



**Parents' and Teenagers' Conceptions
of Diet, Weight and Health:
Does Class Matter?**

End of Award Research Report to the ESRC

November 2008

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Background

The importance of understanding young people's health and eating habits has been firmly stated in documents such as Healthy Eating, Active Living [1], Healthy Weight Healthy Lives [2] and the Food and Health Action Plan [3]. These documents place a continued emphasis on increasing knowledge about the factors which contribute to socio-economic (class) inequalities in health. There is little empirical research, however, which has examined how the everyday practices and perceptions of young people and their families might contribute to class-based inequalities in diet, weight and overall health.

Whilst there is no universally accepted definition of social class, it can be taken to mean a hierarchical (and unequal) framework of relationships which arise from the social organisation of labour, education, wealth and income [4]. It is widely acknowledged that the unequal material circumstances associated with class distinctions influence peoples' lives and health [5]. However, it is through attention to the everyday lived experience of deprivation or affluence that we can explore how issues of class might underpin inequalities in health. Bourdieu [6], in his work on habitus, argued that social distinctions are maintained through the production and control of bodily practices, which, as Williams [7] suggests, are often mundane and taken-for-granted. This implies that daily practices and beliefs surrounding diet, health and weight might provide a 'structuring structure' which, whilst serving to distinguish one class group from another, would be 'neither known nor chosen by [such groups]' [6:143]. Bourdieu and others have postulated that people from lower social class groups may have a utilitarian attitude towards health, valuing bodies free from illness and capable of performing everyday activities [6, 8]. The middle-classes, however, may be more likely to value enhanced wellbeing, rather than merely a functional absence of disease [9, 10].

Earlier qualitative research undertaken by the grant holders [11-16] explored diet, health and weight issues amongst young teenagers (aged 13-15 years) and their parents from lower social class groups. Half the participating young teenagers were overweight/obese. The research reported here, which focused on young overweight/obese and non-overweight/obese teenagers and parents from higher social class groups, was conducted to facilitate a critical examination of some of the key findings from the earlier study, enabling us to explore whether and in what ways class underpins perceptions and practices regarding diet, health and weight. Ultimately, such work will be used to inform debates about inequalities in health and drive forward appropriate policies on diet and obesity.

Aims and objectives

The study aimed to: (a) Examine the dietary practices and health and weight conceptualisations of BMI-defined obese/overweight and non-obese/overweight young teenagers (aged 13-15 years) from middle-class families. (b) Situate these observations within the 'habitus' of the family by exploring the aforementioned

issues from the perspectives of their parents. (c) Compare these data to the data already collected in an earlier study involving young working-class teenagers and their parents.

The objectives were to: (1) Gain an in-depth understanding of middle-class parents' and young teenagers' conceptualisations of the teenager's dietary practices and health/weight concerns. (2) Explore similarities and differences in dietary practices and health/weight conceptualisations between the middle-class and working-class participants. (3) Explore the salience of class based-predispositions and distinctions (e.g. habitus) for understanding the health-relevant behaviours and conceptualisations of obese/overweight and non-obese/overweight young teenagers and their parents. (4) Conduct an integrated programme of consultation and dissemination with relevant policy, practitioner and lay audiences. (5) Make recommendations for policy and practice initiatives aimed at improving inequalities in young teenagers' health.

We were able to meet our objectives through in-depth engagement with and analysis of the data (objective 1); a critical and comparative analysis of the two data-sets (objective 2); judicious engagement with relevant debates for team discussions and in order to prepare papers for publication (objective 3); and, through our consultation and dissemination activities with a variety of audiences (objectives 4 and 5).

Methodological approach

It was important that we adopted the study design used in the earlier study of working-class families, to allow a full comparison between the data sets. The project therefore included in-depth interviews with 13-15 year olds and their parents. This qualitative approach ensured that the analysis and interpretation of the data were grounded in and guided by participants' experiences [17].

Research methods and recruitment of participants

Recruitment occurred in two stages. The first stage involved the creation of a pool of participants from which the interview sample was selected. We targeted 2nd (S2) and 3rd year (S3) students aged 13-15 years at four participating schools¹ in areas of relative affluence in Edinburgh, East Lothian and Fife. Three of the schools were state secondary schools and the fourth was an independent school. The research team administered a screening questionnaire in order to collect young people's socio-demographic information plus other information which was used to screen participants and prompt discussion during the interviews (e.g. favourite foods and perception of own body size). The questionnaire was based on the instrument developed in our earlier study of working-class teenagers. Participants had their height and weight measured, in private, usually in the school nurse's room, by two members of the research team (or one member of the research team and the school nurse). In total, more than

¹ Schools which had a relatively low number of students eligible for free school meals were contacted and asked to participate in the research. The schools were in the same geographic area as those in our earlier study.

