Care for Something to Eat?

Nutrition, Emotion & Behaviour

Food and health resource pack for carers of children and young people in care
Acknowledgements

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Preface

This resource pack has been designed and published as part of the ‘Food in Care’, an innovative programme led by Health Equalities Group to assist Children in Care (CiC) and their carers to lead healthier lives. This initiative was developed by Hearty Lives Liverpool, a three year British Heart Foundation-funded project, delivered in partnership with Liverpool City Council and other local partners.

This resource pack and the whole Food in Care programme came about because evidence indicates that children in or with experience of the care system have greater health needs (both mental and physiological) and are likely to suffer from more chronic health conditions than others of the same age outside the care system.

Many children and young people come into care with a poor nutritional status. They often have food anxieties (such as overeating or hoarding food) which can be linked to early experiences of either abuse or neglect. In addition, carers themselves often face barriers such as lack of financial support, access to relevant training and with concerns about their own lifestyle and habits. Carers need access to information that will enable them to improve and maintain the health of the children and young people in their care.

The majority of health promotion resources that are currently available cover health in a general sense, but there is a dearth of resources focussed on food beyond the nutritional content catering for the specific demands of carers and Children in Care (CiC).

Food has a major role in a child or young person’s health and well-being. Decisions about how food is provided and consumed has a fundamental impact on
the relationships and dynamics within a care setting; healthy eating habits throughout the life course will reduce the risk of health problems in later life. It is important that the food and eating patterns to which young people are exposed - promote positive relationships with food and good nutrition. Physical activity also plays a huge role in the health and well-being of children and young people, enhancing their quality of life and self-esteem.

This resource has been produced for carers and other professionals to fill the existing gap and support them in their unique role. Foster and residential care settings act as the primary home environment for children and young people and can increase life chances through healthy behaviours in childhood and later life. We believe this resource can make a real difference to the care that is provided, thus improving the lives of one of the most vulnerable and disadvantaged groups in the population.

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June 2016
Introduction

Welcome
The ‘Food in Care’ resource pack provides practical support for those who look after Children in Care (CiC).

It has been co-designed with experienced foster carers, providing a detailed insight into the needs of CiC, and a comprehensive understanding of practical tools and ideas that carers and other professionals can use in everyday situations when providing child care.

Aim of this resource
The main aims of the ‘Food in Care’ resource pack are to provide carers with a tool to support them in a range of food behaviour challenges that they may face with children in their care; to support them in providing a healthy environment, and to contribute to better health outcomes for CiC.

Who should use it?
The resource pack can be used by anyone who has a direct or indirect role in, and responsibility for, promoting the quality of life of children in their care.

This includes:
• foster carers
• family and friends carers (or in other words – connected carers)
• individual residential workers
• support staff and managers
• family support workers
• independent review officers
• Looked After Children (LAC) nurses and school nurses
• prospective adopters
The resource pack will also be of benefit to parents and families being supported by Children’s Social Services, and for families where the Local Authority shares parental responsibility with the parent.

**A note about this resource pack**

This resource pack provides guidelines to help carers to explore issues associated with food and to support children and young people in care. The majority of the guidelines will be adaptable for children of all ages. However as each child/young person is different an individual approach should always be taken.

The tips included in this pack should be treated as supportive recommendations and guidance rather than definitive procedures or strategies.

Most of the sections within this resource pack contain links with details of where to access examples of best practice. At the end of this pack you will find another list of the most useful resources and websites relevant to the content of this pack. We hope you find them useful.
1 Eating Well
Why Healthy Eating Matters

Why is eating well important?
Eating well is fundamental to good health and well-being. Healthy eating helps us to maintain a healthy weight and reduces our risk of type 2 diabetes, high blood pressure, high cholesterol and the risk of developing cardiovascular disease and some cancers.

Healthy eating has many other benefits.
When we eat well we sleep better, have more energy and better concentration – and this all adds up to healthier, happier lives! Healthy eating should be an enjoyable social experience. When children and young people eat and drink well they get all the essential nutrients they need for proper growth and development, and develop a good relationship with food and other social skills.
Active children and young people whose eating is well-balanced tend to:

• have a healthy body weight
• feel good about themselves
• have plenty of energy to be active
• have stronger muscles and bones
• enjoy better physical and mental health

Children and young people who are hungry or poorly nourished (e.g. consume higher intakes of food and drink high in calories, fat, sugar and/or salt – often termed ‘junk food’ – such as chips, sweets and soft drinks) may:

• be irritable, moody or aggressive
• be unable to concentrate and focus on tasks
• have less energy for daily activities
• be uninterested in learning situations and do less well at school
• be at higher risk of developing conditions such as dental health problems, heart disease, type 2 diabetes, high blood pressure, some types of cancer, depression, becoming overweight or obese.
What is healthy eating?

Healthy eating isn’t about cutting out foods – it’s about eating a wide variety of foods in the right amounts to give your body what it needs. There are no single foods you must eat or menus you need to follow to eat healthily. You just need to make sure you get the right balance of different foods. Healthy eating for children and young people should always include a range of interesting and tasty food that can make up a healthy, varied and balanced diet, rather than denying them certain foods and drinks. Although all foods can be included in a healthy diet, this will not be true for people on special/medical diets.

Dietary advice can be confusing, and the best way to understand it is to think of foods in food groups. The Eatwell Guide describes the government’s advice on healthy eating and is a visual representation of how different foods contribute towards healthy, balanced eating that can provide all the nutrients required for healthy adults and children over the age of 5.

Advice for children under the age of 5 is slightly different.

Visit First Steps Nutrition for more information around eating well for early years: > www.firststepsnutrition.org
Introduction to a Good Diet
‘The Eatwell Guide’

Use the Eatwell Guide to help you get a balance of healthier food for you and the child/young person you care for. The guide shows how much of what you and your family eat overall should come from each food group.

The Eatwell Guide applies to most people regardless of weight, dietary restrictions/preferences or ethnic origin. However, it doesn’t apply to children under 2 because they have different nutritional needs. Between the ages of 2 and 5, children should gradually move to eating the same foods as the rest of the family, in the proportions shown in the Eatwell Guide. Anyone with special dietary requirements or medical needs might want to check with a registered dietitian on how to adapt the Eatwell Guide to meet their individual needs.
Fruit and vegetables

Just over a third of the food we eat should be made up of fruit and vegetables — and you should try to eat at least five portions every day. It is important to eat fruit and vegetables because there is evidence to show that people who eat more than five portions a day have a lower risk of developing heart disease.

Fruit and vegetables contain a variety of vitamins and minerals which your body needs to keep healthy. They are great sources of essential nutrients such as vitamin D, calcium, iron and zinc which are essential for children and young people for their rapid growth and development. They are also a good source of fibre which makes them filling to eat, and keeps the digestive system healthy. Try to choose a variety of fruit and vegetables over the day so that you and the young people in your care can benefit from all the different nutrients they provide.

A general guide is that one portion of fruit or vegetable is the same as the amount that you or the child /young person in your care can fit in the palm of your/their hand. For adults this would be approximately 80g of fruits/vegetables.
What counts as one portion?
A portion is 80g or the equivalent of:
1) One tomato, carrot, apple, banana, orange or other similar-sized vegetable/fruit
2) Three heaped tablespoons of vegetable/fruit (e.g. peas or blueberries)
3) One dessert bowl of salad
4) 30g of dried fruit (counts as a maximum of one portion a day) or
5) 150ml glass of fruit juice or smoothie (counts as a maximum of one portion a day). Only natural unsweetened 100% fruit juice counts, with no added sugar!

Top Tips!
- There are five ways to get your five a day – the fruit or veg can be fresh, frozen, dried, juiced or tinned (in juice or water).
- Remember that one small glass (150ml) of unsweetened 100% fruit juice can count towards one portion, but only one glass counts!
Potatoes, bread, rice, pasta and other starchy carbohydrates

Just over a third of your plate should be starchy foods – this food group is your body’s main source of energy and should be part of all meals. Choose a variety of different foods from this group, rather than eating the same ones all the time.

As well as bread, rice, potatoes and pasta, this food group includes whole oats, chapattis, naan, yam, plantain and couscous, among others. Choose wholegrain versions of these starchy foods whenever you can as they will contain more fibre, vitamins and minerals.

**Top Tip!**

Unlike carbohydrates, fibre doesn’t contribute to your daily calorie intake and has a number of benefits including keeping the digestive system healthy. Wholegrain foods are digested more slowly, providing energy that is released gradually, making you feel fuller for longer and therefore less likely to snack in between meals.

Scientific Advisory Committee on Nutrition (SACN) recommends an increase in the population’s fibre intake to an average of 30g per day for adults. For children, the recommended intakes are: 15g/day (age 2–5); 20g/day (age 5–11); 25g/day (age 11–16); 30g/day (age 16–18).

Children under five need a lower-fibre, higher fat diet and gradually increased portion sizes. To help you make sure you’re serving up the right food at the right time, there’s lots of information to help out there. Look at the guidance provided by the Caroline Walker Trust. > www.cwt.org.uk
Dairy and alternatives

Try to have some milk and dairy food (or dairy alternatives) – such as cheese, yoghurt and fromage frais. These are good sources of protein and vitamins (like vitamins A and B12), and they’re also an important source of calcium, which helps to keep our bones strong.

The portion of the Eatwell Guide representing dairy is small, therefore these foods should be eaten in moderation. Some dairy food can be high in fat and saturated fat, but there are plenty of lower-fat options to choose from. Go for lower fat and lower sugar products where possible. For example, why not try 1% fat milk which contains about half the fat of semi-skimmed milk. Try reduced fat cheese which is now widely available. You could have just a smaller amount of the full-fat varieties less often. When buying dairy alternatives (e.g. almond/soya milk/yoghurt etc.), go for unsweetened, calcium-fortified versions.

**Top Tip!**

If the children are over five years old and eating well, then encourage them to eat low-fat dairy products as they contain less saturated fat and can provide the same amount (if not more) calcium. However, they can be very high in sugar so always check the food label.

Please note that children under five years are growing and developing at a rapid rate and therefore have higher energy needs for their size. For this reason, children under two years should have full fat milk and dairy foods. Semi-skimmed milk can be introduced from two years if they are growing well and having a varied and balanced diet. Children over the age of five should follow healthy eating advice suitable for all the family.
Beans, pulses, fish, eggs, meat and other proteins

These foods are sources of protein, vitamins and minerals, so it is important to eat foods from this group. Pulses (also called legumes) are edible seeds that grow in pods and include foods like beans, peas, lentils and chickpeas. Other vegetable-based sources of protein include tofu, bean curd and Quorn all of which are widely available in most retailers. All types of pulses are good alternatives to meat because they’re naturally very low in fat, and high in fibre, protein, vitamins and minerals.

