EVALUATION REPORT
Food in Care Training

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Publication date: December 2017
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EXECUTIVE SUMMARY

Introduction
Food in Care, led by Food Active, is an innovative programme responding to the need for additional information and support for carers of children and young people on healthy diet, nutrition and food behaviour issues. The programme was first piloted in 2016 with the aim of improving the experience of children in care settings by supporting carers to discuss food in the context of both physical and mental health. The Food in Care programme comprises of printed and digital resources in addition to a limited Food in Care training package.

Food in Care training
• Food in Care training is currently composed of two workshops: ‘Nutrition & Health’ and ‘Food for Thought’
• Both workshops have been co-designed with input from foster carers and residential workers providing a detailed insight into the needs of children and young people in care, and a comprehensive understanding of practical strategies that carers can use concerning food
• Food in Care training has thus far been delivered directly to carers, or as a cost-effective train-the-trainer course that trains up Food in Care ‘Champions’.

Evaluation
Three data sets were collected from training delivered in Liverpool between May 2016 and November 2017. In total, twenty-one social care professionals participated in the Food in Care training pilots:
• Data set 1 - Food in Care train-the-trainer course completed by eight social care staff in May 2016
• Data set 2 - Follow up online survey completed by the train-the-trainer cohort in September 2017
• Data set 3 - Food in Care ‘direct training’ completed by thirteen foster carers in November 2017

Top-line results
• Participants reported increased understanding of food, nutrition and health, food behaviour issues and more confidence in dealing with those challenges
• Participants reported improved interaction with food and dietary changes amongst children in care
• Participants rated the training content as either ‘excellent’ or ‘very good’
• The programme demonstrated that nutrition and food need to be recognised as a safeguarding issue and given greater priority in policy making.

Conclusion
Upskilling foster carers and offering them targeted support will increase their confidence and motivation. The ability to look beyond food behaviours to understand where they come from will impact positively on relationships within a care setting and promote placement stability. Investing in suitable training for foster carers and social care staff will therefore lead to reduced health and social costs and improved outcomes for children and young people in care.

From the learning gained through Food in Care training evaluation it can be concluded that:
➢ Those responsible for providing training for foster carers should ensure that the Food in Care training is embedded in the compulsory part of their foster carers training programme.
➢ Funding needs to be secured to enable further development of the Food in Care programme for use outside of Merseyside which is unique in targeting nutrition and food behaviour issues in care settings.
INTRODUCTION

Background:
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 have a major impact on relationships and dynamics within a care setting. It is important that the food and eating patterns that children and young people are exposed to - promote positive relationships with food and good nutrition.

Children in care can often display abnormal food related behaviours. They may enter into service with some food behaviour issues caused by their early experiences of abuse and/or neglect. They might also develop some food issues during care placements due to the stress associated with being in an unknown environment where they might feel insecure and excluded. Carers face many challenges related to those issues and they require skills in managing food associated behaviours to provide the best care and stable environment for children and young people.

Food in Care programme:
Food in Care is an innovative programme led by Food Active (a programme within Liverpool-based heart health charity – Heart of Mersey) that was first piloted in Liverpool in 2016. The programme was developed through a British Heart Foundation grant supporting children and young people in care, and their carers, to lead healthier lives. Our work with foster carers and residential staff identified a knowledge/skills gap, and lack of support available to foster carers in relation to managing children’s complex eating behaviours.

Food in Care has sought to fill this gap in carer skills and carer support. It aims to improve the care experience of children by supporting carers on the subject of food, within both the context of physical and mental health. It equips carers with the ability to look beyond the behaviour to understand where it comes from. This will impact positively on the relationships within care settings and will promote placement stability.

The Food in Care programme comprises of printed and digital resources and a Food in Care training package (figure 1). The online resource is freely available to all carers across the UK. The Food in Care training is aimed at all care professionals promoting quality of life for children and young people. It has been developed to meet a need that is not addressed through statutory local authority responsibilities.

