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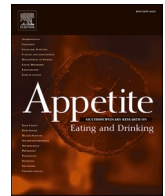
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Living in food insecurity: A qualitative study exploring parents' food parenting practices and their perceptions of the impact of food insecurity on their children's eating

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ABSTRACT

Food insecurity in rich countries is a growing problem with far reaching consequences but how it impacts parents, particularly their food parenting practices, is under researched. Food parenting practices play a critical role in the development of children's eating and may be a mechanism in the link between food insecurity and children's health outcomes; this study aims to illuminate their potential role. Twenty-one parents participated in a qualitative interview study. Their household food security was very low (18/21) or low (3/21). Reflexive Thematic Analysis generated three themes. *Challenges of food insecurity*: parents shielded children from hunger by eating less themselves, relying on free school meals and turning to family and food banks when in crisis. They perceived a conflict between giving children food of high nutritional quality and its cost. *Practical impact of food insecurity*: although motivated to provide children with healthy food, finances meant parents struggled to achieve this goal. Parents used a range of food parenting practices but their use of some that are known to be effective may have been compromised by their food insecurity. *Emotional impact of food insecurity*: parents described feelings of failure, despair, helplessness and shame. Food insecurity adversely effects both children and parents, and non-stigmatising services that mitigate its impact and facilitate children's exposure to food parenting practices known to be effective are needed.

1. Introduction

Food insecurity in rich countries is a growing problem that has far reaching consequences for health and wellbeing (Pollard & Booth, 2019). It is defined as inadequate or insecure access to food due to insufficient resources (Loopstra & Tarasuk, 2012) and describes being "unable to afford sufficient food to meet dietary needs and food preferences for an active and healthy life" (FAO, 2008). It has a detrimental impact on a range of child/adolescent outcomes including diet (Hanson & Connor, 2014; Molcho et al., 2007), weight (Rodgers et al., 2015; Weedn et al., 2014), general health (Thomas et al., 2019), mental health (Weinreb et al., 2002), quality of life (Casey et al., 2005), academic performance, cognitive functioning and behaviour (Gallegos et al., 2021).

There is a lack of longitudinal data regarding food insecurity in the UK, and a lack of methodologically consistent approaches to measurement limit what is known (Pool & Dooris, 2021). Recent figures indicate

that around 7% of the UK population live in food poverty (House of Commons Library, 2023) and almost four million children live in households that struggle to afford a healthy diet (Food Foundation, 2023), and it is believed the COVID-19 pandemic and subsequent cost-of-living crisis exacerbated UK food insecurity. However evidence indicates that rates had been rising in the decade preceding the pandemic, correlating with the UK Government austerity measures (Jenkins et al., 2021), and were high when the data for this study were collected, with 10% of the UK population experiencing moderate or severe food insecurity in 2016–2018 and 14% experiencing some food insecurity in 2019 (Pool & Dooris, 2021).

Despite the prevalence of food insecurity in the UK, few studies have asked parents about the impact of food insecurity on their food parenting practices, described by Vaughn et al. (Vaughn et al., 2016) as the behaviours or actions (intentional or unintentional) performed by parents with the aim of influencing children's attitudes, behaviours or beliefs in relation to food. A focus-group study of low-income women

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with children in the USA revealed food choice and grocery shopping behaviour was shaped by participants' economic and environmental situation (Wiig & Smith, 2009). This is reflected in the findings of a recent study, also from the USA, that combined interview data with the Photovoice method (Wang & Burris, 1997) in which mothers described multiple barriers to providing their children with healthy food, specifically the messaging, pricing and excessive availability of unhealthy options (Lindow et al., 2022). Despite limited resources, mothers employed creative strategies to obtain sufficient food, for example shopping at different outlets. Mothers' feelings of shame, guilt, and distress attest to their aspiration to feed their children a nutritious diet.

There is compelling evidence that food parenting practices play an important role in the development of child/adolescent eating behaviours (Santos et al., 2020), including children/adolescents from low-income and minority households (Berge et al., 2020). Evidence examining whether food parenting practices differ in relation to food security conflicts. For example, McCurdy et al. (2022) found food parenting practices aligning to coercive control, meal routine, and encouragement did not differ according to food insecurity, while Kral et al. (2017) found mothers from food insecure households were more likely to use restriction and reported their children as more likely to snack when compared to mothers from food secure households. These contrasting findings may arise because both studies focused on narrow and somewhat different aspects of food parenting, assessed using closed-questions. The qualitative study by Lindow (2022) on the other hand produced rich data that provides deeper insight into the practices that mothers in food insecure households employ, describing: structural barriers to providing children with healthy food, namely accessibility of unhealthy foods in their environment, and the need to use creative strategies to access food with a limited budget (for example one mother described growing her own fruit and vegetables). They also reported treating children to foods considered special as a way to cultivate normalcy and shield children from the stigma of food insecurity.

Previous research indicates that parents in food insecure households may face unique challenges that impact on their food parenting practices, but little about their experience is known. The current study aims to build on Lindow et al.'s (2022) findings and explore food insecure parents' food parenting practices and their perceptions of the impact of food insecurity on their children's eating.

2. Methods

A qualitative one-to-one interview study was conducted. Qualitative methodologies are primarily concerned with investigating and describing human experiences at the individual level (Smith, 2015). A qualitative approach was adopted so that parents were able describe their experiences in their own terms and an understanding of what it means to be a parent in a food insecure household could be obtained. It received approval from the University of Reading Research Ethics Committee (2016-023-KH) and is reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong et al., 2007). Data were collected for this study in 2016. This study was undertaken by two female researchers (RH & MD) as part of an MSc degree and KH, who conceived and designed the study, is experienced in qualitative methodologies, and who conducts research exploring the impact of food insecurity on children. None of the researchers had experienced food insecurity as children or as parents.

2.1. Recruitment

Participants were recruited from foodbanks in two UK locations: an area of Oxford which is among the 20% most deprived wards in England where one in four children live below the poverty line (Oxford City Council, 2023) and the London borough of Hammersmith & Fulham which has higher rates of homelessness and households in temporary accommodation than the average for London (Aldridge et al., 2015).

Access to foodbanks in the UK is via referral from local services, for example Adult Social Care, General Practitioners, and employment centres. They are considered a crisis service and number of visits is usually limited.

2.2. Participants

Purposive sampling was used to recruit parents from food insecure households who were over the age of 18 years, were able to speak and understand sufficient English for an interview, and who lived with at least one child aged 2–16 years some or all of the time. Purposive sampling was used to establish good correspondence between the sample and the research questions such that relevant and diverse data were obtained. Diversity in gender and ethnicity was sought to ensure the perspectives of fathers and people from ethnic minorities were included. Diversity in employment was sought because we were interested in the experiences of families who are food insecure despite being in paid employment as well as those who are not in paid employment. Diversity in accommodation was sought so that any potential impact of different accommodation circumstances on families' experiences could be explored. Information power, which considers the nature of the research questions and the diversity of participants, was used to determine sample size (Malterud et al., 2015). It was anticipated that approximately 20 participants would generate a dataset that was sufficiently rich and complex.