Aim for at least two portions (2 x 140g) of fish a week, including a portion of oily fish. Most people should be eating more fish, but there are recommended limits for oily fish, crab and some types of white fish. For more information on fish please see > www.nhs.uk/Livewell/Goodfood/Pages/fish-shellfish. Also > www.msc.org for more guidance on sustainably sourced fish.

What counts as one portion?
A serving of fish or meat (140g) should be about the size of a deck of cards or the palm of your hand.
Some types of meat are high in fat, particularly saturated fat, which can increase your blood cholesterol level. So when you’re buying meat, remember that the type of cut or meat product you choose, and how you cook it, can make a big difference. To cut down on fat, choose lean cuts of meat and go for leaner mince, cut the fat off meat and the skin off chicken, try to grill meat and fish instead of frying, and have a boiled or poached egg instead of fried.

If you eat more than 90g of red or ‘processed meat’ per day, try to cut down to no more than 70g per day (this equals half the portion presented in the picture above). The term processed meat includes sausages, bacon, cured meats and reformed meat products.

**Top Tip!**
Omega-3 fatty acids are needed for human health and are essential for normal brain development. Our bodies cannot make this type of fat so it is important we get it from our food.
To ensure you get enough omega-3, eat oily fish twice per week (e.g. mackerel, salmon, fresh tuna, trout) to provide your body with these essential fatty acids. Vegetarian sources include linseed and walnuts.

**Oils and spreads**

Although some fat in the diet is essential, generally we are eating too much saturated fat and need to reduce our consumption. Unsaturated fats are healthier fats that are usually from plant sources and in liquid form as oil; for example, vegetable oil, rapeseed oil and olive oil. Swapping to unsaturated fats will help to reduce cholesterol in the blood, therefore it is important to get most of our fat from unsaturated oils.
Choosing olive oils, avocado or lower fat spreads, as opposed to butter or lard, is a good way to reduce your saturated fat intake. Processed foods, including some of the fat spreads, contain trans fats (hydrogenated vegetable oils – oils which have been processed to make them hard), which are as bad for your body as saturated fats. They may appear on the list of ingredients as partially hydrogenated vegetable fats/oil’. Look out for this on food labels and choose carefully.

Remember that all types of fat are high in energy and should be limited in the diet.

To learn more about different types of fats and their sources look at the British Dietetic Association (BDA) food fact sheet on fat > www.bda.uk.com/foodfacts/FatFacts.pdf.

Foods high in fat, salt and sugars

This includes products such as chocolate, cakes, biscuits, full-sugar soft drinks, butter, ice-cream and ready meals (processed foods are generally higher in fat, salt and sugars as these ingredients extend their shelf life and can improve the taste of the food). These foods can provide unnecessary additional calories and are not needed for good health and so, if included, should only be eaten occasionally and in small amounts. If you consume these foods and drinks often, try to limit their consumption and portion size. You can use food labels to help you to choose healthier versions of these foods or healthier alternatives.

Food and drinks high in fat and sugar contain lots of calories, particularly when you have large servings, and many have limited or no nutritional value.
Top Tips! – Portion Control

- The proportions shown on the Eatwell Guide are representative of food consumption over the period of a day or even a week, not necessarily each meal time.
- Make sure children and young people eat the right amount of food for their size and age.
- The quantities of required nutrients change as we pass from one life-stage to the next.
- If children and young people consume more energy than their bodies need, this will be stored in their body as fat. Over time this can lead to overweight and obesity, which, in later life, can lead to diseases like heart disease and type 2 diabetes.
- For more information on portion sizes required to meet the nutritional needs of children and young people at different ages, go to the next section.
- Look also at the guidance provided by the Caroline Walker Trust.
Nutrition Across the Life Course

In order to help children and young people develop their full potential, it is vital that they are provided with good nutritious food.

Eating and exercise habits shaped during childhood and adolescence have a huge impact on health and well-being now, and on the risk of disease in later years.

All people need the same basic nutrients (as presented through the Eatwell Guide) – carbohydrates, essential amino acids (proteins), essential fatty acids (oils), and vitamins and minerals – to become/maintain good health and to stay fit. However, the quantities of required nutrients change as individuals pass from one life-stage to the next.

It is important that your diet and the diet of the child or young person in your care (it also refers to physical activity) is adjusted accordingly to meet these changing needs and to ensure health and well-being throughout life.

The Caroline Walker Trust has produced a series of practical guides illustrating a good diet for different age groups and detailing the type and amount of food (portion sizes) required to meet the nutritional needs of children and young people across their life course. Illustrative sample menus and recipes are also provided.
USEFUL RESOURCES

Eating well: first year of life

Eating well (and portions guide) for 1 – 4 years old

Eating well (and portions guide) for 5 – 11 years old

Eating well (and portions guide) for 12 – 18 years old

Other useful resources are available from the First Steps Nutrition Trust.

Eating well recipe book - Simple, cost-effective ideas for the whole family (recipes and pictured portion guidelines for 7 – 12 months, 1–4 years old, 5–11 years old, 12–18 years old)
> www.firststepsnutrition.org/pdfs/Eating%20Well%20Recipe%20Book_July%202014.pdf
Infancy (from birth to one-year old)

Infancy, the first year of life is a critical time for good nutrition. In the first 6 months of life, an infant is solely dependent on milk. This single food supplies the entire nutritional needs for the rapid growth and development that an infant undergoes during that time. The World Health Organization and the UK Department of Health recommend that all babies are breast fed and whenever possible, all babies should be exclusively breastfed for the first 6 months of life. Breast milk has many benefits for mother and child. It lowers the risk of infection, asthma, eczema, diabetes and obesity. Consider how the baby has been fed to date. If breastfed, then donor breast milk is available. To find out more, go to the Northwest human milk bank at: > www.northwesthmb.org.uk.

From around 6 months, the baby’s first foods can include soft cooked vegetables like parsnip, potato or carrot. Soft fresh fruit like banana, avocado, or peach are good too. Babies often like to start eating these by having them as finger foods, or mashed. You can also spoon-feed the baby, although they will soon be able to do it for themselves. Keep feeding with breast milk or infant formula as well, but don’t give cows’ milk as a drink until they are 1 year old. When solid foods
are first introduced at around 6 months of age, babies are more likely to try to accept new foods. Offer a wide variety of tastes. Introduce a cup from around 6 months and offer sips of water with meals. By 7–9 months of age, a baby should have started moving towards eating three meals a day. It will be a mixture of finger foods, mashed and chopped foods.

**Early years (children 1–4)**

It is important that children aged 1–4 years get enough energy (calories) for growth and development. Children at this age can’t eat large amounts of food at one sitting, so it’s important to make sure their diet is as varied and nutritious as possible. Avoid giving under-5s low-fat foods or foods high in fibre. Children only have small stomachs and need some fat in their diet for growth and brain development. Fibre can fill them up too quickly, meaning they may not get the nutrition they need from all the food groups.

**Children 5 –11**

Children need energy (calories) to maintain regular body functions and to be active – just as adults do. But they also need energy for growth – giving them relatively high energy needs for their size. More active children will have greater energy needs, for instance 9–11 year old girls who are very active [more than 2 hours of high intensity activity a day] will need more energy than most adult women typically do. Children need food that will build strong bones when they are young so that they will have healthier bodies in later life. Vitamin D and Calcium are two nutrients that are very important for healthy bones.

**Teenagers (young people 12–18)**

Young people need energy (calories) to maintain regular functions and to be active – just as adults do. But they also need energy for growth – giving them relatively high energy needs for their size. Young people continue to grow through their teenage years, and although most girls will have reached the end of adolescence by the age of 16–17, and boys by the age of about 18, some young people will still be growing into their early 20s. During adolescence, young people go through puberty, a process that involves total body maturation and the development of adult sexual function. To support this growth, teenagers need extra calories, sufficient protein, calcium, vitamin D and iron and zinc.
Encouraging to eat well – TOP TEN TIPS

Adopting healthy eating and drinking patterns for CiC from an early age can promote good health and well-being in later life.

Food intake is influenced by family eating patterns and through interaction with peers. Early food experiences can have a significant effect on food likes and dislikes and on eating habits in later life.

As a carer, you should aim to offer tasty, nicely presented and well-cooked foods that will be enjoyed by the children and young people. Meal times should not be rushed as a relaxed approach to eating can pave the way for healthy attitudes to food. It is important to make eating a pleasurable experience. Food can be an enjoyable, social activity.

It is equally significant to recognise the importance of eating well for good health. Changes can be made gradually, and small changes to foods that are eaten regularly have the greatest effect on eating well.
Follow these 10 tips for adopting healthy eating and drinking patterns:

1 – Cook from scratch

• Home-cooked food is healthier than ready-meals or convenience foods. You control what goes into your body by measuring the oil, salt, sugar, and other ingredients in each recipe. You can also select the fresh, organic, seasonal or other preferred ingredients you want to add. It doesn’t have to be too onerous!

• Stock up your store cupboard – include reduced-sugar-and-salt baked beans, tinned tomatoes and dried pulses, which all count towards your 5-a-day. One third of your daily food intake should be a starchy carbohydrate, preferably a high fibre, wholegrain variety, so stock up on brown rice and whole-wheat pasta.

• Avoid using stock cubes and salty sauces. Look for low salt stock and use herbs and spices to add flavour to foods instead.

• Cook in bulk and freeze healthy meals for later – this will save you time and money.

• A healthy mash-up. Save energy by pre-cooking a batch of jacket potatoes in the oven. Reheat in the microwave later or use as mash to top a fish or cottage pie.

• Use vegetables as the main component of the meal to get your five-a-day.

• Use low fat cheese in cooking or use smaller amounts of strong cheese – the stronger the cheese, the less you need.

• Use low fat natural yoghurts and fromage frais in cooking instead of cream (but remember that children under two need full fats in their diets).

• Use lean meats where possible and skim the fat from stews/ casseroles, or replace the meat with beans, pulses or lentils. You can buy beans and lentils in tins as well as dried. Look for those in water rather than brine/salted water.

• In general grill, bake, steam, poach, slow cook or boil instead of roasting/ frying food, this will reduce the fat content.

• Use dried fruit in puddings, cakes and biscuits to reduce the sugar content.

• Look for vegan and vegetarian recipes when baking as those are often lower in sugar and fat.