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Figure 1. The elements of Food in Care programme.
Food in Care training

Overview:
Food in Care training programme is composed of two workshops: **Nutrition and Health** and **Food for Thought**. In the first workshop participants acquire practical knowledge about a healthy and balanced diet, how to overcome the barriers to healthy eating and how food impacts on health, behaviour and prevention of diseases. The second workshop takes a holistic approach, looking at the impact of nutrition and food on body and mind. It explores food beyond nutrition, including the symbolic use of food and its direct impact on behaviour and the communication of feelings.

Aim and objectives:
The main aim of the training is to improve the direct care experience for children and young people in care by supporting carers and exploring with them food in the context of physical and mental health and its symbolic meaning. It equips participants with practical tools, resources and ideas that they could use in everyday care settings. The objectives of each Food in Care workshops are presented below (table 1).

<table>
<thead>
<tr>
<th>1. NUTRITION AND HEALTH</th>
<th>2. FOOD FOR THOUGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide an understanding of and enable participants to describe:</td>
<td>To equip carers with knowledge, skills and resources to observe and understand food</td>
</tr>
<tr>
<td>• The principles of healthy eating and the Eatwell Guide</td>
<td>behaviours of children in care settings</td>
</tr>
<tr>
<td>• The prevention of dietary related disease</td>
<td>To provide an understanding of how food is used socially to communicate thoughts,</td>
</tr>
<tr>
<td>• Recommended nutrient intake through food labelling</td>
<td>actions, beliefs and relationships</td>
</tr>
<tr>
<td>• The importance of hydration</td>
<td>To provide an understanding of the role food plays in everyday situations and its</td>
</tr>
<tr>
<td>• The link between food and well-being</td>
<td>impact on behaviour</td>
</tr>
<tr>
<td>• The role of physical activity in promoting health and well-being</td>
<td></td>
</tr>
<tr>
<td>• The importance of food and nutrition for children in care</td>
<td></td>
</tr>
</tbody>
</table>

*Table 1. Main objectives of Food in Care training.*

Design:
• The ‘Nutrition and Health’ workshop was designed in Liverpool by registered nutritionists at Food Active with the support of local foster carers who provided a detailed insight into the needs of children and young people in care, and who had a comprehensive understanding of practical strategies that carers can use
• The ‘Food for Thought’ reflective workshop was developed as part of study research at Stirling University where foster carers, residential workers and research team created resources aimed at helping carers to deal with food behaviour challenges
• The training is composed of presentations, practical activities, case studies and group discussions to ensure that all learning styles have been catered for and to ensure there are opportunities for all participants to contribute.
Training Options:

Direct training: This training option directly educates carers through interactive learning and discussion, thereby providing the opportunity to share experiences and learn from other participants. This is extremely important in the social care sector where carers often feel isolated and left alone with the challenges of their crucial role.

Train-the-trainer: This option is designed to train Food in Care ‘champions’ who can then deliver direct training to other carers and staff within their own agency. This is a cost-effective method of training, building sustainable capacity within care organisations. The target audience includes practice-based staff who are responsible for the development of staff and foster carers. This course is supported by a training facilitator’s pack that includes all the resources and materials (activity sheets, worksheets, hand-outs) that Food in Care champions will need to plan and deliver the workshops. It also contains a copy of the presentation slides with teaching notes (figure 2).

Figure 2. Example of the teaching notes for each Food in Care training workshop.
Aims and objectives:

The purpose of this evaluation report is to assess the pilot training that was provided between May 2016 and November 2017, including how it was received, its potential impact, together with any additional observations and recommendations. The evaluation analyses three data sets that will form part of the Food in Care programme development process and also serves as an important guide for future iterations of the training.

Methodology:

A mixed methods approach was adopted and involved the collection of qualitative data from twenty-one carers and staff that participated in the training sessions. Assessment of the knowledge and skills acquired or improved during the training was conducted based on pre-test and post-test, using the method of participants’ self-evaluation. A Likert scale was used to assess the level of satisfaction with the training content and delivery. Evaluation data was collected on training days, to measure the immediate outcomes, and one year later to examine the long-term impact.

Data collection:

Both training options, direct training and the train-the-trainer course have been piloted in Liverpool (figure 3).

![Figure 3. Graph representing data collection from the two Food in Care training programme pilots.](image)
What was measured:

The details of these data sets are summarised below (table 2) and full results are presented in the next sections of this evaluation report.

