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Food, Connection and Care: Perspectives of Service Providers in Alternative Education and Training Settings

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Abstract

While the formal school system has been the focus for researchers, practitioners and policy-makers for food and nutrition-related research and interventions, there has been less attention to the Alternative Education and Training (AET) sector. A qualitative social ecological examination of food issues among marginalised young people in Irish alternative education and training settings was conducted through interviews with 15 service providers. We aimed to provide insight into the everyday food practices of young people in AETs, understand educational responses to food and eating in AETs, and determine how these educational responses might be optimised. Through a socio-ecological framework, we examined service providers' accounts beyond individual (intrapersonal) factors that related to young people's dietary practices, to include interpersonal, organisational, community and policy-related factors. Across the socio-ecological framework, analysis was organised in terms of four broad themes: (i) food practices of young people in AET; (ii) food and connection; (iii) food, place and community; (iv) teaching and learning about food and health to marginalised youth in marginalised education settings. Food provision was central to AETs' activities and impacted on young people's home life and employment prospects. AETs experienced challenges: food provision resources; expertise to address food issues; and the tension between AETs' holistic educational response to food and their obligation to provide certification and employment pathways. There is an opportunity to harness the interest in food, education and empowerment in these settings to bridge the social and nutritional dimensions of food for/with young people.

Key words: Social ecological theory, marginalised/disadvantaged, young people, food, education.

Introduction

Alternative education and training settings (AETs) in Ireland offer a range of educational programmes to unemployed young people who have left the formal school system at, or before the statutory school leaving age of 16, or before completion of three years of post-primary education, whichever is later (Government of Ireland, 2000). For several decades, the formal school system has been the focus for researchers, practitioners and policy-makers for food and nutrition-related research and interventions, such that there is a considerable evidence base on the effectiveness of this work in these settings (Langford et al., 2014). Yet, there has been less attention to the AET sector. There is limited evidence of this sector's needs in terms of evidence-based food and nutrition policy and educational provision.

Young people in AET are often described by the problematic terminology ‘early school leavers’ or ‘not in education employment or training - NEET’, and represent a socially and economically marginalised group with a history of intergenerational educational disadvantage (Smyth, 1999). Lower life expectancy, and higher levels of substance use, suicide, teenage pregnancy, crime and violence are associated with being an early school leaver and are also causal factors (Dale, 2010). There are numerous examples of nutrition interventions with young people, but they are rarely reported in terms of socio-economic stratification (Stephens et al., 2015) or they target older and cross-age adolescents (Munt et al., 2017; Sato et al., 2016). Thus, it is difficult to determine effective food and nutrition responses for young people in AET settings. Nonetheless, we suggest that such young people are similar to other marginalised groups that experience social inequalities in health in terms of food poverty and poor nutrition.

Diet-related health issues follow a socioeconomic gradient (Darmon and Drewnowski, 2008) and require multi-level interventions that go beyond the focus on ‘down-stream’ individual behavioural initiatives (Dowler and O’Connor, 2012), characteristic of health promotion programmes, particularly nutrition programmes, over the past two decades (Golden and Earp, 2012). Despite recognition of the need to address health issues from a systems perspective that accounts for social and contextual factors, as well as individual factors (Sallis et al., 2008; World Health Organisation, 2013), in terms of food-related health inequalities among young people, there are few examples that incorporate multi-level responses (Golden and Earp, 2012; Munt et al., 2017). There are few such responses in the AET sector itself and, as noted by De Clercq et al. (2017), few policy interventions aim to reduce inequalities in young people’s dietary health.

The research reported here is based on wider study food provision and food education practices in Alternative Education and Training settings in the Republic of Ireland (Share et al., 2012).

Theoretical framework

We applied a social ecological perspective as an organising framework to examine food provision and food education practices to data obtained through qualitative interviews with fifteen education providers in AET settings. Whereas research and interventions in health behaviour have been dominated by psychological models of individual behaviour (McLeroy et al., 1988), a social ecological framework considers individuals in the context of their environments and the interactions among various levels of influence within these (Sallis et al., 2008). Such a perspective appreciates the wide range of influences on human behaviour and departs from a purely individualising focus that responsabilises, and even blames, individuals for their behaviours (Sallis et al., 2008). A social ecological perspective builds on and extends other theories such as Bronfenbrenner’s Systems Theory (Bronfenbrenner, 1979) and psychological theories such as the Health Belief Model and Social Cognitive Theory (McLeroy et al., 1988).

A social ecological perspective considers health behaviours in terms of five levels of influence: intrapersonal, interpersonal, organisational, community, and public policy (McLeroy et al., 1988). In the context of food and nutrition, Story et al. (2008), identify intrapersonal factors in terms of individual food behaviours and socio-demographic factors such as age, class and educational attainment, as well as psychological factors that influence food choices. Interpersonal factors concern the interactions between individuals in their

immediate environment - family and peers - who may influence food and eating beliefs and practices (Lund et al., 2005). At an organisational level, food and eating is considered in terms of the influence of environments, such as school or workplace (Story et al., 2008). Community level factors may include structural influencers of access and availability to food in the neighbourhood (Glanz et al., 2005) as well as community cultural influences in the local food environment (Belon et al., 2016). Public policy influencers operate across all levels from the advertising, availability and pricing of food, to families, organisations and communities, to macro-level national and international policies on health, agriculture and education (Lang et al., 2001).