British Heart Foundation (BHF) has on their website a recipe finder that contains hundreds of healthy recipes with full nutritional analysis. > www.bhf.org.uk/heart-matters/healthy-eating-toolkit/recipe-finder
2 – Offer a variety

It is important for children and young people to eat a varied diet, and carers should encourage young people to try different foods. Be creative when serving food as the same food can be served in different ways. Another idea is to mix foods, e.g. carrot mash with potato mash. Tasting sessions are also a useful way to get children and young people to try new foods. Involving them in the selection and preparation also encourages them to try the foods they haven’t tried before, or have perhaps tried but didn’t like.

3 – Listen & involve!

Communication between carers, children and young people about food preferences is essential and asking children and young people their views on food and food-related issues should be a fundamental part of everyday care. This allows young people to voice their feelings and concerns over food, if they have any. At the same time, it is essential that carers actively encourage the involvement of children and young people in planning menus, food shopping and in preparing and cooking food, as this can also provide a useful framework for communication.

Encouraging eating well does not mean forbidding certain types of foods or facing young people with foods they do not like. Eating a healthier diet is about keeping the right balance and eating more of some foods as well as eating less of others. Inspire children and young people to talk about or draw pictures of the foods they like to eat, and to plan menus themselves. Engage them in food shopping, preparation and cooking. Having access to a range of cookery books helps. You can also find recipes on the internet. It can stimulate discussion and young people can identify foods that they would like to try. Looking at food labels can help to explain the differences between foods and to compare similar products.

In order to avoid conflict around food, such as when foods are rejected or demanded, it can be effective practice for carers and children they care for to agree boundaries together around eating. This might prompt discussion about which snacks are freely available, which foods or drinks could be saved for special occasions, and who takes the lead on menu planning – either each day or each week. Carers may find it helpful to negotiate a ‘Food Agreement’ with the children and young people in their care.
FOOD AGREEMENT

• We will all have the opportunity to comment on, and take part in, weekly menu planning.

• People with special requirements will have suitable food available for them.

• Breakfast is an essential meal. Everyone is expected to get up in time for breakfast.

• We will all sit together at mealtimes.

• We will each respect each other’s choice of food and manner of eating, and positive table manners will be promoted.

• We will encourage good social skills during meals.

• Everyone will be given enough time to eat.

• Food will never be withheld as a form of reward or punishment.

• Everyone will be encouraged to eat at least five portions of fruit and vegetables a day.

... AND ANY OTHER EXAMPLES YOU CAN THINK OF!
4 – Keep food records

A detailed nutrition information record should be kept for each child in your care. This should include essential information on the individual’s food preferences, eating habits, food-related concerns, cultural/religious requirements, special dietary needs, any food intolerances or allergies, eating problems or eating disorders.

This information should accompany the child if he or she moves from one care placement to another. If possible and appropriate, the record could be held by the child or the young person. The nutrition information record could form part of the records kept for all CiC and be part of their care plan.

**TOP TIP!**

Involving young people in food activities such as cooking and shopping not only enhances food and social skills but also appears to provide a comfortable situation in which young people can talk to adults.
Food Record Sheet

Name:

Food preferences:

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Special dietary needs:

Food intolerances or allergies:

History of eating problems or eating disorders:

Dietary needs in relation to culture or religion:

Adapted from: Caroline Walker Trust (2001) “Eating well for looked after children and young people”
Involving children and young people in cooking can encourage healthy eating and improve communication. Teaching children to prepare their own food gives them a sense of accomplishment, which can boost their self-esteem. All children in the care system should be supported and provided with opportunities to participate in cooking, regardless of their skill level. Through assisting in all aspects of food preparation – planning, shopping, cooking and cleaning up – young people learn important life skills including:

- budget management (shopping, comparing food prices)
- maths and language skills (measuring, counting, estimating quantities)
- reading recipes (planning, following instructions)
- responsibility (making decisions and following them through)
- safety, cleanliness and food hygiene
- social skills (working together, considering other people’s requirements)

**Top Tips!**

- Keep recipes simple and choose them together.
- Encourage children and young people to do as much of the cooking as they can.
- Make planning, preparation and cooking fun so they will want to keep on cooking.
- Talk about the food while cooking – a great opportunity to learn together, explore new foods and pass on healthy eating tips.
- Expect some mess – and encourage children to share in cleaning up.
- Don’t expect things to always turn out perfectly – skills will improve with time and practice – and new recipes often develop when things don’t go as you expect.
Of course, safety is important, so make sure you help children learn safe knife skills at an appropriate age, and keep sharp objects away from younger children. Also ensure safety around the cooker and always make sure children are supervised when cooking.

If you want to find out more about safety rules and ‘First Aid’, go to the NHS choices website:

**Food-related activities**

These fun ideas can encourage children and young people to enjoy healthy foods and try new foods:

- **World food tour** – Celebrate the various cultures with a ‘world food tour.’ Once a week or month, with the help of the children, create a healthy dish from a different culture. Encourage children to keep a record of recipes in a booklet. For recipe inspirations go to BHF recipe finder:
  > www.bhf.org.uk/heart-matters/healthy-eating-toolkit/recipe-finder

- **Field trips** – If possible, go on a trip to the local farm or farmers’ market. Have children and young people pick out one new ingredient and search online or in a cookbook for a healthy recipe that uses that ingredient. Or, if you are feeling confident and adventurous, make up a recipe!

- **Read about it** – There are many fun and educational books that explore food. Ask your local librarian for suggestions. Magazines are also a great way to get inspiration and learn about food.

- **Go online** – For information about healthy eating that children and young people can explore, visit: Yheart > www.yheart.net - CBHF > www.cbhf.org.uk
6 – Swap snacks

Healthy snacks can keep young people going between meals and help them to get the variety of food they need.
But when busy, tired or bored it can be easy to slip into bad snacking habits. Use the guide below to swap the snacks you offer to children and young people for healthier versions to help improve their diet:

<table>
<thead>
<tr>
<th>Instead of...</th>
<th>Try...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisps</td>
<td>Breadsticks, dry cereal, rice cakes or crunchy vegetable sticks.</td>
</tr>
<tr>
<td>Cream cakes</td>
<td>Toasted currant buns, teacakes, crumpets or English muffins with a little unsaturated spread.</td>
</tr>
<tr>
<td>Boiled sweets</td>
<td>Dried fruit such as raisins, dried apricots.</td>
</tr>
<tr>
<td>Slice of pizza</td>
<td>Wholegrain pitta bread dipped in hummus or tzatziki. Alternatively make your own pizza using tomato puree, vegetables, and lower fat cheese options like mozzarella instead of hard cheeses.</td>
</tr>
<tr>
<td>Bar of chocolate</td>
<td>A banana or some chunks of fresh pineapple.</td>
</tr>
<tr>
<td>Biscuits</td>
<td>Fresh or canned fruit in its own juice, such as peaches or pears.</td>
</tr>
<tr>
<td>Ice cream</td>
<td>Low fat yoghurt or rice pudding – but make sure it doesn’t contain any added sugar. You can sweeten plain yoghurt with fresh fruit such as blueberries or pineapple.</td>
</tr>
</tbody>
</table>
7 – Healthy lunchboxes

School lunches are an excellent way of ensuring children have nutritious food in the middle of the day. Most CiC are eligible for free school meals – encourage them to sign up and take the free lunch. However, during holiday times or if school food is lacking you may want to make up a lunchbox.

Packing a healthy lunch for children and young people is vital for making sure they get the right energy and nutrients they need for lunchtime play and afternoon lessons. Making an interesting and nutritious packed lunch every day can be a difficult task. But don’t resort to pre-prepared lunchbox foods, sweets and crisps! To give you a hand, the British Heart Foundation has developed a week of lunchbox ideas using tried and tested favourites that children and young people will love.

For healthy lunchbox ideas for the whole week, go to:  

Remember that no matter how nutritionally balanced your lunch box is, there will be no nutritional value to it if it remains uneaten! Tips to make sure it comes back eaten:

**Keep it cool**

Few schools have refrigerated areas for lunchboxes, so use mini lunchbox coolers or freeze cartons of juice or bottles of still water to put in the lunchbox and keep it cool.

**Avoid soggy sandwiches**

Put wet vegetables like tomato slices between your main fillings and use lettuce to protect the bread.

**Make fruit and vegetables easy to eat**

Cut them into chunks, sticks or shapes.

**Make it fun**

Decorate sandwich bags or yoghurt pots with stickers or draw funny faces on fruits like bananas, oranges and satsumas, which have peel that is removed before eating.

Let the child or the young person choose their lunchbox, and add brightly coloured napkins and plastic cutlery.

**Involve**

Involve children and young people in deciding what goes into their lunchbox.
8 – Reduce sugar

Why does it matter?
Foods that contain large amounts of added sugar are high in energy but provide very little nutritional value. Nowadays, children and young people tend to eat more sugar than is recommended, which can affect both their body weight and their teeth causing dental decay. It can lead to a host of other health problems in later life.

Ideally, no more than 5% of the energy we consume should come from free sugars*.
Currently, children and adults across the UK are consuming 2 to 3 times that amount.

<table>
<thead>
<tr>
<th>AGE</th>
<th>THIS MEANS NOT MORE THAN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>children aged 4 to 6</td>
<td>19g or 5 sugar cubes</td>
</tr>
<tr>
<td>children aged 7 to 10</td>
<td>24g or 6 sugar cubes</td>
</tr>
<tr>
<td>11 years and over</td>
<td>30g or 7 sugar cubes</td>
</tr>
</tbody>
</table>

1 sugar cube = 4 grams

*Free sugars – Any sugar added to food or drink products by the manufacturer, cook or consumer, including those naturally found in honey, syrups and unsweetened fruit juice.
**Top Tips:**

- Use the food label to help you choose foods lower in sugar.
- Swap sugary breakfast cereals for plain cereals, such as plain porridge, whole-wheat biscuit cereals, or no added sugar muesli.
- Cereal bars often contain high levels of free sugars* too, so remember to check the label.
- Swap flavoured yoghurts for low fat, lower sugar yoghurts, adding fresh fruit for variety. Be sure to check the label for added sugar (but remember that children under two need full fats in their diets).
- Adding sugar to tea, drinks and on breakfast cereal should be discouraged. Sugar should only be given on request and not freely available.
- As much as possible, desserts offered should be fruit- and/or milk-based, and served occasionally; and if offered, should only be served as part of a meal.
- Desserts can be made more nutritionally beneficial by modifying recipes to include fresh fruit, canned fruit in natural juice or dried fruit, or include nutrient-rich and fibre-rich ingredients such as oats and wholemeal flour to reduce the fat and sugar content.
- Limit the portion size of desserts. Serving in smaller dishes can be an effective way to reduce portion size without it being too obvious.
- If you are purchasing any manufactured dessert products, e.g. ice-cream, fruit pies and sponge puddings, look at food labels and opt for lower sugar and fat varieties.
- Cocoa powder can be used in cakes and biscuits as an alternative to confectionery or chocolate.
- There are number of great resources to help you and the young person to choose a less ‘sugary diet’.
USEFUL RESOURCES

GULP website

GULP – Giving Up Loving Pop is a new campaign from Food Active which aims to raise awareness of the health harms associated with over consumption of sugary drinks.

