the cost of healthy foods.

The local state

- Universal provision of fresh cooked free school dinners
- Community development approach to children's weight, and social nutrition including Sure Start and school nutrition
- Food and nutrition on school curriculum
- Reform of the NCMP
- Remove most fast food outlets
- Redesign high streets – affordable butchers, bakers, grocers with foods fresh from farm.

Summary

Parents' food policy ideas were grounded in their material conditions of work and community environment. Thus, they interconnected food policy with other policy dimensions that influence their family life. Parents wanted affordable food of a good nutritional quality, and policies that did not lead to stigma. There was distrust of the food industry and a belief that the industry's interests entwined with the politics of the current UK government. These parents believed that there should be a role for parents in policy-making, as discussed in the next section.

Research question 2: Why is the parent's voice not heard?

Parents' policy solutions showed they are not passive recipients of policy. In food democracy terms, they are becoming active food citizens. There is a lack of mechanisms and opportunities for involvement in food policy-making, rather than it being the case that parents do not want to be heard. This section considers Cockburn's (1977) study of 1970s local government in London, which is useful for understanding the current participatory processes in the LBL. The findings consist of three elements: lack of democratic process; the material constraints faced by parents; and the need for meaningful deliberative space.

6.6 Barriers within democracy – democracy deficit

Cockburn argues that the role of the local state is not to enable grassroots democracy, but to support state aims (1977, p. 131). Cockburn provides a link with the experience of the 1970s, showing the evolution of participatory approaches that are widely used today. At that time, community development and corporate management approaches were integrated in an effort to tackle complex social questions (1977, p. 95). According to Cockburn, with 'democratic rhetoric' the power of the 'town hall' was broken into small localities (1977, pp. 129-131). Participatory methods were used to encourage local 'democracy' (1977, p. 100). Later, corporate thinking was introduced into the community through structures called 'neighbourhood councils' (1977, p. 153). In some areas, as local communities were invited into the process, these councils became vehicles for campaigning against urban restructuring. So, the question for governance was how to achieve a balance between corporate and community approaches (1977, p. 153).

In the contemporary LBL, this takes the form of the Assemblies. These are part of the infrastructure of democratic elitism that has centralised decision making within the mayoral system (Newman, 2014). Councillors are constructed as 'community leaders' and removed from decision making, and local business interests are brought closer to local government. It is a process that separates out representative and participatory democracy (2014, pp. 104-108). Public involvement is through the Assembly structure and participatory budgeting. These appear to be grassroots

democracy, but they contain contradictions. For example, LBL participatory budgeting provides a grant of up to £5,000 to fund food, health and other community projects, for which local groups compete (Green, 2015). This suggests 'democracy', but it can instead be seen as part of a hegemonic process whereby the local working class have conceded to a divisive process, which is set in the context of diminishing local funds and services, but glossed with 'democratic rhetoric'.

The process of how the public are involved in the general policy process was observed at an assembly. A technical officer presented options for cuts and the procedure for taking part in online consultations. This was part of the democratic process that enables the communities to decide where LBL should make cuts. There was no option for no cuts. The elected representatives were passive: one chaired the meeting and two sat in silence. This provided an example of hegemonic process, of public consent – to budget cuts in this example – using the 'rational choice' approach. It questions the meaning of elected representatives as 'community leaders', as promoted in the democratic elitist approach of New Labour's modernisation (Newman, 2014, p. 108). This was in part answered by parents interviewed, for whom the local state was passive and invisible. Its function was suggested as an administrative one of *'collecting rents*', and not as a vehicle of struggle.

The document analysis found few meaningful ways in which parents had been involved in food policy-making. This concurred with the interview findings. Overall, a lack of lay-parent involvement in the decision-making process was suggested by some policymakers and implementers and described as a '*democracy deficit*'. This described the lack of process to enable lay parents of overweight children to be involved in policy-making. This included time, location and the formality of the meetings, as Joe, a policymaker, said:

(Joe)

democracy deficit … meetings are held in public. There's nothing to stop a member of the public turning up and listening to the discussion. But it happened so infrequently and often it was councillors' officers, experts, opinion makers talking to each other to produce this document that then gets signed off by the mayor in cabinet and then goes on the web. So where is the public input in that?

(P1PmMMiddle)

The interconnectedness between notions of governance and democracy was articulated by some implementers. For example, the involvement of parents in policy-making was reported to be in the form of audits and evaluations. Miller and Rose (2008) describe these as governmentality, as means of governing from the distance through technologies that measure and collect data, a process that shapes the subject/parent, and which render accountable and judgeable the activity of professionals (2008, p.109). They have replaced the 'previous trust in professional wisdom' and they enable the state to govern from a distance (Miller and Rose, 2008, pp. 109-110).

Parents felt that their voices were not heard but that they should be. Some implementers suggested that the middle-class parent's voice was heard in food policy through school-governing boards. A middle-class parent participant agreed that their cultural capital enables a greater involvement; however, there was a lack of fora to enable all parents to participate. This was articulated by Colin, a father, who said:

(Colin)

Well I think, going back to my idea that parents hold the ultimate responsibility, then they should be the key people … I think the problem with government policy … that often they have good ideas which maybe evidenced based, but … there's little follow up to say, oh did it work? … I think they should be listening more to parents and the actual experiences of what the barriers in helping their children be healthier. I think they don't structure the fora. They've got organisations like Mumsnet have a fair bit of presence because they are big groups and can lobby the government … I mean we have the ultimate power, we're responsible for our children but there needs to be structured ways that there's a dialogue between government and the parents. I think that they should lean on because they are representing us and should be saying here's your chance to tell us.

(P2MMiddle)

A policy implementer strongly felt that parents needed to be self-organised. The main obstacle for parents' involvement was working conditions. Syrita, a mother, argued that political leadership to fight for parents is needed:

it's always overshadowed because no-one speaks up … always other issues that the political parties are fighting over … I think there should be a party or a person within that party who would speak on behalf of [parents]

(P2PFWorking)

However, most of the parents in this thesis did not see political parties or trade unions as important in food and childhood obesity. Lack of importance given to these vehicles may be explained by disconnect, or by their invisibility to working-class parents. Parents noted other political groups. One mother had voted for the grassroots Socialist Party and another mentioned a campaigning political grouping, Lewisham People Before Profit.

There are possibilities for involvement if a meaningful deliberative process is found. All parents considered that they should be involved in policy-making, mostly through community or grassroots organisations. Mechanisms included parents' forums at schools or children's centres, local meetings and surveys. Community was

suggested as a vehicle for change. Children Centres, and their forerunner Sure Start, and schools appeared as important sites through which some parents had previously organised. Collective experience emerged around foodscapes, affordability, low wages, and lack of time to spend with children, alongside stigmatisations of their children and themselves. There were shared conclusions that grassroots organisation would enable parents to have an influence on policy.

The routes for change were 'top-down' governmental legislation, and 'bottom-up' community-level policy. This may suggest room for meaningful deliberative and participatory approaches, that is, approaches whose purpose is not a hegemonic active consent of parents in making cuts. The community route was through self-organisation, articulated as '*we have to take ownership*'. Meaningful participation would require political challenges to the local state, for example over planning and foodscapes. These findings show the willingness and ideas for meaningful deliberation if a space is found.

Summary

These parents believed that, as potentially active citizens, they have an important contribution to make towards informing food policy. This was echoed by most policy actors. However, despite local participatory approaches being in place, the mechanisms of local democracy and the material constraints on working-class parents' time do not enable their inclusion. These are contradictory processes that work against parents' involvement in food policy-making. To enable their involvement would require changes in economic and social policy, as well as in the deliberative processes.

Chapter 7

Discussion

These findings show that there is significant disconnect between the neoliberal state (and it is manifest in recent UK governments) and working-class parents of children with obesity, which is mediated through food-related obesity policy processes. In the parents' world these disconnects are both constitutive and productive; that is, they form part of the parents' social reality and are not passive processes, but rather have effect of being potentially counterproductive in achieving the policy aims of reducing prevalence of obesity in children. Counterproductivity is in the form of material constraints, the pressures of increased health responsibilities, and the debilitating effects of discrimination and stigma. These processes were interconnected and multi-layered, but they were not uncontested.

It was found that whilst parents have foundational food knowledge and experience including management of child weight, these are not channelled into policy. This is despite the use of participatory approaches that were found to be part of new public management. The processes are fraught with potentially unintended consequences, furnished by the actions of local state actors, although actions are aligned with the political rationalities of neoliberalism. These actions were not unreflective and uncontested by policymakers and implementers.

This chapter discusses what these findings mean in relation to the research aims, and it shows that the aims of the research have been met.

7.1 Aim 1 – To explore the disconnects, as mediated through food-related obesity policy, between the state and working-class parents of children with obesity

The reference to 'the state' in this aim assumes the neoliberal-oriented state, and how it operates across food-related obesity policy processes. These policy processes, which relay government decisions, are captured in policy documents, as shown in Chapter 4. They are played out in discourses and actions – the experiences and views

of local policymakers, implementers and parents as policy recipients, as shown in Chapter 6. The particular focus was on working-class parents, given the presence of the social gradient. The research was exploratory and qualitative, and it used a wide lens. Significant disconnects were found; these did not have clear demarcations, but rather interacted in interconnecting ways, and they were not superficial, but were meaningful and beneath the surface.

This study found that the material reality of inequalities affect family food practices through the constraints of parents' working conditions and unhealthful foodscapes. The food poverty literature and rise of the food banks (Loopstra et al., 2015) are evidence of the reality of the downward financial pressures reported by these parents. The British Trades Union Congress (TUC) found that poor working conditions constrain family time and resources, and have a deleterious impact on health (TUC, 2013). The lived experiences of a work-life balance deleterious to caregiving is supported by Brannen and O'Connell (2016). The gendered nature of food work (Brannen and O'Connell, 2016; Charles and Kerr, 1988) was evidenced by the reports in this thesis. The parent participants were overwhelmingly women who worked in precarious employment, such as on zero-hours contracts and in self-employed childcare work, and they further described their unpaid family food and care work.

As with Davies et al. (2012), a temporal association was found. Parents reminisced about childhood family lives when maternal time, in particular, was not so pressured. The findings also support those of the TUC (2013) that an intensification of working conditions puts strain on parents' coping mechanisms. Time constraints and lack of affordability of foods were found in the secondary analysis of key national nutritional reports (Roberts and Marvin, 2011). It has long been argued that public policy should consider the deleterious effects of working conditions on health (Townsend and Davidson, 1980). The disconnect between conditions of work and the aspirations of everyday life was illustrated in the US General Social Survey (2002) which placed personal happiness and family relationship of first importance, with finance second, and work third (US Government, 2002, in Glyn, 2006, p. 179).

A third layer was found to be the contemporary work environment that influenced the material conditions of these parents. This was the 'voluntary' aspect which intersected with the processes of responsibilisation that unfolded with cuts in community resources. The closure of children's centres was the example often repeated by parents. The centrality of food to community was instanced by the bus driver and mother who, despite working shifts, volunteered in her community to teach children to cook healthily – paradoxically, because the children's parents' working hours were worse than her shifts. This 'stepping-in' to replace publicly funded state services was provided by parents, in or out of work. In effect, as the state rolls back, they are forced to create an 'alternative provision' and to 'mask service deficiencies' (South, Branney and Kinsella, 2011). In hegemonic terms, this is a form of active consent, similar to the active consent and negotiations that working-class communities made in the context of buying into gentrification, as found by Patton (2014). In terms of governmentality, it contributes to the subjectification in fashioning the self-reliant, responsibilised, parent. However, tensions emerged that contribute to disconnect. These are in the material constraints and processes of 'responsibilities' that are fraught with social division, including intra-class division.

The material constraints of time, were articulated in two ways that interconnected with social division. One was through the metaphorical 'nanny' who represented the time and money resources of affluent, middle-class parents. Secondly, they were articulated through 'stop-at-home' mothers in receipt of welfare, who were assumed to have time to cook with children, and a better quality of life than working mothers. While both scenarios might represent social division, the latter potentially divides working-class communities and thus the potential for collective action. Intra-class divisions were found by Atkinson (2017) in his case study of gentrification and class fractions in Bristol. They add to the stigmatisation of welfare through the discourse of dependency. This supports the neoliberal principle of a flexible labour market (Wiggan, 2012) that facilitates the liberalisation of employment. This includes the commodification of childcare, that was resisted by one mother, a policy recipient in receipt of welfare benefits, in this study. The paradox of this scenario was that the two mothers provided unpaid, voluntary work in the community.

Child health was the stated priority of all parents, and collective community care was found. So, stigmatisation is argued to be counterproductive and divisive, and it has a psychosocial effect. This example contributes to the layered stigmatisation found in this thesis, which is mediated by the classification of foods and bodies as 'healthy' and 'unhealthy', and the NCMP that confer poor parental food practices and care. Disconnect is also illustrated by the resistance of the mother on welfare, who strongly articulated her right to raise her own children. This exemplified the Foucauldian concept of power as productive. These insights, which emerged from the lived experience of work – itself a constraint on parents' capacities – reveal that disconnect is not a superficial 'mismatch'. Instead, it consists of layered and interconnected processes that should be considered by food policy and public health policy.

Interconnected processes around work, welfare and caregiving through food, were viewed through the lens of Marxist alienation. The denial of intrinsically satisfying family/interpersonal work was interpreted as an externality of contemporary employment. As set out in Chapter 2, this thesis views family as a means of governance and social reproduction; however, it remains of significance and value to people, and family, and its practices, remains an important sociological concept (Edwards, Ribbens McCarthy and Gillies, 2012). It was clear that these parents wanted time with children, and they wanted to feed their children well.

This provides the possibility for a rights-based agenda. This was articulated by the mother on welfare, within a political economy framework, in relation to the commodification of childcare. It opens the possibility to consider the political ethic of care which argues that welfare payments are compensation for caregiving (Williams, 2005). Applying Marxism as praxis, especially in relation to how to bring about change in the interests of working-class unity, facilitated further thinking on how the political ethic of care might be actioned. The findings showed that there was common ground among many parents on the collective care of children, which was exemplified through community-based voluntary work. There was also common ground on the priority of children's health and the constraints of material conditions. One implementer argued that parents need unity. Unity might be engendered through policy that tackles material conditions, such as the universal basic income (Standing,

2014), if tied to a living wage. This approach would engage with tackling food costs, including the higher cost of healthy foods, which are proportionately higher in low-income households (Darmon and Drewnowski, 2015). This may be realisable in the context of an integrated and ecological approach to food policy that would give support to parents to improve child health.

These experiences raise issues of basic rights, needs and income. The basic rights to food and health are interdependent, and the right to food is a core human right (Dowler and O'Connor, 2012). As conduits for child nutrition and the rights of the child, parents' rights to fulfil that requirement need to be considered. This includes a context that provides for family food practices to be 'activities that are intrinsically satisfying' – and drawing on Williams (2005) these are considered political-ethical questions.

The necessity of choice, which this thesis found to be articulated as 'no choice', contributes to the body of evidence that shows income constrains food choice and nutrition (Tait, 2015; Loopstra et al., 2015; Pocock et al., 2010; Hughes et al., 2010), as do national campaigns to eliminate hunger such as 'Feeding Britain' (Feeding Britain, 2017). This thesis concurred with literature that has found unhealthful foodscapes or the food environments in areas of deprivation not to be health-promoting, and this would account for the higher prevalence of children with obesity in areas of deprivation (Public Health England, 2016c). In a study of the NCMP, Nyanzi et al. (2016) found that the 'social realities' of obesogenic conditions were not considered in the communications with parents. This had been cited by parents as a barrier, and Nyanzi et al. concluded that public health should consider the 'social realities' of parents. This thesis argues that doing so highlights the inequalities and material conditions in need of radical improvements. As yet, these are not integrated in public health demands for tackling obesity in children (RSPH, 2015). As found in this thesis, a supportive policy approach would need to listen to, and be collaborative with, parents.

This thesis added to the discussion on unhealthful foodscapes in the context of choice, responsibility and class (discussed below as 'Aim 2'). Using the behavioural lens, Roberto et al. (2015) argue that foodscapes reinforce unhealthful eating

behaviours. Mothers interviewed in this research concurred with this. Indeed, a young mother on welfare clearly articulated how physical appearance and the sense of well-being are affected. This mother, with others, described this as cycle. Roberto et al. (2015) challenge the policy balance of personal versus government responsibility. This thesis adds to this research in its findings that these parents take personal responsibility, that is ultimate and self-blaming, in these unsupportive environments.

This thesis added to the discussion on responsibilities by using the policy process lens. It contrasted the views of parents with those of policymakers and the 'policy' terrain that produces unhealthy foodscapes. While local policymakers responsible for public health argued that they had little power in urban planning to counter these foodscapes, parents were clear that unhealthful foodscapes were constraining their family food practices. Moreover, in influencing and shaping their practices, symbolic violence is performed by these foodscapes. The findings showed both misrecognition and recognition of this influence, as parents articulated the discrimination and stigmatisation of these foodscapes. In contrast to the notion that deprived communities might prefer processed and fast foods, the parents' policy solutions centred on access to healthy foods. That foodscapes and fast food outlets perform symbolic violence has been considered by others and is discussed further in the following section on class.

A key finding was that parents take responsibility. It was illustrated in their critique of the foodscapes, food literacy, juggling of working hours, engagement with health professionals and child weight management programmes, voluntary work, policy solutions and view that they should be involved in policy-making. These findings can be interpreted as a lack of responsibility performed by other actors, for example in the way that the food industry produces unhealthful foods, the promotion of unhealthy foods by supermarkets, the unhelpful nutrition labels, and the lack of support from government and local government. The reductions in local government services, such as the closure of children's centres, formed part of the context that government was not supportive. This is contrary to the notion of Big Society, and the responsibilities policy discourse that requires government and the food industry to be supportive. The ambiguity of parents about government support is echoed by

McKenzie (2012), who found a sense of false hope as community projects came into a community (2012, p. 137). The government is operating through neoliberal political rationalities, but these increase pressures on parents through working conditions and the responsibilities of care.

This thesis adds to the literature on how responsibility is shifting from other policy actors to parents. Ditvelsen et al. (2016) have considered the shifting of responsibility between health implementers, and onto family. This thesis adds to that scenario with processes of responsibility mediated through policy discourse and onto parents. Their lived experiences revealed subjectification processes, such as how they became health risk managers. Responsibility includes many parents having to make food decisions based on necessity and in conditions of poverty. This supports existing literature on childhood obesity and food poverty (Caraher and Dowler, 2014). Parents were subjected to the 'poverty premium' whereby the 'poor pay more' (Tinson et al., 2016).

Taking responsibility in poverty was subjected to cultural pedagogies, such as those manifested by celebrity chefs. This thesis found disconnect between parents and this approach. A policymaker suggested that the rise of celebrity chefs and the abundance of cookery programmes were a means to educate parents. Some parents found this useful. However, in *Food for Poorer People*, Dowler and Caraher (2014) point out that assumptions made about the lack of budgeting skills of lower socio-economic groups are questionable. As this thesis found, parents in poverty were extremely resourceful. This was accompanied by other social processes, such as the 'culinary transition' which has occurred through technology and demographic changes, for example in the increased number of women in the workforce (Lang and Caraher, 2001). Although there are potentially positive effects of this, such as being 'freed from the kitchen', the withdrawal of the state from teaching and cooking left space for the food industry to fill (2001, p. 12).

Dixon (2002) refers to Fischler's concept of 'gastroanomie' that has accompanied industrialisation (2002, p. 6); this concept captures the dissolution and restructuring of rules around eating. Dixon suggests that these have in part been replaced by the development of the culture of the food celebrity (2002, pp. 8-9). However, in the

context of inequalities and class, this thesis found celebrity was an adjunct to government, and this was articulated by some parents.

The reality of necessity that was articulated as 'no choice' intersects with the governance of parents that entails sacrifice. This is a process of subjectification that was illustrated by mothers in this thesis. Literature shows that fathers also make these sacrifices (Owen, 2010). However, given the gendered nature of caregiving, it is predominantly women – so, '"choice" is influenced by the intersectionalities of gender and class' (Parsons, 2015, p. 165). The maternal sacrifice found is consistent with Goode who has commented, 'maternal sacrifice' (Attree, 2005) remains consistent (2012, p. 24). Symbolic violence is performed through the parenting discourse of community-based programmes, for example in the way that middle-class practices are presented as 'worthy or correct' and are transferred into learning (Gillies, 2007, p. 37). Cultural food knowledge and practice in poverty are ignored.

The role of ideology and discourse within discursive system of responsibilities emerged powerfully in the interview findings. This concurs with Mahoney, who has described the notion of individual responsibility for consumption and diet-related health as a 'ruling idea' (2013, p. 77). Hegemony and governmentality processes were powerful in interpreting power as strategic and productive. Through governmentality, and specifically subjectification, the parent embraces responsibilities in 'health prevention', for example, in the management of risk. These power processes in the governance of parents were illustrated through the discourse of health risk and prevention based on an imagined future (Warin et al., 2015). While fear and risk for future child health was articulated by some parents, they also described the more immediate concerns of everyday life. McKenzie (2012), in her study of working-class life on a Nottingham council estate, found that 'women's lives were full of risk management' in the everyday, and they included stigmatisation. The 'everyday' in this thesis included financial and environmental stresses. Similarly, Garasky et al. (2012) found financial, neighbourhood and particularly frequent house moves are associated with family stress and obesity in children in the US. These authors suggest that there is less control over food choices in such scenarios of poverty (2012, p.127). Parents interviewed in this thesis took ultimate responsibility and self-blamed. This was despite the stress of financial

struggles, the experience of an unsupportive government, and the belief that the food industry prioritises profits. The power of performance was notable (Rose, 1994).

These processes of governance were disconnected from the realities of parents' material resources, and also from parents' cultural and biological experiences. Most of these parents' experiences were of intergenerational families with mixed weight siblings. There were vivid examples of within-family, gendered bias based on eating habits and young women's body sizes. This supports the literature on within-family stigma that is counterproductive to tackling 'obesity' in children.

Summary

Disconnect was explored using document analysis and the interface of the local state. Disconnects were found around material conditions of work, and in foodscapes that influenced food choices. These were material realities through which social division and intra-class division surfaced among parents. These are conditions that produce stigma counterproductive to policy aims. This adds to the large literature on food poverty and the limited food policy literature on the potential effects of intra-class stigma. Both are important. In relation to the former, when does the quantity of food poverty literature lead to a qualitative change so that child health is protected through improving material conditions? The latter contributes to the literature on multi-layered stigmatisations around family, food, class and bodies. These processes of stigmatisation are counterproductive to the policy aims to reduce obesity and nutrition-related health inequalities.

The disconnect around responsibilities might on the surface appear to be simply that parents are meeting their responsibilities, but that government and the food industry are not. However, the processes of governance involve shifting more responsibility to parents, and they include discourses of fear, risk, responsibility and blame. The processes are mediated by the local state and implementers, including the NCMP. Beneath the surface, processes of subjectification unfold to shape parents to meet the rationalities of neoliberalism. In this way, individual responsibility for health shifts the focus from structural factors. Many of the parents were aware of this process, but

all ultimately self-blamed, and all advocated food policy changes that would rebalance the responsibilities.

7.2 Aim 2 – To explore, in the context of the social gradient, the relevance of social class

This study illustrated the relevance of class as the lived effects of the social gradient. This was found in relation to the intensification of work, that is exploitation, and the negative externalities on family food practices. Class was identified through where people lived, shopped, how they paid for food, and their food practices. Affordability was a key concept. Food costs and trading down were found to be effects of the intensification of work and reduced incomes by Atkinson in his case study of class in Bristol (2012, p.25). This thesis found there to be little room for manoeuvre for parents to improve their conditions. This was illustrated by the mother, Lena, who worked on a zero-hours contract and attempted social mobility through an entrepreneurial food activity. Lena tried to enter the new food economy that was emerging through the gentrification of her area, and hosted a West Indian food event in a middle-class eatery. Paradoxically, Lena had spoken of class differences in family food, as being set in 'foreign ways', of the middle classes eating little and the working class eating the whole food. Lena's entrepreneurial attempt was a feast of food, but no middle classes participated, and the working class did not attend because it was a middle-class venue. There is a classed difference around foods, as found by others including Parsons (2014) and Paddock (2015). This was also represented by the failings of the notion of social mobility (Social Mobility Commission, 2016).

The effects of class were illustrated through a 'fixing in place' (Skeggs, 2004 pp. 50, 155) or social positioning, as found by others (Goode, 2012; Williams, 1995; Paddock, 2015; Parsons, 2015). It is further illustrated in this thesis in relation to food and place, and to foodscapes. This is relevant to the social gradient because, if social processes fix the poorest in place, the deleterious effect on child health would also be fixed. As Skeggs argues, such exclusionary formations are 'constitutive necessities [that] forge class location and relations serving to keep some fixed in place and others to move' (2004, p. 26). Market rationalities drove local economic and demographic changes. This was exemplified by the proximity of a key part of the

borough to central London, which led to that area being gentrified. There was co-existence of fast-moving gentrification projects alongside food deserts that remained 'fixed in place'. Gentrification processes were introducing social contradictions through foods. The new food economy of middle-class eateries – and prices – was mediating urban restructuring through exclusion. Patton's study of gentrification in Partick found that class differences were not 'essential' but 'material' (2014, p. 162). In Partick, working-class participants aspired to organic foods for their taste. Similarly, in this thesis, working-class participants aspired to the superior quality of middle-class foods compared to industrially produced foods. Patton has described gentrification as a process of both inclusion and exclusion (2014, p. 162). Processes of exclusion include food practices, as discussed in earlier chapters in relation to the labelling of the Rawmarsh mothers as 'sinner ladies' (Fox and Smith, 2011). These processes are further illuminated by the meanings of food practices and foodscapes that emerged in this thesis.

The symbolic violence of the built environment and food has been explored. For example, Jerome (2010) argues that the standardisation of space by McDonald's is a symbolic violence that interconnects with its global and local corporate strategy. Global corporate profits require a 'sameness' of the local environment and product (2010, p. 24). Smaller businesses would not have the global corporate strategy, although some would be franchised. They are part of a food system of cheap calories, through which profits are made that require people to eat more, and more frequently and in more places (Nestle, 2007). In this context, it is argued, fast food outlets offer a homogenised experience around cost, taste, and access; these were issues highlighted by parents in this thesis, and by others. No one forces families to buy from fast food outlets. Some parents offered the reason why fast food shops dominate the high streets is that they are 'businesses' that know their 'audience'. This suggests compliance and misrecognition of symbolic violence. Jerome describes a process of 'recognising and then misrecognising what the environment is attempting to do' (2010, p. 71) and, citing Gothman, comments on 'how space is used in production of a locally produced order'. As found in this thesis, the foodscape, has an affective role of symbolic violence, and illustrates Topper's description of symbolic violence as the 'breaching of human dignity' (2001, p.47).

Rather than these foods being a choice for deprived communities, as implied by some policymakers, Mahoney (2015) has shown the targeting by the marketing industry of post codes, social status and class. This was echoed by parents who said the food industry knows its 'audience'. The foodscapes in deprived areas produced feelings of poor physical and mental well-being, and processes of embodiment were described. This perspective on symbolic violence is of 'the knowing', that is, parents are conscious that they face discrimination through the food options placed in their communities over which they have no control. A similar sense of 'knowing' but not having the capacity to resist due to life pressure was found by Atkinson (2012). This contrasts with the 'knowing' of the policymakers about inequalities that they are ineffective at reducing. In areas of gentrification, on the other hand, there are established affluent areas with health-promoting foodscapes. This adds to the perception of parents that child health is not the priority, thereby contributing to the disconnect.

The 'nanny' was used as the metaphor for the difference in available time and resources between working-class and middle-class parents. Financial stress was described as blurring the priority of the healthy choice, so the quick fix was to provide snacks, a finding that is supported in the literature (Rudolf, 2009). However, the contrast with the 'nanny' illustrated that these mothers knew they faced structural constraints, and that these affected their food choices. Whilst the decision about where to shop was a necessity for working-class mothers, there was insight into classed and gendered difference, as found by Parsons (2015). Parsons' study of foodways, class and gender describes the pleasure of food and cooking for the middle classes, who are termed 'epicureans' (2015, p. 134). Goode's study of the foodways of over-indebted and low-income families found that food 'provided a sense of social inclusion in perceived mainstream food practices and was not about food enjoyment' (2012, p. 26). Similarly, this thesis found that most parents did not mention food as pleasure, but rather saw providing snacks as a necessity.

Parsons found a 'strong cultural hostility towards commercially produced foods, in favour of healthy home cooked and home grown produce, and cultural hostility to bodies perceived to be out of control – too fat or too thin' (2015, p. 164). Parsons situates this within 'responsible individualism or a middle ground' (2015, p. 164). As

found by others, for example Calnan (1990, in Williams, 1995), the middle ground is described as a 'balanced diet' and 'everything in moderation' (1995, p. 579). For working-class women, however, value was placed on meals that would be 'substantial and filling' (1995, p. 579). These values are based on providing energy needs, as argued in the literature, and which was described by participants across the interviews. Again, there was no suggestion that any parent was not providing healthy foods. Instead, they have their own food knowledges that could inform food and child weight policy.

Symbolic violence was present as policymakers questioned 'the move away from commercialised foods as the valued norm' (Parsons, 2015, p. 165). Parsons provides an example of symbolic violence that also emerged in this thesis. Her study is symbolised by a 'working-class Mum feeding her child cheese and chips out of a Styrofoam container' (2015, p. 163). This mother's food practice stood in contrast to the middle-class boundary of 'proper' foodways. These are 'diametrically opposite to the quick, cheap, mass-produced foodways, and the notion of instant gratification' (2015, p. 163). The violence occurs through the denial of resources that enable the middle class to make different food choices (2015, p. 163). In this thesis, examples of legitimate foodways emerged as cooking from scratch to make weaning foods by 'mashing up peas'. Legitimacy was conferred by the pedagogy of celebrity chefs, with Jamie Oliver named by a policymaker. However, this moral entrepreneurship is associated with the depiction of a failing working class in Britain (Hollows and Jones, 2010).

The parent-participants were mainly working-class women from four different ethnic backgrounds. Their gendered and classed experiences were present in their roles as caregivers. As Morgan and Bjorkert (2006) argued in their study of domestic violence and public policy, symbolic violence functions to maintain the dominant social order (2006, p. 449). In relation to food, Parsons (2015) studied the foodways and practices of mainly middle-class and a few working-class participants. Insight was provided into how food practices are inscribed with gendered and classed meanings. Referring to Lewis (2007), she posits that under neoliberalism the 'atomised free individual is coded male'. Women are coded as 'selfless' and as having an expectation to follow a 'cultural script of appropriate middle-class

femininity' that forms the boundaries of middle-class mothering norms (2015, p. 162). In this thesis, Ferda and other mothers were selfless, but they do not fit the classed mothering norms as set by policy. Their response to perceived failure in their child's weight status was self-criticism and self-blame.

Class distinction took the form of a 'them and us', as also found by Atkinson (2017) in his study that included a middle-class family living in a working-class community undergoing gentrification (2017, p. 109). Food practices also took the form of 'them and us', as some working-class participants in Paddock's (2015) study of food cultures expressed it. Paddock's setting was two commercial food sites, one a farmer's market, the other a co-operative. They were demarcated by produce. Middle-class shoppers attended the former, and working-class shoppers the latter. The relational narrative was through food, described by Paddock as a resource 'marking what is reasonable for us relative to them' (2015, p. 9). In Paddock's study, the benefits of organic foods were somewhat dismissed (2015, p. 10), whereas in this study organic was the marker of quality. This may reflect the status of participants as parents whose children are classified as being at risk of chronic disease, with the sense of food inequality therefore appearing more pronounced. Throughout this study, class appeared to be a source of distinction and stigma. This is established in the literature: it has been recorded since the late nineteenth century (2013), and it continues in contemporary sociological studies (for example, McKenzie, 2012; Skeggs, 2004).

Alongside this strong presence of difference, discrimination and stigma, there were instances of classed resistance. These were voiced as collective feelings of discrimination and difference, but mostly not as 'class'. Instead community had strong resonance with class, as did taking ownership of the local food supply chains. For many, dealing with the pressures of everyday life was paramount. As Atkinson argues, this constrains the possibilities of resistance or struggle (2012, p. 29).

This thesis adds to the literature showing that class remains relevant in England, in particular in the context of food and child health. The continued relevance of class is shown in social surveys (Todd, 2015, p.358). Paton (2014) argues that, despite contrary notions arising in post-industrial Britain, community can still express a

working-class sense of solidarity and belonging (2014, p. 191). In this thesis, the presence of class was felt alongside notions such as 'deprived areas'. Such notions support the idea of the removal of the 'language of class' from public discourse (Tyler, 2013; Sayer, 2005). The lived experience of the working-class lives of these parents of overweight children highlighted the constraints of material conditions and how class interweaves with policy processes that discriminate and contribute to the layered stigmatisations. Discrimination and stigma are affective injuries with known psychosocial impacts, and they are thus a barrier between parents on one side and policymakers and practitioners on the other.

Summary

The presence of class was powerful. This thesis adds to the literature on class in England in its argument that class remains relevant and active. Specifically, it contributes further context of the lived experience of the social gradient in relation to childhood obesity. The material conditions of precarious work and the lack of social mobility reflect the general processes in the workforce in England and the intensification of neoliberalism. This thesis also contributes by considering the element of symbolic violence through food practices and foodscapes and the significance of this to the social gradient. The levels of symbolic violence that were found attached to class add to the multi-layered stigmatisations that working-class parents of overweight children face. This feature of social life concurs with the conclusion of McKenzie (2012) that there are 'terrible levels of symbolic violence inflicted on deprived communities (2012, p. 141). This affects self-worth and identity, as found in this thesis. Symbolic violence and stigmatisation are processes counterproductive to supporting parents and children. The stigma was not uncontested, and these parents' policy solutions are suggestive of productive power being felt alongside powerlessness.

7.3 Aim 3 – To explore the policy solutions of working-class parents of children with obesity with the aim of advancing the involvement of parents in food policy

This section firstly sets out the parents' policy solutions and then turns to consider the question of parents' democratic involvement with food policy-making. Parents were not silent about food policy solutions. The policy solutions are based around three areas:

- Work and welfare
- Food industry and government
- Community and local democracy

7.3.1 Work and welfare

From the public health perspective, parents' policy solutions were ecological and underpinned by material conditions. Working conditions were central in terms of living incomes and working hours that enabled time with children. This finding is supported by the research provided in Chapter 6. In a review by Darmon and Drewonowski (2015) of studies from the US and France, parents stated that they would spend an increase in income on food of higher nutritional quality. However, it is likely that only a living wage covering basic needs would enable this, given that families prioritise housing and utilities over nutrition costs. Good quality nutritious foods, as a basic need, would be a component cost of the basic income, as suggested by Standing (2014, pp. 296-297). The discussion that emerged from the data, about low wages and food vouchers, points in the direction of economic strategies such as the universal basic income. This differs markedly from the flawed universal benefit welfare system in England. Instead, as the international discussion led by the Basic Income Earth Network (BIEN, 2017) suggests, universal basic income is a tool that can be used to address poverty. It is tied to redistributive policies, and it offers a foundation for discussion on the policy solutions of these parents.

Food vouchers were posited as a solution for resolving the food costs that are not met by low pay. This may reflect a lowering of wage expectations and the acceptance of food voucher schemes as part of the institutionalisation of poverty. Evaluation of Healthy Start, the food voucher scheme in England, found support among many

users, but also that some mothers took steps to reduce the stigma and some did not engage with the system (Lucas, Jessiman and Cameron, 2015). Arguing against vouchers, Standing (2008) suggests a system of cash transfers that would enable those in poverty to make choices with dignity and to support the economy.

In turn, this supports the argument for the universal basic income, for all, whether in or out of work, and including children. This connects with Williams (2005) who argues for the political ethic of care in which all care work, including that of parents, is compensated through the welfare system.

This thesis has found that family time is squeezed into working life; the same finding is in Dixon (Smith, 2016) and O'Connell and Brannan (2016). This study has revealed a social consequence of conflict around the time pressures of work on caregiving, affecting, for example, the time available to cook and the right to 'stay-at-home'. This conflict may be resolved through the political ethic of care and the universal basic income. For Standing, poverty is about 'unfreedom', which includes insufficient food (2014, p. 298). Philosophically, the basic income acknowledges that individual wealth is accumulated from forebears (2014, p. 298). It is an unconditional cash grant from the state that underpins a 'fundamental reorientation of priorities for society as a whole' and would facilitate 'working to live' rather than 'living to work' (Glyn 2006, p. 181).

These work and welfare issues show how material conditions underpin the possibilities for caregiving through food. They also underpin social division and the stigma applied to mothers on benefits. Such stigma is argued to have economic roots in the neoliberal system. This social division has the potential to reduce the sense of entitlement to benefits and it facilitates the compression on wages and benefits (Wiggan, 2012). It is part of a strategy to increase the competitiveness of labour. Alongside stigma, the study found a sense of community and collective care. As pressures increased through working conditions and reductions in community services, many parents volunteered. This is likely a sign of working-class collectivity rather than the Big Society, because parents were critical of the food industry and government not taking responsibility.

In summary, material realities constrain the possibilities of working-class parents to provide optimal nutrition. Parents' policy solutions centre on improving material conditions. They include the provision of food vouchers. This is a contested policy issue that might be resolved through the basic income tied to a living wage and food as a basic need.

7.3.2 Food industry and government

Improving diet quality was a core concern. The policy solutions about the food industry support those of other campaigns: advertising restrictions for children, product reformulation, nutrition focus for school foods, prioritising health through foods, and changes in planning legislation around fast food outlets (The Food Foundation 2016). Additionally, the priorities of these parents focused on material conditions and affordability, as also found in the review by Darmon and Drewnowksi (2015).

Food labels are part of food literacy, and the knowledge and understanding of food (Vigden, 2016), but they are also part of a neoliberal pedagogy that confers lack of competency (Flowers and Swann, 2016). The food label conveys profitability and power. This neoliberal pedagogy suggests that the problem is the parents rather than the food label, and that the solution thus lies with parents as active consumers able to make informed choices. It illustrates the unintentional victim-blaming inherent in food literacy around skills and choice (Caraher, 2016). It also shows how governmentality and hegemonic policy processes unfold at the site of 'experts', processes that create stigma and self-blame.

Food costs and nutritional quality were key questions for parents. This study supported others that show that the costs of healthy fresh foods are more expensive than convenience foods (Darmon and Drewnowski, 2015). Drawing on parents' opinions, food policy would need to rebalance food prices of healthy foods, and address affordability in a way that puts children's health first. An index of nutrient-rich affordable foods is argued by Drewnowski (2010) as a tool for reducing nutrition inequalities. Whilst this would be regulatory and provide more information to parents, this study found demands and expectations were for the industry to produce

only healthy foods. Parents' solutions included regulation instead of voluntarism for the food industry. This reflected some parents' notion that government works mostly in the interests of the food industry. Pricing policies are central to supporting healthy eating, but they require political will (Caraher and Cowburn, 2015).

In summary, parents' food policy solutions concurred with those who advocate structural changes and greater regulation of the food industry. The findings also concur with studies that show parents face barriers due to the lack of affordability of healthy foods.

7.3.3 Community, schools and local government

The material circumstance of unhealthful foodscapes was strongly identified with debilitating effects on health. Parents' solutions overwhelmingly included the removal of most fast foods and their replacement with nutritious outlets as part of a redesign of the high street. Reducing the impact of fast foods is part of government and LBL policy and food campaigning. It was given greater attention by these parents than food taxes, such as the sugar tax. This may be because the foodscape has a greater impact than does any individual food. The foodscape represented their everyday life, and it produced symbolic violence and the reinforcement of biological taste for what is available (Roberto et al., 2015). This was a core contention with local government.

Tension was found between the knowledge of the expert and that of parents and community. Boswell has found that experts do not intentionally impose prescriptive formulas about obesity, but rather that there is a complex interplay between interests, ideas and 'the evidence'. For change, deliberative democratic approaches were needed (2014, p. 362-363). This thesis concurs with Boswell from the standpoint of the parents' knowledge and deliberation. The community was central and signifies collectivism. There is collective food knowledge through the ethnic diversities, and a knowledge described as 'untapped' by a community implementer. Food knowledge was amply described in the findings. It contrasted with the responses to the NCMP and of being told how food should be. As an example of Foucauldian (1982) productive power, this counter-response was for a collaboration between

professionals and parents. Professionals were to be based in the community to work with parents for peer-on-peer support. Tensions that may appear as disconnect have the potential for collaborative and collective solutions.

Schools were entwined with the community as centres for nutrition activities. They were also identified as producing stigma through the curriculum that focused on the overweight child. Free cooking lessons were important across policy actors. This was not a major concern for parents, although they recognised a need for some groups. The cooking awareness within communities, as a food literacy, emerged as central to child health. However, as Caraher points out, a lack of cooking skills may be symptomatic of structural changes. Whilst helping families in poverty to cope, these skills do not change the material circumstances (2016, p. 122).

In summary, policy actors reported food and cooking awareness within communities. Community was a focus for parents, and this included commensal eating projects. Parents' food knowledge and practices were collaborative when compared to expert-led interventions. Their policy concern was to remove or reinvent the fast food outlets, and to redesign high streets in a way that promotes well-being.

7.3.4 Parents' involvement in policy-making

This section discusses the key question of parents' views on their involvement in policy-making in relation to food-related obesity policy.

Firstly, it will discuss the absent voice, and then it will turn to future possibilities. This thesis found that parents were not involved in meaningful ways in the policy-making process; this finding was revealed by both the document analysis and the experience of policy actors, especially the parents themselves. The key points for this discussion are the limitations of processes of involvement, and the potential for more meaningful involvement as advocated by parents, as well as by some policymakers and implementers.

For parents, community was the core site for potential involvement through local meetings, surveys, and community and parent forums that could be based in schools.

This concurs with Boswell's (2014) argument for downstream deliberation in obesity policy. Community engagement is seen to be cost effective for public health (Public Health England, 2008). The Whole System Approach to obesity focuses on community engagement (NICE, NG44). In the UK, participatory methods are common as new ways of linking citizens with the state (Gaventa, 2004). Citizen juries and deliberative workshops inform policy to varying degrees, with both enabling one-off participation on policy questions. Sustain's Parent's Jury (Sustain, 2017), which is currently being piloted, aims for a permanent panel of parent jurists to be consulted on food policy issues. Gaventa argues that, alongside the strengthening of the citizens' voice, the receptivity of the government to this voice must also be strengthened (2004, p. 153). This thesis found the recurring problem of 'democracy deficits' that required material resources to enable participation. This includes the resources of local government to provide the community-level routes.

Within the local state, the voice of parents was heard through methods of democratic involvement: consultations, audits, evaluations, and face-to-face participation through participatory budgeting and governance structures, such as ward assemblies. As discussed, these methods can be viewed through the lenses of governmentality and hegemony. Participatory democracy is used as a mechanism to involve the community in policy-making. It was contradictory that this also involved participation in reductions of services that were supportive to parents. A core point made by a policymaker was 'democracy deficit' and the structure of the mayoral authority, which did not enable the lay-expert voice, such as that of a parent. So, the democratic right to participate in policy-making, for a voice to be heard, requires both process and resources. This includes considering the time and resources of parents.

Parents were unanimous that they should be involved in making food policy. As one mother said, these issues required 'bottom-up' community and 'top-down' legislative action. The 'grassroots' process was described as the community taking ownership or as a food revolution. The experience of those at the national levels would meet with the experience of those at the grassroots. The co-production of food policies that work to protect children's health could be enabled in this way. For some parents, the level of distrust and cynicism did not lead to disengagement with politics, but in fact

the opposite. This illustrates politics as a way of everyday living (Daly, in Booth and Coveney, 2015, p. 16). This is suggestive of a process of political engagement through which parents' voices are heard and received. The food policy solutions were indicative of a desired change in political direction.

There is debate on the effectiveness of local involvement. For example, Sharzer (2011) contends that there are limitations to the success of local movements or 'localism'. This is due to their often middle-class basis and the constraints in working independently of capitalism. For the working class, collective action facilitates its consciousness as a class, leading to political action, through change from 'a class in itself to a class for itself' (Marx, 1844/1959). Self-organisation at community level may become embryonic 'democratic, class-struggle prefigurations'; these are structures described by Sharzer (2011, p. 97). These are 'workers' committees' in which capitalist rule is questioned. They are organically formed in action and can become the seeds of 'dual power'. Exemplified by the defence of state education in Mexico, they start as defensive, but become vehicles through which consciousness changes (Sharzer, 2011). Cockburn (1977) argues that community is also a site for managing the working class through the local state. Historically situated examples include the Italian co-operative movement based in Imola that includes 74 food cooperatives (Newman, 2014), and the Brazilian School Food Programme (Leao and Maluf, 2012). This links local food produce with social nutrition.

Habermas (2001), in contrast to Sharzer (2011), focuses on the role of communication in raising consciousness, as well as the collective experience of work. Communication in a mutual argumentative way can lead to action and positive change without revolution. The Brazilian Food Council, CONSEA (Leao and Maluf, 2012), provides an example of how in practice a participatory institution was created through struggle and civil society, and functions from local to national. The process is set in the political context of redemocratisation in the 1980s. Public policies were based on intersectoral participation. Social movements drove the formation of participatory national bodies, including CONSEA. The right to food was constituted without compromising any other rights, such as those to housing, income and health. CONSEA adopted a systemic and intersectoral approach through its councils of

‘participatory pacts to concepts and principles’. Civil society was involved to ensure ‘formal spaces of social dialogue’, and ‘the State to ensure the protection of human rights above market interests’ (Leao and Maluf, 2012, p.8). Despite the challenges of conservative political currents, CONSEA is evidence of the key role of meaningful deliberative processes to end food insecurity – that is, in the case of Brazil, an end to hunger. These processes involving government and civil society are ‘collective, participatory and democratic’, and they are part of ‘the convergence of political and social forces’ for social equality. They suggest that the local can come together with the national, that is, there can be action from bottom to top within a deliberative space.

Social division resulting from discrimination and stigmatisation runs counter to the unity that is needed for meaningful deliberation. Policy processes that emerged through this study were shown to be socially divisive. Processes, albeit in unintended ways, reproduced distinctions through material circumstance, thereby coding parents as deficient and denormalising higher weight bodies. The divisions may also reflect the lack of reflexivity on the part of all policy actors. However, they were real for most of these parents. At the same time, there was also collective awareness by most parents, as expressed through the community ethic of care towards children. There was solidarity and empathy from middle-class parents and policymakers and implementers. Despite divisions, there was potential for meaningful, local deliberative practice. The key issue is for policy not to be divisive or oppressive.

Summary

In summary, there was agreement that parents should be involved, alongside other policy actors, in food policy-making. However, involvement was based on the technologies that govern from the distance, whereas most parents proposed meaningful deliberation. The word ‘meaningful’ is used in contrast to the perceived democracy deficit that the parents and others experienced. The policy demands diverge from existing government policy, and a few parents had drawn the conclusion that their political activity was needed to pursue change in food policy. Lessons can be drawn from Brazil in how to develop an ecological approach to policy change that enables meaningful deliberation.

7.4 Aim 4: To examine implications for policy and practice

This section sets out the implications for food policy, public health and dietetic practice.

7.4.1 Implications for food policy

Food policy in England is dominated by the neoliberal consumerist model. The findings show that most parents and other policy actors were conscious of the role of the market in driving food choices, and most voiced opposition to this. This was presented in contradictory ways, but there was an underlying consensus for change and for greater parental involvement in food policy-making. This supports policy research that argues there should be a shift to prioritising regulatory interventions, although this should consider Farrell et al.'s (2016) critique, as discussed in this section. The meaning of the evidence base needs to be reconsidered to include the lived experience of food policy (Baker et al., 2017; Boswell, 2014). This section focuses on the core areas for change: stronger state intervention, recognising value in working-class food practices, and non-discriminatory policy.

The lived experiences and parents' policy solutions indicate the need for stronger state intervention. Most of these parents felt government was hindering more than helping, and that government's interests aligned with those of the food industry. So, their policy solutions of mandatory regulation, rather than voluntary actions, included product reformulation, clear food labelling, and greater regulation of food advertising. With affordability as a key concern, increasing food costs through taxation was mostly not supported. Instead, fiscal measures should include reducing the cost of healthy foods. These findings are not new: for example, Farrell et al. (2016) warn that regulation may not counter the powerful discourse of personal failing that is attached to obesity. Their focus group study found that personal failing, framed as a deficit in food knowledge, underpinned middle-class beliefs about obesity prevalence, in particular their belief that the solution lay in interventions that educate the lower classes. Similar to the findings of this thesis, Farrell et al. argued that the working class faced material constraints rather than lack of knowledge, and that it was 'lack of affordability that prevented them from acting on their nutrition

knowledge' (2016, p. 7). Their study also found lower-class participants supported greater regulation, and they argued that in effect this supports the privileged position of the middle classes who do not face structural constraints. Moreover, the food policies that are based on education allow a 'wilful ignorance' on the part of those in a privileged position (2016, p. 7). Farrell et al.'s study reinforces the argument of this thesis that there is a need for food and public health policy to consider the lived effects of class and the diversity in food knowledge.

Parents and policy implementers articulated the view that the role of state is to be balanced: it should oversee stronger regulation of the food industry and not enforce food practices on communities. Instead policy should include the food knowledge of communities. The diversity in personal, cultural and class meanings of food were reflected in food knowledges and policy solutions of parents. Food knowledge was found not to be static but to be dynamic and evolving. This supports the argument of Lang and Heaseman (2015) that food cultures are shaped and moulded by different forces. For example, the bus driver and mother whose experience of food diversity was gained as she drove through London and upon which she based her vision for a redesigned foodscape. It demonstrated how policy solutions and future food possibilities are visible but not yet accessible. A balanced role for the state, formulated through the involvement of parents in food policy-making, are recommended as political priorities.

There are important implications in the findings that food policies mediate stigmatisation and discrimination not only through pedagogic discourses based on food illiteracy, but also through the foodscapes. While, the importance of the food environment for child health is recognised through policies such as the Healthy Towns initiative (Department of Health, 2008), such policies lead to little change in market-led planning, and policies that determine the composition of foodscapes. The insight provided by this thesis shows how involving parents has the potential to create health-promoting foodscapes.

In conclusion, with health interconnected with food policy, the processes of disconnect found in this thesis are counterproductive for child health. The policy discussion is grounded in food and nutritional inequalities. There is less attention to

the contextual processes that reproduce inequities in the everyday experience of parents, with or without children with obesity. It is a view of food policy from the ground upwards that supports an ecological approach to public health. It embodies a resistance to the consumerist model, and it promotes the benefits of involving parents in food policy-making.

7.4.2 Implications for public health

Thirty years into neoliberalism, the experiences of these parents articulated the symptomatic deepening crisis in health, linked to the structural changes of austerity and economic restructuring (Talbot-Smith and Pollack, 2006). Public health, transferred to local government, was underfunded and remained precarious. The key implications for public health and child weight management theory emerged from the constraints stemming from material conditions. These integrated working conditions and foodscapes in deprived areas and determined access to nutritious foods. This suggests it is timely to revisit the essence of the Black Report (Townsend and Davidson, 1980), and to re-examine how public health addresses material conditions as part of childhood obesity management and promotion of health. The second key implication is the unintended policy outcome of stigmatisation.