The final sample comprised 21 participants; 18 from Oxford and 3 from Hammersmith & Fulham. Their socio-demographic characteristics are described in Table 1. There was diversity in relation to age, gender, ethnicity, employment and accommodation; and one participant did not have access to cooking facilities. The number of children that participants lived with ranged from 2 to 5 (mode = 2). The age range of participants' eligible children was 2–14 years (2–5 years = 9; 5–11 years = 18; 11–14 years = 5).

2.3. Materials

To be eligible, participants were required to be parents in food insecure households. Because foodbank use is not necessarily a good indicator of food insecurity (Loopstra & Tarasuk, 2015), the US Household Food Security Scale (USDA) (Bickel et al., 2000),

Table 1
Socio-demographic characteristics of participants (N = 21).

	n
Age: mean (range)	39 years (28–53 years)
Sex	
Female	15
Male	6
Ethnicity ^a	
Black/Black British – Caribbean	4
Black/Black British – African	2
White – British	8
Mixed – White & Black African	1
Mixed – any other mixed background	1
White – Irish	1
White – any other White background	2
Other	2
Employment	
Full-time	2
Part-time	5
Unemployed but available for work	7
Unable to work	7
Accommodation	
Local authority	8
Housing association	5
Privately rented	7
No fixed address	1
Access to Cooking Facilities	20

^a Office for National Statistics (2022).

demonstrated as having good psychometric properties (Carlson et al., 1999) and previously used in a UK setting (Harvey, 2016), was used to screen for household food insecurity. The 18-item questionnaire comprises screening questions scored yes/no and follow-up questions scored on a 3-point Likert scale (often true; sometimes true; never true). The time-frame is the preceding year. Raw scores are used to classify households using established cut-offs: high food security (0); marginal food security (1–2); low food security (3–7); and very low food security (8–18).

Socio-demographic characteristics were collected from eligible participants, namely age, gender (male; female; other), self-reported ethnicity (participants were invited to select their ethnicity from categories developed by the UK Office for National Statistics (ONS, 2022) (participants were presented with the full list of eighteen ethnic groups), employment (full-time; part-time; self-employed; full-time training/education; unemployed and available for work; unemployed and unable to work; retired), accommodation (private ownership; private rented; local authority rental; housing association rental; hotel/Bed & Breakfast; no fixed address). Data regarding access to cooking facilities (yes; no) was obtained because of its potential impact on participants' experiences.

A Topic Guide was used to ensure interviews remained focused while also enabling elaboration and digression (Supplementary Materials). It was developed to align with dimensions of the Feeding Practices and Structure Questionnaire (FPSQ; (Jansen et al., 2014; Jansen et al., 2016). Specifically, participants were asked about the setting, structure and timing of family meals (e.g. can you tell me about mealtimes in your home); and their use of persuasive feeding strategies (e.g. what do you do if your children don't eat the food you give them?). Prompts were used to encourage participants to elaborate on their initial responses. Covert/overt restriction and use of food as a reward were not asked about explicitly. Participants were invited to describe, the food their children ate at home, their priorities regarding the food their children ate, their children's eating (fussiness), and their experiences of food insecurity and using a foodbank.

2.4. Procedure

On arrival at the foodbank researchers (RH & MD) distributed study information leaflets on tables where those attending the foodbank would sit. Potential participants were asked by a foodbank volunteer if they would be willing to speak to a researcher; potential participants were not approached by researchers directly. Those who expressed an interest in the study were introduced to a researcher who verbally explained the purpose of the study and shared written information with them. Those who agreed to participate were then invited to give written, informed consent. Consent was an ongoing process, and researchers explained to participants that they could withdraw their consent at any time. Interviews took place in the foodbank immediately following consent. Where possible, participants were interviewed in a separate room to ensure privacy. On occasions when this was not possible, with participants' express agreement, interviews were conducted in quiet corner of the main room.

At the start of the interview, participants were asked for socio-demographic and household food security information followed by questions from the Topic Guide. Interviews lasted between 9 and 40 min and ended when the researcher and participant agreed all relevant information had been obtained and a shared understanding achieved. Four interviews were relatively short (9–12 min) either because the participant had another commitment and/or because the participant responded to questions and prompts but did not elaborate on their answers. Interviews were audio-recorded and transcribed verbatim.

2.5. Data analysis

Reflexive Thematic Analysis (TA) was used to generate patterns of

meaning (Braun & Clarke, 2023). An essentialist/realist epistemological approach that assumes participants' language expresses their experience and meaning was adopted (Potter & Wetherell, 1987). Reflexive TA values researcher subjectivity while encouraging reflection on assumptions and biases (Braun & Clarke, 2023). Data were analysed by RH and MD and followed the six stages of reflexive TA outlined by Braun and Clarke (2012). RH and MD met regularly with KH during code generation and theme development to discuss alternative understandings of the data and ensure the final interpretation was credible. These meetings were also an opportunity for reflection on ways in which prior experiences may be shaping the data.

3. Results

Responses on the USDA indicated that all participants had experienced food insecurity in the preceding year; for some their food security was low (3/21) but for most their food security was very low (18/21). Five participants described food availability as sufficient, although not the type of food preferred. More commonly food availability was described as insufficient (16/21). Running out of food was a worry for almost all participants (20/21) and most had reduced the size of their meals or skipped meals for financial reasons (17/21). Most were unable to afford balanced meals either some or all the time (19/21) and relied on low-cost food to feed their children (20/21).

A thematic map of the results from the interviews is shown in Fig. 1. Three themes, each with three sub-themes, were generated.

3.1. Theme 1: challenges arising from food insecurity

This theme comprised three sub-themes describing the barriers and facilitators participants faced in relation to food sufficiency, availability, and quality.

3.1.1. Food sufficiency

When faced with the challenge of insufficient food, participants commonly described reducing their portions or skipping meals so that their children would not go hungry:

P7: *I tend to give my daughter what she, and then I probably have whatever's left but ... as long as my daughter's fed and everything then, it is what it is ... I don't really tend to worry about myself as long as my daughter can eat and my daughter's got the stuff that she needs.*

P4: *No they get what they need through the day ... They always get what they want we always leave ourselves short ... as long as they've got what they need.*

P1: *My son's eaten but I haven't eaten. I haven't eaten for the last 4 days.*

P15: *Hardly anything all day every day now ... I make sure my kids eat.*

While some participants described food insecurity as a short-term crisis, others often went without food for longer periods:

P13: *[I am short of food] all the time but I keep doing without ... there is times when I do without my own so that I can give them [her children] money to go for maybe a little trip maybe for school fee maybe for bus fare.*

3.1.2. Food availability

The majority of participants reported that food was available for their children when they were hungry, both meals and snacks, but this was facilitated by the provision of free school meals. Where children were not eligible for free school meals, participants provided packed lunches but described food being limited when money ran out, *if I don't have money to buy food, I give them what I have* [P2].