<table>
<thead>
<tr>
<th>Training approach</th>
<th>Target group</th>
<th>Data collection</th>
<th>Methods</th>
<th>Aim - TO MEASURE:</th>
</tr>
</thead>
</table>
| 1  Food in Care Train-the-Trainer course | Training champions (foster carers and social care staff with training experience) | A. Pilot one - data set 1 MAY 2016 | survey on the day (eight participants) | • Impact of the train-the-trainer course  
• How well was the training received  
• How prepared champions feel to deliver the training to others  
• What are the areas for improvement |
|                            |                                                        | B. Pilot one - data set 2 SEP 2017 | follow up online survey (eight participants) | • Long-term impact of Food in Care training offer, its efficiency and sustainability  
• Experience of champions in facilitating and delivering the direct training  
• Impact of the train the trainer course |
| 2  Food in Care direct training | Foster carers, social workers and other social care staff | C. Pilot two - data set 3 NOV 2017 | survey on the day (thirteen participants) | • Knowledge gained by participants  
• How well was the direct training received  
• Experience of champions in delivering the direct training |

*Table 2. Food in Care training sessions and evaluations - 2016 to 2017.*
PILOT ONE - data set 1 - evaluation of train-the-trainer course

Results:

Two foster carers and six family support workers completed the Food in Care train-the-trainer course in Liverpool in May 2016. Participants completed evaluation feedback forms after each workshop in order to measure the training outcomes and assess the immediate impact made.

Nutrition and Health workshop – part one

All participants increased their knowledge in each of the subject areas covered during the Nutrition and Health workshop (figure 4). The average score out of five ranged from three prior to the training session and increased to four and half after the training.

Please indicate your level of knowledge in each of the following topic areas BEFORE and AFTER the training

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Average rate BEFORE training</th>
<th>Average rate AFTER training</th>
</tr>
</thead>
<tbody>
<tr>
<td>The importance of food and nutrition for CiC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The role of physical activity</td>
<td></td>
<td></td>
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<tr>
<td>The link between food and well-being</td>
<td></td>
<td></td>
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<tr>
<td>The importance of hydration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reference intakes &amp; food labelling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The prevention of dietary related disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principles of healthy eating</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 4. Average level of knowledge in various nutrition topics before and after the workshop.

On average, participants rate the quality of the training session as ‘very good’ (including course content, slides, facilitator’s pack and presentation by trainers), whilst training elements such as ‘group activities’ and ‘facilitation of activities by trainers’ were rated as ‘good’.

Participants were asked to rate on a scale from one to three (1=‘not at all prepared’; and 3=’well prepared) to what extent they felt prepared to train others. Half of the group scored ‘somewhat prepared’ with the other half rating ‘well prepared’. The average score was two and half.
Food for Thought workshop – part 2

The workshop was rated as ‘very relevant’ by half of the participants and as ‘extremely relevant’ by the other half with the average score of four and half (in scale 1 to 5) indicating that all champions rated this training as useful for their role as carers.

Recommendations from data set 1:

- Food in Care training to be implemented into foster carers development plan
- The course to be delivered over two separate days rather than one long day training
- More foster carers to be trained as a train-the-trainer champion – their direct involvement would help to enhance the service
- Local authority should ensure that this training takes place at local level and is made sustainable.

Impact and legacy:

- Commitment has been made for the Food in Care training to be embedded into Liverpool training plan
- Social care services recognised the importance and huge impact that nutrition and food routines play in the care settings
- Six Food in Care champions have been trained and skilled to co-deliver the Food in Care training to others.

Key comments:

“I have gained a very good understanding of how food is directly involved in every part of a child and young person life, and is essential component to provide positive outcomes for children in care. This resource needs to continue and become part of everyday”

“I feel confident the content of this training has an actual impact on participants and the information is easily absorbed. Great hand-outs to. It has been the best course I have attended as a foster carer.”

“Gave me the opportunity to look at food in a different way and how much of an impact it can have on relationships. Really enjoyed this.”
PILOT ONE - data set 2 – one year follow up evaluation

Results:

All eight participants from the initial Food in Care train-the-trainer course responded to an invitation to take part in a follow up survey in September 2017. The main aim was to measure how the training worked in practice.