A social ecological framework provides a dynamic model to understand the influences of health behaviour that may be used to develop targeted and comprehensive interventions where change mechanisms are identified across the levels of influence (Sallis et al., 2008).

Methodology

The study aimed to gain an in-depth understanding of food provision and associated educational issues, from the perspective of service providers, in Ireland's AETs that primarily serve marginalised unemployed young people who have left the post-primary education system before the statutory school leaving age. Underpinned by a social ecological framework that considers the multidimensionality of food issues, from a service provider perspective, the study addressed the following research questions:

1. What are food issues for young people attending Irish AET settings?
2. How are food practices and education negotiated in these contexts?
3. How might educational responses to food and health be optimised in AET settings?

The setting

In 2013, the Further Education and Training sector restructured with the formation of SOLAS, a statutory accreditation and grant-aiding agency for further education and skills training, and the Education and Training Boards. Although the present study took place between 2011 and 2012, education for young people classified as unemployed early school leavers aged 16-20 continues to be delivered by government's Youthreach programme, but with a different organisational and management structure now provided by the statutory Education Training Boards rather than Vocational Educational Committees. Though often depicted as the 'Cinderella service' of the education sector (Appleyard and Appleyard, 2014; Ní Aodha, 2016; Randle and Brady, 1997), AETs are widely distributed throughout Ireland and at the time of this study, 156 organisations provided the Youthreach programme, with 3,629 approved places for eligible young people (Share et al., 2012). The Youthreach programme provides opportunities to eligible young people to identify and pursue viable options in adult life, and to acquire certification across a wide ranging two-year educational programme. The Youthreach Programme is delivered through Youthreach Centres of Education, Community Training Centres (CTCs) and Youth Justice Programmes. A survey of 296 AETs indicated that young people attending centres had an average school leaving age of 15.9 years (range 12 to 19 years). Just under half (41%) had left school at age 16, while almost one fifth left school at age 17 (17%). The majority of young people (59%) had completed five or more subjects in the Junior Certificate, while almost one fifth (17%) had not completed any formal accredited programmes (Share et al., 2012). Around three-quarters of young people lived with their mother in a single parent household and half of the young people reported that the head of household was unemployed (ibid).

Youthreach Centres are managed by ‘coordinators’, whereas Community Training Centres are managed by ‘managers’. Both hold similar roles: they have overall responsibility for the daily management of centres, including staff supervision, recruitment of trainees, delivery of the centre programme, budgeting, and liaising with the local community and other appropriate agencies. AET centres receive resources to support the provision of psychological, guidance and counselling services; students receive a weekly training allowance. In reference to food and health-related educational provision, topics are addressed at three levels, to varying extents between centres: curriculum, environment (including food provision, recreation provision and policies) and partnerships/ community links (Share et al., 2012). Centres provide a range of health-related modules under various programmes such as FETAC (Further Education and Training Awards Council) modules/certificates, the Leaving Certificate Applied (LCA) programme, and the Junior Certificate and Leaving Certificate to a lesser extent. Food and nutrition modules/subjects were commonplace (ibid). Most centres provide food, with facilities ranging from industrial kitchens to demonstration kitchens and mini-kitchens (ibid).

Data Collection

Interviews with service providers

Semi-structured, one-to-one qualitative interviews were conducted with 15 staff in AET centres and youth service organisations. Each interview aimed to elicit service providers’ perspectives on food provision and food practices in AET settings, barriers and facilitators, and appropriate approaches to responding to food and health matters in AET settings. An interview guide (See Supplementary Materials) was developed based on a literature review and in consultation with the Study Advisory Group. It was piloted and no revisions were required. Any organisation involved in the delivery of services to ESLs was eligible to participate. The sampling frame included all those listed within the service provider database compiled during an earlier phase of the study, based on a mapping of services through literature searches, surveys of service providers and discussions with the Study Advisory Group. The final sample comprised government-funded Youthreach Centres and Community Training Centres and other youth services based in urban and rural settings in different geographical areas in Ireland. Some organisations that hold the Youth Health Quality Mark and Youthreach centres participating in the Special Education Needs Initiative were also approached. Interviews were conducted in Cork (1), Dublin (8), Galway (1), Limerick (1), Sligo (1), Tipperary (1), Waterford (1) and Wexford (1). Participants included teachers, managers/programme co-ordinators and health/project workers. Table 1 below provides some contextual information on the service providers who participated in these interviews. All participants had experience of working with early school leavers (ESL) and one participant had themselves been an ESL prior to returning to full-time education and gaining a teaching role.

Interviews were digitally audio-recorded and lasted from 25 to 81 minutes, the average being 60 minutes.

Table 1: Characteristics of interview participants

ID	Gender	Organisation type	Role in Organisation	Professional background
SP-1	Female	NGO	Head of Service Development	Family support, early years services
SP-2	Male	Educational services provider	Education Officer	Teaching
SP-3	Male	National youth organisation	Project Officer	Health promotion
SP-4	Male	Regional youth service	Manager	Youth work
SP-5	Male	CTC	Manager	Youth work
SP-6	Female	YR	Health Access Worker	Public health nursing
SP-7	Female	YR	Director	Teaching
SP-8	Female	TPSP	Project Leader	Early years
SP-9	Female	YR	Coordinator	Teaching [Home Economics]
SP-10	Male	CTC	Manager	Engineering
SP-11	Female	YR	Coordinator	Youth work
SP-12	Female	YR	Coordinator	Youth work
SP-13	Female	YR	Catering instructor	Chef
SP-14	Female	CTC	Catering tutor	Chef
SP-15	Female	YR	Coordinator	Teaching

