



## Article

# 'You don't have to be watched to make your toast': Surveillance and Food Practices within Residential Care for Young People

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## Abstract

This paper explores forms of surveillance within residential care homes for young people. It is argued that surveillance is a crucial aspect of care and this can be experienced as both negative and positive by children and staff. In particular the research was concerned with how forms of control and monitoring are conducted in relation to food and food practices. Relations of power and resistance within the context of a care home are routinely played out and through food. The paper illustrates the ways in which children variously resist and accept regulation and control in relation to food. It also considers the manner in which staff try to implement an ambience and ethos within the care home that is not overtly institutional yet allows them to provide care for the children. In order to achieve this, often contested conceptions of 'family' and 'home' are drawn upon and operationalised through food related practices and interactions. Three residential care homes for children in central Scotland were studied using a mix of interviewing and ethnographic techniques.

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## Introduction

There can be a tendency to understand surveillance in terms of an Orwellian 'Big Brother' or via Foucault's interpretation of Bentham's Panopticon where surveillance is associated with an erosion of privacy and liberties and a one sided exercise of power. Such notions, whilst continuing to be powerful metaphors in the popular imagination, have long been considered too crude for detailed empirical analyses of a range of differing institutions and the realities of routine interactions within organizations. As such there is an awareness of the complex relations between power, surveillance and resistance (Dawson 2006; Lyon 2002; 2006; 2007; Punch 2007; Fotel and Thomsen 2004; Wood 2003; Yar 2003). This is the case even within spaces, such as residential care homes for young people, where increased forms of monitoring and control may be thought to be the norm (Brown et al. 1998; Smith 2009). However the somewhat troubling relationship between care and surveillance is less often explored and may, on the surface, appear oxymoronic (Kendrick 2008; Smith 2009). Surveillance can be a crucial component of care, particularly in relation to vulnerable groups and individuals such as children or older people. Awareness that you are being 'watched over', noticed and paid attention to can all be positive and affirming for children in care. In this respect acts of surveillance can be viewed of as an integral part of the therapeutic process rather than representing an obstacle to it.

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Children in residential care live relatively public lives in the sense that they are surveyed by a range of adults (social workers, key workers, parents, etc.) and can experience limited power and control in relation to the institutional system (Mayall 1996). They tend to be perceived as children who have not been cared for or controlled 'adequately' within their own families, thereby representing, sometimes simultaneously, the child as 'innocent' requiring protection from society and the 'evil' child from which society requires protection (Davis and Bourhill 1997). Children in public care, embodying the notion of both 'victims' and 'threats' to society, are thus a challenge not only to sociological thinking on childhood but also to attitudes in the public domain.

The most recent available statistics indicate that there were 14,886 children 'looked after' in Scotland. Of these only 11% were placed in residential care (McPheat et al. 2007); Scottish Government 2008). Children requiring local authority care in Scotland may be defined as belonging to three main cohorts. Firstly there are those children who are deemed 'at risk' of continued or potential physical sexual or emotional abuse or neglect (Kendrick 1995). Children may also require local authority care if they are deemed to be beyond parental control and are therefore a risk to themselves or those around them (Boreland et al. 1998). Children may be placed voluntarily by parents or at their own request at times of family vulnerability or crisis (Kendrick 1995). These very general categories however conceal what is often a complex range of needs and causations that lead to a child's placement in residential care (Sen et al. 2008). Indeed Brown et al. (1998) argue that as a result of the growing emphasis amongst policy makers and practitioners on keeping children within a family setting those who do require residential care are often those with the most complex care needs and social histories. In addition, the majority of children placed in residential care will have had experiences of other forms of care provision; this may be particularly so in relation to disabled children (Abbot et al. 2001; Stalker 2008). Thus despite the move to professionalize the service and to raise awareness of the positive impact that such care can have in children's lives it remains very much the 'last resort' option (Smith 2009).

Thus it is interesting to consider surveillance in relation to children in care as they are perceived to be both in need of protection as well in need of control. In this paper we explore the ways in which surveillance is conducted, managed and experienced within the contexts of three residential care homes for children in central Scotland. More specifically we focus on the relations and interactions around food and food practices as a way to bring out the complexities and ambiguities involved in forms of surveillance in residential homes for children.

