## Social work and food: A discussion

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#### **Abstract**

This discussion will explore the relationship between social work and food. It looks at three of the locations where social work and social justice occurs, or potentially could occur. Firstly in the workplace, looking at how social workers share food with each other and clients and secondly in the home, as a place where wellbeing is assessed and built on. Finally, 'eating' is looked at on a global perspective, as a site of social injustice for people in less developed countries, indigenous peoples and women.

#### Introduction

Food and drink have been used across continents and throughout centuries as a way to celebrate, to acknowledge, to mourn and to demonstrate love. Conversely, while humans universally have a relationship with food, food is gendered and racialised. It is generally women who go hungry, women who prepare their food, and it is generally people in less developed countries and indigenous people that are short of sufficient nutritious food. 'Food involves a primary need and pleasure, it constitutes an 'immediate reality' but substances, techniques and customs all enter into a system of significant differences' (Barthes n.d. in Counihan and Van Esterik 2008, p. 76). Like food, the practice of social work involves itself with the most integral events in people's lives: births, deaths, the formation and dissolution of relationships; that involvement is often in the most intimate way. This discussion explores three of the places where food is located: in the workplace, in the home and globally, and looks for the relationship between food and social work in these locations.

# In the workplace: Food as a site where social workers come together with each other and with clients

Social workers are not alone as a profession in sharing food and drink as colleagues to create camaraderie and unity. Many offices have morning tea or birthday cakes, lunches for Christmas or Friday night drinks. Networking or forming relationships with external colleagues are important activities in social work that often take place over food. Within te Ao Māori kai is integral to the powhiri process, something that most social workers in New Zealand participate in on a regular basis. The purpose of the hakari, or shared food at the end of the powhiri is removing the tapu from the manuhiri/visitors as well as the ceremony. I have witnessed Māori colleagues adapt this when working with clients by bringing a packet of biscuits when going to see them.

Western professionals spend a considerable amount of time exploring, maintaining and creating boundaries. Alexander, who writes about client/social worker boundaries, states that 'while social workers strive to create change through relationships, adherence to professional guidelines can restrict the potential for connection and paradoxically, this may limit the effectiveness of our contribution to the client's desired change' (2009, p.6). A student once told me that while on placement at a community service she was reprimanded for sharing a sandwich with a client when a visit to a government agency went on for much longer than anyone expected it to, as the supervisor considered that a breach of appropriate social worker/client boundaries. It is hard to establish what the potential pitfalls are in a hungry worker sharing a sandwich with a hungry client in an extraneous situation without delving into the territory of 'risk aversion'.

However, the very process of powhiri in itself would suggest that Māori have an equal awareness of boundaries, but look to manage those boundaries in such a way that it is appropriate for them to enter into that intimate relationship and process with their clients. The same could be said of other Pasifika cultures. Tracey Mafile'o (2006) advises social workers working with Pasifika families that in order to work more effectively with those families they should adopt the role of kāinga, or extended family. Mafile'o writes that 'the complexity of relationships within kāinga does not imply that boundaries are discarded, rather there are alternative guidelines for the outplaying of ethical relationships' (p.34). She quotes research participants who mention 'dropping in for fish or a tin of corned beef' as an example of this relationship (p.32).

The following whakataukī demonstrates the importance of food and hospitality to Māori¹:

He marae kāhore e manaaki manuwhiri, he marae pūehu.

The proverb can be roughly interpreted as those marae who do not maintain standards of hospitality will not be visited. For social workers there are practical implications from this. Firstly it indicates the importance of making clients and visitors feel welcome when they visit a social work office, maybe by offering them a cup of tea or a biscuit. Secondly it demonstrates why it is important for some clients to offer social workers a cup of tea or something to eat at their house.

Food can present a conundrum when working with clients, given that there is often an economic disparity between client and worker. When visiting a Roma refugee camp in Kosovo a couple of years after the 1999 war, once a week I would visit a woman who was sole parenting several young children. She would prepare 'ćai' or tea for me, and as a sign of respect she would make it as sweet as possible – a ration of about 1:1 liquid to sugar. While I would accept this, I was mindful of the fact that I was consuming something that was rationed to her. However, I was also aware of the fact that in accepting the tea I enabled her to display a sense of reciprocity and to uphold what to her was culturally very important. Sharing food or drink with clients allows them to know that we social

I have not used a formal reference when discussing the relationship between Māori and food. I have consulted with two valued colleagues at the Western Institute of Technology, Tengaruru Winēra, the Tumu Paetaki and Tonga Karena, the Assistant Tumu Paetaki. I am very grateful to Tengaruru for providing me with the above Whakataukii.

workers are human too – as eating and drinking is one of the most human things that we could possibly do.