> www.giveuplovingpop.org.uk

Change for Life SUGAR SMART APP

Designed to show quickly and easily how much total sugar is in the things you’re buying, eating and drinking, to help you spot it more easily so you can make healthier choices and cut your sugar intake.

> www.nhs.uk/change4life/Pages/change-for-life.aspx

Sugar facts – information sheet from The British Dietetic Association

> www.bda.uk.com/foodfacts/Sugar.pdf

Take a look at BHF infographic – how much sugar is in different foods. The results may shock you!

> www.bhf.org.uk/heart – matters-magazine/nutrition/sugar-in-different-foods
9 – Cut down on saturated fat

Cutting down on saturated fat can help to lower blood cholesterol and reduce the risk of heart disease. Most people in the UK, including young people, eat too much saturated fat. The average fit, active man should have no more than 30g saturated fat a day. The average fit, active woman should have no more than 20g saturated fat a day. Children should have less saturated fat than adults. But remember that a low-fat diet isn’t suitable for children under two.

One of the easiest ways to cut down on saturated fat is to compare the labels on similar products and choose the one lower in saturated fat. Always check the sugar content too, and watch out for foods that are high in saturated fat, including fatty cuts of meat, sausages, butter, cream, cheese, chocolate, pastries, cakes and biscuits. You don’t need to stop eating these foods altogether, but eating too much of these can make it easy to have more than the recommended maximum amount of saturated fat.

To find out more, see:
> www.nhs.uk/Livewell/Goodfood/Pages/Eat-lesssaturated-fat.aspx.

**Top Tips:**
- Go for lower saturated fat foods; for example, toasted English muffins or crumpets with spread instead of pastries; and low fat Greek yogurt/ natural yoghurt instead of cream.
- Try to replace butter (high in saturated fat) with spreads and oils high in polyunsaturated and mono-unsaturated fats, such as rapeseed, olive, sunflower, soybean, safflower or flaxseed oil.
- Cut fat off meat and, where possible, grill, bake and poach meats and fish rather than frying them. Reduce your intake of processed meats like pork pies, sausage rolls and salami.
10 – Read food labels

Lots of pre-packaged foods have a food label on the front of pack which shows the nutrition information per serving. Food labels can help you to choose between foods and pick those that are lower in calories, fat, saturated fat, sugar and salt. Where colour-coded labels are used, you can tell at a glance if they are high, medium or low in fat, saturated fat, sugars and salt. For a healthier choice, try to pick products with more greens and ambers and fewer reds.

To find out more about food labelling you can visit:
> www.nhs.uk/Livewell/Goodfood/Pages/food-labelling.aspx
Healthy Body Weight

All those involved in looking after children and young people should make sure that positive messages are given about healthy eating and that these are reinforced by carers through role modelling and positive attitudes to a healthy lifestyle.

Carers should promote a healthy body weight and body image by providing an environment in which the children and young people have the opportunity to eat healthy food, and where the play and exercise they enjoy is actively enabled and encouraged.

Children’s body shapes change as they grow and make the transition from infancy through childhood to adolescence. So it’s not surprising that the parents and carers of overweight children often don’t notice when the child is heavier than he or she should be. Sometimes, friends and relatives might refer to an overweight child as having ‘puppy fat’, which implies they’ll grow out of it. Some children do, but many go on to gain additional weight.
Measuring your child’s weight
To find out whether your child is a healthy weight you can:
• use an online calculator, like the one at Weight Concern: > www.weightconcern.org.uk/
• talk to the family health visitor or the child’s school nurse, who will be able to work it out for you
Don’t use adult BMI calculators or charts, as the same categories don’t apply to children. A healthy weight for a child is different for girls and boys, and for the different ages and stages they go through.

Overweight
Many children and young people in the UK are too heavy for their age and height. Unhealthy excess weight (which refers to both overweight and obesity) is a complex issue but essentially it is taking in higher levels of energy than is expended. Children and young people often eat and drink too many calories and do not burn up enough of these calories through their activities. The excess energy is stored in the body as fat. Just a few extra calories each day can, little by little, add up over the space of a year or few years and result in people being overweight. Having even a little bit too much every day swings the balance from weight maintenance to weight gain. Being overweight as a child is linked to being overweight as an adult and consequently having a greater risk of developing conditions including heart disease, type 2 diabetes, high blood pressure, some types of cancer and depression.

Talking to the child about their weight
Some carers might be anxious about talking to children and young people about their weight because they don’t want to make them overly concerned about their body image. This is understandable, but many children who are overweight already know this, but don’t want to raise the issue. It’s important that you talk to the child about their health. Some suggestions are:
• Avoid sitting them down for a serious talk about their weight. If you do this or keep reminding them about it, then the subject of weight can become a bigger issue than it needs to be.
• Try to focus on the issue of good health – eating well and taking regular exercise. If you focus on weight as the issue, then you will establish a false notion that being slim equals good health. Losing weight is secondary to sticking to healthy eating patterns and regular exercise.

• Try to talk to children and young people as and when issues arise – they might have found their clothes don’t fit them or remark that the other children at school are smaller than them. They may say that they are being teased by children at school.

• Think up practical things you can do – set goals for the whole family so the child or young person doesn’t feel as though they are being punished; and look at what you can all do to help each other.

• Talk to the child’s school nurse, GP or health visitor. Look to see if there is a GP referred weight management service available locally.

Underweight child

Being underweight is not better than being overweight, it is equally undesirable and is also associated with an increased risk of ill health. Among children and young people, it may contribute to tiredness, limited physical activity, becoming ill more often and an inability to concentrate. Being underweight might be a sign of a food intolerance, bowel disorder or unrecognised illness or infection. Children and young people who need to gain weight should eat regular meals and snacks throughout the day. They also need to keep active to stimulate their appetite. If low weight does not seem to be caused by a poor diet or does not respond to dietary measures, carers should seek advice from the child’s GP and other health professionals to check if there is an underlying physical disorder.

Body image

People come in a wide range of body shapes and sizes, and their different body shapes can be healthy. For many young people the relationship between food, eating and body weight can be highly complex. It is therefore essential that carers deal sensitively with issues related to being underweight and overweight. We are all different, but all wonderfully made and beautiful creations. Carers themselves need to ensure they do not contribute to poor body image among children and young people by using derogatory language about their own or other people’s body shapes, or by commenting on people’s food choices.
2

Special Diets
Special Diets & Medical Conditions

Children and young people with developmental issues, disabilities or communication exceptionalities like autism may exhibit varying food-related behaviours, preferences and sensitivities.

It is not realistic to list every possible condition that might have an impact on a child’s health and food intake; further information is available from specific sites or support groups, however, some of the more common challenges are mentioned here.

Food intolerance & food allergies

Food intolerance is defined as an unpleasant reaction to a specific food or ingredient; a food allergy is a form of food intolerance. Common foods which can occasionally cause severe reactions include peanuts, shellfish, eggs, wheat and other cereals. If any child or young person living in a foster placement or a residential care establishment has a medically-diagnosed food allergy, appropriate medical advice and any dietary requirements to avoid specific foods or ingredients must be closely followed. Medical advice should always be sought before specific foods are excluded from the diet.
USEFUL RESOURCES

Useful resources with more details can be accessed through BDA and BNF websites.

Food Allergies & Intolerances
> www.bda.uk.com/foodfacts/Allergy.pdf
> www.bda.uk.com/foodfacts/CopingFoodAllergies.pdf

Milk allergy
> www.bda.uk.com/foodfacts/milkallergy.pdf

Lactose intolerance
> www.nutrition.org.uk/nutritionscience/allergy/lactose-intolerance.html

Other medical conditions

Carers and residential staff should ensure that they are familiar with the conditions and with procedures for accessing a special diet, and ensure that these are followed.

Useful resources with more details can be accessed through either the British Dietetic Association (BDA), British Nutrition Foundation (BNF) or National Health Service (NHS) websites.

Medical advice should be sought if you are unsure about which foods are appropriate for a child or young person with a special diet or medical condition.
USEFUL RESOURCES

Irritable Bowel Syndrome (IBS)
> www.bda.uk.com/foodfacts/IBSfoodfacts.pdf

Iron deficiency – anaemia

Autism
> www.bda.uk.com/foodfacts/Autism.pdf

Diabetes
> www.bda.uk.com/foodfacts/diabetes.pdf
> www.bda.uk.com/foodfacts/diabetestype2.pdf

Coeliac disease
> www.coeliac.org.uk
> www.nhs.uk/Conditions/Coeliac-disease/Pages/Introduction.aspx

Other diets

Vegetarian diet
> www.nhs.uk/Livewell/Vegetarianhealth/Pages/Vegetarianmealguide.aspx
> www.bda.uk.com/foodfacts/vegetarianfoodfacts.pdf
> www.vegsoc.org/document.doc?id=38

Vegan diet
> www.nhs.uk/Livewell/Vegetarianhealth/Pages/Vegandiets.aspx
Food Related Customs

This is a guide around some of the main differences in food choice commonly observed by those from other religious and cultural backgrounds.

When caring for a child or a young person from other minority or ethnic groups it is essential to be familiar with their relevant customs. At the same time, it is important not to make assumptions about anyone’s food preferences and to find out about each child or young person, either from themselves, from family members, previous carers or their social workers.