All participants rated that it is ‘important’ or ‘very important’ to offer Food in Care training to other carers and professionals (figure 5).

![Figure 5. The importance of offering Food in Care Training to other professionals.](image)

All participants rated the Food in Care course to be useful for their work, with more than half stating it was either ‘extremely helpful’ or ‘very helpful’. Nobody rated it as ‘not useful’ (figure 6).

![Figure 6. The usefulness of the training to participants’ work.](image)
Another question concerned barriers champions faced in either organising or delivering the training. A wide range of challenges was listed (figure 7), with ‘budget restraints’ and ‘organisational barriers’ the most common answers. Another repetitive key barrier that was mentioned by some of the participants was a lack of remit to facilitate and deliver the training.

Participants were also given an opportunity to share their views on how the barriers could be overcome. Various answers were given, including allocation of funding, designating staff who would be committed to continue this work, and the need for a top down approach with clear roles. Two participants highlighted the importance of delivering the training over two days.

Champions were also asked about potential barriers that are likely to arise when rolling out the Food in Care programme to other areas. The ‘lack of funding’ and a ‘lack of time’ were mentioned by the majority of delegates.

![Figure 7. Range of barriers that champions faced in facilitating the Food in Care training.](image)

Participants were asked about their primary motive to become the Food in Care champions. Two participants mentioned that it was recommended to them, whilst others mentioned the high quality of the training, commenting that the Food in Care programme should be accessible to all carers.
Key comments:

“I believe that the training is needed and the care system needs to change to incorporate food in care as a minimum standard / training requirement.”

“I felt that the course and its content was crucial to providing a good standard of care to children and young people. I also wanted to try and assist towards ensuring that this resource reached as many other carers as possible.”

“I really do hope that this project and its learning continues on to other LAs and fostering service. I feel it’s a really good quality resource, which highlights the links between children and young people’s physical development and emotional wellbeing. The resource information is an easy read and uses lots of case studies and examples that foster carers will relate too and therefore be more will to take part in and put into practice.”

One of the foster carers who was trained as a Food in Care champion reflected on the impact the training had on her family and the young person she was carrying for. The testimonial below highlights ongoing positive outcomes, including improved nutrition, adoption of healthier lifestyles and enhanced self-esteem of the young person in care.

Case study:

“I’ve a young woman in placement at the moment who was restricted from food in the family home and therefore weighed half the weight of her siblings (15 years old). Through the learning I gained from the Food in Care course I did last year, I introduced small changes around the young person’s diet through small steps. She has begun to put on weight and her physical appearance is also much improved. For example, skin colour and hair condition. 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 2 litres of coke a week to max one fizzy drink a week then water the rest of the day ....and loves it!!! She has also began cooking her own nutritionally healthy food instead of micro meals. She has even asked her Social Worker over for tea!

I know that the young person has seen the difference in herself and how improved nutrition made a huge difference to how her life is. The change of food and drink has positively impacted on her life.

The following quote is from the young woman in care: ‘When I first came to M. 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. I’m now putting on weight and have better energy so I can go on bike rides and do lots of activities. M. shows me how do home cooking and I don’t have fizzes any more, it’s all better and all nice for me now’.”

(Michelle, Foster carer, Liverpool)
Recommendations from data set 2:

- Food in Care to be incorporated as a minimum standard and compulsory training requirement for carers
- Food in Care champions to cascade the learning to other carers and professionals
- Food in Care online resources to be continuously and widely promoted to all carers.

Impact and legacy:

The results demonstrated that upskilling foster carers around nutrition and food behaviour makes a long term impact with examples of improved healthier lifestyles for both carers and the young people.

The first Food in Care direct training was delivered in Liverpool two months after the follow up evaluation and positive outcomes from this training are highlighted in the next section.
Pilot two – data set 3 – evaluation of direct training

Results:
Two Food in Care ‘champions’ (trained in May 2016) delivered their first Food in Care direct training session to thirteen Liverpool foster carers in November 2017. Taking on the learning from 2016 delivery, the training was delivered over two separate days. Participants were asked to undertake an online survey on the day of training, whilst the trainers themselves were also interviewed to provide feedback from their perspective.