Participants described various points of crisis in relation to food availability, with most describing the end of the month as difficult due to depleted finances or school summer holidays when free school meals

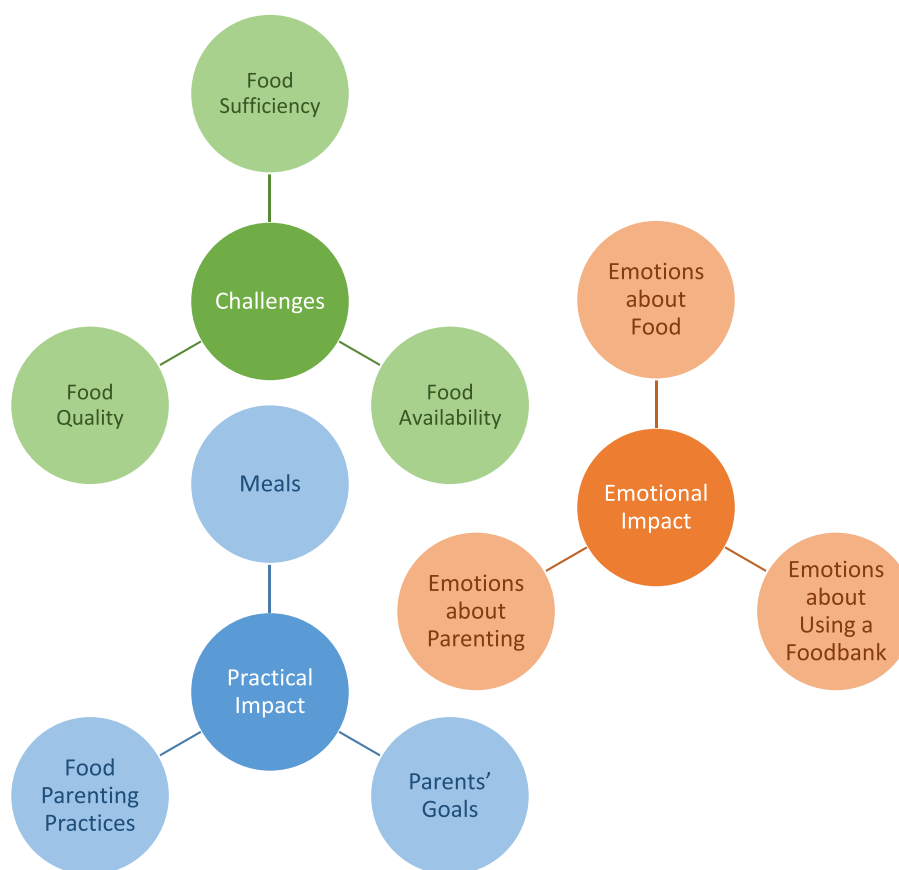


Fig. 1. Thematic map illustrating themes and sub-themes.

were unavailable:

P17: *Especially in school holidays because of course the children are in the house and we are eating all the day, we finish eating after they want to eat again. They are hungry all the time.*

All participants described crises in relation to food availability, for example children's centres closing, problems with state benefits or restricted referrals to foodbanks. Financial difficulty, typically as a consequence of loss of income (from employment or benefits), was described by participants as the greatest challenge in relation to food availability. Participants often described being reliant on family when money ran out:

P6: *Or like [partner's mother] helps.*

P14: *My dad's a butcher ... so I get quite a lot of meat from him.*

For some, awareness of the presence of foodbanks or their location had been a barrier while for others, rules around referrals to foodbanks and restrictions on the number of visits limited food availability:

P7: *I didn't know there was any here in Hammersmith and Fulham ... so when they told me on the phone today I was actually quite relieved.*

P1: *Well you are only meant to have it 3 times and in the last year I had it 3 times and then this year they started they reinstated me because my circumstances changed so they just said they would give us one more because I need it.*

3.1.3. Food quality

Food insecurity commonly impacted on the nutritional quality of food that participants were able to provide. Many described a conflict between giving children food of high nutritional quality and its cost, for example Participants 3 and 7 described how the transition into food

insecurity resulted in a need to compromise on the healthiness of food while Participants 17 and 3 explained they could only give children healthy food when it was affordable:

P3: *[Because I] had income and money coming in and that so ... it was a bit different. We had five a day, you know chicken, rice, pasta, fish, vegetables, fruit, whatever, anything.*

P7: *But now our conditions [are] a little bit difficult so I am trying ... to give them everything healthy ... now I need to give them anything I can just to feed them so they can be OK.*

P17: *Depends what we have now [referring to money] ... but of course when we have of course I give them healthy food.*

P3: *It's a bit of both ... I do want them to healthy ... but cheap as well.*

3.2. Theme 2: The practical impact of food insecurity

Participants described the impact of food insecurity on meals, their goals, and their food parenting practices.

3.2.1. Impact on meals

When participants described the impact of food insecurity on meals, it was often in relation to making them stressful:

P15: *You can't like go out and go shopping so it's like well what are we going to eat today or okay you can have that and I won't eat now.*

In particular, participants described food fussiness as a key contributor to stress given the lack of available food:

P5: *But that is down the fact that your kids will pretty much eat anything ... is the reason why it is not stressful for you. If you had no money and your kids were really fussy it would obviously be more stressful.*

A key impact of food insecurity for many participants was preparing meals when there was a shortage of food. Participants described improvising by ‘cupboard cooking’ which involved relying on food available in the house:

P5: *Obviously if you ain't got a lot of money to buy a lot of stuff and it's all the stuff you got in the cupboard already ... by the end of the summer holidays just literally throwing tins together.*

P16: *If there's not enough, like make do with what's in the freezer so a bit of a mixture and yeah bit of this, bit of that sort of stuff.*

However, not all participants perceived improvising in this way as negative:

P14: *I try to invent kind of different things on my own ... but I do quite a lot of cupboard cooking if that makes sense I don't know if you've heard of it. I go in the cupboard so like if I'm short of food I will go in my cupboards and think right that and that can go together and just kind of make of it you know what it is ... That's the best kind of cooking though, what you've got in the cupboard.*

3.2.2. Impact on parents' goals

There was consensus among participants about goals relating to sufficient consumption, healthy eating, and avoiding food being wasted.

Several participants described child's satiety as their primary goal, even at the cost of nutritional quality; *as long as they eat it really* [P16]. However, for most participants, their child's satiety was not enough. These participants described wanting their child to have a healthy diet with good nutritional content:

P13: *I give him treats but only ... after he has eaten his healthy stuff ... the rest of the time I do try and give him healthier stuff. I am really fussy about not having food that like added sugars and stuff like that in them because it's just really not good for you.*

Nevertheless, participants often described struggling to consistently achieve this goal due to their finances. When asked if money was no object, the majority described how they would increase the quality and the nutrition of the food they served:

P8: *I would try to introduce to them more healthy food, more cooked food.*

Several participants expressed goals in relation to food being wasted, although the reasons varied. Some wanted to avoid waste for ethical or religious reasons, while for others it was because food availability may be limited in the future:

P17: *I explain to them God will be sad for us if we throw the food like this.*
 P14: *If they don't eat that whole lot ... I'm like well no because ... there might be a day that we won't have a lot of food and you go hungry, because you've wasted that there on your plate. If they do waste something and then a couple of days later we are short I say "can you remember, you wasted half a plate?"*

3.2.3. Impact on mealtime characteristics and food parenting practices

Participants typically responded to questions about mealtimes in relation to their evening meal. The majority reported eating family meals in a structured way i.e. eating the same food together:

P7: *Yes, the same food. Of course we eat all the same food. I try to cook for everybody, even my husband, he likes spicy, but I make [it] so that the children can eat with us.*

Several participants reported that they did not eat all their meals together and this was typically related to the age of children.

