



FOOD IN CARE CHARTER

Online survey to gather insight into food behaviour issues among Children in Care

England, June 2019



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EXECUTIVE SUMMARY

Background

Children in Care come into care with a poor nutritional status and can suffer with food anxieties caused by adverse experiences including poverty, abuse and/or neglect. This has been shown to be of great concern to carers who can feel isolated and unsupported. Decisions about how food is provided and consumed has a fundamental impact on the relationships and dynamics within a care setting, with potential for creating an environment where children can begin to feel part of a family unit, feel secure and supported to build positive relationships. Although food has been shown to be at the very heart of all aspects of care, the importance and key role of nutrition and positive food practices in care are currently underestimated and not effectively highlighted in social care policies.

Food in Care charter

A step-based approach is essential in children's social care sector to raise the profile of food and nutrition as safeguarding issues. Food Active has partnered with several national organisations, including: Foster Talk, BECOME charity, National Fostering Agency, National Association of Fostering Providers and Power of Parenting and with three local authorities (Tameside & Glossop, Knowsley, Barnsley) to develop a Food in Care charter as a first important step towards better health outcomes for children and young people in care.

Survey

A national online survey took place in May 2019 to examine the scale of the food behaviour challenges experienced by carers and other professionals; what support is currently available to them; where are the gaps; what works and how things could be changed or improved. The results will inform the development of the Food in Care charter.

Top-line results

The data from this survey demonstrate that food behaviour issues are widely prevalent in care settings and an urgent action is required to change this.

- All 164 participants listed number of examples of food challenges experienced in their roles.
- Majority of participants hadn't received any support, training or guidance around either nutrition (70%) or food behaviour issues (80.5%).
- In examples where support was provided, this concerned more clinical issues such as eating disorder or special diets, and not regarding general food behaviour challenges such as hoarding, picky eating and selective eating, which have been listed as the most common issues that carers are faced with on daily basis.
- Although carers rated their knowledge on nutrition and food issues on average as either *good* or *very good*, more than half of them stated that *support in the form of 'mandatory training on food and nutrition'* (59%) or *'online resource/toolkit'* (67%) should be made available to carers.
- Majority of participants (79%) also recommended *food workshops/ cooking courses* to be offered to Children in Care and Care Leavers.
- Many participants described how unsupported they felt:
"Lack of concern from professionals about a 4-year-old child with additional needs who was very overweight when she came to us after 3 years in a different foster placement. My concerns were brushed".

Conclusion

The data from this survey highlights a significant gap in training and support provision for carers on nutrition and food behaviour issues. A call to action is needed to change this. Nutrition and food need to be recognised as a safeguarding issue for Children in Care. Our next step, if funding becomes available, is to work with local authorities and leading organisations working with carers and children and young people in care to tackle the issue. Food in Care Charter is a first important step towards better health outcomes for children and young people in care.

BACKGROUND

Food issues prevalent among Children in Care

Children in Care are among the most disadvantaged groups with higher mental and physiological health needs than their peers outside of the care system. They come into care with a poor nutritional status (4) and can suffer with food anxieties caused by their adverse experience including poverty, abuse and/or neglect (1).

Children in Care can also develop food issues during care placement due to the stress associated with an unknown environment where they might feel insecure and/or excluded. At the same time food behaviours have been found to be one of the main concerns for carers and account for 14% leaving their role (2, 4) and challenging child behaviours are the most common reason for placement breakdowns. This shows that decisions about how food is provided and consumed has a fundamental impact on the relationships and dynamics within a care setting. Yet, food practices have significant potential for creating an environment where children can begin to feel part of a family unit, provide reassurance and pave the way for positive relationships. Furthermore, 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 to promote positive relationships with food and good nutrition.

Food as a safeguarding issue

Although food is at the very heart of all aspects of care, the importance and key role of nutrition and positive food practices in care are currently underestimated and not effectively highlighted in social care policies. Currently carers receive no or limited support around nutrition and food behaviour issues often encountered in care settings (2).

The Food in Care programme, led by Food Active, has published a position statement on '[Food as a safeguarding issue](#)' to frame the issue. The aim was to provide a brief review of the evidence, initiatives and regulations currently in place to tackle the issue to support a call to action on the matter (3). Briefly, the position statement highlights:

- Supporting children to develop healthy eating behaviours and relationships with food is a far wider issue than simply understanding and preparing healthy food for children.
- There is inadequate statutory resource and support to up-skill carers in the importance of food in care.
- There is an urgent need to adapt strategy and practice to ensure that food and nutrition along with the broader psychological aspects of food is included in all aspects of children's care.
- It is essential that children's services and policy makers take a whole systems approach to create a healthier environment for Children in Care.

Tackling food issues in children's care sector

A step-based approach is essential in children's social care sector to raise the profile of food and nutrition as safeguarding issues. Food Active has partnered with several national organisations, including: Foster Talk, BECOME charity, National Fostering Agency, National Association of Fostering Providers and Power of Parenting and with three local authorities (Tameside & Glossop, Knowsley, Barnsley) to develop Food in Care charter as a first important step towards better health outcomes for children and young people in care.