### **Children, Care and Control: Research into Food Practices**

Marshall (2005) argues that routines serve to simplify everyday life and provide a sense of normality and predictability. This is a sentiment echoed by staff across the residential care homes we studied who emphasised the importance of routines in the provision of care, particularly given many children's past experiences of instability and chaos (Howe 2005). Food routines in particular, and the regular times and procedures through which it was shared, offered a rhythm and context for daily interactions between staff and children. One care worker described such food routines as providing "themes of constancy" (Garry, Assistant Manager, Highton, Focus Group) within the inner life of the residential care home and another pointed out that:

In my own house I can go the whole day without having anything to eat until teatime, so I'm not as aware of mealtimes. Whereas in here it's very much around mealtimes, everything kind of revolves around mealtimes (Iris, Care Worker, Interview, Lifton [research sites are explained below]).

Given the above, a study of food practices across three residential care homes is a good way to explore relationships of power and trust between staff and children and to illuminate opportunities for control and resistance as they worked through daily routines of food consumption, provision and regulation.

There is now a growing body of research which emphasises the social significance of food practices in interactions between children and adults within a range of different spaces and contexts (Jackson 2009a; James et al. 2009; Punch et al. Forthcoming 2010). Such studies have highlighted the role of food in the demonstration of care and its use for an exchange of affection (e.g. Gillen and Hancock 2006; Kaplan 2000; Kohli et al. 2010; Punch et al. 2009). They also explore how power relationships between adults and children are played out and negotiated via food practices, for example, through contesting rules around family and school mealtimes (Grieshaber 1997; Alcock 2007; Nukaga 2008; Pike 2008). Adult practices of surveillance constitute a recurrent feature within this literature on food and children. Whilst it is increasingly seen as a parental and institutional responsibility (Gustafsson 2002) to monitor children's nutritional welfare as well as their body weight, adults' attempts at regulating children's access to food often goes beyond concerns for physical health. Through a control over children's food adults can assign particular positions to children and, as Valentine (2000) has argued, seek to 'civilize' them and/or define them as "incompetent and irresponsible" (p. 259) and in need of adult authority and regulation. Pike's (2008) analysis of primary school dining rooms clearly illustrates such surveillance practices in the way that dinner halls are arranged such that they restricted children's movements and interactions and maximised the staff's ability to monitor children's choices, intake and waste of food. Children who complied with the staff's preference for school dinners and 'proper' dining etiquette were granted privileges, while children who consumed packed lunches were seated in segregated areas, their food subjected to scrutinising judgements (Pike 2008). A similarly stringent level of surveillance of the lunch practices of elementary school children was reported by Kirova et al. (2006) in Canada.

When children enter their teenage years, however, the ways in which school meals are organised in secondary or high-schools reveal different regimes of surveillance. Valentine (2000) speaks of a profound ambivalence reflected in the lunch break practices of the secondary school visited for her study. Staff, too, sought to retain surveillance and regulation over pupils' eating practices but did this through a replication of the food choices available to children in the local shops. The school therefore positioned its pupils as self-determining consumers as well as 'becoming' adults who require protection and control.

Recent family studies which have explored parents' and children's food practices (e.g. Backett-Milburn et al. 2006; Wills et al. 2007; Curtis et al. 2009; James et al. 2009) have also noted the conflict of balancing surveillance with a belief in the growing autonomy of teenaged children. What all these studies have in common is that despite the often elaborate systems of surveillance put in place by adults for children in the realm of food, children also deploy a range of techniques which allow them to subvert and resist the adults' systems of control. Children's strategies of resistance emerge particularly strongly in settings where adult control is exerted by others beyond the immediate family, such as, in our case, the residential care home.

### **The Study: Research Context and Methods**

To date the social dimensions of food practices in residential child care have received little attention. While the therapeutic significance of food interactions has been highlighted in the past (Roberts and Bushaw, 1978; Rose 1987; Ward et al. 2003), the majority of policy documents issued to care providers focus on guidelines for the implementation of healthy eating behaviours (Caroline Walker Trust, 2001) or food provision in line with safety and choice, two of the National Care Standards principles (Scottish Executive, 2005). Informed by the previous work of one of the authors in a similar setting (Emond 2005), the study on which the present paper is based sought to address these shortcomings by using an ethnographic approach to explore the social organisation of food and food practices within three residential children's homes in Scotland. Through the prolonged immersion into the daily life of the homes it was possible to obtain a detailed documentation of the nature of daily interactions involved in the distribution, regulation and consumption of food and to gain an understanding of the meanings attributed to the rituals and routines which surround these. Data was generated in the course of three 12-week blocks

of semi-participant observation during which one of the authors (Nika) stayed at the residential homes for between three to six day-long visits per week, including some overnights. Nika gradually gained insider status with the homes by joining into such everyday activities as eating, cleaning, relaxing, and chatting with the children and staff. A primary concern was to enable participants to get to know the researcher and test her trustworthiness so that they could co-determine how, when, and what information they were prepared to share for the purpose of the study.

