Food with TLC:
Supporting children in care to eat well and develop a healthy relationship with food

Round table meeting report

The Children’s Food Trust,
The Fostering Network and The National Association of Care Catering

March 2016
**1 FOREWORD**

There is limited research about the diets of children in care, but for some health outcomes we know they are at greater risk. Neglect and abuse are the main reasons for children entering care, sometimes following inadequate or inappropriate food provision – often leaving a child with a poor relationship with food and subsequent risks for their health and development. More widely, all children in the UK are facing dietary challenges: one in five children starts school overweight or obese, rising to one in three by the time they leave primary school; most children don’t eat enough fruit and vegetables while many consume too much sugar, salt and saturated fat; and dental decay has become the most common reason for five-nine year-olds to be admitted to hospital.

The Children’s Food Trust is a national charity on a mission to get every child eating well: at home, in childcare, at school and beyond. Our previous and current programmes support healthier food provision in schools, early years settings and other places where children access food and drink. Concerned at the apparent lack of current national guidance and training to support healthier food provision for children in care in England, we approached The Fostering Network and The National Association of Care Catering to form a partnership to examine the existing evidence on how children in care eat and the support their carers are given to deliver healthy, nutritious food. Together, the three organisations want to ensure that all children in care have access to nutritious food and the knowledge and skills to develop a healthy, lifelong relationship with it.

In February 2016, our organisations hosted a round table meeting to explore the issues which can prevent children in care from eating well and from growing up with the skills they need to do so as adults. The meeting was attended by a range of expert organisations working with children in care, and explored the support currently given to foster carers and staff in residential children’s homes on helping children in care to eat healthily, and what might further support them in delivering their crucial role in children’s nutrition.

This report summarises the discussions from the meeting, and lists a series of recommendations on what more could be done to help children in care eat well. We look forward to continuing our partnership in this area and to working in collaboration with other organisations, foster carers, children’s home staff and children themselves, to enable them to eat well and develop a healthy, lifelong relationship with food.

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1.1 List of recommendations

Recommendation 1: To investigate further whether, and how to, include an explicit reference to nutritional health within statutory guidance and/or quality standards/national minimum standards; ensure any updates made fit within existing requirements, and are supported with practical guidance to maximize relevance and impact on practice.

Recommendation 2: Practical guidance should be developed to support nutritionally balanced food preparation for children in care, and encourage them to eat well. The guidance should be:
   a. ‘Universal’ so it’s appropriate for use across the whole sector (including foster carers, children’s homes and the secure estate).
   b. Co-produced with the sector and children in care.

Recommendation 3: Further consultation should be carried out across the sector to help inform the content and format of the guidance to ensure it is fit for purpose and meets the diverse needs of those preparing food for children in care including foster carers, children’s home staff, catering companies, local authorities and national organisations. The guidance should be pilot tested in a few (3-4) local authority areas to capture as many different perspectives as possible.

Recommendation 4: Any guidance developed should be:
   a. Practical and include information on provision of a varied and nutritious diet, in line with cultural, racial, faith based or ethnic dietary requirements and advice on catering for special dietary requirements.
   b. Focused on supporting children in care to develop a healthy relationship with food, including practical strategies to manage aberrant eating behaviours, and input from experts in this area should be sought.
   c. Accompanied by practical support tools such as menus and recipes in a format most useful for foster carers and children’s homes so they can involve children in the preparation of food, supporting them to develop the food skills they will need when they begin living independently.

Recommendation 5: Flexible training options should be available to increase the knowledge, skills and confidence of people preparing food for children in care. This could include production of training resources for delivery by health professionals, local authorities or national organisations supporting carers, or online training.

Recommendation 6: The guidance should include, or signpost people to, pathways for carers (foster carers and children’s home staff) and health professionals to access further advice and support on food and eating issues where required.

Recommendation 7: Development of self-evaluation tools (e.g. checklists, family sticker charts) should be considered for people preparing food for children in care, but these must be appropriate to the setting and environment they are intended for.

Recommendation 8: The Children’s Food Trust, The Fostering Network and The National Association of Care Catering partnership to approach multiple potential funders, with the support of the representative organisations, using the meeting report as evidence of need for guidance and training. Upon securing funding the partnership to work in collaboration with representative organisations, the sector and children in care to produce the guidance and support package.
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2 ROUND TABLE MEETING

In February 2016, we joined forces with the Fostering Network and the National Association of Care Catering to host a round table meeting to start a sector-led debate around the need for national, comprehensive and accessible guidance to support the nutrition of children in care in England. Our aim was to ensure that foster carers and children’s home staff have the knowledge, skills and confidence to provide children with a healthy diet, and that they are supported to improve poor eating behaviours - improving the child’s nutrition, mental health and emotional wellbeing. We undertook a preliminary review of food and nutrition guidance and support/training packages for children in care in the UK, which was used as background information to inform discussions. The preliminary review, which included eight points to consider and the meeting terms of reference, was circulated to the participants for consideration prior to the meeting. The meeting participants included a diverse range of representative bodies with expertise, knowledge and experience of the care sector. Amongst other actions, the meeting participants were asked to share their expertise and experience, and any good practice to help inform eight considerations.

The preliminary review can be found in APPENDIX 1. The terms of reference for the round table meeting, the agenda and a list of participants are given in APPENDIX 2. This report summarises the discussions and recommendations that resulted from the round table meeting, and will be used to inform next steps for the partnership to progress in collaboration with the sector.

2.1 Areas considered at the round table meeting

There were eight considerations discussed at the round table meeting, these primarily focused on the need for further guidance and/or support, the content and format of future guidance and support, and the practicalities and process for developing them. The outcome of the discussion of each consideration is given below, along with a summary of overarching principles.

Overarching principles

A number of overarching principles that apply across each of the areas emerged from the meeting discussions, which need to be considered as a key part of any future work. These included:

- Acknowledging the diversity of provision within the sector (including foster carers and kinship care, residential children’s homes and secure accommodation, as well as provision coordinated through local authorities, national charities and independently), and that any guidance and training would need to meet the needs across the sector.
- Acknowledging the diversity of children in care in terms of backgrounds, dietary requirements and eating behaviours, and finding an appropriate balance of producing guidance and training to help carers support them to eat well and overcome sometimes complex and challenging food behaviours, while not treating them differently from other children.
- Ensuring that the development of guidance and support begins and ends with the views of children in care, and that children’s input is integral to the process.
- Ensuring that any guidance supports carers to meet the nutritional needs of the children in their care, and helps them to develop healthy relationships with food, while acknowledging that the food provided is in their home environment.
Consideration 1: The need for nutrition to be explicitly mentioned in updated statutory guidance on promoting the health and welfare of children in care, along with physical, emotional and mental health.

Statutory guidance for local authorities, clinical commissioning groups and NHS England on promoting the health and wellbeing of looked after children was published in March 2015. This includes requirements to promote children’s ‘physical, emotional and mental’ health, but no explicit reference to nutritional health or a healthy diet. The group discussed whether nutritional health and providing a healthy diet was implicitly included within ‘physical health’, or whether it would need to be stated separately to ensure it was appropriately regarded.

Our round table participants discussed the benefits of having ‘nutritional health’ explicitly included within statutory guidance: it being more likely to impact on practice, as it makes it clear that this is something that is expected, and enabling measurement. Inclusion within statutory guidance could also be used as leverage to secure training and support for carers, and help to ensure that experiences of food are consistent for children, wherever they are living.