Analysis

All interviews were fully transcribed verbatim. Participants were invited to review their transcripts and to make any changes they deemed appropriate; six did so. We instigated a Framework Analysis approach (Gale et al., 2013; Ritchie and Lewis, 2003). The first iteration of the framework was structured, by the first author, according to the five elements of the socio-ecological model described earlier. Each transcript was then examined for content that aligned with each of the five components. Descriptive summaries were written for each transcript. Each component of the framework was then examined across all the transcripts, by both authors, and summarised descriptively. Following this a finer grained interpretative analysis ensued in which themes and subthemes were developed by the first author. The second author reviewed and agreed themes through discussion.

Ethical approval

Research ethics approval was obtained from the Research Ethics Advisory Committee of the School of Social Work and Social Policy, Trinity College Dublin. We provided each potential participant with information about the study and all participants provided written informed consent prior to being interviewed.

Findings

Thematic analysis of the five SEM components across the framework resulted in four broad themes and ten sub-themes. As Table 2 shows, many of the themes/subthemes were applicable to more than one level of SEM. We found less data aligned with the policy level of the SEM, compared to the other four levels.

Table 2: Themes, sub-themes and SEM level

Theme	Sub-theme	SEM level
Food practices of young people in AET	Food choice	Intrapersonal
	Food involvement	Intrapersonal
Food and connection	Food socialisation	Interpersonal
	Building relationships through food	Interpersonal
	Intergenerational connections/effects	Interpersonal; community; organisational
Food, place and community	Neighbourhood food environment	Community; organisational
	Community cultural factors	Community; organisational
	Community linkages	Community; organisational
Teaching and learning about food and health to marginalised youth in marginalised education settings	Experiential learning and active engagement	Organisational; interpersonal
	Holistic education versus certification and employability agenda	Policy; organisational

Food Practices of Young People in AET

Food choice

Service providers' accounts of the food practices of young people in AET settings indicated their food choices were not optimal for health, and circumscribed by consumption of energy-dense, nutrient-poor food, such as breakfast rolls, chips and takeaway meals, and low vegetable intake:

A lot of the time, it would be maybe takeaway meals . . . some of them would come in with a takeaway sandwich . . . which would be a better situation. But, for some, it's really just, probably not eating enough but then maybe eating a lot of sweets and Coke and things like that rather than meals as such. [SP-8]

Service providers related that many of the young people had a limited food repertoire and a preference for foods that came out of a packet that could be heated quickly. Their accounts of introducing unfamiliar food items, or of using raw ingredients to prepare meals, suggested *food neophobia*, the reluctance to eat, or avoidance of, unfamiliar foods (Dovey et al., 2008) among some young people. The cookery teacher at one centre observed this as she tried to get her students to use raw carrots, grown at the centre, in their food preparation:

I had laid it on his place setting one day there and he said to me "Can I eat that?" and I said "You can", "Are you sure [Name of Participant] it won't be contaminated?" and I said "No", I said. "It's better than what you'll buy in a shop". [SP-13]

The interviews gave insight to how marginalisation impacts on young people's relationship and experience with food. As one service provider put it:

So, I would say ... they're, they're marginalised in a lot of ways and nutrition is one of those things, you know, how they experience their marginalisation. [SP-11]

Food involvement

The extent to which young people have 'food involvement', i.e., their level of interest and interaction with food in terms of purchasing and preparation, impacts on individual food choices and practices (Davison et al., 2015). According to the AET service providers, the young people exhibited a lack of interest and involvement in food in terms of its purchase and preparation. This was visible to service providers when young people availed of food services at the centre and when they participated in cookery classes. One service provider summed up young people's relationship with food as being "*stuck in a small little groove as far as food is concerned.*" [SP-14] The introduction of foods outside of their usual fare garnered a low level of interest:

Well, every couple of weeks bring in something different to put into the fruit basket, maybe passionfruit or something that's different, just to see that they might try or create curiosity, but there isn't, there's a lack of interest. [SP-7]

Service providers who interacted with young parents at the AET centres reflected that their limited food involvement had the potential to impact negatively on infant and child feeding practices. Young parents tended to rely on pre-prepared baby foods for their child/ren that could be microwaved "*a little bit like the way that they would eat themselves.*" [SP-8] Young people's limited food involvement was also considered to stem from a perspective that food shopping and cooking were done by older people.

However, service providers could also see that a narrow food world was not necessarily a fixed state. Through the centre food provision, and their involvement in cookery classes, young people's food worlds could be broadened, with many providers relaying scenarios similar to this one: *"He eats nothing, nothing, only at break - chicken fillet rolls, but he started eating."* [SP-9]

Food and Connection

At an interpersonal level, AET food provision services provided an opportunity to connect young people to food in ways that could potentially reduce marginalisation through processes of food socialisation and relationship building.

Food socialisation

Service providers observed that some young people were unaccustomed to eating at a table with others. Some young women showed a resistance to eating in front of others, and a reluctance to join the table.