400 young people completed a questionnaire and most of these had their height/weight measured. As with our earlier study, only a small minority of teenagers, all girls, declined to have their measurements taken. However, the process of being weighed/measured did raise a number of issues for young people back in the classroom and we are preparing a paper on this topic to disseminate these findings to researchers and practitioners.

Participants were asked to indicate on the screening questionnaire if they wished to be considered for an interview. This formed the second stage of recruitment. Thirty-six participants were selected for interview on the basis on their gender (18 boys, 18 girls), their BMI (18 BMI-defined² as overweight/obese and 18 BMI-defined as 'normal' weight for their age and gender) and their family's social class (based on parental occupation/s, family affluence and level of deprivation³). Participants were White/Scottish, reflecting the local population as a whole. Defining social class in a qualitative study proved a complex and interesting issue. We decided on the stated objective indicators at the outset of the study. All of the participating families were interviewed at home by the study's research fellow (RF), however, thereby facilitating a more subjective observation of each 'postcode sector', as well as a (partial and brief) observation of each family home. This prompted much discussion amongst the research team about whether objective indicators truly capture what it *is* to be middle-class. For example, some families live in postcode sectors not classified as being socio-economically advantaged but children within some of these families attend a fee-paying school and their parents have professional occupations; similarly some families live in affluent areas but do not have professional-level jobs. These discussions and observations fed into our analyses about classed practices and also informed our thoughts about future research priorities (see P14).

Participants selected for interview were telephoned, and parents asked if they were also willing to be interviewed. Preference was given within each family to the parent who assumed most responsibility for the family diet and those who were willing to be interviewed. Only one parent declined, because of ongoing personal problems. The parent sample consisted of 33 mothers and two fathers.

Individual, in-depth interviews were carried out with each participant. The interviews each lasted between 45-90 minutes. All interviews were tape-recorded and most took place in participants' homes.

² Body Mass Index (BMI) was calculated as weight (kg) / height (m) squared. Thresholds for defining young people as overweight/obese or not overweight/obese were based on the age and sex specific thresholds published by the International Obesity Task Force [18].

³ We chose teenagers where at least one parent's occupation was reported to be in class 1 or 2 of the NS-SEC (Office of National Statistics, 2004). Family affluence was ascertained from positive responses to 2 items adapted from the Family Affluence Scale [19] - whether the teenager had their own bedroom and whether the family had at least one holiday in the past year. Deprivation was assessed using the 2001 Carstairs scores for Scottish postcode sectors [20] with households falling into the least deprived quintile being eligible for interview. As an additional check, we also looked at the Scottish Index of Deprivation (see <http://www.scotland.gov.uk/News/Releases/2006/10/17104536>).

Data analysis

The transcripts were initially read through and discussed at analytical team meetings to establish the emergent and recurrent themes in the data. Analysis of the data involved the PI, co-investigators and the RF. The data were exported into QSR N6 and this was used to log and code the emergent themes. To facilitate a comparative analysis with data from our earlier study, we discussed using the broad coding scheme we had already developed. The broad codes previously used were: eating with family; eating with others; tastes and preferences; weight/body image; and, health. Data on general themes relating to adolescence were also coded to provide contextual information. After our initial reading of a selection of transcripts it became clear that these six codes were appropriate for broad coding of the current data. One additional broad code was added to the framework, to reflect the extensive data on physical activity.

Members of the research team each produced accounts of their own determination of themes, sub-themes and issues across/within teenage and parent 'cases' for regular team meetings. Meetings were held approximately every 6 weeks and we decided in advance whether to concentrate on analysis of young people; parents; or parent/young people dyads and which emergent themes to focus on. Throughout the analytical process, the grant holders who had been involved in the earlier study interrogated the middle-class data in relation to findings from the earlier, working-class study. This led us to revisit some of our analyses from the earlier study to reflect on and explore possible classed practices and perceptions which we were unable to 'see' without comparative data from families from higher social class groups. Further comparative analyses were then undertaken systematically to check that these interpretations could be validated across and between social class groups.