- Six foster carers attended the Nutrition and Health workshop and eleven foster carers attended the Food for Thought workshop with four carers completing the full training
- All participants found the workshops useful and all carers gained additional knowledge in the areas covered during the workshops
- Participants who missed one of the two workshops were invited to further sessions that will be offered at a later date and carers were very keen to complete the whole training programme.

Nutrition and Health workshop – day 1
All six participants increased their knowledge of Nutrition and Health (figure 8). The average score out of five was 2.9 prior to the training session and 4.5 after completing the training.

Please state your level of knowledge in the following topic areas before & after taking part in the Nutrition and Health workshop?

- The importance of food & nutrition for children in care
- The role of physical activity in promoting health ...
- The link between food and well-being
- The importance of hydration
- Reference intakes when applied to food labelling
- The prevention of dietary related disease
- Principles of healthy eating and the Eatwell Guide

Figure 8. Average level of knowledge in various nutrition topics before and after the workshop.
Participants found the quality of the training either ‘excellent’ or ‘very good’ (Figure 9). The average score gained for the overall quality of the training was 4.5 out of five.

![Bar chart showing the quality of the Nutrition and Health workshop](image)

*Figure 9. Assessment of the Nutrition and Health workshop content.*

Participants rated topics covered by the training as ‘very useful’ (Figure 10). The first three sections were graded as ‘very useful’ or ‘extremely useful’. The last four sections of the workshop were scored as ‘very useful’ by all participants. These results indicate that the course content was useful and relevant for all the participants completing the training course.

![Bar chart showing the usefulness of various topics](image)

*Figure 10. The usefulness of the various sections of the Nutrition and Health workshop.*

Foster carers were asked about the most and least useful aspects of the Nutrition and Health workshop. Three participants commented that everything was useful, two participants listed ‘labelling’ and ‘sugar’ respectively as the most relevant topics. One of the carers valued the opportunity to ‘meet other carers and share experiences’.
Food for Thought workshop – day 2

All participants increased their knowledge of the subjects covered during the Food for Thought workshop (figure 11). The average score out of five prior to the training session was two and increased to three and a half after the training.

Figure 11. Average level of knowledge in food behaviour topics before and after the workshop.

The quality of the training was rated as either ‘excellent’, ‘very good’ or ‘good’ with exception of one participant who rated some aspects of the content as ‘fair’ (Figure 12).

Figure 12. Assessment of the Food for Thought content.

When asked about the most and least useful aspects of the workshop, the practical sessions, interaction with other carers and case studies based on the real-life stories were rated as most helpful. In terms of the least useful aspects, none were listed but one participant mentioned “Perhaps a follow up day would be useful for Carers to discuss individual problems or difficulties they are having and get advice”.

Participants also had an opportunity to list topics related to Food for Thought and children in care they would like more information on, with two participants listing ‘psychology of food behaviours’.
Champions’ feedback

Both trainers (Food in Care champions) were interviewed to share their views on the successes and shortcomings of delivering the training.

- Champions felt confident in delivering the training to other carers
- Facilitators’ packs were seen as helpful tools for the preparation and delivery of the training
- Champions valued working together, especially during the practical sessions
- They felt that they would gain even more confidence with every training session delivered.

Recommendations from data set 3:

- The two Food in Care training workshops should always be delivered as one training package, but over a two day period
- Training sessions need to be flexible as carers are often busy and sometimes unpredictable situations arise that they have to prioritise over training sessions
- Two training facilitators should be involved in the delivery of the Food in Care training
- A group size of 10-15 carers should not be exceed whenever possible for the best outcomes.

Impact and legacy:

Food in Care training has been well received by all the participants and champions. A commitment has been made by the local authority to embed the Food in Care training into the Liverpool training plan for foster carers. Training champions were very enthusiastic to continue the Food in Care work.

Key comments:

“More workshops. Valuable resource, it has given me the confidence to make changes. I have learnt to be more patient when trying to make positive changes involving children and food.”

“I certainly enjoyed this course because of the paramount importance how food can influence the psychology of children in care. Also the control and alteration of moods feelings and also emotional bonding for the foster carers and those who are cared for.”