In centres with young mothers, service providers spoke of the importance of establishing positive food practices for their children as many of the young women had grown up unaccustomed to family meals around a table and now mostly ate takeaways: *"eating together is an important function of the learning experience."* [SP-13]

Food socialisation was promoted through the act of having to sit for a cooked meal in the Centre with others, including staff. It was also expanded through young people going out for a meal and *"not attract(ing) huge attention, not to have any mis-behaviour"*:

They were very clear themselves that they had to look smart, that there was going to be no tracksuit bottoms and runners, they were going to wear their jeans and their shirts ... they had their meal and there were no difficulties and it was a big step for them in feeling they could live what they would see as a 'normal life' and that other people would accept them as ok, that they're not just like scum who hang around the shops selling drugs. [SP-4]

Building relationships through food

Relationship building was central to the work of an AET centre. Many of the young people may also have had negative experiences of the formal education system. As noted by SP-14, being educated about food may not be their top priority. Nevertheless, the centrality of food in the everyday practices of AET centres afforded opportunities to build and enhance relationships between the young people in the centres, their teachers and their families. This was achieved through commensality and through working together in food preparation and dining at the centre:

You'd have one person chopping vegetables and one person doing something else and one person setting the table, one person making the drinks ... just everybody kind of gels together. [SP-9]

Intergenerational connections/effects

Service providers spoke about the role they played in bridging the ‘generation gap’ as many young people grew up in households where they had no opportunity to have positive food and cooking skills passed on to them by their parents “*that there’s a generation missing ... that just didn’t get those skills from their mums.*” [SP-14]

Service providers were keen to point to the importance of bridging this gap through their food work with young people, so that young people could bring food-related knowledge and skills back into their homes:

There’s nowhere else that they’re getting this information, that’s why we do have the catering, and most centres have catering instructors to teach them how to cope with living on their own in a healthy manner, how to cook for themselves, how to cook for their young children, and bring that back into the family environment. [SP-10]

Food, Place and Community

Neighbourhood food environment

The AET centres primarily served young people from areas of socio-economic disadvantage and were also located in these areas. Although these areas could not be described by the contested term ‘food deserts’ (Coyle and Flowerdew, 2011), the neighbourhood food environment typified the expansion and changes over the last decade in the Irish food retail sector. Changes included the type and location of shops, often with large multiples such as Tesco at the outskirts of towns and the closure of traditional smaller central retailers (Friel et al., 2006). In their place has been a proliferation of express-style convenience supermarkets selling ultra-processed foods that are competitively priced, as one service provider described, “*the local shops, everything tends to be pre-packed, pre-made, ready-to-go in an oven.*” [SP-12]

The neighbourhood food environment, where there were numerous opportunities to purchase fast and convenience foods, challenged service providers as they tried to encourage young people to eat more nutritious food. One provider described their location, which bordered middle-class suburbs that had expanded during the economic boom (1998-2007), in a way that illustrated the complex relationship between food, people and place, and of prevailing issues of access, affordability and cultural acceptability that encapsulate food poverty:

For years, there was only one local supermarket in the [name] area and the produce in that supermarket would have been very, very poor quality. People didn’t have cars or they couldn’t travel any further. And even the building of [Shopping Centre], [Shopping Centre] doesn’t have a major supermarket outlet and the community don’t or wouldn’t be shopping in Marks & Spencer. [SP-4]

Community cultural factors

Service providers were also constrained in their promotion of positive dietary practices among young people by some community cultural factors. Some AETs provided educational services to young people from the Irish Traveller community where early school leaving is prevalent (Watson et al., 2017), children have a high consumption of high fat foods such as crisps and chips (All Ireland Traveller Health Study Team, 2010) and where teenage marriage and motherhood are cultural norms (Watson et al., 2017).

Service providers in these contexts, and in other AET centres without Travellers, reported the challenges of working with gendered ideologies about the role of men and women, particularly in the context of young people's involvement in cooking and food preparation:

Lots of the other boys as well think they should never pick up a J-cloth or, you know, and it's irritating because the girls kind of ... sometimes will step in and agree and kind of go "I'll do that." [SP-11]

Community cultural ideologies about health and lifestyle were, according to service providers, transmitted intergenerationally, and challenged their efforts to promote positive dietary practices, particularly with young men:

They see it just as why would they need to be interested in healthy eating, you know? That's what their Da eats, that's what their Granda ate and it's the same with the hash – their Da always smoked hash, he's 52 and there's nothing wrong with him. [SP-4]

Where centres engaged with young parents about child health and nutrition, young people could find themselves in conflict with community cultural ideologies about infant and child feeding. This could occur when grandmothers were caring for a young parent's child while the parent was at the AET centre and could result in *"the two of them are kind of pulling in opposite directions, or you know "that will do the child no harm."* [SP-8]

Community linkages

Despite some community cultural ideologies that conflicted with their efforts to promote health, service providers also reported community strengths that supported their work. These included community linkages with schools and early years educational providers, and other agencies that worked to address health and educational inequalities in the area. These included Public Health Nurses who delivered health education programmes on child feeding and nutrition for young mothers in some centres. While some considered such a connection to be useful, others spoke about the 'passive' educational approaches of such community nutrition education interventions, particularly when they were focused on the food pyramid. Furthermore, community connections could not be assumed and had to be built, particularly when the AET centre may be perceived negatively as a place for troubled youth *"trouble makers and drug user."* [SP-11]

Teaching and Learning about Food and Health to Marginalised Youth in Marginalised Education Settings

Experiential learning and active engagement

Service providers stressed the need for active engagement strategies and opportunities for experiential learning with young people in AET. Teaching and learning about food provided a good opportunity for such engagement strategies: *"food works as a hands-on learning experience"*. [SP-11]

While centres' food provided nourishment for learners and opportunities to acquire food skills, young people's involvement in preparation and cooking also enhanced cross-curricular knowledge and skills in areas such as maths when they needed to calculate weights and proportions. Service providers spoke of providing authentic learning experiences aimed at

involving young people with positive food experiences. These included supermarket shopping basket surveys [SP-13] and hedgerow berry-picking before making jam and muffins [SP-11].