It was questioned whether the statutory guidance was the most appropriate place to explicitly mention nutritional health. It was suggested that the quality standards/national minimum standards may be a more appropriate place for requirements of this type to fit, as more information could be included to define terms such as ‘nutritional health/good nutrition’, and what this means in practice.

Concerns were raised about this from the carers’ perspective: whether this would be perceived as a further obligation to fulfil, or another ‘box to tick’. To avoid this, it would need to fit with existing requirements, to make it part of what carers do, and ensure they received appropriate practical support. Discussions also centred on the term ‘nutrition’. It was felt by some that the term could be seen as overly technical and too focused on food provision, rather than the development of a healthy relationship with food. It was noted that the latter could encompass some of the wider aspects of food and nutrition, such as building relationships through cooking. It was also suggested that it would be appropriate for any statutory guidance to refer to ‘nutrition’, but that practical guidance could use less technical and familiar terms, focusing on balanced diets and relationships with food.

Helping children with aberrant eating behaviours – a common issue for children in care - was felt to be one of the main concerns for carers. The group discussed how supporting children to develop healthy eating behaviours and relationships with food is a far wider issue than simply understanding and preparing healthy food for children. Subsequently, the group agreed that any guidance around food must promote a collaborative process between carers and children, and support a healthy relationship with food for everyone in the household (including carers themselves). It was agreed that having information included within statutory guidance alone wouldn’t be sufficient, and that practical programmes and support would be required to be helpful in practice.

Recommendation 1: To investigate further whether, and how to, include an explicit reference to nutritional health within statutory guidance and/or quality standards/national minimum standards; ensure any updates made fit within existing requirements, and are supported with practical guidance to maximize relevance and impact on practice.
Consideration 2: The need for national practical guidance on food and nutrition for children in care, to support foster carers and children’s homes staff to prepare meals and snacks that meet the nutritional requirements of children, and support them to develop a lifelong healthy relationship with food.

There is limited information on the nutritional status of children in care but we know they have the same health risks as their peers and for some health outcomes, the extent of risk is often exacerbated due to their previous experiences. There is also an expectation that food provided by carers for children in care is varied and nutritious, and that children should be supported to develop the food skills needed for when they leave care. However, there is no current, national guidance on how to deliver this in practice. Guidance that has been produced is either out of date or has been developed and implemented by individual local authorities or regions.

When considering the need for practical guidance, the group stressed the importance of recognising children in care as a diverse group: of different ages and with dietary requirements from a range of nutritional, cultural and religious needs. It was felt by everyone that practical guidance which included information about the approach to food would be welcomed. It was also agreed that having universal guidance for all children’s homes and foster carers would reduce any fears about individual people or sectors being singled out and asked to do something different. However, it was acknowledged that children’s homes and foster carers may use the guidance differently.

It was agreed that the tone of any guidance would be very important. The group agreed that an appropriate balance would need to be struck between encouraging children in care to eat a healthy diet, promoting their enjoyment of food, and acknowledging that the food is being provided in their home environment. Any guidance would also need to include practical strategies for managing aberrant eating behaviours, to reassure carers and to help them encourage children to develop a healthy relationship with food in the longer term. The support of professionals with expertise in this area would be required.

It was felt that the guidance would need to be pilot tested with the sector to ensure it was fit for purpose and practical for carers to use rather than being too technical and prescriptive. It was agreed that any guidance should be co-produced in collaboration with children, rather than something that is imposed upon them, and as the primary audience for the guidance would be foster carers and children’s home staff, consider whether it would be appropriate to also produce a child-friendly version for children. It must reflect the challenges of eating behaviours and health conditions which are overrepresented among children in care, whilst avoiding the implication that their food needs are any different to those of other children. It was also suggested that digital technology including apps could be used as a format for guidance/support tools.

Recommendation 2: Practical guidance should be developed to support nutritionally balanced food preparation for children in care, and encourage them to eat well. The guidance should be:

- ‘Universal’ so it’s appropriate for use across the whole sector (including foster carers, children’s homes and the secure estate).
- Co-produced with the sector and children in care.
Consideration 3: The need for further work to explore demand for national guidance and support with foster carers, residential children’s home staff, local authorities, health experts and national organisations supporting carers and children in care.

The group was asked to suggest who should be involved in further work to explore demand for guidance and the shape this might take, along with how to consult with them. The group’s suggestions are summarised in the table below.

<table>
<thead>
<tr>
<th>Who to consult</th>
<th>How to consult</th>
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<tbody>
<tr>
<td>People caring for children (foster carers, children’s home staff)</td>
<td>• Approach via membership organisations</td>
</tr>
<tr>
<td>Caterers (including management and catering staff)</td>
<td>• Via local level catering - National Association of Care Caterers (NACC)</td>
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<tr>
<td>Health professionals (e.g. dietitians, psychologists)</td>
<td>• Identify through professional and membership organisations</td>
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<tr>
<td>Children in care</td>
<td>• Children in care councils (in place in each LA)</td>
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<td></td>
<td>• Inspiring Voices project</td>
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<td></td>
<td>• The Who Cares? Trust</td>
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<td>Local authorities and national organisations (e.g. supervising social workers, fostering panels)</td>
<td>• Independent Children’s Home Association (ICHA)</td>
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<td></td>
<td>• The Fostering Network - foster carer surveys/consultation groups</td>
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<td></td>
<td>• Nationwide Association of Fostering Providers (NAFP)</td>
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<td></td>
<td>• Fostering through Social Enterprise (FtSE)</td>
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<td></td>
<td>• Foster Talk (organisation)</td>
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<td>• Foster Line (helpline)</td>
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<td></td>
<td>• Directors of Children’s Services/local government organisations</td>
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<td></td>
<td>• Fostering managers/safeguarding leads in LAs</td>
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<td></td>
<td>• Fostering Information Exchange (online hub)</td>
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One suggestion was to consult on and pilot potential guidance and support in a few geographical areas (local authorities), with the intention of including the different people working in care in that area. This might include carers (LA and independent), health professionals, the local authority workforce, as well as the children themselves. This would help ensure that the guidance met the needs of all users.

Recommendation 3: Further consultation should be carried out across the sector to help inform the content and format of the guidance to ensure it is fit for purpose and meets the diverse needs of those preparing food for children in care including foster carers, children’s home staff, catering companies, local authorities and national organisations. The guidance should be pilot tested in a few (3-4) local authority areas to capture as many different perspectives as possible.

Consideration 4: Consult on the scope of the guidance and practical tools with a range of experts who could play a role, and how to reflect children’s views on food.

Areas to consider when developing guidance

It was agreed at the round table meeting that if further guidance is developed it should be co-produced in collaboration with the sector, health experts and reflect children’s views on food, to ensure the content, format and tone is appropriate and meets their requirements. Their views on the content of the guidance would also need to be sought, and it could include the areas outlined overleaf.
Food-based guidance aligned to healthy eating advice for children of different ages

The dietary requirements of different groups of people within the UK population have been published by the Department of Health as Dietary Reference Values.\(^4,5,6\) For people over five years old, the Eatwell Guide (recently published by Public Health England in association with the Welsh government, the Scottish government and the Food Standards Agency in Northern Ireland to replace the previously used eatwell plate)\(^7\) provides additional healthy eating guidance on the types of foods to eat and the proportions to eat them in for a well-balanced diet, and to help meet Dietary Reference Values. Based on government advice,\(^8\) our recent experiences of developing guidance,\(^9\) and feedback from key stakeholders who were contacted during the preliminary review, it’s important that the content of any guidance is aligned to current, authoritative, age-appropriate nutrition advice. It should be food-based, covering the whole age range (0-18 years) and piloted with the sector to ensure that it’s easy to understand and use.