INTRODUCTION TO THE SURVEY

Introduction

Food behaviour issues are often encountered in care settings. A national online survey took place in May 2019 to establish the scale of the food behaviour challenges experienced by carers and other professionals, and to find out what support is currently available to them, where are the gaps, what works and how things could be changed or improved. The results will inform the development of the Food in Care charter.

Data collection

A mixed methods approach was adopted and involved the collection of quantitative and qualitative data collected through an online survey (Google forms). The survey was disseminated through various channels with the support of partners supporting the Food in Care programme (see appendix 1). The survey was aimed at foster carers, connected carers, adopters, residential staff, managers, LAC nurses, Independent Reviewing Officers and other professionals.

Data analysis

Quantitative data were analysed using Microsoft Excel. Histograms and pie charts were used to visually present the key data.

Qualitative data were analysed by identifying firstly all the metaphors, similes and similar themes, marking them accordingly and sorting them into thematic categories. The main categories were then described, and examples of the main quotes have been provided.

MAIN RESULTS

Response received.

164 online responses were received. 70% of those who took part in the survey, agreed to be contacted for the next stage of the Food in Care charter consultation.

Knowledge and skills around nutrition and food behaviour issues.

Participants were asked to rate their knowledge and skills on seven different nutrition and food behaviour related issues using a scale from 1-5 (1 = poor, 5 = excellent). They rated their knowledge and skills on average either as 'good' (3) or 'very good' (4) in most of the areas measured. The knowledge and skills around '*tackling various food behaviour challenges like e.g. picky eating and hoarding food*' were scored lowest with an average score of 2.8 (figure 1).

Average knowledge and skills around nutrition and food behaviour issues

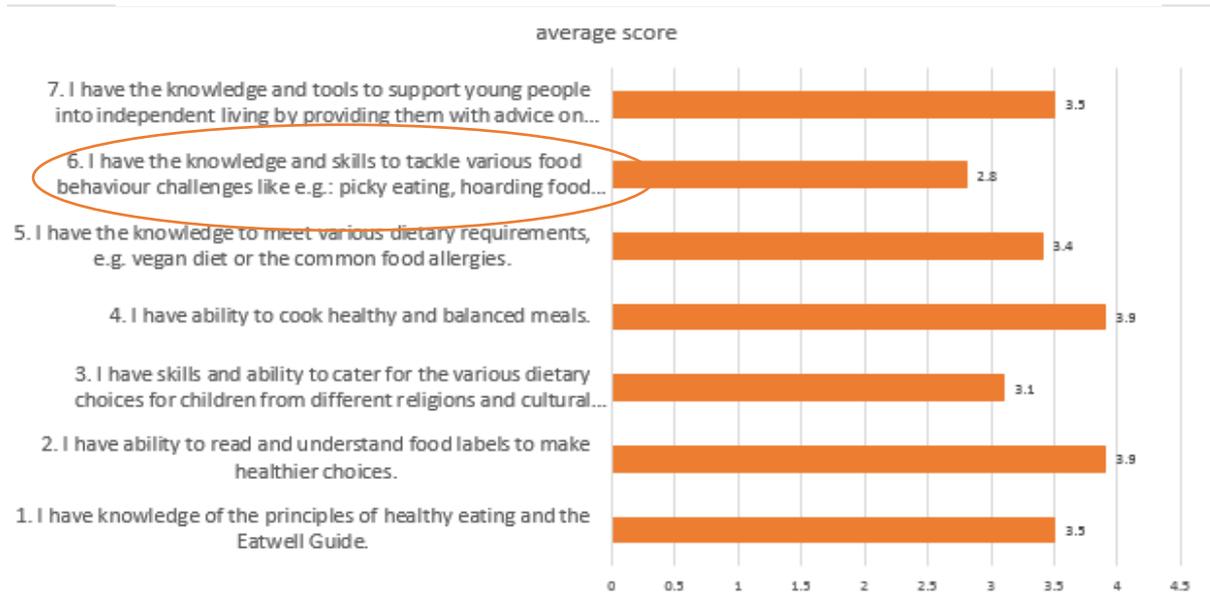


Figure 1. Average scores for the knowledge and skills on nutrition and food behaviour issues self-reported by the participants.

Almost one third of participants rated their knowledge in this area as 'fair (2)'. One fifth of participants rated their skills as only 'fair' when also asked about their 'ability to meet various dietary choices for children from different religious and cultural groups'. On another side, almost 30% of participants, scored their cooking a healthy and balanced meal' skills and 'ability to read food labels' as excellent (figure 2).