Characteristics	Wellton	Highton	Lifton
<b>Age of children</b>	9-13 years	12-16 years	14-18 years
<b>Ethos</b>	Focus on providing safety and structure; consistent implementation of clear boundaries and routines. Emphasis on children experiencing 'normal' family-like living and learning practical skills.	Focus on overcoming institutional characteristics, creating a relaxed environment, recognising diversity, offering choices. Emphasis on maintaining safety and developing independent living skills.	Focus on being 'family-like', connectedness, and building relationships. Emphasis on creating a sense of belonging rather than developing children's independent living skills.
<b>Food Routines:</b>			
<i>Shared mealtimes around the table</i>	Tea (children make their own lunch supervised by adults)	Lunch and tea	Lunch and tea
<i>Breakfast (some variation at weekend)</i>	Prepared at staggered intervals to avoid clashes and delays	Maybe in their bedroom or may take something to eat on way to school	Individualised routines between particular children and staff
<i>Supper</i>	Supper kept to a minimum; usually just juice in children's bedrooms as a means to settle them for the night.	Toast and cheese in the dining or living room. Prepared by children or staff.	Tea and toast in the living room. Other snacks if requested. Prepared by staff.
<b>Participation:</b>			
<i>Organisation of meals</i>	Cook prepares tea on weekdays. Care workers prepare meals when the cook is off.	Cook prepares lunch and tea at weekends and some weekdays. Assistant managers, domestic and care workers prepare meals when cook is off.	Cook prepares lunch and tea on weekdays. Assistant managers, domestic and care workers prepare meals when the cook is off.
<i>Who participates in the main meal</i>	Care workers and children.	Care workers, cook, assistant managers and children.	Care staff, cook, managers, domestic and admin staff, and children.
<i>Cleaning tasks</i>	Cleaning rota: each child takes turns doing the dishes. Care workers contribute to cleaning.	Children expected to clean their own dishes. Care workers contribute to cleaning.	No expectations that children clean their own or others' dishes. Cook and domestic staff mainly responsible for cleaning.

**Table 1:** The Research Settings

The data consisted of 36 weeks of fieldnotes, overt audio recordings of mealtime interactions, 48 unstructured or spontaneously recorded interviews, 49 semi-structured interviews and 12 focus groups with children and staff from the three homes. In total 16 children aged 9 to 18 (11 boys and 5 girls) and 46

members of staff (26 women and 20 men including managerial staff, care workers, cooks, administration and domestic staff) took part in individual interviews and/or a focus group.

### **Surveillance in the Context of Residential Child Care**

The data was analysed via regular team discussions of fieldnotes and interviews during the course of data collection, a structured thematic analysis of transcripts using NVivo, the production of summaries of the content coded in NVivo, a mapping of similarities and differences across the homes, and the discussion of preliminary findings during feedback workshops with the staff and children of the three homes as well as the study's advisory group. The identities of the children's homes and our participants are protected by using pseudonyms and presenting only pen pictures of the homes ('Lifton', 'Wellton', and 'Highton', see Table 1 for brief profiles). The research was guided by the British Sociological Association's Statement of Ethical Practice and was informed by established codes of ethics for researching with children (Alderson and Morrow 2004) and the previous work of Emond (2005) and Punch (2002).

Residential homes for children challenge some of the assumptions which can often be found in surveillance debates. Firstly they constitute an atypical case because they are simultaneously public institution, 'home' and workplace and as such within this threefold space public and private domains cannot be clearly separated (Seymour 2005). Furthermore, the external monitoring of children in care is formally prescribed and assessed (Scottish Executive 2005). In this sense children within care are subject to monitoring and surveillance over and above that of children not in care; thus they are a doubly surveilled group.