It was also important to take a fun and interactive approach to teaching and learning, which was valued by young people and teachers alike:

They don't like to sit there and fill out worksheets, that's too much like classroom stuff so they like it to be very interactive learning where they can ask lots of questions and maybe where there's a role play. [SP-12]

It was equally important to take a non-judgemental approach. When they challenged entrenched food habits they avoided parental blame. This was also important because the *"involvement in all our programmes is voluntary, we don't want people not to come, so you have to be sensitive in how you deal with some of those issues."* [SP-4]

Holistic education versus certification and employability agenda

Service providers are committed to *"the holistic development of every trainee."* [SP-5] Food and health are woven into all aspects of their work and the ethos of centres. AET can provide an important and possibly the last opportunity to address food issues among this group *"because there might not be another place that these people encounter again that could address it."* [SP-14]

Yet there is a tension between centres' priorities and those of their funders, the national training authority, whose policy focus is on employability. Service providers stressed the need to focus on promoting health first in order to foster learning amongst young people:

We're funded ... to deliver training and education programmes, primarily skills-based training and more and more you're expected to meet targets and to achieve a certain number of certificates per trainee and that you know? And I suppose the more that that happens, maybe less time or emphasis gets put on the wider issues, the more holistic issues you know? [SP-5]

Nonetheless, service providers emphasised the importance of food education *and* provision, irrespective of whether they were part of an accredited programme:

But even if they weren't [gaining accreditation for doing nutrition modules]; we'll always focus on the nutrition side. [SP-2]

Service providers cited a lack of dedicated funding and support for food provision as a barrier to their work with young people. Food facilities and provision varied from centre to centre. Whereas some had large industrial kitchens with chefs and provided full meals, others were limited to the provision of snacks, and their kitchen facilities comprised just a kettle, microwave and toaster. For some, food provision was kept 'under the radar' because they lacked industrial kitchens with the appropriate accreditation to provide food on a formal basis. In such instances, centres facilitated food provision because – *"it's a cookery class ... and we just happen to eat the product of the cookery class"* [SP-9] – because of food policy restrictions and lack of resources provided to centres for industrial kitchens.

Discussion

Young people in AET settings are similar to other marginalised groups who have exited mainstream education settings early. They may experience multiple disadvantages that include poor mental health, substance use, poor diet, and troubled family backgrounds (Dale, 2010). Yet, unlike the formal school system, where there has been extensive research and intervention on young people's nutritional wellbeing, there has been a lack of attention to the AET sector that serves marginalised youth, primarily in areas of socio-economic disadvantage.

In this paper, using the perspectives of AET service providers, we aimed to provide insight into the everyday food practices of young people in AETs, understand educational responses to food and eating in AETs, and determine how these educational responses might be optimised. Our application of a socio-ecological framework has allowed us to consider food and eating practices among young people in AET settings in the context of their everyday environments and the interactions of the various levels of influence within these (Sallis et al., 2008). Through a socio-ecological framework, we examined service providers' accounts beyond individual factors that related to young people's dietary practices, to include interpersonal, organisational, community and policy-related factors.

Service providers' accounts underscored that young people's dietary practices were not optimal for health, with a preference for fast food and a lack of interest and involvement in food preparation and shopping, and a lack of commensality. These findings accord with studies that have examined the food practices of other marginalised socio-economic groups (Barker, et al., 2008; Jarman et al., 2012). Yet, our examination of young people's food practices, food provision and education in the context of AETs that serve marginalised young people, goes beyond descriptions of individual behavioural factors to illustrate the centrality of food in the everyday life of an AET, and of the complex relationship between people, food and place. Despite their depiction as human capital production sites aimed at educational certification for young people to gain employment (Grummell and Murray, 2015), centres provide holistic and person-centred educational programmes. Our study is novel as it shows how AET service providers work within and between the various levels of influence to reduce the marginalisation that young people expressed and experienced through food.

Through food provision, and their approach to food education, AET providers enhance young people's health and well-being and help to reduce their marginalisation. As young people worked with, consumed, and were educated about food, service providers also had the chance to build relationships and address other troubling issues in their lives. These findings resonate with previous research, albeit in the context of young people attending school, of the significance of food sharing for relationship building and trust (Neely et al., 2015; 2016) and that eating together is important for maintaining and strengthening social bonds (Sobal and Nelson, 2003). These findings should be considered in the context that for many socio-economically marginalised people, such as low-income single parents, out of home youth, everyday food access and consumption practices like having to budget, seek out deals, use charitable services and/or food banks can serve as markers of *social exclusion* and instil feelings of shame and a lack of dignity (Beagan et al., 2017; Gombert et al., 2017). But among the AETs in the present study, food held symbolic value as a mechanism for *social inclusion* through the practices of the centres.