Knowledge and skills around nutrition and food behaviour issues rated by the participants

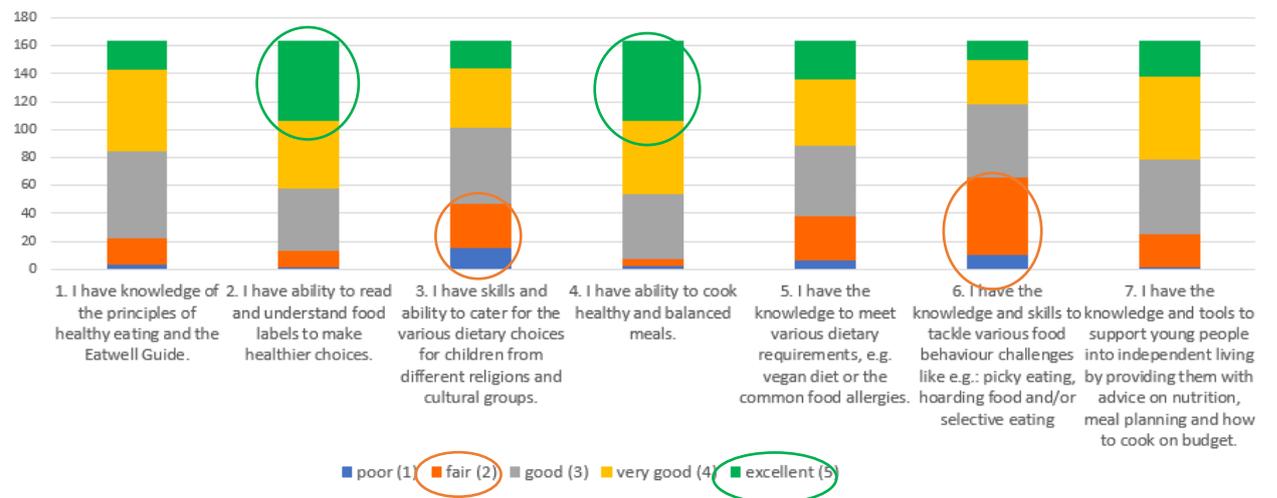


Figure 2. Knowledge and skills on nutrition and food behaviour issues rated by the participants.

Nutrition and food behaviour challenges experienced during placements

Participants were asked to list up to three examples of *“the key nutrition and food behaviour challenges experienced during the placements they have provided (or supported) so far.”*

Each participant provided several examples, of which some were very descriptive. Ten main themes emerged from those responses and included:

1. Food behaviour issues (including fussy eating, hoarding and similar food issues)
2. Religious and cultural issues
3. Selective eating
4. Weigh issues (both overweight and underweight)
5. Eating disorders
6. Reliance of fast food
7. No cooking or meal preparation skills among young people
8. Malnutrition and neglect
9. Lack of support from services
10. Issues around contact times/at contact centres

Each participant mentioned at least one food behaviour issue. *Fussy eating, hoarding, stealing or hiding food* were listed by most of them (70%):

“Food hoarding in bedroom drawers, Obsession with food. Gorging until sweaty and satisfied.”

“Overeating, lack of eating - controlling behaviour. Hoarding and hiding food”.

“Eating food from the floor/bin. Stuffing food in mouth and choking”.

“I have experienced young people who have hoarded food in their room, restricted diets that only included junk food”.

Challenge in meeting various cultural food needs was the second mostly repeated issue highlighted in this consultation, reported by 26 participants:

“Lack of experience in dealing with children from different cultural/religious backgrounds”.

“Preparing food for a child from a different religious background and providing a nutritionally balanced vegan diet.”

Other major themes that emerged were: *selective eating* (17), *weigh issues* (14 participants) and *dealing with eating disorders* (12 examples provided). Some of the participant described how unsupported they felt in dealing with the issues they faced:

“One of our FS16 used to projectile vomit after trying something new. Mainly in restaurants. Everything except bacon and rice was new”.

“Only ate fast food therefore no variation. Struggle to try new foods”.

“We are new to fostering but are really struggling with our foster child overeating. He is 3 years old and obese. There does not appear to be any available support to help support him to recognise when he has eaten enough”.

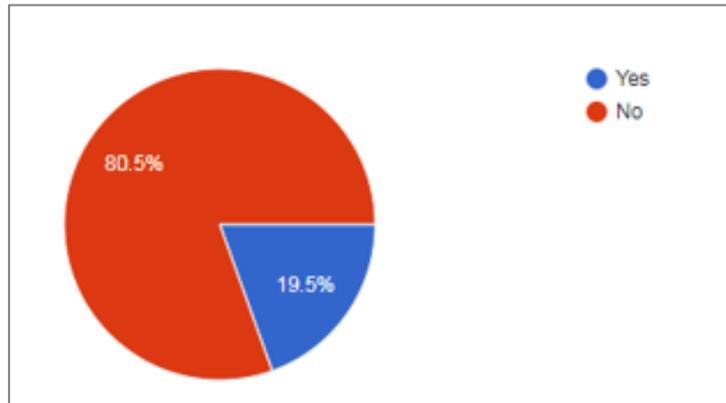
“Vomiting food approx. 1 hour after going to sleep”.

“Lack of concern from professionals about a 4-year-old child with additional needs who was very overweight when she came to us after 3 years in a different foster placement. My concerns were brushed”.

Provision and examples of training, guidance and support received around *food behaviour challenges*.