Against the backdrop of economic constraints, the responsibilising processes have increased burdens on parents and added to layered stigmatisations. This appeared as a classed stigma linked with food and parenting practices, and it was mediated by the foodscapes and their food options. In affluent areas, these were viewed as health promoting. Conversely, in deprived areas they were debilitating on health. The difference was felt as both discrimination and stigmatisation. Social division around weight stigma was illustrated in communities and within families. A key concern for parents was the stigmatising effect of the word ‘obese’ and the deleterious effect this stigma has on the child’s well-being. As this thesis has shown, this is part of a wider discussion on promoting child health, and insight was provided on how parents want to be involved in such policy-making.

Stigmatisations of children and parents emerged as embedded in the NCMP process. The stigmatising effect of the NCMP process has been considered by others (Lewitt

and Gillison, 2014). The NCMP is indicative of disconnect with national policy and at the point of implementation. This study posits that the NCMP has unintended consequences that are counterproductive to engaging with parents. It is known that 'the letter' mediates stigma (Nnyanzi et al., 2016), and it is named as the 'fat letter' (RSPH, 2015, pp. 1-2). A change in the delivery of feedback, with a return to personal contact with health professionals, is suggested (Nnyanzi et al., 2016). Other studies have found parents to be supportive of the NCMP, with small amounts of negative feedback (for example, Steventon et al., 2012), and a negligible stigmatising impact on children (Falconer et al., 2014). Quantitative studies have experienced low response rates (for example, Falconer et al., 2014; Lewitt and Gillison, 2014), and sample bias may account for this. The present study suggests that the NCMP may be abstracted from its social context of multi-layered embedded stigmas. The process and letter become tools of symbolic violence that labels and devalues the caring practices of these parents. It is an affective injury, with social amplification into communities. For parents, engaging with processes that label them as failing and neglectful would likely not make sense. Parents' policy solutions were for first-hand advice to replace a letter, and for schools not to focus on 'overweight' children.

Parents articulated processes of responsibilisation that unfolded with ultimate responsibility, self-blame and stigmatisation. These processes were illustrated to reinforce the deficit model of parenting, and fear and risk discourses. Parents took personal responsibility, engaged with health services, including child weight management projects. Some had joined Change4life. There was strong cynicism towards the government that compared childhood obesity with the decades-long struggle for tobacco control. So, there was a feeling of injustice that their children's health was not being fully supported by government. This is counterproductive for collaborating with public health.

In the context of the social gradient, most of these parents are working class, in- or out of work, and poor. This sits in the context of a growing marginalisation of poverty. For example, 60% agreed in 1990 with the statement that 'The government should spend more on welfare', but this had fallen to 30% by 2015 (Wallis, 2016). The division that emerged between some working-class in-work parents and those on benefits was explored as a rights issue. The difference between parents appeared to

be the perception that those on benefits have more time for childrearing. This has been articulated by Williams (2005) as a political ethical question for society. This could be supported by the universal basic income tied to a living wage. However, in the meantime, the effects of all stigma and social division attached to child weight policy should be campaigned against (Puhl and Heuer, 2009).

Class emerged as relevant to the social gradient. Class was found to have meaning that included social division and marginalisation of the working-class. This concurs with Farrell et al. (2016), who found food illiteracy discourse as classed. In connection to this, an important process for public health is the intensity of symbolic violence. It is argued that separating class from the social gradient devalues the collective experiences of working-class parents, experiences that can enhance public health policy. Class and cultural food differences were found that did not suggest parents were food illiterate, but rather that there were simply differences in perception of food and practices.

In summary, public health has a strong history with enormous advancements in child nutrition and health. This thesis sheds light on how policy that mostly focuses on individual/parent behavioural change risks unintentional multi-layered stigmatisations. The findings of the policy analysis, using Bacchi's (2009) WPR, suggest that public health can be used politically as a means of governance through governmentality. Reflective practice, as argued by Habermas (Outhwaite, 1996), enables a critical discussion which, in deliberative fashion, would include parents of children with obesity. In a meaningful deliberative collaboration with parents' solutions, child health can be further advanced and marginalisation of parents can be avoided. Collaborative working was a policy solution offered by parents. Public health in local government is in a prime position for foodscapes to be made supportive to health. Together with integration of employment and welfare reform, material conditions may be tackled. Finally, insight was provided into the lived effects of class that should be considered in the context of the social gradient. These findings are not generalisable, but they can be extrapolated to other similar communities (Popay and Williams, 1998, in Jones et al., 2016).

7.4.3 Implications for dietetic practice

Child weight management is traditionally the concern of paediatric dietitians for whom these findings have important implications. This thesis will be of interest to a wider audience within public health nutrition given the broadening of this work to non-NHS providers. The main implications concern reflection on the political context of professional work, stigmatisation, and the incorporation of cultural and social contexts from a critical perspective.

The findings show how professionals, including dietitians, work as policy implementers within a neoliberal political paradigm. This may produce unintended consequences despite child health being the main concern.

Stigmatisation has potentially counterproductive psychosocial effects. The literature illustrates that weight bias exists among health professionals, although it may be lower among dietitians than among the general public (Jung et al., 2015). The key issue for dietitians and public health is to reflect on the discourse of risk, responsibility and blame that produces this stigmatisation, and also on our role within that discourse.

The strategies used in dietetic and public health practice are based on psychosocial theories around styles and practices of parenting. Many parents were aware of the constituents of monitoring, regulating and setting routines for children. Some associated these with middle-class food practices that were not appropriate to their everyday life pressures, class and cultural differences. Differences in meanings of food were linked with assumptions of ‘worthy’ and ‘unworthy’. The use of critical social theory enabled an exploration of the lived experiences that showed these distinctions to be underpinned by power processes that are mediated by policy. These include legitimising and delegitimising food practices, perceptions and meanings of body size. In this context, middle-class food practices are privileged, and some cultures are also privileged above others. An implication is that dietetics should closely consider sociocultural practices and food and body meanings alongside the biological (Warin et al., 2015; Jones et al., 2016). This also supports the view of Lang and Heaseman that ‘tension over behavioural change is to do with the pro-

health forces not understanding food cultures and how these are shaped and moulded' (2015, p. 222).

Collaboration with health professionals was a parents' policy solution. The Sure Start community model, in which professionals worked with parents through peer-on-peer health education, was referenced. This approach, which shifts the emphasis from the individual's biology, supports a cultural and relational approach to weight management that enables a holistic approach to health (Brady, Gingras and Aphramor, 2013). Models such as the health-promoting family are based upon the concept that all families promote health in different ways (Christensen, 2003).

This thesis has not underestimated the complexities of childhood obesity and the sequelae of chronic disease and other conditions associated with obesity. It has argued that the positivist, individualised medical model is insufficient for complex conditions around obesity. Structural factors need to be to the fore. These includes economic, ideological, and classed and cultural issues.
In summary, dietetic practice, in and out of the public health world, is set in a political context. This includes the health prevention model that focuses on behavioural change of the parent. This approach was found to be highly stigmatising and potentially counterproductive to dietetic and food policy aims. The largely biological and positivist approach of dietetics contributes to the current policy that has not significantly altered the prevalence of childhood obesity. This thesis suggests the benefits of understanding lived experiences and of considering class and cultural differences from a critical perspective.

Summary

This research has found multiple disconnects. The disconnects between policy expectations and the realities of the material conditions faced by parents were apparent. Less apparent were the processes of governance, which lie beneath the surface and unfold through discourses of responsibilities, ultimately leading to multi-layered stigmatisations. These unfolded through fear-based public health messages and the approach of the NCMP, however unintentional were the consequences. It is a

discourse in which all policy actors respond through concern for the child's health. Yet its focus on individual/parent responsibility evokes blame and self-blame. This is counterproductive to the aims of policy. Whilst parents took ultimate responsibility, they generally believed that government was hindering them and was more supportive to the interests of the food industry. This concurs with free market rationalities of reduced government intervention and the consumerist approach that the power of consumer choice will change food production.

Parents' perceptions were influenced by family histories and present families with mixed weight children. This demonstrates the complexity of the biocultural interconnection with policy discourse. Class differences added to the complexities and disconnect. Two processes were of particular relevance in the context of the social gradient. These were symbolic violence and difference in food practices. Symbolic violence relayed a devaluing of children's health in deprived areas. Difference was shown, with many of these parents having knowledge of positive parenting techniques, but whose food practices were different. This did not suggest unhealthy practices but difference. The difference was cultural and classed. There were inter- and intra-class divisions based on symbolic violence and difference. Parents' policy solutions were a holistic response to their needs in supporting child health. This concurs with the approach of ecological public health, in which food policy intersects with other policy dimensions, with the economic and democratic dimensions being especially relevant. Material conditions underpinned the work and welfare solutions. These were discussed in relation to literature that recommends the universal basic income based on a living income. Improving diet quality and affordability were central for parents' policy solutions. These require greater state regulation of the food industry. At the community level, solutions included removing most fast food outlets and redesigning foodscapes so they promote health. There was a collective care and food knowledge that could be harnessed by policy. Parents' approach to their involvement in policy-making was collaborative. Whilst there was empathy from other policy actors, meaningful methods of deliberation are needed.

The implications for food policy and practice focused upon foodscapes, stigmatisation, a stronger state intervention in industry and recognising the value in working-class food knowledge and practices. A balanced state intervention was

defined as one that strongly regulates the food industry and does not dictate food practices to communities. How this would evolve depends upon meaningful deliberation with parents.

For public health, the centrality of the material conditions suggests revisiting the principles of the Black Report (Townsend, 1980). This would interconnect public health with neoliberal working conditions. The impact of stigmatisation should be considered in the context of its social division and psychosocial effects, both of which are counterproductive to policy aims. The health messages received by parents of children with obesity relay notions of deficit parenting in the wider community. Together with the effect of class, a multi-layered stigmatisation is formed. There is overlap with the implications for dietitians. It is important to integrate the biocultural with the biological in understanding the parents' world, and to collaborate with parents in a resourced service that can provide a range of interventions. Finally, through the lens of governmentality, this research has shown the importance of reflecting on the political context of our work.

Chapter 8

Conclusions

This thesis has responded to policy that is not achieving its aims in reducing the prevalence of childhood obesity in England. This is of importance in the context of child health and the social gradient in childhood obesity. Disconnect was considered, primed by my own dietetic experiences of working with families with children with obesity. These reflected the national challenges that led to questioning whether food policy was disconnected from the lived reality of parents. This conclusion sets out the thesis journey, firstly by looking back at the problem, then through a reflexive account of the research process, and lastly by considering its contribution and limitations.

In the contemporary political context of neoliberalism, diet-related health is framed by the prevention model. This suggests causal mechanisms that can be subject to intervention, with risk detected and managed (Naidoo and Wills, 2008). Most obesity research focuses, therefore, on the biomedical model to explore causal mechanisms at the individual level. For children, this is accompanied by biological and behavioural research on parents. The biology includes genetics, maternal obesity and the foetal environment, and the behavioural includes parenting practices around food. This focus on the parent from the biomedical perspective is unproblematic, since science is considered to be neutral. However, from a social science perspective it is fraught with difficulties that could lead to disconnects that contribute to policy failure. The historical context is neoliberalism, and the neoliberal political rationality is the free market as the foremost way in advancing human well-being. Yet the surge in prevalence rates of obesity have accompanied the emergence of neoliberalism. Obesity is argued to be a phenomenon of this historical moment, as introduced in Chapter 1. The logic of the free market is rational choice, and this underpins childhood obesity policy and parents' responses to obesity. In the prevention model, parents manage risk through responsible food choices. Choices framed as healthy or unhealthy are aligned with the parenting discourse of good and bad. The discourse of parental responsibility was discussed in Chapter 2 in the context of the state withdrawal from public services.

The term working class was adopted in the context of the social gradient in childhood obesity. This term confers a collective class experience that may contribute to a disconnect with policy. Policy was found to be mostly informed by the evidence base and mechanisms that would not be easily accessible to working-class parents.

The research aims were:

1. To explore the disconnects, as mediated through food-related obesity policy, between the state and working-class parents of children with obesity
2. To explore, in the context of the social gradient, the relevance of social class
3. To examine implications for policy and practice
4. To explore the policy solutions of working-class parents of children with obesity, with the aim of advancing the involvement of parents in food policy.

In exploring disconnects, the critical theory paradigm was adopted as this links the research needs to social justice, as well as to exposing power relations and to advocating social action to varying degrees (see Chapter 3, Section 3.1).

Reflexivity 8.1

Reflexivity is an essential element in qualitative research and of particular importance in critical qualitative research. In social research, it recognises the social interaction in the role of the researcher and how this may affect the power relations integral to the methods. In critical research, it additionally considers whether the aims of the critical paradigm in challenging power have been achieved. For this research, this relates to how knowledge is built, and whether other theorists would have been more beneficial in pursuing the critical aims of the research. The research questions focused on disconnect and parents' voices, and the following sub-section reflects on how well these were served by the research approach, and specifically the methodology, theoretical framework, subjectivity and practical questions.

8.1.1 Theoretical framework

The key questions for theoretical reflexivity within the critical research paradigm concern whether the research met its aims in 'making power dynamics visible so they can be challenged' (Merriam and Tisdell, 2016, p. 61), that is, of advancing political emancipation (Fischer et al., 2015, pp. 8-9). This concerns making visible the power processes inherent in disconnects that centre on the governance of parents, and in why working-class parents are not meaningfully involved in food policy-making. Four critical theorists provided the theoretical framework that enabled descriptive and explanatory analysis. The theoretical needs were to understand the lived experience of parents in the context of the social gradient and the power processes between the state and parents. Consequently, class and power formed the theoretical poles.

Class was explored using Marxist and Bourdieusian theory. This enabled an understanding of the findings in the context of exploitation, alienation, and the everyday social practices. Other class approaches were considered; for example, the analytical Marxist approach to exploitation centres on occupations and class, but this does not consider everyday life. Weberian theory dominates public health thinking through the concepts of life chances and the social gradient in health that is based on access and outcomes. However, this approach does not address the underlying political and economic determinants (Bambra, Fox and Scott-Samuel, 2005).

Bourdieu critiques Marx (as discussed in Chapter 2), but both are structural theorists and view class from different vantage points. The benefit of using Marxism was the grounding in political economy that considered the effects of neoliberal working life, including its negative externalities around food and family that promote social division. Marxism contributed to the analysis of collective class experiences and consciousness with ambiguity about community, class and politics. The Marxist concept of ideology was subsequently built on through reference to Gramscian concepts. Gramsci's idea also provided the basis for going beyond theory into praxis. While these elements of Marxism were beneficial, limitations were found in how 'praxis', as constituted in the involvement of parents in policy, may evolve. A role for the labour movement in food policy-making was not popular among these

parents. The community was the vehicle for those who voiced action. Habermas's (Habermas, 2001) communicative action theory, which promotes meaningful deliberation in the public sphere, would have enabled deeper analysis in how community deliberation evolves.

Bourdieu's (1984) approach to class through the concepts of capitals, habitus, field, and practice was used to identify difference in food practices and the powerful presence of symbolic violence. These worked synergistically, through practices and the symbolic that classify, produce, and reproduce difference. The concept of symbolic violence is a product of symbolic power that includes language, labels, and meanings in practices and communications. Symbolic violence was apparent throughout the policy process and presented at multiple levels and sites. It was transparent, and I considered it a more powerful tool to illustrate the lived effects of the social gradient than was Marx's ideology. Bourdieu's *Weight of the World* (1999) includes interviews with local policymakers and working-class residents in a French housing project, and his later work includes an interview-based analysis of French housing policy and neoliberal economics (Bourdieu, 2005). On reflection, Bourdieu's work may have provided a sufficient frame for a critical analysis of lived effects of food policy. However, given the context of critical policy studies, other critical theorists aligned with state theory were drawn upon, namely Gramsci and Foucault.

In England, power is overwhelmingly played out in the cultural domain, through symbols, language, ideology and discourse. Hegemony provided the strategic exploration of how soft power is wielded through policy processes, for example, in the 'manipulation' of actors. As process, it is not unidimensional; rather, it is 'active, formative, and transformative' (1977, p. 113). So, processes of active and counter-hegemonic consent were found in relation to the governance of parents. Active consent was exemplified by volunteering in community food work as local services closed. This may be a collective solidarity or compliance with the Big Society. It illustrated a negotiation that may transform to a political counter-hegemonic stance. But it is not static. This was illustrated by the 'responsibilities' theme through which stigmatisation evolved. It illustrated Gramscian hegemony: of rule not by coercion, but by consent achieved by the 'integral state' mediated by the cultural domain. That

ultimate responsibility lies with parents was common sense, but it was simultaneously contested and consented to. The power of the responsibilities discourse sat with Marx's ruling idea that served to emphasise the structural context.

While the structural context is illuminated by the 'ruling idea' and hegemonic practices and processes, the detail of governance at the subjective level was analysed according to Foucauldian governmentality. This intersected with the post-structuralist approach of the WPR document analysis that draws on Foucault. The governmentality approach revealed the construction of the neoliberal parent, for example, as the risk manager in the prevention of obesity – and this came across through the powerful words of some parents. It is questionable whether this would have been found without the theoretical tools of Foucault. Figure 6.4 summarises the hegemonic and governmentality processes at different policy sites. It is only a potential scenario because the findings are replete with potential and unintended consequences of a non-reflective system.

Analysis using hegemony and governmentality drew upon Jessop and Sum (2012; 2015) who have developed an approach of cultural political economy that combines cultural analysis with the political economy through using a framework of six theorists. Hegemony, governmentality and discourse were useful tools for thinking about the multi-scalar processes. However, on reflection, the framework lacked this theoretical tool to explore and explain macro-level processes between the state and the food industry. Parents strongly identified the relationship. Its relevance was considered secondary given the research emphasis on parents and the state. On reflection, Habermas's (1982) communicative action theory would have provided such an analytical tool to explain the macro-level relationships and how these penetrate the meso and micro levels of community and parents.

Habermasian theory was considered when the thesis framework was formulated, but it was not used because his theory privileges the power of communication over collective class action. The theories of Marx and Bourdieu, on the other hand, consider the working class as a collective and lived experience, which was important for exploring the context of the social gradient. However, Habermas's powerful concepts, such as the 'colonisation of the lifeworld', would also have been useful in

exploring how the state or food industry might 'colonise' the everyday life of parents, and how this colonisation contributes to alienation and disconnect. Marxist praxis provided the theoretical space to consider how 'working class' parents would be involved in policy-making. However, in contemporary conditions Habermas's focus on the public sphere as a space of deliberation would have been more powerful in considering parents' involvement in policy-making. Habermas was included in a limited way in relation to processes such as colonisation, but his ideas were not used in detail. However, on reflection Habermasian theory would have added explanatory power.

Critical realism was considered for the framework. This provides an emancipatory paradigm that draws together realist ontology and relativist epistemology. It considers human flourishing in the contemporary world. This contrasts with Marx for whom the potential for human flourishing is rooted in the historical and in the economic capacity of society. Under neoliberalism, this has been distorted through the inequalities in wealth and, consequently, health. There are differences in the meaning of dialectics and the ontology of this thesis, but these are not irreconcilable. Therefore, this could have provided a foundation in philosophy and methodology for this thesis. However, on balance critical research enabled a clearly focused analysis on class and power. The key consideration was that Habermas would have made an explanatory difference on the questions of macro power and deliberation.

There was a sense of theoretical unease in using Marx due to the political period. Marxism is not commonly used in the social sciences. Other theorists, such as Bourdieu and critical realist theorists, have superseded Marxism. Much of the reflexive work throughout the thesis questioned the relevance of Marxism and whether subjectivity was biasing the research. This involved notes in my thesis diary, and discussions at conferences. Through this it is clear that there are social theorists and researchers who study Marx, often in conjunction with other theories, for example, Bob Jessop (Jessop, 2015), Peter Thomas (Thomas, 2009) and Carolyn Mahoney (Mahoney, 2015). This thesis adds to this developing research field. Supervisory support aided my theoretical journey, as did taking part in a class with Erik Olin Wright at City University.

Concluding on this reflexivity, research requires a constant reflexive process that considers whether the research needs and questions are satisfied by the chosen methodology and theories. Multiple theorists were used to meet the theoretical research needs that centred on class and power. This reflexivity has shown that the choice of theory was often reflected upon and, including a concluding reflection that Habermas's communicative action theory (1982) would have added to the explanatory power of the thesis. In using multiple theories and concepts, it is concluded that the depth of analysis may be reduced, but that careful application of multiple theories can produce meaningful research.

8.1.2 Methodology

The methodological paradigm is critical theory. As set out in Chapter 3, this paradigm, whilst rooted in the Frankfurt School, is not exclusive to it, but is rather a dynamic, evolving approach (McLaren, 2003). The aims of the critical theory paradigm concurred with the emancipatory aims of this research. These drove the research agenda to remain focused on the parents' voices and involvement. The emphasis of the research was to focus on the reality of the parents' experience from a class standpoint.

An ontology of Marxist dialectics was adopted. An alternative ontology was historical realism (Lincoln and Denzin, 2011). Whilst of relevance to this thesis because it views reality in its historical context, dialectics provided a view of reality in flux, that is, in a state of continuous change driven by processes including internal contradictions. Contradictions are key processes that could lead to disconnect. This ontology provided a view that helped the research remain focused on processes of contradictions and disconnect.

The epistemology of critical hermeneutics provides the bridge between the everyday meanings and structural power. This was a powerful way to understand the social realities as experienced by this group of parents. The meanings were grounded in their social interaction with policy actors and discourses, and how these shaped their social realities. There were shared meanings, such as ultimate responsibility, that were also replete with differences and ambiguities. So ultimate responsibility meant

that government and the food industry were not taking responsibility, but were instead passing their responsibilities onto parents. They did this by, for example, producing and promoting unhealthy foods while at the same time teaching parents to read the nutrition information on food labels so as to make the healthy choice. Despite some parents being aware of this, all self-blamed. Meanings were reinforced by such acts as selecting food from the supermarket shelf and putting food on the child's plate. The NCMP letter was met by the response of 'what's that all about?', reflecting how the process involved the receipt of a letter but little concrete support, an example of how responsibility and blame were conferred to the governance of parents. A final example is the commodification of childcare, since it 'didn't make sense' to parents to work and pay for childcare if they wanted to be full-time carers for their children. This is connected to the neoliberal political economy. The different meanings of class exemplified the ambiguities of meanings. The thesis is underpinned by the social interaction of people, language, discourse and meanings. The critical hermeneutics epistemology is argued to be invaluable in understanding social life, and is returned to in the final contributions section.

The study design consisted of multiple data sources that supported internal validity. The document analysis was descriptive and exploratory. The descriptive analysis combined two established models: the policy triangles of Gilson and Walt (Gilson and Raphaely, 2008) and Lang (2005). This provided a framework to organise the textual data around the research questions. Exploratory analysis was carried out using the WPR approach to discourse analysis (Bacchi, 2009). In contrast to the dominant problem-solving approach to policy that views policy as a neutral and a technical process, WPR problematises or questions the problem representation. It enabled a deeper level of thinking about how and why childhood obesity is framed as an individual/parents' problem. Reflexivity is integral to this approach, both in its analysis and as a way of thinking. Bacchi invites the researcher's reflexivity to become part of the analytical process. As a dietitian, I am a political subject constituted within the problem representation (2009, p. 73), and other elements of my subjectivity, such as my past community activism, would contribute to the analysis. Considering these factors, the WPR questions were applied to my analysis. I found that this process countered a potentially one-sided approach and that it concurred with Bacchi's objective of reflexivity: it 'minimises losses and maximises gains' in

terms of overall social visions (2009, p. 73). Although the WPR approach was restricted to document analysis, its way of thinking became integral to the overall thesis.

The approach to the semi-structured interviews borrowed from Freire's research method of visiting and engaging with communities prior to engaging with the research participants. It was an ethnographic approach that enabled familiarity and an understanding of the context. This worked well, since it prepared me for any contextual shocks and aided my 'insider' positionality. The field notes and photographs contributed as a data source and they informed the interviews through visual prompts. The interview questions were neutral and elicited the parents' views around power and democratic processes. For example, in relation to food policy I asked: 'is government helping of hindering?', 'what would you do if you were Prime Minister?', and 'should parents be involved in making food policy?' (see Appendix E).

Thirty-one policy actors were interviewed in the borough, consisting of six policymakers, ten policy implementers and fifteen parents as policy recipients; of the latter, thirteen were working class, twelve of whom were mothers. In the context of the social gradient, the focus was on the lived experience of working-class parents and disconnects in the policy process. This framework enabled analysis from the different vantage points of the policy actors. This provided insight into the disconnects and power processes that are involved in the governance of parents, the lived effects of class in the context of the social gradient, and the reasons why parents are not involved in food policy-making.

A key question is whether the number of interviews was sufficient for the analysis. The decision about how many were sufficient considered whether the emerging themes were saturated and whether anything new was emerging from the data; it also took into consideration the experience of other researchers. Supervisory advice and the literature suggested ranges from for one to sixty, with an average of thirty, but the key is the generation of sufficient data (Baker and Edwards, 2014). Despite this, I was enthusiastic and anxious to do more interviews. The range of parent participants included only two fathers and two middle-class parents. On reviewing the

recruitment process, it was apparent that I would need another three to six months. The recruitment process was time-intensive in getting myself known in different communities and workplaces, and I was a working dietitian carrying out the PhD as a part-time researcher. On balance, the data from the working-class parents, although weighted towards mothers, was sufficient, and data concurred across the range of ethnicities.

The analysis was thematic and consisted of eclectic coding that integrated descriptive, process and versus methods (Saldana, 2009; 2016). Data management used the Nvivo software. As set out in Chapter 3, a combined approach used paper and computer, and scores of mind-maps. In retrospect, the data set was small enough for manual analysis.

In conclusion, this section has charted and reflected upon the strengths and weaknesses of the methodology. These final points concern the reflexivity that has been ongoing and which prompted changes in the thesis. Initially, critical pedagogy was considered, but on reflection the design was too complex and beyond the timeframe of this thesis. So semi-structured interviews were adopted. During the field work I reflected that mixed methods may have been appropriate, but I concluded that interviews were sufficient. The ontology of dialectical materialism was modified to a more contemporary dialectics. The epistemology was subjectivist with the purpose of emphasising the parent's voice, and on reflection this purpose is contained within the aims of critical theory research. So critical hermeneutics, as discussed above, was adopted, and it proved powerful for the thesis and for further work.

8.1.3 Subjectivity

My positionality as researcher was set out in Chapter 3 on methodology, and I considered power relations within interviews, and how my positionality may affect the construction of knowledge. Of relevance was my professional position, working-class background and political activism when in my twenties. Drawing on Gilson and Raphaely, reflexivity examines the researcher's own 'institutional power … role in

defining the research agenda and generating knowledge' and activist or ideological positions taken may 'open and close doors in the research process' (2008, p. 315).

Questions of power relations were integral to the research and to the exploration of class, poverty, parenting and child weight. This was approached sensitively, and the reactions of myself and participants were recorded in field diaries, and in turn then contributed to the inductive process of interviewing. For example, recording such events and using this in preparation for the next. During the interviews, I attempted to balance my insider-outsider position, as set out in Chapter 3. The recruitment material offered dietetic support as a post-interview 'thank-you'. This also served to boundary the interview process so that it remained with the parents' experience and views. However, my inscription is that of a professional – the outsider. Undoubtedly this would have an effect, if compared, for example, to peer-on-peer research. This became apparent in the interviews, as parents demarcated the role of the professional as advisory from the role of the parents to talk with other parents about child weight in the community. My outsider positionality may have been counterbalanced by my insider positionality as a working-class woman, since most participants were working-class women. This was instanced while recruiting working-class fathers at the bus garage. In general, I was received mostly in a position of 'power' as a professional. However, the interview data is powerful, and likely reflects the benefits in using the neutral field of food policy. Different responses may have followed if the interviews had been based on food and the politically charged issue of child weight. Furthermore, the power of parents was focused on in asking for their solutions and involvement. That said, my conclusion was the need for participatory peer-on-peer research.

The nature of qualitative research is 'to make the familiar unfamiliar' (Ribbens McCarthy, Doolittle and Day Sclater, 2008), and this was felt during the fieldwork, especially when recruiting in middle-class areas. The sense of difference between deprived and affluent areas was palpable. I learnt that to recruit from either area, one had to be 'accepted'. This was a humbling process and one that enabled me to embrace difference.

As a researcher, my thinking embodied both my past political life that was grounded in Marxist dialectical thinking and my clinical training and practice. This was rooted in the medical sciences and influenced my thinking, taking me towards positivism. My thinking during the research process would shift between the two. For this reason, a strong theoretical framework was useful for subjective guidance, as well as being a tool for interpreting the findings.

Concluding on this personal reflexivity, my personal history of activism and dietetic experiences in child weight management led to my interest in the disconnect between food policy and the social reality of working-class parents. My personal ontology consists of materialist dialectics. This evolved from a working-class, Irish Catholic, immigrant upbringing. Whilst it is associated with Marxism, contemporary dialectics provide space for ontologies based on interconnections and change. Throughout the thesis, this was reflected upon to counter bias toward Marxism. However, on reflection, many references to Marxism were removed as these were superfluous and distracted from research aims. Reflection throughout considered the other aspects of my positioning as a working-class white woman and professional.

8.1.4 Quality criteria and ethics

Quality criteria concepts are trustworthiness and authenticity. Trustworthiness consists of four criteria: credibility, transferability, dependability and confirmability (Lincoln and Guba, 1985, 1994, in Bryman, p. 393). Credibility would have been strengthened through participant validation. This was not possible due to the constraints of my working hours and research schedule. Communication was maintained with parents and a report was sent to parents as the thesis was completed, with an invitation for feedback. Transferability considered the generalisability of the research. A thick description of theory, methods, findings and data is provided. Otherwise, the research is context-bound. The dependability and confirmability of the research are linked to its repeatability and can be corroborated, and they are furnished by the detailed methodology and reflection. Rigour was addressed through triangulation.

Ethics concerning the rights of the participants were considered throughout the research. Confidentiality was ensured and right to participate was enabled through the provision of childcare and accessible venues.

8.2 Contribution and limitations

This study makes several contributions to the literature (discussed in Chapter 2) that approaches obesity beyond the biomedical, and situates it in a historical, sociocultural and political context. This literature focused on child health and democracy, and it explored potential disconnects through four domains. This relayed the complexity of the parents' world, in its class, food and family contexts. This is a world that is connected to the state through power relations that function in the interests of neoliberal political rationalities. This means that there are specific expectations of all parents. However, there are greater challenges for working-class parents, given their economic constraints and that policy reflects middle-class practices. Chapter 2 showed the potential for multiple disconnects between parents and the state, in particular through the lack of parent involvement in food policy-making. The research found multiple disconnects; they were neither superficial nor clearly demarcated, but rather they were meaningful and beneath the surface, and they interconnected and interacted.

The critical theoretical framework is considered in the foregoing reflexivity. This supports the approach to obesity research by Jones et al. (2016), who argue that eclectic approaches that include critical qualitative are crucial in understanding the everyday experiences. The framework adds to the range of approaches that the critical field can take in understanding power processes that concern social interaction and food policy. As discussed in relation to reflexivity, the analysis of macro-level power processes between the state and industry, which affect parents' food practices, would have been strengthened by the inclusion of Habermas's communicative action theory.

Epistemologically, critical hermeneutics is an important approach to understanding social life for dietitians and those working in public health. Subjective meanings of social life are viewed in relation to structural factors. Meanings emerge from social

interaction and shape social realities, as illustrated by multi-layered stigmatisation. There were class differences around the meaning of food. This research adds to the qualitative dietetic literature that examines parents' perceptions and practices, and it concludes that it is unhelpful to impose biomedical meanings onto social life. This was exampled by the NCMP letter that held different meaning and consequences for parents than public health intended. This thesis adds to the critical dietetic literature and agrees with the conclusion of Nnyanzi (2016) that NCMP needs to consider social reality. It recommends that policy research should consider subjective meanings.

The study design consisted of multiple data sources. Of particular insight for policy analysis and implementers is the WPR approach, since it offers an alternative way of thinking about problems as they appear to be, rather than critically examining the problem construction. Implementers, such as dietitians, are part of solving the problem, so WPR provides insight into our own subjective construction and role in the policy process. The ethnographically informed interviews drew upon the approach of Freire (Freire, 1970), and they support the approaches taken by critical dietetics. Limitations in the design is potentially the under-use of Bacchi's (2009) analysis.

Significant disconnects were identified in the findings in Chapter 6 and discussed in Chapter 7, with important contributions to the fields of food policy, sociology, public health and dietetics. The material constraints were produced by contemporary working life and the unhealthful foodscapes in working-class communities. Allied to working conditions was the socially divisive discourse of dependency. This contrasted with the collective care for children in the community in relation to food. Consequently, the collective ethic of care was viewed using Williams's (2005) political ethic of care. This contributes new thinking about how food policy connects with the social life, and how the potential for interconnecting is related to the political ethic of care.

The analysis of 'responsibilities' illustrated how food-related obesity policy mediates stigmatisation and subjectification, for example, through the risk discourse. Responsibilities emerged as a core 'ruling' idea interconnected with responsibilising

processes, powerful processes of subjectification including risk management and self-blame, and hegemonic processes of stigmatisation. These are processes that involve multi-level sites of policy with unintended consequences that stigmatise and produce self-blame. Furthermore, this contributes to other literatures on public health, critical weight studies and family studies, especially as they are concerned with the governance of parents.

Class intersected with material conditions, and responsibilities with powerful examples of symbolic violence. These are processes that produce stigma and the devaluing of self- and child-worth in working-class areas. Class distinctions were found between working-class and middle-class food practices and foodscapes. Class was found to be highly relevant in terms of its range of meanings, its constant presence beneath the surface, and how it emerged through practices. The analysis of class using Bourdieu powerfully explained the processes of symbolic violence that, together with the working conditions, provide an explanation of 'fixing in place'. This notion supports the psychological view of reinforcement (Roberto et al., 2015), but from a class perspective. It is important in understanding the lived effects of the social gradient, and it illustrates the importance of sociological theory in understanding food-related health. Moreover, it suggests that using Bourdieu in a critical research framework adds a valuable perspective.

The research was set at the interface of the local state. It was the nexus of power relations in managing food policy, foodscapes, public health, community and local democracy. Valuable insights were provided by policymakers and implementers into food policy and democratic processes. These contribute to the literature on the consequences of the hollowing out of the local state for the implementation of food-related obesity policies, and for urban planning and the social division and stigmatisation mediated by the foodscapes. Furthermore, it contributes to the discussion on how to progress deliberative democracy, both in food policy and more widely.

Parents' food policy solutions and willingness to be involved in food policy-making are both important contributors to research that considers deliberative approaches and alternatives to neoliberal policies. This should be considered by the child weight

management disciplines, since parents can be active and meaningful collaborators in policy, rather than passive recipients of policy. This supports the work of Boswell (2014) who found that while key policy actors, in England and Australia, relied on the evidence base there were differences in interpretation, and he concluded that there exists a 'complex interplay between interests, ideas and the evidence' (204, p. 363). Boswell is optimistic, therefore, that there is room for manoeuvre to develop meaningful deliberation within the prescriptive approaches to obesity. In this current research, theoretical investigation using Habermas would have produced possibilities for analysing how meaningful deliberation may occur.

This thesis is of political significance, since it presents the experiences of working-class parents of children with obesity at this time of political change. Its saliency is in the context of the denial of working-class experiences since the 1980s. It adds to the argument for the re-politicisation of health inequality measures, such as the social gradient. These should consider the lived effects of class. It also contributes to the discussion of the new political project that needs to consider the nutritional well-being of working-class children going forward to Brexit.

The limitations of the theoretical framework are that, whilst it provided sufficient tools to explore class and power, it lacked explanatory tools in two areas: the power process between the state and food industry, and the potential for deliberative processes. Habermas's communicative action theory would have supported this analysis. The findings are not generalisable, although they are potentially transferable to similar communities. The aims included to advance parents' involvement in food policy-making, and the design furnished a small step in that direction.

In conclusion, policy failure in tackling the intractable prevalence in childhood obesity, including the social gradient, indicates potential disconnect. The neoliberal political rationalities underpin food and health policies and focus on individual/parent responsibility. This is a context in which parents are central to preventing and solving obesity in children. The research placed obesity and the parents' world beyond the biological and behavioural, viewing them instead as complexities of social life. A wide lens was used to view policy processes as they

unfold through policy, and to consider the local state and the roles of the local policy actors. The key theoretical concerns focused on class and power, and they were explored using four critical theories. Multiple disconnects – not with clear demarcations but as interconnected and interacting, and not superficial but meaningful and beneath the surface - appeared. As this section has set out, the research contributes to several literatures on obesity, food policy, sociology of class, local governance and deliberation. It is original research in terms of its subject matter, since it is a class analysis of food policy processes involving both parents of children with obesity and the state. It is novel in the field of English dietetics and supports the critical dietetic literature. It is one of the first research projects to bring the lived experience of this group of parents into obesity research in England, and it is also one of the first to explore the disconnect between working-class parents of children with obesity and the state.

8.3 Suggestions for further research

This research has led to valuable results and conclusions that contribute to several literatures, especially in relation to food policy and childhood obesity. These are within the context of neoliberalism. A core contention of this thesis has been the relevance of class to the social gradient. The lived experiences of parents have shown class to be relevant. The powerful presence of symbolic violence suggests that the avoidance of class in food-related obesity policies devalues the experiences and solutions of working-class parents.

Rehabilitating class in food and health policy would counter marginalisation and be of societal benefit. Closer collaboration between academia and the trade unions would advance this agenda, and it would also advance the solutions of parents provided in this thesis. This supports the long-standing arguments of, among others, Vincente Navarro and Richard Wilkinson.

Unions, such as Unite the Union, are workplace- and community-based and are thus positioned to support parents' demands. Critical pedagogic research would facilitate a grassroots research programme that could link community with actors at multiple levels of the policy process. This would facilitate progression in parents'

involvement in the policy process and, through participatory approaches, it would build a lay research community. The research need is for meaningful deliberative approaches that provide access to the parents.

The collective and political ethic of care emerged across sites of local state and social policy. A research agenda that integrates these and includes a food policy perspective would contribute to an alternative ideology to neoliberalism. This too could be in collaboration with trade unions and the community.

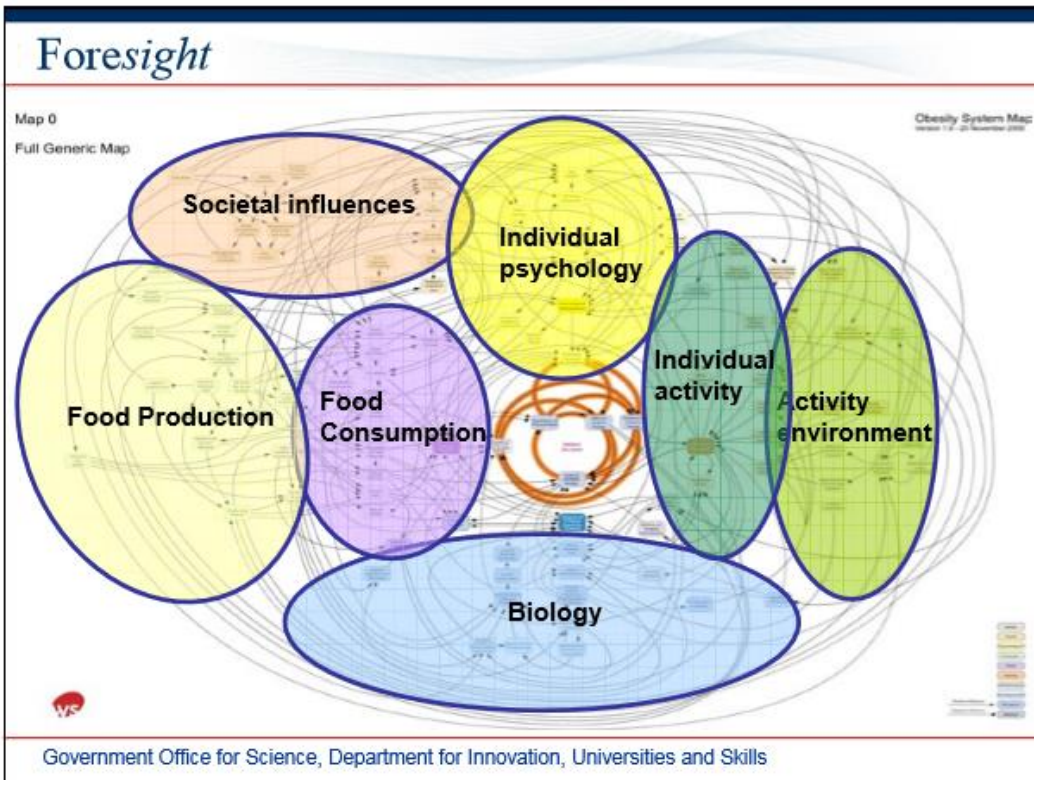
Stigmatisation emerged as a layered process. For dietitians and public health professionals, this is a pressing research area, particularly in relation to the NCMP and schools. Obesity policy has shifted further to schools, but with little collaboration with parents there is potential for unintended consequences. The meaningful involvement of parents is recommended as an urgent research area.

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Appendices

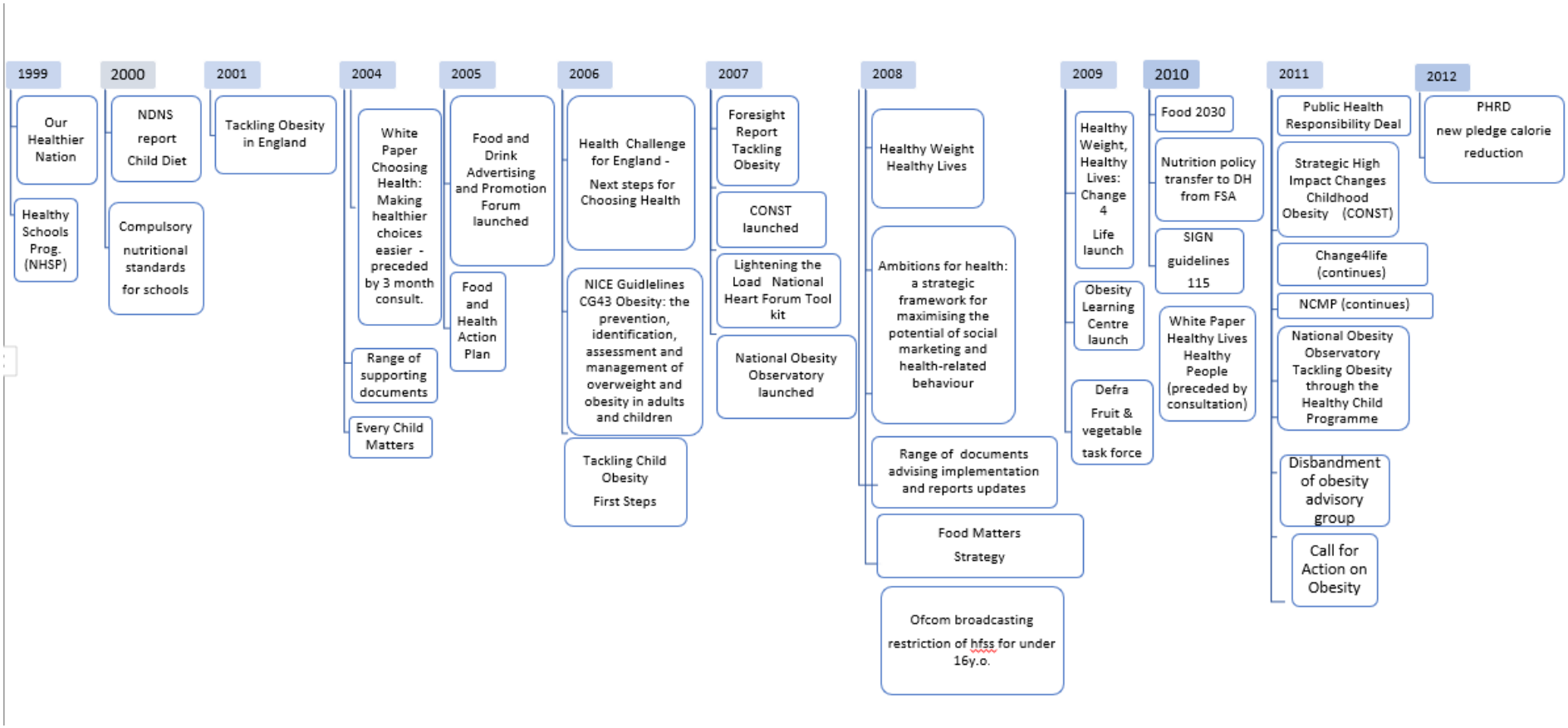
Appendix A

Example of systems mapping from the Foresight report - Tackling Obesities: Future Choices



Appendix B

Timeline showing key policy development 1999 to 2012



Appendix C

Potential health-related consequences of child and adolescent obesity

Medical health risks include: Type 2 Diabetes, Asthma, Obstructive sleep apnoea, Cardiovascular risk factors Psychosocial risk/mental health, Musculoskeletal problems

Source and for evidence base: https://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child

Table A. What children with obesity say

Most overweight children are self-conscious and distressed about their appearance (Pretlow 2010): *'I hate looking in the mirror☹ it's the saddest part of each of my days. I hate myself I try to lose weight but I just impossible… I've got a load of stretch marks and I hate it. I look huge and I hate it* (p25) – female 19 years *'I've lost about 20 pounds so far..I'm really worried about stuff like excess skin'* - female aged 16 p.26)
Many overweight children experienced unpleasant remarks from children and adults, fat-related name-calling and bulling was considered a normal occurrence. This is supported by weight2rock participants (p25): *'I think I'm so ugly because of fat. 'buying clothes is hard for me….people underestimate me because of the fat….I ran (in a race) really fast and was happy but a boy said 'for a fat girl she can run fast'…I don't want to be known as the fat girl but my name'*- female 13 years
Weigh2rock participants identify a number of emotional factors that promote overeating include comfort eating, cravings, mindless eating, lack of control, lack of satiety and feelings of addiction. *'I eat to make myself feel better'* female aged 14 years *'Everyone I know practically soothes emotions with food'* - female aged 13 years '*Junk food = comfort food. Food listens to our problems. It's like a therapist'* - female aged 12 years (p147) '*Before I wanted to lose weight so people would like me but now I want to do it for myself, so I'll like myself…I have a food addiction, I'm a binge compulsive eater'* – female aged 15 years (p155) *'I've tried so many times to lose weight….I love to eat, even when I'm not hungry I eat…Food is a total addiction to me, how do I stop?*' - female 17 years (p155) '*I don't want to revert back to my old ways…My eating was getting out of control too. I haven't had junk food in a few months, but I had some at a party and I've forgotten how addicting it can be'* - female aged 13 years (p156) *'Hey guys….just a quick question…when I watch tv, I get bored and eat like even when I'm not hungry! How do I stop this?*' - male aged 12 years
Very overweight children experience barriers to and facilitators of weight loss (Rees). These are described by Pretlow as successes, relapses and commitment to struggle by many, despite feelings of being overwhelmed: '*I look huge....I mean huge too. I have been trying to lose weight for a long time now …and I don't know where to start because I'm overwhelmed'* - female aged 14 years' (p127) *'I'm trying so hard but losing weight is the hardest thing that anyone would ever have to go through'* – female aged 15 years (p127) *'I weigh 210lbs… I made a promise to lose my weight and keep this diet. The reason….to look and feel better about myself, and not be ashamed of my body any longer….I cover my stomach...I'm tired of feeling sorry for myself… The big thing is that I have such a pretty face, and I want a pretty body'* - female aged 15 years (p128) *'I weight 118lbs and used to be 207lbs. But one day something came over me I knew it was unhealthy for myself….I didn't want to lose weight to look better …but to be healthy'* - female aged 13 years (p128)

Source Weigh2Rock: Pretlow, 2010, What Overweight Kids Say, CreateSpace USA

Appendix D

Policy analysis methods - examples

This Appendix provides information about the policy analysis that was carried out to inform the thesis. The research rationale, aims and questions addressed are the same as set out in Chapter 1. The search strategy is detailed here. Examples of the analysis process are provided overleaf.

Policy analysis of policy and not for policy was appropriate for the research need. Analysis of policy explores process to understand policy either for academic or applied purpose. It is a retrospective activity. Exploring policy process assumes political, economic, social environment and power relations (Walt et al, 2008; Gilson and Raphaely, 2008) therefore largely critical methods.

Key sectional groups involved are state, food industry/system, medical industry, civil society and academia. Using a structural focus Tenbensel and Davis (2009) contend that politics and strategic choice involve only a few key powerful actors. In this context, where are the experiences and perspectives of parents positioned? The following section describes the policy analysis carried out as part of this thesis to investigate how are parents framed by policy, how parents are involved in informing policy? Which actors advocate for parents?

Three conceptual frameworks as set out in Chapter 3 of this thesis: Lang (2005,) Walt and Gilson (1994) Bacchi, (2009) were used in the analysis of obesity, food and related policy in England. Relevant policy extending back to 1999 was analysed to support the temporal context. T

Document search strategy
Internet searches were carried out as follows:

1. The search for English policy documents 1999-2012 used domains of health, public health, education, food and family to inform timeline (figure 4.1) and policy process of informing policy, actors and power (Table 4.2). The search was primarily of government websites also using free text in Google to locate civil society organisations. Key terms included: nutrition policy, food policy, child and childhood obesity policy, obesity policy, family policy, education policy, early years' policy, obesity and overweight, food policy analysis UK.
   The reference lists of policy documents were used to identify other documents and organisations informing policy.
   Civil society actors were identified from policy documents and internet search using key terms: food policy advocates UK, food policy advocates England, trade union food policy, trade union obesity policy.

2. Global and European policy documents contributed to context of policy in England. The following websites were searched: WHO/Europe websites, International Association for Study of Obesity, European Association for Study of Obesity.

3. The following websites were searched to inform context of family policy: Family Parenting Institute, Sage publications, Policy Press

4. The following websites were searched to inform policy options: western governments including USA, Australia, England, Scotland and English trade union and civil society websites. This was supplemented by search of academic databases for lay policy solutions.

5. Google search and secondary references were used to inform advocates,

Information was systematically located from within documents using a framework combining Walt's policy triangle and Lang's food policy triangle. Within document search was supplemented using key word function of Microsoft Word.

The data was recorded on templates as overleaf.

