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Changing Families,
Changing Food.

Making healthy families

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Summary

The family has become the focus of increasing government concern about diet and health. A range of health and social care practitioners and agencies now advise family members on food purchase, preparation and consumption, both on an individual basis and through community-based classes and programmes. Who accesses these programmes? Do policy-makers, local practitioners and family members

have similar ideas about family life, food and family health, or not? This study examined these themes through in-depth investigation in four case study sites in South Yorkshire. Our findings suggest that lay and professional perspectives differ in key respects, and that these differences have important implications for our understanding of 'family', and for policy and practice in relation to diet and health.

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The Leverhulme Trust

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Research questions

- How do practitioners (in managerial, professional and support roles) conceptualise 'family' and 'healthy family'? How are these conceptualizations located within broader social contexts including family form and social class?
- How do practitioners, across a range of disciplines and settings, perceive family processes and dynamics as they relate to the development and maintenance of 'healthy family'?
- How do such conceptualisations and perceptions inform practitioners' interactions with families and their practice in relation to food and dietary advice?
- What are family members' views and experiences concerning interactions with practitioners who offer food and dietary-related interventions and advice?

Research design

The study utilised a mixed-method design combining: mapping of local community-based food initiatives; in-depth, semi-structured interviews; and observation of community-based food interventions. Interviews were conducted with participants from three groups: those in leadership or management roles in NHS Primary Care Trusts, Early Years settings and other relevant arenas; practitioners responsible for the delivery of healthy-eating and related interventions; and family members who were the recipients of such initiatives. Observation took place over a range of sessions in four research sites including: a 'Cook and Eat' project for fathers; a Food Educators' training programme; a 'cooking-bus'; a primary school lunchtime; an obesity intervention group; and Sure Start Cook and Eat sessions.

Key findings

- There is widespread concern among managers and other practitioners for the long-term viability of many community-based food interventions. Funding streams and staff contracts are often insecure, despite the high profile given to these interventions in national and local policies.
- Policy initiatives focus on addressing perceived deficits in 'the family', for instance in terms of parents' ability to provide healthy food for children. However, in practice, local interventions related to food and health tend to be addressed to individuals rather than to families. Women in disadvantaged areas are the main participants in the resulting social and educational programmes, and are the ones implicitly or explicitly expected to bring about improvements in family practices (including food practices). There is some acknowledgement of the impact of poverty and other structural inequalities, but this often

takes second place to the focus on deficits within families themselves.

- Professionals and support staff who work with families through community-based food interventions are often able to draw upon a varied occupational history of community and family engagements. This means that practitioner values, working principles and notions of 'family' vary considerably across disciplines and settings. This strongly shapes the ways in which national policies are interpreted and delivered locally.
- The narratives of professionals and support staff reveal a tension in understandings of 'family' and 'healthy family', between idealised notions of the nuclear family and day-to-day experience of diversity in family forms and practices. Practitioners are aware of, and sensitive to, this diversity; however, notions of an ideal type family are often deeply embedded in their own memories and biographies, and still influence their practice.
- Professional and support staff accounts explicitly acknowledge contemporary notions of 'family', characterised in terms of diversity of family forms, changes in gender patterns and fluidity in food practices. Their accounts contrast these with notions of past 'family', characterised in terms of the nuclear unit with clear gender roles and stable, structured eating practices.
- The shifting of some domestic food preparation and consumption practices into the public sphere through programmes such as 'Cook and Eat' has facilitated a range of meaningful exchanges. These are not confined to matters of food and health. For example, current discourses about 'good parenting' include an emphasis on providing healthy food. For some women, the resulting food and health programmes facilitate access to social networks and to the public sphere, albeit via public representations of the traditionally 'feminine' space of the private kitchen. For some men, such discourses provide a space in which they are able to re-envision gendered relationships and practices and their own masculine identities. Healthy eating discourses constitute a nexus for the fluid interactions of private and public domains.

Publications

Curtis P A (2007) Bringing it all back home: families with children with obesity. Working paper, available from: www.sheffield.ac.uk/familiesandfood/resources.html

Fisher P and Owen J (forthcoming) Empowerment, managerialism and recognition: what characterizes 'enabling' interventions in health and social care contexts? *Social Science and Medicine*

Green T et al (2009) Making healthy families? in P Jackson (ed.) *Changing families, changing food*. Palgrave Macmillan, in press.