Portion sizes

Our work with early years settings and schools has identified that portion size information is one area where there has been lack of knowledge.\(^9,10\) Currently, there is no national, authoritative guidance on portion sizes for children, although we (and other nutrition organisations) have recently published portion size information for children aged 1-5 years,\(^11\) and for primary and secondary school aged pupils.\(^12\) Information and examples of portion sizes of different foods for children of different ages could be included, to support foster carers and children’s home staff to provide appropriate amounts of food and drinks to children of different ages.

Providing food for all

Information about managing special dietary requirements (including specific diets based upon medical indications or religious and cultural preferences), food allergies and intolerances could be included so foster carers and children’s home staff have access to guidance on how to approach this.

Supplements

Information on current Department of Health recommendations on supplementation for children and young people under 18 years could be included, to support foster carers and children’s home staff to ensure that children have access to these where appropriate.

Encouraging children to eat well

The promotion of healthy eating is an important yet complex consideration for children in care. Food and mealtimes are not just about healthy eating. Decisions about how food is provided and consumed can have a fundamental impact on the relationships and dynamics within the home. Guidance on strategies to encourage children of different ages could be included. This might include the role of food as a social activity and in learning independence.

Managing aberrant food behaviours

Some children in care have complex relationships with food, and display food behaviours that challenge. Information could be included to outline strategies for managing these, and supporting children to overcome them. Guidance would need to be sensitive to the relationships that children and young people have with food, particularly around weight and body image, and acknowledge that many young children go through periods of fussiness with food.
Guidance for different target audiences
The preliminary review revealed that current national, local authority and sector-led guidance is targeted either at foster carers or residential children’s homes, rather than considering the sector as a whole. All guidance focuses on corporate parents rather than support staff (for example cooks, health visitors, designated nurses). If guidance is produced, we need to consider if the content and/or format of the guidance should vary for the different target audiences and/or settings. It was agreed during the round table meeting that it would be more appropriate to have ‘universal’ guidance for the looked after children’s sector as a whole but ensure that any supplementary training could be designed for specific audiences.

Practical tools – menus and recipes
Template practical tools could be included within or alongside the guidance to support foster carers and children’s home staff to put the information into practice. These could include templates to record information about children’s dietary requirements and preferences, menu planning tools, tools for cooking on a budget, and/or templates to help plan meals and snacks with children. Tools such as example menus and recipe books could also be developed to illustrate the types and amounts of food and drink that could be served to meet the food-based guidance. Wherever possible, the recipes should also be developed with the sector and children too, to ensure they are practical and popular.

The scope of the guidance
Suggested topics for inclusion in the guidance also included eating behaviours such as overeating and hoarding, and highlighting pathways to local support for carers. The group was also asked to consider with whom we would further consult on the scope for the guidance, and any areas that should be included. Following earlier discussions which highlighted some of the challenges carers faced around children’s eating behaviours, suggestions focused on support from professionals with expertise in providing advice on this (e.g. dietitians – possibly identified through the British Dietetic Association, clinical psychologists, and specialist providers). It was also suggested that practical guidance on buying, storing and preparing food (e.g. purchasing food, choosing ingredients, safe storage, use of leftovers etc) would also be useful, particularly for children’s home staff.

Recommendation 4: Any practical guidance developed should be:

a. Practical, including information on provision of a varied and nutritious diet, in line with cultural, racial, faith based or ethnic dietary requirements and advice on catering for special dietary requirements.

b. Focused on supporting children in care to develop a healthy relationship with food, including practical strategies to manage aberrant eating behaviours, and input from experts in this area should be sought.

c. Accompanied by practical support tools such as menus and recipes in a format most useful for foster carers and children’s homes so they can involve children in the preparation of food, supporting them to develop the food skills they will need when they begin living independently.

Named health professional: providers of health services are expected to identify a named doctor and nurse for looked after children. As well as coordinating the provision of services for individual children, named professionals provide advice and expertise for fellow professionals. The Royal Colleges’ intercollegiate framework includes model job descriptions for this and other specialist health professional roles.
Consideration 5: Consult on the need for training, practical support, structures and policies which could help foster carers and residential care home staff use new national guidance and support children in care to eat well.

Support package - training

The preliminary review highlighted limited availability of, access to, and coverage of food and nutrition training. Currently, there seem to be no accredited food and nutrition qualifications available for foster carers and residential children’s home staff. As recently highlighted by Public Health England, accredited training in diet and health is not routinely delivered to many of those who have opportunities to influence others’ food choices. A workforce competence model in nutrition for health and social care has recently been developed. Widespread adoption of this by local authorities and the children in care sector, alongside wider access to accredited food, nutrition and healthy eating training, is likely to increase relevant knowledge and skills and give foster carers and residential children’s home staff the confidence they need to support them to help children deal with food related issues. The training could include ideas on how to engage and actively involve children and young people in food activities including practical experience in cooking, budgeting for food, shopping, menu planning, and food storage and handling, so that they are better able to look after themselves when they begin living independently.

The meeting participants confirmed that there was little consistent access to training on food for carers. It was reported that external training on food for residential children’s home staff is hard to access, as there is no recognised industry training on catering for this sector, and it was suggested that training covering purchasing, storage and preparation of ingredients would be useful for these staff, and for them to share with children in their care. It was also highlighted that staff turnover in this sector is relatively high, and so regular access to training would be key. Training for foster carers by agencies and health professionals varies, but tends to be delivered in-house, rather than commissioned externally. Pre-approval training for foster carers tends to be delivered over several months, but it was felt that any food and nutrition content would be more appropriate at post-approval training for foster carers. Training is also delivered by LAC nurses, and includes some content on being healthy, which could include food and nutrition.

It was felt that resources developed for professionals to utilise and deliver themselves as part of existing training would be useful, and online training was also felt to be a useful option, as this gives greater flexibility and removes the challenge of people needing to be freed up to attend. Exploring flexible packages of training was suggested as an option. It was felt that while accredited training may be appropriate for social workers or residential children’s home staff, this would not be the case for foster carers, for whom CPD training would be more appropriate.

Recommendation 5: Flexible training options should be available to increase the knowledge, skills and confidence of people preparing food for children in care. This could include production of training resources for delivery by health professionals, local authorities or national organisations supporting carers or online training.
Consideration 6: Consult and work with the Local Government Association and local authorities to help them to support foster carers and children’s home staff to provide healthy food for children in their care, by exploring and enhancing current policies and practices. To develop guidance on clear structures, dissemination of guidance and training to support the provision of healthy food by foster carers and residential children’s home staff.

Local authority policies and practices on supporting looked after children’s nutrition

Every child is unique and some have complex physical, emotional, behavioural or medical needs that influence their nutritional requirements and eating behaviours. Government acknowledges that corporate parents will not be able to meet all of a child’s needs and the statutory guidance and quality standards recommend that children’s homes engage with the wider system to ensure children’s needs are met. Whilst corporate parents can obtain food and nutrition advice from designated health professionals, it’s important that local authorities also have policies and clear pathways (processes) to help corporate parents access suitably qualified professionals. These professionals can be consulted about nutrition-related health issues and offer food and nutrition advice. If the designated health professional is a registered public health nutritionist or state registered dietitian, it would be helpful if these professionals also have experience of working within the sector.