In the context of residential child care the perception of risks and need for safeguarding and controlling children is thus intensified. In addition, in the light of highly publicized abuse cases in care, staff have increasingly been put under surveillance and their relationships with the children they look after have become circumscribed through a legislative framework. Monitoring and 'being watched' is thus a very real part of the residential care experience and this applies to staff as well as children. Both residents and staff inhabit a space that involves an overlapping latticework of surveillance and governance. This is maintained via routine daily micro interaction through to policy regulation. Given this, surveillance is multi directional and not just a one directional process involving staff monitoring children.

To this extent our exploration of food practices illuminated what could be understood as a bureaucratisation of care, often driven by a heightened perception of risks within residential homes. As Beth noted, if something happens, "it goes far and wide" (Care Worker, Lifton, Interview). The perceived increase in the regulation of care was seen to be problematic by most staff and was often viewed as a daily obstacle to meeting the requirements of care and building relationships with children. Staff in all three homes were keen to avoid establishing an overly 'institutional' ethos and culture within the care homes. This was often the case in relation to interactions that revolved around food. However, despite the fact that staff often referred to mealtimes as contributing to the 'homely' feel of their workplace, the domain of food could be particularly prone to such an 'institutionalisation' (Dorrer et al. Forthcoming 2010). In particular the kitchen was subject to a panoply of health and safety regulation and elevated levels of supervision and surveillance:

I mean, the risk assessment is more or less a main theme behind [what we do] because, as I say, when people get some infection through the food... That's one thing. Secondly the kitchen can be a really dangerous area and there's knives, there is hot dishes, there is the cooker, you know, and all the electric stuff, you know, water, so we kind of... I certainly try to be in the kitchen all the time when food is being served. I kind of monitor what's happening and almost control to a degree what's happening in the kitchen. I'm no control freak (Duncan, Assistant Manager, Informal Recording, Highton).

In two of the homes in particular, staff implemented a range of kitchen access and hygiene rules, such as the lining up of children and staff for hand washing in front of a designated sink in the kitchen or the plating out of food in the kitchen away from children, in order to protect children and prevent them from doing harm to others. The staff's need for control and surveillance regularly clashed with the freedoms and autonomy that many referred to as the 'normal' characteristics of a family home, especially in relation to teenaged children. The following comments illustrate this:

Well, I suppose you're more governed by health and safety things here, aren't you. You know knives are locked away in the cupboard and there's good reason for all of these things, you know. You know if this was your family home you'd have all the food in the kitchen cupboard. You wouldn't have it out in the garage and scattered here there and everywhere, so I guess, kinda food, hygiene, self and safety, access to things at the time that you want it (Alana, Care Worker, Interview, Lifton).

The legislation compromises itself because if we then adhere to all the aspects of the legislation, young people shouldn't even be going across the line of that door to the kitchen. And again we have got to remember this is a young person's home and we have choices, we have opportunities – we are trying to promote individuality and also promote lots of skills in terms of going into the kitchen and preparing food etc. (Garry, Assistant Manager, Informal Recording, Highton).

A consequence of these requirements and pressures was the need to continually assess and amend what was seen to be appropriate amounts of monitoring and surveillance. A complex trade off between often conflicting objectives over meeting the needs of health and safety regulations and creating a home-like, non institutional environment was routinely played out and often struggled over by both staff and children.

In terms of the experience of a child within care the gradations between surveillance as being a positive or negative experience are fine; one can easily tip over into the other. This tension was reflected in the difficulty of balancing two potentially conflicting sets of rights: children's basic needs and the rights of self-determination. Trying to implement these sets of rights required a continuous weighing up of sometimes contradictory responsibilities, needs, and wants which was often visibly and continually played out over food (see Punch et al. 2008). For example, many staff and children thought that the children should have the right to eat in spaces and at times that suited them, as well as be able to continue eating some of the foods they were used to prior to coming into care, even though they were considered 'unhealthy'. However the staff felt it was their responsibility to regulate and restrict how this was done. The majority of staff also considered it to be a basic right of the children and their responsibility to give the children experiences of growing up in a 'normal' family-like home.

Staff considered food routines and mealtimes to be crucial for the creation of a 'family-like home' (see also Kohli et al. Forthcoming 2010) and to enable them "to teach these kids some elements of normal life" (Eleanor, Care Worker, Wellton, Interview). As one respondent suggested:

We try here to have as homely an environment as possible and with the behaviours of certain kids that is really proving to be difficult. Because you want to go away from institution and you want to almost have family life as far as possible (Duncan, Assistant Manager, Focus Group, Highton).