80.5% of responders (n=132) stated that they haven't received any training, guidance and support on food behaviour challenges. Only one fifth of responders, a 20.5% (n=32) stated that they received either some training, guidance or support on this topic (graph 1).

Provision of training, guidance and support received around '*food behaviour challenges*'



Graph 1. Support available around food behaviour challenges.

These participants were then asked to share examples of support received and these included: receiving training (n=9), support provided by another professional/service (n=8), online support (n=2), one person mentioned reading books and another one reported accessing help through support group. The training that was provided was either on eating disorders (n=8), special diets (n=2) like 'diabetes' and 'feeding autistic children, 'attachment training' (n=1) and 'emotional significance of food' (n=1).

"Staff training session on anorexia"

"Internal training from the Clinical Psychiatrist around eating disorders."

"Diabetes training."

The support from other professional/services included:

"Young person who was supported by Eating Disorders Service, the team helped us with meal plans and mealtime boundary setting".

"CAMS children with eating disorders".

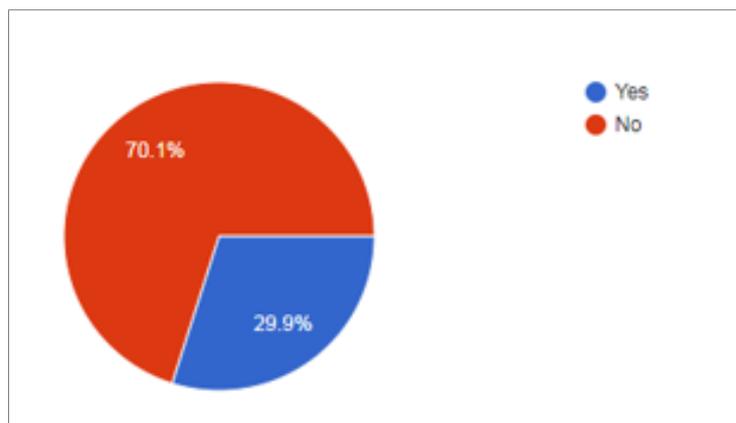
"At supervision with our agencies therapist".

The results illustrate that limited support is available and when this is offered it concerns mainly eating disorders or special diets rather than general food behaviour issues. The previous question revealed that all participants experienced various food behaviour challenges while only 12 of them reported dealing with actual eating disorder. This indicates that the limited support that is already available isn't enough and doesn't meet the needs of carers and that support on more prevalent issues like food behaviour challenges is required.

Provision and examples of training, guidance and support received around *the importance of food and nutrition* for children and young people in care.

70% of responders (n=115) stated that they haven't received any training, guidance and support on the importance of food and nutrition for children and young people in care. Less than one third of responders - 30% (n=49) stated that they received either some training, guidance or support around the importance of food and nutrition for children and young people in care (graph 2).

Provision of training, guidance and support received around '*the importance of food and nutrition*'.



Graph 2. Support available around d the importance of food and nutrition in Children in Care.

These participants were then asked to share examples of support received and these included: receiving general advice or training on nutrition and healthy eating (n=10), training on Food Hygiene/ Food Safety (n=7), training on eating disorders (n=3) and one person reported:

"Behavioural training, this included food and strategies of support with children and young people".

Other examples listed include:

"Support group ideas about good ways to get children to enjoy veg, healthy and child appealing snacks etc. Lots of discussion in supervision when there are issues about food".

"SSW discusses importance of good nutrition".

"Last year we attended a training morning around food issues given by a specialist 'children in care' psychologist. We could bring our current issues and get explanations and advice".

The results demonstrate that although a few positive examples about support and training received by carers could be found, these are mainly individual cases.

Although poor eating habits, selective eating, reliance on fast food are common issues among Children in Care as stated by a high proportion of the respondents, only 10 participants reported receiving training on nutrition. Additionally, only a few examples of other type of support available was mentioned by the respondents.

Accessing advice/support on either nutrition or food behaviours challenges.

Participants were asked "who would they contact to access advice/support on either nutrition or food behaviours challenges, or where would they look for help?" Ten options were given to answer this question and participants could choose all answers that applied to them (figure 3).

- Majority of responders (65%) said that they search on the internet to access advice/support on nutrition and food behaviours challenges
- More than half (52%) would seek support among friends and networks
- Almost half (47%) would get in touch with Look After Child Nurse to get advice
- Approximately 40% of responders would seek help from another carer, social workers or GP
- Only 38% and 31% of participants would try to get support from their Local Authority or CAMHS service respectively

Less than one fifth of responders (18%) listed other examples and these include:

"Health visitor"
 "Dietician"
 "Charities and hospitals"
 "Therapy Team"
 "Company training"
 "Special diet experts e.g. providers of gluten free products"
 "Onsite Nurse", "LAC Psychology"
 "As a member of NAOTP (National Association of Therapeutic parents - many carers/parents share information"
 "Library", "Books mainly or social worker".