The preliminary review highlighted variation in the availability and access to food and nutrition guidance and/or training support packages for the children in care sector. An audit of current local authority practices and a local needs analysis in the area of nutrition for children in care could be used to inform the development of the practical guidance and/or training packages, particularly around signposting foster carers and children’s home staff to additional professional support and access networks, which could provide peer-to-peer support and help share good practice. This would help to ensure that local authority policy is joined up, healthy eating messages and nutritional advice given to the child are consistent, and good practice is shared. Local authorities may consider publishing a clear, evidence-based policy for supporting the nutrition of children in care in their local area. Local authorities would also be instrumental in the dissemination of any food and nutrition guidance produced, either via its inclusion as part of their foster carers support packs, or via signposting in their foster carers’ handbooks which would increase the availability and accessibility of the information.

The group discussed that support from designated health professionals is available as part of health assessments, and for carers to contact with queries and for further advice. Where further specialised support and advice is required, it is not always clear where this can be accessed (depending on severity and type of issue). It would be helpful for guidance to include or signpost to a pathway to highlight who to contact with different nutrition related issues — anything specified would need to work for both foster carers and children’s home staff. This could be linked to and cascaded through local safeguarding boards. Statutory guidance can also be referenced within foster carer manuals. It was suggested that it would be useful to contact the Association of Directors of Children’s Services, and possibly the Local Government Association to inform this.

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Designated professional: Clinical Commissioning Groups are required to have access to the expertise of a designated doctor and nurse for looked after children, whose role is to assist commissioners in fulfilling their responsibilities to improve the health of looked after children. The Royal Colleges’ intercollegiate framework includes model job descriptions.

Primary care team: typically includes GPs, practice nurses, community nurses, midwives, health visitors, the GP practice manager and support staff.
Recommendation 6: The guidance should include or signpost to pathways for carers (foster carers and children’s home staff) and health professionals to access further advice and support on food and eating issues where required.

Consideration 7: Explore the issues relating to monitoring and evaluating the nutrition of children in care.

Monitoring and evaluation

Although the government routinely publishes a range of education outcomes for looked after children and their use of the NHS, there is no routine, universally-reported information on their weight status, and limited information on other health outcomes linked to nutrition. The group discussed whether reporting of health outcomes for children in care could or should include nutritional health outcomes (e.g. dental health, obesity). It was confirmed that annual health assessments should include questions about diet and eating, and children are given the chance to be weighed and measured. It was felt to be important that children’s views on this should be considered, and they should have the chance to say what information they think should be collected, and what questions, if any, should be asked, so they don’t feel like they are being treated differently to other children.

The group also highlighted that there is currently no self-evaluation conducted with foster carers on food, and it varies across children’s homes. A checklist-style, self-evaluation document could be useful for use in children’s homes, but it was felt this wouldn’t be appropriate for foster carers. Other means of self-evaluation were suggested which would be more appropriate for foster carers, including sticker charts, family food diaries on the fridge etc.

Recommendation 7: Development of self-evaluation tools (e.g. checklists, family sticker charts) should be considered for people preparing food for children in care, but these must be appropriate to setting and environment they are intended for.

Consideration 8: To discuss funding options.

Funding the development of guidance and support packages

To consult on and subsequently develop and pilot test the food and nutrition guidance and training package for the children in care sector will require external support and funding. Potential funders were identified, including the Government (Department for Education, Department of Health, Public Health England), grant awarding bodies and/or local authorities. It was felt that the partnership (Children’s Food Trust, The Fostering Network and National Association of Care Catering) should approach multiple funders, using the meeting report as evidence of need for food and nutrition guidance and training. It was also agreed that upon securing funding, the organisations involved in the meeting and others would be approached to collaborate on the development of the guidance and support package.

Recommendation 8: The Children’s Food Trust, The Fostering Network and The National Association of Care Catering partnership to approach multiple potential funders, with the support of the representative organisations, using the meeting report as evidence of need for guidance and training. Upon securing funding the partnership to work in collaboration with representative organisations, the sector and children in care to produce the guidance and support package.
3 APPENDIX 1: PRELIMINARY REVIEW OF FOOD AND NUTRITION GUIDANCE AND SUPPORT FOR CHILDREN IN CARE IN THE UK

This preliminary review was undertaken by the Trust in December 2015 in preparation for the round table meeting. It provides a brief overview of current legislation, policy, guidance and training packages relating to food, nutrition, healthy eating and catering for food provided for children in care across England and the UK. The review was used to ascertain the scope and application of the available guidance and training, and to identify any gaps that require updating or enhancement, or any new guidance and support packages which might be useful.

The preliminary review was referred to during the discussions of the round table meeting, and corrections and additional information highlighted by participants was incorporated following the meeting.

3.1 Aims and scope of the review

The three aims of this review are to:

1. Provide a brief review of food, nutrition and healthy eating guidance available for foster carers and/or residential children’s home staff in the United Kingdom;
2. Ascertain the scope and application of guidance being used by foster carers and/or residential care homes;
3. Consider what further guidance and support packages might be useful.

The review focuses on guidance and training packages relating to children in care aged 0-18 years, being cared for by foster carers or within a residential children’s home in the UK.

3.2 Methods

The review was conducted during December 2015. The information included within this review was obtained by internet-based searches through the search engine Google. Grey literature searches were also conducted through the websites of relevant Government departments, health organisations, and websites or organisations supporting looked after children. Literature from relevant journal articles was obtained through a PubMed search.

In addition to the review of policy and guidance documents, the Trust contacted national organisations that support foster carers and residential children’s homes, to ascertain if any guidance is currently being used to support healthy food provision for children in care, the perceptions of current practice with regard to food provision, and the gaps and barriers to implementing national guidance. The Trust also gathered feedback from a small group of foster carers and residential children’s home staff who recently participated in our training programme.
3.3 Background

3.3.1 Profile of looked after children

The Children Act 1989 defines a child as ‘looked after’ by a local authority if he or she is provided with accommodation for a continuous period of more than 24 hours, is subject to a care order, or is subject to a placement order.\(^4\) The number of looked after children in England has increased over recent years, to 69,540 as of March 2015 (an increase of 6% compared with 2011 figures) with over 60% of looked after children being taken into care because of abuse or neglect.\(^17\)

Three quarters of looked after children in England are cared for in a foster placement, and less than 10% are in secure units, children’s homes and hostels.\(^17\) Children’s homes are defined in the Care Standards Act (2000)\(^18\), as establishments providing care and accommodation wholly or mainly for children (excluding care by a parent, relative or foster parent, hospitals, schools and residential schools open for fewer than 295 days per year). Foster carers include those with children placed by the local authority, voluntary organisation or privately. Children are ‘looked after’ until they are either adopted, return home, or turn 18 (although local authorities continue to support children leaving care until they reach 21).

