FOSTERING GOOD NUTRITION

This article seeks to highlight an area of the health and social care system that is often overlooked when it comes to nutrition – the area of children looked after.

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REFERENCES

Please visit: www.NHDmag.co.uk/article-references.html

At the end of March 2021, there were 45,370 fostering households in 425 agencies in England. These households had 76,640 approved foster carers looking after about 55,990 children. This is a huge number of children with very complex needs. This part of the health and social care system, like the rest, has been under a huge strain during the pandemic not just with increased demand but also with all the pressures which have hit families across the country.

A review of the literature revealed a dearth of nutrition research. Children looked after are prioritised in education; however, when it comes to nutrition, the support is lacking.

Food is valuable for children looked after. Aside from its nutritional value, it can be used in play, to help build relationships and to help teach life and academic skills. On the emotional side, food can be a way of children taking control; familiar food can be a comfort, whilst unfamiliar foods and routines can be sources of distress.

Food is complex for children even without the care situation to contend with. Food is also such a big part of culture and it can feel strange for a child coming into a new situation.

HEALTH OUTCOMES AND STANDARDS

Children looked after have poorer health outcomes than their counterparts. They have higher rates of obesity and overweight too.[2,3] In 2014 (the latest available data), just 50.4% of children looked after had 'normal' emotional and behavioural health, 12.8% were 'borderline' and 36.7% were 'a cause for concern'.[4] This can have an impact on school attainment, which has been linked to poorer health outcomes in later life. We know that complex needs can make feeding more complex too. We also know the impact of weight stigma, BMI and related factors on positive health outcomes.

Despite this, the Fostering Services National Minimum Standards,[5] although extensive, only mention 'food' twice. 'Diet' and 'nutrition' aren't mentioned at all; although there is an emphasis on health and wellbeing more generally in standard 6 which we know includes nutrition, but it is not specific. The two standards that mention food are as follows:

- **Standard 2**: promoting a positive identity, potential and valuing diversity through individualised care, stating that, 'children exercise choice in the food that they eat, and are able to prepare their own meals and snacks, within the context of the foster family's decision making and the limits that a responsible parent would set'.
- **Standard 12**: promoting independence and moves to adulthood and leaving care, stating that children should 'develop practical skills, including shopping, buying, cooking and keeping food, washing clothes, personal self-care, and understanding and taking responsibility for personal healthcare'.

Neither of these standards express the importance of nutrition.

The recently published NICE guidance NG205[6] for looked-after

children and young people, does go further, emphasising the importance of health checks and including information for foster carers about the child's favourite foods in the context of transition for all children, and the importance of checking for nutrition deficiencies in unaccompanied asylum-seeking children.

Despite the apparent lack of focus on nutrition and food in the policy sphere, there is a recognition of its importance within this sector, perhaps in part because of the lived experience of households in which children looked after live, and requests for support from carers.

HEARING FROM THE FAMILIES

The case studies below, provided by Home for Good, a charity dedicated to finding a home for every child who needs one in the UK, show the lived experience of two families who have navigated mealtimes and the support, or lack of support, they have received. Both foster carers received the necessary training ahead of their approval. Food is touched on as a potential issue but nothing that would constitute specific training in this area. One carer said, "The best stuff that's out there is from fostering/adoption support agencies/organisations (NAOTP, Adoption UK, Sensory Integration Network etc)."

JOSIE* (FOSTER CARER TO K WHO IS 9)

"K has significant sensory integration difficulties, but through weaning and toddlerhood he had a fairly 'normal' relationship with food. As he began to struggle in school as his sensory difficulties grew, he became less able to tolerate most foods. The smell of cooking toast made him gag, he didn't like the textures of some foods, or the uncertainty about whether a strawberry would be sweet or sharp, for example. He now only has a very limited menu. Mealtimes are impossible because the smell of other people's food can sometimes be overwhelming. Sitting at a table is uncomfortable because of his proprioception difficulties, so he generally eats separately from the family on a beanbag or wobbly stool. All that we've learned has come through therapeutic parenting forums and OTs with a sensory specialism. The OT in particular has helped generally with supporting his sensory needs, so we understand him better."

SUSIE* (LONG-TERM FOSTER CARER TO 13-YEAR-OLD GIRL)

"T arrived aged seven and was significantly overweight, wearing clothes for 14- to 15-year-olds. In the things I'd read, all that was said about food was that T didn't have sufficient boundaries, so sometimes overate. What actually happened was that T wasn't ever sure when food was going to be available next, so any time it was available she ate as much as she could and would put food in her pockets/bags, etc, to hoard. We approached our social worker who gave us some links to some articles. We raised this in review meetings and it was noted that more support was needed, but none was forthcoming. After four years, we had access to a webinar that outlined some of the challenges children can face around food, but by then we had already learned all that was in the webinar! There was no specialist help offered and everything we've done has been through our own learning and putting strategies in place ourselves. T is now a healthy weight, regularly exercises and has learned the relationship between her anxiety and food, and what's healthy and what's not."

*Names have been changed to protect identities.

WHAT HAS BEEN DONE?

The picture around monitoring, improving or supporting nutrition practice in foster care does not appear to be very joined up, but it would be wrong to say no progress has been made. Many local authorities and agencies have comprehensive training packages for foster parents, some of which include nutrition; the need for which was highlighted in a survey of foster carers in 2019.[7] There are also organisations that have produced training and online courses,[8,9] including Food in Care, which has a useful free guide called *Care for Something to Eat?*[10] for foster carers.

WHAT NEXT?

Individual fostering households continue to navigate food alongside all the complexities that go with it and against the current backdrop of the pandemic. There is much work to be done to reduce the health inequalities faced by children looked after. It is an area that needs further funding, resources and research. As nutrition professionals, both when we have contact with children looked after and in the wider health sphere, we need to continue to champion their nutritional health and a good relationship with food as we seek to reduce health inequalities.