“It raised my awareness of issues around food, gave more resources and more tools to use in my foster caring role.”
Conclusion and recommendations

Summary:

Both the Food in Care train-the-trainer course and the Food in Care direct training have been piloted and evaluated in Liverpool to measure impact and sustainability. Lessons learned from this pilot will guide the future training needs analysis, training development and future evaluations.

Evaluation of Food in Care training has demonstrated that upskilling foster carers around nutrition and food behaviour brings positive outcomes. Participants reported improved eating habits, healthier lifestyles, increased awareness and understanding of the food behaviour issues and more confidence in dealing with some of the food related challenges they face on a daily basis.

“It has been the best course I have attended as a foster carer – very practical and informative.”

The training workshops involved a variety of activities such as: group work; question and answer sessions; open discussions; and examination of case studies and real-life scenarios. Participants found these particularly useful as it allowed them to make decisions based on real life cases, to discuss these decisions and to discover the outcomes of these scenarios.

“Enjoyed all of content, backed up with life examples of children in care.”

“The course was very well designed, as all the workshop questions were very important and are related to what is expected from such future children taken to care.”

All participants gained additional knowledge of the nutrition topics and food behaviour related subjects and the impact these have on children’s and young people’s lives. The importance of making this training a compulsory part of foster carer’s mandatory training was also repeatedly mentioned by the carers.

“I have gained a very good understanding of how food is directly involved in every part of a child and young person life, and is essential component to provide positive outcomes for children in care. This resource needs to continue and become part of everyday.”

“I felt that the course and its content was crucial to providing a good standard of care to children and young people. I believe that the training is needed, and the care system needs to change to incorporate food in care as a minimum standard / training requirement.”

Programmes like Food in Care training are likely to face number of challenges when incorporating the training programme into core training and into social care services. This needs to include high-level buy-in at an executive and senior manager level; buy-in among health and social care practitioners and buy-in among foster carers and community organisations that deliver activity programmes. Secured funding and allocation of key staff are also key aspects to make things work effectively.

“I think that the same barriers may be faced. Funds, time, changes in services and pressures on the service delivery.”

“Time, reduction in funding and ongoing organizational changes.”

Lessons learnt from the pilot will inform future training strategies. The outcomes of Food in Care training helped to identify the need for food and nutrition education to be a compulsory part of carers and other social care staff training. Liverpool City Council has agreed to ensure that training will be embedded into the system and that Food in Care Liverpool champions will deliver the courses to other teams through their core training programme. It has been a slow process due to the ongoing organisational changes and high pressure the service was experiencing. However, with the extra
support, the programme has been made sustainable and the two Food in Care champions will continue this valuable work.

“I’m happy to say that the local authority has made arrangements to roll out the Food in Care course to its foster carers and has allocated foster carers to deliver the course in the near future.”

The Food in Care programme demonstrates that nutrition and food need to be recognised as a safeguarding issue for children in care and given the priority it deserves. Ensuring that a duty of care includes food and nutrition will help deliver improved health and wellbeing outcomes for children and young people in care. The ability to look beyond the behaviour to understand where it comes from will impact positively on the relationships within a care setting and promote placement stability. Investing in training for social care staff leads to reduced health, social, education and criminal justice costs.

**Key recommendations for Food in Care training:**

- Those responsible for providing training for foster carers should ensure that the Food in Care training is embedded into the compulsory part of the foster carers training programme
- The two Food in Care workshops should be delivered as one training package, but over a two day period, to assist the absorption of new knowledge and time for reflection
- Foster carers who are unable to complete one of the two workshops need to be offered an opportunity to attend the next available session to fully benefit from the Food in Care training
- Food in Care online resource should be promoted during the training workshops to enhance learning and to support those carers who were unable to complete the whole training programme.

**Key recommendations for wider roll out of the Food in Care programme:**

- Funding needs to be secured to enable continuation of the Food in Care training programme
- The training course should be piloted across a specific region e.g. North West England, to test the uptake and impact of the programme outside of Merseyside
- Appropriate training should be provided to foster carers and the wider health and social care workforce. The inclusion of food and nutrition training in the Foster Carers training matrix and the dissemination of the Food in Care resource are important first steps
- Foster carers must be involved in all future development of the Food in Care programme as both co-creators and deliverers of training.
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