3.3.2 Legislation and policy context

In 1989 the UK signed up to the UN Convention on the Rights of the Child (UNCRC), agreeing to take all available measures to make sure children’s rights are respected, protected and fulfilled. Article 24 of the convention states that ‘children have the right to the best health care possible, to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy’.\(^19\)

Under Article 7 of the UNCRC, wherever possible, children should be brought up within their families. When that is not possible, they have a right under Article 20 UNCRC to be well cared for by the state.\(^19\)

The legal framework for provision of children’s homes and fostering services in England includes the Children Act 1989\(^20\), the Care Standards Act 2000\(^18\), and related regulations and statutory guidance. The Children Act 1989 sets out the duties, powers and responsibilities local authorities hold in respect to looked after children and care leavers. This includes the duty to safeguard and promote the welfare (including physical, emotional and mental health) of looked after children. Regulation 13 of the Children Act requires children’s homes to offer children a varied diet by providing regular meals that are in line with their cultural, racial, faith based or ethnic requirements. Meal times, and the negotiation involved in the shopping, choosing and preparing of food, provide opportunities for staff to model positive behaviours with children and in this way enable staff and children to build constructive relationships with each other.

3.3.3 Regulations

The Children’s Homes Regulations (2015)\(^21\) set out the quality standards that must be met by children’s homes providers, and describe the outcomes that children must be supported to achieve. There are nine quality standards included in the Regulations, which set out the aspirational and positive outcomes that homes are expected to achieve. They also set out the underpinning requirements that

\(^4\) Looked after child: a child who is looked after by a local authority (referred to as a looked-after child) is defined in section 22 of the Children Act 1989 and means a child who is subject to a care order (or an interim care order) or who is accommodated by a local authority.
homes must meet in order to achieve those overarching outcomes.

One of these quality standards is for health and well-being. This states that (a) the health and well-being needs of children are met; (b) children receive advice, services and support in relation to their health and well-being; and that (c) children are helped to lead healthy lifestyles. The health and well-being standard doesn’t include specific requirements relating to the quality of food provision, but the standard for quality and purpose of care includes the requirement ‘ensure that staff…. provide to children living in the home the physical necessities they need in order to live there comfortably.’ Physical necessities are defined in accompanying guidance\(^{22}\) as ‘including but not limited to, a clean environment, continuous access to drinking water, varied and nutritious food, clothing, hot water, bedding and so on’.

The regulatory framework for conduct of fostering services includes national minimum standards published by the Department for Education.\(^{23}\) The national minimum standards are published in departmental guidance for local authorities, which sets out standards for the local authorities and foster carers. There are 12 child-focused standards, including one for promoting good health and wellbeing (standard 6), which includes a list of points to support children’s physical, emotional and social development, but no requirements relating to nutritional quality of food. There are references to food choice and development of practical skills (standard 2 ‘Children exercise choice in the food that they eat, and are able to prepare their own meals and snacks, within the context of the foster family’s decision making and the limits that a responsible parent would set’; standard 12 ‘children are supported to ....develop practical skills, including shopping, buying, cooking and keeping food...’).

### 3.3.4 Statutory guidance

Statutory guidance on promoting the health and wellbeing of looked after children was published by the Department for Education and Department of Health in March 2015.\(^1\) It sets out responsibilities of local authorities, clinical commissioning groups and NHS England for health and wellbeing responsibilities for looked after children, as set out in legislation. These requirements include:

- **Arranging for all children to have a health assessment conducted by a registered medical practitioner (or nurse/midwife), which is then used to produce an individual health plan, which is then reviewed every 6/12 months (depending on age). It is recommended that the health assessment includes information on diet and nutrition, and dental health for all ages.**
- **Taking the health needs of looked after children into account when developing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies for the local area.**
- **Fostering services and children’s homes providers should work respectively with foster carers and residential care staff to promote a child’s health and well-being. Carers should be given information about the child’s health needs as they have day-to-day responsibility for making sure those needs are met.**

The guidance states that arrangements should be in place to promote a culture where looked after children are listened to, that takes account of their views according to their age and understanding, in identifying and meeting their physical, emotional and mental health needs, that helps others, including carers and schools, to understand the importance of listening to and taking account of the child’s wishes and feelings about how to be healthy.
3.3.5 Ofsted

Ofsted is responsible for the regulation and inspection of all children’s social care services that require statutory registration, which includes children’s homes and adoption and fostering agencies, both those run by local authorities and those independently managed. Ofsted assesses the performance of all regulated children’s services, ensuring that they are meeting the relevant regulations and taking into account the appropriate national minimum standards. The framework for inspection of services for children in need of help and protection, looked after children and care leavers was updated in October 2015, and includes several judgements relating to ensuring the well-being of looked after children. For example, a local authority will be judged ‘good’ if children and young people are in good health or are being helped to improve their health and their health needs are identified (ESN 29).

Under the Care Standards Act (2000), Ofsted are also responsible for the regulation and inspection of all children’s homes in England, and the framework for this was updated in April 2015. This framework is underpinned by the quality standards included in the Children’s Home Regulations, and includes several references to supporting children to maintain or improve their health (‘Children and young people are in good health or are being helped to improve their health or to manage lifelong conditions’), but no specific references to food or good nutrition are included in the framework or inspection handbook.

3.3.6 National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence (NICE) has produced several pieces of public health guidance and quality standards relating to the care of looked after children. Public health guidance was published in 2010, and a quality standard setting out best practice for promoting the health and wellbeing of looked after children in England was published in 2013, and includes standards that aim to support achievement of indictors included within the NHS outcomes framework 2013-14 and Public Health Framework for England 2013-2016. This includes 8 quality statements, but none relate to nutritional quality of food provided to looked after children.

3.4 Health and nutritional status of looked after children

Children’s early experiences have a significant impact on their health, development and future life chances. Children in care are a vulnerable group, with more complex physical and mental health needs, often due to previous experiences. Almost half of looked after children have a diagnosable mental health disorder, and two thirds have special educational need.

A healthy diet and regular physical activity are identified as fundamental determinants of general health and wellbeing. A poor diet is one of the main causes of ill health and premature death. Evidence suggests that interventions to promote good nutrition during childhood should reduce later obesity and its associated chronic diseases such as cardiovascular disease, diabetes, and some cancers. Healthy eating habits in childhood are especially important because they impact on growth, development and achievement in childhood and beyond.

The current diet of children in the UK doesn’t consistently meet healthy eating recommendations. Children of all ages are eating too much saturated fat, sugar and salt, with intakes of sugar 2-3 times the most recent dietary recommendations, the greatest proportion of which comes from soft drinks, fruit juice, cakes, biscuits and cereals. Intakes of some micronutrients are low amongst children of
all ages. A significant minority of pre-school and primary aged children have intakes of iron, zinc and vitamin A (nutrients important for growth and development) that are unlikely to be sufficient. A significant number of secondary aged children have intakes of micronutrients including iron, calcium, magnesium, potassium, selenium, vitamin A and riboflavin that are unlikely to be sufficient. Teenage girls are a particular concern – almost half have intakes of iron which are unlikely to be sufficient. 38

Only 10% of boys and 7% of girls aged 11-18 meet the recommendation to eat at least five portions of fruit and vegetables a day, with average intakes of 3 portions a day for boys, and 2.7 portions for girls. Intakes of oily fish are also well below current dietary recommendations. 38

Although there is little data on the nutritional status of children in care, previous research on the nutritional status of low income groups in the UK has shown that dietary status is similar to the general population, but areas of concern were more marked. 41 As entering care is strongly associated with poverty and deprivation, the diets of looked after children are therefore likely to be a concern, due to their experiences before entering care.