Appendix D continued

Policy analysis using combined Lang and Walt policy triangles 2013

England Core policy documents	**Content & context** Principles underpinning document (SDH, lifecourse, p'ships)	**Process** How and who informed policy and how is it implemented? (evaluation not included)	**Actors & power** Key policy actors Who is involved? (Defining power by resources and influence)
Healthy Lives Healthy People (completed nov 2010) National public health strategy. Strategic document that outlines a change in approach to administering all aspects of public health.	Context Fiscal restraint and austerity with cuts in local resources. Coalition between conservative and liberal parties Content Based on government values of freedom, fairness and responsibility. (market freedom, social responsibility) Adopts a life course approach and proportionate universalism. Its focus on early year intervention. Method of public health delivery shifts under a localism framework to remit of local authorities, overarching Health and Wellbeing Boards link with JSNA. New supportive office of Public Health England, Individualised approach through behavioural change employing 'ladder of intervention' approach of voluntarism rather than regulation -operationalised	**Informed by** Marmot Review on health inequalities and best evidence as referenced in document Evidence review: Our Health and Wellbeing today Consultation electronic consisted of 16 questions focused on government proposals inviting views on interest area(s) of respondents Invited to respond were: Public sector, voluntary, professional and medical actors involved in delivering health and social services i.e seems to have invited responses from mainstream	State DH Secretary of State Director Public Health Local government and commissioners Supply: As per '900 responses - NHS providers Providers of services (table 5) Civil: Range of charities and advisory groups Obesity: NOO, NHF, BHF, NOF Family: FPI, Family Action Nutrition: School Food Trust, British Dietetic Association Missing: Sustain and civil society other food organisations, trade unions

	through PHRDs and social marketing Budget: Ring fenced public health budget within local authority budget Services are commissioned with a health premium attached to reducing health inequalities Concerns: austerity and cuts in local resources with transfer of public health to local authorities	Around 900 responses from a range of these actors mainly NHS, and local authority also some industries: notably pharmaceutical also BAT Little input from food and beverage companies. Of 900 responses, no data is provided by interest area 3 nutrition and 4 obesity responses highlighted by authors. Both BMA and FPH raised concern that separating clinical and prevention re obesity may lead to disjointed models of care. And FPH argued for a national focus on reducing fats and sugar consumption. **Implementation** LAs, HWBs,	

Appendix D continued

Policy analysis table using What's the problem represented to be

Policy	Evidence in policy document Referenced by quote number e.g. Q1	
Healthy Weight Healthy People		**Summary** Coalition Public Health strategy. Builds on reforms: NHS white paper, comprehensive welfare reforms and localism. - Based on core values: freedom, responsibility and fairness, and concept of Big Society. New approach to public health including obesity. Reprioritising prevention. Number of key components: 1) Move from centralised control to local authorities as better positioned to tackle local needs and with a 'shift in power to local government, communities and schools'; with local government communities at the heart of improving health and wellbeing. 2) It integrates a Social Determinants of Health (SDH) and a life course approach. SDH being approached by proportionate universalism with greatest incentive according to level of disadvantage 3) Incentives are as determined by a financial incentive scheme with poorer areas receiving greater rewards for achieving outcomes – (as set in Public Health Outcomes Framework 2012). PH budget is ring fenced except running costs and efficiency gains 4) Partnerships with industry through Public Health Responsibility Deals It suggests omissions from Foresight on behavioural science and psychosocial effects of obesity. These have been incorporated. Introduction of Nuffield Ladder of Intervention as a tool for behavioural change intervention e.g. nudge rather than regulation. Emphasis on individuals, 'circumstance and behaviour', as responsible for 'lifestyle driven health problem' (p2), and in addressing root causes of poor health and well-being. Strategy includes 'empowering individuals to make healthy choices by reaching out to individuals and families who need the most support - disadvantaged families. With an increased focus on early education and public health with purpose of building the confidence and resilience from infancy: health visitors, Healthy child Programme, parenting programmes. Increased ole of schools in function of National Chid Measurement Programme, Healthy Schools, health promotion and pastoral care. Mechanisms: Decentralisation and localism, broadening of the range of service providers, partnerships with industry through PHRDs, establish Public Health England, ring fencing of public health budgets, system of financial incentives including Health Premium for progress on reducing health inequalities, outcome focus, building of a critical mass of opinion to change behaviours Wide responsibility across society. Industry to be more socially responsible e.g. in product reformulations, more responsibility for impact of practices

Appendix D continued

Policy analysis table using What's the problem represented to be

What presuppositions or assumptions underlie this representation of the problem: Analyse using binaries/categories/ key concepts (archaeology and govenmentalities)	Q11 'We will treat capable, responsible and informed adults as adults' (p28) Q12 'with an increased focus on disadvantaged families' (p32) Q13 'Health inequalities between rich and poor have been getting progressively worse. We still live in a country where the wealthy can expect to live longer than the poor' Q14 Few of us consciously choose 'good' or 'bad' health. We all make personal choices (p32) Q15 'build capacity to empower individuals and communities to improve their own health' (p43) Q16 'we believe that sustained behaviour change will only come about with a new approach – genuine partnership' (p41) Q17 'Early child development and educational attainment are also crucial for future health in achieving health ...and providing a route out of poverty' (p18).	<u>Binaries include :</u> Responsible/irresponsible Q11: implies irresponsible action Capable/incapable Q11: implies incapable of taking action Informed /uninformed Q11: implies acquiring skill and knowledge Adult/child: Q11 implies if not conforming then adults treated as children <u>Categories include:</u> 'Disadvantaged families' Q12 - who are the disadvantaged ? The rich Q13 The poor Q13 <u>Concepts include</u>: individualised –personalised Q14 Personal choice Q14 Empowerment – is empowerment the problem or inequality? Q15 Child development is one approach and here associated with route out of poverty suggesting 'cycle of poverty' Q17 Partnerships - partnerships and genuine partnerships this assumes partnerships are not genuine, or equal due to power imbalance for example, between community and business or professionals. Q17 Localism: decentralising in market context, as a means to tackling obesity in children and its social gradient.
How has this representation of the problem come about? (genealogy-practices and processes)		<u>Genealogy</u> 1. 1970s: epidemiological transition, 1980s: dominant neo-liberal ideology; under Thatcher Conservative government avoidance of SDH, beginnings of marketising the health service, 2000s: shift to prevention under New Labour, further shaping of market within health, partnership working with food industry and commercial methods of shaping behaviour – Change4Llife. Coalition government further stripping away of state (and its assets) through less regulated privatisation of NHS, local authorities and business cases for health/obesity sevices. Austerity being used in ideology of welfare dependency. 2. Ideological changes towards the family and children since 1970s: women at work and introduction of 'adult worker' in contrast to 'male breadwinner' model. Responsibilisation process of moving once collective welfare - now broken into elements health and social care – to family and mothers. Includes responsibility for new lifestyle diseases that now required to prevent and treat. Mothers/parents are held as both problem and solution.

Appendix D continued

Policy analysis table using What's the problem represented to be

		3. With the coalition government 2010 is a context of new leadership and libertarian paternalism, compassionate conservatives and adopting concept of relative poverty/psychosocial causation for inequality. 4. Dominant conservative ideology in the coalition, acknowledges health inequalities including of obesity in children. This is the product of deprived areas, families can lift out of this through expert intervention to build confidence and resilience of children. Also product of culture of welfare dependency and personal choices leading to lifestyle health problems. 5. Foundation for practices and processes : Thatcherism, victim blaming, tobacco and individual right discourse, blaming mothers, shifts of responsibility e.g. in education, problem families etc Victorian values…deviance - weight stigma – whole history in west that provides a foundation for blaming parents, 6. Practices and processes: i.e. how played out in everyday life between state/local state and experts/parents. For example, responsibilising processes over time – fist within social policy, education and into health particularly obesity and lifestyle diseases. 7. Practices and processes: policy implementation documents elaborate on types of parenting and practices. Its in implementation that representations take on life
What is left unproblematic in this problem representation? What are the silences? Can the problem be thought about differently?		Unproblematic : Food industry is assumed to with social responsibility above responsibility to share-holders. If private business does not act with social responsibility then changes to foods such as calorie contents will not change. The emphasis on individual and parental responsibility remains. Despite adopting a health inequalities discourse, income and material conditions of the poor, appear to be unproblematic. Instead, health inequalities and obesity in children are problems of deprived communities to be resolved through devolving responsibility to local authorities. Solutions are to emerge from deprived communities. In achieving outcomes reward is given by 'Health Premiums'. If outcomes are not reached in most deprived area then needed resources are denied. The policy voices include academic and scientific, state, political and private business. Policy reports on evidence of research about how lifestyle choices are made e.g. social norms, but no reference made to lay or advocacy view, including parents with children with obesity

Appendix D continued

Policy analysis table using What's the problem represented to be

		Problem can be thought of as symptomatic of macro-economic and ideological changes over thirty years that has attempted to replace collectivist with individualist ideology. Solutions may lie in collectivist ideology and relational ontology in which an ethic of care, or similar, is dominant.
What effects are produced by the representation of the problem? :	Q14 Few of us consciously choose 'good' or 'bad' health. We all make personal choices (p32) Q18 'we are turning to local communities to devise local solutions which work for them, to create the right kind of environment and build a critical mass of opinion to change behaviours'	<u>Discursive</u> Increasing stigma: Obesity in children is associated with poor parental choice i.e. parenting and deprived communities. Q14 Parents of children with obesity are constituted as parents in need of expert help in development of the child. This likely to affect the perspectives of professionals, e.g. in education, about this group of parents and may lead to increased stigma. The creation of critical mass of opinion to change behaviours also suggests a danger of increasing stigma Q18 Localisation includes broadening of the provider base, using financial incentives for achieving outcomes. Large private companies with systems in place may be more cost-effective as they may reduce professionals' salary or grades. Payment by results, as the driver of change may, at the provider level, have effect of shaping interventions above clinical expertise. At the community level, if public health outcomes not achieved and health premium not paid, the effect may be further marginalisation.
How and where is this representation of the problem produced, disseminated and defended? How could it be questioned, disrupted and replaced?		National and local government. Defended by commissioners and managers who are required to stay within budgets and reach outcomes. Mechanisms such as payment by results may be used to shape implementation delivery. Cost-effectiveness particularly in austerity may be used to defend the representation. Television and media disseminate and reproduce this representation from all angles: sensationalisation of 'super obesity' raises fears but also distorts health messages of body size – families perceive obese as the super obese. Programmes such as 'super nanny' reinforce the 'professional parent' and 'honey we're killing the kids' the message of poor parenting and children being 'at-risk' through food and parenting. The representation could be questioned by advocacy and campaigning for example, around the distribution/access of healthy foods to all. Possibly as part of human rights and Millennium Goal discourse. Disruption and displacement of this representation/ideology would need political action. Wardle (2004) suggests 'parent power'. Lang – social movement, crises that fundamentally change social situation/relations. Advocacy for food rights in trade unions and other organisations that represent working class interests.

Appendix E

Phase 1 Topic guides and prompt materials (policymakers and implementers)

Welcome: thanks, first names
Explanation of project and consent
Screener questions
Just to confirm, you have some involvement in food policy and /or child overweight?
Information sheet and consent forms – time to read – reschedule?
Topic guide, show at start

STUDY TITLE: OBESITY DISCONNECT

The policy area is food-related childhood obesity policy. The interview draws on your area of expertise in informing, making or implementing this area of policy.

1. **YOUR WORK AND POLICY**: about your role and involvement around food-related childhood obesity policy

2. **POLICY, SOCIAL GRADIENT AND SOCIAL CLASS**: how does this policy area address the social gradient in obesity in children? How are parents and groups of parents categorised? Is social class relevant?

3. POLICY ASSUMPTIONS AND VALUES: what assumptions or values might there be in policy, if any?

4. **PARENTS INVOLVEMENT WITH POLICY**: to what extent are parents involved in this policy area?

5**. POLICY AND PARENTAL ADVOCATES**: what groups/organisations represent parents' interests?

6. **POLICY INFLUENCERS**: what local groups/organisations have major inputs to this policy area?

7. **CURRENT POLICY AND POLICY OPTIONS**: your views of the strengths, limitations, areas of disconnect, solutions?

Appendix E continued

Phase 1 prompt cards

About your role

CAMPAIGNS SUCH AS CHANGE4LIFE
WORKING WITH HEALTH PROFESSIONALS
WORKING WITH FAMILIES
IMPLEMENTING CENTRAL GOVERNMENT POLICY
WORKING WITH FOOD COMPANIES
WORKING WITH FOOD PROJECTS

About how parents categorised in policy scenarios

GOOD AND BAD
LOST CONTROL
NEED TRAINING AND EDUCATION
IRRESPONSIBLE
CARING
HARD WORKING
STABLE FAMILIES
DYSFUNCTIONAL

About influence on policy

MEDIA AND THE NEWSPAPERS
HEALTH PROFESSIONALS AND DOCTORS
POLITICAL PARTIES
PUBLIC HEALTH ENGLAND
FOOD COMPANIES
CIVIL SOCIETY ORGANISATIONS INCLUDING COMMUNITY
SERVICE PROVIDERS SUCH AS MEND, MYTIME
ACADEMICS
PARENTS
TRADE UNIONS

About assumptions and values and policy

FOOD CHOICE
CULTURE
PASSED ON IN FAMILIES
PASSED ON IN COMMUNITIES
ACCESS TO HEALTHY FOODS
PARENTING – WHAT PARENTS DO
PARENTING - WHAT MUM'S DO
SOCIAL MOBILITY
INCOME OR WAGE
SOCIAL CLASS

Appendix E continued

Phase 2 parent participants -Topic guide and examples of prompt materials

Welcome: thanks, first names Project is about parents and government and food policy for children with obesity - interviewing parents of children with obesity or obesity in last 5 years, about food views, experiences and solutions <u>Screener questions</u> Child size: Deprived area: Live/work Caregiver age: 18-55 Child age: 2- 15 Any reason not to take part: Information sheet and consent forms – time to read – reschedule? Topic guide, show at start	
	Question
	One thing about childhood obesity that is important to you, anything at all
	Shall we use term overweight, obese or??
1.	**Thinking about what government says and does are they helping or hindering parents**? (PROMPT materials: C4L, traffic light labels, Disney/other) **Why do you say that?** **Or** what's government thinking behind this? **Thinking about high levels of obesity in children in Lewisham. How do you see the difference in the way government sees the problem and how others see the problem**? **How about you?** Prompt how about responsibility? Do any of these matter? SHOW CARDS How matter?
2	**What impression does government give about parents of overweight children?** **What types of family seem to have overweight children?**
3	**Higher levels of child overweight in deprived areas…does this make sense to you? What are your thoughts about this?** **(if for example says poor) then ask How does this work? Why does this matter or what's that about?** If needed say **What about social class? Does that matter?** PROMPTS – photos shopping areas (What differences between wealthier and poorer about food and feeding - what does social class have to do with this)
4	**Thinking about how food decisions are made, of the people who advise government who does government take most notice of?** **Is government talking to the right people?** **Who do you think advises the government on what they should do** (PROMPT CARDS) **Are parents involved - how could they be involved**
5	**What groups speak up for parents about child health and food**
6	**What would you do if prime minster** **(PROMPT CARDS)** **Can you see any of these happening? How? What would be needed?**
	Consent forms collect - would like report

Appendix E continued

A selection of prompts from the Phase 2 interviews

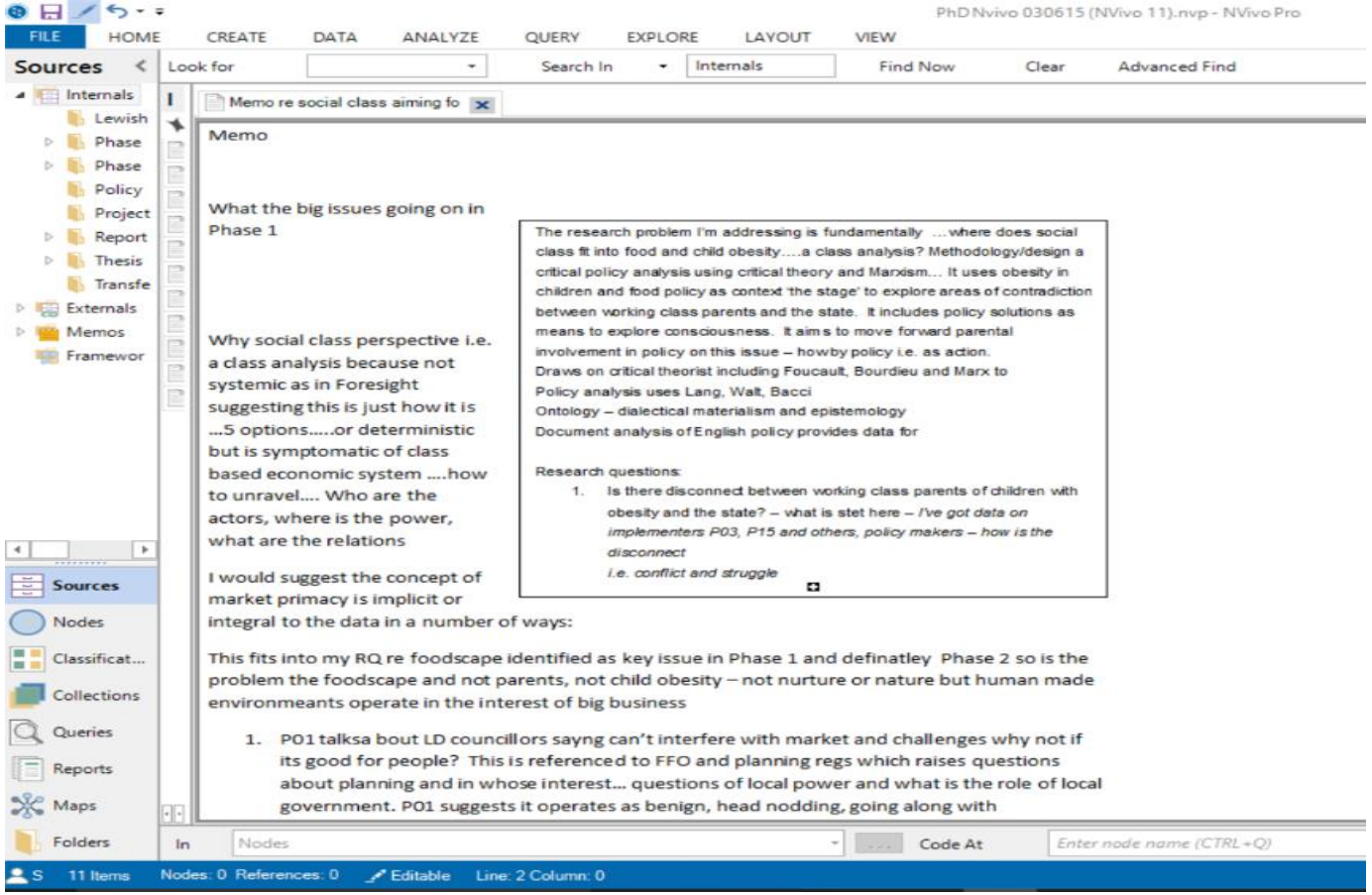


Example of placement of cards during interview

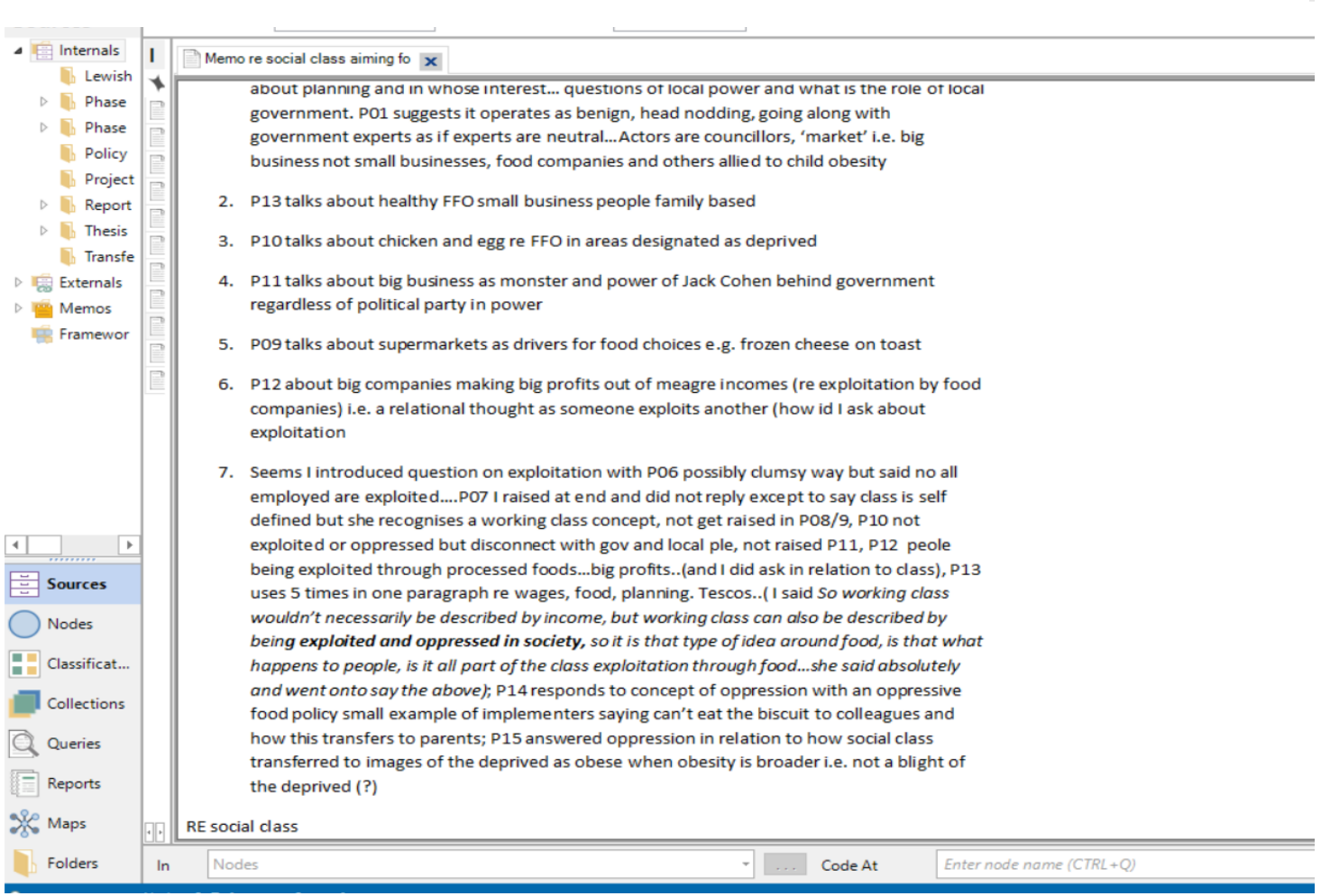


Appendix F

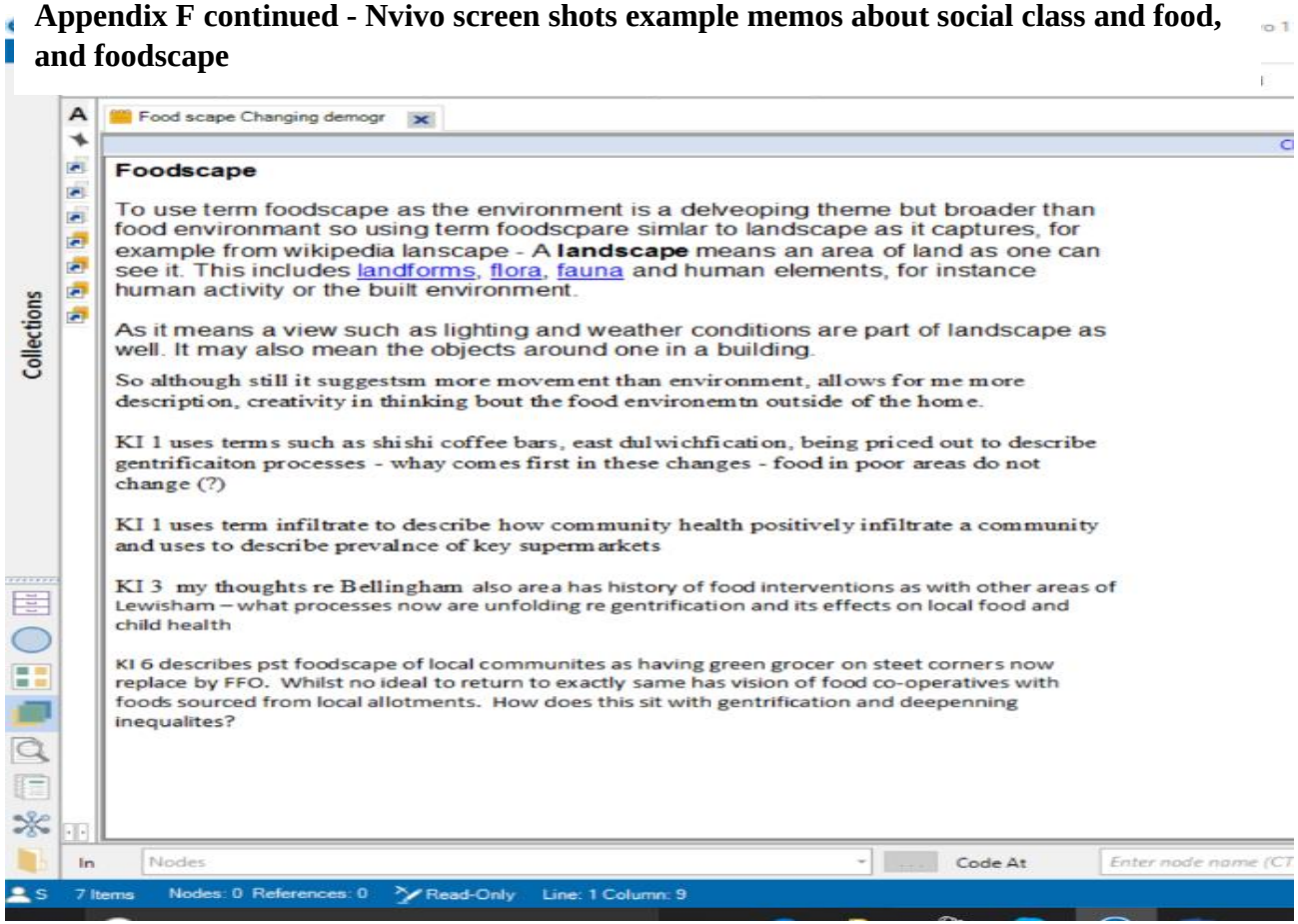
Nvivo screen shots example memos about social class and food, and foodscape



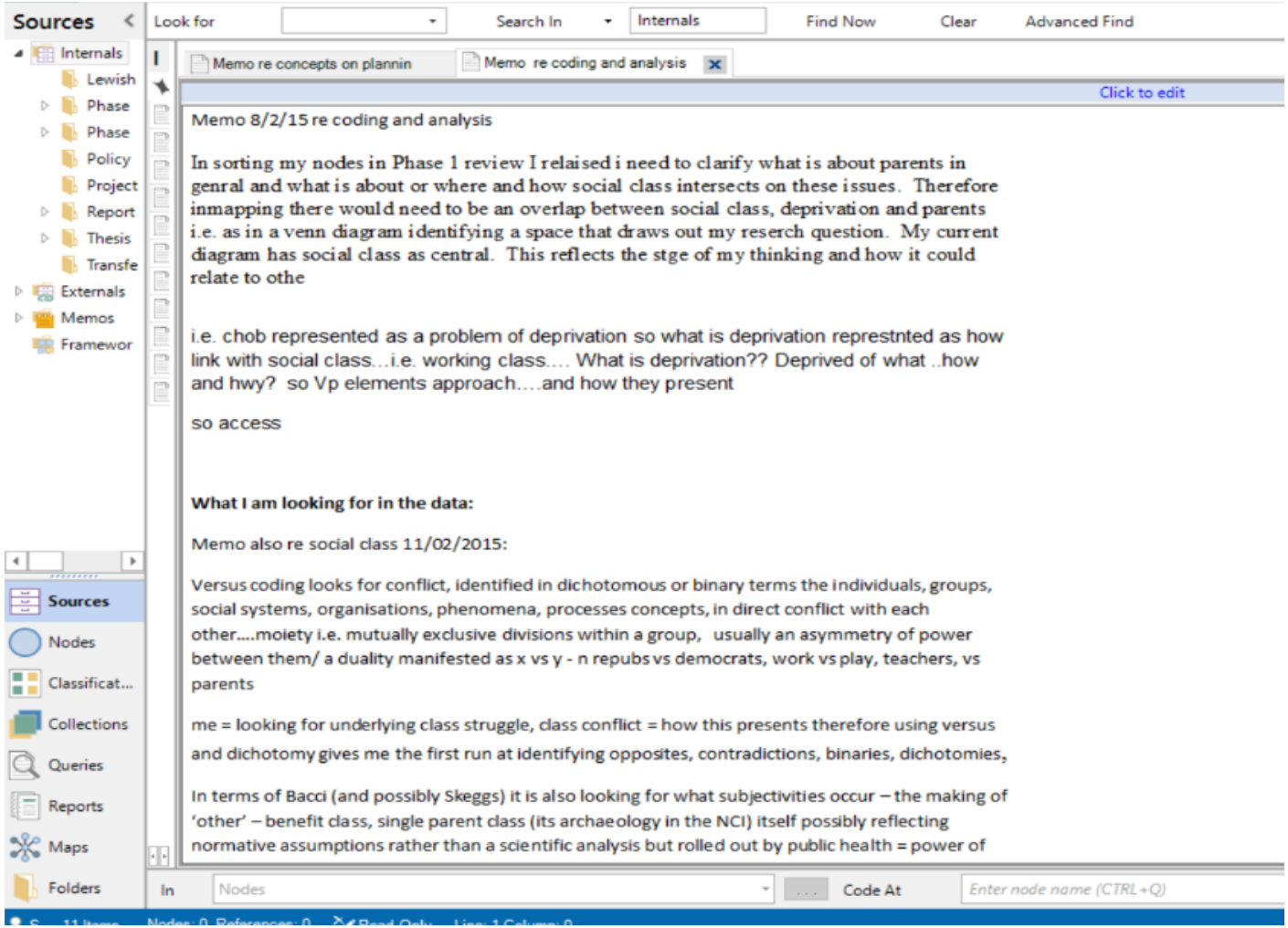
Appendix F continued - Nvivo screen shots example memos about social class and food, and foodscape



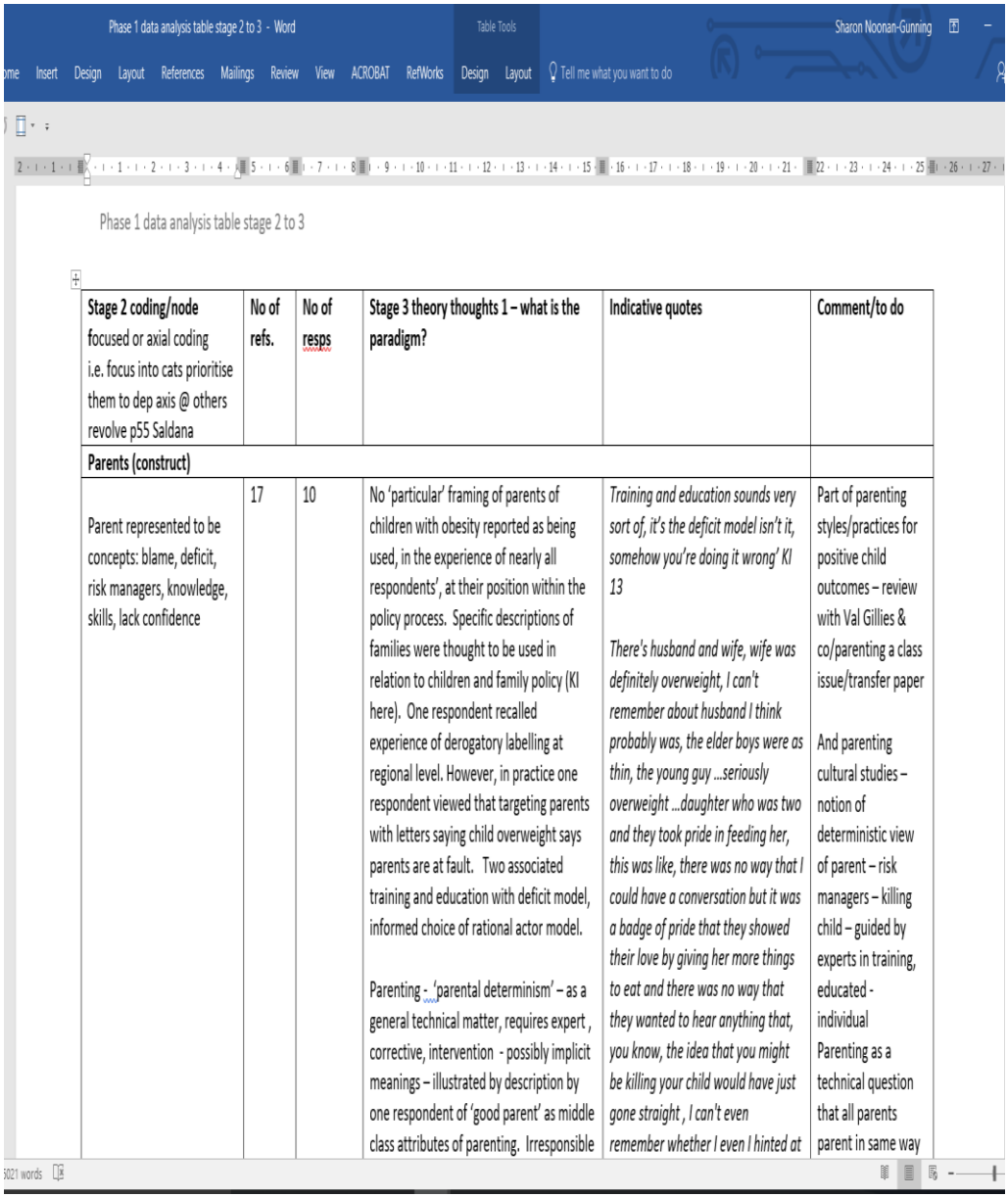
Appendix F continued - Nvivo screen shots example memos about social class and food, and foodscape



Appendix F continued - Nvivo screen shots example memos about social class and food, and foodscape



Appendix F continued - Nvivo screen shots example of focused to theory coding



Phase 1 data analysis table stage 2 to 3 - Word

Table Tools

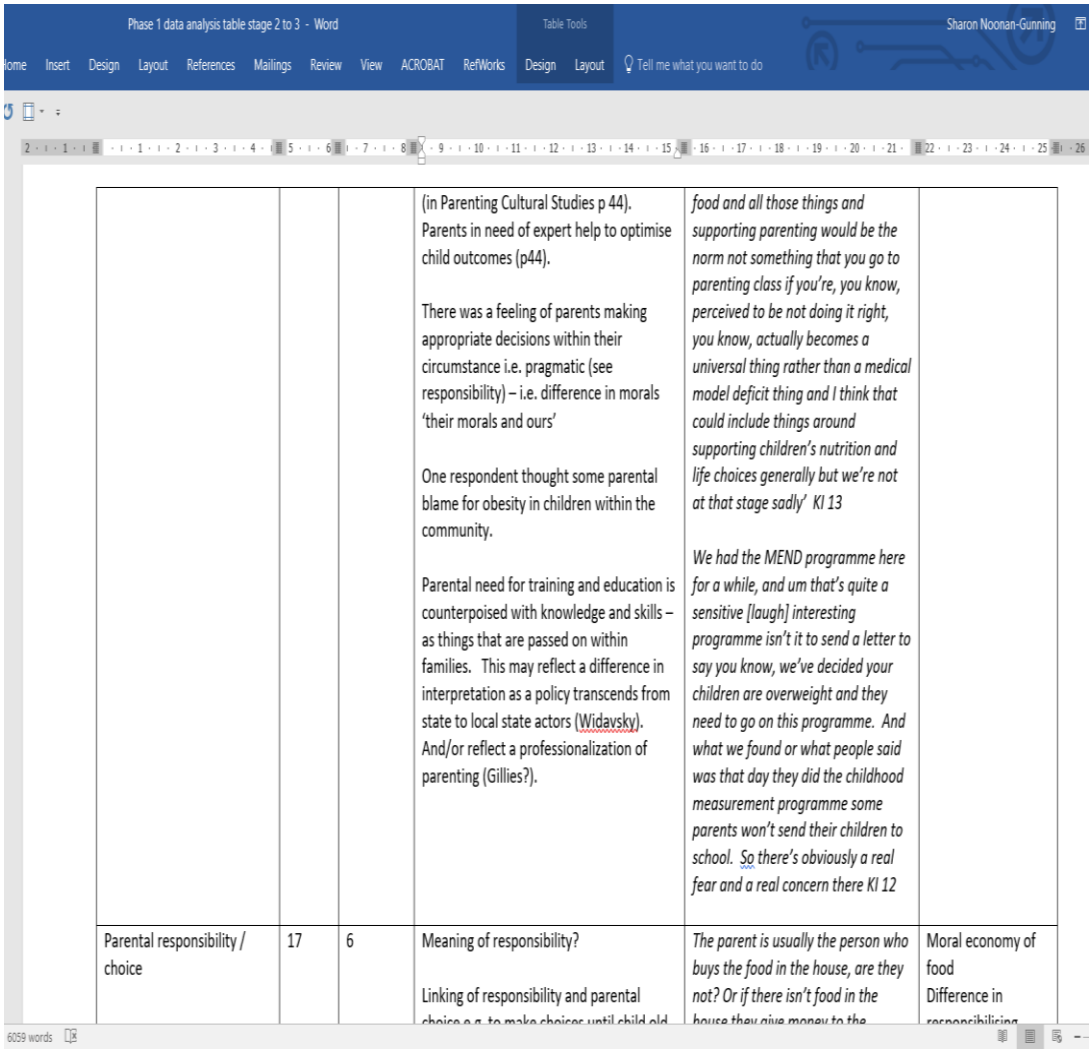
Sharon Noonan-Gunning

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Phase 1 data analysis table stage 2 to 3

Stage 2 coding/node focused or axial coding i.e. focus into cats prioritise them to dep axis @ others revolve p55 Saldana	No of refs.	No of resps	Stage 3 theory thoughts 1 – what is the paradigm?	Indicative quotes	Comment/to do
Parents (construct)					
Parent represented to be concepts: blame, deficit, risk managers, knowledge, skills, lack confidence	17	10	No 'particular' framing of parents of children with obesity reported as being used, in the experience of nearly all respondents', at their position within the policy process. Specific descriptions of families were thought to be used in relation to children and family policy (KI here). One respondent recalled experience of derogatory labelling at regional level. However, in practice one respondent viewed that targeting parents with letters saying child overweight says parents are at fault. Two associated training and education with deficit model, informed choice of rational actor model. Parenting - 'parental determinism' – as a general technical matter, requires expert , corrective, intervention - possibly implicit meanings – illustrated by description by one respondent of 'good parent' as middle class attributes of parenting. Irresponsible	*Training and education sounds very sort of, it's the deficit model isn't it, somehow you're doing it wrong' KI 13* *There's husband and wife, wife was definitely overweight, I can't remember about husband I think probably was, the elder boys were as thin, the young guy ...seriously overweight ...daughter who was two and they took pride in feeding her, this was like, there was no way that I could have a conversation but it was a badge of pride that they showed their love by giving her more things to eat and there was no way that they wanted to hear anything that, you know, the idea that you might be killing your child would have just gone straight , I can't even remember whether I even I hinted at*	Part of parenting styles/practices for positive child outcomes – review with Val Gillies & co/parenting a class issue/transfer paper And parenting cultural studies – notion of deterministic view of parent – risk managers – killing child – guided by experts in training, educated - individual Parenting as a technical question that all parents parent in same way

Appendix F continued- Nvivo screen shots example of focused to theory coding



			(in Parenting Cultural Studies p 44). Parents in need of expert help to optimise child outcomes (p44). There was a feeling of parents making appropriate decisions within their circumstance i.e. pragmatic (see responsibility) – i.e. difference in morals 'their morals and ours' One respondent thought some parental blame for obesity in children within the community. Parental need for training and education is counterpoised with knowledge and skills – as things that are passed on within families. This may reflect a difference in interpretation as a policy transcends from state to local state actors (Widavsky). And/or reflect a professionalization of parenting (Gillies?).	*food and all those things and supporting parenting would be the norm not something that you go to parenting class if you're, you know, perceived to be not doing it right, you know, actually becomes a universal thing rather than a medical model deficit thing and I think that could include things around supporting children's nutrition and life choices generally but we're not at that stage sadly' KI 13* *We had the MEND programme here for a while, and um that's quite a sensitive [laugh] interesting programme isn't it to send a letter to say you know, we've decided your children are overweight and they need to go on this programme. And what we found or what people said was that day they did the childhood measurement programme some parents won't send their children to school. So there's obviously a real fear and a real concern there KI 12*	
Parental responsibility / choice	17	6	Meaning of responsibility? Linking of responsibility and parental choice e.g. to make choices until child old	*The parent is usually the person who buys the food in the house, are they not? Or if there isn't food in the house they give money to the*	Moral economy of food Difference in responsibilising

Appendix G

Phase 1 Findings: Policymakers and implementers interviews

This appendix provides detailed descriptive data that informed the themes presented in Chapter 6. Phase 2 data, parent-recipients of policy, are presented in Appendix H. Sections, tables, figures and summaries commence with 'A' to denote 'appendix' matter.

The themed verbatims presented in this appendix emerged in response to the sub-research questions:

- Policy processes: How is policy informed? Are parents, including working class parents involved? What assumptions underlie policy? What are parents represented to be?
- Given social gradient in childhood obesity is social class a relevant lens?
- What food-related solutions do parents suggest to the problem of obesity in children? Does this concur with policy?
- Is there disconnect between parents of children with obesity and the state?

The interview data presented are from ten implementers and six policymakers. The level of experience of policymakers ranges from senior cabinet members, select committee members and local authority councillors. Implementers range from Heads of Services, Deputy Directors and Directors in food, public health and charity organisations, to street level' implementers: food business owner, nutritionists and specialist child minder.

The text will provide the status of the participant for example whether senior or street level implementer. Participants' pseudonyms are used, as on page Chapter 3, p x. Participant descriptors are provided after each quotation. An at hand reminder is provided here:

P1 = Phase 1

P2 = Phase 2

Pm = policymaker

Pi = implementer

M or F = Gender

Middle = Middle Class

Working = Working Class

The interview data are descriptive, with illustrative quotes in the language of participants. The associated research questions are provided at the beginning of each theme. If more context is required, it is provided alongside the illustrative quotations.

Themes with their definitions are presented in Table Ga. Each theme is subsequently presented throughout the chapter with categories and concepts.

Themes	Definition
Responsibilities	Actions and decisions around food and child eating that impact on child weight
Representations of parents, Stigmatising	Assumptions made and representations given to parents of children with obesity by participants.
Material conditions	Conditions of everyday life that affect their family food practices in relation to the social gradient in childhood obesity.
Social class - different things to different people	Perspectives on social class and how it affects family food practices in relation to childhood obesity.
Local state	Experiences and perspectives on role of the local state in tackling childhood obesity from perspective of food.
Policy solutions	Perspectives on food policy solutions

Table 6.1 Themes and definitions Policymakers and implementers

A6.1 Responsibilities

This theme of 'Responsibilities' addressed the research aim:

> Explore disconnects mediated through food-related obesity policy between state and working class parents whose children are most exposed to obesogenic conditions

This theme mostly emerged through the topic guide responses that addressed the research questions:

- What assumptions underlie policy? What are parents represented to be?
- Is there disconnect between working class parents of children with obesity and the state?

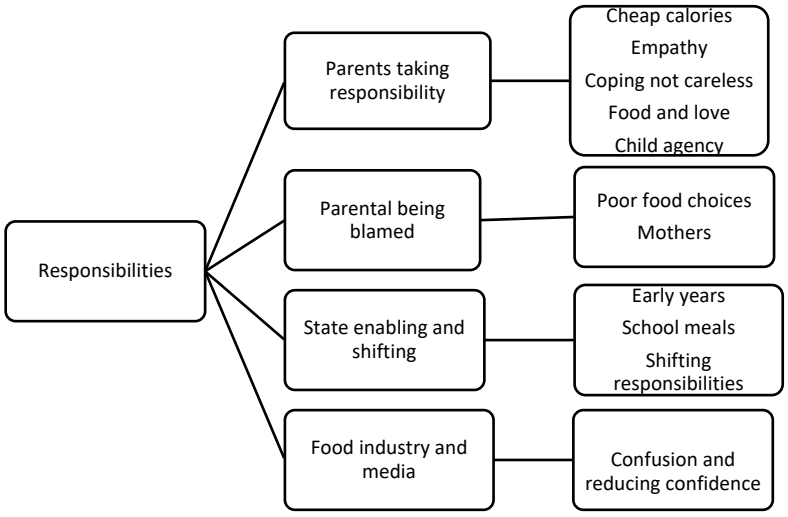


Figure A6.1 Responsibilities theme with categories and concepts

A6.1.1 Parents taking responsibility

This category emerged from data that considers parents to be taking responsibility for child health through food choices considered responsible in their circumstances. In the context of the social gradient, the responses consider poverty. Several opinions were provided regarding different influences on parents' food decisions. There was empathy with parents that was felt strongly by some.

Cheap Calories

The concept of cheap calories emerged. Most participants considered parents' food decisions are based on necessity. This included foods that are high in energy, low in cost, and avoid waste. Some considered the choices made by parents are about survival and subsistence, as this senior implementer illustrates:

Bev

Blaming parents ……. giving children food they are going to eat. They need the energy. The most important thing we have is our energy. That's the one we die without. To prioritise your energy at the lowest possible price seems to me, to be a really intelligent response to feeding children…[living on] fifty quid a week and you can feed your child, and they'll be full after school, from chicken and chips. Compared to having to go to the shops and buy things at two quid a bag…. Parents tell me…I can't afford to waste food. I have to give children the food, I know they're going to eat. If you change the food of your family, and you risk waste…It's a financial luxury.

These food choices are considered to be made from necessity due to poverty and lack of food knowledge. In turn, they shape the food tastes of children that continue into adulthood, as Jan, senior implementer expressed:

It is about parents making choices out of…. necessity. They cannot afford to buy X, so they'll buy Y, which is much cheaper. But they don't buy X because they don't know what to do with it, how to create a meal out of it. So, they buy cheap processed food. Children get used to …. those flavours and they can't eat something that's less fatty or less salty. So, they make those choices themselves as they get older

The 'cheap calories' choice might include fast foods. As shown the ethical questions emerged, of what are considered to be 'right' and 'wrong' decisions in the circumstance. This is further exemplified by implementer Dave, who owns a long-established food business in a deprived area. In conversation about poverty and fast foods he says:

It can be cheaper than normal food because fast food is done on such a big scale, and it's done cheaply. You can go and get chicken and chips for two pounds or one pound eighty, and you've got a meal inside you. Now, that person may be hungry, and that family might not have any money. And, the child can then go and get, chicken and chips for one pound eighty, and … fill himself up. I mean is that wrong? I don't think that's wrong at all.

(P1Pi M Middle)

It was considered, parents make food choices, they believe to be 'right' based on the information they have. This is articulated by senior implementer of community services:

Jan

*They're [*parents] lo*st in what's right and wrong sometimes. One day it says this….and you think you're doing the right thing, and then you find out it should be that ….*

A similar view from different perspective was given by a frontline implement

Angela

And they say roughage like baked beans…You're literally given them like sweets as a meal. If you grew up with these things, you'll … grow up thinking they're healthy. And lots of parents stick with what they know.

(P1PiFWorking)

Empathy

Empathy was a significant feature among policymakers and implementers. There was empathy for parents' food choices given their complex circumstances, in poverty. Participants were often parents themselves. Ken, a senior policymaker explained the reasons for empathy:

..a parent myself of two boys. It was bloody hard work. I found it incredibly hard work. Married, so … two pairs of hands are better than one. I had my parents down the road… they were there almost every day…It was really hard work. If you're on own, you've got less money than others because two people together… it's not a moral judgment; it's just that you're likely to have more money. If you've got little money and not a lot of time, you are going to be pushed into the area of cheap convenience. And, you're more likely to have issues with mental health, … because just being in that situation can be very debilitating. So, you're just taking a course of least resistance, and that may be best you know. That has got to be an issue. It's about money, it's about time. It's about your personal resource to engage with things, and to engage with good healthy leisure. Because often food is about leisure as opposed to subsistence.

(P1PiMMiddle)

Coping not carelessness

While there was general empathy with parents, some participants strongly expressed that parents find ways to cope in the challenging circumstances, and parents' food decisions are not based on carelessness. For example, in talking about the chances of getting out of poverty Jan, senior implementer, explains how access to knowledge and skills, is taken over by the struggle of everyday life that constrains parents' capacities:

…having the knowledge, the skills, and all the experience to do things to make your family life better including healthy food choices. I think not everyone has access to all that information because they're trying to survive… in more deprived areas, those problems are more complex… the knock-on effect is food is quite far down the list. As long as there's food on the table it does it much matter what it is…

…Most parents want to … do best for their children. They're not feeding them something maliciously are they generally? They're just doing what they know, and just what they can do, and what they feel they can do.

(P1PiFMiddle)

Further insight of the constraints parents face was provided by, Angela, a street level implementer. In her experience, parents feel guilty for not having the material resources to make dietary changes, and so they disconnect with public health information:

Angela

….kids are given leaflets, five-a-day…not being a couch potato …. and all that. A lot of parents don't read that because they feel guilty - not being able to afford five-a-day…Fruit needs to be quite reasonable…fruits are quite expensive. Unless you go to Lewisham, at the end of the day, at the market and they're getting rid of it. And, you can buy six pounds worth of fruit, and literally that's about twenty bananas, twenty apples or whatever. But … lots of parents don't know that. So, you try not to upset yourself with things that you can't buy or afford to give your kids. I don't think it's carelessness. I don't think it's that people don't care. It's just that they can't afford it. They already feel bad so they're just not prepared to look into it.

(P1PiFWorking)

Food and love

Other factors were thought to influence parents' decision making: cultural and emotional value of food, and actions of other family members. Adults expression of love for children was considered a factor, by two participants. When talking about intervention programmes this senior implementer explains food as a cultural expression of love. In this example the child's mother struggled with the cultural food practices of other family members:

Bev, implementer

Dad and grandmother loves giving him food. You want your children to love, and eat food and he's become overweight. It's not a blame. It's going to happen. Her daughter is quite large… She loves food and dad is *really big, and really loves food…it's a big part of their culture. Do you say to a child; no, you can't eat that? Do you want to turn it into a problem? She just loves eating.*

(P1PiFMiddle)

Child agency

Child agency was illustrated by this senior policymaker who related her own experience as a mother. This illustrated bi-directional interaction between parents and children around food practices:

Mary

…you've got to have something you can get on the table in twenty minutes. And I remember those days. You know they did get a bit grinding … at times, particularly if your kid says 'I don't like this and I don't like that', which of course goes on all the time. It's not straight forward.

(P1PiFMiddle)

A6.1.2 Parents being blamed

Whilst the category 'parents taking responsibility' was strong; an important difference arose in the interviews. This suggested parents are to blame despite their circumstances, responsibility for children's food practices lay with parents. This was expressed as making poor food choices for children or using food for emotional or behavioural purposes.