Participants often reported older children may chose not to eat with them, while for participants with younger children, timing was an issue. Nevertheless, when participants did not share a meal with younger children, they typically described sitting with them to monitor and encourage their eating:

P7: *but sometimes my big son [teenager], he doesn't like to eat with us, you know eat[s] by himself.*

P3: *Mainly weekends we'll eat together ... during the week we cook for the kids, put them to bed, then we eat ourselves.*

P6: *So like we sit with them so that they eat theirs.*

Unstructured practices were reported, but by few participants and not all the time:

P13: *they have the option to go to the fridge and select something they want for dinner ... or maybe there is a time I will make a meal for everyone.*

All participants described providing “home cooked” food. For many this meant cooking a meal from raw ingredients although for some this was not a hot meal. In addition, participants typically reported having takeaway food but described this as an occasional treat:

P1: *home cooked, always normally like meat and veg and things like that.*

P18: *just spaghetti bolognese, stuff like that.*

P19: *I would usually just do them sandwiches ... [I] do dinner but then they moan "oh I've had dinner at school so I don't want another one".*

P16: *[in response to a question about having takeaways] Depends ... if they have been good at the end of the month we have a nice treat.*

Participants were not asked explicitly about overt/covert restriction but these practices were often described. Typically participants described exercising covert restriction by choosing the food provided or by offering restricted choices, but this was balanced by their children's preferences:

P17: *but the kids, they do have a choice, so I'll say like spaghetti bolognese or stew.*

P14: *[I choose] what I know he's going to eat ... [otherwise] would be a waste of time.*

P4: *when I'm not looking [child] sneaks in the cupboard [laughs] and gets the biscuits.*

While most participants chose the food provided, several allowed children to choose:

P8: *normally I ask them "what do you want?" ... sometimes they don't like my food and prefer to have ... pizza or something .. so if they enjoy it ... I'll be happy.*

P20: *they choose what they like ... "they say this is what I want" [otherwise] they would be annoyed and they wouldn't be happy.*

When asked what they did when children rejected the food provided, many participants described using common practices to persuade children to eat including direct commands, repeat exposure, and preparing food in a different way:

P21: *I'd be like eat it now! ... I will try and push it.*

P13: *I'd still say "a little bit".*

P14: *If they said they didn't like it I'd say: "well, try" and then what I'd do is say "okay you don't like it" and then take it away then 2 min later I go back with the same dish and try again. Just so they think they're getting something different and they're getting exactly the same.*

P6: *I'd try and prepare it in a different way ... to give it a bit more like taste.*

Some participants persuaded their children to eat by rewarding with

food and bribery:

P13: *after that [vegetables] then you can have a snack ... a sweet thing.*
 P16: *I'd bribe them ... they can have an ice-cream afterwards.*

In relation to food insecurity, several participants described how they adapted their food parenting practices, although there was inconsistency between them. While some adopted more unstructured practices because of food insecurity, aiming to increase the likelihood children would be satiated by letting them choose what and when they ate, others described food insecurity as making them more controlling or pressurising. For both, participants' implicit fear was that because there were no alternatives to the food offered, if it was rejected children would go hungry:

P6: *We are not as strict with what we are giving them now because obviously their routine is all over the place ... so at the moment they are just like eating [what's available] ... at the moment they haven't got a set time [it] depends what we are doing on the day and where we are, because obviously we can't cook so for lunch it's always a sandwich and bag of crisps, bit of fruit.*
 P1: *OK, we have only got, you know, a tin of beans that has got to last us ... that's your lunch.*

As is common across parents, participants in food insecure households also used food to reward or treat their children, however this often meant serving low-cost treats likely to be of poor nutritional quality:

P17: *I'm trying to give them fruit ... sometimes I give treats ... sweets [for her] to do her homework and practice ... so I go to Iceland sometimes. I buy one pound, you have eight ice creams. It's lovely.*

3.3. Theme 3: Emotional impact of food insecurity

Initially the topic guide did not include specific questions about the emotional impact of food insecurity, but participants routinely spoke about how it made them feel or their worries about how it made their children feel:

P17: *I just want my children of course to have everything they need ... imagine that your children wants more and you can't bring more.*

While most participants described food insecurity as stressful, one did not and another attempted to avoid worrying because of its impact on physical health:

P13: *Apart from [the limited variety of food] it don't really affect.*
 P11: *[I'm] too old now for too many worries ... if I get worried then I end up getting migraine headaches so I can't really.*

When participants spoke about emotions relating to food insecurity, it was often specifically in relation to food, using a foodbank and/or parenting.

3.3.1. Emotions about food

The lack of its availability meant that, for many participants, emotions were heightened when talking about food. Food insecurity resulted in food being perceived as essential and as having a value beyond physical sustenance:

P2: *If you don't have ... if you don't eat food can't do anything. Your life you know depends on food.*
 P7: *I thought, up until today that food wasn't really a big deal, but it is.*
 P17: *It is everything. It's survival, it's hope, it makes me feel safe and makes me feel relief, and I know that okay I have food to give it to my*

children I will not worry. We need to appreciate for this food you know I was raised ... to respect food that we have.

P13: *There are things that you ... you feel for emotionally ... like sharing, so that there is a sense of communal and sharing.*

3.3.2. Emotions about using a foodbank

Shame was a common emotion when participants described using a foodbank:

P12: *Don't wanna be here. Nearly walked out, you know I walked in and nearly walked out ... it's hard innit, I don't usually struggle to be honest, you know what I mean? But I have done the last two weeks and it's hard for me to ask. To go and ask social services ... I nearly turned round cos ... I've been so many times and I just walk past or ... I think it's your dignity isn't it. I shouldn't be here, but I have to.*

P5: *It still feels like scrounging to me, if you get my meaning ... [at] my age, I wouldn't have thought I would be in this situation when I've got to beg for food. That's what it seems like ... I'm fifty odd ... why am I in this situation?*

There was consensus amongst participants that foodbanks were helpful, and they were grateful for them. Several described wanting to support others when they were no longer food insecure, *I should be the one to give back* [P12]. One participant explained having negative thoughts initially that changed after using a foodbank, however not all participants' experiences were positive:

P13: *They [feelings] were negative like the first time you come here your probably shy but ... what you have here is to be cherished ... because really at first I was thinking a sense of like insecurity, but when I am here now I feel there is a sense of ... community.*

P1: *I went down there and they said oh don't know nothing about it you have to come back on Monday so I went back on Monday ... I managed to see her and said I'll sort it out for Tuesday for you, then she said come back Friday and it will definitely be done, and went there Friday and went there this morning at 9 o'clock when they opened and she didn't get in until half past 10 so I sat around for an hour and a half in there waiting. They didn't even offer a cup of tea or anything ... Nope they don't offer you anything. Yup they don't care. They just don't care. You can tell that.*

3.3.3. Emotions about parenting

Participants often described how food insecurity made them feel inadequate parents, describing feelings of failure, despair and helplessness:

P14: *I feel like I'm failing if I can't support my children. I feel ... it does hit me big time if I can't give them what they want.*