Over a fifth of children in England are either overweight or obese by the time they reach reception year at school, increasing to a third in Year 6. 42 Although the government routinely publishes a range of education outcomes for looked after children and their usage of the national health system (e.g. immunisation) 17 there is limited information on health outcomes such as their weight status. Regional studies show varying picture with some reporting that looked after children are more likely to be overweight and obese compared to their peers 43, and children’s body mass index increasing once in care 44, whilst another study reported children in public care are no more likely to be overweight than their peer group. 45

Although dental surveys in the UK have shown that the levels of dental decay in children have decreased over the last few 20 years, children from disadvantaged backgrounds are much more likely to have poor dental health. 46 Research also shows that children in care have relatively higher levels of dental decay than average. 47

3.5 Looked after children’s relationships with food

It is clear that food provided for children in care is a more complex issue than simply providing energy and nutrients, and children can often display aberrant food-related behaviours. 38 These behaviours can include excessive eating and/or hoarding of food, and pica (eating and drinking non-food items). 49

Work with foster carers has suggested that there is limited support to help foster carers manage children’s complex eating behaviours, and there is scope for further training and support to highlight and share good practice that is already happening. 50

Some research that has been conducted in residential children’s homes has resulted in the production of resources to explain some eating behaviours to other professionals working in the care sector. This includes a resource handbook produced by the University of Stirling, following their research into food practices in residential children’s homes in Scotland and views of staff and children. 51
3.6 Looked after children’s perspectives on food

Children should have a say when adults make decisions about how they should be cared for - a right enshrined in Article 12 of the UN Convention on the Rights of the Child, which states ‘children have a right to express their views and have them given due weight’. Several pieces of work have been undertaken to collect children in care’s perspectives on food (the majority of which relates to children’s homes). In 2009 Ofsted published a report ‘Life in children’s homes’ which included the views of 177 children and young people. One of the areas explored in the report was around helping children to be healthy, and children shared their views on the food provided for them.

In 2009, the University of Stirling published research they had undertaken exploring food practices in children’s homes in Scotland. The findings make it clear that food is used symbolically, and dynamics and tensions are played out through food. Children felt that food could be used as a way of showing that someone cares e.g. preparing food in a particular way that they like or bringing special foods when they were unwell, and so can help them to feel at home.

In 2015, Ofsted’s Children’s Social Care online questionnaire was completed by more than 3,000 looked after children in children’s homes and foster care. One of the five most common themes reported was ‘having good food to eat’, of particular importance was ‘having a good choice of food they liked, plenty of it, and being able to help themselves’.

Who Cares? Scotland collected the views of children in residential homes, residential schools and secure units in Scotland about food as part of the development of guidance on food provision published in 2011. There were five main themes that emerged from this work, which relates to residential schools as well as children’s homes:

- **Food being seen as an unknown quantity** – with young people requesting more information about the nutritional quality of the food served, and how and where it was prepared.
- **Staff and establishments responding to young people as individuals** – with concerns that individual preferences and circumstances can lose out when catering for many.
- **The importance of young people being involved in food issues** – e.g. the importance of feeling listened to by staff, and involved in food-related decisions.
- **Improving the quality, quantity, variety and availability of the food provided** – with children living in most units included in the report commenting on the perceived poor quality of food served to them.
- **Flexible and alternative eating arrangements** – with requests for more flexibility around food-related arrangements e.g. where meals are eaten.

3.7 Review of guidance and support packages

This section provides an overview of guidance and support (e.g. training packages) focusing on food provision for children in care across the UK (see also the summary table in section 3.9).

3.7.1 Guidance

3.7.1.1 National guidance produced across the UK

In 2001, the Caroline Walker Trust (CWT) published ‘Eating well for looked after children and young people’, a guide containing practical and nutritional guidelines. This was produced with the input of
an expert working group, with funding from the British Heart Foundation, Department of Health and Food Standards Agency. This comprehensive resource was one of a series of guides produced by the CWT to support provision of appropriate food and drink for different population groups. The guide included detailed information and guidance on healthy eating for children, as well as nutritional standards specifying the energy and nutrient content of a balanced diet for primary and secondary aged children, example menus and supporting guidance. This guide has been used as the basis by other organisations who have produced their own guidance or training, but as it is more than 15 years since the guide was produced, some of the policy and healthy eating information is now out of date. There is Government guidance in place for caterers providing food for public institutions but this is also out of date and the more recent healthier catering guidance is aimed at adults.

3.7.1.2 Scotland

In 2007 the Scottish Executive published a paper titled ‘Looked after Children: We Can and Must Do Better’ and an action framework. In 2008 the Care Commission published a bulletin ‘Food and Nutrition for Children and Young People in Residential Care: Are services meeting the standards?’ – highlighting that some services needed to improve. In 2009, the government set up a multi-agency working group to develop nutritional guidelines for children and young people living in residential settings. Who Cares? Scotland were commissioned to capture food-related issues as experienced by the children and young people in residential care settings. These reports subsequently informed the development of Nutritional Guidance for Children and Young People in Residential Care Settings. This guidance is targeted to residential homes rather than foster carers. The comprehensive advice on a healthy diet for school-aged children is closely aligned to the guidance produced to support Scottish schools to meet the relevant nutritional standards. No information is included for children under five years.

3.7.1.3 Wales

No national guidance has been produced for provision of food for children in care in Wales, although there is a training pack available for foster carers (see section 3.8.3).

3.7.1.4 Northern Ireland

In Northern Ireland, minimum standards for children’s homes published by the Department of Health, Social Services and Public Safety in 2014 these state that food and drink should be nutritionally balanced, in line with the best practice guidance cited as 2011 Nutritional Guidelines for Looked After Children – Eastern Region. These guidelines were specifically developed for residential children’s homes after the Public Health Agency (PH) highlighted that there were no local nutritional guidelines in place in children’s homes. The guidelines were compiled by the Community Nutrition and Dietetic Service, Belfast Health and Social Care Trust with support from the Eastern Area Health Improvement group for looked after children. The guidelines focus on the nutritional needs of young people aged between 12 and 18 years old, and provide information to help residential units deliver a nutritionally well balanced diet for residents (including residents with specific diet or cultural preferences) as part of a healthy lifestyle. The guidance includes a menu checklist, sample one-week menu, information on catering for religious beliefs and cultural preferences, promoting a positive eating environment, and safe food handling.
3.7.2 Local or regional guidance from the UK

In 2014, Cumbria County Council published a toolkit of practical food-focused ideas for carers of children looked after. This was informed by a series of consultation events held across the county with foster carers and staff from children’s homes. The guidance includes information and practical advice for providing a healthy, balanced diet, as well as guidance on dental health, special diets and managing difficult food behaviour.

A varying level of guidance around food provision was also found in handbooks provided by local authorities for foster carers. This ranged from simply signposting foster carers to current Government advice on healthy eating, to providing more detailed guidance. For example (brief) guidance produced by Cardiff County Council covers healthy eating, food and mealtimes, and problem food behaviours. Pembrokeshire County Council provides detailed diet and nutrition information (based on the CWT publication) for foster carers as an appendix to the foster carers’ handbook.

3.7.3 Guidance produced by national organisations and charities

Written guidance on food and nutrition was also found as part of newsletters and briefings for professionals working with looked after children. For example, a healthy care briefing was produced by the National Children’s Bureau (NCB) in 2005, which gave information about healthy eating and physical activity, and links to further information. A Carers can! Foster Health magazine was produced by NCB for foster carers in the South West of England in 2008, and included information about healthy eating in addition to other health-related topics.