Poor food choices

This senior implementer whilst talking about the balance of responsibility between state, parents and industry, suggested parents have the major responsibility for children's food choices. The parents are considered the gatekeeper to household foods, and to control the food choices of children.

Maggie

'*the parent is usually the person who buys the food in the house, are they not? Or, if there isn't food in the house, they will give money to the child and say 'go and buy whatever you want from Tescos, on the way to school or whatever for lunch'. And, the child then has the choice, because parents devolved… given them that choice. They're not going to say to them buy this, this and this but say buy whatever you want, whatever you will eat...so it is very much parental choice'*

Blame was apportioned to parents by a few participants, for example misfeeding children out of love or to control child behaviour. This is exemplified by an implementer who shared some of the experiences that suggested blame. When talking about how parents might be categorised, Anna an implementer, shared her observations to illustrate differences in parental practices:

'There's husband and wife, wife was definitely overweight, I can't remember about husband I think probably was, … they had a daughter who was two, and they took pride in feeding her… it was a badge of pride that they showed their love by giving her more things to eat…there was no way that they wanted to hear anything…the idea that you might be killing your child would have just gone straight… I can't remember whether I even I hinted at it. And I was in a café, there was a young girl there about four with the parents…the mother was definitely overweight, but every time she interrupted they fed her. All she wanted was some attention but the answer was, we'll feed you'

.(P1PiFMiddle)

Mothering

Women as parents, and food providers within the family, were specifically referenced throughout the Phase 1 interview data. Most participants used 'neutral' terms, mainly the terms parent(s) and families. The term woman was used infrequently and mostly to refer to mothers' food practices. For example, one implementer when talking about working conditions says: *'women who have to feed their children on the bus on the way home to get them to bed'*. This suggests responsibility for childrearing still sits with women. This was illustrated in a different way, a notable contrast, with one senior female participant, who focused strongly on the role and responsibilities of mothers. In this instance, the word 'mother' was used eighteen times, 'mum' thirty-one times and 'granny' twice. This contrasts with 'father' not being used. 'Dad' was used seven times and 'grandfather/grandpa' zero. The word 'parent' was mentioned four times, twice as one-parent family. The contrast suggested responsibility for child feeding and health remains highly gendered.

A6.1.3 State: enabling and shifting responsibilities

This category emerged, as participants talked about who has major influence on food and childhood obesity policy. The role of the state was suggested as supportive, enabling and intervening to improve family food practices. State responsibility was exampled through services delivered, such as childhood obesity intervention programmes, school meals, children centres and healthy eating projects. Mostly these were talked about within the professional roles of participants. The state was described as provider of food and nutrition to children through school meals. These responsibilities were not fixed in principle and were described in context of politics and resources, of shifting responsibilities to the individual.

Early years

Intervention in the early years, to support parents in developing healthy feeding practices, was a focus for some participants. There was an assumption that low-income mothers needed support with food skills. Cooking classes were provided, support workers helped with family food practices as needed. For some, who and how interventions were carried out, were important for changes in food practices, as Mary, senior policymaker considers:

We need to find out who is welcomed into the homes so that they can engage. I think from what I hear the district nurse is liked. Maybe we should be concentrating on district nurses who can maybe explain to the mother, the child should have … nice fresh bread, plain chicken or whatever, mashed up vegetables. And they don't have to buy the little pots, they can make it themselves.

(P1PiFMiddle)

School meals

School meals were seen as beneficial to children's nutrition. A free porridge breakfast supplemented school meals, provided by the school-food contractor. There were contrasting views around financial cost of universal provision. There was suggestion of political pragmatism, not principle, in the state provision child nutrition. These implementers considered school meals, including breakfast clubs as integral to delivery of public health.

Fay

Once older, children become more independent, especially when … go to secondary school, parents have less responsibility, (and) *influence on what a child eats. If they have pocket money it goes on, might be, food … on the way home from school. We are trying to increase school meal intake, free school meals.*

... the school caterers…. providing free porridge for all children in the school catering contract

(P1PiFMiddle)

Maggie, senior implementer considers the responsibility for providing nutrition both a state and parent responsibility, and posits universal provision for school meals:

… schools are in the position to provide the midday meal. I do wish they would make midday meal across the board

… I mean there are still two, very important meals at either end of the day, that parents are responsible for. Unless, child going to breakfast clubs or after school club. In which case the state feeds them three times a day…

(P1PiFMiddle)

In contrast, Mary, a policymaker, considers the cost to the state of free school meals that were being introduced to all Key Stage Year 1 and 2 in 2014:

… availability to all year 2, from September… spending lot of money on middle class kids. With free school meals, at least you know children are low income ….

(P1PiFMiddle)

Another policymaker, Joe, suggested free school meals and food poverty, are not principled issues for Labour controlled councils and were vulnerable to central government cuts.

It's become fashionable to talk about food poverty. This new welfare cut … that's going to hit in the next few months, leads to loads of kids not getting free school meals. And labour councillors up the country will implement that, they will not hold back and say well actually that's something we won't deliver. They would implement that cut. So, for me it all feels a bit sort of hypocritical … that they can talk about food poverty but they're not doing anything to really ameliorate that.

(P1PiMMiddle)

Shifting responsibilities

The sense of change was strong across the interviews, the context was budget cuts and uncertainty of service provision, including public health. This was articulated as shifting responsibilities with increasing burdens on parents, and increasing inequalities.

These implementers describe the process of change and shifting responsibilities:

Fay
..we're in a process of transition at the moment and we'll see what happens with out budgets and contracts
….
It is a changing world at the moment. What's happening now and in 6 months time, might be completely different

Lucy
…Talking about poor families, there's less support. The shift in responsibility from the state to the individual, is equally across. But because people are poor they have less resources to take on those. It's not a double burden but it is a bigger burden. There's more responsibility … across to everybody but to those who are least well off its

bigger burden. That not about responsibility but burden because they don't have the resources to take on all that responsibility, that's a very general statement.

(P1 Pi F Middle)

The category of the 'state enabling and shifting responsibility' emerged through the experiences of these participants, within the context of the local state. Implementers described their services, aimed at enabling parents to make changes to family food practices. And, how the delivery terrain was uncertain, in transition. Costs and resources were a consideration for policymakers. The difference in opinion between policymakers, was indicated by the cynicism of one, who suggested that others treat food poverty as a 'fashion' and would make cuts.

A6.1.4 Food industry and media

The food industry was described to operate in the interests of profit, as would be expected. In terms of responsibilities, issues emerged that connote irresponsible actions towards parents. In particular, an emergent concept was actions that promote confusion in parent's food knowledge. One implementer strongly felt this was interlocked with the media, and was not aided by frequent changes in government advice. The food industry was central in this process. It was considered that confusion leads to reduced parental confidence in food practices.

Confusion and reducing confidence

A loss of trust in official advice on food occurs in the interviews, which, it was suggested, is being replaced by a cacophony of advice, including food industry. This can lead to further confusion. It was suggested that food companies were central, as Claire, implementer articulated:

I mean the one message that isn't confusing is the one that's coming through all the time from the big food manufacturing companies. I mean that's a constant, … that's there all the time so, because they have the money to do that. It makes it very hard for anyone, whether you're a policymaker or whether you're a parent.

(P1PiFMiddle)

It was suggested food companies in sowing confusion reduce parental confidence in foods and child feeding, again Claire talking about mothers says:

They lack confidence, particularly around infant feeding. That has been completely taken away … partly by the big baby food manufacturing companies. It's not just policy. I think there's a mixture of the private sector confusing messages with the public sector. So, they are delivering their messages. They've got with the television. They've got … the media where they can really deliver all kinds of messages to families, and they've got a lot of money behind it. So, it does cause a lot of confusion.

The media jump on the bandwagon, and parents feel, they don't know who to turn to. It's who comes through the loudest, will be the one that's' got the most money. The ones who can spend half a million pounds advertising a toddler formula, that's what they'll do, they'll follow that.

Claire also articulates that misinformation intersects with lack of food knowledge:
They're losing confidence without a doubt. There is … some misinformation rather than lack of knowledge.

(P1PiFMiddle)

Bev

To be able to feel confident to make those food choices for their children…so it's the confidence you know, understanding food labels…….

(P1PiFMiddle)

Summary

Participants argued that parents in poverty, including those with obese children, make the morally right decisions that are in the best interests of children. Other participants suggested that, regardless of circumstance, in the end responsibility for food children eat, which might lead to obesity, lies with parents.

State responsibility in feeding children arose through free school meals. Whether these should be universal was debated. Policy postulates there is state responsibility in supporting parents to make the right choices, for example through intervention programmes. These were criticised. While empathising with parents, participants were critical of parents not engaging with services or learning sufficiently from services. Deficit parenting model was suggested.

There is critical verbatim of government action through inadequate information that leads to confusion about health benefits of foods. Food companies were also instanced in suggesting confusion and reducing parental confidence.

A6.2 Representations of parents, competencies and stigmatising

This theme developed from the data analysis in response to research questions:

- What assumptions underlie policy? What are parents represented to be?
- Is there disconnect between working class parents of children with obesity and the state

Data for this theme emerged as participants how in in response to the Topic Guide that asked how parents with obese children are talked about or categorised, in their experience within the food policy world.

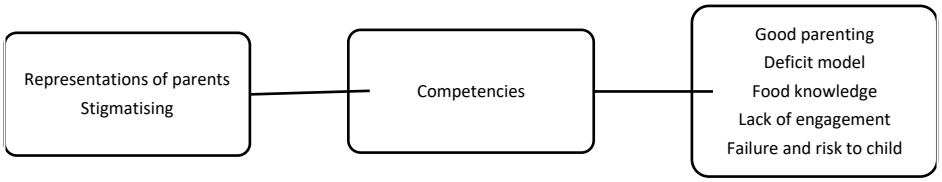


Figure A6.2 The theme representations of parents with category and concepts

A6.2.1 Competencies

'Competencies' emerged as a category that is descriptive of the skill-based, professional parenting approach. It is expressed through the concepts of the good parent, the deficit model, food knowledge, lack of engagement and

Good parenting

Competencies of the good parent were described by class, and benefits of resources that middle-class networks offer, as described by Jan, senior implementer:

Sort of parent you should be, be a 'good parent'. That's set by people using … middle class parenting model.

Good parent engages with child, provides a stimulating, healthy environment… More likely to do those things if you have a network of people around you.

(P1PiFMiddle)

The idea of being a role-model, a positive parenting approach, was integrated with everyday language of implementers as Bev a senior implementer illustrates:

Parent becomes a role model, by having breakfast. We see loads of children not having breakfast. The ones who sit down, and eat with their parents are the ones who have breakfast. Or, have a meal… part of the socialisation...

(P1PiFMiddle)

One policymaker, Joe, situates the good parent in his experience of council meetings. He had been member of both health and planning committees for over five years. Joe contextualises the good parent, in the context of choice, and drawing on his own experience on the council, he illustrated a potential disconnect in public health and planning policies, that counters the good parent:

(Using the prompt cards (Appendix E)
Council needs to be in there to promote good parents … to make good parenting decisions. In the last period, we were in….there was that thing about choice, wasn't there? It was a very Blairite concept, free market concept… Blair embraced it. Labour Party embraced it, so even when the word choice wasn't used, it was implicit in everything. People … needing training and education, making decisions - being given choice was there in brackets. Even where you had another chicken and chip shop opening and it was the fifth one, that was still defended in terms of choices: 'Well its people's choices whether they go there every night and buy … their kids chicken and chips - they don't' have to'. But the kids are walking home past that every day from school. You can't stop a twelve-year-old getting chips. They … are not always able to make adult decisions.

(P1PiMMiddle)

Deficit model

The concept of the deficit model of parenting suggest parents lack competencies. The concept was included in the 'word card prompts' and commented on by some participants, illustrated here. One of whom suggests it is not aligned with LBL practice unlike Conservative led boroughs .

Jan, senior implementer,
... Training and education sounds very…it's the deficit model. Somehow, you're doing it wrong and I think that's something that might come across.

(P1PiFMiddle)

Jan
In an ideal world supporting parents would be the norm…including healthy food… not that you go to parenting class if you're perceived to be not doing it right. [Supporting parent] becomes a universal thing rather than a medical model deficit thing.

(P1PiFMiddle)

Training and education was considered a need to improve various skills of parents: for confidence, to cook and to correctly recognise their child's obesity. These are integral to food-related childhood obesity policy (for example (HCP)

Anna, community implementer,
Training and education … A lot of families need to increase confidence and skills around cooking, weaning, introducing solid foods. And … in being able to recognise their child is overweight or obese.

(P1PiFMiddle)

Lucy, senior implementer,
Deficit model … policy is formed in that way. But we don't use it, it's not a useful model to us. If you went to someplace like Westminster … it'll be very different.
(P1PiFMiddle)

One policymaker had not experienced the notion of deficit parenting or its derivatives, and suggested that, at the community level, there is generally more understanding and less criticism of parental problems.

Shirley
A lot of people who … get involved in policy haven't come from understanding communities in our local area. A lot come straight from university into the civil services whatever. I think local people are more understanding of people's problems and issues and … don't see it as something to criticise

(P1PiFMiddle)

Food knowledge

This concept emerged from analysis of interview data across the responses but mostly as participants talked about their roles in working with families.

The educating of parents and particularly mothers, was a focus of service delivery described by implementers. For most, this did not appear a universal need. In contrast, one policymaker focused on the general education of mothers, around food skills.

Mary, policymaker
Jamie Oliver tried … starting with school dinners. I think school dinners have improved a lot. They've certainly improved in Lewisham overall, I don't mean in every school but I see quite nice looking dinners in a lot of schools. He did not … move on to educating the mums which is what's I think is needed

(P1PmFMiddle)

Food practices of mothers living in deprivation were associated with factors such as level of intelligence and ambition.

Mary
More of the highly-educated people would mash up peas ... I've got no evidence, so pay no attention to what I've just said (laughs). *Women who show ambition … are going to be better.*

(P1PiFMiddle)

In contrast, it was suggested that parents have food knowledge including cultural. Here, Claire, community implementer, talks about how she engages with families around food and health. She concludes that in her experience there are healthy food knowledges, alternative to that promoted by public health.

Claire

If you're … going to work with families, it's pointless trying to communicate with them on any other level. It has to be around food. Its making people understand what it is about food. It's not about how much sugar, not about things like that. It's about the quality of food, what they're buying, what they … got access to, what they can do with food. People start to be more interested and get talking about food, you know, how they can cook…There's knowledge that is not harnessed … cultural knowledge. I don't think there's enough invested to tease that out, to find that out.

(P1PiFMiddle)

Lack of engagement

Lack of engagement emerged as a concept of competencies. It expresses the challenges implementers described in persuading or enabling parents to change their food practices. It is illustrated by two implementers, Anna and Jan.

In Anna's shared an example to illustrate some of her professional experience in working with overweight children and their families. It is considered that parents do not always share advice with their families, and misunderstand of the purpose of childhood obesity intervention programmes.

Anna

[for example]… a woman asked… could I advise her how to get her sixteen year old to stop drinking fizzy drinks. I said who buys the fizzy drinks? [woman says]. *'I get them for myself and my husband' … the quick answer was, it's a sixteen-year old's job to …wage war against parents. That's the nature of sixteen year olds. If you carry on buying the drinks, there's no way she's going to just allow you guys to drink it and her not… but, her husband had gone on Mend with the daughter, and they found it very useful.*

(P1PiFMiddle)

Childhood obesity interventions were criticised, with suggestion of misleading parents. Anna wondered if parents misunderstand their purpose, therefore, do not carry through taught behavioural changes over the long term:

Anna

Woman said to me she was looking forward to going on MEND. …She had done a Mini-mend for under-fives, and they thought it was a wonderful programme. They were just waiting for the next one … so the next child can go on it. We've missed the point, completely, as in making that leap: that this is what you are supposed to be doing, not this is a nice programme … to entertain your children. They thought this was a treatment and it's finished? I don't know ... we're not used to doing things long term are we? Cleaning your teeth is about the only thing (laughs) *and that's just because you're taught it every day*

(P1PiFMiddle)

Others shared a different experience of the challenges in engaging with families living in deprivation, as described by Jan, senior implementer:

They are quite hard to engage … in telling them what would be a better option. You have to find a way of getting to them, that makes them want to do that, and that's the hard thing. It's easier with traditional middle class parents … who are used to education or going to classes.

(P1PiFMiddle)

Failure and risk to child health

In contrast, to parents who enrol on the child weight management programmes, one implementer suggests policy based problems integral to these programmes, and the National Child Measurement Programme. The policy

representation is of parental failure, and stigmatisation through targeting by public health. .

Bev, senior implementer
We had the … MEND programme here. That's a sensitive interesting programme isn't it, to send a letter to say we've decided your children are overweight and they need to go on this programme . That day they did the childhood measurement programme some parents won't send their children to school. So, there's obviously … a real fear and a real concern there.

(P1PiFMiddle)

The effect on parents who receive the NMCP letter that tells them their child is overweight, is articulated by Angela, a street level implementer:

You can't just, just tell a parent their child is overweight. If you're … telling parents that the child is overweight you've got to be also telling them a solution because guilt … starts happening straight away. …Don't just say your child is overweight as people get defensive straight away. Oh, so what … you're saying I'm a bad parent? You've got to tell them and give them a solution.

(P1PiFWorkin
g)

Another implementer, Anna, described the genuine concern for child health, articulated as parents being a health risk to their children, through food they provide.

Wife was definitely … overweight. The elder boys were thin. The young guy … seriously overweight … daughter was too, and they took pride in feeding her. There was no way I could have a conversation. It was a badge of pride, they showed their love by giving her more things to eat. There was no way that they wanted to hear … the idea that you might be killing your child would have gone straight…I can't remember even if I hinted at it

(P1PiFMiddle)

ASummary

There are contrasting views on parent responsibility and blame. The local state is portrayed as an enabler to support parents' empowerment so they can make the right food choices. There is an assumption that parents are in need professional help enabled by the state. In contrast, the food companies are suggested to confuse parents and reduce their confidence. In this way, the food companies are seen in conflict with the supportive role of the implementers.

Parents are not generally described as incompetent. Competency is instanced as engaging with children, positive mothering approach, and in the context of market based discourse on individuals' food choices. On the other hand, some policymakers and implementers point to training and education and acknowledge the deficit model of parenting as applied to parents of obese children.

Participants mention misunderstanding amongst parents of the purposes of interventions such as MEND, and suggest some families are hard to engage. Interventions are criticised. Behavioural changes are not carried through for the long term. There is criticism that targeted services such as the NCMP induce fear. Some policymakers and implementers consider that parents have knowledge and intelligence that can be harnessed.

A6.3 Material conditions

This theme emerged from data across the interviews that expressed the conditions of everyday life that affect their family food practices in relation to the social gradient in childhood obesity.

This data address the research questions:

- What assumptions underlie policy?
- Given the social gradient in childhood obesity in England is social class a relevant lens?

Data are drawn from across Phase 1 interviews, in particular, from responses to the Topic Guide question: 'What is it about deprivation that accounts for obesity in children?' The categories and associated concepts that emerged are provided in Figure 6.3. The experiences and processes emerged as interconnected.

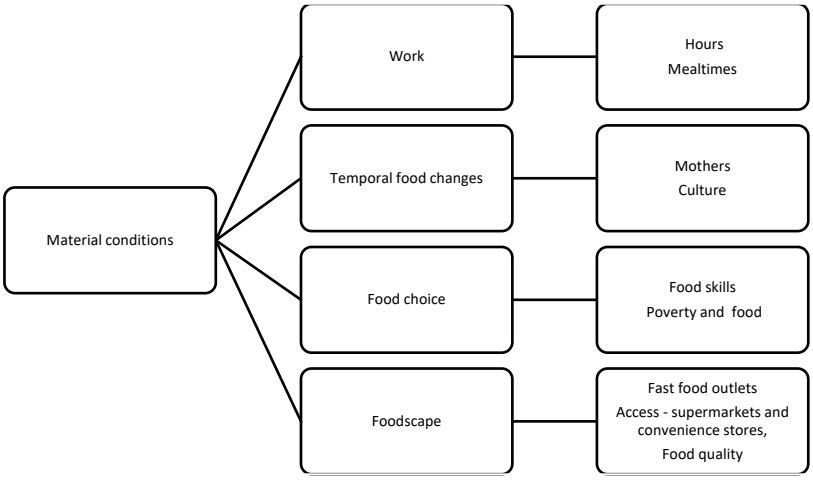


Figure A6.3 Theme of material conditions with associated categories and concepts

A6.3.1 Work

Data suggest working hours and income are central issues affecting the resources of parents in deprived areas, and also for parents in general.

Work hours

When discussing what influences obesity, in children in the context of deprivation, common responses included working hours, and income levels. As an example, Joe, policymaker:

A lot of this … boils down to how busy people are with their lives. Two parents. Thirty-five years ago, they'd been one parent working. Okay, there are issues about women not having to remain working in the home but being … able to have own work and independence and that's' a good thing. But thirty-five years ago, mum would have been at home. That's so not the case now. Mum or dad are both invariably out just to pay all the bills and the mortgage. That has a massive effect on meal times, purchasing patterns, taking the time … to go down the market to buy the right foods

(P1PiMMiddle)

Mealtimes

Mealtimes, and where parents feed children were suggested to be influenced by parents' working hours. The experience of this senior implementer, as she travels across the borough has led her to campaign for after-school dining clubs. An experience she noted was seeing mothers feeding children their dinner on the bus, on their way home from work, in the evening.

Bev

I've seen … a lot of people who have to work really long hours, and women who have to feed their children on the bus, on the way home [from work], to get them to bed. How much money you earn, and long hours you work, and where you live, your personal situation can really, really, impact on how … you can look after and feed your children. That's why I'm looking at dining clubs after school. I'm seeing parents who haven't got time to get children fed at a reasonable time. They're doing long days because they're on low hourly wages. I've seen people who definitely have the knowledge [to cook] but they … don't have the facilities at home and they don't have the time.

(P1PiFMiddle)

Participants suggest temporal changes in child eating and family life are rooted in increasing working hours. The following quotes illustrate different scenarios in which participants have observed. Then effect of working hours on mealtimes.

Bev

Food choice and access to healthier food, parenting … when we're seeing people doing longer and longer hours. We're really seeing the impact. We see children following the role models of their parents. If a parent, doesn't … sit down and eat with their children and have breakfast or doesn't eat loads of fruit and vegetables, it's much harder ….

(P1PiFMiddle)

Maggie

Meal times seemed to have disappeared because of the way people work. It's difficult if don't have access to table …eating becomes much more on the go…doesn't require a knife or fork or a plate in a lot of cases…eating a meal has disappeared …because of the way families are changing.

(P1PiFMiddle)

In this regard, this implementer described a mother with severely obese child in some detail.

Angela

She's on zero-hour contract which means next month she may get no work. And she's absolutely … petrified of that situation so when they … offer her work she will do seven days a week. You can see the stress of it on her face. And I'm like … you're not eating enough. People are prepared to put up with quite a bit as long as their children are alright.

(P1PiFMiddle)

When talking about social mobility, it was suggested that factors other than work are important in finding answers to feeding children well.

To be able to feel … confident to make those foods choices for their children. It's understanding food labels. Its understanding what too much fat can do to their child. And not trusting, because it's available … in the Co-op. It's about understanding you get a potato and do a few things with it. That it does not have to come out of a packet. But it's the time. It's the cost of cooking. It's the time … if you're trying to balance two jobs, a single parent, trying to get two kids ready. There's lots of elements to this isn't there, it's not just a straight forward thing about employment.

(P1PiFMiddle)

A6.3.2 Temporal food changes

This category emerged mostly, as participants looked at 'word cards' that contained the phrase 'passed on in families'. Some participants used this term to explain temporal changes in food practices. The verbatims presented here suggest a change over time in food practices, that in turn reflect the economic and social change. Changes described by participants include mothers being at home and teaching children to cook.

Mothers

These quotes illustrate the experience of mothers' role in passing on cooking skills.

Mary, policymaker
my mother would … certainly make everything from scratch. But something happened between her generation and mine where I buy much more ready processed

(P1PiFMiddle)

Maggie, implementer
G*randmother … taught you or your mother taught you how to cook, and that isn't there* (now). *It needs to come at the school level, but early… because it should be parents, but if the parents do not ….*

(P1PiFMiddle)

Culture

Whilst at times during the interviews, participants emphasised the effect of material conditions on food choice, other factors are also considered. These following quotations posit changes in food provision at a cultural level, not material.

Orpah
I think this … is very much related to culture that is passed on in families. So, if there is a culture where not much is cooked in the home… You have to change that culture within that immediate family and hope that will pass on to their children.

(P1PiFMiddle)

Jan, implementer suggests lack of information and a philosophy as the considerations:

You see children round here in pushchairs with bottles with coke. Not unusual. Parents … don't seem to recognise that's something you shouldn't be doing. The information hasn't come to them or they see it's nothing to do with them…. And children see that whole philosophy going on to the next generation.

(P1PiFMiddle)

Jan also describes the structuring of material conditions that affect everyday food practices. These include demographic changes that contribute to isolation, with poor cooking skills and no support families use fast food outlets. A process now in its second generation.

…Families come from another area so they don't have family around here. It's not a skill they've learnt as a child. The previous generation started … to buy fast food so knock-on effect. It's getting worse. We're into the second generation of people accessing fast food and convenience food. So, there's not the same skills that have been passed on. People aren't learning or weren't learning at school how to cook. There's' expectation … that parents should understand issues related to their children. It's more difficult for parents to do that because parents are more isolated, they haven't got their neighbours to call on or their extended family, where they might have … picked up knowledge over the generation.

(P1PiFMiddle)

A6.3.3 Food Choice

In thinking about deprivation and childhood obesity issues of food skills, access, money, and food choice were central to the accounts given by participants.

Food skills

Maggie, implementer,
It's lack of cooking skills and lack of money primarily. So, that's purchasing … of food that's inappropriate and doesn't need much preparation

(P1PiFMiddle)

In contrast, parents in poverty, were to need and have suggested high level of food skills, as supported in the literature (Gallegos MC p144)

Bev, implementer,
I don't feel you have to have a … poor diet or end up with children who are obese if you have a poor income, but it's a real challenge and you really need to be very, resourceful.

(P1PiFMiddle)

Poverty and food

The effect of poverty conditions on food choice, was strongly illustrated. The examples provided here support the food poverty literature on constrains of food choice, prioritising rent, and parents sacrificing meals for their children (Glleagos p142).

Jan, implementer
… many factors in it. Money is a huge one. If you can go into any shop that sells good quality fruit and vegetables, and fish and nice lean meat, then you're fine, aren't you? But if all you can afford is a very limited budget, it's … much easier to go somewhere like Iceland and get shopping for a pound.

(P1PiFMiddle)

Angie, policymaker
Far wider than foods. It's about whether people can afford to put their heating on, afford to pay the rent. Some people … aren't eating at the moment, a lot of people are going to food banks, where's the food choice then?

(P1PiFMiddle)

Orpah, policymaker
I hear of children going to school hungry and that effects children's ability to concentrate. If they're hungry going to school, it makes you think … hungry at other periods of the day. How their parents coping, what's happening in the home? I hear stories on the ward that parents are missing meals so they can feed their children.

(P1PiFMiddle)

This implementer described how poverty may be hidden by cheap clothing brands and found through food poverty. This was exemplified by home-visits by family support workers.

Jan
… poverty, in wider sense. People can look fine. They can dress beautifully but what's available in the home in terms of nutritious food is limited … One child had a bowl of cold porridge that was their staple for the day.

(P1PiFMiddle)

A community implementer shared a personal story of her community, of a working mother on a zero-hour contract. She has a teenage child, with severe obesity. This mother was forced to call on neighbours to borrow food. It illustrates the poverty and stressful, conditions of everyday life.

Angela

Where I live there's a lot of people on benefits. And … I have people come to me regularly to borrow - not money. In the past two years people have been coming to borrow food… And friends of mine have been going to the food bank. Don't seem to have enough to last through. I thought it was because they were being careless but … my friend took me through her bills. I realised that if you earn a particular amount you're not entitled to … child tax credit or anything. She's hanging on by a thread. And she told me (she is) *thinking about giving up her job and signing on because of … the way she's living. She's reduced to feeding the kids something she wouldn't normally. She calls it Iceland shopping because you can't afford to do the fresh food … She said to me she's keeping to a list and it seems her and the kids are sticking to the same foods …. She came to me and said she's sorry, she's embarrassed to ask me, but have I got anything that she can have. I was so shocked that I just took her into my kitchen and I said have a look… Then I thought this could be me, right. It … never occurred to me that a person in their forties would come … knocking on your door. And she came to me because she knew I wouldn't embarrass her… She's been going to the food bank. She went to the doctor because she's suffering from stress and the doctor told her where to go. People have always had so much pride … things they wouldn't do and when you feel you can't feed your kids, you're prepared to do anything. And she said to me she … contemplated stealing something and she's never had that happen to her before… All she had in the house was pasta and she had nothing to go with the pasta.*

(P1PiFWorking)

A6.3.4 Foodscape

Fast food outlets

Fast food outlets were talked about as being abundant and part of the diets of deprived families, and in close proximity to schools. There is a range of views that consider if poor communities welcome these outlets, or if they should be changed to healthier take-away food shops.

Kevin, a community implementer describes the concern around food choice and fast food outlets in the deprived community in which he works.

Interagency meetings, the thing that gets mentioned more than … anything else is food choice. There is a proliferation of fast food outlets. There's been a couple of recent cases of vacant premises on Randleston road. Community things, like toy libraries, have closed down. Then they've ended up being replaced … well the Morley's opened a year ago and that was big. There's another one supposed to be … Turkish cafe and there was a lot of kind of, concerns about whether it was another fast food kebab joint or whether it was going to offer more healthy options.

(P1PiMMiddle)

Angela, community implementer in a deprived area – undergoing gentrification – shares Kevins' experience.

… betting shops are breeding and next to the betting shop will be a chicken shop. Next to chicken … will be a Chinese. Next to the Chinese there'll be a pizza place and next to pizza will be a kebab shop. If you go along New Cross Road, there's about twelve chicken shops. When you … get to Deptford High Street, you've got chicken shops and pizza place and … there's no sandwich place. It's all got be fried chicken

(P1PiFWorkin
g)

LBL had supported a fast food free zone around schools (Chapter 4). However, this was suggested to have little impact due to the very high density of these outlets and geographical spread of schools.

Mary, policymaker
(Talking about planning restriction) …… *some of the secondary's are very close. You wouldn't be able to do it in Downham … because there's Bonus Pastor down there, Knights Academy, Conisbury in Whitefoot ward, Central is in Bellingham. There's a bundle of schools quite close to one another. Rushey Green is full of chicken and chips, really revolting stuff. New Cross … is the same*

(P1PiFMiddle)

One participant questioned proliferation of fast food outlets - is this due to the market, demand or supply?

Shirley, policymaker
And how much is chicken and how much is egg is difficult to know … (laughs). *Whether those types of places … are there because that's what people like to buy in certain areas — and that's the tradition* (with) *families in that area — or whether … people buy that type of food because that's all that's available in their local area. Whether you start off eating healthy but … gradually get drawn down … eating unhealthy because it's more available than healthy food. It's probably bit of both it.*

(P1PiFMiddle)

It was argued by a local food businessman who owned a food shop in a deprived area, that the fast food sector is still growing, and will be difficult to challenge:

Dave, implementer
Big changes. This shop I'm working in now doesn't really work. It really needs to be changed into a fast food shop. You're not gonna stop fast food. Really ain't gonna stop. Any of these questions you've just asked me are ludicrous...Absolute stupid questions because I have to make a living and I can't make a living because society's going into fast food. It's actually cheaper to buy fast foods than it is to buy all the ingredients.

(P1PiFMiddle)

Positive aspects of fast food outlets, in deprived areas, are suggested. These are small, local businesses that become new social centres. The challenge is to improve the nutritional balance of the foods.

Bev, implementer
Areas of deprivation (have) *high concentration of … catering outlets and retail outlets that promote food and offers that are … poor in terms of health. You won't see that in areas of more wealth. Since 2006, the biggest growth in retail has been takeaways. The reason why take-aways have grown … cheap, energy rich food. If you're thinking about feeding a family and you've got very little money, you'll think energy first. You have to … think energy first if you've got young children… They've become really important social centres. And if you haven't got enough money to go to a … cinema, or coffee shop which is two, three quid a coffee. You can go to a place where you can get something for a pound. And it is somewhere at night. It becomes a safe social centre for families and certain groups. In those areas, the only social centre to go is the take-away. I am doing a survey, and … there's nowhere. There's not a pub, a community centre, not even church. So where are you supposed to go to hang out and meet people? In … areas of high deprivation you get this real deficit of resources. People are really isolated. I see takeaways as our heroes! People saying, let's … put in restrictions! But they are normally family run businesses, working seven days a week and a safe place for people to go at night ... We just need to work with them.*

(P1PiFMiddle)

Attempts are made to tie economic opportunities to persuading fast food outlets to provide healthy foods in deprived areas undergoing 'gentrification'.

Bev, implementer
I don't think there's enough celebration, and enough understanding and no connection with economic development. But we've done work where it's all about making a healthy profit. We run catering businesses. Vegan. Cheapest food ever and it can be really, really healthy. You ask people to do things and they won't engage They won't come to training, they work seven days a week, how they can possibly come to the training. Sometimes there's this arrogant approach, we're offering you something for free – I can't believe you don't want to get involved. It's not free actually.

(P1PiFMiddle)

The proliferation of fast food outlets was illustrated as major concern for food choice. This is accompanied by a general lack of food retailers, particularly of affordable quality foods. As the following category illustrates.

Access: supermarkets and convenience shops

The term a 'real deficit of resources' was used to describe the generalised lack of food retail, suggested to be a characteristic of deprived areas:

Bev, implementer
… high concentration of certain outlets, catering outlets and retail outlet that promote foods (that are) *really poor in terms of health. In areas of high deprivation … you get this real deficit of resources.*

(P1PiFMiddle)

Specific supermarkets are associated with being located in deprived areas and with unaffordable fresh produce, as the following illustrate:

Maggie, implementer
Markets are very much … Lewisham High Street, Catford. There's a Deptford market. What if you don't live that near to those? There's a big hole … down the bottom of the borough. It's a long way for people to walk with heavy amounts of fruits and vegetables. There is only a little Co-op in Downham. Their fruits and vegetables is quite expensive and not that varied. Its fine if you've got free transport or you can get on a bus but not everybody can. And the … markets are good, you do a good variety of food and it's cheap. It doesn't cover everybody across the borough.

(P1PiFMiddle)

Mary, policymaker
The other one I can't bear besides McDonald's is Iceland. There's a big Iceland in the middle of my ward. It is the deprived who are going to Iceland. And if … you look at what they're producing. They have frozen cheese on toast. You just shove into the microwave. Cheese on toast is the easiest thing to make in the world and they've got additives and … all that stuff to keep it fresh, well frozen. It takes five minutes to make cheese on toast. It's shocking really that people pay money for that. The very deprived are trapped into that sort of food.

(P1PiFMiddle)

Jan, implementer
I'm not saying there's anything wrong with Iceland and there are other … shops that sell quantities of unhealthy foods very cheaply. What choices do we have, if we have to get two buses to get to a shop that sells an apple? We found it is the accessibility to food and the perception that healthy food is expensive. So that may link to parents

capacity to spend money on food. It's a lot easier to buy a thousand beef burgers for a pound from somewhere than it is to source from fruit and vegetables.

(P1PiFMiddle)

Food quality and nutrition

The final concept of the foodscape emerged from the interview data that described the actual physical condition and nutritional quality of some foods sold in deprived communities.

Anna, implementer
Even the tins are out of date. If the wind is in the right direction, I might be able to get bananas that are not brown, spotty skinned, and melting. So, there's hardly any reasonable fresh fruit and vegetables.

(P1PiFMiddle)

Jan, implementer
If you live in this estate there isn't a supermarket for quite a long distance. You have to … get on a bus. The local shop has a few packets of tomatoes and oranges but they are very …. They're not the sort of thing you want to eat. They sit on the shelf. They are … past their sell-by date. Accessibility is a huge issue. If you haven't got the money to (go) *to supermarket in the car … then it's quite difficult.*

(P1PiFMiddle)

The quality of food eaten when one is 'deprived' was summed up by the idea 'foods you wouldn't eat unless you had to'; a notion that also questioned the food literacy of parents in poverty.

Ken
There (is) *connection between low pay, poverty and poor diet …cheap food is processed food and cheap ingredients, white flour, refined sugar, refined fats and salt. Unfortunately, those foods, because of the industrialisation of food, are all too available. And … very cheap price. Some of us wouldn't look at those foods but maybe we would if we had less money and had less skill … cooking. There does seem to be a connection … Take-away food seems to be quite cheap. Chicken and chips cheaply. That's fine if you're having that once a week. But if you having that every day, twice a day, it's going to cause you problems.*

(P1PiMMiddle)

It was suggested that for parents living in 'food deserts', to routinely provide meals of a good standard, required food knowledge and skills. With a general lack of food access and the poor quality of foods available they would need to know how to cook stale but edible produce.

Jan, implementer
If you live in Bellingham you have to be realistic with what food is accessible. If it's not accessible what can be done about it … if all you've got is expensive stuff. One of the things that is helping is … shops which have bowls outside them, with everything for a pound. But you have to understand when you buy them that they don't last very long. So, you have to be able to cook … that day or the next day. If people buy those and they sit around for days and go rotten, they're not going to do it again.

(P1PiFMiddle)

A-Summary

Material conditions of families with obese children include limited time and purchasing power resulting from long hours, poor terms and conditions, including zero hours' contracts and low pay. Temporal changes affect food

habits. Regular meal times are less prevalent than they used to be. Traditions of learning to cook in families are broken.

Participants point to wider problems in deprived areas, with references to food poverty, food banks, and difficulty in transporting food to the home from shops that would otherwise be preferred. The foodscape of areas of deprivation and relatively high obesity is identified as contributory in these data, with powerful language including '*trapped*', '*foods you wouldn't eat unless you had to*' and '*chicken and chips, really revolting'*. Fast food shops and poor quality supermarkets are, however, said to have peripheral uses, including a role as safe, social locations in the areas where few alternatives exist.

Food choices were said by several policymakers and implementers to be resistant to change, at least in part due to the constraints of material conditions.

A6.4 The undertow of class

This section provides data that specifically addressed the relevance of class in the context of the social gradient. The theme of 'class undertow' emerged as an analogy that captured the emergent categories. These categories expressed the notion of class as present, socially embedded, and articulated with fluidity in meanings and through food practices. As the data shows there are contrasting opinions.

Participants gave their experiences on how deprivation was approached through food policy. In this context, they were asked how parents or caregivers were categorised, if at all. If class was not mentioned, prompts were given or participants were asked whether class was relevant. These meanings appeared as class was talked about through the lenses of participants' own life and professional experience, in food and broader contexts. All participants talked about inequalities in relation to food and the choices parents make. Most did not relate class with its traditional structural notion in UK, although some did.

The categories and concepts provided in this section and set out diagrammatically in figure 6.4. The imprint of food policy is present throughout the data. The section starts with the broader context of meanings of class, then food and class, its social intersections and the emergent effect of stigmatisation.

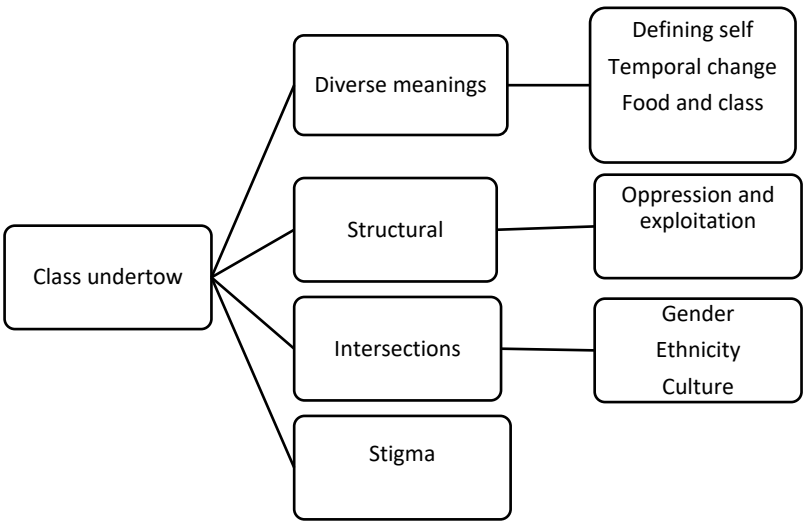


Figure A6.4 Theme of undertow of class with associated categories and concepts

A6.4.1 Diverse meanings

Participants provided a range of meanings for class, from the subjective, the traditional British hierarchy to broad definitions as 'different things to different people'. Meanings were associated with temporal changes. Meanings of food and class intersect. The concepts raised by participants are found in existing literature, for example Parsons(2015), Paddock (2015) and Williams (1995) discussed in Chapter 8, the discussion.

Defining self

This senior policymaker was comfortable using class terminology, frequently using "working class" referring to her own class background or, alongside "middle class", as a demographic and objective descriptor. Class was believed to be a subjective issue. It included the notion of self-classification as an underclass.

Interviewer

…you sound happy using the term working class and within that you're looking at different cultures?

Orpah

Yes. That's because I've … viewed my own background as well. We get a sense of people that are low wage earners, or people on benefits. It's also how people view themselves. So, I suppose semi-professionals… once somebody owns a home or is paying a mortgage… they're lower middle class or higher working class. But maybe people who are in social homes, low wage earners, or on benefits …I would define working class, unless (they) view selves as underclass… again I have to come back to how people view themselves.

(P1PmFMiddle)

Temporal changes

Temporal changes in meanings was a common context provided for class. Some participants viewed social class as an old-fashioned term. For them, class has become a more complex phenomenon replaced by an Americanised system based on income or social mobility. There were contrasting views on the fragmentation of the old traditional class system as exemplified by the BBC Social Class Survey. Overall, these data provide evidence that despite an erosion or avoidance of the language of class, the concept of class remains strong. This is also evidenced through the lens of class as these and findings under 'food and class' suggested.

There was a perception that contemporary poverty conditions were more complex that represented in the old class system of the UK. Jan, senior implementer suggests it is also about social capital:

… food poverty is huge and hidden. Class in some ways is an old-fashioned term isn't it, linked with money… and the networks you have, the ability you have to do anything, and feel confident about doing it. It's wider than just social class people are born in.

(P1PiFMiddle)

Here, Mary, a senior policymaker argued that social grading by occupation has been replaced by social grading by income leading to blurring of class boundaries. It is about social mobility and becoming middle class through income and its benefits such as holidays. Social mobility was a common concept that argued was not open to all.

Mary

Things have changed … more to the American model whereby [class] measure more on income than profession. When I was growing up, a teacher was a … much higher sort of person than a plumber, though … a plumber may

have earned more. They've now come to earn more than a teacher. So, they call themselves middle class. Certainly, the C1s… are floating into the middle class. Now it's more difficult to separate them, and their lives are not different to the middle class…. And the ones left behind have very low incomes or they may be on benefits. They may be minimum wage jobs … don't have any money to spare at all. They're not going on holidays.

(P1PmFMiddle)

Further insight of the range in contemporary meaning was provided, with multiple meanings for social class, and suggestion that traditional views remain alongside the contemporary.

Angie

[Class] *can be related to where you live. What the local community's like … How you fit in with the local community … How secure you feel in terms of the job….the new BBC survey into class has got …. I can't remember the different names… Different people have got different views; some people think class in traditional views some people think isn't here anymore*

(P1PmFMiddle)

Notions of class change, as exemplified by the BBC Social Survey. This sows confusion. Traditional notions of class are used, particularly by older generation. Younger generations return to language of social class.

Kevin

You don't hear the notion of class talked about so much with young people. Peoples' notions of class, how to stratify people, is always changing. You get … all these new breakdowns... When class is talked about in the media … all these different stratifications may confuse people. Older people … refer to working class, middle class. I do the same, use terms like middle class as a pejorative. Middle class [are] *snobby…*

(P1PiMMiddle)

The family typologies of the National Consumer Insight summary that informed ChangeforLife (Department of Health, 2009), is suggested to have generated new social class groups by a implementer, Fay:

We've been looking … more at income and education than social class. …We looked at those families who fell into four or five groups. We had the single parents' social class…

In contrast, the experience of Kevin, a community implementer, was of a sense of pride associated with a collective class identity, and distaste among communities being described as poor or deprived. He suggested this was less among younger people.

In this area, most people see themselves with varying degrees of pride as being part of a working-class community people don't like. There's' something about the deprived, or deprivation … similar to the word 'poor'. Some people don't like outsiders or policymakers to just pre- determine 'I'm deprived'

(P1PiMMiddle)

Food and class

This sub-category emerged through the assignment of attributes and values to working class and middle class parents. Some participants made key differentiation between the classes. It is mostly about the food practices and how class is identified.

Participants linked food and social class in different ways in context of spatial and food practices and parent competencies. For the middle class, parents had confidence and were more assertive in seeking community

resources. Food appeared as a health pursuit with particular practices, cooking interests associated with media and chef celebrities.

Ken provided an insight from his own life in the context of belonging to a social network with shared interests being health and food conscious. Others, suggested how the level of confidence is a key class difference that affects the use of public health community food services.

Ken
I'm a middle-class person with a university degree, a certain income … I may think I'm the squeezed middle. I have … a certain social set which I move within. And we're all … thinking about health and vitality and culture. We're thinking about exercise (and) *the … latest thinking about food, fish oils, fibre, refined sugar…*

(P1PmMMiddle)

Participants suggested middle class parents as being outspoken, confident and assertive in seeking community food resources for their children. This is illustrated by these three senior implementers:

Jan
W*e work with families from all classes. Middle classes … generally more confident. They would have been in employment before having a baby* (and) *built up skills through the workplace and feel more able to access services. But it's not always true.*

(P1PiFMiddle)

Mary
Whatever services you provide for children, middle class mums are right in there grabbing it! …

(P1PmFMiddle)

And, Maggie, talked about how the assertiveness of middle classes can be beneficial for others such as in changes to school dinners:

Areas … where parents are more vociferous, more middle class areas. Oooh I'm talking about class, *easily done! But they're the ones who are likely to be vocal about school meals. If they are not up to the standard they want their child to have then they will say something.*

(P1PiFMiddle)

This senior implementer linked the notion of deficit parenting that literature argues underpins (policy) with middle class values on what makes a 'good parent':

Jan
… Training and education — quite a middle-class terminology, isn't it? Training and education sounds sort of … it's the deficit model, isn't it? Somehow you're doing it wrong…Good parent is a parent who engages with the child, provides a stimulating, healthy environment. [You are] *more likely to do those things if you have a network of people around you … A nice house, you're confident and happy. The sort of parent … you should be, to be a good parent* [is] *set by people using that middle-class parenting model.*

(P1PiFMiddle)

Food practices of snacking and making meals from scratch were linked with class as follows,

Fay, implementer, when talking about the evidence provided in policy operational documents:
… high levels of obesity in higher social class but for different reasons. Children given … more snacks and less activities.

(P1PiFMiddle)

Education level is linked with social class and home-prepared weaning foods.

Mary, policymaker
Talking about food and class. I think more of the highly-educated people would mash up peas …

(P1PmFMiddle)

TV food programmes were suggested to be popular middle class pursuits. Contrast appeared between programmes that middle-class participants cited themselves as following such as Hugh Fearnley-Whittingstall, Nigella Lawson with campaigns such as 'Girl named Jack' and Jamie Oliver aimed at helping change food practices of low income parents. Participants wrestled with the drivers of food practices and class, illustrated by Mary, policymaker:

Big supermarkets driving all this … Iceland and frozen cheese on toast … on the other hand the general interest in food has never been higher, and that ought to rub off. I'm not sure it does.

Interviewer
Is that something you find in your area?

No. It is more a middle-class pursuit all this food stuff, and cakes and baking ….

(P1PmFMiddle)

Descriptions of working class parents included feeding children foods of low nutritional quality, and parents' lack of engagement with services. These are contrasted with middle class characteristics that lead them to use services. This is exemplified here by Jan, senior implementer:

Café (where) *parents eat fry ups twice a day, and children. You see that philosophy going on to the next generation. You would call that working class…. They are quite hard to engage, in telling them what would be a better option…. It's easier to do that with middle class parents possibly who are used to receiving education…going to classes.*

(P1PiFMiddle)

Other spatial factors, such as the café, were linked with class. These included gentrification, supermarkets, cafes and high streets. Spatial factors intersected with food practices of where and what people ate and where they shopped.

Foodscapes were changing through gentrification illustrated by the emergence of middle class eateries. The process of change was symbolised by how the middle class pays for foods, articulated here by Angela, a community implementer:

Middle class people pay for a baguette with a bank card. A friend said 'I feel uncomfortable in those places - as if I don't belong'. There are some places staying the same. But even Deptford is changing, even Peckham is changing.

(P1PiFWorking)

Angela goes onto explain how she sees the changing foodscapes with changing the class structure of the area mediated by food prices:

New Cross … everything is geared towards Goldsmiths [university]. Shops are) *organic and West End prices. Not for the local people. I don't see nobody I know … going to these places. It's become middle class … the whole of the high street, until you get to Deptford where … old fashioned shops. Here it's panini's, organic baguettes that*

cost six pounds to seven pounds, coffees that cost an arm and a leg. … very gentrified. It's like they're using a rubber and slowly rubbing out bits of New Cross. And once it's gone like this, it will never go back

(P1 F, Pi Working)

In another deprived area, a group of mothers were identified as 'working class' through the space they occupy on the street and how they feed their children.

Jan

There's a whole group of parents who stand outside the shop on the corner who are very overweight themselves and you can the next generation already…they've always got crisps in the hand. So, you can see it ... There used to be a café around the corner and the parents eat fry-ups twice a day and children. You see that whole philosophy going on to the next generation. And, I suppose you would call that working class if you were to term them at all.

(P1PiFMiddle)

The supermarket appeared as symbolic of class. It was suggested that deprived parents shopped at Iceland and middle class at Waitrose.

Maggie
Middle class. More well to do … who can shop in Waitrose.

(P1PiFMiddle)

A6.4.2 Structural

Whilst most participants proffered diversity in meaning, a few suggested class as structural. Some strongly expressed the view that issues of inequalities, including food and health, are predominantly class issues. This is illustrated in these following quotations.

The traditional 'class sketch' was used by Anna, community implementer, as a structural analogy to describe how class structure is taken for granted:

I have the knowledge, I wear … nice clothes, I've the job, I've got this., I've got that. In terms of class, it just shouts doesn't it … John Cleese: "I look down on him and I look down on him". Without having to say anything…. its real subtle things…nobody knows to question it because everyone has grown up with it and don't recognise there's an alternative'.