P17: *I try the best you know like every mum to give her children the best but now our conditions a little bit difficult so I am trying but sometimes really it's so hard. I've been stressed from last year until now. I am so sad even my husband he has depression but what we can do is be strong.*

P21: *And I'm doing everything in my power that I have to do. I can't do no more than get on my knees and beg them, to listen, to do something, but ... I can't do anymore ... it's all in their hands ... I can't do nothing. Whatever happens, it's not affecting my son, I won't allow it to.*

Participants also described trying to protect children from the impact of food insecurity, although they did not always believe they had been successful in shielding them:

P21: *I try and be as normal as possible. But when he goes to bed, I'm sitting at the end of his bed crying.*

P17: *[I don't] let them feel ... because it's hard for children and they don't deserve this ... for me it is ... we are adults so ... we need to be strong for them. But, for them, I won't let them suffer. I don't tell them anything.*

P9: *They say why mum why ... why we have it and you don't ... why now we can have three meals a day when you couldn't?*

4. Discussion

The aim of this study was to explore food insecure parents' food parenting practices and their perceptions of the impact of food insecurity on their children's eating. All participating parents were experiencing low or very low food security. Three distinct themes were generated: the challenges arising from food insecurity; the practical impact of food insecurity; and the emotional impact of food insecurity.

Given that household food security was very low for most parents and low for those remaining, it is expected that parents described sufficiency and availability of food as problematic. The majority of parents prepared home-cooked food, considering it healthier, and when asked about changes they would make if money was no object, they typically expressed the desire to purchase food of better nutritional quality. Consistent with findings from previous studies (Harvey, 2016; McIntyre et al., 2003; Wiig Dammann & Smith, 2009), although food was typically available for children when they were hungry, this was because parents reduced their own portions, skipped meals, and improvised by "cupboard cooking" (using only food available in the home). Nevertheless, there was a fragility to parents' ability to mitigate food insecurity, and when faced with situational changes such as school holidays or crises such as a loss of income, they had no choice but to turn to family or foodbanks. Beyond sufficiency and availability, parents in this study described a conflict between the nutritional quality of food and its cost, echoing O'Connell et al.'s (2019) conclusion that where families have insufficient income to provide a diet that meets social and nutritional needs, parents have to make serious compromises in terms of food quality and quantity. Parents generally describe multiple goals when feeding children, some of which compete (Snuggs et al., 2019), but the goal-conflict faced by parents in food insecure households was distinctive and consistent with previous research (Knight et al., 2018). Understandably, the short-term goal of providing sufficient food superseded the longer-term goal of a healthy diet, but this goal-conflict contributed to the stress parents experienced in relation to meals. These findings are consistent with previous research confirming that foodbank users know what food is healthy and how to cook it, but resort to unhealthy choices because of food insecurity (Caplan, 2016; Clark-Barol et al., 2021), and it contests the demonisation of foodbank users described by Purdam et al. (2015) as people who are unable to manage their budgets, unable to cook and unwilling to provide nutritional meals. McIntyre et al.'s (2012) conclusion from research spanning a decade was that income support was the solution to this conflict between the nutritional quality of food and its cost.

When designing this study, food parenting practices were conceptualised using constructs developed for the Feeding Practices and Structure (FPSQ; Jansen et al., 2014; Jansen et al., 2016) and evidence for several constructs was found, namely family meal setting, structure and timing; covert/overt restriction; persuasive feeding and reward for eating. The data produced can also be understood in relation to Vaughn et al.'s Food Parenting Practices Content Map (Vaughn et al., 2016). This Content Map groups food parenting into three constructs:

- coercive control: restriction; pressure to eat; threats/bribes; using food to control negative emotions
- structure: rules/limits; limited/guided choices; monitoring; meal/snack routines; modelling; food availability/accessibility; food preparation; unstructured practices
- autonomy support: nutrition education; child involvement; encouragement; praise; reasoning; negotiation

Several of the food parenting practices parents described aligned well with Vaughn et al.'s (2016) constructs. In response to being asked what they would do if their child rejected food, most parents described

using coercive control, specifically pressure to eat and bribes although there were some who adopted a more permissive parenting style and did not use strategies to persuade children to eat food they had rejected. Although using food as a treat was common, there was little evidence of parents using food to control negative emotions. Parent typically described structured mealtimes and meal routines with limited/guided choices and, although not asked explicitly, parents described practices relating to rules/limits and/or food availability/accessibility. The use of unstructured practices was rare. Parents also described using strategies that supported autonomy, namely reasoning and negotiation. This was often in the context of alternative food being unavailable, supporting Vaughn et al.'s (2016) hypothesised relationship between the family characteristic of "food security" and food parenting practices.

Many of the food parenting practices used by food-insecure parents were similar to those used by parents generally (Loth et al., 2013; Roberts et al., 2018; Vaughn et al., 2016). However, despite this similarity, food insecurity appeared to uniquely impact some practices, particularly when persuading children to eat. Although parents in this study differed in the extent to which they adopted practices that were unstructured versus controlling, practices were often underpinned by a fear that, with no alternatives to the food offered, rejection would risk children going hungry.

The food parenting practices parents did not report using are also notable. While parents were not explicitly asked about these practices and may simply have not mentioned using them, it is also plausible that food insecurity meant they were less feasible. Vaughn et al. (2016) propose that modelling is a practice relating to structure. Many parents reported having meals where everyone ate the same food, thus modelling eating, however many also skipped meals as a way of ensuring children had enough to eat. It may therefore be the case that opportunities for modelling in food insecure households are limited. Similarly exposure, conceptualised within Vaughn et al.'s (2016) food availability subconstruct, is a food parenting practice for which there is substantial evidence (Birch et al., 2007) but one that may be particularly difficult for parents in food insecure households to use. It relies on repeatedly offering children unfamiliar food in the anticipation that, with sufficient exposure, children will accept it. It is unsurprising that food insecure parents feel unable to risk purchasing and offering food that their child may reject, and this is evidenced by our parents who reasoned with children that there were no alternatives to the food offered. Beyond reasoning, parents reported using few practices relating to Vaughn et al.'s (2016) construct of autonomy support, for example encouragement, praise, or negotiation. It may be that parents used these practices but did not think to mention them when asked broadly how they would respond to a child rejecting food. It may also be that the stress associated with meals in food insecure households compromises parents' ability to use these more positive, adaptive practices. Similarly, parents did not report using nutrition education or involving children in meal preparation. Again, this may be because parents were not explicitly asked, but it could also be a consequence of food insecurity. Opportunities for nutrition education are limited when nutritious food is unavailable and parents may be reluctant to draw children's attention to the nutrition of food provided if it is poor. Likewise, while involving children in the preparation of food is considered an effective food parenting practice (Vaughn et al., 2016), it requires resource and can create mess and waste. Understandably, parents in food insecure households may be reluctant to risk food being wasted and may also have less resource for this activity either in relation to food, space or equipment or in relation to cognitive capacity (Nagpaul et al., 2022).

Salient to parents was the emotional impact of food insecurity and it was this that many parents were keen to relate. Given that economic hardship is known to increase the risk of emotional distress (Huang et al., 2010), it is predictable that food insecurity had a negative impact and parents' accounts highlighted the intersectionality between well-being and physical health. For many, the lack of food heightened its importance and gave it a value beyond simple physical sustenance.