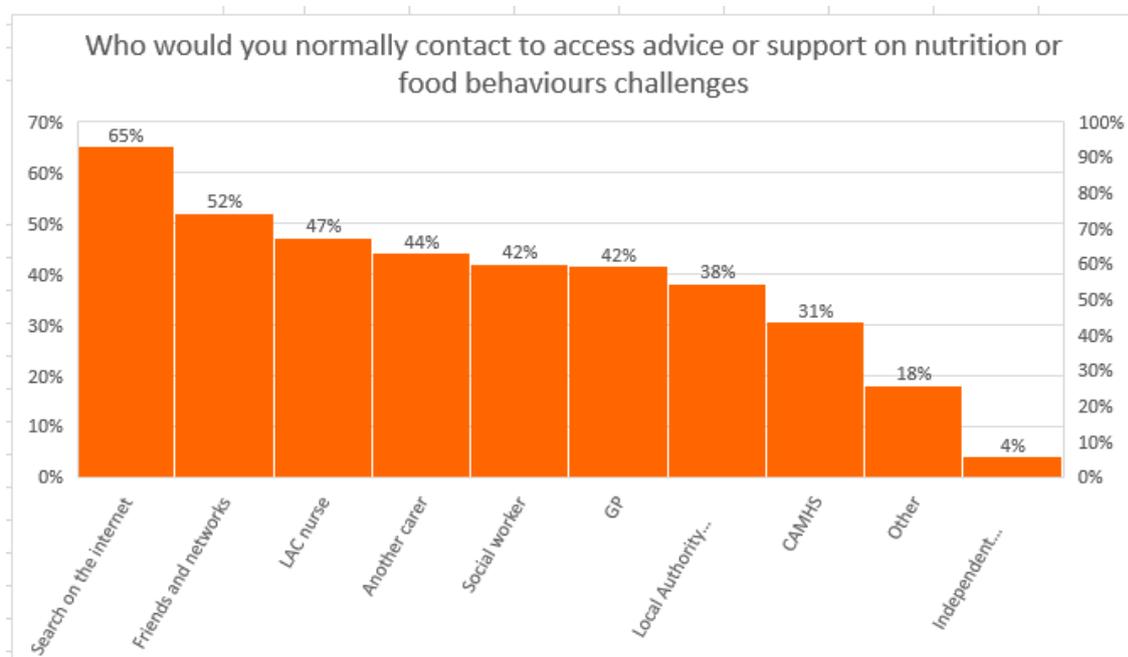


Figure 3. Source of support accessed for advice on either nutrition or food behaviours challenges.

What support on healthy diet, nutrition and food behaviours challenges should be provided to *carers, social workers and other professionals*.

Participants were also given an opportunity to share their views on “*what support should be provided to them regarding healthy diet, nutrition and food behaviour issues.*” Seven ideas of support were provided to choose from and an opportunity to add their own suggestion was also provided.

Support in the form of an online resource/toolkit scored the highest and was chosen by 67% participants. Mandatory training and guidance on food and nutrition were chosen by more than half of the responders. Other option also scored relatively high with 46% for ‘optional training’, 38% for ‘policy on food and nutrition’ and 35% for ‘support groups’. ‘Mentoring support’ was scored lowest with 26% of participants choosing this form of support (figure 4).

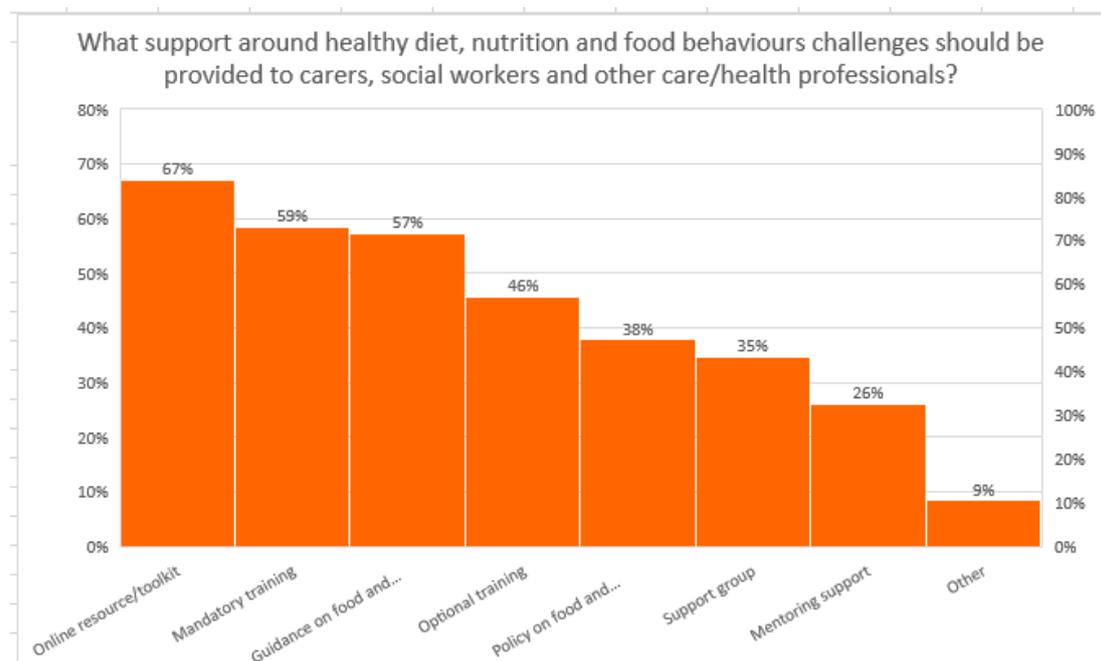


Figure 4. Source of support that should be provided to carers

Small percentage of participants (9%) listed other recommendations and these include:

“LAC reviews. Annual Reviews”,

“Access to National Association of Therapeutic Parenting advisors”,

“Cooking workshops e.g. vegan food, toddler meals, curries”,

“Should be part of the National Minimum Standards”,

“Should be provided to anybody caring for a child in care.”,

“Telephone support as you can’t always get to meetings or groups when you have more than one child to care for”,

“Promoting a young person’s better body image”;

“Secondary schools can be a problem - snacks such as pizza slices are available in breaks so children can eat 3 meals throughout a school day.”

What support on healthy diet, nutrition and food behaviour challenges should be provided to *Children in Care and Care Leavers*?

Participants were also asked to share their views on “*what support should be provided to Children in Care and Care Leavers regarding healthy diet, nutrition and food behaviours*”. Four ideas of support were presented to choose from and an opportunity to add their own ideas was also provided.

All four ideas were selected by more than half of the responders with *dedicated food workshop* scoring as the most preferred option suggested by 79% participants (figure 5).

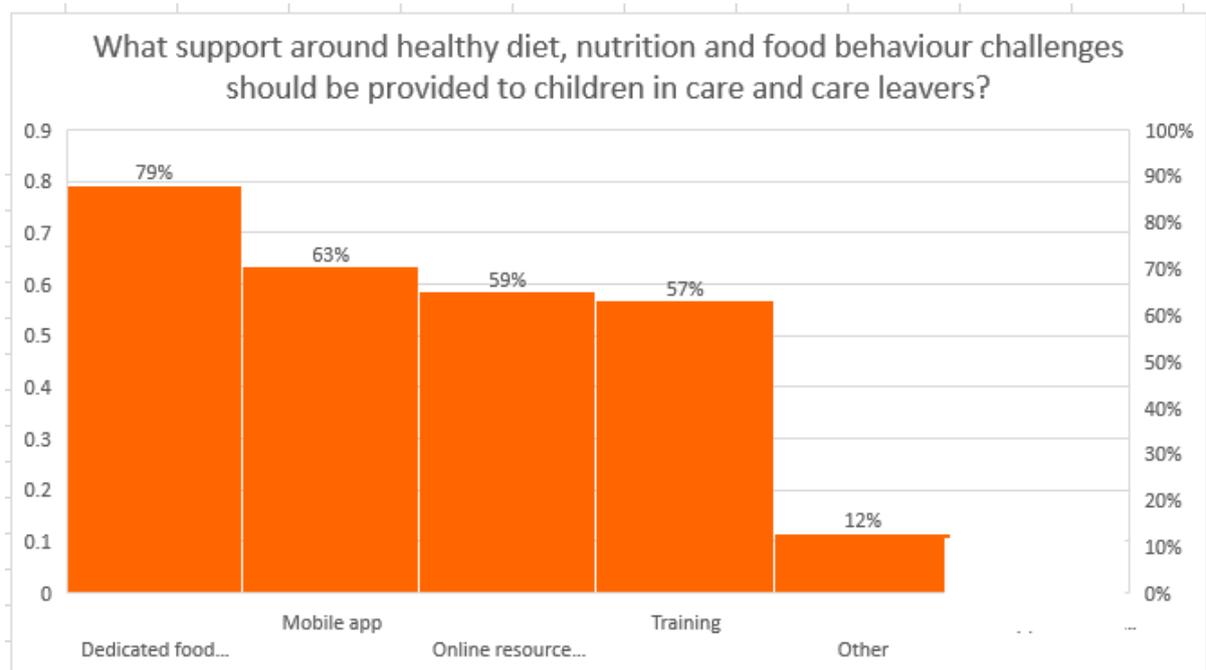


Figure 5. Source of support that should be provided to *Children in Care and Care Leavers*.

There were 12% of participants who listed other recommendations including:

“Dedicated training for young people with additional needs who have less understanding and insight.”

“I know that we (the service) provide care leavers with a booklet that has healthy one meal dishes amongst a load of other informative stuff etc.”

“Work experience in food production facilities, growing your own food and priority access to allotments”.

“I feel that it should be much more central to school curriculum and that children in care shouldn’t get anything different.”

“They should get this predominantly in the home. This is a key role of a foster parent. The above options would be helpful to accompany but should not be mandatory.”

“As foster carers we should be able to teach the children in our care about this subject. With advice.”

“I think this should be done within placement this should be part of the carers role getting children ready for independence.”

“Advice to us on how to prepare young people to resist peer pressure once they have left us to eat fast food/ takeaways/ calorie-rich food. The year following independence seems to be the time when they move from normal body weight to obesity.”