(P1PiFMiddle)

The notion that the structural nature of class is avoided in policy and its 'world' in contemporary times was addressed by several participants. Ken, senior policy and Joe, policymaker. When asked, which term relating to deprived families the participant would prefer to use, Ken responded saying that not using class was:

Transparently an attempt not to use the word working class'

(P1PmMMiddle)

Similarly, Joe believed the language of class is avoided by 'the establishment':

Joe
It comes back to this assumptions and values bit … revulsion on the part of the establishment to talk about class. Deprived people. Which has a … value judgment to it, almost Victorian. "Deprived people" has a certain weight

behind it. "Oh those poor people". They just wouldn't use the term 'working class'. Why not? … These things are a class issue.

(P1PmMMiddle)

Jan

We don't talk about social class anymore … We talk about people in areas of deprivation or suffering poverty or whatever, but we don't talk about middle, or upper classes

…

You can move up and down more easily than you could fifty years ago … you're not conscious of class, it's not quite so overt.

(P1PiFMiddle)

Ken

There seems to be dichotomy between different social classes. This is exasperating as living standards are falling.

(P1PmMMiddle)

Maggie

… Refugees, or people who don't have access to any money who live in Lewisham … no fixed abode. They're probably the ones who are uncounted … I wouldn't say it's described as class, although sits in people's heads as class

(P1PiFMiddle)

Oppression and exploitation

Notions of oppression and exploitation were not necessarily linked with class. A few participants made references pertinent to the policy process. One senior implementer suggested oppression is present within the policy process; oppression arising from those that set and implement policy. This may influence implementers' approach to parents, suggested here as judgmental.

Jan

There's class oppression from people who set policy …. it's like the 'food Nazis': "You're not allowed to eat that". I go to meetings where … there's people … saying 'You shouldn't have biscuits at these meetings. This is absolutely wrong there should be fruit'. You're a bad parent if you give your child a biscuit. It can get very oppressive, can't it?

(P1PiFMiddle)

The notion of exploitation was applied to the relationship between food companies and the consumer, by Joe, senior policymaker.

It's hard to see all this processed food and … feel that people are not being exploited. It's very hard to avoid coming to that conclusion: that something wrong is going on. People are providing big companies with big profits out of meagre income. And it saddens me.

(P1PmMMiddle)

A6.4.3 Class intersections

Gender, ethnicity and culture emerged to intersect with food and class as would be expected. The role of women as parents and family food providers, appeared throughout the interview data. There were direct references to mothers, child weight and social class. For example, Ken, policymaker, noted his observations about body size and class but argued the task was to help and not judge mothers:

I don't want to be excessively … judgmental about people's lifestyles. My eldest son's class at primary school, mums were all quite large … I'd say they were working class. It's easy to tell people (what) *to do when you've got no idea what their life's like … you want to help rather than judge.*

(P1PmMMiddle)

To be non-prejudicial and judgemental was a value shared by other participants. It was a common occurrence for participants to apologise if they considered their responses to be prejudiced. There were a few examples of where, in practice, this was more challenging. The everyday nature was illustrated by observations made about a group of mothers, categorised as working class by participants.

For example, Anna, a implementer in talking about community food projects remarked on a group of mother-users of a project.

… Group of six extremely overweight women … brought their kids in and wouldn't attend any of the sessions … Kids [were left] *colouring and [would] tell* [the children] *to be quiet. [they would] leave baby in room and* go *outside to smoke. Spent the day eating bacon butties. We can't get them to do anything else…perspectives included it was keeping the cafe going financially…it stopped others coming*.

(P1PiFMiddle)

Whichever class mothers belong to Jan, senior implementer, argued that gender has independent effect:

...traditional middle classes would be generally more confident…. But it's not always true. If they suffer from post-natal depression or if there's other things going on in their lives, just because have a bit of money and social standing doesn't mean you have no problems…it depends on all the complex factors that make up a family

(P1PiFMiddle)

Jan further comments on parents/mothers in poverty

I think struggles parents have is … things that go on in their lives: Domestic violence or housing issues makes life more difficult, so you go for the easiest options.

(P1PiFMiddle)

Ethnicity

Class emerged as a transient concept that intersects with ethnicity. As noted earlier refugees were assigned as the 'uncounted' and working class. It was commented upon on how class position may change with migration

Bev

In the community, there are definitely health issues. You don't think of a class. You … come across people who are highly educated. First generation West African, East African, highly educated but not able to get … the kind of jobs or situations because of the prejudices and barriers. They might consider themselves working class.

(P1PiFMiddle)

This transience and cultural mix was described by the diversity in needs, obesity prevalence and food practices within communities.

Orpah

Lewisham is a very diverse borough with lots of people from different cultural backgrounds … ethnicities. People from different cultural backgrounds, working class people, will have different needs and different issues. We can't say that all working-class people have obesity problem or with cooking skills or with food.

Food, culture and class

A range of views emerged that illustrated the connection between cultural factors and shaped food practices. Culture was described as the social environment that shapes practices

Ken, policymaker
Culture reinforces certain things…How much is my genes and how much is the soil in which I've been planted? The environment … counts for an awful lot. You seeing your neighbours do something so you do the same.
(P1PmMMiddle)

The notion of culture was contrasted with 'making the break', of social mobility, suggesting a structural foundation to poverty.

Ken
I *don't want to give … the notion that it's all cultural and we can't change culture because it's blaming people: they could change if they wanted to, make the break. I came from council estate and climbed dizzying heights of my profession, everyone can. Well everyone can't!*
(P1PmMMiddle)

The intersection of food, culture and class, in practice, was illustrated by Ken as he talked about his perception of the cooking skills within the deprived communities he represents. He suggested a new 'street culture' that describes young people's eating habits. In contrast, families in another social circle would eat together at a table.

'I just think that…like the take-away culture with young kids…there just seems to be a street culture, doesn't there, which is about moving about on the street, getting your own food on the street. And, this is a cliché but I assume there's some truth in it, that people don't go home for their dinner so much as they used to, and sit around and have their dinner, even if it's sitting around the telly. Let alone, sit around the table and have dinner, everybody. Which is what we do in my social circle
(P1PmMMiddle)

Cooking skills were suggested as cultural issues that were passed on in families, as illustrated here by policymaker Orpah,

Orpah
This is related to culture … passed on in families. You've got personal culture that's passed on you've got the family culture... If there is a culture where not much is cooked in the home… you have to change that culture, within that family, and hope that will pass on to their children.
(P1PmFMiddle)

The range of views included that social class underpins ethnicity and cultures.

Claire
We were working class … but we weren't English working class and out diet was … different from friends who were English. Diet … linked to culture, traditions, more so than class. Class will reinforce things in the end

A6.4.4 Stigma and social class

Value judgements and attributes were attached to social class such as intelligence or being highly educated. Comments made by participants are self-characterised as prejudice, and were reflexive:

Anna, implementer

Here's my prejudice, I don't see her as working class because she's intelligent

(P1PiFMiddle)

Mary, policymaker

Talking about food and classes … more educated people would mash up peas and something like that. I've got no evidence, so pay no attention to what I've just said. I think women in any category who show ambition are going to be better. Sorry I'm being prejudiced '

(P1PmFMiddle)

A-Summary

Data suggest social class is part of the lexicon of policymakers and implementers. However, it is not at the surface of official language. It 'sits in the head as class' and remains in the thinking of participants, with diversity of meaning: 'different meanings for different people'. 'Middle class' and 'working class' are discussed by participants, with mentions of 'underclass' or 'benefit class'. Social class is associated with income and occupation changes over time, It is something that participants self-identify with, often including own family class background. Some participants mention the BBC Social Class Survey, with one commenting that its numerous classes are confusing. Ethnic group and gender are exampled as intersecting with social class.

Social class continues as a significant concept, with meaningful attributes assigned to it, including potential stigma. Intelligence, university education, confidence and assertiveness are associated with being middle class. Example is provided of working class mothers as being hard to engage with services and lacking cooking skills.

Spatial identity is associated with class. Communities insulted by being called deprived, are described as having pride, in varying degrees, in being working class. A group of working class mothers are noted for frequently occupying a public space, a street and community café, with their children. Supermarkets are seen as demarcated according to social class.

A strong sense of social class division is shown through food. For example middle class mothers are described as confident and assertive in requesting higher standards of school meals, and more likely to make homemade weaning foods. Conversely the stereotype working class mothers is given as 'square-shaped' overweight, eating bacon butties or fried foods and passing on this philosophy to the next generation. Two participants associate media portrayals of overweight people with being working class.

Social class is linked with questions of nature versus nurture, and culture and class. The latter includes the notion of 'chicken and egg' in relation to the saturation of fast food outlets in deprived areas. One participant characterised obese children as class issue, and another suggested power is connoted through appearance. Exploitation and oppression are associated with employment conditions and the practices of food companies but generally not with social class.

A6.5 Local state

This section presents the theme of the local state as expressed through its categories and concepts provided in Figure 6.5. The data addresses the research questions:

- At the local level, how is food-related obesity policy informed, are parents including working class parents involved and should they be involved? Who are the actors?
- Is there disconnect between parents of children with obesity and the state?

Data are from the semi-structured interviews, particularly from the responses to 'icebreaker' questions about participants' work or role in relation to childhood obesity and food policy, and from the topic guide area of their views on policy limitations and strengths.

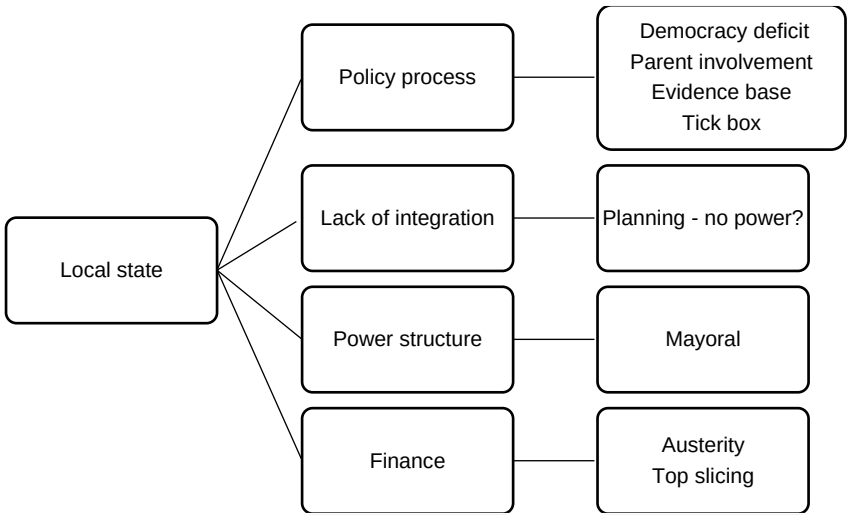


Figure A6.5 Theme of local state with associated categories and concepts

A6.5.1 Policy process

This category emerged through descriptions of established procedures that revealed contradictions not conducive to lay involvement by parents and a streamlined public health processes from central government to street level. As with other social policy the street level implementers interpreted policy actions in their own way (Wildavsky 1979).

Democracy deficit

Several verbatims suggested that the process of informing/making policy contains infrastructural obstacles, and a democracy deficit, that were described as obstacles to parents' involvement in the policy-making. Participants emphasised different issues that reflected their different experiences and views. The following draws on data from one local politician, in particular, who offered insight into the internal processes of council decision making, in his experience. This participant explains the process of decision making from the experience of an implementer. The central role of the evidence base, including local need, and the architecture of the process are explained. Partnership bodies exist to advise those who decide LBL policy. These processes are then questioned by others.

Anna, implementer
As far as we can we base … everything on evidence. We do needs assessment…If we were to change what we were doing, we would have to show there's the need — the evidence why we are doing that - get approval from … our Steering Group. We've developed a delivery plan, and actions but the Steering Group, you know, everybody is

consulted on there. If we wanted to make changes to that we would have to go to the Children Strategy Partnership Group. And then there's the Health and Well Being Board …

(P1PiFMiddle)

A senior implementer, Bev, suggested the existing structures for carrying out decisions around child nutrition and health were bureaucratic, and was unsure how parents might be involved:

Health and Wellbeing Partnership is very bureaucratic senior partnership now. There is though…[route to involve parents]… maybe through the Joint Strategic Needs Assessment and the consultation that's meant to be part of the Joint Strategic Needs Assessment. If its really embedded in talking to people about the issues they're experiencing then that should be the way, at borough level, that parents should be involved.

The processes that informs decision making were questioned by one policymaker, Joe, who highlighted the lack of involvement of local people, and suggests the process confirms the expert view:

I'm cynical about these health programmes, set up to discuss problems in Lewisham, and the documents being produced at the end of the year, impressive documents. All the experts come in, and give their advice … compiled … with national data. … an on the internet. Not badly written documents in themselves but they would often lack input from local people. I think that's about a democracy deficit, because a lot of meetings held in public - there's nothing to stop a member of the public … listening to the discussion. But it happened so infrequently. Often it was councillors' officers, experts, opinion makers … talking to each other to produce this document … signed off by the mayor in cabinet and then goes on the web. And it's not saying anything that any expert would have disagreed with right back at the beginning. So where is the public input in that?

Joe continues with an explanation of why working-class mothers might not attend meetings open to the public. He examples different ways through which lack of access might occur, as part of his 'democracy deficit':

If you're a mum and got four kids, are you going to give up three hours in the evening and listen to a load of experts talk? Would you have the confidence to stand up and say 'Well actually I want to give you the dimension of a working-class women's perspectives with three kids'. … And is it advertised? Maybe the format is wrong, the whole kind of experts sat round a series of desks put together, all talking to one another. Maybe that's not the way to deal with it.

(P1PmMMiddl

e)

Joe, policymaker

I have no recollection of any parent being invited as an expert carer. No recollection of anybody, a parent or a carer, being asked what they felt. I was there for seven and half years, I never saw any evidence of it.

(P1PmMMiddl

e)

Joe, from his perspective as policymaker on key committees, suggests the process as ineffective. It recognises what the problems are already known to be, and concludes the process as 'talking shop':

… A hidden assumption - all we could do was collect evidence at a local level, hear what the experts say, all nod our heads, saying this is a big problem, oh yes it affects us all because we're an inner-city problem. We've got the national data…put together with local data. Standard points at the end of the documents that recommends … the mayor back the report and that we continue to work on these issues locally with our partners. It was all benign. We've just recognised the problems that we knew was there already. There was never anything radical. We're going to do the following three things that are quite radical and decisive. That never happened. It always … had the feeling of being a talking shop

(P1PmMMiddl
e)

Parents involvement

The lack of lay parental involvement in the decision making at council level was suggested to also occur at the implementation level. There was contrary view that suggested audits and evaluations, for example of healthy eating projects, as a means of involving parents.

Jan, senior implementer
I wouldn't say they have any influence at all.

(P1PiFMiddle)

Claire, community implementer
There is meant to be more … consultation with the public. I can't tell you which kind of families are engaging. … It's hard …families who you would really value their opinion aren't engaging

(P1PiFMiddle)

Maggie, senior implementer
I doubt it, unless you're very vociferous parents but they tend to be in more middle class areas

Evidence base

The evidence base, both national - as peer reviewed in policy - and local data, was suggested above, as central to informing public health decisions in the borough. This was reiterated by others, also there was scepticism by some, at implementer level.

Mary, policymaker
I know that … the evidence shows obesity is aligned to lower socio-economic families.

(P1PiFMiddle)

Jan, senior implementer
Finding evidence based programmes … that support parents effectively is difficult because there's not enough research on things that parents are facing.

(P1PiFMiddle)

Claire, community implementer, describes how parents are losing confidence. It is suggested that the overuse and revisions in the evidence base may also lead to confusion among parents:

They've lost trust in official public bodies…. And there is confusion from organisations that are supposed to represent, you know, evidence based. It pushes parents into finding out for themselves….

Let's get this out … let's evangelise this. It's meant to be evidence based, but when you look at …evidence there's always weaknesses, it's not robust enough or there's insufficient research, and then pressure is put on these policies, and a few years later its changed because there's other evidence that has come through.

(P1PiFMiddle)

Tick box

Participants said that policy, to be effective, has to be activated through national legislation as a 'must do' which transforms to 'bottom draw' or 'tick-box' approaches further down the policy process:

Lewisham public health, had developed a food strategy in 2006, and this integrated obesity prevention (chapter 5). It was felt that only once tackling obesity became a statutory policy, in 2010, was it taken seriously as it became a 'must do' exercise.

Lucy, senior implementer

It became something we had to do. Obesity became much more the issue, rather than, we never had to do a food policy. It wasn't mandatory. Childhood obesity … landed on our must do … That was the weighing and measurement programme, the NCMP. It was a statutory requirement so we had to do it. Initially the school nurses wouldn't … refused to do it. The second year they were pretty lukewarm about it. And now … it's part of their work. But it was a hard struggle to get anyone engaged with it until it was … public health must do.

(P1PiFMiddle)

The idea that focus is given to a problem once it becomes statutory was reflected by others. For example, Ken policymaker, reflects food policy is not integral to governing party politics.

In the Labour Group … food is not something we talk about that much.

(P1PmMMiddle)

This was echoed by Joe, policymaker, whose experience was that there was a lack of integration with public health, and other areas of local government take priority. Public health was viewed to overlap with health services. Instead integrated big programmes were needed, otherwise the political process of integrating public health, was suggested, a paper exercise.

Joe

I think unless you got organisations that are fully integrated I can't see it making a difference…And I always felt that public health in the local authority was a bit marginalised, something a bit abstract that happened out there. I don't feel that the local authority participated in the public health agenda. They gave head nods. But really, they saw their bread and butter issues as being education, social services, housing highways, planning. They would deny that. They would say oh no public health is a big part of what we do, we work in very close collaboration with our health providers Unless you're setting up big programmes, jointly with health professionals to tackle these issues, then just producing paper policies.

(P1PmMMiddle)

So childhood obesity being actioned once it became a statutory requirement, food and public health were suggested as peripheral to other 'bread and butter' policy areas in local government. As the statutory elements are rolled out, these can become 'tick box' processes within the community. This was the experience shared by Claire, implementer:

My experience … seeing policies down at the coal face, they get put into a bottom draw and never displayed,. That's what I mean by tick box exercise

(P1PiFMiddle)

A6.5.2 Lack of integration

A structural problem at the local state level was suggested to be lack of integration between departments and committees. Many talked about this in terms of political engagement, planning, and being constrained by the lack of power.

Bev, senior implementer suggests, a lack of political engagement with public health is reflected as piecemeal projects, instead a strategic approach is need:

… I think where there's been a real issue in Lewisham is political engagement. And you're seeing the agenda across the whole of the council and… community. So, that's a public health project, you do a little project there, with a little cookery club… There's been …. lack of understanding, of the strategic approach required around public health and specifically childhood obesity.

(P1PiFMiddle)

At the community level, disconnect is described between 'high end' policymakers and the 'coal face', and at the coal face lack of integration or strategy leads to confusion.

Claire
There's disconnect definitely! … What is the expectation from what is expected? I don't work on that high end, and ... seeing what happens … at the coal face … There's less investment at the coal face to deliver messages. There is investment but it's … disjointed. There are pots of money left, right and centre and people seem to be working in silos. They're not picking up the same message. Or … a lot later … giving the wrong message. … Movement of staff, and populations, that's life, it can't be that static. It does get very confusing for everybody.

(P1PiFMiddle)

There was frustration about the policy process. This is exemplified by Change 4 Life. It was viewed as 'top heavy' in funding, lacking the infrastructure to get the policy out. Consequently, it was suggested to have little impact.

Claire
It's top heavy. There's more funding goes into the higher end where the objectives … might be to give this message to large number to people. By the time this trickles down and you got staff working on the ground you're … only delivering messages to very few people at a time.
… Change4Life campaign … sponsored by the government and has been on television … people go what? Who? They don't recognise Change for Life, or the money that's gone into it … don't trust it as a brand. The message that come through, they don't understand. They don't explain … to people working at the coal face.

You don't get enough information … coming through in time to explain their next campaign, the reasons why they're saying this … the campaign Smart Swops, talking about changing from full fat two percent to one percent. They're … saying this to families and they're getting backlash because families are saying 'Why?' There isn't that follow through message to get people on board.

(P1PiFMiddle)

The role of the council in carrying out public health policy on childhood obesity is tendered out, it was suggested, with inadequate support,

Bev
(Talking about working with fast food outlets*) Helping, no, no. We give a lot of free business support and then there's the celebrating people and what they are doing, giving real media coverage, giving them some free resources. It should be a lot better.*

(P1PiFMiddle)

Prevention programmes were described as 'niche', and providing short term help to families.

Maggie
They're … very niche. They are cherry picking a few families to deliver that service to. So it … only have an influence with a very few people

(P1PiFMiddle)

Planning - no power?

Lack of integration was exemplified through planning processes that enable fast food outlets in deprived areas and near schools. The local politicians offered contrasting views on whether this was lack of integration, difference in political perspectives or will, or that enabling planning policy was integral to their responsibilities.

Joe, policymaker articulates the lack of integration between health and planning and the difference in political perspective:
At the health committee, you're talking about …young people are overweight ...And the next night you'd be at a planning committee where you're told you've no power to turn down an application to open yet another chicken and chip shop. Even though… huge scale of obesity…. It's just a lack of joined-up-ness. Why not say we've got enough chicken and chips shops in the high street. One … councillor said "You've got to leave these things to the market". A liberal democrat councillor!

(P1PmMMiddle)

The lack of integration between planning and health, fast food outlets and childhood obesity, was suggested as an historical approach that existed between local government and health, exemplified through mental health. He posits a political reasoning, in not wanting to upset food businesses and draws parallels with sex education and some local faith institutions.

Joe
It was never … adequately explored. I don't think there was … integrated approach to policy between local authority and health. You can't … have good mental health unless you have good housing. My experience of being a local authority councillor … just didn't happen.

We control sex education in schools … has a massive effect over sexual health. There was a massive fear of offending … the church schools. Delivering sex education down to individual church schools. There's parallel with the food industry. We don't want to over-regulate planning. If …. they've not broken any rules and it's a fair application we have to award it. So, for all this talk about integration between health and health providers and … local authorities. It's extremely limited.

(P1PmMMiddle)

Jo suggested, there is a lack of integration and different political perspectives on the proliferation of fast food outlets. Other councillors, suggest that carrying out planning policy is part of their role. The purpose of the policy is economic development regardless of the outlet, if within regulation, they permit it. Suggestion is made that the public may confuse the Councils' role thinking they can refuse. In contrast, the power of food industry is suggested, as they would appeal and win against planning refusal.

Ken
Planning is … permissive system, not a prohibitive system. It's not designed to be used by government, national or local, to achieve other public policy objectives. You have …. planning policy published that allows development within that policy. It's not up to us to find things we don't like and stop it, betting shops or supermarkets. …. Society and economy needs development…. Should facilitate and not stifle it. Confusion can start. Public think we're not doing our job. The law is not there for us to say: 'Sainsbury's, we don't want a supermarket, we're refusing permission. If we did, they win on appeal.

(P1PmMMiddle)

In 2014, LBL introduced inhibition zone around schools for new fast food outlets. One policymaker thought this impossible to implement and any restrictions beyond those planned would be illegal.

Mary
Well they're not changes and I don't think they ever will get changed. Yes, there's been calls from MPs [for change]- Rather than fish and chips, there's chicken and chips. They're really revoltingly, cheap and high in calories. They should not be within so much distance from a school…. after about the age of twelve, children pop in for chicken and chips on the way home. We couldn't qualify, as we have so many schools within that distance. A couple of primary schools…. it's been called upon to do, but it's not been made law. People want to do that. … Planning law is that it is zoned for food, takeaway. You have to (change) *class of usage. If it's been allowed to be a take-away, they can't take [change] that…. Planning law favours business*

(P1PmMMiddle)

A6.5.3 Power Structure

This category developed as public representatives reflected on some of the structures within the local state which illustrate power within a mayoral authority and budget processes, and how this affects childhood obesity.
Some of the data described the architecture of the mayoral system and others the power the mayor holds. In that context, others suggest Mayor supportive to food policy initiatives. While others policy is driven forward dependent on '*who you know*'.

Ken, policymaker, compares Mayoral structure with central government:
In Lewisham, we're … mayoral authority. If we were a non-mayoral authority it'd be like … the Chancellor of the Exchequer for the Borough. As we have a mayoral authority, it's more… First Secretary to the Treasury: assisting and facilitating role rather than a directional roll.

(P1PmMMiddle)

Mayoral power

The following quotations illustrate the central role and power of the Mayor, in relation to food policy can childhood obesity.

Anna, implementer,
Everything goes through the mayor. We … base everything on evidence. We do our needs assessment and looking at elements ….

(P1PiFMiddle)

Maggie, implementer,
Mayor has … a good attitude to food provision. He's interested. He's good at knowing … what's healthy. So, I hope the policy for not opening takeaways near school does come off.

(P1PmMMiddle)

Bev

Things happening in Lewisham around food but they're not part of the food strategy group. The mayor's very committed, supporting the markets … new market stalls. Deptford …. people starting up with healthy food. It's disparate. Comprehensive but not co-ordinated … strategic level.

(P1PmMMiddle)

Talking about the transfer to public health to local government, Claire notes the new political environment:

.. this is political, … There's an elected mayor. What I became truly aware of, is that its politics before health. There's only certain things you have to follow, decisions are made another basis. I'm not saying they're necessarily political but I think politics is linked to how they're voted in. … residents might be putting pressure on them. …. Rather than the evidence base. It's … politically driven. It's a real shame … but it's about who you know as well.

(P1PmMMiddle)

Similar point was views was provided by Joe, policymaker. Power of the mayor These data contain suggestions that power structures enable a 'rubber stamping' policy process.

The Mayor choses …. councillors who agree with him on the political line who meet and rubber stamp contracts for services, which formally would have been run in-house by the council. It will …. always be a private company and cost is the biggest, factors. Not always the deciding factor, but often is, and with it low quality. I don't think food provision is any different

(P1PmMMiddle)

A6.5 4 Finance

This category developed from the interview data and mirrored the policy document data in Chapter 4. Given austerity politics, the Council is mitigating cuts and making savings, with the cuts in frontline services. Public health is 'top-sliced' as it transfers to the local state. There were political tensions about policy decisions and making cuts, as the following quotations illustrate.

Austerity

Angie, senior policymaker described the pressure from central government and policy of mitigation of cuts:
We're … constantly getting, cuts and cuts. It's about trying to mitigate the cuts rather than … do as much as new stuff, as possible.

(P1PiFMiddle)

This was echoed by Ken, senior policymaker, who explained further cuts were in progress:
Third (cut) *in … three years. It's going to be reductions until 2016/18. We haven't implemented all of the savings and the cuts that we're going to need to get to that level of reduction. We've made about eighty-two million pounds worth of savings so far. Those … have been agreed, implemented, some are in the process of being implemented and … we've another eighty-five million pounds worth of savings to make that takes us to 2016/18.*

(P1PmMMiddle)

Tensions were identified, by policymaker Joe, between the interests of private business, and the interests of public health nutrition, exemplified through school catering

Joe,

How can you ensure kids have good nutritional levels and at least one good meal a day, a school meal, when … you're busy driving down the cost of the catering bill in the borough by going to the cheapest external private company to deliver school meals? The two things are … contrary. You're saying … we don't get involved with what's on the menu. [There] might be some sort of oversight, to give lip service to it. But really, who can provide this contract … the cheapest, they're nearly always going to be the company that get it. Yeh,. That is how council often work now

There is cynicism over swings to fashionable policy whilst implementing cuts, as Joe described:
…. When I was on the Council (name of person*) and people of her political background, voted for raft after raft of cuts to people who are socially disadvantaged. It feels hypocritical that they can talk about food poverty but they're not doing anything to ameliorate that.*

(P1PmMMiddle)

'Top slicing' and public health

Concomitant to austerity measures, central government were illustrated to place further constraints on local government finance as Ken explained, as 'top-slicing' in relation to public health:

Ken
Public health sits in … with the community services area …. with public health (laughs) ... *some money has been top sliced and … presented as though it is new money. But a lot of it is not new money, but money that was being used in other areas of the budget. The NHS money has been given to us … so it's not new money to do new things with ...*

(P1PmMMiddle)

Ken explains the term 'top-slicing'.

Ken
That's been … a tactic the government has used a lot … they've taken money away, and then given it back and presented it like its new money. Some of the money for Early Intervention has been treated … that way. It's a difficult argument … to get across especially when the government and the press keep saying this (is) *new money … and we've allocated this amount to do this. It's not new, it's … other money, and less of it. We can't do the same …. and we get blamed because …. we're not managing the money well.*

(P1PmMMiddle)

Implementers were aware of ongoing public health changes as a result of financial situation, as Anna suggested:

clinical commissioning group, the hospital, the local authority, the voluntary representatives …… after the last eighteen months, and probably the next year there's lot of changes … the transition of Public Health into the council
(P1PiFMiddle)

A-Summary

Responses to several areas of the topic guide interlink through local policy processes, about which there is a level of cynicism. Verbatims contain doubts about whether such processes enable effective policy changes to support families with obese children.

Cynicism occurs through participants' consideration of access to fast foods and foodscape issues, and through policy process features such as lack of integration and power at the local level. These factors are brought together in this section in terms of democracy deficit. Key actors are seen to be Mayor, committees appointed by the Mayor, health and planning experts. Parents however, are said to be absent from the local policy process.

Key themes emerge around tensions between local state, politics and public health, the importance of political will, engagement, disconnect, and lack of power of local government in areas such as planning. Verbatims illustrate how policy unfolds at the local state and implementer levels, and at street level - in the words of one participant, the 'coal face'.

The concept of an evidence base was rooted in the thinking of participants. As policy unfolds into practice it is shaped by 'loudest voices' or 'evangelised'. There is a perceived lack of communication from national policymakers to the local level which undermines campaigns such as Change4life.

Some providers have a 'tick box' or 'bottom draw' approach to policy that does not take into account the needs of families. There is confusion due to different sources and interpretations of information, and 'silo-working'.

It is pointed out that public health transferred to the local state in 2013 with reduced funding through process of 'top-slicing'. Childhood obesity is a 'must do' and at same time, it appears that food strategy is not embedded at political level. Political engagement, will and leadership are seen as important in what direction public health, childhood obesity and food strategy take. Local politicians try to 'mitigate' government cuts. Changes in public health are ongoing. Processes of privatising local government include non-state providers of food to children and families. This is described by one participant as 'empire building'.

A6.6 Policy solutions

The views of policymakers and implementers are presented here, addressing policy developments and research questions:

- What are the views, experiences of policymakers, implementers and recipients on food-related policy solutions to obesity in children?
- Is there disconnect between parents of children with obesity and the state?

The data presented are from across the interview set, in particular emerging from responses to topic guide question of views around current policy limitations and strengths, and disconnect.

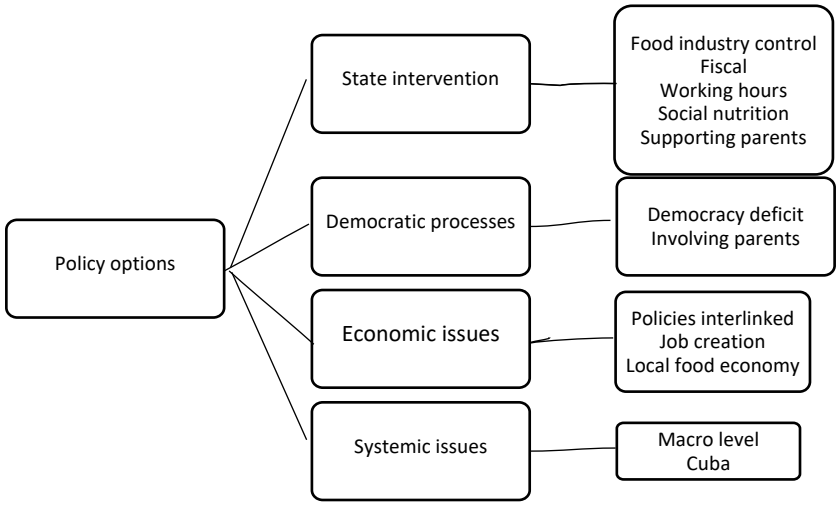


Figure A6.6 Theme of policy options with associated categories and concepts

Views on policy were given throughout the interview and the final question asked participants for their overall policy priorities. Responses may be limited due to time constraint. The key themes that arise are increases in state intervention, democratic process and wider economic questions.

A6.6.1 State intervention

A greater role for the state was suggested in the areas of regulating the food industry, including of fast food outlets. Fiscal measures were suggested. Taxing obesogenic foods was debated. These reflect the general policy options and discussions outlined in Chapter 2.

Food industry regulation

The arguments for a greater regulation of the food industry, is illustrated by these two policymakers who acknowledge the government allows the food industry to produce unhealthy foods, and this needed to be checked.

Shirley

State has role shaping policy and … what's allowed in food and how it's described. . Food companies have been given too free a run in allowing unhealthy food being produced and promoted … obesity's higher in deprived … look at how those areas can be helped to. People might eat if life's stressful…. How can (we) *make life better for people in those areas and take away stress factors. … public policy or government has a role in shaping food public policy …how society works … they've got more power than local people.*

(P1PmFMiddle)

Ken

… politicians got to nail their colours to the mast, about food policy. I don't think it can be quite so laissez-fairre. Like Adair Turner said, investment banking is doing things that aren't socially useful. Turkey twizzlers … aren't serving a useful purpose in the way that a banana is!

(P1PmMMiddle)

The abundance of fast food outlets in the borough, as documented in LBL reports , chapter 4, was criticised by a number of participants. Political support for the Mayor, and for a policy of restriction, was advocated. Some participants hoped to see such outlets closed down.

Maggie, an implementer comments on the authority of the Mayor and how he had supported changes to hospital foods and welcomed the fast food changes:

Mayor … always been interested... I hope policy for not opening takeaways near school does come off … got lots of takeaways near schools … and they're not going to take them away, maybe they'll close them down?

(P1PiFMiddle)

A stronger state intervention was echoed by policymaker, Ken, who also stressed the importance of political leadership:

… more political leadership … can't say it's all about choice. I can't light up a fag now … in my car not put the seat belt on … I don't really feel that my liberty is being taken away from me!... Can't see it happening in my lifetime …

we're just going to have to ban certain foods. Whether that will work or not I don't know … ban foods that are overly processed, even things like bacon and ham. We hear … that … nitrates are so damaging. Should those things be allowed?

(P1PmMMiddle)

For Ken, the policy change might begin by informing people of the composition of foods. This mirrors the public support for the sugar tax and subsequent restrictions on sugar within the Childhood obesity Plan 2016 (Department of Health, 2016).

… we allow tobacco and … alcohol. I really don't know how we would do that, whether it would be politically feasible? Whether it makes any difference? Maybe… you can't stop people eating two packets of chocolate biscuits and you can't ban chocolate biscuits. But … there's nine teaspoons of sugar in a can of coke and fourteen in a frapachino … that's the starting point to get the information out there … haven't thought through … policy that would have a realistic chance of success.

(P1PmMMiddle)

Fiscal measures – taxation

There was contrasting views on how taxation work in changing behaviours. There was support for taxation whilst others were ambivalent or against, illustrated in the following quotations:

Joe, policymaker
Could be a fat tax … wouldn't see it as the solution, but it might be part of a wider … I'd be quite happy as a decision maker to say you've reached the saturation … on chicken and chip shops in the borough. Why not? We don't allow people to do seventy miles an hour in thirty … zone because people will end up dead … this is for the greater good. You've got to wear bicycle helmet. Why not say we now have thirty-eight chicken and chips shops in London Borough of Lewisham and that's enough. Rather than my Lib Dem colleague who says you can't interfere with the market. Why not if it's not good for people! … more proactive preventive work, more screening.

The thinking considered how taxation would work. leading to an increase in prices of unhealthy food would work, particularly considering international agreements. The question of how this would filter through to local shops was raised. The 'big brother solution' was contrasted with increasing families understanding of, and access to healthy foods, as Jan, implementer says:

You'd have to a look at all the shops that sell cheap versions … not saying there's anything wrong with Iceland. There are other shops … that sell … unhealthy foods … very cheaply … legislation against Tesco selling X at this price doesn't really hit the problem. It has to … filter right down to all the shops … lot of it is brought in from Europe…. increasing import taxes? I don't know how that would work.

It's … a bit big brotherish. It should be about people understanding food. Where they can get it, what it costs, what you need to use it to cook with? How you can do it really simply and cheaply for the family and balanced. It's not that you can't eat a chocolate biscuit but not every day. The … five a day thing is all very well but it needs to be in a context of your family.

(P1PiFMiddle)

Taxation as a policy tool was contrasted to an integrated strategy with policy changes on involving businesses, planning, accessibility and sustainability, as Bev, an implementer illustrated:
I used to … believe in interventions. It's interesting to see what's happened in America, everyone taking responsibility, particularly the businesses, … about what they are doing. In New York there's been a real change

around childhood obesity … my understanding is … that's about everyone taking responsibility … all the businesses, politicians, individuals.

… taxes on certain foods and this sort of thing, I'm not sure about … policy around planning, access, about the food industry, I would really like to see. When this government came in, I turned away from policy because … they have no interest. They are interested in shareholders and big business … a sustainable future …

(P1PiFMiddle)

Working hours

The idea that eating practices have fundamentally moved away from social eating is tied to change in working practices with increased hours.

Joe, policymaker

… we become an advanced capitalist economy we've … removed … natural forms of human interaction. Eating is a collective experience. You don't have to go … to Cuba to see this, you can go to Spain, to France. People don't have twenty minutes for a lunch break. Food isn't something you do in half an hour. Food is a social discourse. It's … interaction … we've lost some of that … preparing food collectively….you see it in other cultures. You go to Ireland and there's always a …. meal for somebody at the table who just happens to turn up … more … healthy interaction around food … we've lost some of that collective attitudes, in lots of ways, but food as well.

(P1PmMMiddle)

Joe, also considered the impact of working hours on the parent-child relationship:

… We work too long. Parents don't get enough time to spend with their kids. We need … good policies like free swims. Leisure centres should be free … all activity should be free, shouldn't have to pay a penny. There should be more on the curriculum for young people.

(P1PmMMiddle)

The change in working life and work culture were seen as central to contemporary English family food culture, and argued to have undermined the social and health importance of food. For Bev, implementer this represented a '*disintegration in the food culture':*

Bev

… we have the longest working hours in Europe. We don't have lunch breaks! We don't celebrate our lunch breaks! As a culture we don't protect it! As a core family activity. We … have lunch at our desks. We're rubbish! It's … really, important. My partner is too lazy to cook or clear the table and everyone sits around in front of the telly. What does that do to a family, as opposed to sitting at a table and having a … decent conversation. Food has to be a part of that … core part of culture … core part of engagement. It should be at the centre … when we design things.

… think about the working week, think about everything we do. We should protect it … (food) *not periphery as something you can't fit in … hope that in Spain and France they don't erase those amazing lunches* (laughs) *in the name of efficient work. Work has taken over* (laughs) *… a means to an end … people have forgotten what the end is… much bigger issue. I think about the industrial revolution and movement of workers away from food production … food coming in … the whole disintegration of the food culture.*

(P1PiFMiddle)

Social nutrition and interventions

Free school meals were seen as core component of child nutrition which should be rolled out to more age groups, although from this data set the strength of this policy is unclear.

Shirley

…encouraging people to take up school dinners … school dinners are more healthy than packed lunches … they're bringing in free school meals for five to seven year olds, so that will help. And in the future if they could offer … more, that's good.

(P1PmFMiddle)

Supporting parents

Giving support to parents was seen as an important policy. There was a range of views on how to do this with suggestions on providing health education, expert help, targeting early years and increasing staff.

Orpah

Children Centre's … everything they do there is very positive … information … needs to get out to more parents … a lot more could be done … project we're doing in Whitefoot Ward to try to involve families, and provide support for them. I'd like to see that grow and develop. Not all families can easily get round the borough … it doesn't mean that people don't want to learn, to develop, to get out of the deprivation they're in, to progress …

… more could be done with supporting parents with parenting. Parents are supposed to develop with their children in terms of parenting ability but it comes more easily to some than others. People need advice and support … when parents communicate they can learn from each other …support parents more with their children, whatever age … end up with well-adjusted children. Children that grow, that develop, that learn … supports whole community … gets them out of … poverty trap or welfare trap. .

(P1PmFMiddle)

There should be an increase in targeted early years approach using professionals that parents trust.

Mary

… find out who is welcomed into the homes so … they can engage. Maybe we should be concentrating on district nurses … when the child becomes one … explain to the mother the child should have nice fresh bread, plain chicken … mashed up vegetables

(P1PiFMiddle)

Supporting parents includes an effective policy process so that health messages are not misrepresented by implementers.

Claire

… with policy, there's so many layers, so many different interpretations … diluted … no understanding of the reason for it. There needs to be a thorough check … of what's happening at the coal face, to see if its misinformation that's been given from … staff who are delivering. It has to made easier, it has to be simplified, and made practical … more people at the coal face.

(P1PiFMiddle)

There were contrasting views on a number of state interventions that aim to support parents. Parents were perceived as not recognising child fatness. The NCMP is suggested as helpful to parents through advising child measurements. There was also criticism of the NMCP and programmes as marginalising parents, suggested in parental fear.

Fay

… educationally … recognise that … child is overweight or obese … follow up child measurement programme families … comes as a surprise … letter saying that their child is overweight or obese.

(P1PiFMiddle)

The National Child Measurement Programme was criticised for targeting children.

Bev

MEND programme … a sensitive (laughs*) interesting programme … letter to say "We've decided your children are overweight and they need to go on this programme" …. day they did the childhood measurement programme, some parents won't send their children to school … real fear … concern.*

(P1PiFMiddle)

It is suggested that the new market of non-NHS providers of childhood obesity prevention programmes 'cherry pick' and do not provide long term solutions.

Maggie, implementer

They're very niche … cherry picking a few families to deliver … service … influence … very few people. … then they're doing what they're supposes to do … delivering to individual families, but … takes such a long time to become effective … short term you can get good results … but it's the long term you need to be looking at.

(P1PiFMiddle)

There were suggestions of confusion on the part of parents about the purpose of these programmes, as fun projects or health projects.

Anna, implementer

… we've missed the point, completely … as in making that leap —this is what you are supposed to be doing, not this is a nice programme for you to entertain your children … longer term … cleaning your teeth is about the only thing … you're taught it every day

(P1PiFMiddle)

A6.6.2 Democratic processes

There was some cynicism in the data about democratic processes. The policy process was censured, as it follows a formula of expert opinion and evidence base while not including lay experiences. Lack of facilitation of parents in policy process was described as a 'democracy deficit'

Democracy deficit.

Joe

…. democracy deficit … meetings … held in public. There's nothing to stop a member of the public turning up and listening to the discussion. But it happened so infrequently and often it was councillors' officers, experts, opinion makers talking to each other to produce this document that then gets signed off by the mayor in cabinet and then on goes on the web. So where is the public input in that?

(P1PmMMiddle)

Parental involvement

Joe goes onto suggest obstacles to parental involvement that could be removed.

If you're a mum and you've got four kids … give up three hours in the evening to go and listen to a load of experts talk ….would you have the confidence to stand up and say 'Well actually I want to give you the dimension of a working class … with three kids'. And is it advertised?

(P1PmMMiddle)

The need for greater parental involvement was articulated, for example, in wanting parents to engage with services and evaluations.

Claire
I don't know what happens at policy level … there is meant to be more consultation with the public … you try your very best but some families who you would really value their opinion aren't engaging

(P1PiFMiddle)

This participant argued that policy needs to adapt to specific local needs. She emphasised accessibility as a core policy challenge. Adapting to local needs would be enabled with a true, not token, representation of parents in the policy process.

Jan
… parents should be involved in local food policy direction … all very well having overarching healthy messages … but what do to put those into practice. If you live in Bellingham what do you do to make healthy choices for your family? You have to be realistic with what food is accessible and if it's not accessible what can be done about it.

… putting it into the local context … what choices do we have … if we have to get two buses to get to a shop that sells … an apple … biggest change would be …accessibility, what would make it easier … strategy or policies devised … make sure a good proportion of parents and communities represented on that decision making or policy writing group … not just tokenistic but real… a third, or something, of people on that group would be people from the local community.

(P1PiFMiddle)

Supporting parents includes being able to harness the existing food knowledge of parents.

Jan
There's a lack of confidence … amongst families. They're losing confidence … misinformation rather than lack of knowledge, because there is knowledge … not harnessed.

(P1PiFMiddle)

A6.6.3 Economic issues

Policies interlinked

Work is a frequently arising theme in context of mediating family life and food culture. Participants argued childhood obesity is interlinked with other issues.

Angie

… making sure people have enough money to be able to spend more on food. To be able, in … poverty…have a job, have access to education. It's … far wider than just foods…It's about … whether or not people can afford to put their heating on … to pay the rent. Everything touches everything. I don't think things need to be so pigeon holed …

(P1PiFMiddle)

Job creation

It is argued job creation, as part of community regeneration, will improve the amount of time parents can spend with children.

Shirley

… related to deprivation … main thing the council can do is encourage the area to become more prosperous. And … they don't do enough to encourage inward investment and job creation. I think the biggest single thing that can improve people's prospects is having access to work … Lewisham … lowest job density than any borough in London. That particularly impacts on parents because you can't … expect everyone to commute into inner London … two-three hours a day commuting … parents with young children … want to have local job opportunities that are part time, and local so don't spend too much time commuting.

(P1PmFMiddle)

Local food economy

Food was suggested as a means to develop the local economy at the same time increase access to foods of good nutritional value.

Orpah

… would be good more local shops makes it more accessible for people to be able to buy … more grocers … go back many years … they're all sprinkled around … you had your greengrocer there, it was easy to get to, it was accessible … now … look around, there's fast food outlets instead … all of those things … change the culture of people's lifestyles … if we went back to the greengrocers it makes it easier. I wanted to do on the ward … an empty shop … allotments around the corner … speak to the people who've got the allotments and set up a … co-operative shop inside so people can do things, make things sell cards … have a greengrocer outside … make it local, make it easy, make it accessible

(P1PmFMiddle)

Harnessing parents' food knowledge and promoting a cultural food economy was seen a way to improve food access, in this case in an area undergoing gentrification.

Bev

… celebration of a … good, diverse, affordable high street … bring in customers from wealthier areas … preserve those shops rather than being replaced … more expensive, and therefore not affordable to the seventy percent of local people in social housing … not replaced to look like Stoke Newington High Street … becomes too expensive. So, don't end up with very expensive lovely delis … preserve our brilliant Vietnamese shops and our brilliant … fruit and veg shops. Because it's ethnically diverse, Deptford, you have audiences who don't feel comfortable shopping there … we want to … change that perception so we have all sorts of culinary tours, Vietnamese, South Asian, traditional British.

(P1PiFMiddle)

A6.6.4 Systemic changes

Macro-level, systemic changes were advocated.

Macro-level changes

Bev

… issues around poverty … a global problem, a global systematic, environmental, business problem that needs to be changed … the whole population … benefit … we have obesity … we have lots of people, who don't look at all obese, and are getting organ failure from fats. We have … lots and lots of illness throughout the whole population related to diet … whole system that needs to be addressed.

(P1PiFMiddle)

Ken

… weary of pseudo-sciency solutions like give everyone fish oil and they will concentrate … politicians have to be carefu … not pontificate too much … need to have empathy … stand in their shoes … these people … we've put in these houses frankly! People talk about family breakdown or teenage pregnancy in terms of lifestyle choices or bad judgments people have made … data coming out, a lot of that is to do with lack of economic opportunity. Trends of social disintegration, break up of family, have their origins in changes in economic structure with loss of working class jobs … seems to been shown in America and in Britain, deindustrialisation … lack of economic opportunity … led to these trends. We need a revolution (laughs)!

(P1PmMMiddle)

Cuba

The Cuban system was suggested as an alternative way to think about food and health.

Joe

… makes you wonder how they do it in Cuba … the health promotion model they've got is integrated … complex in Cuba because they had a massive calories reduction, because of the embargo, so people were eating less food. Which had a kind of ironic knock-on health effect. I don't think it's a direct health model. It does show part of the way forward … shape policy … in a good way, you've got to approach it, not just as a health issue, but as a social issue.

(P1PmMMiddle)

A-Summary

Policy solutions were discussed towards the end of each interview. Obesity in children and food policy are not seen as isolated problems, but interlinked with macroeconomic and social issues. Alternative health systems are suggested, and Cuba was referenced by one participant. Emphasis is placed on national government intervention through increased regulation of food companies, restricting fast food outlets, possibly banning foods and increasing taxes on unhealthy foods. It is questioned whether increasing taxes would work due to the internationalisation of supply and differential food pricing strategies of supermarkets.

Support for parents is advocated through classes and education and more staff working with parents in practical ways. There are contrasting viewpoints around existing state interventions, such as NCMP and projects such as MEND. It is debated whether or not these are helpful to parents and children with obesity. It is felt that there should be more control over how information is provided in order to reduce confusion for parents.

Parental involvement in policy is strongly supported. One participant believes parents should be represented at the policy-making level, or in some other way so that decision making is ‘real’. One participant viewed that parents should be involved in a grass roots way and policy channelled from ‘the ground upwards’. Another participant articulates parental involvement can be facilitated through removing obstacles that otherwise form a ‘democracy deficit’. Harnessing parental knowledge is important in the context of many parents not engaging with services. Their own cultural and other knowledge must be utilised.

Appendix H

Phase 2 Findings: Parent policy recipients

This appendix presents data from Phase 2, fifteen interviews with parents of children with obesity. . Sections, tables, figures and summaries commence with 'A' to denote 'appendix' matter.

The themed verbatims address the research sub-questions:

- Policy processes: How is policy informed? Are parents, including working class parents involved? What assumptions underlie policy? What are parents represented to be?
- Given social gradient in childhood obesity, is social class a relevant lens?
- What food-related solutions do parents suggest to the problem of obesity in children? Does this concur with policy?
- Is there disconnect between parents of children with obesity and the state?

Thirteen mothers are amongst these fifteen parents of children with obesity, of whom thirteen are classified as working class, and one middle class. Of the two fathers, one is classified working class and one middle class. There is rich diversity in ethnicity. This develops through the recruitment process, which is purposive. Exclusion criteria include those for whom English is not first language, and interpreter would be needed, due to financial constraints. Given the diversity of the borough, the ethnic mix includes African, Jamaican, Russian/Azerbaijani, Pakistani/Arabic and Turkish-Cypriot.

The age range is from twenty-three years to over fifty years. The range of occupations include full-time homemakers on state benefits, foster parent, male and female bus drivers, child care workers, adult social care workers, nurse, teacher, community project workers and two administrative workers. Parents live - and most of them work - in Lewisham. Most live in the north and centre of the borough and two live in the south of the borough. Details are provided in table 3.6: Participant descriptors.

As Phase 1, participants have been given pseudonyms to help personalise verbatims. Participant descriptor codes are given at the end of each verbatim.

The data are illustrative quotes in the language of participants. In the nature of everyday language, there is overlap of themes that evolve into thematic linkages.

Major themes are presented in Table 7a. These are reprised at the start of each section as categories and concepts. These are broadly comparable to Phase 1 in order to facilitate contrast being drawn. Phase 2 topic guide mirrors Phase 1 (policymakers and implementers) with modifications. Both topic guides address the research questions. As the developing themes (and discussion and conclusions in Chapter 8) show, there are interesting differences in content and emphasis around emergent themes for Phases 1 and 2.