Ethical considerations

The applicants adhered to the guidelines set out by the British Sociological Association and ethical approval was sought from the relevant local education authorities⁴. Parents were sent information about the study and asked to 'opt out' if they did not wish their child to participate. The parents of teenagers selected for interview were asked to give their own written consent before interviews commenced. In schools, the RF, accompanied either by the PI or postgraduate students specially recruited for the project⁵, explained the study to each class and then facilitated a debate with students to engage them with the research topic. They were given an information sheet and each session included time for questions. Participants were asked to give their written consent before questionnaires were administered.

Findings

⁴ And from the University of Hertfordshire ethics committee

⁵ All personnel underwent enhanced Criminal Records Bureau checks before the study commenced

The findings are presented in three sections. The first section explores some of the emergent themes from interviews with middle-class young people and their parents (Objective 1). The second section explores some of the key similarities and differences between the practices and perceptions of these middle-class families and the working-class families from our earlier study (Objective 2). Section three examines the salience of class-based dispositions (e.g. habitus) for understanding our findings (Objective 3). These sections are presented to illustrate that we have addressed our research questions (see original proposal). All participants have been given pseudonyms.

The dietary practices and health/weight conceptualisations of middle-class families

'Family' is created through a myriad of mundane everyday practices; so, in their accounts, parents⁶ and teenagers revealed much about their ideals of middle-class family life and, given the nature of the research, what they thought was a 'healthy family' and an 'acceptable' body/weight. When considering the wider context, these middle-class parents and teenagers described few worries about their daily lives, including few concerns about money, and most felt they lived in 'nice', unthreatening areas.

Negotiation of everyday food practices

The close, daily supervision and surveillance by parents of young teenager's food choices was a key theme to emerge; this was apparent in both teenagers' and parents' accounts.

Not only was it apparent that mothers were in overall charge but the majority controlled portion sizes by serving meals onto plates and/or commenting to their teenager if they felt s/he took too much/too little from any communal dish. It seemed that some issues were non-negotiable, for instance young people were expected to eat, or at least try, some vegetables, even if they did not always enjoy them. These claims were borne out in the teenagers' own interviews.

Chloe: Like last night there was like sausages and erm baked, er it's like mashed potato and, erm, it was like broad beans and something, so like I was on the er sausages and we kind of just like you put on the thing and pass it along, but then I'm never allowed to be part of the vegetables 'cause I always put the wrong amount on my plate (laughs).

The majority of parents and teenagers claimed that snacks were seldom taken without parental consent, or that the young person did not need monitoring because s/he had developed sufficient self-discipline to limit his/her own consumption of snack (or junk) foods. Parents and young people often spoke about less healthy snacks not being readily available at home (Judith's mother: 'I

⁶ The findings from interviews with middle-class parents are further discussed in the appended output by Backett-Milburn et al.

tend, rather than put temptation in her way, I tend just not to do it, so none of us have it').

However, as the parental interviews unfolded, it became apparent that achieving control over the everyday eating practices of a young teenager was often an ongoing challenge requiring continuous monitoring, education and intervention. The need to monitor and intervene was regularly expressed in (and justified by) a nutritional discourse by parents, as the following quote illustrates:

Matthew's mother: I try to, to... tell him about the necessity of eating a wide variety of food, and the vitamins and so on, and he'll say to me 'oh I learnt all about that at school!' And I do sometimes have a go at him and say 'well look, I know you know about all this, but when I leave you to your own devices you can't even eat 5-a-day, um, and why is that'?

There were few, if any, perceptible differences in the negotiation of food and dietary practices between the families with and without an overweight/obese teenager. Gendered differences were also not apparent from these data.

Conceptualisations of weight and fatness

Wanting to have a 'normal' body, in terms of its shape or size was frequently raised by young people; normality often meant looking like 'everyone else', that is, not too fat or too thin, but 'just right'.

Those young people who perceived themselves as being overweight⁷ or who said they wanted to lose weight *were* defined by their BMI as being overweight for their age and gender. However, by no means all of the BMI-defined overweight young teenagers saw themselves as such. Moreover, very few parents considered their child to be above a 'normal' weight. Weight gain was seen as an inevitable part of getting older by parents and teenagers and a minority of young people explicitly mentioned puberty as a cause of weight gain.