In a qualitative study, Alexander (2009) explored the impact that reciprocity and mutuality can have on the relationship between the client and the social worker. Alexander argues against the notion of maintaining firm boundaries at any cost and instead examines what it can mean to client and to social worker when small gestures of intimacy that are initiated by the client are responded to by the social worker.

Clients are not only potential victims of inappropriate relationships or the fortunate recipients of positive relationships initiated and led by social workers. Clients also lead the relationship by providing invitations and setting boundaries regarding desired closeness and intimacy. Following the client's direction and/or engaging in transparent negotiation regarding the relationship expands the resources available to achieve common goals. Social workers must be properly prepared to respond to clients in this way (Alexander 2009, p. 18).

Discussing social work practices with Vietnamese refugee survivors of trauma, Nguyen and Bowles (1998) advocate the practice of Bang, who stated that to work effectively with Vietnamese refugees you must be 'first of all a friend, only secondly a professional' (Bang, 1983, p. 15). While this phrase is controversial, Nguyen and Bowles unpack the implications for practice – that social workers must be warm and present as people, rather than professionals. If not clients from other countries, particularly those that have had an autocratic government may view the social worker as an 'official' rather than a 'helper'.

In offering social workers food, clients are achieving two purposes, firstly they are stepping outside of the role of the 'helpless', 'cared for' party and secondly they are sharing in a very human interaction with somebody who they are expected to share very intimate information with. While it is important for social workers to ensure that their clients can afford to offer them whatever they are offering, and also ensure that the focus is on the client's needs – responding positively to a client's offer of a cup of tea or a biscuit may do more to enhance the social work relationship that endanger it.

# In the home: Food as a site where care and wellbeing is assessed and nurtured

As a social work student, I remember a Child Youth and Family social worker visiting our class and telling us that investigating cupboard contents was a way to determine child neglect. I felt a strange fascination with the concept, that a social worker could determine the quality of care that a child received or what kind of parent a person was by looking at their cupboards. Having spent most of my teenage years living with Father, who was a fantastic parent, but rather disorganised and a terrible cook, our cupboards rarely had much food in them other than a loaf of bread and some spread. He would give me money to buy my lunch each day and each evening we would pick up something to make for dinner on the way home. I was by no means neglected, but I imagined how this might have looked to a social worker who came and looked in my cupboard. Fortunately when I started working at Child Youth and Family several years later, cupboard contents were no longer assessed as a sign of wellbeing.

It is more likely that social workers are involved with the provision of food or education about food in a positive way. Social workers at the City Mission are responsible for providing meals or food parcels to people who are hungry. Social workers who work in family, community and kaupapa Māori organisations may talk with their clients about cooking and nutrition in order to help people who have limited resources to purchase food and provide for their families as effectively as possible.

I became very aware of the extent to which food and eating is culturally located when living and working in Fiji. In 2009, in response to the flooding in Fiji, together with a local social worker I created a psycho-social assessment that could be used for families with children. In psycho-social assessments from other countries, nutrition was an important factor, and it was assumed that child hunger was synonymous with child neglect. However in Fiji, which in 2009 had a GNI per capita of USD\$3840 (World Bank, 2010), and government benefits of up to a maximum of \$80NZD per month for unemployed families, I was very aware that hunger amongst children who were parented well was both a reality and an inevitability. The local social worker and I held discussions with our team to assess what was 'good enough' in Fiji, the answer to which was one lunchtime meal and a snack each day.

The idea of feeding children insufficient food may seem challenging or even abhorrent to those who live in developed countries. However, within developed countries there are parents who have access to considerable resources who encourage their daughters to be hungry in order to obtain and maintain what is considered an 'ideal weight' (Rogers and Chabrol, 2009).

# Globally: Food as a site for social injustice and social change: people in less developed countries, indigenous people and women

#### People in less developed countries

Today, almost one person in six does not get enough food to be healthy and lead an active life, making hunger and malnutrition the number one risk to health worldwide - greater than AIDS, malaria and tuberculosis combined (United Nations World Food Programme, 2011).