<table>
<thead>
<tr>
<th></th>
<th>Jewish</th>
<th>Hindu</th>
<th>Sikh</th>
<th>Muslim</th>
<th>Buddhist</th>
<th>Rastafarian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eggs</td>
<td>No blood spots</td>
<td>Some</td>
<td>Yes</td>
<td>Yes</td>
<td>Some</td>
<td>Some</td>
</tr>
<tr>
<td>Milk/yoghurt</td>
<td>Not with meat</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Some</td>
</tr>
<tr>
<td>Cheese</td>
<td>Not with meat</td>
<td>Some</td>
<td>Some</td>
<td>Possibly</td>
<td>Yes</td>
<td>Some</td>
</tr>
<tr>
<td>Chicken</td>
<td>Kosher</td>
<td>Some</td>
<td>Some</td>
<td>Halal</td>
<td>No</td>
<td>Some</td>
</tr>
<tr>
<td>Mutton/lamb</td>
<td>Kosher</td>
<td>Some</td>
<td>Yes</td>
<td>Halal</td>
<td>No</td>
<td>Some</td>
</tr>
<tr>
<td>Beef/beef products</td>
<td>Kosher</td>
<td>No</td>
<td>No</td>
<td>Halal</td>
<td>No</td>
<td>Some</td>
</tr>
<tr>
<td>Pork/pork products</td>
<td>No</td>
<td>No</td>
<td>Rarely</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>(including bacon)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fish</td>
<td>With fins and scales</td>
<td>With fins and scales</td>
<td>Some</td>
<td>Some</td>
<td>Some</td>
<td>Some</td>
</tr>
<tr>
<td>Shellfish</td>
<td>No</td>
<td>Some</td>
<td>Some</td>
<td>Some</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Butter/ghee</td>
<td>Kosher</td>
<td>Some</td>
<td>Some</td>
<td>Some</td>
<td>No</td>
<td>Some</td>
</tr>
<tr>
<td>Lard</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Cereal foods</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Nuts/pulses</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Fruits/vegetables</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Fasting</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Top Tips!

- When you look after a person from another ethnic background, never assume that the person would or wouldn’t eat certain things.
- Always discuss and check with the individual child.
- You can use the FOOD RECORD SHEET to support the discussion.
- Each child/young person is different; an individual approach should always be taken.
Additional notes:
1. Strict Hindus or Sikhs will not eat eggs, meat, fish, and some fats
2. Some Rastafarians are vegan. Check with the individual child
3. Jains have restrictions on some vegetable foods. Check with the individual child
4. Fasting is unlikely to apply to young children

Adapted from Caroline Walker Trust (2001) “Eating well for looked after children and young people”

KEY NOTE:
• Hindu – person who adheres to Hinduism, a common religion of India
• Sikh – a member of an Indian religion that separated from Hinduism - founded in the 16th century
• Jain – an adherent of Jainism, a dualistic religion founded as a revolt against current Hinduism
• Rastafarian – a follower of Rastafarianism, a religious cult, originally of Jamaica, that regards Africa as the Promised Land, to which all true believers will someday return
• Kosher – term used for food that conforms to the regulations of ‘kashrut’ which is Jewish dietary law
• Halal – foods that are permissible for Muslims to eat or drink under Islamic Shariah (law)
  (The most common example of non-halal (or haraam) food is pork (pig meat)
• Ghee – is a class of clarified butter, prepared by simmering butter, which is churned from cream, and removing the liquid residue
3

Food Behaviour
The Emotional Significance of Food
Food Aversions

Dealing with challenging behaviour is part of being a foster carer and/or residential social worker.

Different people can find different types of behaviour more, or less, challenging. As a foster/residential carer you will know that you need to look beyond the behaviour to understand where it comes from.

What determines a child’s behaviour will vary greatly, depending on the individual, and what works for one child may not work for another. However, being clear and consistent in providing nutritious foods at regular meals and snack times can help all children and young people.

Introduction to food aversions

Many children come into care with a poor nutritional status, and they often have food anxieties caused by their early experiences of either abuse or neglect. This can be linked to a simple lack of food at their birth home, or it can be much more complex and associated with a traumatic relationship with food. It is believed that neglect, such as being deprived of food or care, is often more damaging to the child than individual episodes of abuse.

So where do food aversions in young people in care come from?

• Many young people in care frequently change placements, this leads to them experiencing a range of intense emotions like fear, sadness, anxiety, or grief, which can impact appetite.
• Some children and young people have a history of bad feeding experiences (force feeding, too rapid feeding, bottle propping). This can create negative physiological reactions and/or negative associations with eating.
• Feelings of powerlessness from having little say over if they ate, what they ate, how much they ate, and who fed them. If living in a neglectful situation, they may have had little to no control over when or how food was provided.
• Limited variety of meal plans in institutions or families living in poverty may make a child resistant to new foods.’ (adoption nutrition.org.uk)

How do food aversions manifest?
Children aren’t always able to express why they act as they do around food. Instead, they express their feelings through various behaviours, known as food aversions, and common examples include:

• mood swings and irregular sleeping patterns
• only eating one type of food or wanting to eat the same food over and over again
• overeating, binge eating and throwing up
• being accustomed to ‘convenience food’
• constantly checking out what is in the fridge
• talking about food persistently or asking when food will be served
• hiding food in the bedroom or bags or stocking up for the next day
• indiscriminate eating; for example, packet soups with no added water
• using hands rather than cutlery so that they can eat faster
• messy eating; aggressive behaviour
• always finishing food before other people
• eating out of pet bowls/bins/other people’s plates
• looking after their siblings’ food needs
• looking after themselves and not willing to share
• secretive behaviour, such as eating alone and hiding
Fussy eating (also known as picky eating or selective eating) is common in young children.

Sometimes it might be certain types of food; other times it might seem like they hardly want to eat at all. This can feel like a real challenge, but most children, given the right conditions and support, will get through it in the end.

First, rule out issues that can contribute to poor eating such as decayed teeth, sore gums, acid reflux (indigestion), cough, allergies, enlarged tonsils, digestive problems, and parasites. Speak to the health visitor or the GP for advice.

Do NOT force the child to eat under any circumstances. Instead, try to create an environment where the child or young person feels comfortable with what they are eating before encouraging them to try different foods / eat more. You need to consider how food looks, the environment in which food is offered, the smell, texture, portion size as well as taste. Follow these key tips below to tackle fussy eating behaviour.
Top Tips!

- **It often takes as many as 10–15 careful introductions to a new food before a child will eat it**
  The standard advice of 10–15 introductions to a new food may need to be multiplied for a child with a difficult upbringing. It’s okay if the new food just sits on the child’s plate. This will give the child a chance to touch and smell the food. Helping with meal preparation will give children and young people further chances to explore new foods. Eating may come later.

- **Sit at the table together for family mealtimes as often as possible**
  Children are more likely to eat if they see others doing the same. That is especially true when they are fed in the presence of other children who are eating, and is often how they acquire a liking for a new food.

- **Use ‘taste plates’ or ‘no thank you plates.’**
  Try offering picky eaters a special taste plate next to their regular plate. Put the foods the child enjoys on her/his regular plate, and small amounts of new foods (like those others are eating at the table) on the taste plate. Don’t put expectations on the child of actually tasting foods on the taste plate. Let them explore at her/his own pace.

- **Increase the child’s appetite**
  Children and young people are more likely to eat if they are hungry. Try these techniques to increase their appetite:
  - Encourage children to be active before meal times – if possible, time outside in the fresh air stimulates the appetite.
  - Encourage children to have space between foods and not to snack all day.
  - Offer several smaller meals throughout the day rather than three larger meals.
  - Follow a routine for meal times and bedtime.
  - If the child tends to fill up on fluids, offer water at the middle or end of a meal.

- **Hold the praise**
  Lots of praise for trying new foods or finishing a meal can actually backfire. If the child realises how important his eating is to you, they may use it to gain the upper hand at mealtimes. Gentle encouragement is best when children first start trying new foods and as the range of foods they eat grows, praise should have less significance.
• **Develop a taste for food**
  A gradual approach to introduction of textures and tastes allows children space to process new foods, and is also the safest way to monitor possible allergic reactions. Try adding a small amount of a new texture to a preferred texture (for example, dip a favourite crunchy chip into some soft hummus). If the small amount is accepted, add slightly more each time the preferred food is offered. The same can be done with new flavours. Remember that children’s tastes change. Use the phrase ‘It’s alright if you don’t like it today’ and try to offer it again in the near future.

  ‘Always experiment with different foods. It is amazing what they like, even if they think they won’t.’ Roger, Grantham

• **Listen & communicate**
  Listen to what children request when it comes to serving their food. Some children don’t like different parts of the meal touching other parts, some prefer to have food that they can see clearly (for example, not covered in sauce or gravy), and some may prefer certain food items on separate plates and bowls.

• **Make food fun**
  It’s good to make mealtimes fun. You don’t need to spend hours making vegetables look like flowers, but being positive and capturing their imaginations really helps.

  ‘Just be daft and say things like “Look at me eat this tree!” (with broccoli) or “how many peas can I stick on my fork?”’ Carl, Nottingham

Above recommendations are adapted from www.adoptionnutrition.org.
Hoardin Food

Child Neglect and Food Hoarding by Charley Joyce, MSW/LICSW, and Rick Delaney.

’Food hoarding’ is a common issue displayed by children in the care system. Food hoarding can be central in a child’s world and resistant to change. Additionally, hoarding food behaviour can bedevil and bewilder parents. So why does a child hoard food?

Often food hoarding is directly connected to the child’s experience of significant neglect, having consistently had their basic needs for life-sustaining food denied or inadequately met. As a result, the child is forced to become prematurely self-reliant in meeting their own basic needs. For example, in a situation where the parent is chemically dependent, resulting in inconsistency in providing and having food available, it would be reasonable that when food is available a child would view this as an opportunity.
It would be logical that a survival mentality would develop, causing the child to respond to the availability of food by overeating or hoarding food. In neglectful situations, food hoarding is a wise alternative to ongoing food deprivation.

What can be confusing and frustrating to carers is why food hoarding continues when the child is being properly cared for and has no apparent reason to continue to hoard food. Unfortunately, child neglect often leaves a child insecure, seeing himself as unworthy of care and lacking in a sense of partnership with foster/adoptive parents. They may not feel that their carers are available and sensitive, drawing this false conclusion from their previous 'blueprint' of being victimized by negligent parenting.

When trying to positively impact food hoarding, we hope to move the child from solitary and secret self-parenting behaviour to getting needs met within a healthy parent-child relationship. We want to avoid drawing battle lines around food. If we lock the pantry, the refrigerator, the kitchen, we create a 'mine and yours' mentality, one the child is very familiar with from the past. Designing family interventions should be preceded by a close look at the child’s motivation for hoarding food, which is to at all costs avoid food deprivation caused by neglect.

Several examples of interventions that might help include:

**Food Baskets:** Provide food baskets in the home – created with the child’s input – consisting of snacks that are healthy and appealing to the child. The child should be told the food baskets will be refilled and are a better alternative than hoarding. If the child hoards the food basket, set limits, but do not discontinue the basket idea. Some schools will also cooperate with keeping food baskets in the classroom, especially if the child is prone to taking other students’ snacks.