Although the accounts of some AET service providers could be construed as moralistic and value-laden, when they described young people's food practices and their upbringing, we suggest that their efforts to engage young people enabled an alternative food discourse that potentially could empower young people and impact on their food identities. Nonetheless, we suggest that the efforts of staff in AETs to support and empower young people in their relationship with food could be strengthened by further attention to staff motivations, disciplinary backgrounds and their own food knowledge bases. Indeed, as we have shown (Table 1), all participants had experience of working with early school leavers and just two were directly engaged in food work. Despite the challenges they experienced, all considered that food was centrally important in the everyday life of the AET. There is the potential to further support staff engagement with young people through work that considers the determinants and complexity of food choice generally (Sobal et al., 2006) and adolescent food choice in particular (Share and Stewart-Knox, 2012), and that appreciates that adult-centred healthy eating discourse may be resisted by young people (Share, 2008).

Similar to other studies that have examined neighbourhood food environments and their impact on young people's food choices (Browne et al., 2017, Callaghan et al., 2015; Davison et al., 2015; Tyrrell et al., 2017), we found that the AETs had to contend with promoting positive food choices in neighbourhoods where fast food outlets and convenience stores dominated. Although service providers considered their location challenged efforts to promote healthy food choices, some used this as an opportunity to move food education beyond the classroom so that young people could engage with food and eating through active and critical strategies; these took them into their local environment where they connected the young people with food and place. Where this occurred, service providers perceived an impact on young people's knowledge and awareness about food on terms and in contexts that were relevant as they connected food practices to their local community. We also know that many of the young people in the AETs came from families with experiences of multigenerational socio-economic disadvantage. Working with young people to empower them around food and eating may ripple into the home environment where food may not be a high priority. Many parents in socio-economically disadvantaged circumstances face higher order challenges than concerns about what their children are eating and may have to contend with other daily obstacles that include limited budgets, unemployment, and substance misuse (Backett-Milburn et al., 2010). Thus, the work of the AETs may be considered valuable and valued as they are firmly embedded in the communities in which they are located. Furthermore, such action around food aligns with evidence that for low socio-economic groups community-level interventions require realistic interventions that connect people within the social context of their community (Dubowitz et al., 2007).

Although our findings illustrate that food work at AETs could serve to empower young people, reduce marginalisation with the potential for a ripple effect for those who were young parents, there was tension for AETs as they were funded to support young people to gain accredited qualifications for employment. Our findings also align with broader research on the Irish further education sector that highlights the sector's marginalisation and the spread of a new managerialist discourse (Grummell and Murray, 2015). This organisational context did not appear to align with the day-to-day holistic education practices of service providers. This meant that much of their work in the area of food provision, practice and education was unacknowledged as valid and required them to operate food provision 'under the radar' and through imaginative responses that transgressed bureaucratic educational and food safety requirements.

Although the overarching aim of the AET sector is that of educational certification for young people for employment, this study shows when food provision is enabled and supported it also supports the sector's aims. This is particularly the case when food is used as part of cross-curricular activities and supports development of numeracy, critical thinking, and food production skills. These are also key skills in order to gain employment. Food work needs to be supported in centres and not 'go under the radar'. There is an opportunity in AETs for food provision and food education to be a focal point for engagement with other issues in the lives of marginalised young people and to influence the intergenerational transmission of food poverty. AETs respond to the holistic needs of young people through an inclusive and community facing response that places food at the centre of what they do.

Conclusion

It is well established that dietary health inequalities follow a socio-economic gradient (Graham, 2009) and that historical, economic and geographical factors associated with living in socio-economically deprived neighbourhoods impacts on food choices (Macintyre and Ellaway, 2009). Such findings add support to our view that in the context of young people in AET settings there appears to be an opportunity to impact on health inequalities by investing more in the AET sector which is well-positioned to engage with young people in marginalised communities. In terms of efforts to reduce health inequalities, Buck and Frosini (2012) argue for a holistic response to policy and practice rather than the more common siloed approach. Equally this argument can be applied to the AET sector. As we have demonstrated, potentially the sector has the capacity and drive to engage in holistic educational responses that respond to young people in their communities and connects with their families.

This paper adds to a very limited knowledge base on the food experiences of young people in AET settings, with the application of a social-ecological lens being a key strength. It demonstrates the multiple levels of influence, including inter-generational poverty and inequality, which impact on young people's food practices and how AETs work with young people, to negotiate these influences, and empower them around food. A number of limitations should be noted. This paper reports the everyday food practices among young people in AETs from the perspectives of service providers; it does not encompass the views of young people themselves. The wider study on which the present paper is based included five focus groups with young people and has been previously reported (Share et al., 2012). As the data on which this study is based were collected between April to November 2011, it is important to consider the extent to which the findings are relevant to AETs in 2018. With this in mind, we have followed up with a number of service providers to determine their current situation and they have confirmed that the issues above reflect the current situation in AET settings. Building upon this study, further research should be undertaken to develop a needs-based curriculum developed by and for young people in AETs in conjunction with their service providers. At a policy-level there is a need to ground food education and provision within the curriculum of AETs.