3.8 Training and other support

3.8.1 National training delivered across the UK

A series of 11 seminars were held across the UK in 2002 for people involved in training carers of looked after children. These were organised by the Food Standards Agency (FSA), and delivered using the modular training pack produced by the Caroline Walker Trust to support their ‘Eating well for looked after children and young people’ guidance. An evaluation of the seminars was conducted by the FSA.

3.8.2 England

Training based on the Caroline Walker Trust guidance was also delivered to 8 of the 14 local authorities in the West Midlands region in 15 sessions during 2009-10 following a survey finding that there had been limited training for foster carers around food provision. Separate courses focused on food provision for children under 11 years and adolescents, which were priority areas for the delegates, and were delivered by a dietitian to foster carers, social workers and other professionals.

In 2014, a face to face training programme was delivered to foster carers and children’s home staff in Liverpool. This was developed as part of the three year Hearty Lives Liverpool programme, with funding from the British Heart Foundation. The training programme included four face to face sessions, with information about healthy eating for children aged 11-17 years, and a practical cookery session. All sessions were completed by 22 participants, and received positive feedback.
3.8.3 Wales

In 2012, the Welsh Government funded The Fostering Network in Wales to produce a training pack, including a series of train the trainer resources. The Ready, Steady, Care resources were produced with the support of a working group of professionals, and following consultation with professionals at a seminar event, and with looked after children themselves. The resource pack includes a train the trainer programme to enable professionals such as children’s social workers, supervising social workers, residential child care workers, experienced foster carers, looked after children’s nurses, school nurses, health visitors and flying start staff to cascade the training to foster carers in their local area, and work with foster families to improve the nutrition and physical activity of looked after children. The resources included session plans for training sessions with foster carers and children in foster care, training slides, training activities, and sample copies of nutrition guidance and tools such as a checklist. The objectives of the training were to:

- identify key messages in promoting health and well-being
- determine what key components are necessary to promote nutrition and physical activity for looked after children
- highlight the barriers to ensuring looked after children receive a nutritionally balanced diet
- develop an action plan to integrate a multidisciplinary approach to improving nutrition and physical activity of looked after children.

3.8.4 Training delivered by charities

In 2015, the Children’s Food Trust trained more than 130 foster carers and children’s homes staff in Belfast, Norwich, Glasgow, Croydon, Birmingham, Edinburgh, Cardiff and Southampton to run cooking sessions with the young people they care for. The aim of this training was to equip attendees with the skills, knowledge and confidence to cook healthy meals with the children in their care, helping them to build relationships, and have fun with food together, and prepare children for living independently in the future.

Following the training, an online questionnaire was sent to attendees, and responses were received from 34 people. After the training, participants felt generally confident about providing healthy food for children in their care, and encouraging them to eat well (with 31 and 29 people rating their confidence as 4 or 5 out of 5 for the respective questions). Most participants felt that the information they had available on food, nutrition and healthy eating was adequate to help them provide healthy food, and (to a slightly lesser extent) encourage children to eat well. When asked if any further resources would be helpful, the most commonly selected options were menus and recipes (by 21 people), advice on fussy eating (19 people), advice on food and drink for different ages (15 people), and resources and activities to run with children (15 people).

3.8.5 Online training

No online training specifically focusing on food and nutrition for foster carers or children’s home staff was identified, but some training focusing on health included food components. Online and face to face training has been provided by the Food for Thought programme at the University of Stirling. The resources and training are aimed at foster carers, residential children’s home staff, and focus on how
food is used socially, to support carers to use food as a medium to deliver attuned and response care and support.\textsuperscript{76}

### 3.8.6 Practical tools – recipe books

In addition to training, some practical support is available for foster carers in the form of recipe books. For example, a cookbook including recipes popular with foster families across Northern Ireland was produced by Health and Social Care and Northern Ireland Foster Care in 2010, which is available free of charge online to foster carers\textsuperscript{77}, and the British Association for Adoption and Fostering (BAAF) published a ‘Recipes for Fostering’ book in 2009 that included personal accounts of ten foster families about food, illustrating the social and emotional meanings of food. The book also includes a selection of their favourite recipes.\textsuperscript{78}
### 3.9 Overview of guidance and support tools focusing on food provision for children in care

<table>
<thead>
<tr>
<th>Title</th>
<th>Year produced</th>
<th>Scope</th>
<th>Basic healthy eating info</th>
<th>Nutrition information current</th>
<th>Objective guidelines for planning meals</th>
<th>Guidance for different age groups</th>
<th>Guidance on special diets</th>
<th>Practical tools</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National guidance</strong></td>
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</tr>
<tr>
<td>Scotland: Health promotion Guidance. Nutritional guidance for children and young people in residential care settings (Scottish Government)</td>
<td>2011</td>
<td>Residential establishments including children’s homes, secure units and some school accommodation in Scotland</td>
<td>Yes</td>
<td>Yes (except food labelling)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Nutrition information record</td>
</tr>
<tr>
<td>Northern Ireland: Nutritional Guidelines for looked after children - Eastern area</td>
<td>2011</td>
<td>Residential accommodation providing food for looked after young people (12 years of age and over).</td>
<td>Yes</td>
<td>Yes (except food labelling)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Menu checklist Portion sizes Example menus</td>
</tr>
<tr>
<td>Eating well for looked after children and young people. Nutritional and practical guidelines (Caroline Walker Trust)</td>
<td>2001</td>
<td>Foster carers and residential care homes</td>
<td>Yes (very detailed)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Nutrition information record</td>
</tr>
<tr>
<td><strong>Local guidance</strong></td>
<td></td>
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<tr>
<td>A toolkit of practical food focused ideas for carers of children looked after (Cumbria County Council)</td>
<td>2014</td>
<td>Foster carers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Foster carers’ handbook (Pembrokeshire County Council)</td>
<td>2013 (based on CWT)</td>
<td>Foster carers</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Nutrition information record</td>
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### Training/support packages

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
<th>Target audience</th>
<th>Location</th>
<th>Model of delivery</th>
<th>Cost to participants</th>
<th>Details of content</th>
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<tbody>
<tr>
<td>Ready, steady, care! Fostering Network Wales.</td>
<td>2012</td>
<td>Train the trainer resources for a range of professionals to cascade to foster carers</td>
<td>Cascaded across Wales</td>
<td>Electronic training materials distributed to local authorities to cascade to foster carers</td>
<td>Free resources for LAs (production funded by Welsh Government)</td>
<td>Train the trainer programme including training plans, presentations, activities and sample nutrition guidance, case studies and practical tools.</td>
</tr>
<tr>
<td>Food for Thought. University of Stirling.</td>
<td>2013-</td>
<td>Foster carers and residential care home staff</td>
<td>Stirling</td>
<td>Face to face reflective workshops, or online learning resources</td>
<td>Reflective workshops are free/£80 per delegate</td>
<td>Details of the Food for Thought project, and how to apply the resources to their work</td>
</tr>
<tr>
<td>Understanding the value of food and nutrition for children and young people (11-17) Hearty Lives, Liverpool</td>
<td>2014</td>
<td>Foster carers and residential care home staff</td>
<td>Liverpool only</td>
<td>4 x face to face training sessions (9.45-2.30)</td>
<td>Free (funded as part of BHF programme)</td>
<td>Healthy eating for children aged 11-17 years, problem eating behaviours, practical cookery</td>
</tr>
</tbody>
</table>
4 APPENDIX 2: Round table meeting - terms of reference, agenda and list of participants

4.1 Terms of reference for the round table meeting

The round table participants were asked, amongst other actions, to:

1. Consider the need for national guidance and support packages (e.g. training) on the provision of food and drink for children in care, and the content and format that might be useful for foster carers and residential children’s home staff. The round table participants may refer to this preliminary review of existing work undertaken in this area by the devolved administrations, local authorities and others, and bear in mind the feasibility and any implementation issues (cost, time) that may be involved for different types of settings.