People in less developed countries consume far fewer calories than those in developed countries, and they often consume insufficient calories (less than 2,100) to live or carry out their daily tasks.

In discussing the relationship between malnutrition and social work, Seipel (1999) succinctly and articulately suggests several roles that social workers may play in combating malnutrition:

#### Increasing awareness

Bringing attention to malnutrition as in increased attention has often resulted in increased responses from the public. One of the most notable examples of this strategy being successful is 'the Nestlé Baby Formula controversy' which occurred in the 1970s. A public response to the fact that the malnutrition of many infants in Africa was directly linked to the marketing practices of Nestlé (an artificial milk producer) caused policy on infant feeding to change on a global scale; this is something acknowledged by both those who protested Nestlé's actions, and Nestlé itself (Baby Milk Action, 2011; Nestlé, 2011).

Promoting the right to good nutrition as a basic right rather than a segment of the welfare net. While Seipel (1999) argues that poverty reduction is the most important step in ensuring that people receive adequate nutrition, he also argues that the two are not inextricably linked and a human right that must be explicitly protected is the right to sufficient food. An example of this occurring is the United Nations Convention on the Rights of the Child (1990) which in article 24 protects the rights of children to 'safe drinking water [and] nutritious food' and article 27, which states that 'governments should help families and guardians who are not able to provide this [food]'.

### Opposing cultural practices that are harmful towards women

In developing countries, women are more likely than men to not eat enough, which has resulted in a higher mortality rate for girls despite the fact that they are biologically stronger. Women are more likely to prepare food then feed male relatives first, saving whatever food is left over for themselves and other female relatives (Ramalingaswami, Jonsson and Rohde 1996 in Seipel 1999). Seipel (1999) argues that practices that subjugate women increase the potential for women to be hungry and malnourished.

### Encouraging community development

Acknowledging the knowledge and skills that a client or a community has is an imperative of empowering social work practice. Social workers can support community nutrition work by bridging the work done by government and nongovernment organisations and institutions within the community such as schools, churches, hospitals and health ministries

#### Indigenous people

'Food security is the assured access to sufficient food that is nutritious, of good quality, safe, meets cultural needs and has been acquired in socially acceptable ways' (Bowers, Caretr, & Gorton, 2009, p.2). The ENHANCE study conducted by Bowers et al (2009) looked at food security in New Zealand and cited several surveys of the state of nutrition.

One study (Russel, et al., 1999), found that food security is an issue for between 20 and 22 percent of New Zealanders, with an even higher number amongst Māori and Tagata Pasifika.

Another study (Ministry of Health, 2003), found that over half of Pacific and over one-third of Māori households with children could not always afford to eat properly.

Another study (Rush, et al., 2007) that researched 1,376 Pacific families with newborn babies in South Auckland, found that 43 percent of those families reported food running out due to lack of money sometimes or often (Bowers, et al., 2009, p.2).

Malnutrition and hunger do not always go hand in hand, in fact often people who are obese experience malnutrition because while they are consuming too many calories, they are not consuming sufficient nutrients. Within New Zealand Māori are more likely to experience both obesity and malnutrition, particularly those who are living in poverty (Grant, Wall, Yates, & Crengle, 2010). The authors go on to say that:

Poverty and marginalisation not only predispose to undernutrition and specific nutritional deficiencies, but they also increase the likelihood of diet-associated chronic diseases. The available evidence indicates that poverty is a stronger determinant of poor nutritional status for

Maori than non-Maori. Poverty reduction is a key strategy for poor nutritional status (Grant, et al., 2010, p.479).

Thus social work's core value of social justice directly responds to the need for those within our community to not just have food, but to have fulfilling, nutritious, culturally appropriate food.

A group of authors who collaborated with a group of representatives from 12 indigenous groups around the world (Kuhnlein, et al., 2006, p.1014) critiqued the notion that 'nutrition-related problems are largely confined to stunting and micronutrient malnutrition in middle- and low-income countries, and to obesity, diabetes and its complications, and dental caries and tooth loss, in high income countries' arguing that malnutrition in indigenous populations are intrinsically linked to colonisation and decolonisation. The group suggested several strategies, some of which social workers could be directly involved in such as:

- Community development projects that educate about traditional food sources.
- Developing and promoting recipe books.
- Encouraging networks between older people who have knowledge about traditional food sources and younger people.