A moralising discourse about weight and the felt gaze of others featured strongly in these middle-class parents' and teenagers' accounts. Whilst some interviewees were concerned not to be perceived as judgemental, moral statements about the (over)weight of other people were scattered throughout the interviews, as the following quotation illustrates:

Elsbeth: Fat people, I hate fat people. I don't hate their personalities, I just don't like the way they look. I just don't know why folk would do that to themselves.

Not becoming fat was frequently voiced as important by young people and sometimes described in relation to being perceived as lazy, unhealthy or indicative of an inability to control a desire for 'bad' foods. Disgust at the (over) consumption of 'junk' food (by oneself or others) was viewed particularly

⁷ Note that participants were not informed by us of their weight status

negatively by young people who were defined by their BMI as overweight or obese. Being overweight was also perceived as detrimental to taking advantage of 'life opportunities'. For teenagers this was most often related to performance at sport or continued participation in physical activities. Gender was important here, with boys concern about weight, and also muscularity, related to being 'fit for sport' both now and when they reached adulthood. The activities that young people took part in were also gendered, with boys participating in team games like rugby and football whilst girls were more likely to mention horse riding and dance lessons⁸.

For parents, concern was expressed about children being overweight in relation to perceived poorer health later in life, not feeling good about oneself and not being able to take part in everything that life has to offer (Finlay's mother: 'so more energy to do all the things they want to do with their life').

The majority of parents raised the issue of their own weight gain or attempts to lose weight at various stages of their lives. Their experiences led these parents to want to shield their sons and daughters from the vagaries of dieting (see quote, below) and discussions with teenagers about weight were considered a 'no go' area, unless this was initiated by young people themselves. Parents said they were more likely to consider discussing the benefits of aspiring to a healthy lifestyle rather than focusing on weight or weight loss.

Alexander's mother: I also... yeah because I don't want the kids to know that I was on a diet. I wouldn't want them to think that this is what it's about. I think it sends out the wrong message.

Parental fears about middle-class teenagers developing negative attitudes to eating or weight were not unfounded as a few young people spoke about feeling negatively about their bodies and their unsuccessful attempts to control their weight. These teenagers often spoke about their mental wellbeing in relation to negative body image with some reflecting on events or emotions which related to feeling 'bad' about their weight or size (e.g. moving schools; feeling stressed or depressed). This discourse was not related to being BMI-defined as overweight for this minority of teenagers in the study.

These interviews highlighted the significance that young people placed on their appearance at this stage of the lifecourse. The importance of appearance was gendered, with girls being perceived by almost all parents and teenagers as worrying more about how they looked.

Parents' and young teenagers' conceptualisations of diet, weight and health: Does class matter?

⁸ Some girls did, however, mention playing hockey and a few boys took part in martial arts.

The lives of the middle-class parents and teenagers we interviewed were, it seems, positioned within a context of relative security, choice and future aspirations. In contrast, the working-class families in our earlier study described an everyday life characterised by risk, uncertainty and a focus on the 'here and now'⁹. These contexts helped form the habitus; the 'structuring structure' or 'generative principle' that Bourdieu, and others [6, 7, 21, 22], have described as driving the social distinctions that, ultimately, contribute to inequalities in health. These contexts, which differentially underpinned family practices and conceptualisations relating to diet, weight and health, are now discussed more fully.

From our two studies it appears that the middle-class habitus is defined by a future-oriented expectation in relation to 'acceptable' food and eating practices and conceptualisations relating to a 'respectable' body size and healthy lifestyle. In contrast, the working-class habitus seems underpinned by the construction of 'good enough' practices relating to diet, weight and health, with these 'good enough' practices being driven by a focus on more pressing concerns about everyday life.

The construction of 'good enough' practices in working-class families

Many of the working-class families described living risky, uncertain lives in terms of everyday context. Several of the working-class teenagers were being cared for by grandparents when we interviewed them; this was often because of parental illness or death, overcrowding or family conflict. Concerns about employment and money were voiced by several parents and grandparents along with worries about children being bullied, mixing with the wrong crowd or living in what were sometimes perceived as unsafe neighbourhoods. Dietary and weight concerns were seen as being of little importance when compared with these other, more salient risks including the risks associated with other health-relevant behaviours like drug taking, smoking, alcohol and sex [11], for example:

Lewis's mother: 'So it's no' so much the food-wise I dinnae think, it's the smoking an' the drugs an' the drink-wise that's mair worrying than the food, ken, what he's eating. An' running about wi' the wrong crowd is worrying but you just have to try an' impart wisdom'.