**Backpacks:** When packing lunches for school or events, pack a special container of food that can be removed and kept with the child. This provides a traveling sense of food security and food availability for the child. Coupling Nurturing with Eating: Always positively reinforce any progress the child makes in curbing hoarding behaviour. If the child utilizes a food basket, nurture the child when they seek items from the food basket. Positively comment on how all family members are always fed. Weave this message into mealtimes and have this message commented on by various family members.
Teach Food Regulation: If a child has a tendency to gorge, set a ‘food time out’ after a complete meal is consumed. Make certain this applies to all family members. The goal is to assist the child in learning to experience a sense of fullness. The food time out should not be presented as denying food but rather delaying additional eating for a prescribed period of time. Describe the physical sensation of fullness. Fifteen minutes is about how long it takes to feel full.

As with all behavioural and emotional challenges, a child’s special needs and individual circumstances should be considered when designing interventions. Additionally, professional therapeutic assistance can offer help in the assessment and treatment of food issues.

In an effort to understand the function of food hoarding, the following questions can assist in a carer’s understanding of their child’s food hoarding.

- Could there be psychiatric or biological issues contributing to the hoarding?
- Does the child’s history reveal reasons for fixation on eating?
- Does the child substitute a food fixation for a loving relationship with parents?
- Are there things that trigger eating problems in the child?
- Is the child displaying an emotional neediness in the way he eats?

It is important to understand how the child’s food issues impact you as a parent. Become aware of your own food issues and explore whether they influence your ability or willingness to look at the child’s problem with an open mind and creative flexibility. Also, study yourself to determine if the child’s food hoarding personally threatens your role as a provider and nurturer.

Adapted from Foster Parent College. An online training site for foster, kinship and adoptive parents.
> www.fosterparentcollege.com
Eating disorders

Eating disorders are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour.

A young person with an eating disorder may focus excessively on their weight and shape, leading them to make unhealthy choices about food with damaging results to their health.

Eating disorders include a range of conditions that can affect someone physically, psychologically and socially. They are often the young person’s way of expressing emotional distress, and are linked to negative beliefs about themselves, the world and their relationships with others.
The most common eating disorders are:

**Anorexia nervosa**
when a person tries to keep their weight as low as possible; for example, by starving themselves or exercising excessively.

**Bulimia**
when a person goes through periods of binge eating and is then deliberately sick or uses laxatives (medication to help empty the bowels) to try to control their weight.

**Binge eating disorder (BED)**
when a person feels compelled to overeat large amounts of food in a short space of time.

Some people, particularly those who are young, may be diagnosed with an eating disorder not otherwise specified (EDNOS). This means you have some, but not all, of the typical signs of eating disorders like anorexia or bulimia.

What causes eating disorders?
Eating disorders are often blamed on the social pressure to be thin, as young people in particular feel they should look a certain way. However, the causes are usually more complex. An eating disorder may be associated with biological, genetic or environmental factors combined with a particular event that triggers the disorder. There may also be other factors that maintain the illness.

Risk factors that can increase the likelihood of a person having an eating disorder include:

- having a family history of eating disorders, depression or substance misuse
- being criticised for eating habits, body shape or weight
- being overly concerned with being slim, particularly if combined with pressure to be slim from society or for a job; for example, ballet dancers, models or athletes
- certain underlying characteristics; e.g. having an obsessive personality, an anxiety disorder, low self-esteem or being a perfectionist
- particular experiences, such as sexual or emotional abuse or the death of someone special
- difficult relationships with family members or friends
- stressful situations; for example, problems at work, school or university
Spotting an eating disorder in others

It can often be very difficult to identify if a child or young person has developed an eating disorder. Warning signs to look out for include:

- missing meals or feeling uncomfortable, or refusing to eat in public places, such as at a restaurant
- complaining of being fat, even though they have a normal weight or are underweight
- repeatedly weighing themselves and looking at themselves in the mirror
- making repeated claims that they’ve already eaten, or they’ll shortly be going out to eat somewhere else and avoiding eating at home
- cooking big or complicated meals for other people, but eating little or none of the food themselves
- only eating certain low-calorie foods in your presence, such as lettuce or celery
- using ‘pro-anorexia’ websites

It can be difficult to know what to do if you’re concerned about a child in your care. It’s not unusual for someone with an eating disorder to be secretive and defensive about their eating and their weight, and they may deny being unwell.

USEFUL RESOURCES

See below to read more about approaching and talking to your child about eating disorders:

Eating disorders: advice for parents
> www.nhs.uk/Livewell/eatingdisorders/Pages/eating-disorders-advice-parents.aspx

Supporting someone with an eating disorder (with video)
www.nhs.uk/Livewell/teengirls/Pages/treatmentforeatingdisorders.aspx

You can talk in confidence to an adviser from the eating disorders charity Beat by calling their helpline on 0345 634 1414.
They also have a designated youth helpline on 0345 634 7650.
If an eating disorder isn’t treated, it can have a negative impact on school and home life, disrupting relationships with carers, family members and friends. The physical effects of an eating disorder can sometimes be fatal. Treatment for eating disorders is available, although recovery can take a long time. There are a range of other healthcare services that can help, see the ‘Useful Resources’ section below.

**USEFUL RESOURCES**

Videos around eating disorders:
- www.nhs.uk/conditions/Eating-disorders/Pages/Introduction.aspx

Body dysmorphic disorder (BDD)
- www.nhs.uk/Conditions/body-dysmorphia/Pages/Introduction.aspx

Liverpool Alder Hey CAMHS website:
- www.alderhey.nhs.uk/departments/camhs/

Find support services
- www.nhs.uk/Service-Search/Eating-disorders/LocationSearch/1797

Anorexia and Bulimia Care
- www.anorexiabulimiacare.org.uk/

MIND: eating problems
- www.mind.org.uk/information-support/types-of-mental-health-problems/eating-problems/#.VsHtS_mLTiU

Eating Disorder Quiz - Self Scoring Assessment Tool
Children who have difficulty eating

Early neglect can mean fewer opportunities to develop oral-motor skills.

Some CiC may have difficulty with the physical aspects of eating and lack some oral motor skills, like chewing, sucking, and swallowing. This is through unhealthy practices that put them at risk of delayed or abnormal development, and those include:

- Babies being fed through bottle teats with extra-large holes in order to speed up the feeding process. These babies generally develop the skills needed to prevent choking, but they may not develop a strong, efficient sucking pattern.

- Babies being transitioned very early from bottles to cups, further decreasing opportunities to develop sucking.

- Transitioning of babies to solid food that is often bland and with very little texture. As a result, the children have limited opportunities to further develop the muscles of their speech articulators (tongue, lips, cheeks, jaw). When introducing solid foods include a mixture of finger foods, mashed and chopped foods. When solid foods are first introduced at around 6 months of age, babies are more likely to try and accept new foods.

‘Be patient, seek out the advice of a professional. Consider talking with the child’s designated nurse if your child is having trouble with new food textures.’ – foster carer
Common symptoms of oral-motor disorder include:

- an open-mouthed posture with a protruding tongue lacking tone
- a messy eater who has difficulty managing a variety of textures
- difficulty chewing harder foods
- delayed speech sound acquisition with difficult to understand speech

Carers concerned about the children’s oral motor skills should contact their health visitor or GP who can link them with a specialist service if appropriate, such as a speech-language pathologist, for an examination. The professional can provide suggestions for improving the strength and coordination of the muscles needed for speech and feeding, or provide on-going therapy to help with overcoming these difficulties. Speak to the child’s designated nurse or GP for referral and further information.

Adapted from > www.adoptionnutrition.org

## Food as a symbol - Food for Thought

Food behaviour is also linked with social skills and the ability to build relationships with others.

Food and the practices around food have massive potential for creating an environment where children can begin to feel part of a family unit, to develop relationships and other social skills.

Two interactive toolkits have been developed for carers who didn’t or won’t get a chance to take part in the Food for Thought training but are interested in exploring the symbolic use of food in foster and residential care.

1. Interactive Introduction to Food for Thought is a short online guide introducing the user to some of the key concepts relating to Food for Thought. It aims to raise awareness of the relationship between food as a symbol and care. Users of this resource are asked to reflect on their own experiences and relate these to some of the key findings of the Food for Thought research. It is designed for foster carers, residential child care workers, supervisors and managers.

> http://content.iriss.org.uk/foodforthought/
2. JOTIT Notebook is intended as a space for carers, staff or young people to write down food-related reflections or events as they occur. It is intended to be used as an informal, easy way of recording. Carers and staff may not have many opportunities for lengthy periods of structured reflection. The JOTIT provides a way to collect reminders of issues and events as they happen for those times when reflection is more possible. This resource can be completed by one person or a team/family. They may choose to draw on their JOTIT notes to complete the Reflective Tool, to prepare for supervision with managers or support workers, or to act as a reminder prior to Peer Support discussion.

Be Active
Be Active – Get kids on the go!

It is essential to encourage all children and young people to be physically active.

Physical activity can enhance quality of life and self-esteem, help children and young people avoid becoming overweight or obese and, for underweight children and young people, improve appetites. It is essential for optimal growth and development in children and young people.

It is generally agreed that children and young people are now less active than previous generations. This is due to a number of factors, including time spent watching television, playing video games or restrictions on children being able to walk to school or play freely outside.

People who are inactive have lower energy needs and will need less food to maintain their body weight. If less food is eaten, it becomes much harder to get all the nutrients needed for good health. If they eat more than they burn they put on weight. Obesity in children is difficult to treat as care must be taken to maintain growth and development. Overweight children and young people should be encouraged to increase their activity levels.

Carers and parents play a vital role in shaping what their children think about physical activity and therefore how much they do. Sharing an activity can also help you spend more quality time with the child. Easier said than done, right? Wrong!
Encouraging children and young people to be active and play games doesn’t have to be costly, all you need is a little imagination and lots of enthusiasm!

Activity helps children and young people to:

- feel good about themselves
- have good mental well-being
- sleep well at night
- listen and learn at school
- control their weight
- grow up healthy and strong
- meet new friends
- reduce anxiety and stress
- manage their behaviour
- express themselves

How much activity?

To improve health, experts recommend that all children and young people do a minimum of one hour of moderate physical activity (such as cycling and playground activities) every day. Don’t panic! This may sound like a lot but it doesn’t all have to be done at once. It can be spread over the whole day in manageable 10, 15, or 20-minute slots. Remember that building young people’s confidence and competence is important. Encouraging them to be active in as many ways as possible can be a great help – the more they do, the better they will become.

Although doing sport at school is a great help, time limits mean that not all the physical activity the child needs can be taken during school hours. Encouraging children and young people to keep active at their foster or residential home, especially at weekends, is the best way to ensure they get all the regular daily activity they need. Just making a few small changes can make a really big difference. The easiest way to be active every day is to make it part of your daily routine, a bit like brushing your teeth.
What can you do to help?

1. **Be an active role model and plan to do some activities together.**
   Make time each week to be active and have fun as a family; e.g. cycling, go for a walk, play frisbee, have a kick about. Any changes should focus on ‘activity for everyone’ as part of a family lifestyle.