Recent participatory research conducted by [Nourish Scotland \(2023\)](#) confirms the value of shared meals for food insecure families and the importance of having sufficient resource to make choices about food. A common finding across research is that parents using foodbanks feel shame, stigma and social exclusion ([Pineau et al., 2021](#)) and parents in this study reported similar feelings. They were reluctant to use foodbanks, finding doing so shameful, and explained how food insecurity made them feel inadequate as parents, describing feelings of failure, despair and helplessness similar to the powerlessness experienced by participants in [Knezevic et al.'s \(2014\)](#) study. Despite a determination to protect their children from the impact of food insecurity, parents acknowledged this endeavour was not always successful, corresponding with previous research revealing children from food insecure households are often aware of their situation despite their parents' efforts ([Harvey, 2016](#); [Knight et al., 2018](#); [O'Connell et al., 2019](#); [Velardo et al., 2021](#)).

This study was rigorously designed and conducted and its strengths include the diversity of parents, in particular the inclusion of fathers and the use of a validated measure to confirm food insecurity. Nevertheless, qualitative research is reliant on the richness of the data and it is a limitation of this study that interviews were relatively short and some parents gave less detailed answers. There are several possible reasons for this. From a methodological perspective, researchers could have probed more deeply in relation to specific food parenting practices, for example practices relating to autonomy. A more difficult reason to address is the potential impact of parents' time constraints. Parents did not visit the foodbank expecting to participate in an interview and while some explicitly stated they had commitments that would limit the time they could devote to the interview it may be the case that other parents' time was also limited. An alternative design would have been to seek parents' consent at the foodbank but arrange to do the interview at another time, however, this approach was rejected because of the increased likelihood that we would not be successful in conducting the interview at a later date. Parents may not have returned to the foodbank during the data collection period, perhaps because of the restrictions on foodbank use described earlier, and interviews would have had to be conducted in the community. This would have presented a different set of challenges given that the living circumstances of some parents were chaotic and alternative public spaces such as cafes would have lacked privacy. Another reason for interviews being short may be that parents felt uncomfortable speaking to us in-depth about some aspects of their experiences, especially aspects they found distressing. Typically interviews were conducted in a separate room of the foodbank, but it is understandable if parents did not want to relate experiences they found upsetting and return to a public space. Finally, despite researchers efforts to explain the reasons for the study, parents may have been reluctant to acknowledge the reality of their situation either because of feeling shame or because they mistrusted of researchers' intentions and feared the potential implications of divulging their circumstances.

4.1. Implications for research and practice

Transferability, which is the extent to which the results of qualitative research can be transferred to other contexts or settings, is a key concept in qualitative research ([Lincoln & Guba, 1985](#)) and can be assessed via replication. The data for this study were collected prior to the COVID-19 pandemic but during a period of financial austerity in the UK when rates of food insecurity may have been lower but were not dissimilar ([Jenkins et al., 2021](#); [Pool & Dooris, 2021](#)), and participatory research that was conducted during the pandemic echoes the experiences of parents in this study ([Changing Realities, 2023](#)). Future research could extend our understanding by exploring further how food insecurity changes food parenting practices and identifying if it is a potential avenue for intervention. To ensure comprehensive coverage of the many aspects of food parenting, this research should consider employing Vaughn's Food Parenting Content Map and enquire more deeply about specific

practices.

Parents' emotional distress has been established as a factor explaining the link between child behaviour problems and food insecurity ([Slack & Yoo, 2005](#)). Arguably, parents' implicit understanding of this explains their determination to protect children from its impact. Given the multitude of adverse outcomes that result from food insecurity for both children and their parents, it is imperative that parents and children are protected from its harmful impact on their relationships, well-being and mental health. Ways to ensure children have access to nutritious food are needed, such as school breakfast clubs, free school meals and summer holiday clubs ([Cohen et al., 2021](#)). However, for these interventions to be most effective, food needs to be appealing to children as well as nutritious ([Cardoso et al., 2019](#)) and their design should aim to ameliorate any potential harms such as stigmatisation, social exclusion and dependency ([Gugglberger, 2018](#); [McIsaac et al., 2018](#); [Williams et al., 2003](#)).

A key finding from this study is parents' perceived conflict between providing healthy food and its cost, and a recent report indicates this perception is well-founded ([Food Foundation, 2023](#)). Exacerbating this conflict is the additional risk for parents in food insecure households that children will reject healthy food, perhaps because the food parenting practices known to increase children's acceptance of healthy food are inaccessible. Further research is needed to establish if this is the case. If so, opportunities for children to be exposed to unfamiliar healthy food, see its consumption, and be involved in its preparation in ways that do not require food insecure parents to take risks, for example as part of school meal provision or after-school/holiday clubs, should be investigated and evaluated.

4.2. Conclusions

This is the first UK study to ask parents about the impact of food insecurity on their food parenting practices. By using a qualitative approach, this study provides insight into the challenges that food insecurity presents, and its practical and emotional impacts. Consistent with previous research, parents described a desire to feed their children healthy food but found it difficult to realise this. Food insecure parents felt ashamed about having to use foodbanks, and described feelings of failure, despair and helplessness. The potential for the adverse impact of food insecurity on children and their parents to be ameliorated via school, after-school and summer holiday clubs should be investigated.

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CRediT authorship contribution statement

Rowan Hevesi: Formal analysis, Methodology, Writing – original draft, Writing – review & editing. **Megan R. Downey:** Formal analysis, Methodology, Writing – original draft, Writing – review & editing. **Kate Harvey:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Supervision, Visualization, Writing – original draft, Writing – review & editing.

Declaration of competing interest

None

Data availability

The authors do not have permission to share data.

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Appendix A. Supplementary data