Within New Zealand such a strategy has recently been implement that fulfils these ideals. The Māra Kai project is a Māori party initiative that provides grants of up to \$2,000 for eligible marae to buy tools and composting equipment, or to build garden beds and implement sheds. The programme is a joint venture between Te Puni Kōkiri and Te Waka Kai Ora, the Māori organic food collective. Gardens must be non-commercial, to benefit a local Māori community. Pita Sharples describes that projects as 'an act of reclaiming Māori culture, self-reliance, and rangatiratanga' (Beehive, 2009).

#### Women

Cooking, the preparation of food and ensuring the adequate nutrition of the family is a task that has traditionally fallen to women. While the level of equality in carrying out domestic duties rose dramatically, the 1994 and 2002 International Social Survey Program (ISSP) that assesses twelve countries for gender equality reported that a disproportionately high amount of household labour is still completed by women. In New Zealand in 2007, even controlled for paid work, women did 60% of the shopping and 64% of the cooking (Sevilla Sanz, 2007). In discussing food preparation in France De Certeau and Giard in Counihan and Van Esterik (2008, p.74) discuss the dichotomy of the importance of feeding a family with the lack of recognition given to it by society.

Traditionally in France, the responsibility for [day to day cooking] falls almost exclusively on women and these tasks are the object of ambivalent feelings: the value of French cuisine is enhanced when compared to that of neighboring countries; the importance of diet in raising children and care for the family is emphasized in the media; the responsibility and role of the housewife as primary buyer and supplier for the household are stressed. At the same time, people judge this work to be repetitive and monotonous, devoid of intelligence and imagination; people exclude it from the field of knowledge by neglecting dietary education in school programs.

While this relates to France, it is not hard to see that similar themes and practices exist in New Zealand. Conversely while women are the ones who are most likely to take responsibility for the planning and preparation of food, they are also the ones who are most likely to not consume sufficient food. Women are far more likely than men to experience an eating disorder (New Zealand Ministry of Health, 2008). Feminist authors such as Naomi Wolf (1994, p.98) argue that even our perception of what an eating disorder is gendered, with women starving being something that is normalised and celebrated in Western cultures. Wolf also contends that socialising women to be hungry is part of a concerted effort on the part of men to firstly, mitigate women's capacity to achieve their cognitive and physical potential because of the physical effects of hunger, and secondly mitigate women's ability to participate in the social events that come with holding positions of power by making it uncomfortable for them to eat.

If women cannot eat the same food as men, they cannot experience equal status in the community ... As women, we do not feel entitled to enough food because we have been taught to go with less than we need since birth, in a tradition passed down through an endless line of mother; the public role of 'honored guest' is new to us, and the culture is telling us through the ideology of caloric restriction that we are not welcome to finally occupy it. (Wolf, 1994, p.98)

In addition to this a more practical implication may be that women are more concerned with their diet than achieving professional success. Women may seek satisfaction and fulfillment on the basis of what size they are, rather than what they have achieved in more cerebral or spiritual aspects of their life.

Social workers have a role not only working with clients that explicitly present with eating disorders, but to challenge behavior that denigrates women to little more than mannequins. Social workers can (and often do) celebrate the aspects of women that don't relate to how they cook, dress or how much they weigh. When working with clients and exploring the nutrition of families where there is a male and a female parent social workers should ensure that the questions about what the family eats are not only directed at the Mother.

#### Conclusion

'Social work is personally engaging and intimate work' (Alexander, 2009, p.6). As well as being professionals, social workers are all humans who, like their clients, have relationships with food. Food can in equal measures bring us together and divide us. Sometimes it is the things that seem like minutiae in life that hold great significance: making a cup of tea, a woman gaining or losing a few kilograms, feeding a child. Social work is an inspiring and inspired profession that when practiced well acknowledges those small things but can also see how closely they link to the causes and activities that are more explicitly significant. Thus we are practicing an important social activity in acknowledging what we eat, what our colleagues eat and what our clients eat, and sometimes even by eating together. We are also developing our awareness of social justice when we are mindful of who has prepared our food, and who in the world is hungry, or not getting the food that they need in order to achieve their potential. By breaking down barriers to the enjoyment of food and promoting and sharing in nutritious, delicious food we are indeed carrying out great and important work.