“A little recipe book of simple yet healthy food options made in a very visual way with top tips for health and why along with budgeting advice. Something like a student cookbook on a budget.”

“Learning from carers and school on how to cook – essential.”

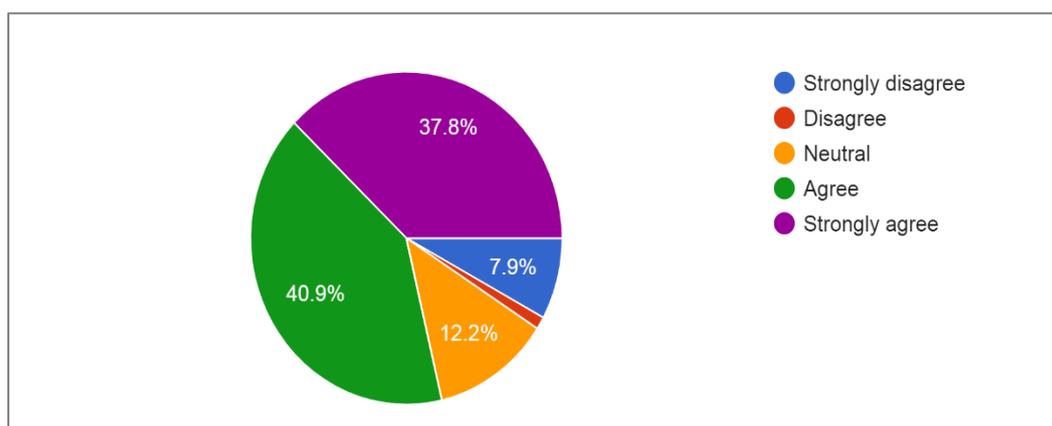
“Behaviour management is harder to access than information on basic nutrition.”

These additional examples listed by carers show a variation in the perception among them of what support should be provided for the young people and who should be responsible for this. Although most of them highlighted the importance of teaching the children food skills and the significant role that carers play in this.

Agreement with statement included in the position statement: “Food as a safeguarding issue”:

“Good nutrition and positive food practices play an important role in the physical, mental and emotional development of children and young people in care. More attention should be given to food and nutrition practices, during foster carers initial assessments, annual reviews and during the placements. Guidance and training to support the provision of healthy food by foster carers and residential home’s staff should be available. Training and support around food behaviour issues should also be provided. Food in Care charter that would support such initiatives is a great step forward”.

Majority of responders (79%) either ‘agreed’ or ‘strongly agreed’ with the above statement. 12% felt ‘neutral’ and only 8% disagreed (graph 3). This indicates that although the importance and key role of nutrition and positive food practices in care are currently underestimated and not effectively highlighted in social care policies, carers perceive food and nutrition as essential elements and would like to receive more support and guidance in this matter.

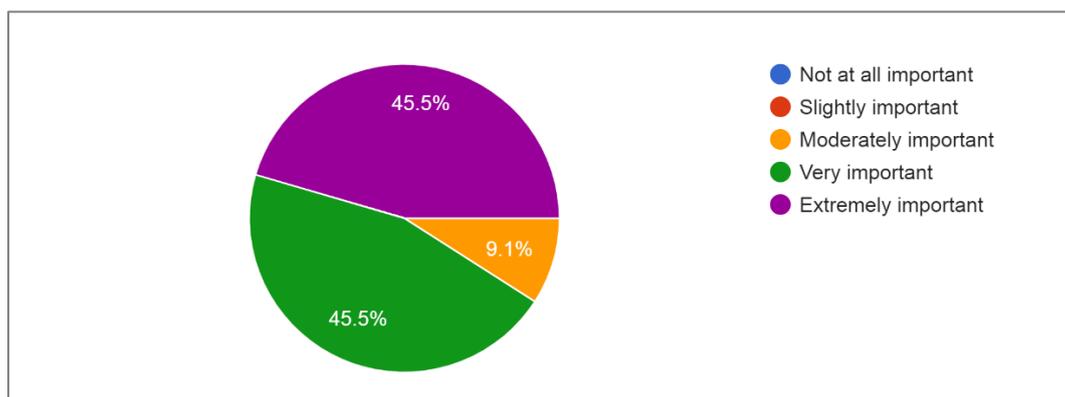


Graph 3. Percentage of respondents agreeing with statement highlighting “Food as a safeguarding issue”.

Food in Care training – the completion rate, its impact and the importance to offer this training to other carers and professionals.

Only 7% of those who responded to the survey have completed the Food in Care training (training on the importance of nutrition and food behaviour issues). Among them, the majority (91%) rated the importance of delivering the Food in Care training to other carers and professionals as either 'extremely important' or 'very important' (graph 4).

Importance to offer Food in Care training to other carers and professionals



Graph 4. Importance to offer Food in Care training to other carers and professionals

Champions were asked to share their views on the impact that Food in Care training had made on them as individuals and the impact the training had on their organisations. Some of the key comments that were shared include:

"The training gave us guidance and advice, was also a reminder of what we already do. Involving individuals in choosing and being involved in preparation of meals".