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References

- All Ireland Traveller Health Study Team. (2010). *All Ireland Traveller health study: Summary of findings*. Dublin: Department of Health.
- Appleyard, K., and Appleyard, N. (2014). *The professional teacher in further education*. Northwich: Critical Publishing.
- Backett-Milburn, K., Wills, W., Roberts, M.-L. and Lawton, J. (2010). Food and family practices: teenagers, eating and domestic life in differing socio-economic circumstances. *Children's Geographies*, 8(3), 303-314.
- Barker, M., Lawrence, W., Woadden, J., Crozier, S. R. and Skinner, T. C. (2008). Women of lower educational attainment have lower food involvement and eat less fruit and vegetables. *Appetite*, 50(2-3), 464-468.
- Beagan, B. L., Chapman, G. E. and Power, E. (2017). The visible and invisible occupations of food provisioning in low income families. *Journal of Occupational Science*, 1-12.
- Belon, A. P., Nieuwendyk, L. M., Vallianatos, H. and Nykiforuk, C. I. J. (2016). Perceived community environmental influences on eating behaviors: A Photovoice analysis. *Social science and medicine* (1982), 171, 18-29.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, Massachusetts: Harvard University Press.
- Browne, S., Staines, A., Barron, C., Lambert, V., Susta, D. and Sweeney, M. R. (2017). School lunches in the Republic of Ireland: A comparison of the nutritional quality of adolescents' lunches sourced from home or purchased at school or 'out' at local food outlets. *Public Health Nutr*, 20(3), 504-514.
- Buck, D., and Frosini, F. (2012). *Clustering of unhealthy behaviours over time: Implications for policy and practice*. London: The King's Fund.
- Callaghan, M., Molcho, M., Nic Gabhainn, S. and Kelly, C. (2015). Food for thought: analysing the internal and external school food environment. *Health Education*, 115(2),
- Coyle, L., and Flowerdew, R. (2011). Food deserts in Dundee. *Scottish Geographical Journal*, 127(1), 1-16.
- Dale, R. (2010). Early school leaving: Lessons from research for policy makers - An independent expert report submitted to the European Commission. Brussels: European Commission.
- Darmon, N., and Drewnowski, A. (2008). Does social class predict diet quality? *Am J Clin Nutr*, 87(5), 1107-1117.
- Davison, J., Share, M., Hennessy, M., Bunting, B., Markovina, J. and Stewart-Knox, B. (2015). Correlates of food choice in unemployed young people: The role of demographic factors, self-efficacy, food involvement, food poverty and physical activity. *Food Quality and Preference*, 46, 40-47.
- Davison, J., Share, M., Hennessy, M. and Knox, B. S. (2015). Caught in a 'spiral'. Barriers to healthy eating and dietary health promotion needs from the perspective of unemployed young people and their service providers. *Appetite*, 85, 146-154.
- De Clercq, B., Abel, T., Moor, I., Elgar, F. J., Lievens, J., Sioen, I. and Deforche, B. (2017). Social inequality in adolescents' healthy food intake: the interplay between economic, social and cultural capital. *Eur J Public Health*, 27(2), 279-286.
- Dovey, T. M., Staples, P. A., Gibson, E. L. and Halford, J. C. (2008). Food neophobia and 'picky/fussy' eating in children: a review. *Appetite*, 50(2-3), 181-193.
- Dowler, E. A., and O'Connor, D. (2012). Rights-based approaches to addressing food poverty and food insecurity in Ireland and UK. *Soc Sci Med*, 74(1), 44-51.
- Dubowitz, T., Acevedo-Garcia, D., Salkeld, J., Lindsay, A. C., Subramanian, S. V. and Peterson, K. E. (2007). Lifecourse, immigrant status and acculturation in food purchasing and preparation among low-income mothers. *Public Health Nutr*, 10(4), 396-404.
- Friel, S., Walsh, O. and McCarthy, D. (2006). The irony of a rich country: Issues of financial access to and availability of healthy food in the Republic of Ireland. *Journal of Epidemiology and Community Health*, 60(12), 1013-1019.
- Gale, N. K., Heath, G., Cameron, E., Rashid, S. and Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Med Res Methodol*, 13, 117.