Themes	Definition
Whose responsibility?	Meanings of responsibility around food practices and child health
Stigma, policy representations and assumptions	Views of parents about the assumptions made and representations given to parents of children with obesity.
Material conditions	Factors that constrain family food practices
Lived experience of class	Perspectives on class and how it affects family food practices in relation to childhood obesity.
Local state	Experiences and perspectives on role of the local state in tackling childhood obesity
Policy solutions	Parents' views on policy solutions

Table A7.1 Themes: Parents of children with obesity – the policy recipients

The data are drawn from across all parent participant interviews and in particular from responses to open questions asking whether government is helping or hindering parents, who government think is responsible and who parents think is responsible? Stimulus materials were used including 'personal construct cards' and Change4life literature. Data developed encompassing blame and responsibility. 'Whose responsibility?' developed as a theme with key actors of parents, the state and its institutions: schools, health, local state, food industry and media. Sub-themes are organised around policy actors, starting with parents, leading onto State (national and local), the food industry and media. Themes interconnect with stigmatising processes (see 7.2 Stigma, policy representations and assumptions).

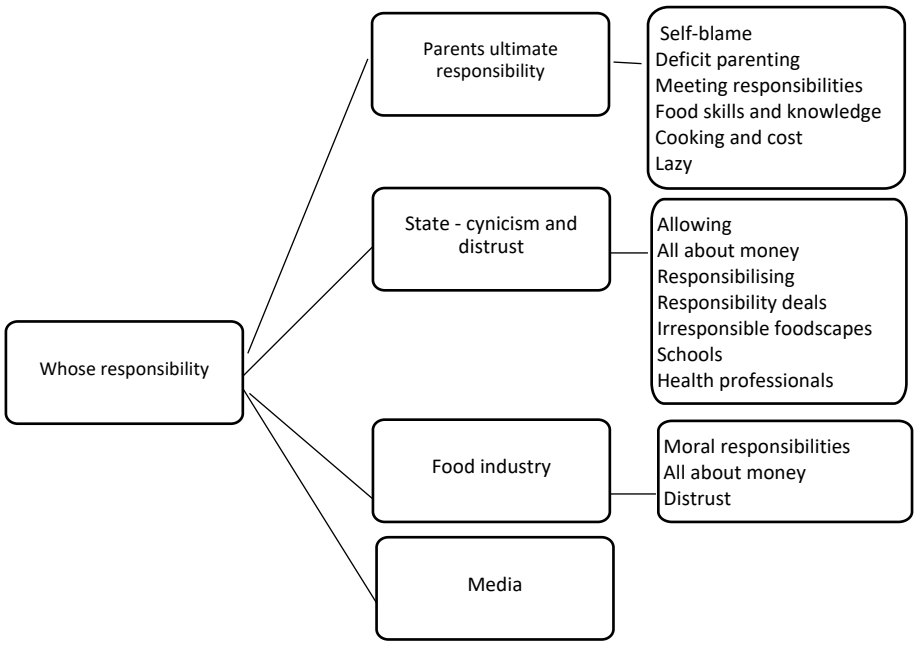


Figure A7.1 Theme of Whose responsibility with associated categories and concepts

A7.1 Whose responsibility?

A7.1.1 Parents: the ultimate responsibility

The concept emerged of parents having 'ultimate responsibility'. Parent participants related this to the act of feeding, the responsibility for nurturing children. This emerged after participants apportioned some responsibility to other policy actors such as the state and food industry.

This first verbatim is from a paired interview with 'Bedria' and 'Tina', two child care workers. Prompt materials 'construct cards' were used, see Appendix D: Field materials, Topic Guide. Their conversation contains key concepts that arise throughout this section and is therefore given in full: (the state 'allowing' food companies to sell unhealthy foods; the food companies' interest in making profits, and the local state and national government as facilitators of profit making. There is self–blame and the conclusion that parents hold the 'ultimate responsibility' because of their feeding and nurturing instinct.

Bedria
… food companies wants to make…

(P2FWorking)

Tina
Money. (P2FWorking)

Bedria
Money. The government allows them … into the supermarket and put it on the shelf… parents comes, and looks on the shelves and go 'oh I'm going to take that'

Interviewer
So the food companies approach the government and then the parents buy it?

Bedria
… food companies can't just go to supermarket and say ' I'm going to put my food on the shelf'. They have to go to the government first … once it's on the shelf … the parents … buy it… someone higher needs to approve …

(P2FWorking)

Tina
They must sit down and discuss…what to put in the supermarket … what to sell

(P2FWorking)

The conversation evolved and introduced the o discuss the role of to Feeding and nurturing

Bedria
Its … the economy … and government, everything linked together….It's one big chain goes around and we're in the middle and we're the one who just picks up!... parents first … it's us who's responsible for what goes into my child's mouth... we're the responsible…

(P2FWorking)

Tina
… it can be parents …

(P2FWorking)

Bedria

… the market. If government did not approve … supermarket and media did not advertise … food companies did not put on the shelf … then the council wouldn't allow … everything linked. It just comes down to the parents.

(P2FWorking)

Both

I*t comes to the parents*

Bedria

[talking about health professionals] *… there to support you … if you're falling down…once you've fell down totally, once you've become obese, then they say 'oh there is a problem' … parents themselves need to understand what you going to put into your mouth is going to into your size … multicultural society in London … working with children — child didn't know the fruits … parents are the … key... I can't blame the government, I can't blame the supermarket. Government makes money … supermarket makes money … council makes money from renting the places.*

(P2FWorking)

Self-blame

This emerged as a strong finding, as commonly enacted by most parents, as the following illustrate:

Interviewer

And the responsibility of the problem is the parents?

Tina

Is the parents.

(P2FWorking)

Bedria

Is the parents. You can't blame someone else for what you are doing, can you?

(P2FWorking)

Self-blame is illustrated in not being able to make sense of supermarket fruit and vegetable offers.

Samina

Food companies [to blame] then parents for allowing it … buying it in the first place …and media definitely —it's advertised everywhere —McDonald's … we got offers and everything. There's offers in supermarkets for fruit and vegetables but …. it doesn't stand out as much.

(P2FWorking)

Parent participants repeatedly use the concepts of 'ultimate responsibility' and self-blame. Despite the context, they ultimately choose food or give the child money.

Andrea

I don't feel that they are blaming parents. Although ultimately parents will be to blame for giving the kids … money to be able to access the food. Government are probably blaming them, Ultimately it comes down to parents … gave kid money, they're going to be able to access all these type of….

(P2FWorking)

Ferda

They've (indicates card: government) *been talking about it quite a lot. All the time on the news…they're trying to cut everything down … do their best but it don't seem to be working. Come back down to parents … it's still them two* (indicates cards: government and parents).

(P2FWorking)

Colin

It's ultimately the parents' understanding and willingness to do something about it that's key. It helps if you know how to use it … parents ultimate responsibility because that's our job … lucky … live in world … so much choice. What choices we make has to be our own responsibility.

(P2MMiddle)

Deficit parent

The notion that parents require a specific set of skills includes right food choices, controlling, regulating child eating. This parent links the concept of making right food choices with intelligence, knowledge and skills.

Colin

… can't say '… sweets on offer, it's someone else's fault'. They don't force us to make those choices … people who make … ready meals… it does take a level of willingness and intelligence, to understand how much bad stuff is put into foods. You only know if if you read the contents. And understand … what fats are good. And what are bad and cholesterol …

(P2MMiddle)

This idea of making healthy food choices is supported by other parent participants. This parent suggested it is challenging for her but other parents use a schedule to manage child eating. She goes on to describe how the challenge in controlling her children's eating is linked with budgeting priorities that leave little or no money for food.

Ferda

..I don't think it could be anyone else … food companies or supermarkets. Because we got … range … choice, for our kids to eat … down to the parents, what they buy … parent … not get what they want. Do healthy food … see if they will eat it or not … my ones don't … very difficult … children would if they were on a schedule.

… parents have control … can't control the whole twenty-four hours … don't give them pocket money to get that kind of stuff, and give a proper meal at home. But … you might not have no food in. You got to compare everything with your situation … how people are living ... have money but then maybe they run out. They paid the bills, and they haven't got enough for shopping. I've been in that situation and I know it's very difficult. I pay all my bills first … whatever's left will go to shopping. Some days I don't have nothing and I find it difficult. If it was just myself that would be fine but when you got kids, they want all the time, so you go to you know …. with me, is always kids first. I will go without.

(P2FWorking)

The following quotes suggest that the language of skills based parenting is part of the everyday language of working class parents. The words: monitoring, regulate, disciple, right and wrong are used.

(P2FWorking)

Lena

… area of lower class people just do what they do without thinking, shaping and monitoring. They just live.

Kerry

… see a child who is very overweight, you look at the parents and say 'Why haven't you tried to regulate him and reduce his weight?'… tell him he can't have this and can't have that … very important.

(P2MWorking)

Bedria

People like that don't know discipline (indicates photo: council estate).

(P2FWorking)

Leyla

… you can choose what you buy from the supermarkets … as adults should know what's right and wrong.

(P2FWorking)

Meeting responsibilities

This concept emerged as parents unanimously placed child health as the important issue for them. The data suggested parents carried out responsibility to provide healthy foods to the best of their ability and knowledge.

All parents said the most important issue about obesity is their child's health and psychological wellbeing as these quotations illustrate:

Kerry

… health has to come first … last thing you want is for your child to have any health problems … diabetes or high blood pressure

(P2MWorking)

Khadra

I worry about his future heath he might get diabetic or any problem

(P2FMiddle)

Samina

I find it scary. I would like my children to be healthier … I know it's dangerous for their health. It's a health risk.

(P2FWorking)

A lack of food of food knowledge and skills had been mentioned by one middle class parent, and one young mother suggested cooking lessons would be useful for young women. It was illustrated that once parents were aware of foods that might cause ill health, they attempted to make changes.

Food labelling was suggested as providing false information as illustrated by these mothers, both had also sought professional help for their children including attending child weight management programmes, for example MEND:

Andrea

… most children … 'I want co-co pops this morning'. They certainly don't want a bowl of plain porridge (laughs). *They're attractive, as a child I can remember wanting them cereals. Them having being force fed to us for years, on false information. It's not until you go on something like the MEND programme that you're educated enough to know that actually they're not good for you.*

(P2FWorking)

Samina

… parents need to look more into ingredients…the amount of sugar. Parents need to learn more about that side of things … reading food labels more … don't. I just go and pick up what looks … Capri Sun … fruit juice. It makes it look…it says 'fruit juice drink' … makes it look like its fresh juice. Even though I know it's not. I would think, it's a bit better than the other juices … reading the ingredients and the information at the back of packets would help … food companies should make it more clear. It's all really small print at the back of the packet … parents would double check … food companies could make it clearer about what they're putting into the food.

(P2FWorking)

Food practices were changed once they become aware of unhealthy produce. All parents talked about cooking from scratch and held different views. Most illustrated knowledge of healthy foods.

Liz

I'm doing a homemade chicken curry tonight. But before I wouldn't have done that, I would have bought it from the supermarket … it works out cheaper and more beneficial because I know exactly what's going in it.

(P2FWorking)

Food knowledge and skills

Many parent participants talked about cooking skills and claimed interest in learning about foods.

Kerry

It's all about home cooking, healthy cooking, cutting down on your sugar, fat intake, more water, more juices … I was watching a programme … natural apples they were usin. They took it … to get it sampled to see how much sugar is in the apples, and it was unbelievable. It had nearly the same amount of sugar as coke! I mean this is natural apple! I don't' understand! I tend to cook. I go home and cook, even if I have to spend an hour in the kitchen, I will cook. I won't go and spend (on) *rubbish. I don't know.*

(P2MWorking)

Lena illustrated food knowledge. Echoing other parents, she described how they compete with the influences of the local food environment, as children grow into young consumers.

Lena

… they eat healthy … from babes they have the porridge, for generally strengthen the body and the bone … fruits … cereal and milk with it and their orange juice and that's it. They would eat raw vegetable, raw carrot, raw this one, raw that one, they would like it … eat healthy. Until they come up to … school, and the meal. And they kind of break the mould into this whole heap of other stuff. But when I give them the vegetable, fruit and stuff they love it, they eat it

(P2FWorking)

Talking to parents on recruitment activities also suggested a good level of food and health awareness, chapter 5.

Cost of fresh cooking

Parent participants talked about cooking from scratch and pointed out that, to buy fresh foods, sacrifices elsewhere in family finances have to be made.

Syrita

If you've got more money you can buy … make fresh from scratch … make it like a chicken nugget, fresh, and it doesn't have to contain all the bad stuff that you get from processed or fast foods … poor don't have a chance … you're working or on a budget, you definitely have to weigh up the options with regards value for money … at the end of the day, the way I see it, no-one has a choice. It's either the cheapest, which is unhealthy, or nothing.

(P2FWorking)

Interviewer

What choice at the moment?

Syrita

There is no choice **…** *today, when I thought lets pick up something to eat, it would have been easier to buy Kentucky chicken from Iceland … nuggets and chip … cost two pounds fifty. I spent … five pounds, buying salads and chicken so I can barbeque or roast myself. But the choice was five pounds and the two pounds fifty would last a lot longer. But … want salad. So I have to sacrifice.*

(P2FWorking)

Andrea, a working mum, learnt how to cook in childhood and comments strongly that it's not cheaper to cook from scratch.

Andrea

… popped into Iceland … woman in front of me, with her partner and children, and what she had in her basket? She had seven … large meals: chicken hotpot, chilli con carne, shepherd's pie. Seven desserts. All for a pound these deserts and the meals were all three pounds. I nudged my partner and said 'she's fed her family for the week and its cost her under thirty-five pounds.' That's … answer to the question: Why are people doing it? She's fed her whole family for under thirty-five pounds. And if she didn't have to buy bread and cereal. And if she's got access to free school dinners, it's a cheap week, (laughs) … *if I make a shepherd's pie from scratch it costs at least six pounds. It doesn't matter* (laughs) *how much they tell us if you can't afford to do it. You got to feed them. You've got people like Jamie Oliver and the government ramming it down your throat that you got to make everything from scratch but it's not cheap. Some of the recipes … fill your cupboard with all the herbs and spices and that alone will cost you ten pounds, twenty pounds. It's not easy to feed your family from scratch.*

(P2FWorking)

A young mum provided insight into food practices of young women, and mums. She suggests, until becoming mothers, they are strongly influenced by fast foods. Mums cook readymade oven foods, and cook from scratch. There are challenges in cooking 'children's foods' from scratch.

Samina

… friends who are mums, they can cook … the other ones, who are not yet mums … they eat anything. I do as well. But sometimes I think 'no…stop it now'. Also, it's my appearance. I don't like it when I eat junk … how it makes me look. I hate it, so then I know… 'no, I need to stop.' I can (cook) *but I think there's a lot of mums out there who don't know how to cook … chips and fish fingers and stuff. I give my kids chips, fish fingers and chicken dippers but not every day. I try to make things a bit different every day … make chicken stew, pasta,* (child name) *likes spaghetti, likes mincemeat … kids…they're fussy … easier to make kids eat chips, chicken dippers and stuff as the textures are ok. They've got a lot of salt so they taste nice. They don't know how to cook in a way they* (children) *like, young mums or all mums …*

(P2FWorking)

Lazy parents

Some parent participants judged others' decision not to cook from scratch, suggesting laziness.

Kerry

…you don't need a lot of money to eat healthy. That's what I'm trying to get through to people. If I had four quid on me to cook a meal I could do it easily. I could make baked potatoes, pasta, piece of chicken, chop it up, mix it in, buy vegetables, some broccoli, it's healthy meal. You're spending more money by buying fish and chips, kebabs and pizzas, that's more money … people in poverty, how could they afford to eat all these fast foods? You don't have to be rich to eat good … it's due to … some parents are very lazy … brought children into the world so they got a got a responsibility to look after their children …

(P2MWorking)

A7.1.2. State: cynicism and distrust

Parent were ambiguous about state responsibility of the state. They suggested the government supports parents through child weight management and health professionals. A strongly held view among parents was that the

government is to blame. This emerged through concepts that government 'allows' food companies to sell unhealthy produce. Both these views are illustrated here:

Tina

The government will try and help as much as they can because they know there's a problem, people are dying young, there's health problems, and will try to help the parents ….

(P2FWorking)

Ferda

… government … have control over food companies … obesity for children. To help, they would have to check food companies.

(P2FWorking)

Bedria

… look at the market … if government did not approve, the supermarket and media did not advertise it and the food companies did not put on the shelf … then the council wouldn't allow … everything linked…

(P2FWorking)

Allow

The concept of 'allowing' is articulated by this mother who links lack of accountability of food companies to government action. She considers the foods promoting poor health should carry health warnings.

Andrea

… food companies have got to be answerable to somebody … it has to be government, They're obviously not doing anything that's deemed as illegal because they're allowed to do it. It's like the horsemeat scandal. That's all been swept under the carpet. Nobody in government is doing enough about these companies and what they're being allowed to do. It's the revenue behind it … they're allowing kids to drink these drinks, and access these foods for years and haven't done anything about it have they? They said they put food labelling on it but the products are still there?

… they're being allowed to sell … those cereals, the food companies. Somebody, somewhere allowed … it's got to be government standards … allow those products to go out. There should be health warnings on all of them.

(P2FWorking)

These two mothers used the example of governments policy on smoking to illustrate a political choice is being made by governments.

Leyla

… government … if they put a shut down on what happens, on smoking or whatever, you will see a cut down drastically … if they wanted to make a change they could, but they're choosing not to. So obviously it's not that much of a problem as far as … how they see it

(P2FWorking)

Some parent participants suggested parents need to resist, and avoid shopping in unhealthy shops.

Felecia

*(*Indicates photo: deprived high street*) That's just food really isn't it. Candy Box - oh my god … government has allowed this to go on, but it's the parents' strength to not shop. Or to get what's needed … not the rubbish.*

(P2FWorking)

All about money

The notion that government decision making is driven by financial consideration was articulated by many, through which the concept 'all about money' emerged as illustrated by the following.

Bedria
I can't blame the government, I can't blame the supermarket. Government makes money and the same way supermarket makes money and then the council makes money from renting the places.

(P2FWorking)

Andrea
… government knows exactly what they got to do … this isn't rocket science in my opinion, but whether they are ever going to do it is another thing. Ultimately government is there to make money and in the end this is about money.

(P2FWorking)

Interviewer
So this is about government?

Andrea
(Indicating 'food companies' prompt card) *these are money spinners aren't they! … like what they done for smoking isn't it. Will they ever really do anything about this or not? It's going to take years.*

(P2FWorking)

Government spending cuts, exemplified by closure of Sure Start and Children Centres, were suggested by parent participants as unhelpful in supporting their children.

Felecia
… government is at fault for closing down Sure Start and the help that was available before. I blame them … down to the government because they are not looking at these areas and giving them the boost they need.

(P2FWorking)

Many participants commented on the closed down Children's Centre that was an incidental feature of the prompt photos.

Andrea
… government has closed own the Children Centres, so they're not supporting local children and parents … yet another supermarket that doesn't … advertising any healthy products … does alcohol … run-down high street with no real support mechanism for local children and their parents …

(P2FWorking)

Responsibilising

The concept of a responsibilising process was described by a number of parent participants as 'getting the message, 'passing the buck', 'giving the impression' 'talking about it', as illustrated by the following:

Andrea
W*e are getting the message but they still don't seem to be doing anything about it … saying earlier about the message … still allowing all these products to be sold because you want the revenue from them. They're big money spinners*

(P2FWorking)

Yvonne

(About pay day loans) *Why people are going? We are the ones who are paying the price. No one else. David Cameron, let him come and live our life … government … they are up there and looking at us and we have to do so, and do so and cut, cut, cut!…We are not the people responsible for the passing the buck, we are not!*

(P2FWorking)

The theme of distrust of government is further illustrated by idea in the verbatims of lack of sincerity in policy: 'trying to give the impression', whilst not providing funding for the community.

Andrea

… government are certainly putting it out there that you're supposed to be eating five pieces of fruits and veg. They're highlighting … most people are now aware of the benefits. Where the government lacks is they don't seem to be putting any real money behind the provision of it … things have changed and the government are getting it out there … people on a very low income would certainly struggle … they're getting the word put out there in terms of what is healthy and what is not, but whether they are supporting it in the real way, in the way they should be, I question … they're trying to give the impression that they want to support because I've noticed that Change4Life … they've introduced free school dinners for children. They've put a few programmes. I don't think they're doing enough, there's not enough support on the ground … they are trying to give the impression that they're trying to provide support

(P2FWorking)

Ferda

They've been talking about it quite a lot, all the time on the news … trying to cut everything down, do their best, but it don't seem to be working… come back down to the parents.

(P2FWorking)

Responsibility Deals

The idea that government is insincere about tackling childhood obesity developed further in talking about the Responsibility Deals. No parent had heard of RDs spontaneously, but assume food companies will not take part due to profit interests. As these illustrate:

Andrea

It shouldn't be voluntary. There should be certain stipulations that these products come up to. It should be illegal for them to not be doing what they should be doing. Like it's illegal for me steal from somebody. Why is not illegal for them? They're being allowed to get away with it. It should be a criminal offense. People are eating this muck!

(P2FWorking)

There was concern that the health of children is not a priority for government.

Felecia

They should be forced to do it because it's getting worse. The NHS is strained. I watch America … the whole obesity … is to do with the food companies. Definitely it should be compulsory … important for the country.

(P2FWorking)

Leyla

… gives them a chance to make things better… the fact that they don't have to follow it don't make any sense … good advice and ways to make things better … health of the country … why not make it mandatory? So outcomes should be mandatory and not voluntary.

(P2FWorking)

Parents considered that food companies comply with what is in their interests, as these mothers illustrate.

Syrita

No, I don't see the point in doing that because… voluntary…So why come to (the RD meetings) *because there's nothing benefit's them in coming. If they're taking away the sugar and salt, they're going to … replace it with something else which cost them more money*

(P2FWorking)

Interviewer

So, would you change it?

Syrita

If it was up to me it wouldn't be voluntary. It's not a voluntary thing. At most two percent of companies would do that. I can't see being voluntary being beneficial for anyone. Not as if they're going to name and shame because they're not bothered to change, because the kids still want that

(P2FWorking)

Felecia

Even if was the law a lot of companies wouldn't do it … until they get caught … wouldn't matter if allowed or not to sell their stuff…it is up to you the adult to buy it or not…

(P2FWorking)

Khadra

… problem … all that they care is money and commercially they have more money and more customers … if they have the option to agree or disagree, they will have games to play. But if they don't have options and they have to obey some rules, then they will listen … then the government can push them to write big (food labels) … *if is option won't bother because everything is about money …*

(P2FWorking)

Maya

… 'partnership working' is a buzz word people like to use and … they don't actually do it … you're talking about the responsibility lies on the food companies, they are there to make money, so…We noticed that the products have become smaller not with less sugar or whatever inside. Like bars of chocolate and stuff. Let's make it smaller and it'll still remain the same way it is though. What kind of plan are they talking about… when the government is saying the responsibility will go on the people who provide the food? How will it work? Is it all of them? That to me is something they are cooking up that's just going to be a hodgepodge of rubbish

(P2FWorking)

A7.1.3 Irresponsible foodscapes

Parents described foodscapes that promote unhealthy eating and activities to children and adults. The words parents used imply the state and local state have control over the food outlets and retailers in communities. This section first illustrates the category of irresponsible foodscape and then its associated concept of the fast food outlets

Interviewer

Do you know there are higher levels of obesity in children now than there was before?

Samina

I do … not surprised … a lot more junk food now than there used to be … where I live, when you look around, it's all fast food, take-way, pizza, chips… Food is just one of the things you just (do). *People … eat and get on with what they need to do. No one puts time into food, t's just what's easier. And they make fast food easier.*

(P2FWorking)

The appearance of shops was associated with promoting good, and poor health.

Leyla

It's keeping the adults on their liquor, the kids on the sweets and takeaways for dinner. It's what we're seeing everyday so all we think about is sweets and drinks. It's like the betting shops. We've got so many betting shops… a lot more people are doing it… it's not good.

(P2FWorking)

Felecia (describing convenience store in wealthy area)

Now that looks pretty. Its looks like that would be more healthy….it looks like a little health food shop… it's not life threatening.

(P2FWorking)

Proliferation of fast food outlets in communities and near schools was a concern of all parent participants.

Liz

… area we're in, there's too many fast food, cheap food places for the kids. It's easier for them to get two pieces of chicken and chips for one ninety-nine and drink for two pounds fifty than it is to get a wrap that's healthy … have to go … Sainsbury's which is a bit of a walk … want to buy it when they get out of school … they're being put too close to schools. They need to be taught to eat healthy at a younger age and while they've got these fast food shops available they're not going to learn to eat healthy, even though the parents try … they all want to be like their friends.

(P2FWorking)

Fast food outlets

There was significant and widespread concern about advertising unhealthy foods to children and access through the growth of fast food outlets in deprived communities. Government was held responsible for making unhealthy foods available and affordable, and advertising to children.

Felecia

Government … I'd blame for making certain places available to children … affordable with their pocket money.

(P2FWorking)

Kerry

It's very difficult because the government show these advertising of McDonalds and every kind of food, junk food possible … talking about children, advertisements at them …once it's in their mind they'll ask for. Obviously, it's for the mother … to say 'no'.

(P2MWorking)

Andrea

With one breath, the government are blaming those outlets … with the next breath — because they make the money for the shops — they're allowing it to happen.

(P2FWorking)

In the context of life pressures, this mother contrasts the constraints on her love for cooking with easy access to fast foods. Felecia suggests government is consciously promoting 'quick foods'.

Felecia

They're not helping, I love cooking and find it better to cook at home than shop … when tired I go to shops, can't be bothered to cook. I like to cook stuff at home so I know what's going in. I see my kids growing up … fast foods popping up everywhere. And then they shut down and you find out it's for health and safety reasons. I feel the government is allowing all these shops to pop up a couple of yards away from each other, just to give you quick food. That doesn't help you …

(P2FWorking)

It is suggested that government, both local and national, is not regulating fast foods and food companies' regulation is weak. The local state was considered futile in allowing the proliferation of fast food outlets.

Khadra

On every corner, there is a chicken easy shop. They are cheap. I don't think that's very helpful. While children coming from school they buy French fries or chicken. No helpful, give license to every.

(P2FMiddle)

Liz

The council have responsibility to a certain degree for what they allow in an area … there's …. another take-away will soon be opened. It's what the councils allow business-wise into the local area,

(P2FWorking)

Schools

Parents considered schools, including as part of the community, to have a responsibility for feeding, and teaching nutrition to children. Whilst schools were 'led by government', parents experienced contrast in school food policies. These included charges for cookery classes, and extra curriculum healthy eating activities. Schools were considered by some not sufficiently supportive.

Andrea

I blame, slightly, the schools … they play a big part in this from an educational point of view … with the Jamie Oliver… schools … led by the government. Where schools are wrong …son's about to start school in September. He's allowed to take crisps in his packed lunch but my sister's school won't allow them to bring in crisps … only allow sandwiches, yogurts, and fruits. We've got the ultimate responsibility as parents so I'm blaming us completely. Schools are the focus as well … sad part is … lots of simple, cheap initiatives but without the support of the government … schools wanting to do it, are they going to do it? Probably not.

(P2FWorking)

Government cuts were associated with changing school practices. On the one hand children are taught to cook but on the other they now pay for ingredients, which is unaffordable for some.

Andrea

… government needs to … say this is a major crisis … more money has to be put into it. And at this time in this country they're not going to put money into that. All they're interested in is in turning around the economy … when I was at school we never had to pay for the cooking materials, but they do now … a lot of parents weren't paying … made them bring in ingredients. That's a sneaky way of doing it. Parents who weren't paying have to go out and buy the ingredients. And that's the clever way of doing this — because now if the child doesn't bring those ingredients in, they can't cook.

(P2FWorking)

A few parents suggested lack of trust in carrying out healthy eating policy and in the quality of school dinners.

Lena

… talk about food in school and say parents should see to it that their children eat properly … kind of in the law now. But … still left to what the kids want to do. Healthy stuff they don't want.

(P2FWorking)

Felecia

… school dinners are terrible. The variety is not good and I don't feel that how they cook it is good either. I took my kids off school dinners and put them on packed lunch because as least I know exactly what they're eating.

(P2FWorking)

Parents felt schools could be supportive in providing activities. This is not related to food policy although parents went on to say schools can help as part of the community in teaching local parents.

Liz
(To learn to cook) *In schools nowadays … have to join a club, if you can afford a club … all stems from what a community, a school, is doing to help.*

(P2FWorking)

On parent illustrated consideration for parents, for whom English is a second language, whose children are left without school meals due to challenges of completing forms

Felecia
School's ethnic minority … don't answer questions … because not sure of how things work … sent out a form in school that you had to fill out … whether you get benefits, help or anything …it's going to be compulsory … .to me as English born, living in the country all my life, understanding all the paperwork, I found it very confusing … think about other nations who not sure how UK works..

(P2FWorking)

Health professionals

There is a sense of ambivalence in these data towards responsibility of facilitators of policy. Health professionals were seen as experts, there to help, whilst not always actually being helpful. This feeling is in this context of verbatim around the NCMP. Anger is evident (see section 7.2 Stigma, policy representations and assumptions).

Bedria
… everything there to support you … if you're falling down…once you've fell down totally, once you've become obese, they say 'There is a problem'. Then the health professional comes in.

(P2FWorking)

Felecia
Health professionals …. unless the parent actually advises them … says I actually need help. But they are there if you need them.

(P2FWorking)

Andrea
'S*he's obese' … what sort of information is that for a parent? … letter say 'You're child's obese' … what are you going to do about it? Are you going to help me or …? It just feels a bit like that with the health professionals.*

(P2FWorking)

This narrative of a mother's journey through her child's life with health professionals stretching ten years expressed disconnect at many points in the health system.

Andrea
I don't blame health professional really … could do more … I first went to my GP when it was recognised that my daughter was overweight, when she was about three. I'd taken her to be weighed by health visitor and she said 'Get her out of that buggy and get her walking' … first piece of advice I had about her being slightly overweight … about five, — when she was really overweight — took her to see my GP … he went 'Send her to a dietitian!" We did that. Didn't really get a lot of out of that … escalated … because I'd been to the GP … they never seemed to say a lot. I never went back there. I made my own investigations. I don't really blame the health professionals but I think

they could do more … they're weighing all the children in school. You get a letter beforehand saying they're going to weigh them. My daughter when she was at primary school didn't want to be weighed. And I had to ring and speak to them and they didn't seem to take on board…. They just want to weigh you and say she's obese, or he's overweight'.

(P2FWorking)

The views and experiences of parents suggested government action as hindering rather than helping, across the remit of food policy related areas. Criticism was stronger in some areas than others for example, the growth in fast food outlets compared to school nutrition. The government was considered to collude with the food industry, the next section illustrates parents experience of food industry.

A7.1.4 Food industry responsibility

The food industry emerged as a category with associated concepts lack of moral responsibility with a focus on profit, not child health. There was a range of knowledge and experience that informed parents views. This included as consumers and as workers in food industry, catering and food factory. Most parents did not distinguish between what sector of the food industry did what but their conversation inferred the 'whole'. One dad distinguished between the food companies and supermarkets responsibilities. There was distrust of food companies. These data exhibit fatalism: the view "That is what food companies do".

Moral responsibility

Parent suggested moral conflicts with food companies between child health and profit, as illustrated by Yvonne:

They are advertising everything … people making money … don't care how much damage … childhood obesity is just people (making) *money. McDonalds don't care how much damage. They're making it cheaper … real food is expensive … fruit is expensive.*

(P2FWorking)

Some parents considered the supermarkets focus was on promoting high sugar and high fat foods to children and parents; through pricing such as the 'bogofs' and product placement. They manipulated parents through 'pester power'.

Maya

… fruits and vegetables…it's not … supermarket, buy one get one free. Why don't they do that with vegetables? They do that with lots of sweets and whatever else. Even in terms of the psychology of how they have the sweets at the counter … all aimed at the child… parent can say 'No' but then you have a screaming match … we have so much control, parents, when your children are growing. After that they get exposed at a very young age to other things as well.

(P2FWorking)

Syrita

They're a business … supply and demand. They can see that if a child wants this, and it's in line with their competitors, they're going to go for it and either make it that bit cheaper or that bit sweeter to entice the kids.

(P2FWorking)

One parent drew distinction between food companies and supermarkets with responsibility placed with the former:

Colin

Food companies are more responsible than supermarkets because they're producing stuff and know trans-fats and things are [unhealthy] *… use because they're cheap. I pay more for peanut butter that is only peanut and salt. But*

you're average peanut butter is full of palm oil and all sorts of other stuff that may be less good for us. But it makes it a cheaper product for them. There's responsibility there.

(P2MMiddle)

All about money

The issue of making money -profits was a strong concept, returned repeatedly to in the theme of 'whose responsibility'. This conversation is from a paired interview: Maya and Yvonne.

(P2FWorking)

Maya

But it is about money, it is about money

(P2FWorking)

Yvonne

It's making money, and that is it. Tesco or these big companies … Sainsbury. If they make the real food, the vegetable, the fruit, cheaper then people will be staying healthier

(P2FWorking)

Maya

We live in a consumer society

(P2FWorking)

The fatalism of the consumer society, and the incentive for profit behind business was repeated and

Syrita

… supermarkets and stuff, I don't think anything is really going to change because money … no one is going to stop money.

(P2FWorking)

Lena

… them selling what they're selling and that's what they're interested in. They're not interested in to set something right for the person. They would never tell people they're not doing that type of food, and what we have here is this, this. No they give them what they want. Just a business providing choice or making money – they don't care.

(P2FWorking)

This parent suggested a moral choice made by food companies, suggesting they understand the health issues but their business interest is primary.

Interviewer

Who do you think would have the best ideas for government?

Lena

Food professionals, parent … food company - if they're interested to make a big change. They know the right stuff but don't do (it)*, just do what they want to do.*

Interviewer

What do you mean 'Doing what they want to do'?

Lena

… food companies … know who's selling some really fatty stuff. They know the right stuff. But they're going with the fast, easy stuff …

Interviewer
In your mind, why would that happen?

Lena
… if people come buying it, they don't care … people eating. All they want is the money. They don't care. They're not going to tell people 'Don't buy it'. They're not interested in to set something right for the person.

(P2FWorking)

Distrust

Distrust of food company practices emerged through One parent had worked in a food factory and questioned if the food manufacturers processes.

Lena
I used to work … Orpington, a food factory, where they do lasagne, shepherd pie, mashed potato, sausages and gravy and whatever. They're doing shepherd's pie, lasagne ... all is fatty, fatty stuff … … I don't know if … they do it in a way that is healthy …

(P2FWorking)

This mum talked about the information she gained on the MEND project, and the disillusionment with retail process:

Andrea
… plain bran cereal, plain shredded wheat and Weetabix, plain again, were the only cereals that were good for you … rest were full of sugar … utter disgrace that those products are … being sold. It's an utter disgrace … [the supermarkets] *allowed to put two aisles of cereals then the cereal we should be eating would cover two small shelves* (laughs).

(P2FWorking)

Talking about the responsibility deals, Felecia echoed a common view that voluntarism does not work.

Felecia
… if was the law, a lot of companies wouldn't do it … until they get caught.

(P2FWorking)

A7.1.5 Media responsibility

The media were considered to interlinked with food companies and government, as these quotations illustrate:

Tina
…. and the media

(P2FWorking)

Bedria
…. the media. On TV they see the advertisements. Supermarket doesn't help neither … buy one get one free. Or it could be on sale … don't even have to need to buy it 'Oh it's on sale let me buy it'.

(P2FWorking)

Syrita
… supply and demand. If we're not asking for it then they wouldn't do it … media … freebies … advertisement. It's how much they can put towards it and they're putting a lot towards the advertisement of McDonald's and burgers … there's coupons in newspapers …

(P2FWorking)

Kerry

… stop advertising … on TV, especially McDonalds, KFC all that stuff … commercial where they say, don't cook, order something

(P2MWorking)

There were mixed views on whether the media played a helpful or unhelpful role through their food-related programmes. The celebrity chef was mentioned by one mother and considered to be unhelpful. These two dads followed the TV food shows, whilst the middle-class dad was critical the working class dad found them helpful. Mum did not comment on TV food shows.

Kerry

I don't drink juices anymore. I've got … educated with programmes on TV … ridiculous … thought orange juice is the best thing to give to your child, but it's the worst.

(P2MWorking)

Colin

The media … zillions of food programmes on telly …. saying 'It's easy to do healthy things'. I don't think they make it sound easy. …at the other end of the scale food is kind of this posh thing. It's not about making a healthy family meal. It's about making a piece of art (laughs). *That's not going to help people. You don't look at that and think 'Oh I'm going to make that fantastic looking meal'* (laughs) *because it's just too complicated and not realistic.*

(P2MMiddle)

A-Summary

Responsibility for childhood obesity and relevant actors were discussed intensively by parent participants. Parents themselves emerge as having 'ultimate responsibility'. However, government responsibility in allowing unhealthy foods in the local foodscape, and not controlling food companies was strongly identified. Food companies were described as responsible because their interests appear not for child health, but to make money. This included the processes of advertising, labelling and product placement. The concept 'all about money' was used to describe multiple actors – national and local government, and food industry. Some participants described media responsibility as aligned with the food industry and being like a 'radio': it is everywhere.

A7.2 Stigma, policy representations and assumptions

These interview data address research questions:

- How are parents represented in policy?
- What assumptions underlie policy?
- Is there disconnect between working class parents of children with obesity and the state?

These data are drawn from across all parent participant interviews, in particular from responses to open questions including 'ice breakers' about parental preferences for words to use during the interview that describe their child's body shape. Participants were asked to give one main reason why obesity in children is important to them; and whether government is helping or hindering. Three sub-themes develop that illustrate how weight stigma is a part of everyday life of families with obese children. Akin to stigma, two further sub-themes develop around representation and assumptions made of parents which are challenged by the experiences of many parent participants.

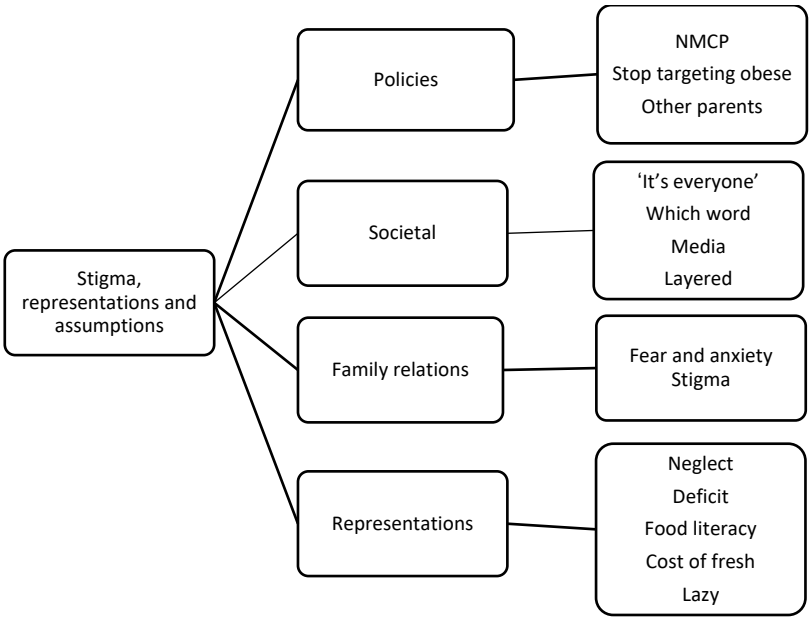


Figure A7.2. Theme of stigma, representations and assumptions with associated categories and concepts

A7.2.1 Stigmatising policies

Parent-participants described stigmatising processes of the National Child Measurement Programme (NCMP) and school's approach to obesity.

NCMP process

'The letter' was seen as instrumental in a stigmatising process that parent participants described as labelling children and parents with a problem whilst offering little help.

Khadra

*… they send a letter … parent that has an obese child … are shy (*ashamed) *… don't want to talk about it … child is shy and don't want to talk. … fat children don't want to talk … they lost hope. They lost confidence … don't trust what the authority can do for them, provide for them. They just waste our time and do nothing about it … they don't like … labelling, the family or the child, yeh. I know some parents, when they got the letter, they felt offended, 'Oh no. My child is not obese. Why are they sending me this letter?'… don't pinpoint every child unless worried about his health. Otherwise don't pinpoint him. Just give everyone the same advice, maybe.*

(P2FMiddle)

Maya

… from the school … the nurses … they go into the schools … weighed and measured them. I got a letter saying that he that he was overweight, obese or whatever. I've still got the letter … a shock for me … there wasn't a follow up. It was just left you know, like in space. You don't just write a letter home saying your child is obese. What's that mean?

(P2FWorking)

Some parent participants became aware of the stigmatising effect of the NMCP process as children ask not to be weighed at school. The process is described as a weighing and labelling exercise and not as a process of supporting parents and children.

Andrea

My daughter … at primary school didn't want to be weighed. I had to ring and speak to them but they didn't want to take on board.....They just want to weigh you and say she' obese or he's overweight or she's normal. What sort of information is that for a parent? To receive a letter and say you're child's obese. What are you going to do about it? Are you going to help me or …..

(P2FWorking)

Stop targeting obese children

Rather than target children, it is thought by parents that schools should adopt a universal health promoting approach.

Andrea

Maybe we're making too much of people being overweight? Just because you're thin doesn't mean you're health … when it comes to children … saying 'You're overweight so you're the one who's unhealthy!' …: let's stop focusing on young children just because they're overweight. Let's focus on the whole class.

(P2FWorking)

Stigmatising by parents

Frequently, participants describe other parents' negative perceptions of families who receive the NMCP letter. At the same time, parents concern for child is so strong that they may unknowingly restrict their diet in its nutritional balance.

Leyla

… hindering … even though they give you the letter there isn't advice on clinics to go to help, to guide parents … parents take it very seriously and could start malnutritioning the children …give them a lot less because of their thoughts and views on what other people would think … might be only slightly obese, but they take it very seriously and that could affect the child's overall wellbeing … having a health professional at the school so it's easier to have … advice … so you're not alarmed and worried about what you're going to do …

(P2FWorking)

Liz

I don't think its parents. I don't think it's the government. I think it's the other parents.

(P2FWorking)

A7.2.2 Societal stigma

Stigmatising was described as endemic. Weight stigma is described as being practiced by government, as well as through public interactions including parents and children, everyday words, the media and a double stigmatisation for parents on benefits.

Its everyone

Kerry

People who got … -obese children, are looked on that they don't look after their children. It's not just the government, it's everyone. … look at the parents and say 'Why haven't you tried to regulate him and reduce his weight? … tell him he can't have this and can't have that. Very important.

(P2MWorking)

Parents are concerned about stigmatisation by other children.

Tina

… children can be very cruel. They didn't hide, they say 'fat'. You call it obese, they say it. And you can't really stop a child saying that

(P2FWorking)

Which word

Further illustration of the depth of stigma in society is shown through responses parents give when asked which word they preferred to use during the interview. Four suggested 'obese' as they thought 'overweight' is a harsh word. Others chose to use overweight, puppy fat, podgy, chubby and chunky.

Liz

… obesity is horrible word and I don't think it should be used at all, male female, young old. It's a horrible word and it's got a stigma attached to it. Overweight is fine.

(P2FWorking)

Samina

I'd say 'chubb'..

(P2FWorking)

Felecia

With the children I say it's 'puppy fat' … children have a complex with it, so I say … to my daughter its puppy fat from which a puppy becomes an adult dog … just a baby thing until you get to adult … you will grow out of it. It's not forever. And that usually softens it. To say 'Oh you fat' and 'you're eating rubbish' doesn't help the confidence and self-esteem.

(P2FWorking)

Leyla

I like podgy … a good one.

(P2FWorking)

Media stigma

Stigmatising discourses of obesity were said to be common topics of everyday conversation, facilitated by the media.

Liz

'Obesity' is a horrible word…we were talking about this in work in the other day … people are classed as obese but they're not really obese. To me obese is this woman, in the paper, who gets paid a benefit to lose weight. Now that's wrong! It's her decision. So why should the tax payer pay for it? She's the one who's made the decision to get like that … should have her benefit stopped, not used for food on take ways and food deliveries.

(P2FWorking)

Bedria

We were talking about this this morning … child minder … Sweden … somewhere in Europe … sacked because he was too big. He couldn't tie the children's laces … is it his fault or classed as disabled? They were saying he can't

be classed as disabled. It's his fault he put on weight because if he was eating properly and taking care of himself, he wouldn't have become fat.

(P2FWorking)

Interviewer
So it's important because of the health issue?

Bedria
… it is … very important… there are many things that can go wrong ….

(P2FWorking)

Tina
….. breathing, walking, simple things

(P2FWorking)

Bedria
……. tying shoes

(P2FWorking)

Layered stigma - benefit and weight

As well as weight stigma, stigmatising of parents living on benefits was illustrated, thus parents with obese children were doubly stigmatised.

Lena
They like to stereotype … the government do like to stereotype families … talk about children have less education … will be fatter … will be poor … the police will have their records … I don't think that's right. I don't think people are the same.

Interviewer
Who are they talking about?

Lena
They target parents on benefits. Once they know you're on a particular benefit, that's it. They separate you into a little section.

(P2FWorking)

Time available was argued to be crucial in decisions about home cooking. This was further instanced through time restraints posed by work that parents on benefits don't suffer.

Liz
… looked at … twenty-five stop-at-home parents in this area, and twenty-five working parents … stop-at-home parents are healthier than working parents … aren't (free) *to cook home cooked meal. It's not necessarily class. You can be born rich and afford cooks to cook for you. Or you can be born poor … work your way into a job where you can afford to pay someone else to cook a meal for you. If I didn't have to work the hours I do, or my husband the hours he did, the kids would be eating healthily.*

(P2FWorking)

A7.2.3 Effect on family relationships

Parent participants shared their biographies of long family struggles in trying to support weight reduction in children.

These narratives contain anxiety, fear and panic that become part of the parent-child relationship.

Fear and anxiety across generations

Fear and anxiety about fatness is illustrated through parent participants' biographies. These feelings are intergenerational.

Maya

… I was born big. My frame is big. I'm a big person, okay. When I had my child that was my central focus. I didn't want him to be fat. I didn't want him to be big, … there was … this fear factor … every time I went to get him measured, I was so fully aware … he looked like a little round ball. The health visitor, she say to me "He's okay. He's fine. There's nothing wrong. You need to stop this". He didn't eat. He was completely breast fed all the time. For me it was kind of hard even to eat … major hurdle … sweets and fizzy drinks were a no-no … speaking to other parents - if you control this so much, when he gets to a certain age you don't have control. So much stimuli going around in your head…what's right and wrong? You don't want your child to be big for so many reasons apart from health reasons. Social reasons, child gets alienated. … no matter how much confidence you build in, if that child looks in the mirror and sees not wearing the same clothes as their friends or can't fit into something, then it is a major problem … it's like we don't have control.

(P2FWorking)

Maya received the NCMP letter and described how she then looked at her child differently. However, this African child grew tall and lean by age 14 years.

Maya

I will admit when I got it I thought "Uh oh!." I didn't see him as fat, okay. I saw him as okay. He was growing.

(P2FWorking)

Weight stigma is shown to impact on child self-esteem, and on the parent-child relationship.

Ferda

People make fun of her. She looks at her sisters because they're all slim and she wants to be that slim. I don't know how she really feels because she don't really talk to me. Sometimes when I tell her things she gets upset and it's not good … gets bad vibes so just leave her to see if she comes to ...

(P2FWorking)

Stigma within families

Body size stigma within the family was illustrated through the comparison of two daughters.

Interviewer

Do you think the government could halt obesity with what they're doing the moment?

Kerry

No. Something drastic needs to be done now … first child wouldn't eat anything as a child … grown up to be a real health freak. She doesn't eat anything bad. She knows when to stop eating before she goes to bed. She's exercising three, four times a week. And she is beautiful, slim, healthy … second child she is completely different. She will eat for England! She's probably not interested in appearance at the moment … hoping in a couple years she'll start looking at boys and think about her appearance … her intake with fatty foods, processed foods. Processed foods are the worst ever…

(P2MWorking)

A7.2.4 Representation and assumptions

Experience of parent participants illustrate they are judged as mistreating their children. This included language of child neglect.

Mistreatment and neglect

Samina

… people look at you … they blame the parents …. "Oh what are you doing to your child.' I have that happen a lot. It's not always what the child eats. There's genetics as well, at times. But people do judge a lot …

(P2FWorking)

Leyla

… when you get the letter of your child's measurements you assume it's the parents fault … parents are going to talk. People are going to talk and assume that the parents are obese as well. Or you know, neglecting the child. Don't care. Just feed it to shut it up.

(P2FWorking)

Obesity was described as disease and a health risk. It was suggested that parents put children at risk of disease.

Samina

They do say it's a disease … scary. I want my children to be healthier. I know it's dangerous for their health. It's a health risk.

(P2FWorking)

Leyla

(Reading Change4life poster) *… scary to think that nine out of ten kids under danger of the cancer, diabetes and the rest. Diabetes, that's a really bad one. I don't think people are aware it's really that high. They know there's a lot more obese children these days but … don't realise society is getting bigger … adults included. If parents eating that way and are not so health conscious … they're gonna to pass that onto their children.*

(P2FWorking)

Interviewer

If parents saw this (Change4life poster) *do you think…?*

Leyla

It would shock a few parents. Because I didn't know it was that high … most parents don't know it's that high. And it is scary … make you think twice about … more conscious about how you're feeding them … dentist (laughs) *' … how many snacks do you give a day?' Am I really giving them that much sugar!*

(P2FWorking)

The narrative of disease risk was contested by some parent participants, as illustrated below:

Leyla

(Looking at newspaper headline) *… why's it called an epidemic? I feel it's very wrong. A lot of children are certain sizes and have illnesses.*

(P2FWorking)

Parental deficit

Policy represents parents as lacking in food skills, which was not the perception of most parent participants, but was echoed by one middle class parent. Some parents suggest education is needed to understand food labelling.

Colin

… underlying message is … you need to follow what they recommend. I don't perceive a message that's saying 'it's your fault. You've got to do better'. They're trying to say 'here's how you should do better' … advising parents how to do better rather than saying it's their responsibility and their fault.

(P2MMiddle)

Interviewer

Would it be saying anything else?

Colin

That they're not understanding issues … they need more education. I've worked a lot in the community with poorer people who were living on benefits … it was hard to afford fresh fruits and vegetables … often lacked the skills to make a meal out of those ingredients … there's skill restraints and financial restraints in people taking a healthier route.

(P2MMiddle)

Truth in this representation was seen to be debateable. Most parents illustrated good food knowledge and talked about cooking. Some argued for educating parents. This focused on food labelling and trust in the quality of foods.