### References

Alexander, C. (2009). Caring, mutuality and reciprocity in social worker-client relationships: Rethinking principles of practice. *Journal of Social Work*, 9(1), 5-22.

Baby Milk Action. (2011). http://info.babymilkaction.org/nestlefree.

Bang, S. (1983). We come as a friend: Towards a Vietnamese model of social work. Leeds: Refugee Action.

Beehive. (2009). Mara Kai project 'sowing seeds of potential' [press release]. Retrieved from http://www.beehive.govt.nz/release/mara-kai-project-%E2%80%98sowing-seeds-potential039.

Bowers, S., Carter, K., Gorton, D., Heta, C., Lanumata, T., Maddison, R., ...Walton, M. (Eds). (2009). *Enhancing food security and physical activity for Maori, Pacific and low-income peoples*. Wellington, New Zealand: Te Hotu Manawa Māori, 2009. Clinical Trials Research Unit, University of Auckland; GeoHealth Laboratory, University of Canterbury; Health Promotion and Policy Research Unit, University of Otago.

Counihan, C., & Van Esterik, P. (2008). Food and culture: A reader. New York: Taylor and Francis.

Grant, C., Wall, C., Yates, R., & Crengle, S. (2010). Nutrition and indigenous health in New Zealand. *Journal of Paediatrics and Child Health*, 46, pupc \_1842 479, 79–482.

Fallon, P., Katzman, M., & Wooley, S. (1994). Feminist perspective on eating disorders. New York: The Guilford Press.

Kuhnlein, H. Erasmus, B., Creed-Kanashiro, H., Englberger, L. Okeke, C., Turner, N., Allen, L., ...Bhattacharjee, L. (on behalf of the whole group). (2006). Indigenous peoples' food systems for health: finding interventions that work. *Public Health Nutrition*, 9(8), 1013–1019.

Mafile'o, T. (2006). Matakainga (behaving like family): The social worker-client relationship in Pasifika social work. *Tu Mau II. Social Work Review*, 18(1), 31-36.

Ministry of Health. (2003). NZ food NZ children: Key results of the 2002 National Children's Nutrition Survey. Wellington: Ministry of Health.

Nestle. (2011). http://www.babymilk.nestle.com/who-code compliance/history/Pages/TheWHOCode.aspx.

New Zealand Ministry of Health. (2008). Future directions for eating disorders services. Wellington: Author.

Nguyen, T., & Bowles, R. (1998). Counselling Vietnamese refugee survivors of trauma: Points of entry for developing trust and rapport. *Australian Social Work*, 51(2), 41-47.

Ramalingaswami, V., Jonsson, U., & Rohde, J. (1996). The Asian enigma. In P. Adamson (Ed.). *The progress of nations* (pp. 11-17). New York: UNICEF.

Rogers, R., & Chabrol, H. (2009). Parental attitudes, body image disturbance and disordered eating amongst adolescents and young adults: A review. *European Eating Disorders Review*, 17(2), 137-151.

Rush, E., Puniani, N., Snowling, N., & Paterson, J. (2007). Food security, selection and healthy eating in a Pacific community in Auckland New Zealand. Asia Pacific Journal of Clinical Nutrition, 16(3), 448-454.

Russell, D.G. Parnell, W.R., Wilson, N.C., Faed, J., Ferguson, E., Herbison, P. et al. (1999). NZ food: NZ people. Key results of the 2002 National Children's Nutrition Survey. Wellington: Ministry of Health.

Seipel, M. (1999). Social consequences of malnutrition, 44(5), 416-425.

Sevilla Sanz, A. (2007). Division of household labor and cross-country differences in household formation rate. Economics Series Working Papers 333, University of Oxford, Department of Economics.

United Nations Convention on the Rights of the Child. (1990). www.unicef.org/crc/.

United Nations World Food Programme. (2011). Hunger stats. Retrieved from: www.wfp.org.

Wolf, N. (1994). Hunger. In Fallon, P., Katzman, M., & Wooley, S.C. Feminist perspectives on eating disorders. New. York: Guilford Press.

World Bank. (2010). Data: Fiji. Retrieved from http://data.worldbank.org/country/fiji.