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References

- Aldridge, H., Born, T., Tinson, A., & MacInnes, T. (2015). *London's poverty profile*. Trust for London/New policy institute.
- Berge, J. M., Miller, J., Veblen-Mortenson, S., Kunin-Batson, A., Sherwood, N. E., & French, S. A. (2020). A bidirectional analysis of feeding practices and eating behaviors in parent/child dyads from low-income and minority households. *The Journal of Pediatrics*, 221, 93–98. <https://doi.org/10.1016/j.jpeds.2020.02.001>. e20.
- Bickel, G., Nord, M., Price, C., Hamilton, W., & Cook, J. (2000). Guide to measuring household food security. F. A. N. Service. https://nhis.ipums.org/nhis/resources/FS_Guide.pdf.
- Birch, L., Savage, J. S., & Ventura, A. (2007). Influences on the development of children's eating behaviours: From infancy to adolescence. *Canadian Journal of Dietetic Practice and Research*, 68(1), s1–s56. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2678872/>.
- Braun, V., & Clarke, V. (2012). Thematic analysis. In *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. <https://doi.org/10.1037/13620-004>.
- Braun, V., & Clarke, V. (2023). Toward good practice in thematic analysis: Avoiding common problems and becoming a knowing researcher. *International journal of transgender health*, 24(1), 1–6. <https://doi.org/10.1080/26895269.2022.2129597>.
- Caplan, P. (2016). Big society or broken society?: Food banks in the UK. *Anthropology Today*, 32(1), 5–9. <http://www.jstor.org/stable/44081941>.
- Cardoso, S. G., Truninger, M., Ramos, V., & Augusto, F. R. (2019). School meals and food poverty: Children's views, parents' perspectives and the role of school. *Children & Society*, 33(6), 572–586. <https://doi.org/10.1111/chso.12336>.
- Carlson, S. J., Andrews, M. S., & Bickel, G. W. (1999). Measuring food insecurity and hunger in the United States: Development of a national benchmark measure and prevalence estimates. *The Journal of Nutrition*, 129(2), 510S–516S. <https://doi.org/10.1093/jn/129.2.510S>.
- Casey, P. H., Szeto, K. L., Robbins, J. M., Stuff, J. E., Connell, C., Gossett, J. M., & Simpson, P. M. (2005). Child health-related quality of life and household food security. *Archives of Pediatrics and Adolescent Medicine*, 159(1), 51–56. <https://doi.org/10.1001/archpedi.159.1.51>.
- Clark-Barol, M., Gaddis, J. E., & Barrett, C. K. (2021). Food agency in low-income households: A qualitative study of the structural and individual factors impacting participants in a community-based nutrition program. *Appetite*, 158, 105013. <https://doi.org/10.1016/j.appet.2020.105013>.
- Cohen, J. F. W., Hecht, A. A., McLoughlin, G. M., Turner, L., & Schwartz, M. B. (2021). Universal school meals and associations with student participation, attendance, academic performance, diet quality, food security, and body mass index: A systematic review. *Nutrients*, 13(3). <https://doi.org/10.3390/nu13030911>.
- FAO. (2008). An introduction to the basic concepts of food security. *E.F.F.S. Programme*. <https://www.fao.org/3/al936e/al936e00.pdf>.
- Food Foundation, T. F. (2023). The broken plate 2023. <https://foodfoundation.org.uk/publication/broken-plate-2023>.
- Gallegos, D., Eivers, A., Sondergeld, P., & Pattinson, C. (2021). Food insecurity and child development: A state-of-the-art review. *International Journal of Environmental Research and Public Health*, 18(17). <https://doi.org/10.3390/ijerph18178990>, 8990.
- Gugglberger, L. (2018). Can health promotion also do harm? *Health Promotion International*, 33(4), 557–560. <https://doi.org/10.1093/heapro/day060>.
- Hanson, K. L., & Connor, L. M. (2014). Food insecurity and dietary quality in US adults and children: A systematic review. *American Journal of Clinical Nutrition*, 100(2), 684–692. <https://doi.org/10.3945/ajcn.114.084525>.
- Harvey, K. (2016). “When I go to bed hungry and sleep, I’m not hungry”: Children and parents’ experiences of food insecurity. *Appetite*, 99, 235–244. <https://doi.org/10.1016/j.appet.2016.01.004>.
- House of Commons Library. (2023). Food poverty: Households, food banks and free school meals. <https://researchbriefings.files.parliament.uk/documents/CBP-9209/CBP-9209.pdf>.
- Huang, J., Matta Oshima, K. M., & Kim, Y. (2010). Does food insecurity affect parental characteristics and child behavior? Testing mediation effects. *Social Service Review*, 84(3), 381–401. <https://doi.org/10.1086/655821>.
- Jansen, E., Mallan, K. M., Nicholson, J. M., & Daniels, L. A. (2014). The feeding practices and structure questionnaire: Construction and initial validation in a sample of Australian first-time mothers and their 2-year olds. *International Journal of Behavioral Nutrition and Physical Activity*, 11(1). <https://doi.org/10.1186/1479-5868-11-72>, 72.
- Jansen, E., Williams, K. E., Mallan, K. M., Nicholson, J. M., & Daniels, L. A. (2016). The feeding practices and structure questionnaire (FPSQ-28): A parsimonious version validated for longitudinal use from 2 to 5 years. *Appetite*, 100, 172–180. <https://doi.org/10.1016/j.appet.2016.02.031>.
- Jenkins, R. H., Aliabadi, S., Vámos, E. P., Taylor-Robinson, D., Wickham, S., Millett, C., & Lavery, A. A. (2021). The relationship between austerity and food insecurity in the UK: A systematic review. *EclinicalMedicine*, 33, 100781. <https://doi.org/10.1016/j.eclinm.2021.100781>, 100781.
- Knezevic, I., Hunter, H., Watt, C., Williams, P., & Anderson, B. (2014). Food insecurity and participation. *Critical Discourse Studies*, 11(2), 230–245. <https://doi.org/10.1080/17405904.2013.866590>.
- Knight, A., O’Connell, R., & Brannen, J. (2018). Eating with friends, family or not at all: Young people’s experiences of food poverty in the UK. *Children & Society*, 32(3), 185–194. <https://doi.org/10.1111/chso.12264>.
- Kral, T. V. E., Chittams, J., & Moore, R. H. (2017). Relationship between food insecurity, child weight status, and parent-reported child eating and snacking behaviors. *Journal for Specialists in Pediatric Nursing*, 22(2), Article e12177. <https://doi.org/10.1111/jspn.12177>.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Lindow, P., Yen, I. H., Xiao, M., & Leung, C. W. (2022). ‘You run out of hope’: An exploration of low-income parents’ experiences with food insecurity using Photovoice. *Public Health Nutrition*, 25(4), 987–993. <https://doi.org/10.1017/S1368980021002743>.
- Loopstra, R., & Tarasuk, V. (2012). The relationship between food banks and household food insecurity among low-income Toronto families. *Canadian Public Policy*, 38(4). <https://doi.org/10.3138/CPP.38.4.497>.
- Loopstra, R., & Tarasuk, V. (2015). Food Bank usage is a poor indicator of food insecurity: Insights from Canada. *Social Policy and Society*, 14(3), 443–455. <https://doi.org/10.1017/S1474746415000184>.
- Loth, K. A., MacLehose, R. F., Fulkerson, J. A., Crow, S., & Neumark-Sztainer, D. (2013). Eat this, not that! Parental demographic correlates of food-related parenting practices. *Appetite*, 60(1), 140–147. <https://doi.org/10.1016/j.appet.2012.09.019>.
- Malterud, K., Siersma, V. D., & Guassora, A. D. (2015). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753–1760. <https://doi.org/10.1177/1049732315617444>.
- McCurdy, K., Gans, K. M., Risica, P. M., Fox, K., & Tovar, A. (2022). Food insecurity, food parenting practices, and child eating behaviors among low-income Hispanic families of young children. *Appetite*, 169, 105857. <https://doi.org/10.1016/j.appet.2021.105857>.
- McIntyre, L., Bartoo, A. C., Pow, J., & Potestio, M. L. (2012). Coping with child hunger in Canada: Have household strategies changed over a decade? *Canadian Journal of Public Health*, 103(6), e428–e432. <https://doi.org/10.1007/BF03405632>.
- McIntyre, L., Glanville, N. T., Raine, K. D., Dayle, J. B., Anderson, B., & Battaglia, N. (2003). Do low-income lone mothers compromise their nutrition to feed their children? *Canadian Medical Association Journal*, 168(6), 686. <http://www.cmaj.ca/content/168/6/686.abstract>.
- Mclsaac, J.-L. D., Read, K., Williams, P. L., Raine, K. D., Veugelers, P. J., & Kirk, S. F. (2018). Reproducing or reducing inequity? Considerations for school food programs. *Canadian Journal of Dietetic Practice and Research*, 79(1), 18–22. <https://www.proquest.com/scholarly-journals/reproducing-reducing-inequity-considerations/docview/2036387700/se-2?accountid=13460>.
- Molcho, M., Gabbaini, S. N., Kelly, C., Friel, S., & Kelleher, C. (2007). Food poverty and health among schoolchildren in Ireland: Findings from the health behaviour in school-aged children (HBSC) study. *Public Health Nutrition*, 10(4), 364–370. <https://doi.org/10.1017/S1368980007226072>.
- Nagpaul, T., Sidhu, D., & Chen, J. (2022). Food insecurity mediates the relationship between poverty and mental health. *Journal of Poverty*, 26(3), 233–249. <https://doi.org/10.1080/10875549.2021.1910102>.
- O’Connell, R., Knight, A., & Brannen, J. (2019). Living hand to mouth: Children and food in low-income families. <https://cpag.org.uk/sites/default/files/files/Living%20Hand%20to%20Mouth%20full%20book.pdf>.
- O’Connell, R., Owen, C., Padley, M., Simon, A., & Brannen, J. (2019). Which types of family are at risk of food poverty in the UK? A relative deprivation approach. *Social Policy and Society*, 18(1), 1–18. <https://doi.org/10.1017/S1474746418000015>.
- Office for National Statistics. (2022). Ethnic group, national identity and religion. <https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/ethnicgroupnationalidentityandreligion>.
- Oxford City Council. (2023). Poverty and deprivation. <https://www.oxford.gov.uk/info/20131/population/497/poverty-and-deprivation>.
- Pineau, C., Willaims, P. L., Brady, J., Waddington, M., & Frank, L. (2021). Exploring experiences of food insecurity, shame, stigma and social exclusion among women in high-income countries: A narrative review. *Canadian Food Studies*, 8, 107–124. <https://canadianfoodstudies.uwaterloo.ca/index.php/cfs/article/view/473/426>.
- Pollard, C. M., & Booth, S. (2019). Food insecurity and hunger in rich countries it is time for action against inequality. *International Journal of Environmental Research and Public Health*, 16(10). <https://doi.org/10.3390/ijerph16101804>.
- Pool, U., & Doors, M. (2021). Prevalence of food security in the UK measured by the food insecurity experience scale. *Journal of Public Health*, 44(3), 634–641. <https://doi.org/10.1093/pubmed/fdab120>.
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. Sage Publications, Inc.
- Purdum, K., Garratt, E. A., & Esmail, A. (2015). Hungry? Food insecurity, social stigma and embarrassment in the UK. *Sociology*, 50(6), 1072–1088. <https://doi.org/10.1177/0038038515594092>.
- Realities, C. (2023). Covid Realities: Families lived experiences during the pandemic. Retrieved 31/10/2023 from <https://changingrealities.org/zines/its-our-story/>.

