

Institution: University of Stirling		
Unit of Assessment: 20. Social Work and Social Policy		
Title of case study: 'Food for Thought': Improving the Food Practices of Residential and Foster Carers		
Period when the underpinning research was undertaken: 2006-2009 and 2012-19		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Samantha Punch	Professor of Sociology	1997 – to date
Ruth Emond	Associate Professor of Social Work	2004 – to date
Ian McIntosh	Senior Lecturer in Sociology	1993 – to date
Period when the claimed impact occurred: 2014-ongoing		
Is this case study continued from a case study submitted in 2014? No		
1. Summary of the impact		
<p>The ESRC funded <i>Food for Thought</i> (FFT) project has transformed 'food practices' among practitioners caring for 'looked after' children in the UK and internationally by changing how food in care settings is performed and by altering national and local policies. The term 'food practices' encompasses the rituals and routines that develop around the preparation, provision and eating of food. The project showed that by better understanding and harnessing the therapeutic potential of food practices, the care given to children is transformed.</p>		
2. Underpinning research		
<p>Prior to FFT, practices regarding research on food and looked after children focused purely on nutrition and health (cf. Polnay et al. 1996, Hobbiss 1998, The Caroline Walker Trust 2001). FFT created a wider understanding and greater awareness in the 'looked after children' sector of the ways food is used by adults and children as a form of resistance and surveillance (see R6), to symbolise and communicate care (see R4), express feelings (see R3), and explore and improve relationships (see R1).</p> <p>To make these findings relevant to policy and direct practice the FFT team and key stakeholders co-developed a range of materials and practice resources (<i>Aberlour Child Care Trust, Perth and Kinross Council, Foster Care Associates</i>). Across the UK, Finland, Ireland and Australia, FFT materials, such as the reflective tool (a guided resource to support understanding of the child and practitioner's behaviours around food), were embedded in the training and supervision of residential and foster carers and new adoptive parents. In turn leading to a redesign of national and local residential child care policies in relation to food in these places.</p> <p>The centrality of food: how we widened the focus</p> <p>Starting with Emond's ethnographic research on residential children's homes, our exploration of food and food practices broke new ground as it focused on the importance and innate power of the everyday social and emotional use of food in residential care rather than its nutritional value. We built on this in the <i>Food in Care Study</i> (FaCS) 2006–2009 (also ESRC funded and graded <i>Outstanding</i>) which comprised an ethnography of food and food practices in three residential children's homes in Scotland and explored the ways in which food was employed by those living and working in these settings (R5). This work (available as a staff handbook and children's leaflet) highlighted the routine and taken-for-granted ways that children and adults used food, and the activities around food to communicate thoughts and feelings, make relationships, create a sense of belonging as well as resist rules and expectations (see examples below). For these children in care and their carers, food was one of the few safe and acceptable ways to do so in this regulated and institutional environment (R6).</p>		

Following FaCS, we were approached by a number of social workers, residential and foster carers and new adoptive parents asking for more information about the project and ways that they could apply the ideas and insights from FaCS to their practice. This was a much wider reach than we had anticipated, as we had initially focused on residential carers. We then collaborated with key stakeholders, developing a follow-on funded project FFT (ESRC funded 2012). On the basis of demand from the sector, we expanded the resources to have relevance to foster carers and new adopters hence widening both the focus (to include other forms of care) and impact (to involve different types of care providers). Alongside this, FFT generated original and influential research (R1, R2) and practice outputs which changed the ways in which food practices in foster and residential care are understood and used.