Others, particularly at Wellton, felt that different rules were required compared to a family home because of the children's backgrounds and difficulties. In the face of this ambivalence to 'home' and 'institution' staff drew on dominant ways of 'doing family' (Finch 2007; Jackson 2009a) and food practices were crucial in this (Dorrer et al. 2008). Such practices included: mealtimes around the table, having snacks in

the house, providing 'home-cooked' food, children's participation in menu planning and setting the table. Each residential home implemented a number of practices to give the children a sense of home and belonging. Eating together and mealtime-related interactions in the communal spaces of the kitchen and dining room were considered to be key practices. They were thought to facilitate the kind of 'togetherness' associated with a family home and the meanings that they carried in the care workers' own family lives could be transferred to the residential setting. In one staff member's own house the kitchen was understood to be physically and symbolically the core space in which the family members shared their lives: "the heart of the home in my book is the kitchen. My daughter's bedroom's hers, my bedroom's mine – it's not for us all to sit and communicate in – I sit in the kitchen," (Gail, Care Worker, Interview, Highton). For others the dining room table constituted the emblematic space for family unity and care. In response to the questions 'how do you create a home?' one care worker replied "to begin with a table, so everybody sits at it" (Cindy, Care Worker, Focus Group, Wellton).

Our research showed that, from the perspective of most of the children, they were clear they were living in an institution rather than 'home' and with a 'family'. However, it was important to them that the residential home should be made 'home-like' and their experience of surveillance practices emerged as a crucial factor in the relationships and interactions around food, indeed these were crucial to feeling 'at home'.

A significant number of children objected to rules that prevented them from choosing when, where and what to eat. Some of the children described living in your own home through examples of food practices marked by an absence of regulation and being monitored by others. As one of the girls pointed out, family life and home is often seen to be synonymous with a lack of monitoring and regulation: "Make the tea whenever, eat when you want ...whenever, eat if you want, eat if you didn't want .... or just don't eat at all," (Carrie Ann, 15, Interview, Highton). Some of the girls at Highton remarked that it was "annoying" when the adults said "it's just like your own house" when, for them, it clearly was not. Staff and children drew from a range of different experiences and understandings of what constituted 'home' and family (James et al. 2009). Such, often contradictory, conceptions of family can impact on the child's experience of the residential care home. This creates difficulties, as the following staff comments illustrate:

Well it seems a wee bit institutionalised that you have a packet of crisps each night and it comes out of there and that's part it was part of the kind of night time routine but it seems silly, you know, if you were in your own house well you might do that with kids but adults don't have one packet of crisps at a certain time of night, they have them when they want them (Will, Assistant Manager, Interview, Lifton)

But for me it's a home where children live and that to me comes before having things that are like stainless steel bloody cabinets and stuff around and...I can understand the legislation, but social work legislation comes into conflict with industrialised legislation like food safety, Health & Safety, as well, which is unfortunate (Garry, Assistant Manager, Interview, Highton)

Furthermore, a complex balance between 'being noticed' and 'being watched' was played out through mundane and everyday interactions, particularly around food (Jackson 2009b). The children did not always associate the routines implemented by staff with a sense of 'home' or 'family'. In particular eating together around a table was often experienced as an occasion where they were being closely monitored and assessed. However, children at Lifton stated that eating food around the table could, on occasion, make them feel at home; "you just feel like a big family" (Ryan, 15, Lifton, Focus Group). Thus although sitting at a table at mealtime could involve intense public scrutiny and monitoring of behaviour it was often enjoyed as a 'homely', positive and affirming experience. It is worth noting that one of the main reasons for children entering care is due to 'neglect' – precisely, the absence of surveillance – thus we can

again see the potential for forms of surveillance to be experienced as beneficial and supportive; 'being noticed' as opposed to 'being watched' (see also Howe 2005).

### Home, Workplace and Surveillance

Several of the food practices of which staff spoke marked the residential home as being an unusual workplace (Dorrer et al. Forthcoming 2010). The workplace is a regulated space where control and surveillance are the norm and to be expected. For residential care home staff this common perception of the workplace had to be held in check in the efforts to create a more homely environment for children. However this was seen to be a difficult task as staff often felt that getting away from a notion that you were always 'at work' was a difficult conceptual trick to pull off. The ideal of creating a 'home-like' environment – essentially for staff this involved doing 'home' at work - meant that the work/home binary was rendered ambiguous and conflicting. For example, Rachel commented on the problem of having a break from work:

They're not [breaks], you're still working, you're still with the kids. The only time you can go away on your own is if you smoke. (Assistant Manager, Highton, Interview)

In all three homes food or beverages were used by staff to structure time in terms of the alternation between professional, task-focused periods and relaxed, personal time. Some staff at Highton and Wellton described negative eating experiences, such as mechanically shovelling down food while watching the children at the table, as highlighting the difference of care homes from other workplaces. Again this resulted in the contested nature of the use of many of the spaces in the homes - e.g. the kitchen, bedrooms and living areas – and the differing perceptions of such spaces and their purpose – for meetings, education, play, privacy - between staff and children. Matt, for example, complained about the staff's use of the dining and living room for meetings:

They take up all the rooms. They do it all the time. They took in here for changeover. They took the living room for a management meeting. I said 'Look I am gonna be watching the TV'. They still took it. And I thought 'It's meant to be our home!'. (Matt, 15, Informal Recording, Lifton)

Equally one of the boys at Highton noted, he would have preferred a less stringent demarcation of spaces and times for eating:

Nothing about the food itself, it's just you can't eat it through in the living room and there's obviously certain times when they close the kitchen. I think it would be better if the kitchen was just open for whatever time (Alex, 15, Interview, Highton).

Several of the children at Wellton expressed their preference for spaces in the house that allowed them to retain some privacy and freedom to integrate play into their activities. Thus they preferred to eat in their bedroom or at the breakfast table instead of at the large dining table. Natalie expressed her preference for eating in the visitor flat next to the main house:

NIKA: Right, so you like over there 'cause it's quiet and there's more play space over there, while over in the main house you can't play so much on the stairs or...?

NATALIE: Well you can, but you can, it's like your own flat, you can go up the stairs, you can go and sleep in the double bed or you can go and sleep in one o' the beds or you can take the duvet cover and bring it down and watch the TV in the sitting room.

NIKA: So it's like your own flat?

NATALIE: Yeah and you've got a kitchen and you can get a drink of water, you can get maybe glass of milk or a cup of tea.

NIKA: How is that different from the front house, is that not like your own flat as well?



NATALIE: Nah, 'cause you've got too many staff telling you what to do and everything (Natalie, 10, Interview, Wellton).

### Power and Resistance

Our research noted that child-adult relations were characterised by a 'power paradox': staff and children, at times, perceived each other as both powerful and powerless. However, the regulation of food practices could function as a tangible reminder of adult power, with the control of food becoming equated with the adults' control of children's needs in general, "It's their food, but they're not allowed to touch it without the staff's permission. If staff say no, it's no" (Gail, Care Worker, Highton, Interview). Given the view that "staff's going to win at the end of the day" (Alex, 15, Highton, Interview), many children felt that 'doing as you are told' was the best option. Interactions around food could thus illustrate the limits of children's power. Staff at Wellton and Highton controlled access to food and children responded by resisting such regulation. Several members of staff across the residential homes, including the cooks, saw their possession and use of keys as symbolic of their power: "You have got that control, it's like it's a power thing - we've got the power, we've got the keys" (Sally, Care Worker, Highton, Focus Group). Indeed, several felt it was reasonable to use food as a sanction. Removing a child from the dinner-table due to disruptive behaviour could be considered necessary if it compromised people's right to eat or created a safety issue.

The adults' privileged position was therefore manifested through differing entitlements to food. Food could be used to monitor and control children's behaviour and staff could view the children's participation in mealtimes as an index of acceptance/rejection of care and their performance of table manners as a form of 'progress'. The monitoring of what, and how much, children eat could result in restrictions over the types of food, access to snacks, menu choices and control over portion sizes. The dining room or kitchen would regularly become adult-spaces, for example through offering cups of tea to visitors. Staff could also change the meaning of foods, by turning them into 'treats' and 'rewards' or withholding them as a sanction. Living and eating spaces were thus, at times, transformed into spaces of surveillance and control. For example, at Highton, staff would position themselves so that they can see everybody at the table as well as what was happening in the kitchen. At certain times staff closed off access to spaces such as by locking the kitchen or denied access to certain foods by locking cupboards, as Abbey illustrates:

Because if you dinnae eat your dinner then you dinnae get pudding. If em, if you... if you dinnae eat your dinner you dinnae get to get a pack of crisps and sometimes the...the...kitchen door's locking...locked and you can't get *anything* to eat. (Abbey, 12, Interview, Highton)

Power and surveillance were thus played out in everyday interactions around food such as the locking away and distribution of snacks, mealtime chores, access to food and the kitchen, the creation of adult versus child spaces, the staff's use of keys. Hence, struggles around children's versus adults' power were often worked out in relation to food practices. However it is worth remembering that power can be understood as a 'web of possibilities for agents' (Lukes 2005: 68). Their choices and 'possible selves' (Oyserman and Markus 1990) can be limited by different power structures and networks which privilege certain realities and marginalise others. Nonetheless, within most organisations there remains scope for resistance, subversion and compromises.