2. Align any guidance on food and drink for children in care to current national guidance on infant, early years and school food provision.

3. Consider how food is currently funded and procured for children in care. Exploring the benefits, limitations and implementation issues relating to the introduction of other catering standards adhered to by public food procurement e.g. Government Buying Standards; in doing so the round table participants should bear in mind the implementation issues that this could pose for different types of settings.

4. Identify what practical support might be required to help foster carers and residential children’s home staff implement the guidance, using lessons learned from the Trust’s early years food and nutrition programme - Eat Better, Start Better. Review current arrangements for training for foster carers and residential children’s home staff in relation to food and nutrition for children in care, and consider how best to disseminate further guidance and training if introduced.

5. Provide a view on the need in the children in care sector generally, for any additional support required to meet the respective regulations, minimum standards and statutory guidance around the approach to and provision of nutritious food. It is acknowledged that any work in this area would need to fit in with the regulatory framework currently operated by Ofsted.

6. Discuss a series of eight considerations, listed in section 2.1 of this report. Drawing on the expertise and experiences of, and welcoming submissions from, the round table participants who have undertaken work in the area of food and nutrition with the children in care sector, the participants will also be encouraged to share examples of good practice to assist the round table in its deliberations and help inform any future work in this area.

7. Contribute to the meeting report (this report) which will be used as a basis to obtain further funding for this programme.
### 4.2 Agenda

**Aim:** to discuss the need for and development of food and nutrition guidance and support (training) packages for children in care

**Dates:** 9 February 2016  
**Time:** 10:30-15:00  
**Venue:** Nightingale Suite, Royal Society of Public Health (RSPH) Office John Snow House, 59 Mansell Street, London E1 8AN,

**Chair:** Linda Cregan, Chief Executive Officer, Children’s Food Trust

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker</th>
</tr>
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<tr>
<td>10:30-11:00</td>
<td>Arrival and refreshments</td>
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| 11:00–11:25   | • Welcome  
• Introductions  
• Overview of agenda  
• Film               | Linda Cregan  
Chief Executive Officer,  
Children’s Food Trust  |
| 11:25-11:30   | The Fostering Network                                                   | Kevin Williams,  
Chief Executive  
The Fostering Network |
| 11:30-11:35   | National Association of Care Catering (NACC)                            | Neel Radia  
Chair  
National Association of Care Catering |
| 11:35-11:50   | A preliminary review of food and nutrition guidance and support for children in care in the UK – summary of findings | Dr Patricia Mucavele  
Head of Nutrition,  
Children’s Food Trust |
| 11:50-12:00   | Foster carers and residential children’s homes staff feedback – findings from online survey | Jo Nicholas  
Head of Research and Evaluation,  
Children’s Food Trust |
| 12:00-13:00   | Round table considerations: overview                                    | Dr Patricia Mucavele                                  |
| 13:00-13:30   | **Lunch and networking**                                                |                                                      |
| 13:30-14:30   | To discuss considerations, identifying priorities and agree approaches   | All                                                  |
| 14:30-14:50   | Feedback from groups                                                    | Patricia Mucavele  
Jo Nicholas                                      |
| 14:50-15:00   | Agree next steps                                                        | Linda Cregan                                         |
### 4.3 List of participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Representing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lord Listowel</td>
<td>Vice Chair of the APPG for Looked After Children and Care Leavers</td>
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</tr>
<tr>
<td>Christina Brandi</td>
<td>Children’s Placement Manager</td>
<td>Action for Children</td>
</tr>
<tr>
<td>Manda Nicoll</td>
<td>Participation Lead in South East</td>
<td>Barnardo's</td>
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<tr>
<td>Kathy Evans</td>
<td>Chief Executive Officer</td>
<td>Children England</td>
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<tr>
<td>Paul Adams</td>
<td>Fostering Development Consultant</td>
<td>Coram BAAF Adoption &amp; Fostering Academy</td>
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<tr>
<td>Andrea Warman</td>
<td>Social care research, policy, training &amp; development consultant</td>
<td>Independent Children’s Homes</td>
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<td></td>
<td></td>
<td>Nationwide Association of Fostering Providers</td>
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<tr>
<td>Yvonne Woodcock</td>
<td>Named Nurse for Looked After Children</td>
<td>Royal College of Nursing</td>
</tr>
<tr>
<td>Chloë Cockett</td>
<td>Policy &amp; Research Manager</td>
<td>The Who Cares? Trust</td>
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<tr>
<td>Kevin Williams</td>
<td>Chief Executive Officer</td>
<td>The Fostering Network</td>
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<tr>
<td>Neel Radia</td>
<td>Chair</td>
<td>National Association of Care Catering</td>
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<tr>
<td>Pauline Batty</td>
<td>Welsh Chair Monmouthshire County Council</td>
<td>National Association of Care Catering</td>
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<tr>
<td>Linda Cregan</td>
<td>Chief Executive Officer</td>
<td>Children’s Food Trust</td>
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<tr>
<td>Patricia Mucavele</td>
<td>Head of Nutrition</td>
<td>Children’s Food Trust</td>
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<tr>
<td>Jo Nicholas</td>
<td>Head of Research and Evaluation</td>
<td>Children’s Food Trust</td>
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<tr>
<td>Claire Rick</td>
<td>Media and Communications Manager</td>
<td>Children’s Food Trust</td>
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<tr>
<td>Claire Wall</td>
<td>Senior Nutritionist</td>
<td>Children’s Food Trust</td>
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<tr>
<td><strong>Apologies</strong></td>
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<tr>
<td>Anne Longfield</td>
<td>Children’s Commissioner</td>
<td>Children’s Commissioner</td>
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<tr>
<td>Renu Jainer*</td>
<td>Looked after children lead</td>
<td>Royal College of Paediatrics and Child Health</td>
</tr>
<tr>
<td>Amy Davies*</td>
<td>Senior Development Officer - Health &amp; Social Care,</td>
<td>National Children’s Bureau</td>
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<tr>
<td>Cathy Ashley</td>
<td>Chief Executive Officer</td>
<td>Family Rights Group</td>
</tr>
<tr>
<td>Dave Clarke</td>
<td>Manager at the Lincolnshire Secure Unit</td>
<td>Secure Accommodation Network</td>
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<tr>
<td>Sophia Jakeman</td>
<td>Let’s Get Cooking Regional Manager</td>
<td>Children’s Food Trust</td>
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*Acknowledgement: The Royal College of Paediatrics and Child Health and National Children’s Bureau were unable to participate in the meeting, but provided very helpful comments on the preliminary review.*
5 References


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Supporting children in care to eat well and develop a healthy relationship with food

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