2. **Challenge!**
   Children love a challenge; and a great way to motivate the child is to set them a task. For best results, set it realistically within their limits and remember to keep it fun.

3. **Encourage the child to ‘have a go’ at lots of different activities.**
   Variety is the spice of life, so encourage the children to find new ways to keep active. There are lots of different ways to exercise, including trampolining, circus skills and Irish dancing.

4. **Help to practise basic skills.**
   These are the essential skills that help to form the basis for future participation in physical activity and sport; e.g. running, jumping, throwing, catching; and other skills such as balance, agility and coordination.

5. **Praise and reward effort.**
   Praise the child when they are being active. Be positive about accomplishments, big and small; and remember to recognise and reward persistence and ‘the taking part’.

6. **Find active ‘alternatives’ for everyday jobs**
   Try to swap inactive behaviours for active ones; e.g. watching TV without the remote control, walking with your child to school instead of driving them, parking further away at the supermarket rather than the usual spot. Get off the bus a stop early. Add all these small changes together and you get a really big difference.
Some ideas to inspire and encourage children and young people to be active:

- Ask the child what activities they like doing and why, so that you can think of alternatives when the child says ‘I’m bored’; e.g. bat and ball.
- Look in your local area for fun activities and sports clubs that children and young people can get involved in outside school. If they try their hand at water polo, climbing or fencing, for example, they may just discover hidden talents.
- Help the child learn how to ride a bike.
- If you can, buy some basic pieces of equipment; e.g. balls, skipping rope or hoop to practise key skills, and encourage children and young people to organise their own activities.
- Teach the child some of the more traditional games you used to play when you were a child; e.g. skipping rhymes. The old ones are the best.

For more ideas and inspirations click on and download BHF booklet at:

Advice on how to increase activity can be found at:
> www.nhs.uk/change4life

**Top Tip!**

Any physical activity is better than none and generally the more the better.

Have a look at www.activeplaces.com which allows you to search for sports facilities anywhere in England!
Sources of further help and advice
Related information

This resource, although very comprehensive, won’t answer all the questions that carers might have around the health care of their young people.

A number of relevant links have been provided throughout this resource. This section contains further links and details of various websites and publications that might be of interest and help.

This section is divided into five small subsections:
- Healthy eating and cooking
- Food behaviour
- Physical activity
- Other
- Aimed at children & young people

Healthy Eating and Cooking

BHF health promotion resources
Various healthy eating resources can be found under the link below. These can be then either ordered free of charge (contribution is welcome) or downloaded directly from the website.

> www.bhf.org.uk/publications

BHF Healthy Heart Recipe Finder app
You can download the BHF Healthy Heart Recipe Finder app to your iPhone or Android smartphone. It has over 100 recipes from all over the world and a handy shopping list feature. Or sign up to BHF free Heart Matters service to use their online recipe finder.

www.bhf.org.uk/heart-matters/healthy-eating-toolkit/recipe-finder

NHS Change4Life campaign
Website with loads of ideas, recipes and games for families to be healthier and happier.

www.nhs.uk/change4life/
Other useful cooking toolkits

Cook & eat toolkit
> www.3.hants.gov.uk/toolkit.pdf

Healthy packed lunches sheet
> www.bda.uk.com/foodfacts/PackedLunches.pdf

Early Years Cookery and Food Play Toolkit
> www.directorofpublichealthaward.org.uk/sites/default/files/downloads/Early%20Years%20Cookery%20%26%20Food%20Play%20Toolkit_0.pdf

Exploring Food Together – Teacher Guide (Cooking Matters, 2013)
> http://cookingmatters.org/sites/default/files/EFT_English.pdf

Eating well recipe book - Simple, cost-effective ideas for the whole family
> www.firststepsnutrition.org/pdfs/Eating%20Well%20Recipe%20Book_July%202014.pdf

Food Behaviour

Blog by John Whitwell.
Includes case studies and articles around food related behaviours and how carers can deal with them.
> www.johnwhitwell.co.uk/index.php/the-emotional-significance-of-food-course-notes/

Eating Behaviour Problems – Practice Resource (2006, Centre for Community Child Health)
Australian resource providing practical strategies for carers and parents around eating-behaviour problems and increasing carers and parental awareness of a child’s eating cues.
> www.rch.org.au/uploadedFiles/Main/Content/ccch/PR_Eat_Behav_S2.pdf
Physical Activity

Kids Fitness First
> http://kidsfitnessfirst.org/about-us/

Help your baby move and play (0–2)

Other
(general health, mental health, safeguarding, fostering etc.)

Coram BAAF Adoption and Fostering Academy
Provides information, training and resources for all concerned with adoption and fostering including children and young people.
> www.baaf.org.uk

The Fostering Network
Provides practical support, training and resources for foster carers, social workers and other professionals.
> www.fostering.net

The National Children’s Bureau
Aimed to improve services for children. Focused on research, evidence, policy and practice.
> http://www.ncb.org.uk/

In my shoes
A computer package that helps children communicate about their experiences, including potentially distressing events or relationships.
> www.inmyshoes.org.uk

Young Minds
The voice for young people’s mental health and well-being with section for parents/carers.
> www.youngminds.org.uk/for_parents/parents_guide
Blogs for teenagers on health topics
There are loads of great blogs for teenagers around that talk about living a healthy life and having fun. Here are our favourites:
  > www.bhf.org.uk/heart-health/yheart/your-stories/blogs

Cool Food Planet (for 6–12 years old)
Cool Food Planet uses customisable cartoon characters to let children aged 6–12 years explore a wide range of learning tools and interactive games on food and nutrition, particularly when playing alongside parents, carers and teachers. There are two age-appropriate portals, for 6–8 years and 9–12 years.
  > www.coolfoodplanet.org

Rise Above
Rise Above is a web for young people to get them talk about the things that matter to them (including health and well-being and relationships). It contains inspiring and useful stories, videos, games and advice.
  > http://riseabove.org.uk/

The Who Cares? Trust town
Provides resources and information for looked-after children and young people around health and other areas.
  > http://www.thewhocarestrust.org.uk/who-cares-town

A National Voice
An organisation run for, and by, young people who are, or have been, in care. Also includes information on ‘Your Starter for Ten’.
  > www.anationalvoice.org/rights/starter.htm

Need2know
Website for young people with a wide range of health-related information, including healthy eating and more.
  > www.need2know.co.uk/
Liverpool Sources & Information

Early Help Directory
Directory of all services available within Liverpool.
> http://fsd.liverpool.gov.uk/kb5/liverpool/fsd/home.page

Healthwatch Liverpool
Helps to make informed choices about people’s health and care, supports and listens, and refers to other relevant local services.
> www.healthwatchliverpool.co.uk/
> www.healthwatchliverpool.co.uk/content/find-service

Live Well Liverpool
This is a directory of the city’s resources that can be used to search for information and explore options for care and support as well as social activities and clubs.
> www.livewellliverpool.info/

My signpost
Website with list of services and advice within Liverpool
> www.mysignpost.org/index.php

LSCB – Liverpool Safeguarding Children Board
This website is about assisting parents, carers or guardians in safeguarding and promoting the welfare of children and young people. It also contains a separate section designated for children aged 5–14+ years.
> www.liverpoolscb.org/index.html

CAMHS (Child and Adolescent Mental Health Services)
Alder Hey CAMHS is part of the wider Liverpool CAMHS Partnership offering specialist services to support children and young people and their families and carers around mental health difficulties.

Fresh CAMHS
Located on the old Alder Hey site, Fresh CAMHS offer a range of support like therapy for young people and consultation and training to services and professionals across the city.
> www.freshcamhs.org
Fostering for Liverpool website
> www.fosteringforliverpool.co.uk/

Liverpool Council Fostering Facebook page
> www.facebook.com/LiverpoolCouncilFostering/

Online Training for Liverpool carers
Research in Practice. To access this training speak to your social worker.
> www.rip.org.uk/

Useful Policies

LOCAL

Procedures Manual
> www.liverpoolscb.proceduresonline.com/index.htm

Policy frameworks, procedures and local protocols, case reviews etc.
> www.liverpoolscb.proceduresonline.com/chapters/contents.html

Local contacts for Liverpool
> www.liverpoolscb.proceduresonline.com/chapters/pr_contacts.html

NATIONAL

Looked after children: knowledge, skills and competence of health care staff (March 2015)
This document, developed in partnership with the Royal College of Nursing and the Royal College of GPs, provides a framework for healthcare staff to understand their role and responsibilities for meeting the needs of CiC.

Legislation, policy and guidance
These pages outline the national policy and guidance that specifically relates to CiC in the UK.
Children in care – Research and resources

NSPCC’s (The National Society for the Prevention of Cruelty to Children) selection of their child protection research and safeguarding resources on CiC.

Glossary

BMI – Body Mass Index
Body mass index (BMI) is a value derived from the mass (weight) and height of an individual. The BMI is defined as the body mass divided by the square of the body height, and is universally expressed in units of kg/m2.

CiC – Children in Care
The term ‘Children in Care’ (or Child in Care) refers to children and young people who are looked after away from their own family – by foster carers, family and friends carers or in residential care or respite care settings.

Care Order (CO)
A statutory order made under Section 31(1) of the Children Act, placing the child in the care of the Local Authority. The Local Authority shares parental responsibility with the parent.

Eatwell Guide
A national policy tool used to define government recommendations on eating healthily and achieving a balanced diet. Published by Public Health England in March 2016.

Family and friends carers
Care provided by friends and relatives for a child or young person in care. Previously referred to as ‘kinship care’. Recent government guidance also uses the term ‘connected care’.

Foster Carer
An adult who has been assessed and approved by the local authority to look after children on its behalf. A foster carer does not have parental responsibility and does not replace the child’s parents, but does offer day to day care that children need when they cannot live with their own family.

Fibre
This is a form of complex carbohydrate, which is not digested by the body. It is found in plant foods only and is necessary to keep a healthy digestive system (prevent constipation).

Independent reviewing officer
The person who oversees to ensure that the health and welfare of looked-after children and young people are prioritised, that they have completed and accurate care plans in place (which are regularly reviewed and updated), that any physical, emotional health or wellbeing needs or assessments identified by their care plans are met or completed, and that their views and wishes, and those of their families, are heard.

LAC nurses
Term ‘LAC nurse’ (Looked After Child nurse or in other words Named Nurse) looks after the healthcare needs of children in care.
Check What You Learnt! – Quiz

This section of the resource pack provides self-assessment questions that would allow you to evaluate your knowledge and understanding of the topics covered within this resource pack.