- Roberts, L., Marx, J. M., & Musher-Eizenman, D. R. (2018). Using food as a reward: An examination of parental reward practices. *Appetite*, 120, 318–326. <https://doi.org/10.1016/j.appet.2017.09.024>
- Rodgers, R., Eagle, T., Sheetz, A., Woodward, A., Leibowitz, R., Song, M., Sylvester, R., Corriveau, N., Kline-Rogers, E., Jiang, Q., Jackson, E., & Eagle, K. (2015). The relationship between childhood obesity, low socioeconomic status, and race/ethnicity: Lessons from Massachusetts. *Childhood Obesity*, 11(6), 691–695. <https://doi.org/10.1089/chi.2015.0029>
- Santos, K.d. F., Coelho, L. V., & Caetano Romano, M. C. (2020). Family influence on children's eating behavior: A systematic review. *Revista Cuidarte*, 11(3), Article e1041. <https://doi.org/10.15649/cuidarte.1041> [Review].
- Scotland, N. (2023). Our right to food: Affording to eat well in a good food nation. <https://www.nourishscotland.org/projects/our-right-to-food/our-right-to-food-what-were-learning/>.
- Slack, K., & Yoo, J. (2005). Food hardship and child behavior problems among low-income children. *Social Service Review*, 79(3), 511–536. <https://doi.org/10.1086/430894>
- Smith, J. A. (2015). *Qualitative psychology: A practical guide to research methods*. Sage.
- Snuggs, S., Houston-Price, C., & Harvey, K. (2019). Development of a parental feeding goal measure: The family mealtime goals questionnaire. *Frontiers in Psychology*, 10, 455. <https://doi.org/10.3389/fpsyg.2019.00455>, 455.
- Thomas, M. M. C., Miller, D. P., & Morrissey, T. W. (2019). Food insecurity and child health. *Pediatrics*, 144(4). <https://doi.org/10.1542/peds.2019-0397>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Vaughn, A. E., Ward, D. S., Fisher, J. O., Faith, M. S., Hughes, S. O., Kremers, S. P., Musher-Eizenman, D. R., O'Connor, T. M., Patrick, H., & Power, T. G. (2016). Fundamental constructs in food parenting practices: A content map to guide future research. *Nutrition Reviews*, 74(2), 98–117. <https://doi.org/10.1093/nutrit/nuv061>
- Velardo, S., Pollard, C. M., Shipman, J., & Booth, S. (2021). How do disadvantaged children perceive, understand and experience household food insecurity? *International Journal of Environmental Research and Public Health*, 18(8), 4039. <https://www.mdpi.com/1660-4601/18/8/4039>.
- Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, 24(3), 369–387. <https://doi.org/10.1177/109019819702400309>
- Weedn, A., Hale, J., Thompson, D., & Darden, P. (2014). Trends in obesity prevalence and disparities among low-income children in Oklahoma, 2005–2010. *Childhood Obesity*, 10(4), 318–325. <https://doi.org/10.1089/chi.2014.0022>
- Weinreb, L., Wehler, C., Perloff, J., Scott, R., Hosmer, D., Sagor, L., & Gundersen, C. (2002). Hunger: Its impact on children's health and mental health. *Pediatrics*, 110(4), e41. <https://doi.org/10.1542/peds.110.4.e41>. e41.
- Wiig Dammann, K., & Smith, C. (2009). Factors affecting low-income women's food choices and the perceived impact of dietary intake and socioeconomic status on their health and weight. *Journal of Nutrition Education and Behavior*, 41(4), 242–253. <https://doi.org/10.1016/j.jneb.2008.07.003>
- Wiig, K., & Smith, C. (2009). The art of grocery shopping on a food stamp budget: Factors influencing the food choices of low-income women as they try to make ends meet. *Public Health Nutrition*, 12(10), 1726–1734. <https://doi.org/10.1017/S1368980008004102>
- Williams, P. L., McIntyre, L., Dayle, J. B., & Raine, K. (2003). The 'wonderfulness' of children's feeding programs. *Health Promotion International*, 18(2), 163–170. <https://doi.org/10.1093/heapro/18.2.163>