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- Glanz, K., Sallis, J. F., Saelens, B. E. and Frank, L. D. (2005). Healthy nutrition environments: concepts and measures. *Am J Health Promot*, 19(5), 330-333, ii.
- Golden, S. D. and Earp, J. A. (2012). Social ecological approaches to individuals and their contexts: twenty years of health education and behavior health promotion interventions. *Health Educ Behav*, 39(3), 364-372.
- Gombert, K., Douglas, F., McArdle, K. and Carlisle, S. (2017). Exploring the lives of vulnerable young people in relation to their food choices and practices. *World Journal of Education*, 7(3), 50-61.
- Government of Ireland. (2000). *Education Welfare Act (2000)*.
- Graham, H. (Ed.) (2009). *Understanding health inequalities*. Maidenhead, UK: Open University Press.
- Grummell, B. and Murray, M. J. (2015). A contested profession: employability, performativity and professionalism in Irish further education. *Journal of Educational Administration and History*, 47(4), 432-450.
- Jarman, M., Lawrence, W., Ntani, G., Tinati, T., Pease, A., Black, C. and the S. I. H. S. G. (2012). Low levels of food involvement and negative affect reduce the quality of diet in women of lower educational attainment. *Journal of Human Nutrition and Dietetics*, 25(5), 444-452.
- Lang, T., Barling, D. and Caraher, M. (2001). Food, social policy and the environment: Towards a new model. *Social Policy and Administration*, 35(5), 538-558.
- Langford, R., Bonell, C. P., Jones, H. E., Poulidou, T., Murphy, S. M., Waters, E. and Campbell, R. (2014). The WHO health promoting school framework for improving the health and well-being of students and their academic achievement. *Cochrane Database Syst Rev*(4), Cd008958.
- Lund, C. H., Carruth, A. K., Moody, K. B. and Logan, C. A. (2005). Theoretical approaches to motivating change: A farm family case example. *American Journal of Health Education*, 36(5), 279-286.
- Macintyre, S. and Ellaway, A. (2009). Neighbourhoods, social class and health. In H. Graham (Ed.), *Understanding Health Inequalities* (pp. 84-100). Maidenhead, UK: Open University Press.
- McLeroy, K. R., Bibeau, D., Steckler, A. and Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377.
- Munt, A. E., Partridge, S. R. and Allman-Farinelli, M. (2017). The barriers and enablers of healthy eating among young adults: a missing piece of the obesity puzzle: A scoping review. *Obes Rev*, 18(1), 1-17.
- Neely, E., Walton, M. and Stephens, C. (2015). Building school connectedness through shared lunches. *Health Education*, 115(6), 554-569.
- Neely, E., Walton, M. and Stephens, C. (2016). Food practices and school connectedness: a whole-school approach. *Health Education*, 116(3), 320-340.
- Ní Aodha, G. (2016, 18 September 2016). 'The Cinderella sector' of Irish education needs extra funding just as badly as our top universities. *thejournal.ie*. Retrieved from <http://www.thejournal.ie/further-education-funding-2971748-Sep2016/>
- Randle, K. and Brady, N. (1997). Managerialism and professionalism in the 'cinderella service'. *Journal of Vocational Education and Training*, 49(1), 121-139.
- Ritchie, J. and Lewis, J. (Eds.). (2003). *Qualitative research practice: A guide for social science students and researchers*. London: Sage Publications.
- Sallis, J., Owen, N. and Fisher, E. (2008). Ecological models of health behavior. In K. Glanz, B. K. Rimer, and K. Viswanath (Eds.). *Health behavior and health education: Theory, research, and practice*, 4th edition (pp. 462-484). San Francisco, CA: Jossey-Bass.
- Sato, P. M., Steeves, E. A., Carnell, S., Cheskin, L. J., Trude, A. C., Shipley, C. and Gittelsohn, J. (2016). A youth mentor-led nutritional intervention in urban recreation centers: a promising strategy for childhood obesity prevention in low-income neighborhoods. *Health Education Research*, 31(2), 195-206.
- Share, M. (2008). Choice and resistance: Young people's perspectives on food and eating at school. *Youth Studies Ireland*, 3(2), 18-36.
- Share, M. and Stewart Knox, B. (2012). Determinants of food choice in Irish adolescents. *Food Quality and Preference*, 25(1), 57-62.
- Share, M., Hennessy, M., Stewart-Knox, B. and Robinson, J. (2012). *Early school leavers and nutrition: A needs assessment from a nutrition perspective*. Dublin: safe food.
- Smyth, E. (1999). Educational inequalities among school leavers in Ireland, 1979-1994. *The Economic and Social Review*, 30(3), 267-284.
- Sobal, J. and Nelson, M. K. (2003). Commensal eating patterns: a community study. *Appetite*, 41(2), 181-190.

- Sobal, J., Bisogni, C., Devine, M. and Jastran, M. (2006). A conceptual model of the food choice process over the life course. In R. Shepherd and M. Raats (Eds.), *The psychology of food choice* (pp. 1-18). Oxfordshire, UK: CABI Press.
- Stephens, L. D., McNaughton, S. A., Crawford, D. and Ball, K. (2015). Nutrition promotion approaches preferred by Australian adolescents attending schools in disadvantaged neighbourhoods: a qualitative study. *BMC Pediatrics*, 15(1), 61.
- Story, M., Kaphingst, K. M., Robinson-O'Brien, R. and Glanz, K. (2008). Creating healthy food and eating environments: policy and environmental approaches. *Annu Rev Public Health*, 29, 253-272.
- Tyrrell, R. L., Greenhalgh, F., Hodgson, S., Wills, W. J., Mathers, J. C., Adamson, A. J. and Lake, A. A. (2017). Food environments of young people: linking individual behaviour to environmental context. *J Public Health (Oxf)*, 39(1), 95-104.
- Watson, D., Kenny, O. and McGinnity, F. (2017). *A social portrait of Travellers in Ireland. Research series No. 56* Dublin: Economic and Social Research Institute.
- World Health Organisation. (2013). *Health 2020. A European policy framework and strategy for the 21st century*. Geneva: World Health Organisation Regional Office for Europe.

Food, connection and care: Perspectives of service providers in alternative education and training settings

Supplementary material: Key informant interview guide

1. Introduction and background information
 - Role of key informant
 - Demographics on young people (gender, age-group)
 - Types of programmes offered
2. What sorts of health education programmes take place at the centre? (Probe: policy and curricular/non-curricular activities; who is involved in delivery, receipt, experience in the past, what works or doesn't work, examples of best practice; diet and physical activity?)
3. What do you see as the main health issues for young people in this centre? (Probe diet and physical activity; issues for different groups - lone parents, travellers, urban/rural ESLs, males/females; level of importance of food issues for young people compared to other issues in their lives?)
4. What do you consider to be the main barriers to healthy lifestyles for young people in this centre? (Probe: family circumstances, peers, price, access/availability, media)
5. How do you think that early school leaver settings can effectively promote healthy lifestyles for young people (Probe: what sorts of supports are needed; views on the extent to which this should be the responsibility of ESL settings; what type of approach is favoured; what barriers and facilitators exist)?