Expecting and allowing young people to develop autonomy was an important issue for the working-class parents and teenagers. Teenagers often said they ate separately from their parents or at different times (Jeremy: 'if I'm doing something in my room I'll just have my tea up there'). Young people often actively negotiated increasing autonomy with their parents with regard to food/mealtimes, in order to fit in with their desire to regularly meet friends and 'hang out'. Statements such as 'at his age he'll eat what he wants to eat' (Alec's grandmother) and 'I just leave him up to hisself' (Neil's mother) [11] reflect views expressed by most of the working-class parents. The negotiation of

⁹ A draft paper focusing on the comparative data relating to the food and eating practices of the participating families is appended to the report (Wills et al.)

everyday food and eating practices did not appear to be gendered for these parents and teenagers.

Even though some parents stated that they wanted their family to eat a 'healthier' diet, accommodating individual family members' schedules and accepting their specific preferences and tastes was a taken for granted aspect of family life. There was little mention of expecting working-class children to eat vegetables they disliked and the sample teenagers did not tend to report eating vegetables on a regular basis. Where parental control of eating practices was described by teenagers [16] or parents this was often related to minimising food wastage, ensuring that everyone got their 'fair share' of food and making sure that food lasted until the next planned shopping trip. This sometimes meant parents restricting access to fruit, fruit juice and dairy products like milk and yogurt.

Working-class parents' flexibility regarding mealtime practices was also related to their perception that young teenagers were old enough to take responsibility for their own dietary choices. This allowed some parents to distance themselves from their teenager's less than healthy preferences (Leanne's mother: 'what can I do? I mean I cannae force food down her neck'). Taking a more active part in directing or shaping young people's dietary choices was usually raised in terms of being ineffectual and a nutritional discourse (unlike in the middle-class interviews) did not emerge from interviews with working-class parents and teenagers. A 'fussy' teenager was one who was difficult to cater for, rather than one who would not eat healthily [11]. 'Getting by' involved ensuring that families were fed (sometimes on a limited budget); health did not 'add value' to food choices and was rarely put forward as relevant for decisions about food.

In the interviews there seemed to be little discussion or reflection regarding the future self; parents and teenagers focused on nurturing a functioning body which could 'fit in' with its current context. Chronic health problems were largely endured as being 'part of life' and bodies were generally acceptable, whatever their size. In contrast to the middle-class sample, most working-class young teenagers and their parents/ guardians did not moralise about the body size of others. Many expressed the view that there were more important things in life than worrying about weight.

Positioning the middle-class child: The future (healthy) adult

The middle-class accounts of diet, weight and health tended, overall, to be rooted in a taken for granted enjoyment of 'good health'. As the interviews progressed, aside from explicit mentions of nurturing teenaged bodies to be/become healthy, it was apparent that both parents and teenagers perceived that the development of a healthy adult body which could function well in the wider world was an implicit goal. A more nuanced analysis of the data indicated that the future social adult needed to be moulded to fit in with the various environments, including eating environments, which the teenager would have to navigate. Also, almost all parents emphasised the importance of their young teenager doing 'whatever

made them happy' throughout life. An emphasis on future happiness implied a certain level of security in expectations about choices and success.

Parents did not seem to accept that teenager's tastes were 'set' and there were several ways in which parents seemed to be trying to ensure that their teenager's dietary practices would alter in the direction they felt was acceptable. Developing 'adult tastes' (particularly for healthy or spicy foods), for example, was a central concern for this sample, for instance:

Jessica's mother: 'But also you know she's got much better in that she'll quite happily have some curry, yeah, and, and she likes very raw steak and things like [that]'

Being physically active was put forward as an essential aspect of being a healthy, moral citizen. The majority of interviewees described their families and indeed most relatives, apart perhaps from elderly ones, as physically healthy and able to lead active lives. Leading busy, active, lives seemed to be a key social value and such values were passed on to children, both by a parent striving to set a personal example and by direct support and encouragement. Young people frequently talked about the range of activities they and their families participated in. Only occasionally was there any reference to problems, with young people becoming bored with an activity or being influenced by their peers for example. This was usually presented to show that parents were dealing with this, to ensure that such issues did not stand in the way of their implicit goals for their teenager's future, for instance:

Alexander's mother: 'you know there's certain friends that we prefer him not to go with, not because they're not nice kids but because the activities are more PlayStation oriented and you know TV oriented, whereas other friends like to be out and about so...'