After successfully completing the test you will be able to download a certificate proving your new knowledge and skills which you could add to your portfolio of professional development.

You can check your answers overleaf.

1. Starchy foods, such as potatoes, bread, rice and pasta, should contribute to 1/3 of your diet.
   True □
   False □

2. Foods high in fibre, such as wholegrain pasta, help keep you fuller for longer.
   True □
   False □

3. One small glass (150ml) of unsweetened 100% fruit juice or smoothie counts towards one portion of fruit and vegetables per day. More than one drink counts as another portion.
   True □
   False □

4. Children who eat a diet consisting of energy-dense, nutrient poor foods are more likely to: (please tick one box)
   a) Have poor concentration levels in schools □
   b) Be more energetic □
   c) Have better physical and mental health □
   d) Have a healthy body weight □
5. A high sugar diet is linked to high-energy intake, which can lead to weight gain if this exceeds energy consumed.
   - True
   - False

6. Nutritional requirements are the same for everyone.
   - True
   - False

7. One serving of fish or meat should be roughly the size of:
   (Please tick one box)
   - Palm of your hand
   - Your clenched fist
   - Whole of your hand
   - 350g

8. What is the maximum amount of sugar children aged 11 and over could eat daily? (Please tick one box)
   - 19g
   - 24g
   - 30g

9. Which religion only eats Halal approved meat?
   - Sikh
   - Muslim
   - Hindu

10. Forcing children who are fussy eaters is the only way to make them try new foods.
    - True
    - False

11. Children who refuse to eat in public places or restaurants could be suffering from an eating disorder.
    - True
    - False

www.foodincare.org.uk
Quiz answers

1. The correct answer is: True
Carbohydrates are the body’s main source of energy and therefore need to be eaten regularly. Always opt for wholegrain options when possible, as these are rich in fibre, vitamins and minerals.

2. The correct answer is: True
Food high in fibre releases energy slower and keeps you satisfied for longer, thereby reducing snacking in between meals.

3. The correct answer is: False
One 150ml glass of unsweetened 100% fruit/vegetable juice or smoothie should only ever be one of your portions of 5 A DAY because it doesn’t contain the fibre found in whole fruits and vegetables. Limit fruit/vegetable juices and smoothies together to a small (150ml) glass a day and keep them to mealtimes, as they can cause tooth decay. Watch out for drinks that say ‘juice drink’ on the pack, as they are unlikely to count towards your 5 A DAY and can be high in sugar.

4. The correct answer is: A
Poorly nourished children often experience poor concentration levels in school, which could have an impact on academic ability.

5. The correct answer is: True
Sugar has a high energy content and a poor nutritional value, and excessive intake results in excess sugar being stored as fat in the body, thereby resulting in weight gain.

6. The correct answer is: False
All people need the same basic nutrients – carbohydrates, proteins, fats, vitamins and minerals – to maintain good health and to stay fit. However, the quantities of required nutrients change as we pass from one life-stage to the next.

7. The correct answer is: A
As some meats can be high in saturated fat, ensure serving size is adhered to. Also try other healthy and cheap sources of protein, such as beans and pulses.
8. The correct answer is: C
Children aged 11 and over should be eating a maximum of 30g of sugar daily, which is roughly 7 sugar cubes. Watch out for hidden and added sugars in foods. However, children younger than 11 should have less than this.

9. The correct answer is: B
Muslims do not eat pork however they will eat all other meats that have been slaughtered according to Halal practices.

10. The correct answer is: False
Be patient with the child as it may take up to 15 introductions for them to accept the food. Try increasing their appetite with some exercise before meals to encourage them to try something new.

11. The correct answer is: True
A child or young person who refuses to eat in a public place could be suffering from an eating disorder, but it doesn’t mean he/she does. The child or young person might just be shy or may have behavioural issues due to early influences. However, if you suspect the child could be suffering from an eating disorder, talk to your Health Visitor or GP, who can refer you to the appropriate specialist support. Eating disorders can have a detrimental impact on a child’s health and well-being.
Case Studies
This section of the website contains case study transcripts, which you can watch on the Food in Care website.

Case study on young girl, aged 15:

‘I’ve a young lady in placement at the moment who was restricted from food in the family home and was underweight. After I learnt more about nutrition, I introduced small changes around the young person’s diet through small steps.

She has started to put on weight and her physical appearance is also much improved. Her general demeanour has also changed from being sluggish and not being bothered, to having lots of energy so that she can enjoy activities in school and at home. She has gone from having two litres of coke a day to a maximum of one small fizzy drink a day, then water the rest of the time .... and loves it!!! She has also begun cooking her own nutritional foods instead of microwave meals. She has even asked her social worker over for a tea!

I hope this resource will help you to understand that food is at the very heart of all aspects of care. The practices around how food is chosen, prepared and eaten are influenced by young people’s earliest relationship experiences and also have a major impact on the relationships and dynamics within a care setting. The nutritional content of food and drinks provided to young people has a physiological impact on their body and may reduce or increase their risk of developing a number of diet related diseases in later life. This resource provides guidance for carers of CiC with practical strategies on promoting healthy eating and positive food behaviour patterns in their care settings. With an aim to bring the best health and well-being outcomes for all children and young people.’

Watch this online:
> www.foodincare.org.uk/about
Case study on Rosie – aged 16

‘My diet was mash potatoes every day with either pie, lasagne, sausage and gravy, but we did have a roast on a Sunday. When I first came to my new foster family I didn’t really do anything and was on report at school for misbehaving. People used to make fun of me because I was thin and very white.

But when I came to Michelle she give me all different food every day. This meant that I was eating different and more interesting food that had different ingredients in and it wasn’t microwave meals like before. I used to have always coke, but Michelle doesn’t buy coke she buys pure juice, dilute juice and water. I eat lots more fruit and vegetables and I like it. I tried so many new tastes than I didn’t know before.

I feel so much better and I look better as well. Lots of people say that I look better and I’ve got colour in my face and I’ve put on weight also.

I have more energy and want to do more things like go out for walks, ride my bike and go swimming. This is something that I never ever did before. I feel happier now also and look forward to eating.

In the new placement I’m involved in shopping and preparing food which makes me feel much more confident. I also started cooking from scratch and recently invited my social worker for a tea too!’

Watch this online:
Case Study on two children aged five to six years

“We took on two little ones, aged five to six years old, and, after the “settling in period”, they appeared to have few major problems, except with eating. No matter how much food they had, or how regularly it came, they would wake up during the night and forage for food in the house: cupboard, fridge, bins, and any place they thought more food could be found.

We tried giving them a supper before their bedtime: porridge or rice pudding to fill them up. But to no avail – they still went walkabout in the night. We discussed this at length with the relevant bodies and, of course, both children, but we got nowhere.

Then one night, when I was due to go on the night shift, an idea came to me as I was in the kitchen making the sandwiches for my break. I called my wife and we discussed it. The suggestion was that we give the little ones sandwiches to take to bed. So, that night we prepared the children for bed and gave them each a packet of sandwiches. They were puzzled, but fell in with the “game” happily. Well, for the first week we still had “night wanderers” because they ate the sandwiches straight away when they went to bed. By the end of the second week, we were getting some sandwiches back, although occasionally they were stuck to some part of their body where they had fallen asleep.

After about a month there were no more walkabouts and the sandwich boxes were returned unused. The children had finally come to trust that food was not to be foraged for but would come on time, every time. These little ones had lived a literally hand to mouth existence at home and we had regained their trust and confidence. They left for a family placement shortly after that and took their boxes with them. I hope they never needed them in the same way ever again.’

References:


Watch this online:
> http://www.foodincare.org.uk/food-behaviour/hoarding-food
Case study on Thomas

‘Thomas came to us with big food issues. He told us that although there was always food in the freezer he couldn’t cook. He recalled eating frozen food, being dropped off in a play area for many hours without food or drink. Also an occasion when he was left with a weird character, in squalid conditions, who fed him rotting food that made him vomit.

The result of this was a very skinny drawn appearance. Thomas was suspicious of any food that didn’t come out of a frozen packet or tin. We’ll never forget the look of sheer horror and disgust when he first saw us feed our baby organic meat and vegetables. Whenever we were out he would panic saying, “when will we eat?”, even if we’d just had a cooked breakfast and he knew we were only out for two hours.

We responded by putting small portions of new (previously untried) food on Thomas’ plate and assuring him he didn’t have to eat it, but he might be missing out on something he really loved if he didn’t try it. Whenever we went out we would make sure we always took a variety of snacks and drinks and always said we’ve got cash if we need anything, so that he could enjoy the outing feeling secure and cared for.’

References:

Blog by John Whitwell: www.johnwhitwell.co.uk/index.php/the-emotional-significance-of-food-course-notes/after-child’

Watch this online:

> www.foodincare.org.uk/food-behaviour/food-aversions
Case study on Dan, 11 years old

Dan was an 11 year old who had very few life skills, if any, and had missed out on many infantile moments [i.e., being cared for appropriately as an infant]. Dan had not been nurtured and was incapable of doing anything for himself. Supervision was needed at all times.

Dan was functioning at a much lower level than his chronological age. He seemed to behave more like a child of about 6 years of age. It became very apparent, days into the placement, that Dan could not eat with a knife and fork. It was also obvious that Dan did not know one food from another and was only really ever fed finger food.

This related to the fact that Dan’s mother was anorexic and never cooked for the family. I had to teach Dan what each different type of food was called and encouraged him to try it. From the beginning I had to take Dan back to basics introducing new foods a little at a time, explaining to him that it was alright to leave the food if he didn’t like it.

As a result Dan is no longer underweight, having put on 3 stone and he is a happy, healthy eater. Dan now loves food and enjoys eating out with the family. He is now capable of preparing simple snacks, e.g., beans on toast.

References:


Watch this online:

> www.foodincare.org.uk/food-behaviour/hoarding-food
Food in Care Training

We can offer tailored nutrition training aimed at all those who have a direct or indirect role in, and responsibility for, promoting the quality of life of Children in Care (CiC).

We use a proven, cost-effective ‘Train-the-Trainer’ approach which creates a multiplier effect, reaching greater numbers of people and providing increased flexibility for the service.

Training Content

The Food in Care Training Package is composed of two interlinked sessions:

- Nutrition & Health workshop
- Food for Thought reflective workshop (an optional free bolt-on)

Training Outcomes

- Carers and staff skilled to promote nutrition and physical activity to CiC
- Carers and staff equipped with tools around overcoming the barriers to healthy eating among CiC
- Carers and staff motivated to use a multidisciplinary approach to improve nutrition habits of CiC
- Carers and staff aware of the impact of food on health, behaviour and prevention diseases