Within each care home there were complex, subtle and crude ways in which children and staff negotiated relations around food practices. In this way interactions and various micro-contexts around food constituted key sites of resistance for children. This was something staff were keenly aware of and sensitive to. From a staff point of view food was referred to as a "power tool", a means for "power tripping", a "weapon" and "a way to kick off" when children were upset. Children could subvert and

disrupt adult monitoring practices via a variety of actions from leaving the dining table early to spitting into food in the fridge. As the following members of staff highlight:

I think you make it worse on yourself when you lock things off because it just encourages the kids to get back at you; get back at you because you've locked the kitchen (Sally, Care Worker, Interview, Highton).

We have a number of kids that are good at pushing buttons... refusing to wash hands, wanting to go directly to the food and manhandling food, for example, and again we don't know where they were, we don't know what they were doing, you know, hands have to be washed (Duncan, Assistant Manager, Informal Recording, Highton).

As relations between children and staff shifted between care and control, food and food practices could thus be harnessed and used as an effective medium to express resistance. Although all the staff described instances of children complaining about food and conflict around the table, they felt strongly that often this had nothing to do with the food per se:

It's a control thing – "You've got control over everything else in my life. You can't make me eat that and I'm not eating it" (Leanne, Care Worker, Highton, Focus Group).

A times children's refusal to participate in a meal or to eat the food provided could be seen by staff as a vehicle for young people to regain some control over their regulated lives. Some children at Highton used pocket money to buy crisps, and fizzy juice; food which staff would not want them to eat. Predictably several children reported hiding unapproved snack foods in their rooms and eating them at night. Children at Lifton and Highton had strategies for subverting the distribution rules for snacks, for example by playing staff off each other. As Abbey declares, sometimes you would ask for something from the cupboard "just to take the piss" (12, Highton, Interview). Other practices, such as limiting access to food and mobile phone use during meals, could be viewed as being unfair and primarily about displays of staff power; as Alex points out: "you don't really need to be watched making your toast" (15, Highton, Interview).

### **Accommodating Surveillance**

Not surprisingly children's experiences of food regulation varied across the three homes but it is crucial to note that very often rules, regulation and monitoring were often deemed to be necessary and enabling by children rather than arbitrary and constraining. In this respect many staff concerns were internalised by children and seen to be appropriate. At Highton, enforcement of hand washing was viewed as reasonable by children even if it was not something they would necessarily do at home. Other forms of regulation were accommodated and accepted as being in the interests of all:

Or if I'm cutting cheese with a knife I could easily stab my fingers off (Carrie Ann, 15, Informal Recording, Highton).

Nuh, I say staff should lock the kitchen between meals... I think it's right that we should be able to sit in a room and not get put off our food by other people. We don't put them off (Carrie Ann, 15, Interview, Highton).

Children's feelings towards adult care and control were thus characterised by ambivalence. They accepted that the staff needed to take control as children may cause harm to themselves or others. For example, several children considered that locking away snacks helped them to stay healthy and was reasonable.

And I think it's good, right, because that the crisps and that are locked up 'cause I know personally myself I would just go and get all the crisps at once (LAUGHS) and just sit and munch them. But because they're locked up in that garage I know I cannae get them, so that's a good thing (Melanie, 16, Interview, Lifton).

For both children and staff there was a degree of acceptance that the process of watching over/being watched could be part of a therapeutic surveillance that was to the benefit of all:

I think that's one o' the most important things o' the being here, is, is knowing the children. Not knowing just the type or the behaviour, but actually knowing the individual child, what makes them tick and what makes them, you know, who they are, the person (Rob, Care Worker, Interview, Wellton).

Indeed, several children at Highton and Wellton thought that the staff did not exercise enough control over other residents. However, some children suggested that staff were often simply "getting their way" and nobody should be "pushed into doing anything" (Alex, 15, Highton, Interview). Hence children perceived that there were 'fair' and 'unfair' forms of control and these were variously contested and accepted in a range of mundane and everyday contexts around food.