Discussion

Our findings suggest that social distinctions are, as Bourdieu [6] contended, embedded in practice. Whilst difference in terms of where our families lived and parental occupations were inherent aspects of our working-class and middle-class samples, it was everyday practices and conceptualisations regarding diet, weight and health which marked teenagers and parents as 'different' from individuals in other social groups. It was evident that children were moulded by their parents according to their own classed expectations about current and future behaviour [23]. Implicit values and assumptions [24] about bringing up children, and ideals about family life were seen through exploring diet, weight and health.

Teenagers developing autonomy, in relation to being able to make their own food decisions and take responsibility for their health, were important markers of 'being' working-class [25]. Middle-class families displayed [26] their aspirations about the future through expecting young teenagers' tastes to diversify and their bodies to be active and 'thin enough' to participate in adult

life. Middle-class families are, by the very nature of *being* middle-class, more likely to have access to the social, economic and cultural capital necessary to facilitate these futures [27]. Working-class families, whilst sometimes displaying a desire to invest in their children (in terms of wanting to improve their diet, for example) are often the reflexivity 'losers' [28] in this regard. They simply do not have the capital required to make such changes to lives lived in a context of risk and insecurity, where 'getting by' takes priority over diet and (over)weight.

Thin-ideal bodies have little value when shared ideals [29] amongst communities [30] indicate that what you have is 'good enough' [31] to function on a day to day basis. The middle-class bodily hexus is such that a discourse of health dictates that there is a moral imperative, fuelled by current 'moral panics' [23] about obesity, to implore children to 'toe the line' and keep their bodies an 'acceptable' size. Being *seen* to be 'respectable' in this regard is also an important marker of middle-class distinctions [6, 27, 32].

Conclusion and impact of the research

This study has shown that experiences and conceptions relating to diet, weight and health are driven by class-based distinctions and tastes. The findings add to the existing body of work on class, particularly in relation to highlighting the temporal imperative that underpins the family habitus. Working-class practices are based on a need to 'get by' which impedes a future-oriented outlook. The middle-classes are able to prioritise future-relevant behaviours relating to diet, weight and health because of their more socially and economically secure family lives. Gender differences were apparent in the accounts of boys and girls in relation to the importance of appearance and physical activity practices but not in relation to the negotiation of food and eating practices. There were few differences in relation to families with and without an overweight or obese teenager. Analysis of 'difference' in terms of social class is currently undergoing a renaissance in the UK and our published outputs from conferences and journals¹⁰ will add to this body of academic knowledge.

In Scotland, following our user seminar and ongoing communications with NHS Health Scotland, findings from the research are being used to help health boards implement child healthy weight initiatives [33]. The findings from the working-class study have already informed the Department of Health's new Healthy Living social marketing initiative [34] and the updated findings will inform this ongoing work. Our aim, as with our earlier study on this topic, is to generate, in due course, media interest with each of our published papers/reports so that the research is accessible to the general public.

Future research priorities

It seems that the landscape may be changing, in terms of socio-economic inequalities in nutritional status and obesity prevalence [35], therefore revisiting this research topic at some point in the future, in order to explore how class-

¹⁰ See Appendix A

based dispositions might shift to accommodate such contextual changes would be extremely pertinent¹¹. Whilst our interviews with two generations within families have illustrated how children absorb or are influenced by the habitus of their parents and kin, it would be illuminating to explore practices and conceptualisations about diet, weight and health with older generations; families at different stages of the lifecourse; and, multiple siblings within families. Socially mobile families may also differ in terms of habitus. A multi-cultural focus would also be worth exploring as our research was concerned only with White/Scottish families.

Activities and outputs

We have undertaken a series of activities and produced a number of outputs in order to disseminate our findings to academic and user audiences. Details are included in Appendix A.

Appended documents

Appendix A: Activities and Outputs

Appendix B: Policy and Practice Recommendations

Appendix C: Bibliography

¹¹ This would also allow for social, cultural and economic shifts that occur as a result of the current unstable financial climate.