3. References to the research

- R1.** Emond, R. George, C. McIntosh, I. and Punch, S. (2019) 'I see a totally different picture now': An evaluation of knowledge exchange in childcare practice', *Evidence and Policy* Vol 15 (1): 17-83. DOI: [10.1332/174426417X15089137281991](https://doi.org/10.1332/174426417X15089137281991)
- R2.** Cox, R. Emond, R. Hall, K. Punch, S. McIntosh, I. Simpson, A. and Skouteris, H. (2017) "It's not as easy as saying, 'Just get them to eat more veggies'": Exploring healthy eating in residential care in Australia, *Appetite*, 117: 275-283. DOI: [10.1016/j.appet.2017.07.004](https://doi.org/10.1016/j.appet.2017.07.004)
- R3.** Emond, R. McIntosh, I. and Punch, S. (2014) 'Food and feelings in residential child care', *British Journal of Social Work*, 44 (7): 1840-1856. DOI: [10.1093/bjsw/bct009](https://doi.org/10.1093/bjsw/bct009)
- R4.** Punch, S., McIntosh, I. and Emond, R. (2012) "You have a right to be nourished and fed, but do I have a right to make sure you eat your food?": Children's rights and food practices in residential care', *International Journal of Human Rights*, 16(8): 1250-1262. DOI: [10.1080/13642987.2012.728858](https://doi.org/10.1080/13642987.2012.728858)
- R5.** Punch, S., McIntosh, I. and Emond, R. (eds) (2011) *Children's food practices in families and institutions*, London: Routledge. [this book has 3 chapters by FFT team including this paper: Dorrer, N., McIntosh, I., Punch, S. and Emond, R. (2010) 'Children and Food Practices in Residential Care: Ambivalence in the Institutional Home', Special Edition of *Children's Geographies*, 8 (3): 247-260. DOI: [10.1080/14733285.2010.494863](https://doi.org/10.1080/14733285.2010.494863)]
- R6.** McIntosh, I., Punch, S., Dorrer, N. and Emond, R. (2010) "You don't have to be watched to make your toast": surveillance and food practices within residential care for young people.' *Surveillance and Society* 7(3): 287-300. DOI: [10.24908/ss.v7i3/4.4157](https://doi.org/10.24908/ss.v7i3/4.4157)

Funding:

- R. Emond (PI) S. Punch and I. McIntosh (Nov 2012-Oct 2013) ESRC Follow-on Fund 'Food for Thought: Food Based Training, Assessment and Intervention Tools for Carers of Looked after Children.' GBP93,916. ES/J020745/1
- S. Punch (PI) I. McIntosh and R. Emond (Oct 2006-March 2009) ESRC funded *Food Practices in an Institutional Context: Children, Care and Control.* GBP155,589. RES-000-23-1581. Project graded 'Outstanding'.

4. Details of the impact

Creating resources for changing practice and understanding

By bringing forth an awareness of the, often hidden, power and centrality of food practices within care contexts and relationships, FFT emphasised how significant improvements in care experiences could be achieved through easily implemented changes (R4). It added to the knowledge base and skill set of residential and foster carers, as well as their managers and supervising social workers in the UK, Finland, and Australia (R2). This was achieved primarily through five freely available resources at <http://www.foodforthoughtproject.info>:

- Online Interactive Introduction (for initial awareness raising),
- Reflective Workshop Materials (Facilitators' Pack/Handouts – initially delivered by the project team),

- Reflective Tool and Guidance (for use with specific children/young people),
- JOTIT Notebook (an easy-to-use way of tracking food practice and reflecting on its use),
- Peer Support Guidance (for group learning and sharing around food practices).

To maximise the impact on practice, the team ran 9 'train the trainer' events in Scotland. From these, locally based practitioners delivered the Reflective Workshops and promoted the FFT resources within their own geographical areas (across Scotland and England). The FFT team was invited to deliver the same workshops in Australia, Ireland, and USA. The team also facilitated 25 peer-support groups in Scotland and Australia which again have been embraced by organisations (e.g., SWiSS foster care, Wesley Mission) as a means of supporting staff and carers. One of the original FaCS resources, the Staff Handbook, was translated into Finnish for use by residential and foster carers. To date, impact has taken place across five key areas:

1. *Reconceptualising food and care*

A) FFT has been instrumental in transforming thinking in relation to food and care and decisively shifting the practice focus from simply nutrition (**S1, S6**) to broader concerns including:

The relationship between food and power/control: *'It [FFT] made me think of all the times that we'd been in places where food is locked away ... I did that, I was part of the power and control and feel terrible about it.'* (Josef, Residential Worker, Australia, questionnaire)