Andrea

… it's about educating the parents to ensure that they know what food companies (are doing) … *what government's doing in making sure that the food companies aren't producing bad quality foods. But if these people* (indicating 'parent' stimulus card) *aren't educated how would they know? Until ten years ago I didn't think anything of going out and buying a frozen curry or whatever. Now I know … we are getting educated. Things are better. But they still allow them to be made, don't they?*

(P2FWorking)

A-Summary

Obese children, and parents, feel and report stigmatising through policy and processes including NCMP. 'Other' children and parents' comments contribute to stigma, as do media coverage and everyday language. Media and societal stigmatising is extended through association with poor health and 'families on benefits'. Participants disclosed anger at stigmatising processes, and fear of disease damaging their children's' health. Stigma was said to negatively affect confidence and self-esteem.

A majority of parent participants described stigmatising processes of obesity in children. This occurs throughout society as exampled through the effect of state policies: schools targeting of the overweight child, NMCP and social marketing. Parent participants describe stigma to include perceptions that parents are 'malnutritioning' and mistreating their children.

Stereotyping of children with obesity and their parents extends to perceptions that some are lazy or not willing or able to learn to 'cook from scratch'.

Data under this theme show extended and powerful elements of the process of attaching stigma to obesity as experienced by both working class and middle class parents.

A7.3 Material conditions

This theme addressed the research aims:
Explore disconnects mediated by food-related obesity policy between the state and working class parents
Explore in the context of the social gradient the relevance of social class

And addresses, the following research questions:

- Given the social gradient in obesity in children in England, is social class a relevant lens?
- What are the views and experiences of policymakers, implementers and recipients?
- Is there disconnect between parents of children with obesity and the state?

The theme emerged from data provided across the interviews and particularly in response to the topic guide question: Higher levels of child overweight in deprived areas…does this make sense to you? What are your thoughts about this?
See Appendix D:Topic Guides and interview materials.

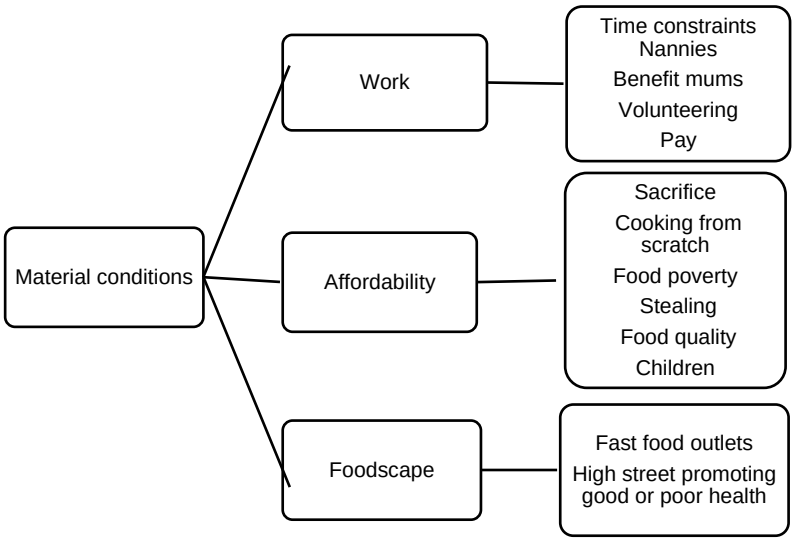


Figure A7.3 Theme material conditions with categories and concepts

A7.3.1 Work

The lack of time for parents to feed and spend time with children emerged as a strong category. Thirteen of these fifteen parents were in work when interviewed. There was great variety in the work patterns and conditions of pay. This ranged from fixed hours including shift work to unfixed zero- hour contracts and a community contract that included paid and unpaid hours. Of the other two, one was actively seeking work and one did not need to work and volunteered in her community. The time constraint for caregiving emerged by way of contrast with the bespoke care provided by nannies in families that can afford them, and feelings of resentment towards parents on benefits who stay at home to raise children. A mother who had stayed at home on benefits, acknowledged this was a choice to raise her children but she has also provided unpaid voluntary work in the community. Working parents also provided voluntary work in the community. The experience of these parents is expressed through the following concepts in Figure 7.3.

Time constraints

Parents explained how working hours affect child eating patterns. These data show the temporal context of working hours, which in the past suited caring for children. That contrasts with today's time-work patterns and child-eating.

Liz

… my mum used to work in a school, single parent 'cos my dad died when I was eight … finished at school at four. We'd have a proper cooked meal at six … lots of parents now who are working … cos of travelling time they don't get in 'til seven … kids with a child-minder and not his parents … child might eat with the child-minder and not the parents.

(P2FWorking)

Liz worked shifts and also had to work on 'designated rest days'. Her husband worked scheduled hours and over-time. She commented further on how her working hours and those of her husband impact on child eating:

Liz

it's a case of the hours. If I didn't have to work the hours that I do or my husband the hours he did the kids would be eating healthily

(P2FWorking)

Time constraints were argued to underpin food and parenting practices.

Liz

Nothing used to be open on Sunday … changed the trading law so you don't get family time most weekends … emphasis on family mealtimes has disappeared … fast food shops are making a killing … not … time to feed kids … try to teach them about healthy eating … favourite is fruit kebabs and vegetable kebabs. Put peppers mushrooms on the kebab and kids love that. But it's us who are doing it, who are volunteers … parents used to be able to do things with their kids because they had the time to do it. Whereas nowadays they haven't. Just haven't got time anymore - too busy working.

(P2FWorking)

Syrita, a lone mum working fulltime in administration, was interviewed after work at 6.00pm. She illustrated everyday constraints on parents through work hours and resultant challenges in prioritising the child's needs: feeding, homework, activity, sleep.

Syrita

… a couple of years ago, they mentioned he was overweight … not a concern for me as long as he is active … I'm limited in what I can do for him because when I finish …, he's going to do scouts, so he's doing an activity, but I haven't fed him yet. So when he comes home he's going to be hungry and I can't let him go to bed with an empty stomach

(P2FWorking)

And later, talking about the NCMP letter, Syrita sees the only option to for her is to stop work, for which she explained pros and cons based on child needs.

… my child is overweight … what can I do? There's nothing I can do unless I stop working. If I stop working I won't have the money to help … his weight may be lessened because I'll budget and prepare his food and he'll get to eat at the right times.

(P2FWorking)

The advantages of staying at work included her son understanding the work ethic through his mother setting the example. And Syrita, explained how working hours' pressures lead to eating convenience foods. This is necessity to ensure the child eats something before bedtime.

I'm struggling because I need my son to see that I'm not just sitting there. You need to get up and go to work, to do something … first started school he wasn't overweight because I took redundancy for about a year and half. I wasn't working. I was going to college but it didn't impact … when he finished school he was able to eat by four thirty, and by seven … hot chocolate or warm drink to take to bed … since I've started working I simply don't have the time … sometimes I have to go to the convenience to get him fast food so I know he's eaten. Sometimes he will have tea and toast and that's all he will have … can't eat too much before he goes to bed.

(P2FWorking)

Later, Syrita explained how homework fits into their short evening routine.

Syrita

… work hours … impacts as it's hard to get a child active when you've finished a full day's work … when you get home we don't eat until after seven, seven thirty. We get home around six. Within that hour and half I need to make sure he's doing his homework … there's other things I need to address before he eats … neglect him from his homework and make him do physical activities then his homework will suffer … pros and cons. Weekends I've got no time because it's hard to commute because I'm not driving … working Saturday … can't take him to an activity … don't have the support to do that. So working hours does impact with regards to healthier lifestyle for him because we don't simply have the time.

(P2FWorking)

Nannies

The lack of time to prepare healthy meals, was contrasted by a few mothers, with middle class homes and employment of nannies. Leyla, a childcare worker with three children, referenced time and financial stresses that lead to 'quick fix' of cheap calorie sources.

Leyla

They can afford to go out and buy these organics, healthy foods… have nannies that prepare the dinners before they get in … told the nanny 'make sure you feed them healthily.' But when you're thinking every day what am I going to cook them? Your money's running low. You've got stresses about bills and everything else. The last thing on your mind is 'what's the healthy option? You can't afford to buy the healthy stuff so you're just going to go for the quick fix.

(P2FWorking)

Liz, echoed the help a nanny provides to parents that enable them to eat with the children.

Liz

Parents working all hours, whereas somewhere like Blackheath they can afford to employ nannies who do the shopping, do the meal. So when they get in they sit down with the children and they eat.

(P2FWorking)

In contrast Khadra, a middle-class mother, differentiates her situation from 'the rich' who have twenty-four hour house servants.

Khadra

… some people here have servants in the house twenty-four hours. All what they worry about cooking and taking the children for sports … if you don't have money to have a servant, if you don't have money to buy organic… if you have money you have more options.

(P2FMiddle)

Benefit mums

Liz commented on parents at the other end of the financial scale: parents on benefits or 'stop at home parents'. She argued that time, more than money, is important in feeding children healthily. She suggested working parents are at a disadvantage in being denied time with children. This idea of poorest families being able to provide healthier meals is an issue which was debated in several interviews.

Liz

It's what you can afford. Social Class has got nothing to do with it. There are people on benefits in this area who've got a good quality of life with their kids because they are at home and are able to cook. I think it's more the working parents that are suffering and the kids of working parents who are suffering than the stop at home parents.

(P2FWorking)

Change in working hours to enable parents to support healthy child eating habits was advocated.

Liz

Parents on benefits get their nails done once a week. I had it done back in June. I haven't got the money to do that every week. … working parent needs … break to be able to feed their kids properly, or they need to speak to lawyers to sort out hours

(P2FWorking)

With contrast and similarity, Felicia, a mother of two, raised her children on benefits and worked as school volunteer. She was aware of criticism in media and amongst her peers of 'parents on benefits' and argued for more jobs, and more flexible hours to enable mums to feed and care for children.

Felecia

… when you're on benefits, they feel you squander it. You've got a roof over your head, paying your bills, doing your shopping feeding your family as best you can. It's not life-changing money you're getting, its money just to live … stereotype people who are on benefits, not worthy … very unfair, because sometime is not your fault, certain circumstance. You want women to have children and go back to work. Who's going to raise their children? Then why should you have them? Why should you pay other people to raise your children? That doesn't make sense. I decided that I was going to raise my children. Yes, I was on benefits. I raised my children and now I'm doing my sixteen hours work because I still mean to be available for my children. I don't want my children to go childcare and the government helps me pay for it. Why? I don't need them to do that. I will do my bit and look after my children because I had them, you see.

(P2FWorking)

Volunteer hours

Many of the parent participants worked as volunteers. This included Liz, a bus driver. She teaches children to cook because their own parents do not do this due to working hours.

Felecia, also, worked as volunteer in a local school.

Felecia

I do voluntary in (name) *School. I did it full-on for the last five years when pregnant for last boy. I did voluntary fund raising in the school. But I've stopped for now because of the government benefit cap*

(P2FWorking)

Pay

Maya is a lone mother, on benefits, working sixteen hours on national minimum wage. Whilst talking about her health and not being able to go the gym, she then reflected on challenges imposed on her of additional unpaid 'voluntary' hours she is contracted to do.

Maya
Can't go off-peak because I'm working … get minimum wage and I'm working from ten to six, with additional hours I'm not getting paid for … How does that work!

(P2FWorking)

Lena is a lone mother working in adult social care. She supports an adult with disabilities, including cooking breakfast and evening meals, in effect a split shift. She tries to organise her home cooking within this pattern of working hours.

Lena
… if you're working … difficult to come home, working and cook … some when come home have to cook … children having dinner after bed time. That's not healthy … cook food beforehand, leave it to cool and … in the fridge, if you can't cook it fresh. You make it early and in the fridge and you keep going like that. Keep adding something to that, you understand. When they come they look for food … sandwiches, toast, fruit juice … noodle . Can't every evening look for beef, chicken, prawns and crab.

(P2FWorking)

And Lena described the nature of her work. It is hard and low paid.

… working lots of hours and the income! … caring … government should help because we're doing a big job . Some people can't walk, you have to help them, turn them … very hard job. It's like you're looking after a baby. You should get more pay for it, it's very, very low.

(P2FWorking)

A7.3.2 Affordability

Financial struggle and food poverty were strong themes for parents in work or on benefits. The middle-class parents sympathised with parents living on low incomes or in deprivation. They have boundaries on what they deem to be affordable food. There were contrasting views on whether or not it is cheaper for parents to cook from scratch than buy fast, or convenience foods.

Parental sacrifice

Yvonne, a lone mother, mother of three and foster carer, described the financial struggle and juggling in buying shoes, foods and paying for after school activities.

Yvonne
… to put food on the table, the day I'm buying shoes I wouldn't do (food) *shopping. I would cook vegetables. I never knew that vegetables stew is healthy but … that was how I brought up. We don't have no meat we don't have no fish, we're going to cook vegetables stew. I never knew when I came to Britain it was healthy, that you had to go off from meat … I'd say no meat, no fish we're going to cook vegetable stew and I used to give them vegetable because I bought for them shoes. I'm doing the karate, I take them karate. I have to cut off a lot. When a child*

grows up .., their needs grow up… I shouldn't have to … had to drop them from the karate. I have to because I couldn't afford …

(P2FWorking)

Ferda pointed out that parents, herself included, know what they should do around food but can't when faced with her own financial struggles and those of her community.

Ferda

The parents have to have control. I know they can't have control the whole twenty-four hours but don't give them pocket money to get that kind of stuff, and give a proper meal at home. But then there's other circumstances where you might not have no food in …

(P2FWorking)

Interviewer

Could you explain a little bit more about that?

Ferda

… have money then run out … paid the bills and they haven't got enough for shopping. I've been in that situation and I know it's very difficult. I pay all my bills first and then whatever's left will go to shopping. Some days I don't have nothing and I find it difficult. If it was just myself that would be fine but when you got kids, they want all the time … with me, is always the kids, first, I will go without,

(P2FWorking)

And later she returned to financial difficulties facing parents.

Interviewer

Would there be much difference in what parents do in terms of feeding their children in poorer and richer communities?

Ferda

They probably try their best but that comes down to the situation they're in … haven't got, they just have to deal with it as they go along. It's very difficult these days keeping up, stocking up for your children food wise. Everything is just money, money … paying out all the time. If you don't work, it's even worser.

(P2FWorking)

Cooking from scratch

These data include debates on whether cooking from scratch is more expensive than ready-made meals. 'Cooked' has meanings from oven-cooked foods such as processed nuggets or chips, through pre-cooked prepared meals to be reheated, to takeaways, which were said to be cheaper options taking other factors into account, for example, family size. Parents were criticised for being lazy in not cooking from scratch (see 7.2 Stigma, policy representations and assumptions).

Andrea linked the social gradient in childhood obesity with cost and quality of cheap processed and ready-made meals. Later she said these foods are more cost effective than cooking from scratch.

Andrea

… example I used of the women in Iceland in front of me, she's fed her family for less than thirty-five pounds. She's giving them a dessert; she's given them a dinner. Hasn't given them burger and chips either … giving …, chicken hotpot, seems fairly healthy … I fed my children chicken hotpot last night you think oh she's done well (laughs). *If … bought it from Iceland you'd know different … we know if food companies put good quality foods into that chicken hotpot they wouldn't be able to make it for three pounds.*

(P2FWorking)

Andrea returned to the view that cooking from scratch is not cheap.

Andrea
I struggle and we've got three people working so I've got sympathy for parents that are living in those situations. And people come along and say 'make a healthy a stir-fry'.. It's not cheap to make a heathy stir fry, is it? And someone needs to recognise that…it's got to be the government.

(P2FWorking)

She empathised with parents on benefits and the challenges in cooking from scratch.

Andrea
… one big circle: parent on benefit and not being able to spend X amount of money and ultimately you have to feed them. If I was really, really, hard up, what is the cheapest food to go and feed my kids? I could tell you right now I'd go a bag of chips from Iceland and probably something like a cheap pizza? You could probably feed four of them for two quid.

(P2FWorking)

Leyla, a child care worker, echoed Andrea's views from her own and her friends' experience.

Leyla
The butchers' supermarkets cost a lot more. You're buying these little quantities of meat and whatever else and it costs so much money. So you're thinking I can't afford to buy a proper meal for the kids and I can't make it stretch everyday so you're having three days chicken and chips. You can buy chicken and chips for one pound and a lot of people feed their kids and maybe two days out of the week. They'll cook Sundays or whatever, and they're buying it from there.

(P2FWorking)

Leyla differentiates cooking from reheating foods, saying ability to cook is not a priority as ready-made meals are more cost effective. In that context, She talks about the 'hassle of cooking'.

Leyla
These days there are a lot more people who can't cook (laughs). *I've got a lot of friends who do oven foods, prepared meals and takeaways. It is about what's available. If they could afford to buy these things they probably would … it's easier to bung things in the oven … why go to the hassle of making a meal and preparing it when it's cost all this money. Even making lasagne, you can buy a lasagne cheaper than make it fresh … it is a cost thing.*

(P2FWorking)

Syrita, a lone mother and administrative worker suggested family size is a consideration.

Syrita
It's just there for convenience. Most people in that area are big families … convenience … much easier and cheaper to get food from these places.

(P2FWorking)

Food Poverty

Syrita tries to cook from scratch but is limited by money and time available to her.

Syrita

If you've got more money, you can buy the stuff … have the chance to make fresh from scratch … make chicken nugget fresh … doesn't contain bad stuff from processed or fast foods. When you're poor you don't have a chance. You're on a budget… have to weigh up value for money.

Syrita makes efforts to cook, and illustrated that mostly, for her, there is no choice and the expensive fresh food choice leads to parental sacrifice.

Syrita

*There is no choice **…** today I thought 'lets pick up something to eat' … easier to buy Kentucky chicken from Iceland or some nuggets, chips that would have cost, two pounds fifty. I spent five pounds buying salads and chicken I can barbeque or roast myself. The choice was spend five pounds and the two ponds fifty would last longer. But I thought no, I feel no, I want salad so I have to sacrifice.*

(P2FWorking)

In contrast some parents felt that healthy eating can be cheap. They suggested laziness or lack of skills stop parents cooking with fresh foods.

Kerry

How could they afford to eat fast foods when they haven't got the money … where do they get the money from? It's easier to go to a supermarket pick up some vegetables, a bit of pasta, potatoes, peel that, boil that. You don't have to be rich… to eat good things … I think it's due to laziness. Some parents are very lazy, you know.

(P2FWorking)

Colin, a health professional living in a middle-class area, suggested from his own family experience, that knowledge around food choices is the determining factor.

Colin

I was small … dad was out of work … mum had very little money. They could make a pound of mince go a long way. Or eight sausages last a good few meals for a family of six.

(P2MMiddle)

Colin empathised with lack of money and skills that he sees as barriers to healthy lifestyles.

Colin

… food that is cheap is often unhealthy and that it links to lots of thing … Iceland … buy a whole meal there for a pound but not full of many good things (laughs). *I've worked in community … poorer people living on benefits … hard to afford fresh fruits and vegetables … lacked skills to make a meal of those ingredients … there's skill restraints and financial restraints in people taking healthier route.*

(P2MMiddle)

Parent participants illustrate their general financial constraints, talking about being unable to afford to drive, and cost of taxes including the TV license. The government are said to be ignorant of the realities of food choices for working class mums.

Stealing

In relation to food poverty participants suggested people are no longer likely to steal clothes, but food.

Yvonne

People are stealing…Government makes people go to the bank food … government has to think properly. If the Prime Minster doesn't know, let a poor man, working class, be Prime Minster because they never go on the poverty life. They have been there all their life, they never suffer. They use transport and car was bringing them. They're used to people working for them. They went to private school … never live our life … taxes on (un)*healthy food, how can people afford to buy. Starvation which happened in Africa can happen in Britain. I have seen people in the market stealing food, … stealing cheese … shame on Britain.*

(P2FWorking)

Maya

Older people haver bag ... they just put it in their bags.

(P2FWorking)

Yvonne

… we're seeing it, people stealing. I've seen a woman stealing food. They catch them. People don't steal clothes any more as much as they steal food

Food quality

Affordability was said to be about having the income to buy foods of good nutritional quality, or not, exemplified by food shops described as 'life-threatening'. Food quality was talked about in graphic terms such as 'half-rotten' or 'muck' or 'after sell-by date'.

Lena talked about poor food quality and what food purchasing should be like.

Lena

… half rotten stuff. I don't know who is buying it. You want a proper food shop so don't have to go to the market all the time … vegetables and pak-choi and cabbage without going to the market.

(P2FWorking)

Breakfast cereals are seen as low nutritional quality foods.

Andrea

… it's not healthy at all … better off with two slices of brown toast … than giving them all that muck and that high sugar rush before school.

(P2FWorking)

Luxury items include lamb and fish.

Felecia

Meat, I'd say luxury … leg of lamb, chops … it depends where you're buying it from.

(P2FWorking)

Maya

… people who have more money … buy more quality cuts. If … eat meat, I'd eat organic. If you can't, … to Deptford market … a van brings pork chops. It's going to be cheaper. You get a pack of this for x amount, then Tesco's and getting a leg of organic lamb for £25. What's going to happen?

(P2FWorking)

Leyla

… not a lot of people cook meat and fish every day because they can't afford it. I'd bring down prices.

(P2FWorking)

Access to good quality foods was suggested as a structural feature of certain areas.

Andrea

They're never going to be able to sell that here … new butchers opened … import from Holland .. chop it all up in the shop next door and give it all out to the takeaways … cut price meats. That's what you're going to see here because that's what they know people can afford.

(P2FWorking)

Children

Parents illustrated the effect of affordability on children. Here it is generalised to the 'surroundings' of living in deprived, or wealthy areas. Yvonne also associated affordability with social class.

Yvonne

It was all surrounding you. Group of young people, beautiful children, who have activity, 'Oh we're going camping'. The way they look! The way they dress! Then you come to Deptford you see big, skinny, big, skinny, big…There's nothing. And social class play every role in our life. You have, you can afford. You don't have you can't afford.

(P2FWorking)

A7.3.3 Foodscape

Critical verbatims developed showing a blighted food environment that constrains health. Parent's comments are prompted. Photographic stimulus material of poor and wealthy local high streets was used in each interview, see Appendix D: Field materials, Topic Guide.

Fast food outlets near schools

Proliferation of fast food shops and access for children was a strong theme.

Bedria

(P2FWorking)

(Indicates photo: deprived high street) … i*t's a take-away … if it wasn't there they wouldn't go there…*

(P2FWorking)

Tina

You can teach the children that they don't have to have takeaway all the time.

(P2FWorking)

Bedria

Yes I know you can teach them, but … children from Addey and Stanhope … always have chicken and chips. If you have chicken and chips on your way, then children are going to go and by it. My older daughter is at Bacons (college). *What they have near, Sainsbury. So … whatever is in Sainsbury's they are going to buy …*

(P2FWorking)

Tina

… it depends on the area … a lot of fish and chips, even in Deptford Park.

Bedria

Chicken and chips, fish and chips. You've got Chinese on the way. You've got all of them! If they see it, they're gonna buy it! At that time, parents are not there … saying 'you shouldn't eat that'. … same on the bus … lots of children with chicken and chips

(P2FWorking)

Liz

… the area we're in, there's too many fast food places for the kids … easier for them to get two pieces of chicken and chips for one ninety-nine and drink for two-fifty than it is to get a wrap that's healthy … have to go into Sainsbury's which is a bit of a walk … want to buy it when they get out of school. They're being put too close to schools.

(P2FWorking)

Kerry reinforced that parents often would be unaware of after-school eating.

… don't know what children are doing when they leave school. I've seen my daughter, when I'm driving the bus … asked 'How did you get on today? Did you have anything to eat?' 'No.' So she's fibbed already … she's been in the chicken and chip shop …

High streets promoting health vs. high streets promoting poor health

Parent participants described the appearance of shops and high streets as promoting health and home cooking, or as detrimental to health and wellbeing.

Looking at the shops, including a supermarket, in a wealthier area, Felecia described this foodscape as 'not life threatening'.

Felecia

… that looks pretty … like something that would be … healthy. Maybe it's just the design of it: looks like a little health food shop … it's not life threatening

(P2FWorking)

Lena

Shepherds Food, I thought it was restaurant…it don't look a supermarket.

(P2FWorking)

The presence of shops selling fresh food inspires ideas of cooking from fresh.

Interviewer

And that's what you can buy in the butchers (indicates photo: butcher)

Felecia

Very good … all of that is cooking from fresh. It's not from the added rubbish, you're cooking straight from home.

(P2FWorking)

Ferda

Looks healthier … decoration of the shop looks healthy … butchers more like the olden days … one up Tanners Hill that's still goin … make own pies. I don't know if it's still healthy 'cause things they put in it … prefer to buy ready-made than get it from supermarket, or making it yourself.

(P2FWorking)

The association of 'higher class area' with well-being was echoed by Colin, health professional, who adds emphasis on individual responsibility.

Colin

… convenience store … you'll end up paying more for your food … next to sweet shops, takeaways. It's easy access to less healthy things … lower end of nice place to live scale (laughs). *Lliving in a place that's not very pleasant doesn't mean that you have to be unhealthy. It might affect your motivation and mood …*

(P2MMiddle)

In contrast, commenting on shops in a poorer area, Leyla noticed promotion of alcohol and argued that local foodscape affects wellbeing and health.

Leyla

… take-away shops … with sweet shops … Morley and Pizza, and Co-op. Rather than put healthy foods on screen we've got cleaning products. Why has it always got to be alcohol?

(P2FWorking)

Interviewer

What would it mean to people in these areas?

Leyla

… would make such a difference because if you're' surrounded … constantly in your mind, you see it every day, you're not going to think of everything else. You're constantly going to think 'Oh I'll have that for dinner tonight'. You're going to fancy it … bad for you but it tastes good. Iif it's around you all the time you're going to eat it. The only shop that sells decent food is the Co-op, and they're not advertising that so it's a losing battle … higher class area like Blackheath you don't have takeaway shops like this all around you. It's … where you have healthy foods … it's all fresh made foods. Even their sweet shops don't advertise sweets. Liquor shops don't advertise all those things. It's about foods, living healthy, enjoying life. Not kill yourself through these take-away places.

(P2FWorking)

The promotion of alcohol in poor areas was a significant concern to many parents alongside concern of food quality, as illustrated below.

Khadra

… can buy any bottle of alcohol…that encourages children … any class any age, they copy each other … alcohol is not restricted … what is the minimum age, sixteen or eighteen.

(P2FWorking)

Lena

Everywhere is fattening food shop. Morley, pizza, kebab house everywhere.

(P2FWorking)

Interviewer

You mentioned the Co-op at Downham and I photographed what was on the walls

Lena

Is that a bit of fruit there? But still fattening stuff, and liquor

(P2FWorking)

Samina talked about differences in relation to food quality.

Samina

I*t doesn't look as nice or as well presented… the food is cheap…*

(P2FWorking)

Talking about fast food outlets Samina suggested they are pervasive in contrast with the need for healthy options such as salad bars.

Samina

They're surrounding … where I live … it's all fast food, take-way pizza, chips, so it's kind of just easier … people want to eat and get on with what they need to do. No one puts time into food, so it's just what's easier, and they make fast food easier. They should make salad bars, but they don't

(P2FWorking)

Maya

They need to monitor all these take-way places ... Morley's… Deptford High Street and market … all the stupid, rubbish take-away places with all the one pound shops and all the betting shops. They dump those kinds of things in our area because they see it as deprived and they think the people who live there don't matter.

(P2FWorking)

A-Summary

Material conditions, including - and largely underpinned by - work patterns and pay, developed within these data as key issues for parents of children with obesity. Conditions of work, particularly hours and time patterns, were suggested to have changed over time. Conditions of work, income and local environments were described as constraints on working class parents' capacity to feed and care for children in ways they see as optimal. It was suggested they want to spend time caring and raising their children. They contrasted constraints on their practices with those of middle classes, who may have for example, nannies. Children were characterised as 'big or skinny' and compared to 'beautiful children' in richer areas.

Quality of foods in areas of deprivation was contrasted with unaffordable 'luxury items' such as meats and organic produce. Some describe foodcapes in deprived areas as 'life threatening' compared to 'pretty' shops inspiring good health in wealthier areas.

A7.4 Lived experience of class

This section provides data addressing the research question:

- Given the social gradient in childhood obesity in England is social class a relevant lens?

As policy recipients, the 'lived experience' of working class parents emerged as the foundation to the interviews.

The data was provided in response to the question about whether it made sense to parents, that deprived areas have higher levels of child overweight, and whether social class mattered. Photographic prompts of foodscapes in deprived and affluent areas were used. This theme emerged through the categories and sub-categories presented in figure 7.7.x

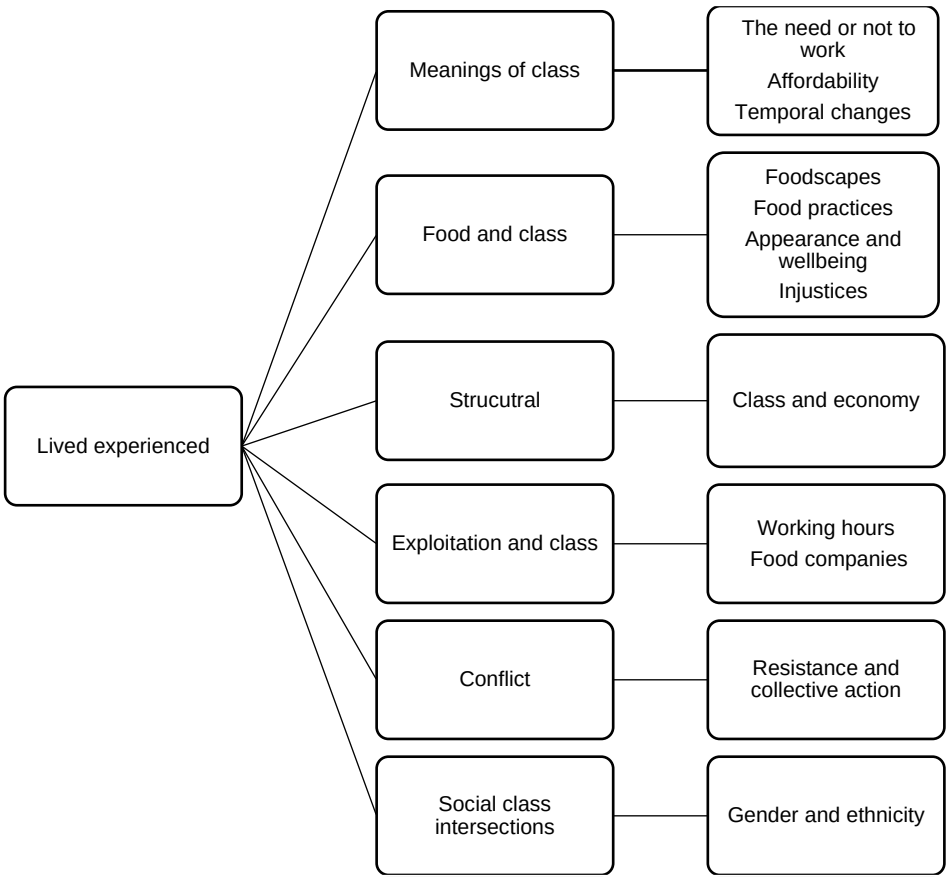


Figure A7.4 Theme lived experience of class with categories and concepts

A7.4.1 Meanings of class

Similar to the policymakers and implementers, class appeared not to be a commonly used concept. It was present under the surface as illustrated through the findings presented here. As policy recipients, parents' 'lived experience of class' emerged as core theme of the interview data.

Firstly, this section will provide an illustration of the seeming removal, of the working class as a concept of collectivity. It presents data that shows the concept remains although sometimes distant, scattered in meaning or avoided. It is expressed through the need to work, temporal changes and with differences in priority given to class or money and consumerism, articulated by affordability.

'*What is social class'*? was asked by Samina, a lone mother, living on benefits, twenty-three years old with two children, one extremely overweight and one not overweight. She then provided her own understanding that suggested the division between middle and working class was unclear. Samina uses photographs (Appendix D) in talking about food and class.

Interviewer
Do you think about social class, when you think about money or food, or these two areas? (Indicates photos: high streets)

Samina
What's social class?

(P2FWorking)

Interviewer
(Indicates photos: royal family and council estate) *Does that mean anything to you?*

Samina

Yeh, they (indicates photo: royal family*) look like the French bakery and they (*indicates photo: council estate) *look like chicken and chips … other area looks like it's lower class...is it lower class? Middle class? I can't remember what it's called …there's working class and then…*

(P2FWorking)

Interviewer

So, what do you mean by working class?

Samina

I don't know. Probably like you, a working class…isn't that in the middle? And then there's the (indicates photo: council estate)

(P2FWorking)

Samina's judgement that I was working class appeared to be based on being employed. Confusion and contrasting views on class boundaries were held by others, particularly in relation to work and a benefit class.

A7.4.2 The need or not to work

For most parents, to be working class meant your life circumstance leaves you no choice but to work. Some parents viewed that as most people work, then most are working class.

Andrea

I'm working class. Most people are working class. I was born in a council house … parents dished up a healthy meal every day. What makes me any different to the people who are living in another…different [area] …

As she later explains the difference for her is the need to work:

It's funny this subject on class … I talk with people who are just working class people … live in Bexley and done alright for themselves, and like to think of themselves as middle class. And I think they're still working class … how can you say you're middle class when … have to work. So, I'm a little confused about what … class system these people think they are actually in?

(P2FWorking)

Similarly, Leyla's meanings of 'lower' to 'higher class' were graded by whether or not parents work, and level of poverty or inomce.

Leyla

Lower class would be parents on benefit's who have a few children … single parent would be worse off … a two-parent family who both work would be a class higher

(P2FWorking)

Bedria and Tina discussed social class structure. They focused on middle and working classes, as those who need to work. The conversation ends as Bedria suggests there are deserving and undeserving benefit recipients, and a new 'benefits' class should be introduced.

Bedria

It's still same … got high class, then middle class, the working ones…

. (P2FWorking)

Tina

We don't have middle class …

(P2FWorking)

Bedria

We do

(P2FWorking)

Tina

I thought it was higher class and lower class, and that's it.

(P2FWorking)

Bedria

No. We do have middle class. And then it's very lower class, the ones on totally, totally, benefit and they don't do anything. (Indicates photo: John Cleese sketch) *They work the hardest [middle] and this is just rich people … aristocracy, the ones who go to Ascot and all that stuff without working…I think you should add the ones on the benefit. Because you got working-working ones [middle], the bankers [upper]… Then you got high street [working] and then you got the ones on the benefit.*

(P2FWorking)

Interviewer

And the benefits class would be somewhere else? If they're not part of a working class?

Bedria

I can't classify them as a working class. Maybe they classify themselves as working class. If you're just on the benefit and you don't know any better. I'm not talking about the pensioners who worked their time and everything, and I'm not talking about the maternity leave people either.

(P2FWorking)

Other participants saw 'working class' and 'lower class' as having the same meaning. Those receiving state benefits were part of, not separate from, a working class.

Andrea

I see myself as a working-class person. Poorer areas are working class areas, or people who are out [*of work*] *…unemployed.*

(P2FWorking)

Syrita

Working class, working and lower class, same thing. I am working … and getting help. So, feel like I'm lower class too.

(P2FWorking)

Interviewer

What about the middle class?

Syrita

Not affected. They're still the same. But working class has been brought down to the lower class. Middle class are financially stable.

(P2FWorking)

Syrita suggested the precarious nature of contemporary life and how middle class families can fall into the lower classes. She concludes that everyone should have work.

Syrita

Everyone should have [*work*] *because no one knows what the future may hold … anything could happen … end up here* (indicates photo: Downham, deprived area). *If they have no skills, they're going to start a cycle of convenience foods for the kids.*

(P2FWorking)

Others suggested a meritocratic view.

Liz
It's not social class, if someone's worked their way and can live in Blackheath … they've got money to pay someone [to cook]…

(P2FWorking)

The middle classes were seen by some as those who do not need to work.

Leyla
I get a bit confused about middle class … you've got working class … the lower end … middle class … the ones that don't need to work, who've got more money.

(P2FWorking)

Andrea
I don't know what middle class is. Do you know anyone who is? Do you know what it means?

… how can you think you're middle class when you're going out to work … struggling to find out who is middle class. My vision … middle class … people who are very well off and don't have to go out to work.

(P2FWorking)

So, for working class mothers, the meaning of middle class has been illustrated as having to work, to struggle financially and having access to resources. This was repeated by a middle-class mother, full-time homemaker, Khadra:

Interviewer
So how do you see your social class?

Khadra
… middle class…. not struggling for money … I am not living luxury … don't have a luxury car. We have two cars … not that rich that I can do whatever I want, and put my children in private school.

(P2FMiddle)

Khadra characterised the higher class as those with servants, and strong healthy children. As provided earlier other parents identified a higher class, as an aristocracy.

Khadra
… live in huge houses in Chislehurst … have servants … no problem with obesity … have strong child — not thin. I have not seen any child that is obese in that area at all. Maybe something to do with class …

(P2FMiddle)

There was association with class as a descriptor of standards.

Ferda
… food, anything really…even when you go on a plane you've got first class, second class …

(P2FWorking)

Liz
That (indicates photo, Blackheath) *looks more like upper. You know, more of a higher standard than The Blue* (Bermondsey).

(P2FWorking)

7.4.3 Affordability

Affordability was a strong theme. It was a contested notion between the ability to pay for good quality food, and how personal choice ties in with social class.

Andrea

… we'd all like to work and buy these products but unfortunately we can't all afford them. That's just the way it is. I chose not to work full time. We chose as a family to go without so I can spend time with my children, and that's how we chose to live.

(P2FWorking)

It was argued that affordability is the prime determinant of food choice, and not social class or lack of food skills.

Andrea

… it's not about class, it's about affordability. It doesn't matter who you are, if you've got the money to do it … people might argue that parents on low incomes can shop better. I argue, however much I try to shop better, it's still quite hard to produce something from scratch cheaply. Especially if you want to eat a half decent meal. That's difficult. Maybe you could look down more a vegetarian type meal. Maybe … quite difficult … it's about affordability.

(P2FWorking)

In contrast, money and affordability were linked with social class and food choice. Samina uses the photo prompts to talk about class and food. As with other parents interviewed, she identifies organic foods as the best and contrasts this with foods eaten by those she identified as working or lower class. Food wastage was an issue raised by other parents. Samina makes the additional point of purchasing foods falsely advertised as nourishing.

Samina

… it's just money … they're able to look after themselves (indicates photo: Royals) … *their appearance and everything …they eat the best food, organic things. You can tell they afford to look after themselves, they can afford those luxuries. Whereas they can't (*indicates photo: council estate). *They're used to it, eating what they eat. It tastes nice to them … the false advertising … might think it's healthy when they say 'real fruit extract, real fruit juice' … makes it sound okay. Like you're getting what you need when in reality you're not … money — and in different areas, and different classes of people — the ones with money are able to afford the good food … people don't have the money say 'let me try this''.*

(P2FWorking)

Yvonne

Social class has a great impact on childhood obesity. For example, my grandson or my daughter, two people in the family (who are obese*). I look after my grandson because father has not work and mother. Both are unemployed and looking for work … looking for work day and night… if these two people have a job they would make a difference to their child. They would send him swimming … when you have very low income, what is priority? To put food on the table or to do some other activities? They tell you lower social class is not good. Everything's up to money.*

(P2FWorking)

Leyla

… higher class … they don't have to consider … know they can go to the supermarket and pick up all the good things … don't have to worry what the cost will be when they get to the counter … not even give it a second thought that they might not have enough. Whereas if you're a struggling single parent and you're going to the tills, you need to really watch every penny. You're going to go for the value lines and less fresh food because you've got to save every penny

(P2FWorking)

It was suggested that determinants other than social class and affordability impact on child eating, specifically contemporary cultural factors associated with money: celebrity, the elevation of the importance of money, and consumer culture.

Maya
It (social class) *doesn't exist… that's not what I'm saying. Yes, people have disposable income more than others do, social class is still there. Back in the day it* (social class) *was more prevalent. Now you have people, money. It's all about money, it's all about consumerism … looking at the TV … celebrities. It's all about the celebrities. It's all about money. They're all aspiring* (to) *that level. If I made money then I'm going to be like this.*

(P2FWorking)

Interconnection between consumerism, money-culture and social class was illustrated by Maya and Yvonne's discussion. As with other parents interviewed, it contributes to a questioning of the basis of class and collective shared interests.

Maya
I'm not saying class doesn't exist. I'm just saying it's not as predominant as it used to be … times have changed. People have more disposable income than they did before, so people can play around.

(P2FWorking)

Interviewer
So, deprivation is about money not about class?

Maya
I think it's about money

(P2FWorking)

Yvonne
But money make class. Beckham (David Beckham, football star) *he used to live working class but he doesn't now. Its money. He's upper class. He's not going to live his old way of life.*

(P2FWorking)

Maya
I don't associate class and money. You can have class or be in social strata and not have money.

(P2FWorking)

In contrast, Colin, a middle-class dad, suggested class to be a system of principles and values and not about money.

…have enough money not to worry too much. Principles … working, doing the right thing…it's a value system … class. It's not very clear what people mean compared to Victorian when very clear what people mean. People say 'very proud of class' … they mean education … very different … proud to be working class and a scholar. It's a complicated set of ideas. My value system fit in to that. We weren't rich but we went to university… don't know where that fit's in the scale. But now I think some of my parents values are quite narrow minded.

A7.4.4 Temporal changes

Temporal changes were described that suggested it is not social class or money that shapes family eating and childhood obesity but the squeezing of parental time and loss of skills. Colin, a middle-class dad reflected on his own upbringing:

It's complicated … my family … working class. Not a lot of money, mortgage and house … mum and dad cooked, quite normal to me … this generation don't necessarily have that. I'm thinking that a lot of this generation…don't

have the skills ….people like Jamie Oliver are trying to promote those skills again. I don't know where it's changed, but probably poorer people used to have those skills more …, managing on cheaper things, and not both parents working … now, if you're poor, you're … doing more paid work, not highly paid … less time parenting. … not about having less money because even if you have less money you can make the most of it if you've got the skills. It's the skills and knowledge and time that make the difference.

(P2MMiddle)

In contrast, Samina, a young mother, in struggling to make sense of her own situation, asked why are there no jobs and why people are left to survive on benefits and forgotten about? She identified generalised isolation and atomisation of those living in poverty as part of a temporal change. People no longer look after each other.

… lower class people are just left to get on with it. No one cares … survival … on benefits … don't make sense to me … there's no jobs and everyone just left to live off benefits, sixty pounds a week … not enough to look after yourself, and eat right and even think. People don't stick together, like neighbours, like before. No-one really knows anyone and people don't look out for each other. Times are changed.

(P2FWorking)

Other temporal changes, notably of local food environments, are set out in section 7.3 Material conditions.

A7.4.5 Food and class, foodscapes

This category emerged as parents described foodscapes and food practices in relation to class. These were physical environments linked with affluence and behavioural factors such as self-discipline and self-regulation linked with middle class practices.

When talking about the difference in the foodscapes of rich and poor areas, some parents associated the 'difference' in foods with the demographic class. This was a taken for granted, as described here by childminder, Leyla:

Leyla
…Blackheath you're not going to find chicken and chip shop. You know it's completely different. They're advertising something completely different, you know, foods or sweets and whatever else. So, obviously, Blackheath does have a higher class living in that area.
(P2FWorking)

This young mother described how the food environment continues as part of a classed process for new generations. Deprived food environments were seen to be dominated by fast foods. Eating becomes 'just something people do'.

Samina
*the poorer people …that's more a cycle because it's harder when people are brought up a certain way they kind of follow in their footsteps. Then they'll have babies (*indicates photo of Royals) *and they'll raise them on money, and they'll see the better foods ….and look after themselves properly. Also, the surrounding like where they live.... Even where I live there's not…. it's like when you look around it's all fast food, take-way pizza, chips, so it's kind of just easier. Like people...like food is just one of the things you just ...people just kind of want to eat, and get on with what they need to do. No one puts time into food, so it's just what's easier, and they make fast food easier…they should make like salad bars, but they don't.*

(P2FWorking)

A7.4.6 Food practices

Eating practices associated with social class differences included child snacking, and parental monitoring of child eating. These were linked with financial and food stressors, chapter 2.

Leyla
… don't snack as much because higher class. Kids in poorer areas are left … can go to the cupboards and take what they want and mum doesn't care. Whereas, they have to wait — the higher class. You have to wait for dinner, you can't snack … snacking in poorer areas … more obese children. Plus they (middle classes) *can afford organics, healthy foods … have nannies that prepare the dinners before they get in … told the nanny 'make sure you feed them healthily'.*
(P2FWorking)

Leyla explained that in working class families, children snack due to lack of activities and boredom (as in literature C3). That was contrasted with time and resources available in middle class families, exemplified by services provided by 'the nanny'.

Snacks … parents, kids get bored …they're not going to summer camp because their parents can't afford it … bored and want to eat … parents say 'grab something, go on, have one' … parents are stressed, maybe depressed. It's an ongoing battle. Whereas the higher class, the nannies can say 'it's all prepared'. They say what time snacks will be, can give them something healthier.

(P2FWorking)

The differences in eating practices, in types of foods, and size of meals was tied to values of self-control and discipline and contrasted with 'just living'.

Lena
… upper class watch their weight. And then the children do the same thing and they continue to be slim and healthy … have an orange and toast when the lower classes have big breakfast …poorer community … more obesity, more let go …

(P2FWorking)

Lena characterised eating practices of middle and upper classes as a 'foreign way'.

Lena
… lot of differences between what the lower class does, the middle class does and the upper class does. Big weight of difference. Differences in how they eat and how they drink … my children, say for breakfast just have orange juice and toast and little bit of cereals for lunchtime, have a little bit of fruit - evening time they have proper dinner - vegetables, piece of chicken and a little spoon of rice. Then I would be set in a foreign way, living like the upper-class people.

(P2FWorking)

In comparison, she described lower class families eating practices as to 'just live'.

Lena
… lower class people just do what they do without thinking, shaping and monitoring. They just live.

These practices of discipline, monitoring, scheduling meals are integral to food policy related to childhood obesity, for example, Tacking Obesity Through the Healthy Child Programme (Rudolf, 2009).

Bedria

People like that don't know discipline (indicates photo: council estate)

(P2FWorking)

Samina associated people's ways of living with the food environment and social class. This included convenience foods and for her, cooking from scratch.

(Indicates photo: council estate) …. *who you are, determines what you eat. And your surroundings. Where I live, it's all pizza, chicken and chips. I don't really eat that. I make, I cook.*

(P2FWorking)

A7.4.7 Appearance, well-being and injustice

The differences in food, class and life pressures were suggested to have effect on wider contexts of appearance, well-being and injustices. These first quotes illustrate life pressures and priorities and then the effect on psychological health is illustrated.

Leyla

… they [higher class] care more about appearance and the way they're living ... want their children to have the best, not that the lower class don't, but it's not a priority … they're struggling … can't focus on that as much as what higher class can because they have that opportunity to, they're not so worried or stressed out about other areas of in their life.

(P2FWorking)

Lena

… keep their physique, keep their health … same for the children … you have that in lower class too, but not plenty … watch their weight and watch what their children eat and set in order.

(P2FWorking)

The appearances and self-care of parents were linked by several participants with the stresses of life, mental health and wellbeing.

Bedria

Social class is like you're in the media all the time, isn't it? So … Duchess of Cambridge pregnant … … slim back to her normal in three months … in our areas more big people. I don't know if it's the stress … the lifestyle …

(P2FWorking)

Tina

In some cases, it can be stress. Just 'giving up' because there's no going forward, you can't go forward. You can't go back, because there's' nothing to fall on. And it's 'What's the point, there's nothing there for me.'

(P2FWorking)

For the lower classes, the local environment and limited resources were said to affect psychological state. This was suggested as a structural cycle.

Samina

… you're from more lower … urban areas not so nice, there's more crime, drugs and lot more things going on for people to have a clear mind and think ''I want healthy food'' and to care about themselves. Whereas if everything looks nice like, you have a clearer mind … time to think and care for yourself. Whereas in the lower-class people they don't … the way they dress … what they eat. They don't have money to dress well and look after themselves. And where they live … kind of a cycle, it just goes on ….

(P2FWorking)

A7.4.8 Inequalities and injustices

Social class was described through inequalities and injustices in relation to children. Yvonne asks 'Why are children not equal?' She relays her experience of working in a privileged social class environment, and contrasts differences in appearance of children in poor, and wealthy areas.

Yvonne

It is to do with social class. Depends on who you are, where you live, what is in your pocket … as a home-carer, I used to work in a rich area. I see children as young as three, four. They have their physical activity, or drawing. There was a social [environment] *surrounding you… very beautiful children, who has activity 'Oh, we're going camping'. And the way they look! And the way they dress! Then you come to Deptford you see big, skinny, big, skinny, big. Social class play every role in our life. You have, you can afford. You don't have you can't afford. Even the activity that was on the table (*board games*) in Blackheath, we don't have for our children. I'm really feeling…you know! I just feel sometimes, why! Why children are not all equal? Why there's not all jobs? There's unemployment … poverty is a big…*

(P2FWorking)

The metaphor of a 'different land' was used in talking about how children are shaped by their exposures to the social class into which they are born.

Yvonne

*It's one hundred percent about class. I used to work in Blackheath with the elderly people. They are living in a different land than when you got to Lewisham. You look at the young children who was living in that life. A child is a child … doesn't know social class. But what you expose him, what you put in there, he will follow. If you bring a child from high class and bring a child from working class, and you bring them [*together], *they are children. They don't look at what they have*

(P2FWorking)

Social inequalities were seen to affect confidence in children and adults and there was a sense of injustice felt by working class and middle class parents in relation to the National Child Measurement Programme letters that categorise children as obese.
Add field diary notes

The debated views on affordability, money and class given above, show contension around the meaning of class. The data illustrated some parents are conscious about class differences and the injustice. Three mothers indicated an affect linked with the positioning of class that painful

Felecia

That boils down to money … buying what you can afford because you've got bills to pay. Everything has got to stretch in a particular way … social class, yeh, it does matter. It shouldn't but maybe it does. Not nice to think about …

(P2FWorking)

This middle-class middle-eastern mother was unfamiliar with the UK class delineations, in conversation she suggested naming others as poor class caused offence.

Khadra

… working class … some of them don't work, they take benefits.

Interviewer
Some say poor class or different class?

Khadra
Well (its) *not nice to say 'poorer class' is it?*

(P2FMiddle)

A7.4.9 Structural: class and the economy

Themes included the view that class society, inequalities and profit nature of the economic system are permanent structural features. There is a reproduction of class, described as 'cycles' and 'being set in ways', through inequalities in food access, the food environment and health.

Yvonne
More you have the more you can do … you do not have, you cannot do … government analysis … obesity lays in the social class. Working class is higher in obesity and health problems. Inequalities is higher than in middle or upper class. The have and have-nots will never be the same…

(P2FWorking)

Maya
… there always will be that divide … exists all around the world …

(P2FWorking)

Samina talked about nutritional quality of foods that different social groups eat. Development of cultural tastes are shaped and reproduced by the foodscape. Parenting practices are subject to the given environment.