"It was the only training I could source aimed at our specific problems".

"Enabled to simply include information on balanced diet and labelling Enable to facilitate discussions on what food means in family home so that carers are aware of its importance when planning care and their response".

"Improved our understanding and enhanced our lives".

"I now create a timetable highlighting the time of day meals occur and how often. I vary the foods offered from day to day to reflect various cultural food and cover all nutritional requirements. I place fruit bowls containing various fruits around the home and in LAC bedroom to encourage snacking in a healthy way".

CONCLUSION AND RECOMMENDATIONS

Summary

This survey was conducted to inform whether there is a need to develop a Food in Care charter aimed at raising the profile of food as a safeguarding issue and to tackle poor health outcomes of Children in Care. The survey gained insight into the main food and nutrition issues experienced by carers, what support is currently available, where are the gaps, and how things could be changed or improved.

The data from this survey demonstrate that food behaviour issues are widely prevalent in care settings and that action is required to change this. All 164 participants listed number of examples of food challenges experienced in their roles. At the same time, the majority of them didn't receive any support, training or guidance around either nutrition (70%) or food behaviour issues (80.5%). Some of the participants described how unsupported they felt:

"We are new to fostering but are really struggling with our foster child overeating. He is 3 years old and obese. There does not appear to be any available support to help support him to recognise when he has eaten enough".

"Lack of concern from professionals about a 4-year-old child with additional needs who was very overweight when she came to us after 3 years in a different foster placement. My concerns were brushed".

In examples where support was provided, this concerned more clinical issues such as eating disorder or special diets rather than general food behaviour challenges including hoarding, picky eating and selective eating - which were listed as the most common issues that carers are faced with.

This might lead to carers feeling isolated and unsupported as presented by other studies (1, 2). Lack of skills to deal with complex food issues is one of the most common reason for placement breakdown. The number of Children in Care is rising each year, which in addition to drastic cuts to local authority budgets places a growing pressure on the care system (2). Carers are at the centre of the lives of Children in Care and thus require comprehensive training and ongoing support to provide a healthy environment for the most vulnerable young people in our society (1).

Although carers rated their knowledge on nutrition and food issues on average as either good or very good, more than half of them stated that support in the form of mandatory training on food and nutrition (59%) or online resource/toolkit (67%) should be made available to them. Majority of participants (79%) also recommended food workshops/ cooking courses to be offered to Children in Care and Care Leavers. Some of them also added that *"it is essential that carers teach the young people cook"* and it *"should be part of their role getting children ready for independence."*

A small number of participants who responded to this survey (just 9%), have received specific training on nutrition and food issues through the Food in Care programme. They shared examples of the positive impact it had on their roles and majority of them (91%) agreed that this training should be offered to other carers and professionals. There were also comments made that:

"such training should be part of National Minimum Standards".

Conclusion

This report summarises the scale of the food issues among children in care and the most common challenges faced. The data highlight a significant gap in training and support provision for carers around nutrition and food behaviour issues. A call to action is needed to change this. 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 food 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:

- There is an urgent need to adapt strategy and practice to ensure that food and nutrition including the broader psychological aspects of food is included in all aspects of caring for Children in Care.
- It is essential that children's services and policy makers take a whole systems approach to create a healthier environment for Children in Care.
- Working together to implement Food in Care charter is a first step in raising the profile of food and nutrition as safeguarding issues.
- Funding needs be secured to enable the development and implementation of Food in Care Charter across England.
- Guidance and measurement tools should be developed as part of the Food in Care charter work to ensure the effectiveness of this new initiative. (?)
- Funding is also required for further development and delivery of the Food in Care programme and its training across England which is unique in targeting nutrition and food behaviour issues in children's care settings.
- Foster carers, social workers and other professionals, including wider stakeholders must be involved in all future developments of the Food in Care charter as both co-creators and deliverers of this initiative.

Final remarks

These data will be used to inform next steps for the partnership to progress in collaboration with the sector. Our next step, if funding becomes available, is to work with local authorities and leading organisations working with carers and children and young people in care to develop the charter. Strong networks and links have been already established with key national organisations like: Foster Talk, BECOME charity, NAFP and NFA. The next step would be to encourage adoption of the charter across all fostering sectors, from both the public and private sector.

The charter will call for more attention to be given to food practices, during foster carers annual reviews and during the placement and ongoing support. It will also include guidance to support the provision of healthy food by foster carers and residential home's staff and tools to support them in dealing with food related challenges.

The content and format of the charter will be consulted with carers, staff and wider stakeholders to make sure it is fit to purpose. We'll also ensure that the views of Children in Care and Care Leavers are also captured as we believe that children's input is integral to the process.

REFERENCES AND APPENDICES

REFERENCES:

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APPENDICES:

1. List of stakeholders supporting Food in Care programme (June 2019)

BECOME charity

Foster Talk

National Association of Fostering Providers

National Fostering Agency

Power of Parenting

Barnsley Council

Knowsley Council

Tameside & Glossop Integrated Care NHS Trust