Personal histories and meanings of food: *'I need to think more about how the experiences she has had in the past have affected her eating habits and how she is now.'* (Jess, Foster Carer, Scotland, questionnaire)

The role of food in making and testing relationships: *'it [now] makes sense of why she won't eat with us. It's all so new for her.'* (John, Residential Worker, Australia, questionnaire)

Food as a means of resisting and expressing care: *'Knowing what he likes for tea or in his packed lunch and making sure that's what I give him can be a small but massive way to show I care about him. It's so obvious but I hadn't thought about it before [FFT]'*. (Allie, Foster Carer, Scotland, questionnaire)

B) From the evaluation data, individuals reported that by embracing the FFT philosophy and training, staff and carers moved from fixed food routines and procedures to more flexible, child-centred approaches. They reported staff and carers' increasing awareness of messages communicated via food, shifting concerns about healthy eating and eating disorders to a broader awareness of the relational and emotional aspects of food practices (**S1, S8, S9**). How easily the FFT recommendations could be implemented, and how they result in significant positive changes, came as a revelation to practitioners:

'... it [FFT] made me think about food differently ... when their (children's) food habits change just even slightly it can tell you a lot. I wouldn't have picked up on that before.'
(Evaluation interview - Foster Carer, Scotland, **S2**)

C) FFT has impacted the monitoring and evaluation of care more broadly. By encouraging professional and regulatory attention on food, far greater insight into the overall care experience has been gained. One of the key findings from the FaCS study showed that knowing about food practices says a great deal about care practices. This has influenced the content of assessments and recommendations made about children's lives:

'[as a result of FFT] I find myself picking up on observations made about food practices when I'm in the child's place of residence. I find myself having regular conversations with children/young people about food routines where they live which leads to me building up a picture of their world.'
(Testimonial - Children's Safeguarder *similar to the role of Guardian ad litem, Scotland, **S8**)

In summary, bringing to light the power of everyday practices around food was central to the impact of FFT in changing the food practices of carers. FFT resources have been adopted by key national foster and residential providers in the UK and Australia (e.g. Aberlour Child Care Trust who support 7,500 children in Scotland, Berry Street, with 1,212 staff and 28,284 service users across Australia and Foster Care Associates who care for 1,853 children across the UK) where food was rarely considered as having such symbolic and transformative power (**S7**, **S8**): *'It [FFT] really did open up my eyes to how we use food in residential care, and it made me think ... why do we keep the biscuits in the school office locked?'* (Stage 2 Evaluation Interview - Service Manager, Scotland, **S2**)

2. Transforming practice and care

To date, approximately 450 practitioners and carers have taken part in either a FFT reflective workshop or a peer support group (primarily in Scotland and Australia), which aimed to raise awareness of using food as a way of connecting to others and building relationships with them:

'After attending the FFT workshop, we recognised as a care team that we were missing opportunities to connect with the young people using food. ... We had some progress with one of our young people ... This particular young person also joined us around the table for dinner which has not happened for quite some time. The FFT training has really opened our eyes to seeking opportunities that we can use food to build relationships and connect.' (Evaluation Interview - Residential Worker, Australia, **S2**)

Evaluation data gathered after such training (**S1**), 6 months and 3 years later, identified concrete areas of practice that have altered as a consequence of FFT. Analysis of data from the self-complete evaluation with practitioners and carers in Scotland, England, Ireland and Australia (n= 318), identified a range of instrumental, behavioural and conceptual changes produced by FFT, enabling respondents to build stronger emotional and relational connections with the children they care for. We clustered these into key themes including reported shifts in understanding of what was 'behind' or causing children's food behaviour (65 respondents); changes to how they talked with children about food (60 respondents); changes to routines around food (53 respondents); changes to how they use food to communicate more consciously (28 respondents); confidence in tackling food issues (58 respondents) and change to how they supervise or support staff/carers (30 respondents). Significantly, 94% of respondents ranked the FFT materials as 'Highly' or 'Extremely relevant' to their practice (**S1**).