Samina
… they've seen the better side of things so they stick with it … eat healthier food. Whereas they (indicates photo: council estate) *probably don't even like the taste of healthy food because they haven't been raised on it … areas you live, you're surroundings … how you're brought up and what you take interest in.*

(P2FWorking)

Interviewer
When you say brought up...what does that mean?

Samina
Parenting … what your parents fed you and cooked…what your taste buds are used to … it's kind of a cycle … they have kids and it's going to be the same thing … they can't afford the better places to eat … continue to take their kids to…McDonald's … brought up on beans on toast all the time .. not ever going to like break out of the cycle … that's why things are getting worse … and laziness…

(P2FWorking)

The concept of permanence in the structural nature of social classes and their different food practices was illustrated by several participants.

Lena
… higher class and middle class … watch their weight and their physique because they're set in society in a different kind of way … poorer class people just eat and go along. They're not watching anything. They're not into anything. They're not going out to meet friends … if they're even doing it, it's their own back (yard). *And they're fat … these are set … true … lower class, middle class and upper class, it true set in.*

(P2FWorking)

The economy, and its relationship with the government were suggested to be a fait-accompli, and parents depicted as powerless.

Bedria

Economy and the government, everything just linked together ... big chain just goes around. We're in the middle and we're the one who picks up

(P2FWorking)

There was understanding of the economy as structural, driven by profits, and market mechanism of supply and demand. This was seen as something permanent.

Syrita

… food companies …. it's supply and demand. If we're not asking for it then they wouldn't do it.

(P2FWorking)

Interviewer

What about the supermarkets?

Syrita

… small (supermarkets*) … supply and demand …one time they had the sweets at the front and they moved it away. That was the only thing I saw them do towards that [health]…go cheaper on some products and … change the contents. But if no-one else is doing it, why should they?*

(P2FWorking)

The profit motive was seen as permanent in society, that change may happen through community taking ownership. This suggested a sense of collectivity.

Yvonne

…it's making money and that is it … Tesco or these big companies … making all these different meals… Sainsbury … if they make the real food, the vegetable, the fruit, cheaper people will be staying healthier

(P2FWorking)

Maya

… it's not going to happen. We live in a consumer society … pharmaceutical companies its serves their purpose when people are being sick, they'll take so many drugs … we have these conversations … it'll go around and round and round. It's an ever-revolving door. It's not going to stop whoever comes down and says what they got to say … we can't keep saying, blaming the government.

(P2FWorking)

Yvonne

I'm not sure about that

(P2FWorking)

Maya

We as people — as a community — need to take ownership of it as well.

(P2FWorking)

Fundamental change of the food system was advocated.

Yvonne

… middle man come and taking everything … putting price on top of us

(P2FWorking)

Maya

… it's about building a community … back to grass roots … no other way.

(P2FWorking)

Yvonne

I'm not saying Britain has got to go back to (farming) *but there must be a solution … chicken in garden…. give to friends*

(P2FWorking)

Maya

… start a food revolution … looking at how can we do that … where these butchers, these farmers are … go and deliver ….

(P2FWorking)

Interviewer

Can I just ask, you used the term revolution what does that mean to you …?

Maya

Change

(P2FWorking)

Yvonne

Change

(P2FWorking)

Maya

Not being told what to do

(P2FWorking)

Interviewer

And in terms of food?

Maya

N*ot being told how food should be,*

(P2FWorking)

Yvonne

Exactly

(P2FWorking)

Maya

… process (food distribution) *is long and laborious. Is there really any need for that? If the farmer was getting what supposed to … things will be cheaper …*

(P2FWorking)

A7.4.10 Exploitation and class

There was no collective voice in these data saying 'we are the exploited'. Those who talked about exploitation gave versions of operators of exploitation, including working hours and wages. Middle, and working class were contrasted in relation to how families are exploited by food companies.

A7.4.11 Working hours

Zero hour contracts were seen as an obvious exploitation.

Andrea

… people exploited … government letting people do zero hours … an absolute disgrace … very bad employers … government needs to do more about those types. But I'm a great believer that … have to go to work. I don't see it as exploitation. There are employers who are exploiting their staff … shouldn't be allowing it … should be supporting people in the workplace … more trade unions.

(P2FWorking)

A7.4.12 Food industry

Exploitation through food companies was suggested by one middle class parent to be cynical, rather than exploitative practices.

Colin

'Exploitation' suggests a deliberate attempt to take advantage of someone … making unhealthy food cheap and easy … wouldn't call it exploitation. Maybe cynical and oppressing. Oppression is about making someone less empowered … people don't always take opportunities that are there … have very difficult upbringings and (themselves) *make it much harder … wouldn't call it exploitation or oppression …. individual responsibility … I subscribe to.*

(P2MMiddle)

In contrast, working class parents referenced exploitative practices by food companies and their brands, through targeting poor areas.

Andrea

*That's a lie … we have been recently exploited … Tesco … food they're putting into products … they've (*indicates prompt card: government*) done nothing about it … no prosecutions …*

(P2FWorking)

Exploitation was said to take place through advertising that leads to food wastage.

Tina

… easy to exploit us … they do exploit us … advertising really bad … what we see on television we want to buy … to see what it tastes (like) *… have to chuck it.*

(P2FWorking)

It was suggested children are exploited through use of psychological techniques by food companies.

Maya

… supermarket, buy one get one free. Why don't they do that with vegetables? They do that with sweets … the psychology of how they have the sweets at the counter … aimed at the child.

(P2FWorking)

Exploitation through targeting communities was also identified.

Syrita

… exploitation … if that (an expensive food) *was put next door* (local convenience store) *wouldn't last a month because it's not a brand and not known to a community ... definitely exploitation because they know their audience*(s) *and entice them.*

(P2FWorking)

Costs and profits were seen as unfair but not labelled as exploitation.

Liz

I don't think … exploited. Councils have to cover costs. I understand that, but why Blackheath have a council tax on a shop, say, three hundred pounds and yet he's taking fifteen hundred a week? And the place down here still has to pay three hundred pounds but is only taking in seven hundred … this place (café, interview site) *healthy eating … prices are exorbitant. Why is their burger nine pounds fifty when you can get burger and chips for four pounds fifty across the road?*

(P2FWorking)

A7.4.13 Conflict

There was evidence of social conflict but this was not framed by parents as class conflict. Terms were used to suggest 'them and us' between parents and government, and parents and food companies.

Maya

They dump those things in our area because they see it as deprived and they think the people who live there don't matter.

(P2FWorking)

Yvonne

We don't cost anything when they bury us.

(P2FWorking)

Feelings of anger and injustice with the state and the local state are clear in these data.

Yvonne

(Talking about the government) *They never suffer. They're used to… car bringing them … people working for them.*

(P2FWorking)

Leyla

… keeping adults on liquor, kids on sweets and takeaways for dinner. It's what we're seeing everyday so all we think about is sweets and drinks … many betting shops … more people doing it. Not good.

(P2FWorking)

Participants suggested government and food companies do not 'care' for working class families.

Leyla

I don't think their (working class families) *opinion counts you know. They're going to do what's better for the economy … unless it makes a difference to them. They don't really care …*

(P2FWorking)

Lena

All they want is the money. They don't care. They're not going to tell people 'don't buy it'. It's important …they're not interested to set something right for the person.

(P2FWorking)

Resistance and collective action

Parents felt they should be involved in informing food policy, see section 7.6.9 Parents' involvement in policy process, below. A minority suggested this should happen through collective action.

Maya

I'm not saying the government does not play a part. It shouldn't be nanny state. For me, people need to be more aware. They need to be more empowered. You've got loads of cuts taking place. You had initiatives like Sure Start that were bringing awareness about things like that. N*ot there anymore. But I think that will happen through word of mouth and…. its community. You start at local level.*

(P2FWorking)

A7.4.14 Social class intersections

These interviews are mostly with working class mothers. Most of the mothers worked and most also provided unpaid volunteer work in their communities. The data suggests they provided the provisioning of family food and took responsibility for child health. A few mothers mentioned male partners but the data showed emphasis of responsibility was on mothers.

Fathers did not emerge as a theme in the data. Their presence and experience was provided by the two interviews with dads.

The participants from diverse ethnic groups. Some from non-English speaking backgrounds provided biographies that suggested on arrival in the UK, families are left to investigate the new food environment. Khadra explained in relation to friends of hers:

Khadra
And most of them are not educated, don't know how to read labels … don't know what's good for you and not good …

(P2FMiddle)

A-Summary

The concept of class was meaningful to almost all participants. There was strong awareness of social stratification associated with inequalities in income and resources. Parents talked about class often without prompting, referring to 'middle class' and 'working class' with mentions of 'higher class' or 'aristocracy'.

Overwhelmingly, participants connected class with 'work or not to work', and with affordability. A few suggested a new lower or benefit class. A few spoke of upwards and downwards movements between the working and middle classes.

Food choices and practices emerged through affordability and time resource. There were contradictions. Inequalities were illustrated through foodscape and access to foods of best nutritional value. These were articulated as class differences and differences reproduced through the food environments. Class differences in food practices were illustrated. These included values such as discipline for the middle classes. For working class parents the priority was 'food on the table' amid other stresses underpinned by lack of time and resources. For some, the driver was affordability, money and consumerism, not class. Some parents feel social class is independent of affordability. Money emerged as symbolic of consumerism, and as a driver of choice separate from the class-divide.

Using the lens of food policy, the lived experiences emerged that included the effects of class on parental/mother well-being. The temporal changes suggested isolation potentially for young mothers. Mothers described stressors that include food and the foodscape that undermine wellbeing. Some parents powerfully raise issues of inequalities and injustice in relation to social class and children.

There was a range of views associating exploitation with class. Data illustrate the concept of a class divide. Few verbatims explicitly described power differences related to social class. Collective action and resistance was voiced as community. The concept of power relations occurs throughout these data, for example, the concept of

'allowing', see section 7.3 Material conditions.

Important intersections between class, gender and ethnicities were apparent in the sample demographics but overt connections with class did not emerge through the verbatims. As a heterogenous sample common themes are suggested to cross ethnicities.

A7.5 Local state

This section presents the data in response to research questions:

- Is there disconnect between working class parents of children with obesity and the state?
- How is policy informed? Are parents, including working class parents, involved? Should they be involved?
- Which actors represent or advocate for the interests of working class parents?

The local state is the geographic and political setting for this thesis. Prompt material for the question is 'government helping or hindering' generated verbatims about the council. Parents describe the local state as a policy actor. Data developed from across all Phase 2 interviews.

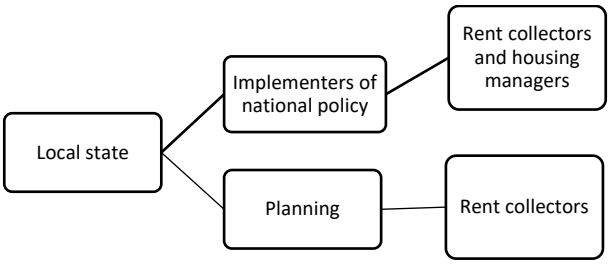


Figure A7.5 Theme of local state with associated categories and concepts

A7.5.1 Implementers of national policy

Councils were seen to work with government as implementers of government policy. .

Andrea
Council … they're with the government really …

(P2FWorking)

Others see the Council as rent collectors and housing managers.

Felecia
… *council … mainly to do with housing … repairs*

(P2FWorking)

A7.5.2 Planning

The local state was seen to have some power over planning.

Andrea

Take away Candy Box and … alcohol and Chinese … the council … fast foods are the ones making money and they just going in all the poor areas …

(P2FWorking)

Liz

Council have responsibility … what they allow in an area … take-away around the corner … it's what the councils allow business wise into the local area.

Rent collectors

This verbatim walks through the role of the Council as rent collector for both housing and fast food outlets. The Council was seen as next to the government for decision making.

Bedria

When I think of Council I think I think of the rent and Council Tax

(P2FWorking)

Tina

… they're the ones who encourage shops like that (indicates photo: fast food). *It's all about money…*

(P2FWorking)

Bedria

They rent them, isn't it?

(P2FWorking)

Tina

… encourage them. As long as they bring money in, they don't care

(P2FWorking)

Bedria

… government is high up here, after government comes the Council

(P2FWorking)

Towards the end of this conversation Bedria suggested policy actors are linked in interests of making money.

Bedria

… if government did not approve, the supermarket and media did not advertise, the food companies did not put on the shelf, then the Council wouldn't allow … everything linked. It just comes from parents…..I can't blame the government, I can't blame the supermarket. Government makes money … supermarket makes money and then the Council makes money from renting the places

(P2FWorking)

A-Summary

Little data around the formal concept of the local state was generated by working — or even middle — class parents of children with obesity. 'The Council' is talked about in terms of collecting rent from social housing and food outlets, particularly fast food shops. A few participants link the local state with Government and suggested 'making money' is the background factor.

A7.6 Policy solutions

This section presents data relevant to the research questions:

- What food-related solutions do parents suggest to the problem of obesity in children? Does this concur with policy?

- How is policy informed? Are parents, including working class parents involved? Should they be involved?
- Which actors represent or advocate for the interests of parents?

Participants had ideas about policy solutions throughout the interviews. Change was advocated through critique of government actions, Data in this section also occurred in response to the Topic Guide question 'What would you do if Prime Minster?' Sub-themes and associated concepts are shown in Box 7g.

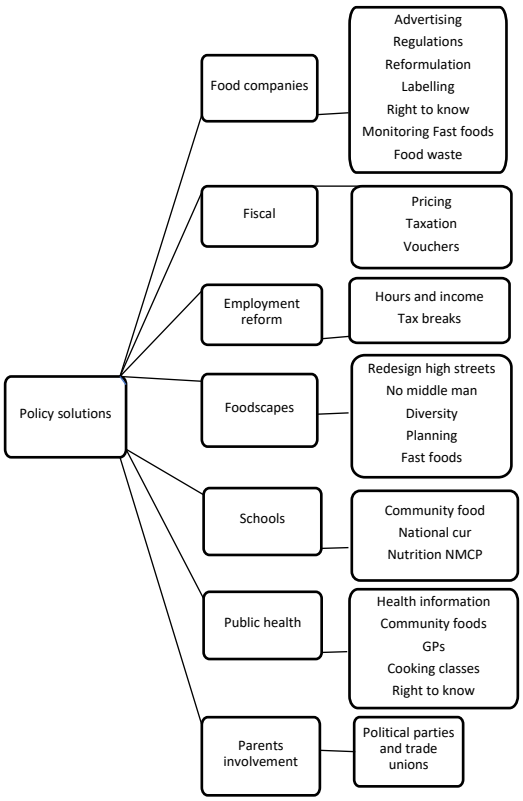


Figure A7.6 Theme of policy solutions with associated categories and concepts

A7.6.1 Food companies

Advertising

Parent participants suggested increasing legislation controlling advertising of unhealthy foods to children. This includes TV and product placements in supermarkets.

Kerry

Stop advertising food on TV especially McDonalds, KFC … where they say, 'don't cook, order something'… hungry dot something … everything is advertised from a little toddler, a baby. Why put all the chocolates at the front of the store? … child,asking for this, asking for that. … they grow up wanting the same …

(P2MWorking)

Yvonne

… commercial everywhere … even the children … advertising everything, everybody … making money, don't care …

(P2FWorking)

Regulation

No parent participants had heard of Responsibility Deals. None were in favour of voluntary codes. Mandatory/statutory measures are favoured (see 7.1 Whose responsibility). Parents argue for banning fast foods known to be unhealthy.

Andrea argued that, due to low cost and easy access to sugar-rich drinks, only banning them would be supportive to children's health.

Andrea

I went 'You should never be drinking those drinks. ..don't want these ever brought into my house'. 'It wasn't mine'. She knows not to drink these drinks … very, very cheap in local newsagents… should be banned to children under the age of sixteen … government not doing enough, allowing them to be sold, make profits …

(P2FWorking)

Liz

… fast food shops … really need to get rid of them … never had fast food when I was growing up … only fish and chips and that was healthy and a treat once a month.

(P2FWorking)

Product reformulation

Parents were fully cognisant of food product formulations and strategies, and suggesedt food content as an area for change.

Samina

Less sugar. Make it more natural … no artificial colours …

(P2FWorking)

Lena

… ingredients … cook with oil …mostly steam bake …

(P2FWorking)

Kerry

… more regulation … how much fat, how much salt … reducing all that. Cutting out the bad, reducing it. People think all they eat is good, but it isn't … government's got a lot to do … packaging … they put on thirty percent less fat when it's just as bad. Food needs to be more wholesome, not just for children but for everyone. Very important.

(P2MWorking)

Maya

Responsibility lies on food companies … there to make money! Products have become smaller, not with less sugar …

(P2FWorking)

Labelling

Participants argued for labelling policy which advises about health effectively. These requests were amplified through comparison with policy on cigarettes.

Colin

… down to choice …. want to have an unhealthy choice in cereal … analogy of cigarettes … you know you can die from it. There needs to be similar information … traffic light system is … not clear. You get things that say 'Low fat cheese'. It's not, because cheese is only fat … misleading stuff … making clear that unhealthy stuff is not … evil, but … you can't rely on as your main source of nutrition … labelling… food companies are very reluctant to engage because … saying their product is less desirable … push them towards making it healthier … required to say it's unhealthy (laughs).

(P2MMiddle)

Policy on labelling and taxation were said to go together to encourage food companies to reformulate their products.

Colin

Food companies would have to … stick to a certain labelling protocol … increase taxes on products that are less desirable … if companies still want to make money … need to change their product. You can't ban fried chicken, it's about making it less desirable economically.

(P2MMiddle)

Khadra

…companies don't label food properly … write it clear … like smoking 'This is bad for you' … write on crisps … children eat crisp like nobody's business, especially my daughter…. warning on labelling.

(P2FWorking)

Liz

Ingredients on the back are so bloody small … put on the front … not … that you can hardly see… sweet and sour chicken, 'This much proper chicken, this much sugar, this much fat'. Big enough to read. So people know … per hundred grams, twelve grams sugar and five grams salt. That would make people more conscious of what they are eating.

(P2FWorking)

Samina

Food companies should make if more clear … small print at the back. I've got bad eyesight anyway and I'll be there for ages (laughs)! *Parents would double check …*

(P2FWorking)

Right to know

Food labelling policy was articulated as food rights.

Khadra

… writing is so tiny I have to take my glasses off … bad things in food should be written clear … options for people, take it or not. People have the right to know what's in there … children's rights to know what's in there! Government and school should educate them about this sort of thing … write what's in there, clearly. Especially fat, alcohol, sugar, salt is very important … very helpful when they write in the corner 'suitable for vegetarian' 'no alcohol' … see from far way.

(P2FWorking)

Monitoring

An effective system of monitoring and inspecting food safety was argued for.

Felecia

.. MSGs … oil … certain companies, tax them … ingredients need to be monitored. Health and Safety need to visit more often and check. Then they would start thinking about what selling.

(P2FWorking)

Fast foods

A significant reduction in fast food outlets or closure of all fast food outlets was also contemplated.

Ferda

… shut food shops like burgers … make more healthier shops. We've got a couple in Lewisham but not many.

(P2FWorking)

Leyla

Ttake away seventy percent of the take away shops. I'd leave a few because it is a nice treat and you want to be able to go and get a Chinese … keep restaurants. It is important to realise it is a treat and you are all going out to eat … all together … families want to have homemade and enjoy foods.

(P2FWorking)

Food waste

This was seen as a policy issue relating to food industry. One mother argued food waste should be redistributed among those in need. This policy area includes reviewing use-by, or sell-by dates.

Yvonne

… they waste food every nigh … force food companies … to collect all the food and give food … vegetable to the people who most need it … give it to the bank food … the middle east, no expired date for a rice … nothing happened to us! They're wasting fruit and vegetable, they are throwing it … give them triple tax … there is millions wasted every week and there is poverty in Britain …

(P2FWorking)

A7.6.2 Fiscal

Pricing

Pricing policy was a key issue for parent participants. Views differ on whether increasing cost of unhealthy foods would be supportive of parents and feeding children healthily. The view is put forward that a general decrease in food prices is needed.

Yvonne

… if Tesco or … Sainsbury … make real food, vegetable, fruit cheaper … people (will) *be healthier.*

(P2FWorking)

Participants advocated decreasing the price of fruits and vegetables and increasing the price of unhealthy foods to encourage parents to provide a healthy diet.

Andrea

…. isn't easy buying fruits my kids want to eat … regular apples, bananas … the cheapest fruits you can buy. Kids say 'I like fruits but I want strawberries, cherries'. They want the nice fruits … not easy to access on a budget. The government should practice what they preach, bring in some reduction on those … then put up prices and stop the success of high calorie products that children are accessing … crisps … really heavy calorie laden drinks.

(P2FWorking)

Leyla

… make healthy food a lot cheaper … put up the prices of chocolates and things like that. So people realise they're the treat you need to savour rather than eat wily-nily everyday

(P2FWorking)

Samina

Swap it around … make junk foods more expensive and the other cheaper … sugar … put prices up on that and make the prices low on the healthy stuff.

(P2FWorking)

Interviewer

Do you think people will stop buying junk foods if more expensive?

Samina

Yeh, they will buy less, definitely … they won't get that much because it's more expensive. They won't be able to afford that much of it. It can work if they change prices.

(P2FWorking)

Cheap takeaway foods that are healthy were advocated.

Liz

…healthy eating … only one in New Cross … driving bus in Central London. I've noticed there's a salad place. We need that in New Cross. We don't need another high calorie food shop. A Japanese restaurant that does nuts and berries and things like that in little pots that you can just grab and go. There're in Central London … prices are quite high … make it more accessible, price wise … get people eating healthily. Perfect Fried Chicken is cheaper than ready-made salad from a supermarket … two pieces of chicken and chips that is more filling …

(P2FWorking)

Colin

… interested in food tax. Unhealthy food would have more tax on it than healthy nudgenomics … now … can buy very cheap unhealthy foods … it should be the other way round … it's hard to afford to be healthy.

(P2MMiddle)

Reducing prices of healthy foods will support parents as there will be less fear of waste.

Khadra

I buy fresh cauliflower or aubergine and make nice recipe but it takes time … don't have the time so … it's spoilt … if it's cheap I won't mind if it's spoilt but if it's expensive I'll think twice. If I have a busy week I say to my husband 'Don't buy any fresh fruit or vegetables'.

(P2FWorking)

Interviewer

So what type of healthy foods would you make cheaper?

Leyla

I'd make vegetables and fruits a lot cheaper, and meat … not a lot of people cook meat and fish every day … can't afford it.

(P2FWorking)

Others advocate reducing the price of 'natural' foods.

Syrita

… make natural foods a lot cheaper than processed foods … no-one has choice, it's either the cheapest, which is unhealthy, or nothing.

(P2FWorking)

Reducing these prices was seen as most important. Increasing prices of high sugar foods is secondary.

Syrita

Lower the other foods… increase the sugar foods … what happen with the natural foods? Is that going to go up? Guarantee the natural food will either remain the same or go down …

(P2FWorking)

Taxation

Taxation was identified as means of altering food prices. Contrasting opinions were given on whether adding tax to unhealthy foods would deter people from buying them. Relationship with food was suggested to be more complex than just the price. This is argued by Caraher and Cowburn (2015) that subsidies should parallel taxation and other measure to support healthy eating.

It was argued to tax food companies to force them to reformulate their food products. However, it is also argued that taxation may not work as people continue to buy particular foods 'out of habit' or 'desire' or other reason.

Participants advocated reformulated food products.

Kerry

… *increase taxes on high sugar foods. Increases taxes on high fats foods …*

(P2MWorking)

Participants said taxation should not be used on healthy foods but government can raise finance through collecting from tax avoiders.

Colin

… free of VAT … healthy ingredients shouldn't be taxed, and maybe even subsidized … supermarkets sell things cheap to make you come in and buy … not carrots and potatoes. It's beer ...

(P2MMiddle)

Tax added to the cost of food was seen as another tax on the poor.

Lena

They're putting taxes on food already … put it higher … wouldn't stop it … cut out certain taxes … buy a telly, pay light bills and gas and then keep paying for the telly, like you're paying permanently. That's wickedness.

(P2FWorking)

Felecia

I don't think tax would work. What do taxes pay for? Police, road works. Just taking money from the people to line their own pockets.

(P2FWorking)

Lena

TV license should be cut out. The council saying people should be paying bedroom tax. That's wickedness - sending bill … stressing out your life. A lot of taxes is wrong

(P2FWorking)

It was said that, often, relationship with food is tied to overall financial stress.

Lena

Increasing tax won't stop people buying it (laughs … *people are determined to love what they love, until something bad happen. Just bend their mind to that. Like cigarette … alcohol …*

(P2FWorking)

It was argued that policy should tax the food industry, instead of increasing taxation on parents, to facilitate production of healthier foods.

Khadra

… tax the companies … be aware … make it less in their food … tax parent … make sugary food more expensive … fatty food more expensive, I don't think it would help. If I want to buy something, and it tastes good, even if it is a little bit expensive, I'd pay for it … buy because it looks luxurious even if it is expensive … tax companies … know what not to put in their food … not tax parents or make foods more expensive for them.

(P2FMiddle)

Taxing fast food companies for their takeaway products was advocated, alongside tighter monitoring of ingredients and food hygiene.

Liz

… don't pay tax on takeaway food, that's how they survive. McDonalds have to pay tax now… tax on takeaway cold drinks. They put (sales tax) *on eat-in food, and not takeaway food … why shouldn't it be put on takeaway food? Get tax back from those places rather than tax those who are working.*

(P2FWorking)

A policy of a 'fat tax' was suggested as a tax on the company not the sales price of the food.

Felecia

Fat tax … need some fat, healthy fat, in your body … charge the chicken and chips shops for the rubbish they sell (Laughs) … when I was growing up we didn't have obesity problems and now its major, on the rise. I don't feel it's down to the sweets. Crisps, fizzy drinks have always been around. I feel it's the fast foods … ingredients need to be monitored. Health and Safety need to visit more …

(P2FWorking)

Vouchers

A voucher system was suggested by one young mum on benefits and one working mother. This was seen as means to facilitate healthy food purchases.

Samina

… vouchers … more vouchers … for organic foods and things like that.

(P2FWorking)

Liz

(Vouchers for) *local greengrocers — not the supermarkets. They get, say, ten pounds of fruit and vegetables … encouraging healthy eating and they haven't got cash to spend in the fast food shops.*

(P2FWorking)

A7.6.3 Employment reforms

Work hours and income

Policy changes to employment hours and wages were advocated as central to supporting parents to care for, and feed their children.

Leyla

They've started contracts with zero hours … don't … stay committed to giving someone a job all the time (laughs). *Now you even have to apply for volunteering job … where you're not getting paid … have to have as much experience as someone who would have been* (paid) *for the job. It's really bad … working hours … adapt … people who worked too long hours wouldn't be doing too much and those* (not) *getting enough hours would have the hours …*

(P2FWorking)

Lena

… level finance, manage the food … follow America … can manage … have a bit of savings … do a mortgage, buy a car, get on with life because the pay rate is manageable … friends in New Jersey.

(P2FWorking)

Improving work hours, it was suggested, would be supportive to caring for children.

Felicia

Work hours need to be looked at so parents can be there to look after their children. Not left to get fizzy drink or 'do yourself a sandwich'.

(P2FWorking)

Colin

Work hours. There's only so many hours in the day … so much energy that people have … easily lost are family mealtimes and cooking together, learning what's healthy. It's easier to go 'Get some crisps from the cupboard'.

(P2MMiddle)

Liz

Priority … working hours, followed by lower taxes for people who are working. Then shops in the community … that would increase employment as well … wouldn't have to allow so much time to go shopping because everything would be at hand … wouldn't have to travel … queue in supermarkets.

(P2FWorking)

Khadra

Work long hours, don't have time to cook healthy food … think of problems … there are other problems than obesity.

(P2FMiddle)

Participants pointed out that tax cuts for parents would help reduce working hours and allow more time with children.

Liz

… tax break, don't have to do all these extraordinary hours to pay their bills…

(P2FWorking)

Syrita drew together policy on hours and income but, weighing it up, she does not expect immediate solutions.

Syrita

Working hours impacts … hard to get child active … finished a full day's work … impact with regards to healthier lifestyle for him. We don't have the time. His size, it's not because eating unhealthy … times we're eating. I don't prepare dinner until seven, seven-thirty … eat later … not had chance to run off. Goes to bed straight way afterwards. Though overweight he's happy within himself … flexi working hours … work less hours, get less pay … working from home … not everyone is in the same industry … hours need to be covered … a nice idea but a people penalised … leave it as an idea and not practice.

(P2FWorking)

A7.6.4 Local foodscape

Redesign high streets

Strong views were held by parent participants about access to quality and affordable foods at local shops rather than supermarkets which encourage 'the big shop'. Importance of local high street emerges, together with its role as a social site, and enabling everyday physical activity. Many ideas for policy changes occured in data around the local foodscape.

Liz
You need a butchers back here, grocers, proper bakers … people shopping at supermarket (buy) *everything, get a cab home. Pay once … all in one …* (buy) *things that won't go off, like crisps, bad stuff that got a long life, tinned stuff … need community shopping. Nunhead's done it .. butchers, bakers, greengrocers and their community works so well …*

(P2FWorking)

Talking about taxation of local businesses, it was argued that there should not be parity between wealthy and poor areas. It was assumed that the same council tax is applied but greater profits are available in wealthy areas.

Liz
… should be done on scale of money available in each community …why should somewhere like Blackheath have council tax on a shop … three hundred pounds and yet he's taking in fifteen hundred a week … here, still has to pay three hundred pounds but only taking in seven hundred.

(P2FWorking)

This interview took place in a café in a poor area, but in the process of gentrification, a newly opened eatery, and Liz continued:

Liz
… healthy eating … prices exorbitant … I had stuffed peppers … seven quid … peppers you can buy three for a pound … rice, eight bags for two quid in Asda … cover costs … I wonder what the rates are … bigger area than 2Ts (café across road) *but 2Ts do burger and chips for four pounds-fifty. The burger deal in here is nine fifty*

(P2FWorking)

No middle man

In the context of desire for fresh food, parents suggested 'getting rid of middle men' and accessing foods direct from farmers.

Yvonne
… middle man come … putting price on top of us

(P2FWorking)

Maya
… start a food revolution

(P2FWorking)

Interviewer
Can I quote you on that (laughs)*?*

Maya
(Laughs) *Yeh quote me…can we start to look at where these butchers, these farmers are …*

Interviewer
What do you mean by revolution?

Yvonne
Change.

(P2FWorking)

Maya
Not being told what to do.

(P2FWorking)

Interviewer
And in terms of food?

Yvonne
… not being told how food should be.

(P2FWorking)

Interviewer
What else would it mean in terms of food?

Maya
… process is long and laborious. Is there need for that? Why isn't everything bypassed? … farmer … getting was supposed to … things will be cheaper in the long run anyway. I*t's about people taking...*

(P2FWorking)

Yvonne
Working class… people are becoming tired ……. labelling obesity …… working class. You make me to be obese. I did not make myself… put bad choices in front of me.

(P2FWorking)

Felecia
… shops in communities … easier to access … more local farming … would be cheaper … same foods … cut the middle man out.

(P2FWorking)

Leyla
Shopping in communities (used to be) *same as take-aways. New Cross … healthy fresh grown … all vegetables and herbs … more home grown shops would be really good.*

(P2FWorking)

Lena
… it's set up (indicates photo: shops in wealthy area) … *fresh and not half rotten stuff … you want a proper food shop …don't have to go to the market all the time. Sell vegetable, pak-choi and red cabbage without going to the market*

(P2FWorking)

Liz
… environment … never used to have fast food shops. During the war people were healthier … there's' not enough of growing own vegetables … no pride in what they're doing and people don't have the area to grow their own vegetables. If people grew their own vegetables they'd use them because … saving money.

(P2FWorking)

In the context of change in the foodscape and the 'big shop' previously described by Liz, she suggested further changes are unfolding as communities become aware of healthy eating.

Liz

I didn't think (greengrocer) *was going to stay open long because of the Londis, but it's working. He's been there one year or longer … doing fruit and veg … people realising they got to eat healthier*

(P2FWorking)

Liz went on to associate shopping locally with increasing physical activity, including walking more, and how the high street used to be a social space for 'talking and meeting'.

Liz

… saturday morning … the greengrocers get potatoes for Sunday and monday. Because people do big shops … not going out walking and buying things fresh. We need that back in New Cross. Where the greengrocer used to be … coaches … people talking and meeting there.

(P2FWorking)

Celebrating diversity

Liz celebrated ethnic diversity of the community and feels this could shape local high street.

Liz

… diverse community around here now … we could have greengrocers … Indian food shop that sells all the stuff they use … saffron … Caribbean shops … coconut milk. Cultural shops would help bring the community together because they can see what everybody else uses.

(P2FWorking)

Colin

Shops in communities … good high street … rarity in London. Shops where you can (buy) *ingredients rather than ready-made stuff … ethnic markets Peckham and Brixton … African … there's still … obesity … more traditional home-cooking going on … just guessing … some cultures are healthier than others, particularly when not influenced by western ...*

(P2MMiddle)

Planning

Changes to planning policy developed as a strong theme, exemplified by parent participants citing the abundance of fast food outlets, including near schools. There was lack of comprehension as to why the local state allows this to happen.

Fast foods

A significant reduction in fast food outlets or an outright closure of all fast food outlets is advocated.

Ferda

… shut food shops like … burgers … make healthier shops.

(P2FWorking)

Leyla

… take away seventy percent of the takeaway shops ... go back to basics where families want to eat together and have homemade and just enjoy foods.

(P2FWorking)

School students and shops

Kerry

… children want to eat chicken and chips. Every child in the world, when they finish school … into chicken and chip shop.

(P2MWorking)

Liz

There's too many fast cheap food places for the kids to buy food … easier to get two pieces of chicken and chips … and drink for two pounds fifty than it is to get a wrap that's healthy … want to buy it when they get out of school … put too close to schools

(P2FWorking)

Andrea talked about food in the school students' day that includes shopping for breakfast before school. Kerry noted that his daughter ate fast foods after school.

Andrea

… teenage … shop before school. (Child name) *say 'My friends breakfast box of Pringles. Why can't I eat a box of Pringles'. I say 'You'll eat Pringles, come home and have a massive dinner' … staying thin because she's eating a box of Pringles and then not eating anything else all day … because she' slim doesn't mean she's healthy.*

(P2FWorking)

It was argued that Planning should be tied-in with Public Health policy in relation to physical activity.

Khadra

Who give them permission? They have to have permission. Can't the council see they already have a chicken and chip shop in this area. They don't make people walk … competition … cheaper. If it's expensive they don't buy. I wish they make the healthy food cheaper than the non-healthy food.

(P2FMiddle)

A7.6.5 Schools

These data indicate schools are core to parent participants 'strategy' for support. Schools were seen as an integral part of the community, and everyday life of parents. Policy measures were seen to cover social nutrition - state feeding children - and schools as a space for community and family nutrition education.

There was criticism of quality of school dinners (see section 7.3 Material conditions) and differing procedures across schools in relation to how ingredients in cooking classes are paid for. There is an overlap in the data with verbatims around NCMP, part of public health policy. Parents advocated support for managing child weight at the school level.

Community food education

Colin

School's there to educate the child but they could ... offer(ed) to the parent ... extra curricula …cooking. I'm being idealistic I think (laughs).

(P2MMiddle)

A role of schools was suggested to be facilitator of family food change, through educating children who in turn are 'powerful influence' on parents.

Colin

It needs to be big part of child's education. I ... learnt how to make biscuit's and cakes, as far as I recall ... teaching society stuff…that should include that, as a society, we're not looking after ourselves ... when the tide turned in terms of smoking ... often been the children in learning that smoking is really bad ... pressure parents to give up ... children are very powerful influence on parents. They could be part of the solution, to say to parent 'I want us to eat healthily'…

(P2MMiddle)

National curriculum

Participants pointed towards cooking classes and nutrition education being part of the school's curriculum.

Kerry

... girls, daughters … taught to cook. But what about the boys? ... my mum…not let me sit around on my bottom and watch TV. She's getting me in that kitchen. I can give my mum a run for her cooking!

(P2MWorking)

Change in nutrition education was seen as a political decision for government.

Andrea

... from an early age should be educated ... what cereal did you have this morning? Well that's not healthy. Done in a simple class activity ... information ,,, to parents ... do the government want to do that? ... revenues behind all the sugary cereals ... obviously don't want to! ... parents ... think(ing) *'... kids off to school with a good bowl of cereal'* (laughs*). When really it's not healthy at all. Better off with two slices of brown ... than giving ... that muck and ... sugar rush before school.*

(P2FWorking)

Andrea argued that targeting overweight child does not support children learning about health and nutrition. She suggested a universal approach to teaching nutrition.

Andrea

At school they could do somethin ... kids see thin kids eating rubbish ... don't understand why that thin child can eat rubbish ... making too much of people being overweight ... because your thin, doesn't mean you're healthy ... saying 'you're overweight so you're the one whose unhealthy' ... stop focusing on young children because they're overweight, let's focus on the whole class. My daughter had a major problem with that. She doesn't understand why thin people can eat all that sort of food and stay thin and she can't.

(P2FWorking)

Dialogue and joint strategy between parents and schools was advocated, leading in some cases to packed lunches being provided because of the children's dislike and parents' distrust of school meals.

Andrea

.. healthy packed lunch that might be only a sandwich ... straight away ... basic information ... 'No, you don't send your child to our school with a packet of crisps and a bar of chocolate'. It's unacceptable. But on the other hand we won't serve any of our children a poor meal…a dinner which is not healthy, which is what they have been doing ... talk(ing) *to them all about what they've been eating for breakfast ... not just focusing on children that are overweight.*

(P2FWorking)

Andrea continued, advocating that nutrition education should be integrated at all levels of the education process.

... it's about educating children, schools, governors, parents. I think the government are probably getting through to parents ... we're not completely stupid ... sadly, for some parents the financial side of it is difficult.

(P2FWorking)

School nutrition

School was seen as a core site of social nutrition. They are places where children can be guaranteed a large proportion of their nutritional needs. Although school nutrition is statutory, parent participants are critical of the foods provided.

Andrea

… tell a child from an early age, that's where they learn … sad part … go home, not a dinner … some children are not going to get parental support. How … government deal with that … massive issue … throw more money at them … would those parents use that money to feed children correctly … at school at least (have) *access to healthy food throughout … da … government … look at initiatives to bring more fruit into school … so children get used to eating fruits. Mum and dad can't afford to provide … fruit, then maybe the school could provide it. They don't provide milk now so maybe they could provide more initiatives like that … home … plate of chips for meal tonight but at school you've had healthy meals and access to a couple of pieces of fruit and a bottle of milk … all costs money, and whether they're going to do that is another thing … what we put on our children's plates is our responsibility … it's not always easy.*

(P2FWorking)

Leyla

I question packed lunches … make it mandatory for people to eat lunches at school. That way you know all children are getting healthy meal and there is none getting malnutritioned …

(P2FWorking)

In talking about political parties, Syrita argued extending free school meals to children of all ages, particularly at the secondary level. Parents noted throughout these data there are challenges facing parents, with exposure to fast foods and child agency.

Syrita

T*hey introduced eating at the school … that what the* (name, political party) *done … free at school for everyone. It was a bit late for me, cost wise. I started at eight pounds a week for school dinners. I done it because I felt that sandwiches can't sustain him throughout the day. But it was hard giving him eight pounds per week. I was working and not earning a lot. It was a lot of money. Would have been a lot easier to go and get bread and make him sandwiches. I done it because … when a child is full … enough food to feed their brains, then they'll do a lot more … wish it's extend*(ed) *because … secondary school, it's a whole different ball game.*

(P2FWorking)

Khadra

If I was Prime Minster … more money to school to tackle this problem … very important … food in school, it is healthy. Year 2 … free meal … can do this to Year 6 … a free meal … healthy meal

(P2FMiddle)

NMCP

NCMP was suggested to be problematic by parent participants. They advocated a different approach to advising parents on their children's health. This includes professionals who advise parents face-to-face at school. Change was advocated through support at school and community levels.

Leyla

… they give you the letter … there isn't advice on clinics to help … guide parents … parents take it very seriously and could start malnutritioning children … give(n) *them a lot less … health professional could tell them rather than them thinking 'Oh, he's obese. My child is massive and I've got to stop feeding him' … more advice. Letter doesn't solve the problem, need someone to guide you. They have all these healthy things that you can join and they give you advice … everyone is busy these days … easier to have first hand advice … so you're not alarmed and worried …*

(P2FWorking)

Khadra

It (NCMP) *means they won't do anything, they just talk about it … waste our time and do nothing about it … don't like … labelling the family or the child. I know some parents, when they got the letter, they felt offended. 'Oh no. My child is not obese. Why are they sending me this letter. I don't want to see that'. Rather than sending a letter, go to school … pinpoint child* (if) *there is health worry. Otherwise don't pinpoint him.*

(P2FMiddle)

A7.6.6 Public health

Health information

Parent participant views for policy on providing nutrition information are integrated throughout this chapter. Education was advocated for all school levels. Parents want effective food labelling and food knowledge. This was voiced in the terms of 'rights'. Here, Layla suggested knowing 'the facts' on disease risk is useful in promoting change.

Leyla

*… shock … parents … don't know it's that high … scary … make you think more about how you're feeding them. Like … dentist (*laughs*)! 'How many snacks do you give a day?' … am I really giving them that much sugar … facts and people made to think ….*

(P2FWorking)

Social food: Sure Start and community

Prompt material (photos) included, by chance, a closed down Children's Centre near a supermarket in a deprived area. Nearly all parents commented on this closure arguing that it is not supportive of parents. In these data, Children Centres are suggested to be valued and a policy wanted to support families and communities in feeding children.

There was objections to 'Jamie Oliver 'umping on the bandwagon' with argument made that change starts in the community. That included requests for investment in community projects for sustainability.

Maya

Jamie Oliver … jumped on the bandwagon about school dinners … went to Greenwich … cooking food and showing them how to cook. Taking control starts in your community … all about money … this (Jamie Oliver) *happens in middle class places … community centre … we'll go down to Lewisham market or Billingsgate and buy in bulk and … organic … a lot of work has to be invested in that … delivered, and who is going to buy this? It's all about finances so we can afford to sustain this kind of stuff … huge job … most parents are so busy that they just do the little bit they can for their own selves and immediate family.*

(P2FWorking)

Experience was cited of community social eating provided freely through community projects.

Yvonne

Sure Start was doing food when, we, Deptford Family Project, raised funding for healthy eating. Parents bring children from school and we were cooking. Children were eating and parents were eating. We were paying rent … hire … children were giving not one penny … they learnt, they cooked … they danced, some of them.

(P2FWorking)

Family clubs

Social eating was advocated through 'family clubs'.

Khadra

Husband says eating time is happy … only thing we do as a family. Unless they open a club for families … in the evening this is the only family friendly stuff you do

(P2FMiddle)

Cooking classes

Samina

It can work if they change prices. Do cooking classes. There's recipes online, there's so much that people could do.

(P2FWorking)

General practitioners

It was suggested that routine measurements on children are carried out by the GP and that parents are given access to support.

Colin

… there needs to be more support to tell parents if there's a problem developing because it's harder to go from obesity to healthy than slightly overweight to healthy … if child goes to GP, even if it's nothing to do with weight, should be noted and parents told … support mechanism they can use.

(P2MMiddle)

One participant advocated more drastic action including removing children from parents for a period of time to enable them to lose weight.

Kerry

When the doctor checks out and says 'obese', the government should step in and take child away from the parents. Or say 'We're giving you six months and if this child doesn't get down to this weight, we're going to take them away'. Teach them … until they reach the right weight and then go back to the parents.

(P2MWorking)

Right to know

This mother drew together her views on providing nutrition information advocating it as a human rights policy.

Khadra

Every child and every person and every parent has the right to know, to have the knowledge … classes for parents about food. I wish I know how to grow vegetables in my garden, I would do it … teaching parent about food which is good for you, and which is bad for you … the council to put their outreach people … leaflet has to be in different languages … to reach everyone … in more languages and everywhere in the shop. There is information in the clinic. If you go to the midwife or the doctor you get information in different languages … school. library, shops,

hospital, clinics … information for parents in different languages on what's available for them … in Lewisham, we have free sports.

(P2FMiddle)

A7.6.7 Parent's involvement in policy process

Parent participants all thought government should listen to parents and some suggested mechanisms of local meetings or school contact through which they could inform policy.

Leyla

… they should start groups where parents can help each other out and give advice like on healthy meals … help each other … help their child … parents, once they receive the obese letter, make a difference to the diet plan at home. Those parents can reach out to others that need advice and make them feel better, they're not alone, it's not only my child that's obese. Kind of 'We're going it together'.

(P2FWorking)

Interviewer

So how would that happen?

Leyla

We have parents' forum … reach(ed) *out … start a group about obese children, how to … prevent your child from becoming obese. Parents … aware … and they could join … through the parents' forum or … community groups that are already going on. They could add that …*

(P2FWorking)

Andrea

As a parent of a child who was obese I would have welcomed support by just parents. I went to one group - have you heard of MEND? That was really good because all parents in the same boat … nice to be able to say 'I've got the same problem'. It was only on for ten weeks … once over, you move on. We learnt a lot … educated my child and I've learnt a lot from it.

(P2FWorking)

Kerry

Will government listen to parents? If they really want to … change … to help, that's the only way to do it. They have to listen to the parents.

(P2MWorking)

One twenty-three-year-old mum argued that everyone, including parents, in society should work together in interest of child health, but doubted that may happen.

Samina

Buy chocolate, get an apple free (laughs) … *if everyone put something towards it then you can change … government … councils … us people, parents … everyone as a whole … supermarkets … change it so people can be more healthy. Make a plan where everyone worked towards it. I don't know if everyone wants to be healthy … you have free will. Some people don't want to be healthy.*

(P2FWorking)

Interviewer

So, in your view okay everybody would work together?

Samina

I hope. I doubt it. I don't know. Maybe. Hopefully.

(P2FWorking)

Later in the interviews, on understanding the Responsibility Deals, Samina argued that the food companies should be forced to make healthy changes to foods. No organisation specifically set up to support parents was talked about other than Sure Start. Some parents mentioned political parties and the trade unions in that context.

Talking about how to change the local high street, it is seen that whilst that is important, politicians support is needed. However, policy it was said, starts from community level.

Political parties and trade unions

Liz

… they got to get it right in the communities. If they support their communities properly, the bigger picture will look after itself

Interviewer

So like from bottom up?

Liz

In this situation, you've got to start at the community and then work up …got people settled in the communities first, doing the correct living, and then it works its way up, because we've got other … communities doing same …

(P2FWorking)

Khadra

… political parties, they don't reach out. You don't see them anywhere and they don't reach out. But they can influence food companies.

(P2FMiddle)

Syrita

Trade unions I'm not too sure of … couldn't comment … don't understand …

(P2FWorking)

Kerry

… trade unions, don't know how they could help.

(P2MWorking)

Liz

… problem … start getting trade unions involved, some might get involved for a different reason. Trade unions could kill a project rather than help it. I'd to think trade unions would go to employers and say 'Give one hundred pound voucher, tax free, for food. a week. Or fifty pounds'. Different circumstances, family of four would need one hundred pound a week, and a single twenty-five… give workers vouchers that are tax free rather than cash that will be taxed …e more beneficial for the worker…shall I go into politics?

(P2FWorking)

A-Summary

Throughout these parent interviews, constructive comments occurred with respect to policy 'fixes' for childhood obesity. Participants provided suggestions, from legislation to control advertising, food companies and food reformulation, through improving education and information available to parents, and making labelling more effective.

Participants did not shy away from commenting - often powerfully – on the relevant state, and local state processes such as planning, reducing the number of fast food outlets, particularly near schools, taxation and hours of work. Parents suggested policy solutions around support from GPs and the NCMP. These are focused at the community level, for example through Sure Start and MEND-type projects that enable peer support with the assistance of

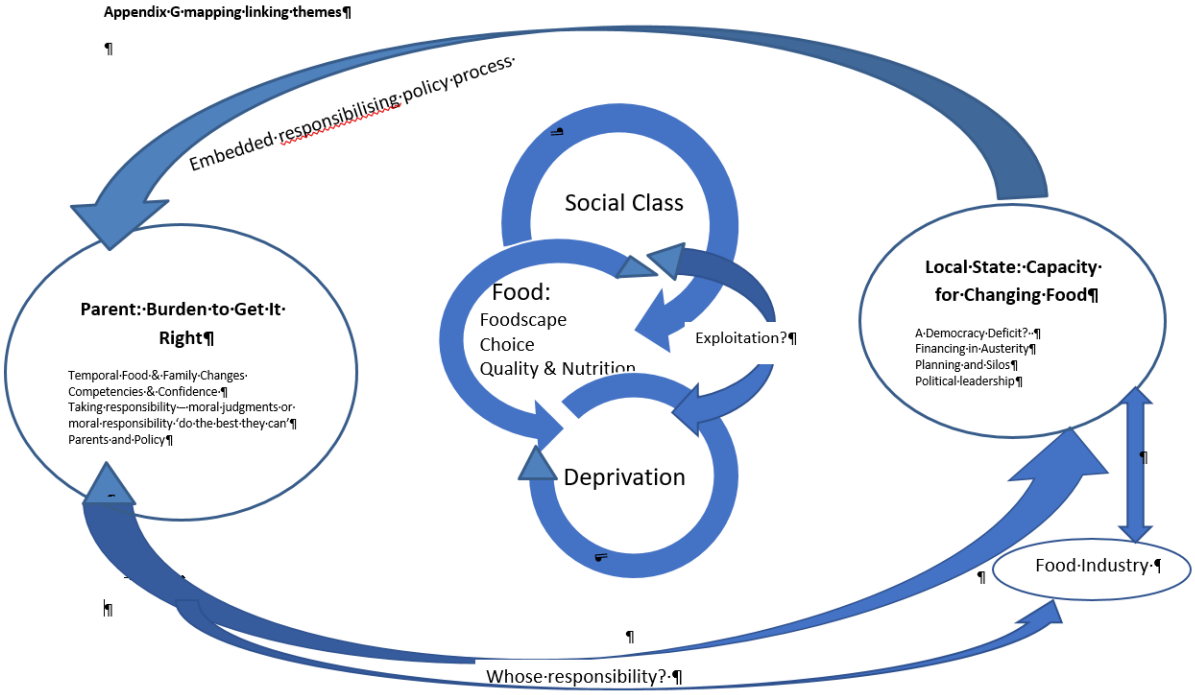
relevant professionals. Some participants advocated social nutrition, notably free school meals of quality that children and parents trust. Others advocated cooking classes and community eating initiatives, and family clubs.

The food environment, geographic foodscape, was strongly identified for change. Redesign of local high streets based on improving the range of local shops at affordable prices was seen as a facilitator of social discourse and everyday physical activity through walking to the local shops rather than a less frequent ‘big shop’.

All parent participants felt that parents of children with obesity should be involved in policy process at the stage of informing policy and the data are rich with examples, frequently with focus on community level.

Appendix I

Developing thematic linkages



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