Research by Stattin and Kerr (2000) has highlighted that surveillance should not be understood as only a one directional practice, that is something done by adults to children, but also as something that can constitute a joint practice. Such joint facilitation of adult surveillance was also observed during our study. Our data includes incidents where children used complaints about food, the breaking of a food related rule, or the reporting of indigestion and not feeling like eating as a means of creating an opportunity to talk to a member of staff about how they feel. Thus at times the children invited adults to monitor their well-being, and if they felt responded to this could lead to a disclosure of difficulties and the seeking of the staff's help. This was the case, for example, when one of the boys at Lifton initiated discussion after a member of staff came to speak to him because he had taken food to the computer in the backroom, which was against the rules. Derek, the member of staff who followed the boy, recounted the incident as follows:

Anyway what he then did was when people weren't looking was take the egg rolls from the dining room and bring them into the meeting room in here where we are now, knowing, probably knowing full well that, well he knew full well he wasn't supposed to be here and looking for, probably, some kind of conflict – some way of having some contact. Because actually if he'd just wanted to eat his rolls in peace he would have taken them elsewhere, up to his room or . . . So I came through and I think he was expecting me to say Get those rolls back in the dining room and have a big conflict. I said You seem upset, you seem upset and he was waiting for me, he was looking at me as he was eating and I said Look you know you're not supposed to eat your rolls in here, however, i can see that you're upset [...] Then he asked for a cup of tea which was interesting. So I made him a cup of tea and he was testing there – a big test – he was testing would I make him tea after he was telling me those things. I made him the tea and brought it through and he said Oh can I have a glass of water as well 'cos the tea's hot and I would like to be able to eat and drink at the same time. And I went and got it for him and that was OK and that was me saying to him I'm doing this 'cos I care for you. Not because you're telling me to. [...] and he felt better after it, he was able to communicate more – last night he was able to come back and talk to staff and ring his sister – his sister had been rung while he was out, he was able to ring his sister, make it up with his sister, he's now a lot happier, you know (Derek, Unit Manager, Informal Recording, Lifton).

## Conclusion

Our study investigated the role of food in relation to control and resistance within a pronounced system of institutional governance. This paper has shown that patterns of consumption around food practices are a good way in which to explore the limits, extent and interplay of surveillance, power and resistance. Children in residential care exert a degree of agency, and surveillance within an institutional context can be subverted and resisted. This paper has explored some ways in which surveillance is implicated in care and the ambiguous relation that staff and children have towards surveillance practices in relation to food.

As the above quote by Rob indicates, 'actually knowing the individual child' is of course a crucial part of care. Thus 'watching over' and being 'watched over' can be an important part of any care context and be a positive force in children and young people's lives. This is particularly so for those who have experienced 'neglect' and a lack of being 'watched over'. To this extent surveillance can be part of therapeutic practice. Of course, this can be overemphasised particularly in relation to children who are often polarised as being potential threats or victims in society (Davis and Bourhill 1997). Thus, a degree of surveillance is required by adults in order to both protect and control children. Our research has shown ways in which surveillance and monitoring around daily food practices is a common strategy for staff as they try to balance competing pressures to control children whilst respecting their rights as autonomous individuals.

In this paper we have explored the often ambiguous relation between care and surveillance and how being part of a surveilled group can be an experience which is conflicting and ambivalent. Staff can affirm and exert their power over the children in their care via forms of surveillance. However such displays of power and control often sit uncomfortably with a staff group who want to emphasise their caring role and build relations with children. This paper attempts then to show that exercising power over children and young people can be a deeply ambivalent experience; at the one time necessary and yet unwelcome. Within a residential care context the uneasy relation between the care home as a workplace, institution and family home can change the meaning of certain practices across time and through different spaces. So the locking of a food cupboard can be seen as harsh regulation or staff showing concern over children's health. In residential care there are layers of surveillance as people watch each other both within and between the generations, whilst living and working within the wider context of health and safety regulations, practice evaluations and risk-management policies. On the one hand, practices of surveillance can be positive and enabling, whilst, on the other hand, they may be perceived as constraining and creating a source of inter-generational power struggles. The complexities and tensions surrounding the surveillance of children in relation to food practices in residential care emphasise the ambiguity of the dual conceptualisations of children in need of both protection and control.

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