3. Changing how carers are trained and supported

By creating interactive and reflective work and personal based resources, FFT has innovated the ways in which residential and foster carers are trained and supported. Much of existing training has focused on general principles where FFT encourages participants to not only bring the experiences of their children to the sessions but also their own personal experiences of food and food practices. This model has been picked up by others working in this area. For example, colleagues at Monash University in Melbourne run an online module based on FFT as part of a training programme rolled out across Australia (**S7**). Similarly, the Health Inequalities, Food In Care project (which aims to offer support and practical tools to direct carers of children in looked after care across England - www.foodincare.org.uk) has embedded FFT within national training and support materials (**S4**) in the 'food as a symbol section'. They conducted an evaluation project (**S4**) which identified that carers had found FFT more helpful than training around nutrition. As one participant said: *'If I knew earlier what I know now after completing the (FFT) course, the foster placement that I had last year and another which had broken down after six years would probably still last'* (**S4**).

More locally, four local authorities in Scotland have reported ways in which they have included FFT in their preparation for adoption training (e.g. **S6**) and support and training for kinship and foster care (e.g. **S5**, **S9**).

4. *Impacting policy and practice standards: embedding FFT into inspections*

The *Scottish Care Inspectorate* (SCI), responsible for the monitoring and evaluation of all residential services for children in Scotland, inspect all children's homes (308) and residential schools (62) (totalling 1,477 'looked after and accommodated' children and approximately 8,503 staff). FFT highlighted the lack of consideration of food practices in the quality indicators used by SCI national inspectors. Following invited presentations and discussions of FFT with the SCI, they included food practices in the monitoring and evaluation tools for residential services for children (**S3**). FFT also influenced SCI policy on the need for inspectors and care homes to consider the unconscious, symbolic meanings of food (SCI Quality Framework June 2019: 23):

'Using the food practices resources can contribute to a better understanding of the more intangible aspects of care and the ethos of residential services for children and young people. These resources have now been placed on the Care Inspectorate's Hub, which provides access to a range of resources aimed at supporting improvement in the social care and social work sectors through the use of research skills and evidence-led practice. This information will therefore be available both to the inspection team and to others with an interest in providing the highest quality care to Scotland's children. References to food practices and a link to the research and associated tools is also contained in the Care Inspectorate's 'Quality Framework', which forms part of a new approach to scrutiny, self-evaluation and improvement support.'

(Testimonial - Inspector/Business Analyst, Children & Young People Team, SCI, **S3**)

The FFT website and resources appear in the 'Scrutiny and Improvement Toolboxes', part of the SCI national policy document, as well as in the HUB on the SCI website as part of Best Practice Guidance (**S3**).

5. *Impact in the wider caring community*

Initially FFT was designed to target foster and residential carers in Scotland. Reports of change in practice (**S1**) have extended to a far more interdisciplinary group than anticipated, including adoptive parents, social workers, service managers, nutritionists, nurses, cooks, policy makers, academics, and adult care support staff. Metrics data show FFT materials downloaded across the globe including UK (4,120) USA (1,192), Australia (647) Brazil (396) and India (199). By October 2020 the site has been visited by 9,367 people (Nb. no data was recorded between May-Sept 2020 due to technical problem with IRISS platform) (**S10**).

5. Sources to corroborate the impact

S1. Evaluation questionnaires

S2. Follow up interview data

S3. Scottish Care Inspectorate Quality Framework – testimonial and link to website:

<https://hub.careinspectorate.com/resources/children-and-young-people/care-homes-for-children-and-young-people/>

S4. Health Inequalities Food In Care project - testimonial, evaluation report and website:

<http://www.foodincare.org.uk/food-behaviour/food-as-a-symbol>

S5. Testimonial Claire Mooney, Lanarkshire Health Partnership

S6. Testimonial Val Wylie, Perth and Kinross Council

S7. Testimonial Prof Helen Skouteris, Monash University

S8. Testimonial Jane Alcorn, Children 1st

S9. Testimonial Cassie Yeaman, Fostering People

S10. Food for Thought Project Website metric